Guidance on Multipartisan Assistance Teams (MAT) visitation procedure for hospitals, clinics, nursing homes, assisted living or congregate settings

August 1, 2020

A Multipartisan Assistance Team, or MAT, is a team comprised of individuals of different political party affiliation deployed by a county board of elections to assist residents and patients in hospitals, clinics, nursing homes, and adult care homes (“facilities”) with absentee voting. MATs can help voters in facilities who have disabilities or who otherwise require assistance in registering to vote and requesting or casting a mail-in absentee ballot, but who do not have a family member or guardian available to help. The team provides a public service to these voters by giving them lawfully authorized, neutral assistance with the absentee voting process. It is a felony for owners or employees of these facilities to assist in the absentee voting process.

Preventing transmission of respiratory pathogens (including COVID-19) in hospitals, clinics, congregate, and residential care settings requires adherence to, and application of, ongoing strong infection prevention practices and policies including environmental and engineering controls, administrative controls, safer work practices, and personal protective equipment (PPE).

We appreciate the efforts of families, residents, patients, staff, and providers across the state in responding to the COVID-19 crisis. Ensuring the health and safety of facility residents and patients has been challenging and required tremendous work on the part of facility management and frontline staff. The upcoming November 3, 2020 election raises the concern of access to voting for those in settings that do not allow for them to vote in person during the early voting period or on Election Day or may need support in the act of voting due to various factors.

We also recognize that hospitals, clinics, and residential care facilities are at risk of experiencing outbreaks of COVID-19, and the residents and patients of these facilities are often in a high-risk category for serious complications from COVID-19. Outdoor visitation, when available, for MAT visits is strongly encouraged at this time. If outdoor visitation is not possible (based on resident or patient condition, facility configuration, or weather conditions), indoor visitation guidelines are outlined below.

This guidance applies to MAT visits to any facility that provides residential or in-patient healthcare that is licensed or operated pursuant to Chapter 122C, Chapter 131D, or Chapter 131E of the General Statutes, including, for example, a hospital, clinic, nursing home, or adult care home; or by the federal government or an Indian tribe, where persons are seeking MAT assistance for voting.

General Guidelines for MAT Visits

- MAT visitation should be conducted in accordance with the visitation policy for each facility.
It is preferable that a MAT visit occur in the following manner, with item 1 being the most preferred setting, followed by alternatives in order of preference and based on resident or patient needs and medical condition:

1) An outdoor setting, with six-foot social distancing maintained and with MAT members and resident or patient wearing a face mask or cloth face covering.

2) An outdoor setting, without six-foot social distancing and with MAT members and resident or patient wearing a face mask or cloth face covering. This method might be needed for a resident or patient who requires close contact (for instance, for marking a ballot).

3) An indoor setting, with six-foot social distancing maintained and with MAT members wearing PPE consistent with the facility's care requirements, including: a surgical mask, face shield, and nitrile gloves. Resident or patient wears a face mask or cloth face covering.

4) An indoor setting, without six-foot social distancing and with MAT members wearing PPE consistent with the facility’s care requirements, including: a surgical mask, face shield, and nitrile gloves. Resident or patient wears a face mask or cloth face covering. This method might be needed for a resident or patient who requires close contact (for instance, for marking a ballot).

After the request for a MAT has been made and before the visit starts:

- Prior to arrival, MATs, in coordination with the county board of elections, should call the facility to determine its visitation policy and schedule a date and time for the visit. The MAT should determine the specific needs of each resident or patient to be visited and work with the facility to determine the best setting for visiting each resident or patient, using the guidance noted above.

- Upon arriving at the facility, MAT members should check in with appropriate personnel (ideally the facility contact person who arranged the visit) or the person at the front desk and follow the current COVID-19 procedure per the facility. When it is time to leave, MAT members should follow the facility’s check-out procedures and let facility staff know the team is leaving.

