



INTRODUCTION & OVERVIEW

The Department of Health and Social Services, Division of Health Care Services and Division of Senior and Disabilities Services (DHSS) are providing the following guidance for operating congregate skilled nursing facilities (SNF). The inherent risk of caring for a vulnerable population in a congregate living healthcare setting requires aggressive efforts to limit COVID-19 exposure and spread within these facilities.

Previously, under the authority of the emergency declaration in March 2020 Dr. Anne Zink, Chief Medical Officer issued Health Alert 007, which advised on limiting visitation in SNFs. On March 28, 2020, the Governor issued Mandate 11, which included a stay-at-home order. This stay-at-home order limited the ability of residents of SNFs to access the community, and community and family members to access the SNF. The health advisory and mandate(s) were designed to mitigate the spread of COVID-19. Currently there are no mandates in effect in Alaska.

On May 18, 2020, the Centers for Medicare and Medicaid Services (CMS) issued [QSO-20-30-NH](#), which provides the frame work that a state must follow in moving to a phased in criteria for improving community access to nursing facilities in states. This guidance document has been the framework for the following criteria -based phased system for the state of Alaska. On March 10, 2021, CMS issued a revised [QSO-21-39](#) with updated visitation guidance. This guidance document is based on the updated CMS visitation guidance memorandum.

No state issued mandate, alerts, or plan can provide absolute assurance that the virus that causes COVID-19 will not be introduced into a SNF. Even in situations where local community transmission is not known to be occurring and all safeguards are in place, COVID-19 cases and outbreaks may still occur. Despite widespread vaccination of this population, health care providers and caregivers, and in many instances' family members, COVID-19 continues to be circulating widely throughout the United States and many people can be infected and contagious without having any symptoms whatsoever

ABOUT THIS GUIDANCE DOCUMENT

This is a guidance document prepared by the Department of Health and Social Services and is limited solely to visitation and other access issues related to COVID-19. All other state and federal statutes and regulations apply to the operation of your SNF. Federal law requires SNFs must adopt this this guidance or something substantially similar.

Upon implementation of the guidance, the mitigation steps outlined in this document become mandatory actions for each SNF. **THIS MEANS THAT** the SNF will be evaluated on its compliance. Failure to comply with this guidance may result in an increase in positive COVID-19 cases, which may lead to increase risk to staff and residents. Additionally, if a SNF fails to implement current standards and guidelines, the SNF may be subject to an enforcement action(s) against their CMS certification and/or State licensure through the survey process.

As additional information is released through CMS, DHSS will continue to update nursing home providers of the latest guidelines surrounding antigen testing. In the meantime, DHSS will continue to release updates to the Guidance for Skilled Nursing Facilities in efforts to provide the latest information to maintain safety in Alaskan nursing homes.

Notwithstanding the prior guidelines, if State Epidemiology makes requests based upon a public health need that is not outlined above, that staff or residents be tested, the facility should follow State Epidemiology direction to maintain public health safety. Facility-wide testing of staff and residents should be in conjunction with State Epidemiology direction. State and local officials may also direct facilities to monitor other factors that increase the risk for COVID-19 transmission, such as rates of Emergency Department visits of individuals with COVID-19-like symptoms. Facilities should consult with state and local officials on these factors, and the actions that should be taken to reduce the spread of the virus.

Consideration	Mitigation Steps
Visitation	<p>Follow CMS and CDC Guidance for screening prior to visitation</p> <ul style="list-style-type: none"> Refer to CMS QSO-20-39 and CMS QSO-20-38-NH for infection control principles surrounding visitation. AK DHSS strongly recommends visitors for unvaccinated residents show proof of one of the following: <ul style="list-style-type: none"> being fully vaccinated, or having a negative COVID-19 PCR or NAAT¹ test collected ≤72 hours of the visit, or having a negative COVID-19 antigen test collected ≤48 hours of the visit, or having a laboratory-confirmed COVID-19 infection in the past 90 days AK DHSS recommends limiting number of visitors dependent upon the facility's physical space and ability to maintain core principles of infection control.
Communal Activities & Dining	<p>Follow CMS Guidance</p> <ul style="list-style-type: none"> Refer to CMS QSO-20-39.
Staff Screening & Post Travel Testing	<p>Screening of Healthcare Staff:</p> <ul style="list-style-type: none"> Refer to CMS QSO-20-39 and CMS QSO-20-38-NH for infection control principles surrounding screening. <ul style="list-style-type: none"> Do not test persons who are within 90 days of a prior COVID-19 infection and have proof of a prior positive test. <p>Post Travel Screening for Healthcare Staff Traveled in the past 10 days:</p> <ul style="list-style-type: none"> Vaccinated staff should comply with employer return to work policy. Consider Point of Care (POC) testing with staff as part of the return-to-work policy. <ul style="list-style-type: none"> If test is positive-send home and isolate staff for full 10 days and follow AK Vaccine Break through protocols. If test is negative-allow staff to work and refer to Universal Source Control and PPE section for infection control practices. Non-Vaccinated staff follow CDC guidance and your employer return to work policy. <ul style="list-style-type: none"> Test with a molecular (i.e., PCR) test 3-5 days after your trip and stay home and self-quarantine for a full 7 days after travel, even if your test is negative. If you don't get tested, stay home and self-quarantine for 10 days after travel. Follow AK Travel Guidance and AK Testing Guidance.
Staff Universal Source Control and PPE	<p>Follow CMS QSO-20-39 core principles.</p> <p>Follow CDC's Preparing for COVID-19 in Nursing Homes.</p>
Staff Quarantine & Isolation	<p>Quarantine CDC Guidance</p> <ul style="list-style-type: none"> Fully vaccinated staff with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for the following fully vaccinated persons with higher risk exposures should still be considered for: <ul style="list-style-type: none"> Staff who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available. Unvaccinated staff are recommended to quarantine following an exposure to a close contact. <p>NOTE: Isolation practices have not changed, follow Interim U.S Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2</p>

