

**Table 3. MeCDC Guidance For Congregate Facilities - Group A<sup>1</sup> Long-Term Care 4/21/2021**

Visitation <sup>3</sup> & Outside Medical Visits					
Facility Situation	Outdoor Visitation	Indoor Visitation	Common Areas of Facility	Essential Medical Visits outside facility escorted by facility staff or other known provider	Essential Medical Visits Outside the facility NOT Escorted by Facility or Other Known Provider
<sup>2</sup> Source control with well-fitting mask and physical distancing: YES					
Positivity Rate >10% and <70% Residents are fully vaccinated	Preferred over indoor visitation as it poses a lower risk of transmission.	<p>Facility <u>must allow</u> for <b>fully vaccinated residents</b>. Compassionate care for unvaccinated residents or those under quarantine or isolation for COVID-19.</p> <p>Visitors need to be physically distanced from other residents and staff.</p> <p><u>Close Interaction</u>: the safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing and masking. If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control. Hand hygiene should be performed by the resident and the visitors before and after contact.</p>	Source control & physical distancing	Facility or known provider must monitor for appropriate infection prevention practices during entirety of visit.	<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.</p> <p><b>Not Fully Vaccinated Residents</b>: must quarantine upon return for 14 days.</p>
		<p>Facility <u>must allow</u> for residents (<i>regardless of vaccination status</i>) except for those under quarantine or isolation for COVID-19.</p> <p>Visitors need to be physically distanced from other residents and staff.</p> <p><u>Close Interaction</u>: the safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing and masking. If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control. Hand hygiene should be performed by the resident and the visitors before and after contact.</p>			
All other situations				If in an outbreak and/or sending a suspect or confirmed COVID-19 resident, receiving facility must be notified in advance.	

Offsite Visitation <sup>3</sup> (e.g. home visit, in a car, private setting)		
Visitor / Household Vaccination Status	Resident Not Fully Vaccinated	Resident Is Fully Vaccinated
<p>*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.</p> <p>*14 day Quarantine warranted if resident had known close contact with a person known or suspected to have COVID-19.</p>		
All persons fully vaccinated (includes children)	<p>Resident should be educated in prevention methods and risks. <b>Masking &amp; Physical distancing for all persons.</b></p> <p><b>Quarantine</b> upon return to facility &amp; monitor symptoms for 14 days.</p>	<p>Resident should be educated in prevention methods and risks. <b>Masking &amp; physical distancing for all persons recommended.</b></p> <p>Quarantine upon return not necessary provided they have not had prolonged close contact with someone known or suspected with COVID-19 in the last 14 days. Monitor symptoms for 14 days upon return.</p>
Family/Visitors <b>NOT fully vaccinated</b> : visit must be in a Private Setting with <b>ONLY</b> members of one household.	<p style="text-align: center;"><b>Not recommended to participate in offsite facility visitation</b></p> <p><u>If resident chooses to visit</u>: Resident should be educated in prevention methods and risks. All persons should take precautions including wearing a well-fitted mask, staying at least 6 feet away from others, and visiting outdoors or in a well-ventilated space. <b>Quarantine</b> upon return to facility &amp; monitor symptoms for 14 days</p>	<p>Resident should be educated in prevention methods and risks. <b>Masking &amp; physical distancing for all persons recommended.</b></p> <p>Quarantine upon return not necessary provided resident has not had prolonged close contact with someone known or suspected with COVID-19 in the last 14 days. Monitor symptoms for 14 days upon return.</p>

<sup>3</sup>**Additional Visitation Recommendations:**

-**Unvaccinated residents**: who wish to be vaccinated ideally should not start indoor visitation until they have been fully vaccinated.

-**Visitor Management**: facilities should have a plan to manage visitation and visitor flow. Visitors should physically distance from other residents and HCW in the facility. 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.

-**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 permitted at all times while adhering to core principles of infection prevention.

