



Visit our COVID-19 Page Here

Dear Member:

### Summary of Today's Maine CDC Medical Director/Clinician Call

#### Maine COVID-19 By The Numbers

- 3700 positive cases to date, with 1 new death from yesterday
- 1 new outbreak with 32 total outbreaks identified (Maine definition: 3 or more positive cases)

Federal CDC revised their guidance on testing recommendations. According to the new guidance "Except for rare situations a test based strategy for taking someone out of quarantine is no longer recommended. The federal CDC is now recommending the time based strategy due to the time that people can shed virus but NOT be contagious. In general, individuals can shed virus at miniscule rates but not be contagious much sooner than we originally thought. The time based strategy is effective to identify those individuals who would NOT be contagious." MHCA reminds members that the CDC guidance document is just that, guidance. Facilities should review their own policies and procedures regarding admissions and test based vs time based strategies when considering quarantine and isolation. The Maine CDC plans to put out an HAN link soon.

CMS, based on the memo on reopening recommendations is still looking for an initial baseline testing process of all staff and residents. The Maine pilot is to investigate the process of 'self-swabbing' practices and to pilot that process as a wide spread approach to universal testing.

Bill Montejo from the Maine Division of Licensing stated that in response to the recent completion of the infection control surveys it is identified that the term "Compassionate Care" needs to be defined and that this term is being expanded to not just include end of life situations from the federal level. Bill stated that there were inconsistencies in practices based on these surveys. DLC is working with ME CDC to create guidance on active screening and defining compassionate care situations. The intent is not to open the flood gates of visits but to provide parameters for making decisions on when compassionate care visits are allowable. CMS has also provided some guidance in an FAQ linked here: <https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf>

When a resident is admitted from the hospital and is Isolated from other residents for 14 days, the resident should be masked during interactions with staff and staff should be wearing masks and eye protection as baseline precautions. Ancillary staff can enter these rooms wearing masks and face coverings. The point of isolation for a new admission is to restrict access to the other residents living in the home. Staff should be allowed to interact with the new admission as long as they are wearing masks and eye protection.

### **CDC Updates Transmission Based Precautions, Duration of Isolation, and Return to Work Criteria**

On July 17, the Centers for Disease Control and Prevention (CDC) posted substantial changes to the transmission-based precautions. As the CDC continues to learn more about the COVID-19 virus, they continue to revise prior guidance. The CDC updated the [discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings](#). The guidance removes the test-based strategy and replaces it with a time-based strategy. Guidance that has been updated specific for healthcare settings includes:

- Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions for individuals who had tested positive for COVID-19
- For patients with [severe to critical illness](#) or who are severely immunocompromised, the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised patients, 20 days after their initial positive COVID-19 diagnostic test).
- Other symptom-based criteria were modified as follows:
- Changed from “at least 72 hours” to “at least 24 hours” have passed since last fever without the use of fever-reducing medications during the time-based time window.
- Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19

CDC revised [Duration of Isolation and Precautions for Adults with COVID-19](#). Current recommendations include:

- For patients with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR tests for COVID-19 RNA.

CDC provided recommendations for PCR testing to discontinue isolation precautions when time-based strategy is not used:

- For persons who are severely immuno-compromised, a test-based strategy could be considered in consultation with infectious disease experts.
- For all others, a test-based strategy is no longer recommended except if providers want to discontinue isolation or precautions earlier than would occur under the time-based strategy outlined in the duration of isolation precautions outlined above in consultation with infectious disease experts.

CDC provided recommendations for the role of the PCR testing after a person's COVID case has resolved and the discontinuation of isolation or precautions:

- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.
- For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Quarantine may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person or based on other infectious agents causing the person's symptoms.
- For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.

CDC revised the [Criteria for Return to Work for Healthcare Personnel with COVID-19 Infection](#) (Interim Guidance). The new criteria mirror those for residents and include:

- Except in rare situations, test-based strategy is no longer recommended to determine when to allow healthcare personnel (HCP) to return to work.
- For HCP with [severe to critical illness](#) or who are severely immunocompromised, the recommended duration for work exclusion was extended to 20 days after symptom onset (or for asymptomatic severely immunocompromised HCP, 20 days after their initial positive COVID-19 diagnostic test).
- Other symptom-based criteria were modified as follows:
- Changed from “at least 72 hours” to “at least 24 hours” have passed since last fever without the use of fever-reducing medications.
- Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19
- A summary of current evidence and rationale for these changes is described in a decision [memo](#).