¹ Nucleic Acid Amplification Test (NAAT), also known as a molecular test, is an acceptable alternative to a PCR test. Common NAAT tests include the Cepheid GeneXpert Xpress and Abbott ID NOW among others.

Consideration	Mitigation Steps
Resident Quarantine, Isolation, and Cohorting	<p>Quarantine: Current Residents</p> <p>Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following any prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions. This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings.</p> <p>Quarantine: New Admissions</p> <p>For all new admissions, SNFs will need to evaluate each new resident and assess their risk coming into the facility and apply the appropriate infection control precautions.</p> <ul style="list-style-type: none"> • Based on current CDC guidance, quarantine is no longer recommended for following residents who are being admitted to the SNF: <ul style="list-style-type: none"> ○ An asymptomatic resident that is within 90 days of a positive COVID test and has recovered from their acute illness ○ An asymptomatic resident who is fully vaccinated and has not had prolonged close contact with someone with known to have SARS-CoV-2 infection in the past 14 days ○ Fully vaccinated is defined as a resident who is 14 days beyond their second dose of their mRNA COVID-19 vaccine or 14 days beyond single dose of Johnson & Johnson's Janssen vaccine ○ An asymptomatic resident that is fully vaccinated from a post-acute care facility (LTAC, IRF or SNF) and has not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days <p>Based on current CDC guidance, quarantine is recommended for residents who are being admitted to the SNF:</p> <ul style="list-style-type: none"> • Non-vaccinated residents will need to quarantine for 14 days upon admission to the SNF. For example, after an overnight stay (>24 hours) at a hospital or home. • Symptomatic residents will need to be placed in isolation, tested, and evaluated for SARS-CoV-2 infection. <p><u>CDC Guidance:</u></p> <ul style="list-style-type: none"> • Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions. This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings. <ul style="list-style-type: none"> ○ Although not preferred, healthcare facilities could consider waiving quarantine for fully vaccinated patients and residents following prolonged close contact with someone with SARS-CoV-2 infection as a strategy to address critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts. • 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 the prior 14 days. <p>Isolation is still recommended for all residents vaccinated and non-vaccinated that test positive or demonstrate signs or symptoms of COVID-19.</p> <ul style="list-style-type: none"> • Follow CDC Recommendations for preventing the spread of SARS-CoV-2 in nursing homes. <p>Cohorting should be completed under the following guidance:</p> <ul style="list-style-type: none"> • Refer to CMS QSO-20-39 and CMS QSO-20-38-NH for infection control principles surrounding resident cohorting. • Refer to Alaska Cohorting Guidance for additional safeguards in SNFs.

Consideration	Mitigation Steps
Essential and Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> • Non-essential healthcare personnel may be allowed into the SNF, as determined by the facility, including the entry of students and volunteers. All non-essential healthcare personnel are to follow the same screening, testing and PPE requirements of essential healthcare personnel. • Healthcare personnel not employed by the facility – Follow “Entry of Healthcare Workers and Other Providers of Services” found at CMS QSO-20-39-NH. • Essential healthcare personnel (such as but not limited to PT, OT, SP) should be allowed to perform duties based off facility’s risk assessment and resident needs.
Staff and Resident Testing	<ul style="list-style-type: none"> • Follow CMS QSO 20-38 for staff testing cadence using the current CMS Positivity Rate. • Follow CDC Return-to-Work Criteria for Healthcare Workers. • Follow AK Testing Guidance for additional guidance on testing for vaccinated individuals.
Medical Trips Outside the Facility	<ul style="list-style-type: none"> • Residents that leave the facility for medical treatments (i.e., dialysis), consider regular serial testing of residents, especially in communities with moderate to high community transmission. • Follow all infection prevention and control practices during transport of resident <ul style="list-style-type: none"> ○ Transportation equipment should be sanitized between transports

Superseded by 04/27/2021 Version