

*You are making*  
A DIFFERENCE  
**EVERY DAY**

**THANK YOU FOR BEING A**  
**#MAINELONGTERMCARESUPERHERO**

Visit our COVID-19 Page Here

**Dear Member:**

**Notes from Today's (03/23/2021) MD Call with MeCDC, DHHS, DLC**

**Update from Maine CDC:**

- Maine currently has 105 open outbreaks, 70% are in schools, preschools, nurseries etc. We are seeing a bit of an uptick in LTC facilities, but the number is still very low (3).
- Most of the residents who are positive are fully vaccinated with most are asymptomatic or very mild symptoms. There are no hospitalizations or deaths with these individuals. Based on this information, the vaccine is working for these individuals. Please alert the CDC by calling 800-821-5821 if you are experiencing someone who is positive for COVID-19 and are also have been fully vaccinated.
- CMS definition of outbreak is not the same as the definition used by the Maine CDC. Currently CMS defines out as "a new onset of COVID-19 occurs" the MeCDC is using 3 positive test results in the same facility by staff or residents as the definition of outbreak.

**Update from Me DHHS DLC:**

Updated guidance was released last week which included updated table charts for group A and group B facilities. In addition, DHHS is working on a family FAQ as suggested by MHCA during last week's call.

**MeCDC Update from Carrie Rice:**

There is acknowledgement that the new tables are very complex. This is due to the inclusion of vaccination status as an indicator of permissible activities. These are meant to be a starting point/guide. If you are unable to get your specific situation question answered please reach out directly to Maine OADS at [OADS@maine.gov](mailto:OADS@maine.gov) or [mecdc.hai@maine.gov](mailto:mecdc.hai@maine.gov). You will not find every specific scenario in these charts. These tables are inclusive of both CDC guidance AND federal CMS regulatory requirements. Keep in mind when you read these documents which group your facility falls. For instance, group A includes S/NF and Multi-level, ICF/IIDs, Facilities designated as Alzheimer's/Dementia Care, PNMI Appendix C Facilities. Keep in mind the group B homes are treated differently based on the nature of the residents served. Below are highlighted Q&A from the discussion around guidance clarifications:

- There are many complexities of these tables and sometimes the situations are not black and white when providing recommendations. Please be patient when requesting specific help on these guidance documents.
- Facilities cannot require visitors to show proof of vaccination as a prerequisite to visitation. Visitation is allowable under all vaccination status circumstances.
- Facilities should continue to follow infection control practices and recommendations. Facilities should have a plan to manage the flow of visitors during one time.
- Facilities need to continue to follow guidance as it relates to social distancing.
- Ultimately, the decision on the level of contact during a visit is at the discretion of the resident.
- Facilities do not need to supervise visits; however, you should ensure that social distancing, hand hygiene and limiting movement within the facility continues. In terms of supervision, the need to supervise a visit is based on the source control practices of the visitors. If there are specific situations please email DHHS DLC directly. There is no

requirement to supervise a visit if the resident has a private room and the visitors are not having direct contact with other residents.

- Visits can occur in resident rooms; however, you should also consider the vaccination status of a roommate in the decision to allow visits within resident rooms that are shared. Consider the use of a designated visiting space if a roommate is not vaccinated.
- Facilities can allow children to visit under CMS guidance QSO-20-39-nh. Children would be considered 'non-vaccinated' visitors. There is no age requirement for visitors under the revised guidance.
- For specific criteria on the restriction of visitation based on county positivity and resident vaccination rates please see page 3 of QSO-20-29-nh. Keep in mind that if your county positivity rate remains low and your resident vaccination rate is above 70% visitation should be allowed.
- MHCA is working in partnership with LeadingAge-ME/NH and the LTCOP to develop a resource guide for facilities and letters/handouts for families of residents that explain the process of visitation, specifically the need to continue vigilance regarding source control, social distancing and screening prior to entry. These documents are being prepared and will be provided through the newsletter asap.

### **OSHA Implements National Emphasis Program for COVID-19 – Upcoming Webinar**

The Occupational Safety and Health Administration (OSHA) recently [implemented a National Emphasis Program \(NEP\)](#) to ensure employees in high-hazard industries are protected from contracting COVID-19. Effective March 12, 2021, Area Offices may begin to initiate inspections under this NEP. This direction is effective for no more than 12 months from the effective date, unless canceled or extended.

The NEP includes the following long term care providers:

- Skilled Nursing Facilities
- Residential Intellectual and Developmental Disability Facilities
- Continuing Care Retirement Communities
- Assisted Living Facilities

The NEP has two goals:

- **Reduce/Eliminate Worker Exposures to COVID-19** - The goal is to significantly reduce or eliminate worker exposures to COVID-19 by targeting industries and worksites where employees may have a high frequency of close contact exposures and therefore, controlling the health hazards associated with such exposures. This goal will be accomplished by:
  - Inspection targeting
  - Outreach to employers
  - Compliance assistance
- **Protect Workers from Retaliation** - The NEP includes an added focus to ensure workers are protected from retaliation. This will be accomplished by:
  - Preventing retaliation wherever possible
  - Distributing anti-retaliation information during inspections
  - Outreach opportunities
  - Promptly referring allegations of retaliation to the Whistleblower Protection Program.

To monitor the effectiveness of OSHA's enforcement and guidance efforts, certain follow-up inspections from worksites previously inspected for COVID-19-related hazards will be included as part of the targeting strategy. The highest priority will be given to:

- **Fatality/Catastrophe** - Workplaces with a higher potential for COVID-19 exposures, including assisted living communities and nursing homes among other healthcare providers treating patients with COVID-19, as well as workplaces with high numbers of COVID-19-related complaints or known COVID-19 cases.
- **Complaints and Referrals** - Allegations of potential worker exposures to COVID-19 (e.g., insufficient controls in place, such as PPE), or involving workers suspected or confirmed positive for COVID-19 or with symptoms of exposure to the virus.

Workers requesting inspections, complaining of COVID-19 exposure, reporting injuries, illnesses, or retaliation may be covered under one or more whistleblower protection statutes.

Employers can utilize OSHA's [On-Site Consultation Program](#), which offers occupational safety and health services to small and medium-sized businesses. The consultation is free and confidential.

AHCA/NCAL has the following resources to assist with complying with OSHA standards and

responding when receiving inquiries from OSHA:

- [Respiratory Protection Program Plan Template](#)
- [Template Letter - Response to OSHA Regarding PPE Complaints](#)

AHCA is hosting a member webinar on the NEP, Tuesday, March 30, 2021 from 12:30pm – 1:30pm Eastern Time. The speaker is Brad Hammock, Attorney at Law, Littler.

[Register Here - https://educate.ahcancal.org/products/osha-covid-19-national-emphasis-program#tab-product\\_tab\\_overview](https://educate.ahcancal.org/products/osha-covid-19-national-emphasis-program#tab-product_tab_overview)

### **CDC Study Shows Vaccine Effectiveness in Long Term Care**

The CDC has released a [study](#) showing the effectiveness of the Pfizer vaccine. The study included two skilled nursing facilities in Connecticut who experienced an outbreak following the first vaccine clinic. The study found that partial vaccination with the Pfizer COVID-19 vaccine was 63 percent effective against COVID-19 infection. This positive data shows that the vaccine is not only effective at preventing symptomatic disease but also from becoming infected at all. It also underscores the importance of reporting vaccine uptake rates via the CDC [vaccine reporting module](#) to facilitate similar studies in the future.

Sincerely,

Nadine L. Grosso  
Vice President and Director of Communications  
[ngrosso@mehca.org](mailto:ngrosso@mehca.org)