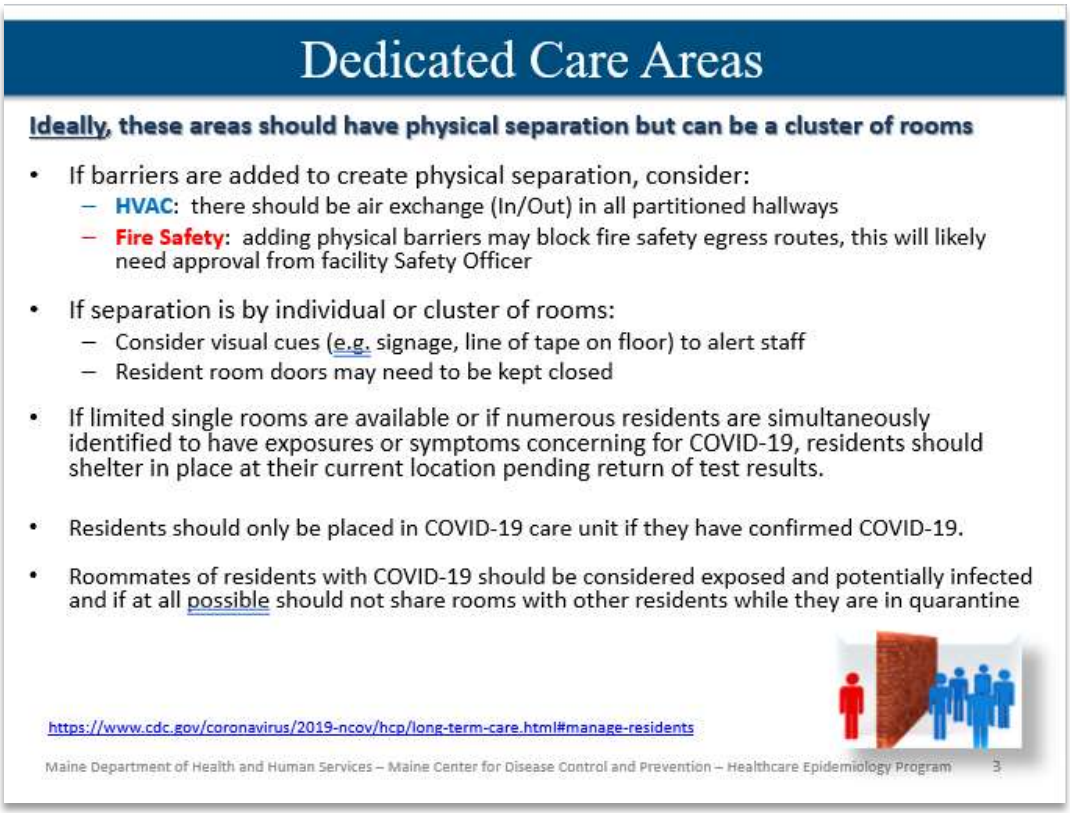
1. **Should there be dedicated care area/units for PRCs under quarantine or isolation?**

   **Answer**: Yes, dedicated care areas is the preferred option.




2. **Can a wing/unit be one half suspect PRCs and one-half negative PRC?**

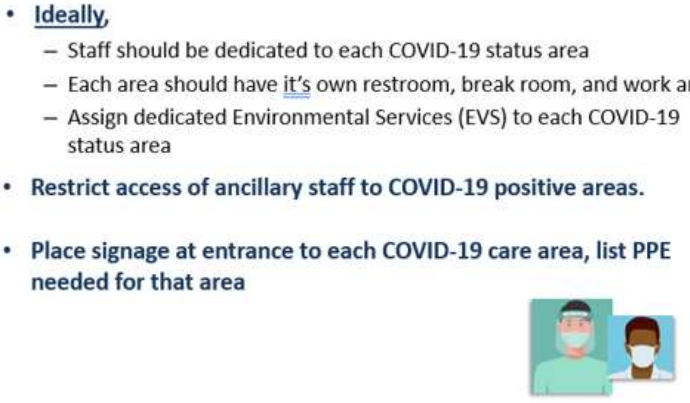
   **Answer**: Yes, however do not share a bathroom between a negative room and suspect room or person(s) and appropriate PPE usage, hand hygiene, and cleaning/disinfection of shared equipment is important. If utilizing PPE supply shortage strategies, see FAQ number 4.

   a. **Does there need to be a dividing barrier?**

      **Answer**: It is not required. May want to consider something that does not interfere with fire safety (e.g. egress) as a reminder to staff – for example: a red line on the floor. Also take into consideration how barriers may affect HVAC and air flow.

   b. **Can staff work with both suspect/quarantined/isolated and SARS-CoV-2 naive PRCs or does there need to be separate staff for each population?**

      **Answer**: dedicated staff for each space is recommended. If shared staffing, it is important to have appropriate PPE practices, cleaning/disinfection of shared equipment, as well as appropriate hand hygiene.