Guidance For When Positive COVID-19 Cases Are Identified			
Identification of 1 Positive Case		When a new case of COVID-19 (residents or staff) is identified suspend visitation & other activities facility-wide until at least one round of facility-wide testing is completed. <i>Note: compassionate care visits are allowed under core infection prevention principles at all times.</i>	
Visitation & Other Activities can resume under the following guidance			
Area of COVID-19 Cases	Testing Identifies No Additional Positive Cases	Testing Identifies Additional Positive Cases	Facility Meets Criteria to Discontinue Outbreak Testing
Unit "A" (or unit/area with the initially identified cases)	May resume outdoor visitation as listed in the visitation guidance in the community engagement table for residents who are <u>NOT</u> on isolation or quarantine.	Continue restriction of visitation. Follow testing recommendations.	Visitation & other activities may resume as listed in the visitation guidance in the community engagement table for residents <u>NOT</u> on isolation or quarantine.
Unit, B, or C, or D, etc. (i.e. other areas in the facility where the initially identified cases were not found).	Visitation & other activities may resume as listed in the visitation guidance in the community engagement table for residents <u>NOT</u> on isolation or quarantine.	If 1st round or subsequent rounds of testing identifies one or more additional cases in other areas/units of the facility (example: Unit B, or C, etc.) suspend visitation for all residents (vaccinated & unvaccinated) until the facility meets criteria to discontinue outbreak testing.	

Source Control, Physical Distancing, & Other Activities									
County Positivity	Source Control	Staffing	Pet Visitation	Communal Dining & Group Activities within facility	Day Activities (Community Support, Employment Support, BH, Social Club etc.)	Activities outside of facility (e.g. hair dresser, restaurant, etc.)	Group activities overseen by facility or other known provider (where infection prevention practices can be monitored)	Group activities NOT overseen by facility or other known provider	Minimum Testing Frequency (Follow testing guidance from Maine CDC Outbreak Investigator in outbreak situation)
					*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. *14 day Quarantine warranted if resident had known close contact with a person known or suspected to have COVID-19.				
			Not applicable for residents in quarantine or isolation						
Low Positivity <5%	Face coverings for Staff and Residents  Eye protection added if facility in an outbreak status.	Non-Essential staff allowed as long as they are asymptomatic and they cannot be returned due to staffing shortage from a "work restriction"	Pet may visit individually with multiple fully vaccinated residents or to a single unvaccinated resident. Hand Hygiene and environmental cleanliness should be maintained.	Yes, with social distancing (limited # people at each table with at least 6 feet between each person)	Yes Community Support provider must be in compliance with applicable guidance.	Resident should be educated in prevention methods and risks  If being transported by or going with family/visitor, review guidance in "offsite visits" above, as well as adhere to public guidance when in public spaces.	Yes Masking, physical distancing, and appropriate hand hygiene during activity.	Masking, Physical Distancing, and appropriate hand hygiene during activity.	Twice A Month <sup>3</sup>
Medium Positivity 5 -10%	Face Coverings for Staff & Residents and addition of <u>eye protection</u> for staff	Limited Essential	Limit visit to a single fully vaccinated resident. Hand Hygiene and environmental cleanliness should be maintained.	Yes, however facilities should consider additional limitations based on status of COVID-19 cases in facility.	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.  Not Fully Vaccinated Residents: must quarantine upon return for 14 days.	Limit to ≤10 persons who have fully recovered from COVID-19 and for those not in quarantine or isolation.  Masking, physical distancing, and appropriate hand hygiene during activity.	Fully Vaccinated Residents: monitor for symptoms for 14 days upon return.  Not Fully Vaccinated Residents: quarantine upon return.	Once A Week <sup>3</sup>	
High County Positivity >10%		-Essential Only -No Volunteers -Students as long as they are asymptomatic and they cannot be returned due to staffing shortage from a "work restriction"	Restricted				Restricted		♦High County Positivity >10%: Twice A week <sup>3</sup> ♦For outbreak status: follow guidance from the MeCDC outbreak investigator.

**Admission, Readmission, & Quarantine Post-Exposure**

<b>New Admission &amp; Readmission</b>	<p><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 NOT had prolonged close contact with someone with SARS-CoV-2 infection in prior 14 days.</p> <p><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></p> <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>	
	<b>Residents</b>	<b>HCW</b>
<b>Quarantine Post-Exposure</b>	<b>14-day quarantine recommended</b>	<p><b>Work Restrictions &amp; Quarantine Post-Exposure for Staff:</b> see "Exposure Investigation Checklist" link: <a href="http://maineinfectionpreventionforum.org/">http://maineinfectionpreventionforum.org/</a></p>

<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.

<sup>3</sup>**For Binax Testing Guidance:** <https://www.maine.gov/dhhs/sites/maine.gov/dhhs/files/inline-files/Testing-Examples.pdf>