

Table 3. State of Maine Guidance For Congregate Facilities - Group A ¹ Long-Term Care 5/5/2021					
Facility Situation	Visitation & Outside Medical Visits				
	Outdoor Visitation	Indoor Visitation Allowance	Source Control ² , Physical Distancing & Close Interaction during visit	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
Positivity Rate >10% and <70% Residents are fully vaccinated	Preferred over indoor visitation as it poses a lower risk of transmission.	Facility <u>must allow</u> for fully vaccinated residents . Compassionate care for unvaccinated residents or those under quarantine or isolation for COVID-19.	<p>•Fully vaccinated resident(s) and visitors 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>•For not fully vaccinated resident(s) or visitor 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>Facility or known provider must monitor for appropriate infection prevention practices during entirety of visit.</p> <p>If in an outbreak and/or sending a suspect or confirmed COVID-19 resident, receiving facility must be notified in advance.</p>	<p><u>Fully vaccinated Residents:</u> 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><u>Not Fully Vaccinated Residents:</u> must quarantine upon return for 14 days.</p>
All other situations		Facility <u>must allow</u> for residents (<i>regardless of vaccination status</i>) except for those under quarantine or isolation for COVID-19.	•Visitors need to be physically distanced from other residents and staff during visitation. Additionally, visitors, regardless of their vaccination status, should wear a well-fitting face covering for source control and practice physical distancing with exceptions detailed in the specific guidance sections within this chart.		

Additional Visitation Recommendations:

- 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.

Offsite Visitation (e.g. home visit, in a car, private setting)			
Vaccination Status	Visitation Location		Quarantine upon Return to the Facility
	Outdoor	Indoor Resident should be educated in prevention methods and risks.	
Resident & Visitors fully vaccinated	Visits between fully vaccinated persons who do not wear face coverings and physically distance from one another are likely low risk, therefore masking is not required.		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. 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 ICP measures.
Resident fully vaccinated & Visitors not-fully vaccinated	Masking and physical distancing not required if 6 feet of physical distance is maintained. Masking is required if physical distancing cannot be maintained regardless of vaccination status.	Should take place in a private setting with the visitors being ONLY members of one household.	Monitor symptoms for 14 days upon return.
Resident is not-fully vaccinated & Visitors fully vaccinated		Masking & physical distancing not required. However, if any persons are at increased risk of severe COVID-19, all 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.	Quarantine upon return to the facility & monitor symptoms for 14 days.
Resident and Visitors are not-fully vaccinated	Outdoor visitation is preferred method. masking and physical distancing not required if 6 feet of physical distance is maintained. Masking is required if physical distancing cannot be maintained.	Indoor Visitation not recommended. If resident choose to participate in indoor visitation they should be educated in prevention methods and risks. All persons should take precautions including wearing well-fitting face coverings, staying at least 6 feet apart.	

Note: indoor visits between fully vaccinated people and not-fully vaccinated people who do not wear masks or physically distance from one another are likely low risk for the fully vaccinated people. Therefore, the level of precaution should be determined by the characteristics of the not-fully vaccinated people, who remain unprotected against COVID-19

Source Control, Physical Distancing, & Other Activities							
Vaccination Status	Source control ² (<i>well fitting face coverin g</i>) & physical distancing	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 (e.g. hair dresser, restaurant, group activity etc.)	Staffing	Staff break rooms and meeting spaces
				♦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			
		Not applicable for residents in quarantine or isolation <i>Note: MeCDC may offer further restrictive guidance in specific situations</i>					
	Face coverings for Staff and Residents with exceptions for visitation detailed in the specific guidance section within this table.			Community Support provider must be in compliance with applicable guidance.	All Residents: ♦Should be educated in prevention methods and risks ♦Should be encouraged and assisted with 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 staff could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing.
Fully Vaccinated	<u>Eye protection added</u> for staff if facility in county of med-high positivity or outbreak status.	Pet may visit individually with multiple fully vaccinated residents or to a single unvaccinated resident.	Fully vaccinated residents can participate in communal dining without the use of source control or physical distancing.	Outdoors: masking is not required if 6 feet of physical distance is maintained. Masking is required if physical distancing cannot be maintained regardless of vaccination status.	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.	Non-Essential staff allowed as long as they are asymptomatic and they cannot be returned to work from a "work restriction" due to staffing shortage	
Not Fully Vaccinated	<u>Common Areas:</u> wear a well-fitting face covering and physical distancing when in common areas for residents, visitors, & staff Physical distancing recommended with exceptions detailed in the specific guidance sections within this table.	Hand Hygiene and environmental cleanliness should be maintained.	If any not-fully vaccinated residents are in attendance, then all residents should use source control when not eating and not fully vaccinated residents should continue to remain at least 6 feet from others.	Indoors: If any not-fully vaccinated residents are in attendance, then all residents should use source control and not fully vaccinated residents should continue to remain at least 6 feet from others.	Not Fully Vaccinated Residents: must quarantine upon return for 14 days.		If any not-fully vaccinated staff are present all staff should adhered to source control and physical distancing.