**3. How should I look at placement of suspect/quarantined/isolated PRCs? What about cohorting?**

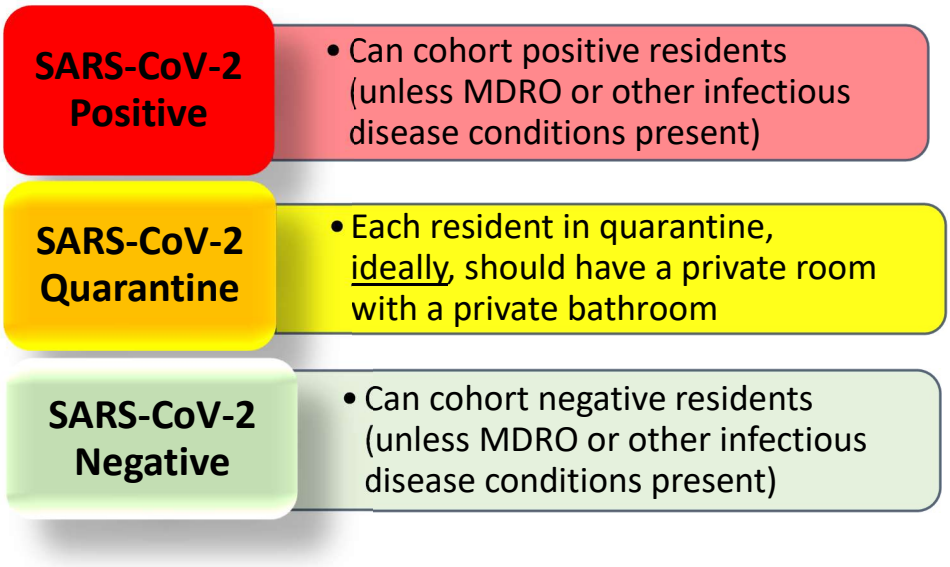
**Answer**:

**Patient / Resident Placement for SARS-CoV-2**

| Resident Type/Scenario | Room (Ideally) | Bathroom | Placement Additional Notes | Transmission-Based Precautions | PPE |
|---|---|---|---|---|---|
| **Ideally, it is best to have dedicated staff & have pateints/residents cared for in a dedicated area, with consideration of resident-types:** | | | | | |
| **Quarantined** | Private | ·Private / separated from others<br>·If a commode is used to physically separate bathroom usage, consideration should be taken to where that commode is emptied and cleaning/disinfection of the bathroom after. | ·Preferably, should be physically separated from other rooms and non-SARS-CoV-2 patients/residents if a mixed unit.<br>·*Note: placing them with another quarantined individual could put both at more risk for contracting SARS-CoV-2 if one of the two persons is infected and one is not.* | **Yes**<br>*(Standard, Airborne, Contact & Droplet)* | Full PPE for duration of quarantine<br>*[NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face]* |
| **Symptomatic status pending** | Private | ·Private / separated from others<br>·If a commode is used to physically separate bathroom usage, consideration should be taken to where that commode is emptied and cleaning/disinfection of the bathroom after. | ·Preferably, should be physically separated from other rooms and non-SARS-CoV-2 patients/residents if a mixed unit.<br>· *If confirmed SARS-CoV-2 positive, move to dedicated area (when available). See "postive for SARS-CoV-2".* | **Yes**<br>*(Standard, Airborne, Contact & Droplet)*<br>·Until infectious etiology identified---Then institute appropriate transmission-based precautions based on disease type, if necessary.<br>•*If SARS-CoV-2 positive by testing, continue TBP/isolation and see "positive for SARS-CoV-2".* | Full PPE until infectious etiology is identified.<br>*[NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face]*<br>•*Then institute appropriate PPE for disease type, if necessary.* |
| **Positive for SARS-CoV-2** | Private | ·Private / separated from others<br>·If a commode is used to physically separate bathroom usage, consideration should be taken to where that commode is emptied and cleaning/disinfection of the bathroom after. | Preferably, should be physically separated from other rooms and non-SARS-CoV-2 patients/residents if a mixed unit. | **Yes**<br>*(Standard, Airborne, Contact & Droplet)* | Full PPE for duration of isolation<br>*[NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face]* |

