

Table 3. State of Maine Guidance For Congregate Facilities - Group A <sup>1</sup> Long-Term Care 5/24/2021				
Visitation & Outside Medical Visits				
Core Infection Prevention Principles	<p>♦Before allowing indoor visitation, the risks associated with visitation should be explained to residents and their visitors so they can make an informed decision about participation. Visitors should be counseled about recommended infection prevention and control practices that should be used during the visit (e.g., facility policies for source control or physical distancing).</p> <p>♦Full vaccination for visitors is always preferred, when possible.</p> <p>♦Visitors should be screened and restricted from visiting, regardless of their vaccination status, if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine.</p> <p>♦<b>Visitors, regardless of their vaccination status, should wear a well-fitting source control, except as described in the scenarios below</b> ↓</p> <p>♦Hand hygiene should be performed by the resident and the visitors before and after contact.      ♦High-touch surfaces in visitation areas should be frequently cleaned and disinfected.</p> <p>♦Visitor Management: facilities should have a plan to manage visitation and visitor flow. Facilities may need to limit the number of visitors per resident at one time as well as the total number of visitors in the facility at one time in order to maintain infection control precautions.</p> <p>♦<b>Visitors, regardless of their vaccination status, should physically distance (<i>maintaining at least 6 feet between people</i> ) from other residents, visitors that are not part of their group, and staff in the facility, except as described in the scenarios below.</b></p> <p>♦<b>Semi-Private Rooms:</b> visits for residents who share a room should ideally not be conducted in the resident's room. If in-room visitation must occur (<i>e.g., resident is unable to leave the room</i> ), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining recommended infection prevention and control practices, including physical distancing and source control.</p> <p>♦<b>Compassionate Care Visits:</b> should be permitted at all times while adhering to core principles of infection prevention.</p>			
Outdoor Visitation	Indoor Visitation Allowance		Prevention practices during visit (based on vaccination status)	Essential Medical Visits outside facility escorted by facility staff or other known provider
	Positivity Rate >10% and <70% Residents are fully vaccinated	All other situations		
<p>Preferred over indoor visitation as it poses a lower risk of transmission.</p> <p>For residents who are not under isolation or quarantine.</p>	<p>Facility <u>must allow</u> for <b>fully vaccinated residents</b>.</p> <p>Compassionate care for unvaccinated residents or those under quarantine or isolation for COVID-19.</p>	<p>Facility must allow for residents (<i>regardless of vaccination status</i> ) except for those under quarantine or isolation for COVID-19.</p>	<p>♦<b>Fully vaccinated resident(s) and visitors:</b> when alone in the residents room or designated visitation room can choose to have close contact (including touch) and not wear source control. Visitors must wear well-fitting face coverings and physically distance from HCW or other residents/visitors who are not a part of their group at all other times while in the facility.</p> <p>♦<b>Resident not-fully vaccinated and/or visitors are not-fully vaccinated/status unknown:</b> the safest approach is for everyone to maintain physical distancing and wear face coverings. If they choose to have close contact (including touch) then both resident and visitors should continue to wear well-fitting face coverings.</p>	<p><b>Fully vaccinated Residents:</b> do not need to quarantine upon return provided they have not had prolonged close contact with someone known or suspected to have COVID-19 in the last 14 days. Monitor for symptoms for 14 days upon return.</p> <p><b>Not-Fully Vaccinated Residents:</b> if the facility or known provider monitored for appropriate infection prevention practices during entirety of visit and resident had no contact with someone known or suspected to have COVID-19 in the last 14 days, then quarantine is not necessary &amp; monitor for symptoms for 14 days upon return.</p> <p><b>If uncertainty exists about adherence to IPC of the residents and those they had contact with, quarantine for 14 days upon return.</b></p> <p><b>If in an outbreak and/or sending a suspect or confirmed COVID-19 resident, receiving facility must be notified in advance.</b></p>
				<p><b>Fully Vaccinated Residents:</b> do not need to quarantine upon return provided they have not had prolonged close contact with someone known or suspected with COVID-19 in the last 14 days. Monitor for symptoms for 14 days upon return.</p> <p><b>Not Fully Vaccinated Residents : must quarantine upon return for 14 days.</b></p>