- A facility staff member trained in patient safety and infection control measures should be available to transport residents/patients to and from the MAT visitation session, screen the MAT visitors, and remind the visitors of the visitation protocols and infection prevention measures to be taken during the MAT visit. The facility shall ensure privacy for the resident or patient and their MAT visitors.

Monitoring for Symptoms:

- MAT members must be screened for fever and other symptoms associated with COVID-19 (fever equal to or greater than 100.0 degrees Fahrenheit, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) prior to meeting with the resident or patient.

- Any MAT members with symptoms of COVID-19 infection must not be permitted to visit with a resident or patient. MAT members must cooperate with the facility’s screening process at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19; if they have had COVID-19, they must provide documentation (e.g., doctor’s note) that their isolation period has ended.
• MAT members must notify the facility immediately if they develop signs and symptoms of COVID-19 or have a diagnosis of COVID-19 within 2 days of visiting a resident or patient.
  o As part of that notification, they must provide the date of the visit and the resident(s) or patient(s) they were in contact with. Facilities should consider and manage the resident(s) or patient(s) who had contact with the MAT members as potentially exposed and follow up with the facility’s medical director or resident/patient care provider for further assessment and management.

Social Distancing and Minimizing Exposure:

• MAT members should always remain in the immediate presence of fellow team members while maintaining a six-foot distance.
• MAT visits must be limited to no more than two individuals at a time per resident or patient.
• MAT visitors must always remain at least six feet from the resident/patient and staff during the visit when possible. If such distancing is not possible (based on the needs of the resident or patient), MAT members should limit the timeframe of visitation to no more than 15-minute intervals.
  o For residents or patients who request help with marking paperwork, the MAT team should complete as much of the paperwork as possible from a greater than six-foot distance from the resident or patient, then complete activities of less than a six-foot distance for as short a duration as possible.
  o When possible, MAT teams should limit close contact with residents or patients to one MAT member. The second MAT member should maintain a six-foot distance.

Face Coverings:

• MAT members must bring and wear a face mask that extends over both the mouth and nose for the entire visit or wear a facility-provided face mask that extends over both the mouth and nose.
• For inside visits, MAT members must wear PPE consistent with the facility’s care standards for the entire visit.
• Residents and patients should wear a cloth face covering or face mask (if tolerated) during the MAT visit.
• For residents or patients with hearing loss, MAT members may wear a face shield in place of a face mask.
  o A face shield should not replace the use of a face mask while traveling through the facility to attend and leave a MAT visit.
  o Face shields should be used only when necessary for residents or patients with hearing loss.
  o If face shields are used without a mask, they should wrap around the sides of the wearer’s face and extend to below the chin.
  o For those with full hearing loss for whom an interpreter is requested, the interpreter must also follow the infection prevention procedures outlined in this guidance. County boards of elections do not provide interpreters.
Cleaning and Hygiene:

- MAT members must sanitize pencils, magnifiers, and any other MAT materials before and after visits, utilizing an EPA-registered disinfectant. The ballot and ballot container envelopes should not be disinfected because of possible deterioration to the paper and ink.
- The facility must provide >60% alcohol-based hand rub to MAT members and demonstrate how to use it appropriately if necessary.
  - MAT members, residents/patients and coordinating staff must use alcohol-based hand rub before and after each visit.
  - MAT members must wear a new pair of nitrile gloves while working with each resident or patient.
  - Hand hygiene practices must be completed before and after gloves are used.

For additional information, please see Centers for Disease Control (CDC) guidance on COVID-19:
  - Steps to Take if You are Sick
  - Ending Home Isolation (If You Have Been Sick with COVID-19)
  - Steps to Take if You are Exposed to COVID-19 (Quarantine)

For additional information on proper use and disposal of PPE:
  - Videos: Hand Hygiene, Hand Washing, PPE Donning and Doffing
  - Video: CDC Demonstration of Doffing (Taking Off) Personal Protective Equipment (PPE)

For additional information on proper social distancing:
  - CDC Social Distancing

Staying apart brings us together. Protect your family and neighbors.
Learn more at nc.gov/covid19.