



Unified-Command Group Report on COVID-19 Testing, Surveillance, Mitigation, and Resolution in Tennessee's Long-Term Care Facilities

May 29, 2020

Assisted living, long-term care, senior residential, and skilled nursing facilities cover a significant portion of Tennessee's health care landscape, employing more than 70,000 people providing health care and services to 70,000 residents in more than 700 licensed facilities. Long-term care residents are also one of the most vulnerable populations to COVID-19. To-date, nearly 40 percent of all COVID-19-related deaths in Tennessee have been long-term care residents. This reality is why Governor Lee and the Tennessee Department of Health have implemented a robust response to monitoring and mitigating the spread of COVID-19 in the state's long-term care facilities.

CLOSURE POLICY CONTINUES

Under Gov. Lee's [Executive Order No. 38](#), long-term care facilities must remain closed to visitors, unless in the discretion of the facility the visit involves critical assistance for the resident or is to a resident receiving end-of-life care, provided that such a visit may be accomplished without unreasonable risk. Long-term care facilities must also ensure that residents with disabilities are afforded necessary visitation by service providers and other persons.

Since early May, the Department has allocated \$360,476.09 for technology in approximately 40% nursing homes across the state to support virtual social visits to enhance communication between nursing home residents and their family members. The devices can also be used for telehealth to compliment traditional medical services.

TESTING REQUIREMENTS FOR RESIDENTS

[Executive Order No. 38](#) strongly encouraged administrators of long-term care facilities to provide COVID-19 testing to all residents and staff or take substantial steps toward completing such testing. On May 27, the Healthcare Facilities Board unanimously approved new rules from the Department of Health requiring testing of all long-term care facilities.

Under the rules, each nursing home must complete an "intent to test" survey as provided for by the Department prior to June 1, 2020, and all nursing home residents and staff must be tested by June 30, 2020. Testing may be conducted at the State

Public Health Lab, commercial labs with whom the State has agreements, or through commercial labs with whom the facility has agreements.

To-date, nearly 100 percent of long-term care facilities have completed the Department's initial survey. Approximately 60 percent of facilities have already completed or scheduled testing of residents and staff. 20 percent of facilities have material needs – such as test kits and PPE – which will be delivered within the next seven days. The remaining 20 percent require staffing assistance to complete testing, which will be provided by the National Guard and completed within the next two weeks.

Residents and staff have the right to refuse testing. Each facility shall document the staff or resident's refusal by having the individual sign documentation created by the facility indicating that they have refused testing.

INTERVAL TESTING FOR STAFF

Once a nursing home has completed initial testing, each facility shall test all staff members for COVID-19 at least once every seven days beginning the later of June 30 or the date the facility completes initial testing, consistent with Centers for Medicare and Medicaid guidelines

Any staff member who has a positive FDA approved COVID-19 antibody test is exempted from weekly testing.

Ongoing staff testing may be conducted using the State Public Health Lab or any commercial lab meeting the standards of statewide testing.

ENFORCEMENT

Failure to comply with the rules is considered to be a serious deficiency, and the Department may seek any remedy authorized by Tenn. Code Ann. §§ 68-11-207 and 68-11-801, including but not limited to, license revocation, license suspension, and the imposition of civil monetary penalties.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The Department will provide sufficient personal protective equipment to a facility for the initial testing event, if needed. To date, Tennessee's Unified Command Group has sent 62,639 items of PPE to 149 long-term care facilities across 43 counties.

ENGAGEMENT WITH HOSPITALS AND DISCHARGE POLICIES

Patient discharge decisions are being made at the local level between hospitals and their long-term care partners in their respective areas. While most nursing homes are requiring negative tests prior to re-admission, some may be accepting positive patients if they already have a unit of positive residents cohorted within the facility, so as not to expose well and/or negative residents.

OVERSIGHT OF LONG-TERM CARE FACILITIES

The Tennessee Department of Health's two primary points of interaction with Tennessee's long-term care industry occur through the Division of Health Licensure and Regulation (HLR) and the Healthcare Associated Infections Program (HAI).

HLR and HAI both have oversight responsibilities in the daily operations of long-term care facilities. HLR provides licensure and regulatory oversight of facilities and their working health care professionals. HAI serves an advisory and consultative role for facility administrators and staff. Both TDH divisions work to provide guidance and support to Tennessee's long-term care industry to ensure the safety and well-being of residents.

RISK ASSESSMENT

Congregant health care facilities are at a higher risk for infectious disease outbreaks and transmission overall, and COVID-19 in particular, given a number of factors:

1. The already high-risk health conditions of residents;
2. The level of direct interaction residents have with medical staff, with others providing ancillary care (i.e. therapeutic, custodial, food services) in facilities; and with family and visitors; and,
3. The occupational factors in the long-term care industry where staff members sometimes provide care at more than one facility.

To address the risks COVID-19 presents to residents and staff at long-term facilities, and to the community, TDH implements a targeted system of surveillance, mitigation, and resolution to suppress and stop outbreaks at their source.