Offsite Visitation (e.g. home visit, in a car, private setting)		
Core Infection Prevention Principles	<p>Residents who leave the facility should be reminded to follow all recommended IPC practices including source control (well-fitting face covering), physical distancing, and hand hygiene and to encourage those around them to do the same. Individuals accompanying residents (e.g., family members) should also be educated about these IPC practices/risks and should assist the resident with adherence.</p> <p><b>Facilities might consider quarantining any resident who leaves the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures.</b></p>	
Resident Vaccination Status	Outdoors & Indoors	Quarantine Upon Return
Not-Fully Vaccinated	Maintain physical distancing, wear source control, and perform hand hygiene	Quarantine upon return to the facility & monitor symptoms for 14 days.
Fully-Vaccinated	<p><b>Some or all visitors/participants are not-fully vaccinated/status unknown and/or not in a private setting</b> : all should practice source control with a well-fitting face covering. Anyone not-fully vaccinated should maintain physical distancing. The resident should practice source control with a well-fitting face covering and maintain physical distancing.</p> <p><b>Visitors/participants are all fully-vaccinated &amp; in a private setting (e.g. in-home visit):</b> source control and physical distancing not required.</p>	<p>Quarantine upon return not necessary provided they have not had a prolonged close contact with someone known or suspected with COVID-19 in the last 14 days.</p> <p>Monitor symptoms for 14 days upon return.</p>

Source Control, Physical Distancing, & Other Activities				
Core Infection Prevention Principles	Source control <sup>2</sup> (well fitting face covering) & physical distancing: <ul style="list-style-type: none"> <li>- <b>Visitors and Residents:</b> face coverings at all times with some exceptions by scenario as listed within this table.</li> <li>- <b>All:</b> Physical distancing recommended with some exceptions by scenario as listed within this table.</li> </ul>			
	Guidance below not applicable to residents in quarantine or isolation			
			*Facilities might consider quarantining any resident who leaves the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures. *A 14 day quarantine is warranted if the resident had known close contact with a person known or suspected to have COVID-19	
Vaccination Status	Pet Visitation	Communal Dining & Group Activities Overseen by Facility or other known provider <i>(where infection prevention practices can be monitored)</i>	Day Activities <i>(Community Support, Employment Support, BH, Social Club etc. )</i>	Activities outside of facility <i>(e.g. hair dresser, restaurant, group activity etc.)</i>
Fully Vaccinated	Pet may visit individually with multiple fully vaccinated residents or to a single unvaccinated resident. Hand Hygiene and environmental cleanliness should be maintained.	If all persons (residents and staff) are fully vaccinated, <u>the residents</u> can participate without the use of source control or physical distancing.	Community Support provider must be in compliance with applicable guidance.  <b>If all persons (residents and staff) are fully vaccinated</b> then <u>the residents</u> can participate without the use of source control or physical distancing.  <b>If any not-fully vaccinated residents or staff are in attendance</b> , then all should use source control and not fully vaccinated residents should continue to remain at least 6 feet from others.	♦Should be educated in prevention methods and risks ♦Should adhered to all recommended infection prevention practices including source control, physical distancing, and hand hygiene. If being transported by or going with family/visitor, review guidance in "offsite visits" above.  <b>Fully vaccinated Residents:</b> do not need to quarantine upon return provided they have not had prolonged close contact with someone known or suspected with COVID-19 in the last 14 days. Monitor for symptoms for 14 days upon return.
Not Fully Vaccinated		If <b>any not-fully vaccinated residents or staff are in attendance</b> , residents should use source control when not eating and not fully vaccinated residents should continue to remain at least 6 feet from others. Staff must continue to mask during activity.	See guidance in cell above ↑.	Should be educated in prevention methods and risks Should adhered to all recommended infection prevention practices including source control, physical distancing, and hand hygiene. If being transported by or going with family/visitor, review guidance in "offsite visits" above.  <b>Not Fully Vaccinated Residents: must quarantine upon return for 14 days.</b>

*Note: MeCDC may offer further restrictive guidance in specific situations*

Staff Guidance		
Core Infection Prevention Principles	Source control <sup>2</sup> (well fitting face covering) & physical distancing: face coverings at all times with exemption as listed in specific breakroom/meetings guidance section of this table. <u>Eye protection</u> added for staff if facility is in county of med-high positivity or outbreak status.	
Vaccination Status	Staffing	Break & Meeting Rooms
Fully Vaccinated	Non-Essential staff allowed as long as they are asymptomatic. They should not be returned to work from a "work restriction" when facility is in a staffing shortage.	Fully vaccinated staff could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing.
Not-Fully Vaccinated		<b>If any not-fully vaccinated staff are present</b> all staff should adhered to source control and physical distancing.