**Notes:**

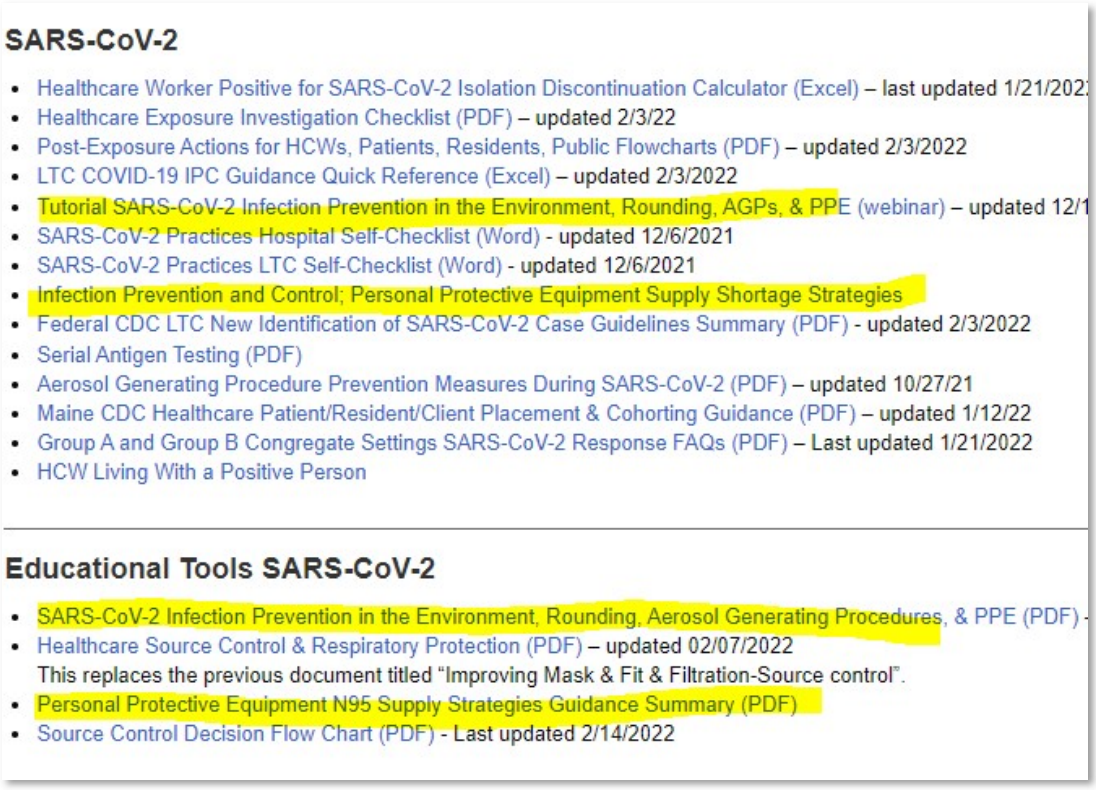
- **When looking to cohort,** you want to do so in a way that provides the highest risk mitigation.
  - If **cohorting of quarantined PRCs** must occur due to capacity, then take the following into consideration when looking at level of risk –with goal of not placing higher risk PRC with a lower risk PRC:
    - How far into quarantine are the PRCs?
    - Is daily symptom monitoring or testing occurring?
    - Are the PRCs immunocompromised?
    - Was the level of risk of the exposure that put the PRC in quarantine of higher or lower risk?
    - Can the PRC mask, practice appropriate hygiene (hand hygiene, toileting, etc.), physical distancing (as much as feasible) in the room?
    - What is the air exchange capabilities of the space/room they will be placed in?
    - How often are the rooms cleaned/disinfected?
- Want to additionally consider what may be transmitted between roommates, such as multi-drug resistant organisms (MDROs) [*e.g. MRSA, VRE, ESBL, CRE, Candida auris*] or other potentially transmissible organisms.




4. **Can staff continue to wear PPE between populations of cohorted PRC?**

   **Answer**: Consideration should first be made to determine if the facilities PPE supply is sufficient to sustain Conventional Capacity. If Contingency or Crisis Capacity are necessary, see guidance on following website for full implementation recommendations:

   https://www.maine.gov/dhhs/mecdc/infectious-disease/hai/resources.shtml



**SARS-CoV-2**

- Healthcare Worker Positive for SARS-CoV-2 Isolation Discontinuation Calculator (Excel) – last updated 1/21/202
- Healthcare Exposure Investigation Checklist (PDF) – updated 2/3/22
- Post-Exposure Actions for HCWs, Patients, Residents, Public Flowcharts (PDF) – updated 2/3/2022
- LTC COVID-19 IPC Guidance Quick Reference (Excel) – updated 2/3/2022
- Tutorial SARS-CoV-2 Infection Prevention in the Environment, Rounding, AGPs, & PPE (webinar) – updated 12/1
- SARS-CoV-2 Practices Hospital Self-Checklist (Word) - updated 12/6/2021
- SARS-CoV-2 Practices LTC Self-Checklist (Word) - updated 12/6/2021
- Infection Prevention and Control; Personal Protective Equipment Supply Shortage Strategies
- Federal CDC LTC New Identification of SARS-CoV-2 Case Guidelines Summary (PDF) - updated 2/3/2022
- Serial Antigen Testing (PDF)
- Aerosol Generating Procedure Prevention Measures During SARS-CoV-2 (PDF) – updated 10/27/21
- Maine CDC Healthcare Patient/Resident/Client Placement & Cohorting Guidance (PDF) – updated 1/12/22
- Group A and Group B Congregate Settings SARS-CoV-2 Response FAQs (PDF) – Last updated 1/21/2022
- HCW Living With a Positive Person

**Educational Tools SARS-CoV-2**

- SARS-CoV-2 Infection Prevention in the Environment, Rounding, Aerosol Generating Procedures, & PPE (PDF)
- Healthcare Source Control & Respiratory Protection (PDF) – updated 02/07/2022
  This replaces the previous document titled "Improving Mask & Fit & Filtration-Source control".
- Personal Protective Equipment N95 Supply Strategies Guidance Summary (PDF)
- Source Control Decision Flow Chart (PDF) - Last updated 2/14/2022