Admission, Readmission, & Quarantine Post-Exposure		
New Admission & Readmission	Fully Vaccinated: 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.	
	Within 3 months of positive test (prior infection): 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"> ♦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. ♦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). ♦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. 	
Quarantine Post-Exposure	Residents	HCW
	14-day quarantine recommended	Work Restrictions & Quarantine Post-Exposure for Staff: see "Exposure Investigation Checklist" link: http://maineinfectionpreventionforum.org/

SARS-CoV-2 Testing				
Staff / Resident Situation	Routine Surveillance Testing	Testing of Symptomatic Individuals	Post-Exposure Testing	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.		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 Staff	Do not need to be routinely tested.			
Fully Vaccinated Residents				

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

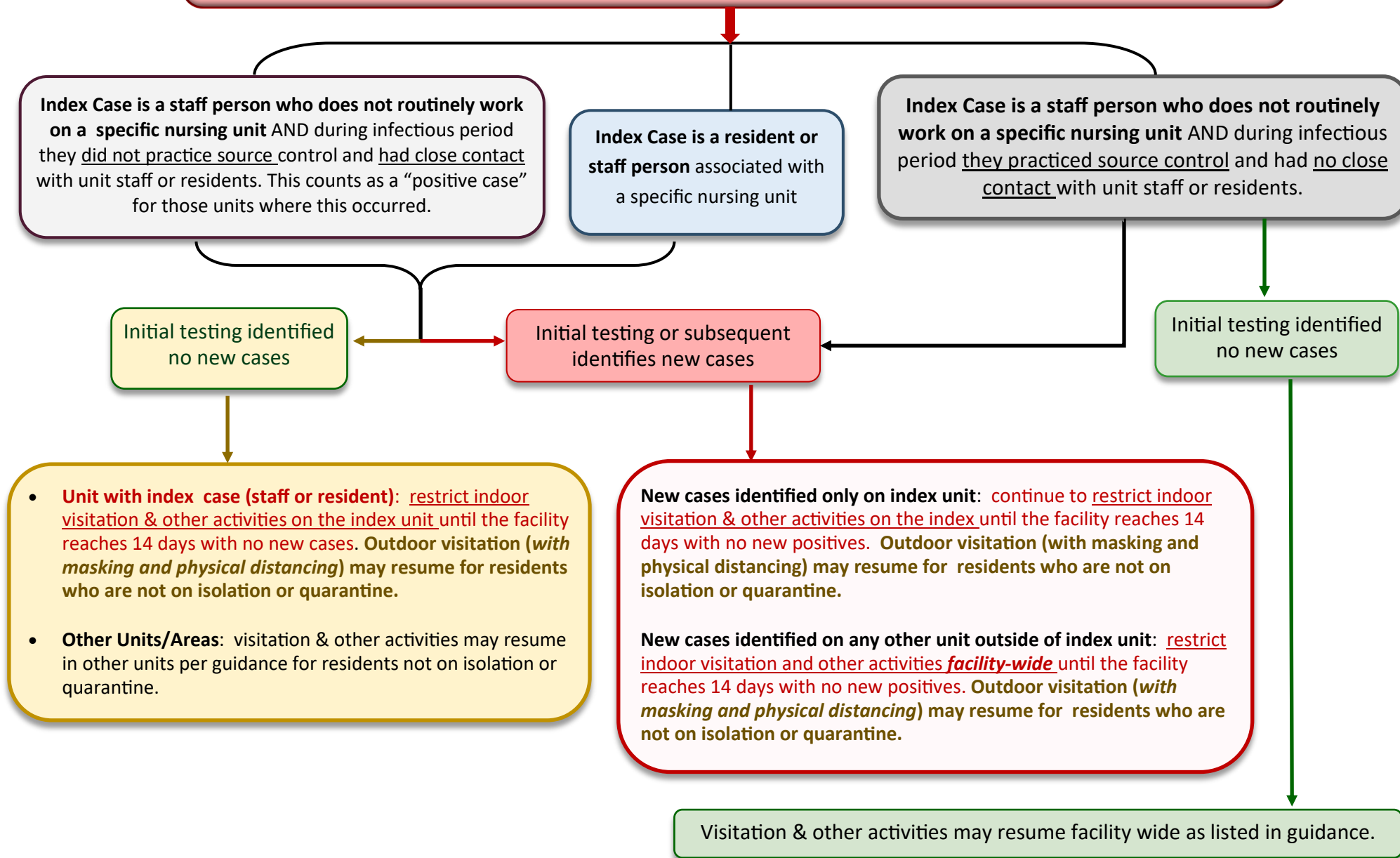
¹**Group A:** Nursing Facilities, ICF/IIDs, Facilities designated as Alzheimer's/Dementia Care, PNMIs/Residential Care Facilities/Assisted Living Facilities that are part of Multi-Level Complexes with Nursing Facilities, PNMI Appendix C Facilities (for Adults with High Functional/Medical Needs)

²**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.

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



Definition of close contact: individual that was within 6 ft of the positive person for more than 15 cumulative minutes in a 24-hr period.