*Note: MeCDC may offer further restrictive guidance in specific situations*

Admission, Readmission, & Quarantine Post-Exposure		
New Admission & Readmission	<b>Fully Vaccinated:</b> Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have <u>NOT</u> had prolonged close contact with someone with SARS-CoV-2 infection in prior 14 days.	
	<b>Within 3 months of positive test (prior infection) :</b> asymptomatic residents who have recovered and are within 3 months of a positive test for SARS-CoV-2 infection may not need to be quarantined or tested following re-exposure to someone with SARS-CoV-2 infection. However, there might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing for SARS-CoV-2 and quarantine following exposure that occurs less than 3 months after their initial infection, <u>examples could include:</u> <ul style="list-style-type: none"> <li>*Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) in the 3 months following SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.</li> <li>*Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).</li> <li>*Residents for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.</li> </ul>	
Quarantine Post-Exposure	Residents	HCW
	14-day quarantine recommended	Work Restrictions & Quarantine Post-Exposure for Staff: see "Exposure Investigation Checklist" link: <a href="http://maineinfectionpreventionforum.org/">http://maineinfectionpreventionforum.org/</a>

SARS-CoV-2 Testing				
Staff / Resident Situation	Routine Surveillance Testing	Testing of Symptomatic Individuals	Post-Exposure Testing (PCR recommended)	Upon Identification of a Positive Case in Facility begin Universal Testing
Not-fully vaccinated Staff	<u>Follow testing plan based on county positive rate (X%):</u> Low Community Activity (<5%): At least once a month Medium Community Activity (5-10%): At least once a week High Community Activity (>10%): At least twice a week	Test immediately	Asymptomatic staff and residents with a high risk exposure or prolonged close contact with someone with a SARS-CoV-2 infection must have a series of two viral tests for SARS-CoV-2. First test: Immediately. Second test: 5-7 days after exposure.	Immediately test and then continue to retest all individuals that previously tested negative until no new cases identified for period of at least 14 days since the most recent positive result.
Not-fully vaccinated Residents	Not recommended, unless the resident leaves the facility routinely.			
Fully Vaccinated Staff	Do not need to be routinely tested.		Persons with a SARS-CoV-2 infection in the last 90 days do not need to be tested as long as they remain asymptomatic .	Retest recommendation is every 3-7 days, or follow testing guidance from your Maine CDC Outbreak Investigator.
Fully Vaccinated Residents				

For Binax Testing Guidance: <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Testing-Examples.pdf>

<sup>1</sup>**Group A:** Nursing Facilities, ICF/IIDs, Facilities designated as Alzheimer's/Dementia Care, PNMI/Residential Care Facilities/Assisted Living Facilities that are part of Multi-Level Complexes with Nursing Facilities, PNMI Appendix C Facilities (for Adults with High Functional/Medical Needs)

<sup>2</sup>**Source Control:** refers to the use of face coverings to cover a person's mouth and nose to prevent the spread of respiratory secretions when they are talking, sneezing, or coughing. A facility may elect based on risk assessment and specific circumstances to include eye protection for healthcare workers (a.k.a staff), as a part of routine source control in any level of community transmission. Noted, eye protection and other appropriate PPE should be donned at any time there is reasonable expectation of exposure to respiratory droplets or other bodily fluids, per Standard Precautions. Note that this level of source control is required for all federally certified facilities.

**Note:** the CDC's updated Interim Public Health Recommendations for Fully Vaccinated People, issued May 13, does not apply to healthcare settings. Healthcare facilities should continue to follow all current COVID-19 infection prevention and control recommendations, including those addressing work restrictions, quarantine, testing, and use of personal protective equipment. Guidance for the general public is not intended for healthcare settings. While the latest CDC public recommendations state it would be acceptable for fully vaccinated people to not wear masks in public, healthcare facilities must communicate with their staff and residents that this community guidance is not meant to be applied in the healthcare setting where extra precautions are necessary to protect vulnerable resident populations. This means that staff, residents, and visitors should continue to follow healthcare specific guidance.

## Actions when there is identification of 1 Positive Case (i.e., *index case*) of residents or staff

**Suspend all visitation & other activities facility wide.**

*Note: compassionate care visits are allowed under core infection prevention principles at all times*