HCP with [mild to moderate illness](#) who are not severely immuno-compromised:

- At least 10 days have passed since symptoms first appeared **and**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

### **AHCA Bronze and Silver Quality Award notifications will take place on August 5**

- Bronze applicants will receive their notification and feedback report on this date.
- Silver applicants will receive their notification on August 5 and corresponding feedback report will be sent on September 23.

Before August 5, we are asking applicants to make sure their contact information (email address and center name) is correct in the [Quality Award Portal](#). All notifications will be sent to the center's primary center contact. Please note as both award levels will be notified on August 5, AHCA will have limited capacity to respond to phone calls and emails in our one business day turnaround. We will respond to customer service requests as soon as we can. We thank you for your patience as we had to reorganize our timelines this year.

### **NHSN Releases Update**

An updated [Table of Instructions](#) document has been posted for the [Supplies and Personal Protective Equipment form \(CDC 57.146\)](#) on the [LTCF COVID-19 Module website](#). The update provides clarification and examples to improve reporting accuracy and consistency regarding facility supply and personal protective equipment (PPE) availability. When responding to PPE questions, any item in which the facility does not have any or enough for conventional use should be marked as "No" in the COVID-19 Module - Supplies and Personal Protective Equipment pathway. While the [CDC's contingency and crises optimization strategies for PPE](#) can be implemented when PPE supplies are low or unavailable, the goal is for LTCFs to resume standard practices when possible. If you have any questions or concerns please contact Danielle Hersey [dhersey@healthcentricadvisors.org](mailto:dhersey@healthcentricadvisors.org) or Amanda Gagnon [agagnon@healthcentricadvisors.org](mailto:agagnon@healthcentricadvisors.org) of Healthcentric Advisors for additional assistance.

### **OAA State Plan on Aging Virtual Public Hearing**

Maine DHHS will hold a virtual public hearing on the proposed four-year State Plan on Aging for Older Americans Act (OAA) funded programs and services that help older Mainers, those with disabilities, and their care partners remain healthy and safe in their communities as follows:

July 23, 2020 – 4:30 to 6:00 pm

Join Zoom Meeting: <https://us02web.zoom.us/j/87079939249?pwd=VGcyTE1meUN2clpyUGQvODRaR0F2Zz09>

Meeting ID: 870 7993 9249

Password: 3HZ3Q9

Dial in option: +1 929 205 6099

Agenda items include: Overview of OAA services in Maine, Summary of State Plan on Aging, Public Comments

A draft of the OAA State Plan on Aging can be found on the Office of Aging and Disability Services' website at <https://www.maine.gov/tools/whatsnew/index.php?topic=DHHS-OES-Updates&id=2908347&v=details-2020>. Instructions on how to submit written comments are provided on the website.

### **This Week's CMS National Nursing Home Training Webinar**

***The Topic: Is Your Nursing Home Ready to Handle the Demands of the COVID-19 Pandemic? Assessing Readiness: Advice from the CDC***

In this session, CDC staff will discuss the COVID-19 Infection Control Assessment and Response (ICAR) tool that was developed to support nursing homes preparing for coronavirus disease 2019 (COVID-19). Health departments, QIN-QIOs and other partners can use this tool to help assess infection prevention practices and guide quality improvement activities through technical assistance to providers. During the discussion, the CDC will share examples of ways that providers and partners have worked together to identify opportunities and strategies to improve Infection Prevention Control (IPC) implementation during the COVID-19 pandemic.

**Date: Thursday, July 23, 2020**

**Time: 4:00 – 5:00 PM ET**

**Advance Registration Required: [Register here](#)**

Note: **Once you register, you will receive an email with your individual link to join the webcast. The link you receive will only work for one user.** Please forward this email to other team members if you would like them to attend so they can register. The webcast audio will stream through your computer speakers. For the best experience, be sure to have headphones or your volume turned up. We recommend closing any other applications that may be open, especially those that use up bandwidth.

Audience: Open to nursing home leaders, clinical and administrative staff members and others interested in nursing home infection prevention in the era of COVID-19.

Series Description: The National Nursing Home Training Series is brought to you by the Centers for Medicare & Medicaid Services (CMS) and the QIO Program, a national network of Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) serving every state and territory.

Invitations are distributed weekly for each training in the series. [Sign up here for updates.](#) Miss a training? View recordings, slides and resources on [QIOProgram.org](#).

Thank you for all you do to care for your residents and staff.

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