	Table 3. State of Maine Guidance	ce For Congregate Facilities - Group B <sup>1</sup> Long-Term Care 5/24/2021			
		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).				
Core Infection Prevention Principles	Onsite 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.  *Visitors, regardless of their vaccination status, should wear a well-fitting source control, except as described in the scenarios below \$\limes\$  *High-touch surfaces in visitation areas 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.  *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.  *Visitors, regardless of their vaccination status, should physically distance (maintaining at least 6 feet between people) from other residents, 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.  *Visitors, regardless of their vaccination status, should physically distance (maintaining at least 6 feet between people) from other residents, visitors that are not part of their group, and staff in the facility, except as described in the scenarios below.  *Semi-Private Rooms: visits for residents who share a room should ideally not be conducted in the resident's room. If in-room visitation must occur (e.g., resident is unable to leave the room), 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.  *Compassionate Care Visits: should be permitt				
	Facilities might consider quarantining residents who leave 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.				
Vaccination Status	Outdoors	Indoors	If visit offsite, guidance upon return		
Not-fully vaccinated	all the prevention measures including, source control, hand hygiene, and maintaining physical distancing.		Quarantine not required unless had close contact with a person known or suspected to		
	May be unmasked when outdoors doing certain activities ↓  https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/choosingSaferAct.pdf	Not-fully vaccinated people, regardless of their risk level should be masked & physcially distance for all indoor activities.	have COVID-19. Monitor symptoms for 14 days upon return		
Fully- Vaccinated	Fully vaccinated people can resume activities without wearing a mask or physically distancing	Fully vaccinated people can resume activities without wearing a mask or physically distancing	Quarantine not required unless had close contact with a person known or suspected to		
. a, raccinatea	. a., radiation proper dam resume destricts without wearing a mask of physically distancing		have COVID-19. Monitor symptoms for 14		

Note: MeCDC may offer further restrictive guidance in specific situations

Fully vaccinated people should also consider masking when indoors with unvaccinated people.

have COVID-19. Monitor symptoms for 14

days upon return

Admission, Readmission, & Quarantine Post-Exposure				
New Admission & Readmission	New Admission & Readmission  Resident should be screened for signs & symptoms of COVID-19. Perform risk assessment to determine if there is concern for risk behaviors/situations. If based on risk assessment there is concern and/or the individual has known close contact with a person known or suspected to have COVID-19, then quarantine for 10 days.			
Quarantine Post-Exposure for Staff and Residents: Yes, for minimum of 10 days				
Exemptions: 1. The individual is fully-vaccinated (i.e. 14 days since the completion of the vaccine series)  2. The individual is within 90 days of a positive COVID-19 test				

			Source Control, Physical Distancing, & Other Activities		
Core Infection Prevention Principles	Source control <sup>2</sup> (well fitting face covering) & physical distancing:  - Visitors and Residents: face coverings at all times with some exceptions by scenario as listed within this table.  - All: Physical distancing recommended with some exceptions by scenario as listed within this table.  Guidance below not applicable to residents in quarantine or isolation				
	•Facilities might consider quarantining residents who leave 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 (where infection prevention practices can be monitored)	Day Activities (Community Support, Employment Support, BH, Social Club etc.) Community Support provider must be in compliance with applicable guidance.	Activities outside of facility (e.g. hair dresser, restaurant, group activity etc.)	
Fully Vaccinated	Pet may visit individually with multiple fully vaccinated residents or to a single unvaccinated	If all persons (residents and staff) are fully vaccinated, the residents can participate without the use of source control or physical distancing.	Indoors: Fully vaccinated people can resume activities without wearing a mask or physically distancing. Fully vaccinated people should also consider masking when indoors with unvaccinated people.  Outdoors: Fully vaccinated people can resume activities without wearing a mask or physically distancing	•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.  Fully vaccinated Residents: 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	resident. Hand Hygiene and environmental cleanliness should be maintained.	If any not-fully vaccinated residents or staff are in attendance, 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.	Indoors: Not-fully vaccinated people, regardless of their risk level should be masked & physcially distance for all indoor activities.  Outdoors: Not-fully vaccianted May be unmasked when outdoors doing certain activities   https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/choosingSaferAct.pdf	*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.  Not Fully Vaccinated Residents: Quarantine not required unless had close contact with a person known or suspected to have COVID-19. Monitor symptoms for 14 days upon return	

Note: MeCDC may offer further restrictive guidance in specific situations

Staff Guidance					
Core Infection Prevention Principles					
Vaccination Status	Staffing	Break & Meeting Rooms			
Fully Vaccinated	Non-Essential staff allowed as long as they are asymptomatic. They	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	should not be returned to work from a "work restriction" when facility is in a staffing shortage.	If any not-fully vaccinated staff are present all staff should adhered to source control and physical distancing.			

Note: MeCDC may offer further restrictive guidance in specific situations

'Group B: Adult PNMIs, Residential Care Facilities, Assisted Living Facilities not included in Group A, Adult Family Care Homes, and Adult Group Homes

<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.

