March 28, 2020

Dear Health Care Facility:

The Tennessee Division of Health Licensure and Regulation and the Tennessee Department of Health (TDH) are committed to protecting the health, safety and welfare of the public. TDH is working closely with the Office of the Governor, additional state agencies, and the Centers for Disease Control (CDC) to ensure that facilities have the information and guidance they need to prevent the spread of COVID-19.

TDH recommends the following steps for long term care facilities:

1. **Keep COVID-19 from entering your facility:**
   - Ensure adequate supplies of PPE are on hand at all times.
   - Have in place an emergency response plan for meeting increased staffing needs.
   - Screen all staff for fever and respiratory symptoms before each shift; send ill staff home.
   - Restrict all visitors except for compassionate care situations (e.g., end of life). Restrict all volunteers and non-essential HCP, including consultant services (e.g., barber).
   - Cancel all field trips outside of the facility.
   - Have residents who must regularly leave the facility for medically necessary purposes (e.g., hemodialysis) wear a facemask (if possible) whenever they leave their room.

2. **Identify infections early:**
   - Notify the local health department immediately for:
     - severe respiratory infection causing hospitalization or sudden death,
     - clusters (≥2 residents and/or HCP) of respiratory infection, or
     - individuals with known or suspected COVID-19 identified.
   - Local health departments can be found here: [https://www.tn.gov/health/health-program-areas/localdepartments.html](https://www.tn.gov/health/health-program-areas/localdepartments.html) or at 615-741-7247.
   - Discuss testing with TDH to ensure that any testing for COVID-19 is performed rapidly. TDH’s State Public Health Laboratory or partner laboratories can facilitate obtaining results as quickly as possible.
   - Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate if symptomatic.
     - Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation.

3. **Prevent spread of COVID-19:**
   - Cancel all group activities and communal dining.
   - Enforce social distancing among residents.
   - When COVID-19 is reported in the community, implement universal facemask use by all HCP (source control) when they enter the facility.
     - If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas.
   - If COVID-19 is identified in the facility, restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for

- This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of residents could have COVID-19 detected without reporting symptoms or before symptoms develop.
- When a case is identified, TDH can help inform decisions about testing asymptomatic residents on the unit or in the facility.

4. **Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:**
   - Ensure adequate supplies of PPE. If you anticipate or are experiencing PPE shortages reach out to your state/local health department who can engage your local healthcare coalition.
   - Consider extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

5. **Identify and manage severe illness:**
   - Designate a location to cohort and care for residents with suspected or confirmed COVID-19, separate from other residents.
   - Monitor ill residents (including documentation of temperature and pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.


We will update this information as we learn more details from the Governor’s Office, other state agencies and the CDC. We appreciate your commitment to protect the health, safety and welfare of Tennesseans.

Sincerely,

Lisa Piercey, MD, MBA, FAAP
Commissioner