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Dear Member:

Highlights from Maine OADS, CDC, DLC Congregate Settings COVID 19 Stakeholder Call

Hospital Admissions, Isolation and Cohorting:

The following information was shared by DHHS representatives on yesterday's congregate settings call:

- Facilities and homes must have a plan for the co-horting of residents based on COVID status (known or unknown with symptoms). If private rooms are not available, cohort residents by exposure status or symptom status. Consider PPE changes may be needed between bed A and bed B to minimize cross-transmission. Ideally, these areas should have physical separation but can be a cluster of rooms.

- If barriers are added to create physical separation, consider:
    - HVAC: there should be air exchange (In/Out) in all partitioned hallways
    - Fire Safety: adding physical barriers may block fire safety egress routes, this will likely need approval from facility Safety Officer

- If separation is by individual or cluster of rooms:
    - Consider visual cues (e.g., signage, line of tape on floor) to alert staff
    - Resident room doors may need to be kept closed

Ideally (Licensing notes that this is best practice but may not be feasible in every facility):

- Staff should be dedicated to each COVID-19 status area
- Each area should have its own restroom, break room, and work area
- Assign dedicated Environmental Services (EVS) to each COVID-19 status area
- Restrict access of ancillary staff to COVID-19 positive areas.
- Place signage at entrance to each COVID-19 care area, list PPE needed for that area

Guidance Specifics for Extended Use and Directional Flow:

- There should be NO reuse of PPE between a known COVID-19 positive P/R/C and a COVID-19 unknown or negative P/R/C.
- Masks and eye protection can be worn P/R/C to P/R/C more safely than gowns and gloves. Eye protection can be disinfected per manufacturer's instructions. Hand hygiene can be performed if a mask is handled.
- Gowns/Gloves: consider what else may be transmitted if the gowns and gloves are not changed between P/R/C. If they have a MDRO (e.g. MRSA, VRE, ESBL, CRE) or other potentially transmissible organism – then gowns and gloves MUST be changed after encounter.
- If gowns are in low supply and use must be extended, then if there is even a suspicion of a splash or spray from blood or body fluids, then the gown must be changed. If interaction is minor, a gown could be used for extended use, if needed.
- The CDC does not recommend hand sanitizing gloves or washing hands with gloves on to extend their use. Micro tears in gloves occur and washing gloves will add to product degradation. Therefore, gloves should be changed after each patient/resident/client interaction or more frequently per best practice guidelines. Review your resources & limitations to identify a plan for how close can you come to "ideal" :
- What mitigation strategies can you put into place to minimize that risk?
- What are the risks associated with the level of prevention you can achieve?

IMPORTANT update to State guidance on LTC admissions during an outbreak (MHCA has asked for written guidance from CDC/DLC/OADS clarifying this understanding):

- Facilities are not restricted from taking new admissions just because the number of COVID-19 cases places the facility in "outbreak" status
- MeCDC may recommend a facility close to new admissions temporarily, until the extent of transmission can be clarified.
- pon clarification of transmission the recommendation may be lifted or upgraded for the duration of the outbreak.
- A prevention measure utilized when control of the outbreak can be difficult to achieve.
- The recommendation to close to new admission can be made by unit or for the entire facility, depending on details of the outbreak.
- Once this recommendation is made, it usually remains in place until one incubation period had passed with no new cases.

Alternatives to National LTC Pharmacy Partnership Program

OADS outlined the following process by which assisted housing providers can request a pharmacy alternative to the federal program.

- Send a message to **OADS@maine.gov**. Indicate you need help identifying a local pharmacy partner.
- We will send you a list of local pharmacies participating in the COVID vaccine program, along with a simple form to complete.
- Contact the pharmacy of your choice to confirm their availability. Fill out the form, which includes:
    - Details on your facility name, type and location
    - Size of the facility (number of beds)
    - Number of staff
- Return to **OADS@maine.gov** and CDC **Madeleine.Squibb@maine.gov.** Vaccine will be allocated, and the pharmacy will contact you to schedule.
- This information is being sent to all licensed adult assisted housing providers by the Division of Licensing and Certification.

Provider Relief Fund Reporting Registration Updates

The U.S. Department of Health and Humans Services (HHS) recently launched the **Provider Relief Fund (PRF) Reporting Portal**, which is only open for providers to set up user accounts and register to submit reports. Currently, HHS has not established a registration deadline or set a due date for first reports. The original due date was February 15, but that has been pushed back to a date still to be determined.

Members have been contacting AHCA/NCAL with problems using the web portal. If you are experiencing issues after reviewing the **Reporting Registration FAQs** and contacting the Provider Support line at (866) 569-3522, note that HHS has not set a deadline for registration.

The current open-ended registration window gives AHCA/NCAL time to address the registration glitches, as well as several other challenging registration features such as having a unique username and email address for each TIN. The latter would be very challenging for members with many buildings.

If you have questions, suggestions or recommendations for other changes to the registration guidance, please email **covid19@ahca.org**.

Reporting Possible Adverse Events Post-Vaccination to the CDC

The Centers for Disease Control and Prevention (CDC) is closely monitoring COVID-19 vaccine safety through several robust monitoring systems. Long term care facilities play a key role in supporting the CDC and FDA's approach to safety monitoring by reporting possible side effects.

The two key reporting systems for long term care staff and residents are:

Vaccine Adverse Event Reporting System (VAERS) is a national vaccine safety monitoring system that collects, and reviews reports of possible side effects (adverse events) that occur after vaccination. Guidance on what types of events should be reported to VAERS is available **here**. Health care providers should report adverse events to VAERS even if they aren't sure if the vaccine caused the adverse event.

- How to report: See the **VAERS website** for instructions on reporting.
- Who can report: Residents, caregivers, healthcare providers, nursing home staff, and vaccine manufacturers can submit a report of an adverse event following vaccination to VAERS.

V-Safe uses text messaging and web surveys to allow vaccine recipients to tell the CDC how they

feel after getting a COVID-19 vaccine.

- How to report: After receiving their vaccine, staff and residents will be provided a v-safe information sheet with instructions on how to enroll in v-safe.
- Who can report: Only people with access to a smartphone can participate in V-Safe. Staff may assist residents in enrolling but should not complete check-ins for residents. Staff can report any potential adverse events through VAERS.

For more information, please visit CDC Guidance on**Vaccine Safety Monitoring and Reporting in your Facility**.

Sincerely,

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