

General Infection Prevention and Control

- Facilities with known or suspected COVID-19 cases should consider having all employees mask at all times while in the facility to limit asymptomatic/presymptomatic spread of the virus.
- The TDH Healthcare Associated Infections (HAI) Program is able to assist with providing refresher training and resources and may be contacted at hai.health@tn.gov.
- Whenever possible, facilities that are part of a larger corporation should ensure rapid and transparent communication with corporate leadership to determine if there are additional resources available.
- Facilities who need additional PPE should work through their local regional healthcare coalition or emergency management agency to request resources.
- Non-PPE related items, such as the availability of alcohol-based hand sanitizer, closure of common areas, social distancing of residents and staff, and environmental cleaning are also critically important to limiting spread of COVID-19.

Public Health Notification

- Public Health partners should be notified of a suspected or confirmed cluster (≥ 2 cases among staff or patients/residents) of COVID-19 cases in any healthcare setting (healthcare facility, assisted living facility, etc.)
- The local/regional health department in which the facility is located should be notified (list can be accessed [here](#)). Alternatively, TDH Central Office can be contacted at 615-741-7247.

Contact Tracing

- Staff Member: Ill staff should be interviewed to determine all close contacts that occurred from 24 hours before symptom onset through the time of symptom onset/testing. Having this information will allow for assessment of other staff members and residents who may require isolation, and will also facilitate cohorting of ill patients.
- Resident/Patient: If a patient or resident of a facility tests positive, the facility should identify if that person had a roommate, shared a bathroom, or had other close contact with other patients/residents for at least 24 hours prior to symptom onset (or testing date if date of symptom onset not available). Any of these contacts warrant isolation and placement on Standard+Contact+Droplet Precautions with eye protection for 14 days after last exposure.

* It is equally important to determine if the patient/resident had contact with **staff members who were not wearing appropriate PPE**. Staff members who are identified should either be instructed to stay home for 14 days after last exposure or to wear a mask at all times while in the facility.

Clinical Testing

- Targeted Testing: After suspicion/confirmation of ≥ 1 case of COVID-19 among staff or residents in a facility, ANY staff or residents that develop clinically compatible symptoms should be promptly isolated (Standard+Contact+Droplet Precautions) and tested. The preferred diagnostic test for acute infection is a polymerase chain reaction (PCR) assay, performed on a nasopharyngeal swab. Prioritized testing for these high-risk groups is available at the TDH State Public Health Laboratory. Please contact 615-741-7247 to obtain specific testing guidance.
- Widespread testing: A detailed epidemiologic investigation is critical in understanding the potential routes of COVID-19 spread within a facility. If there are concerns about unrecognized routes of spread within a facility (>5 residents/staff in different physical locations within the facility testing positive without clear epidemiologic links), then more widespread/mass testing within the facility may be considered. The facility size (number of residents/staff), configuration of facility, risk level of residents within the facility (i.e. the presence of ventilated patients), and overall proportion of staff/residents infected should be considered when assessing the utility of widespread testing. If there are clear epidemiologic links between staff/residents that test positive for COVID-19, continue with a targeted testing approach for any new staff/residents that may become symptomatic.

Other Considerations

- Dedicated Staff: If there are multiple patients/residents within a facility that are suspected/confirmed to be infected with COVID-19, then dedicated staff should be utilized to care for those patients/residents. Ideally, the same staff should not be caring for both well and ill patients/residents.
- Cohorting: If multiple ill patients/residents are identified within a facility, the facility may consider cohorting (grouping) all ill patients/residents together within a designated area within the facility.

Environmental Cleaning

- Many long-term care facilities contract their environmental services to others, or do not use appropriate disinfectants for COVID-19.
- All healthcare facilities need to use healthcare-grade disinfectants; specifically those with activity against COVID-19. Compatible products may be found here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>