ONGOING PREVENTION MEASURES

TDH encourages long-term care facilities take precautionary steps necessary to protect residents, patients, and staff from COVID-19:

- [Assess infection control programs and practices using guidance from the U.S. Centers for Disease Control & Prevention](#); and
- [Identify key COVID-19 planning areas using a CDC preparedness checklist designed specifically for long-term care settings](#).

In late April 2020, TDH onboarded 318 Licensed Nursing Facilities into the Healthcare Resource Tracking System (HRTS). HRTS profiles provide much needed visibility into these facilities' real-time data related to the status of healthcare and resource needs, thus aiding in Regional and State collaboration on a daily basis throughout the COVID-19 Pandemic as well as future emergency responses. \$192,000 has been allocated to hire 7 contracted Vulnerable Populations Coordinators to expedite the training process and secure engagement from the staff in each of these facilities, as well as to provide ongoing support and direction after training.

STEP 1: SURVEILLANCE & NOTIFICATION

TDH recommends long-term care facilities actively screen residents and staff daily for COVID-19 symptoms, starting with temperature monitoring. Long-term care staff should be screened at the start of each shift for fever and COVID-19 symptoms. Active

monitoring of residents should occur upon admission and at least daily for fever and COVID-19 symptoms.

When there is more than one laboratory-confirmed COVID-19 case in a facility among staff, residents, or patients, or a facility has two or more suspected COVID-19 cases, the facility should immediately notify the local health department for the county or city in which the facility resides, or notify TDH's regional or central offices.

Current Centers for Medicare and Medicaid Services reporting requirements for long-term facilities require the reporting of residents or staff with suspected or confirmed COVID-19 cases to state and local health departments. CMS requirements also indicate long-term facilities must inform residents and their representatives of suspected or confirmed COVID-19 cases inside the facility. CMS [guidance](#) recommends proactive testing and that all residents and staff should be tested.

STEP 2: MITIGATION

Upon notification from a long-term care facility of one or more COVID-19 positive cases, or two or more suspected cases, TDH investigates and responds by gathering information and implementing mitigation measures to protect residents and staff.

Within 12 hours, TDH will have completed its information gathering process to reach necessary decision points with the facility.

Within four hours, TDH will consult with the facility on infection control measures, make personal protective equipment recommendations and identify TDH staff and essential services to assist the facility with needs for testing, cleaning, and decontamination.

Within six hours, TDH will work with the facility to determine whether targeted or widespread testing is needed among residents and staff, and then mobilize resources and engage partners such as the National Guard and Tennessee Emergency Management Agency if any additional support needed at the facility.

Depending on outbreak scale, contact tracing, and laboratory testing results within the first 24 hours, TDH will work with the facility to determine if residents can group, or cohort, safely in the facility to prevent further spread and health deterioration.

TDH will also determine, in consultation with the facility, about relocation of residents to hospitals for higher level medical care.

For medically stable residents, the risks can be greater to transport residents, given the poor health outcomes among this vulnerable population, than to treat residents in place. Additionally, there is the added risk of potentially exposing other facilities, locations, and health care workers to COVID-19.

STEP 3: RESOLUTION

Case investigation and contact tracing among facility staff and residents will remain ongoing as TDH works toward resolving the COVID-19 outbreak. These actions are critical to understanding the situation at the facility and how far into the facility or out to the community the risk of further infection has spread.

TDH will engage in daily situation updates to remain in contact with facility administration on issues and needs, and will work with the facility to secure environmental cleaning and decontamination, and conduct a final inspection based on CDC guidelines to make sure the facility is safe for residents and staff.

A COVID-19 outbreak at a long-term care facility is considered resolved when there are two incubation periods, 28 days, with no new cases from the date of last exposure.

EDUCATION & OUTREACH

In the time since COVID-19 reached the United States, and time since, TDH has used a number of messaging vehicles and platforms in its proactive outreach to long-term care facilities, and Tennessee's health care providers, including:

- TDH alert messages to 75,000 providers on COVID-19 situational awareness, guidance, education, and reporting, initiated Jan. 23, 2020;
- Weekly webinars and technical updates for providers in partnership with the Tennessee Hospital Association and Tennessee Healthcare Association, initiated March 2, 2020;
- COVID-19 updates on guidance emailed specifically to long-term care facilities, initiated March 6, 2020;
- Streamlined focused in-facility infection control engagement surveys and suspension of state and federal in facility inspections, initiated March 19, 2020;
- Relaxation of licensing requirements in support of Co-horting presumptive COVID residents between sister facilities, initiated March 20, 2020;
- Weekly conference calls with long-term care facilities to update guidance and provide a forum for questions and answers, initiated April 15, 2020.
- TDH sent a letter to all nursing home administrators, stressing the need for widespread testing, initiated May 1, 2020, and posted FAQs on the TDH website.
- Relaxation of requirements for Certified Nurse Aide training to assist in potential staffing shortages seen with COVID-19 pandemic, initiated May 14, 2020
- Relaxation of feeding assistant training requirements to assist in potential staffing shortages and further support community engagement , initiated May 28, 2020.