



## INTRODUCTION & OVERVIEW

**NOTE: Updates are identified in red**

On March 11, 2020, Governor Dunleavy issued a Public Health Disaster Emergency related to COVID-19 global pandemic. The Governor's authority to respond to this emergency was extended to November 15, 2020 when SB 241 was passed by the legislature and signed into law by the Governor.

The Department of Health and Social Services, Divisions of Health Care Services and Senior and Disabilities Services (DHSS) is providing the following guidance for operating congregate skilled nursing facilities (SNF). There is no question that SNFs have been impacted by COVID-19 due to the vulnerable nature of their population combined with the inherent risks of congregate living in a healthcare setting. These factors require aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within these facilities.

Under the authority of the emergency declaration, on March 17, 2020, Dr. Anne Zink, Chief Medical Officer issued Health Alert 007, which advised 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. To date the health advisory remains in effect but the stay at home order has been rescinded. The health advisory and mandates were designed to mitigate the spread of COVID-19. However, no 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. COVID-19 is circulating widely throughout the United States and many people can be infected and contagious without having any symptoms whatsoever.

On May 18, 2020, the Centers for Medicare and Medicaid Services issued [QSO-20-30-NH](#), which provides the frame work that state must be following in moving to a phased in criteria for improving community access to nursing facilities in states. This guidance document has been the frame work for the following criteria -based phased system for the state of Alaska.

### Criteria-Based Phase System

Given the critical importance of limiting COVID-19 exposure in facilities, decisions on relaxing restrictions **MUST** be made with careful review of a wide range of factors at the congregate setting, community, and statewide levels. Because the pandemic is affecting communities in different ways, SNF owners, operators, administrators, **MUST** evaluate and implement measures to ensure overall safety and wellbeing of all of its residents, taking into consideration the ages and diagnoses of residents, and the prevalence of COVID-19 in the local community. The evaluation **MUST** consider the following:

- Input from local community and medical leaders;
- Review current case reporting data provided by the Division of Public Health;
- Input from residents or their representatives regarding:
  - requests to deviate from house rules or guidelines;
  - the risk associated with specific activities and visitors.

To assist SNFs in evaluating these factors the state has developed a three-phased plan that could be used in operating a facility. These are only recommendations; a SNF must develop their own phases and protocols to operate. Regardless of what plan is utilized, SNFs **MUST** regularly monitor all of the above factors related to the operation and adjust accordingly.

Regardless of what plan is utilized, SNFs MUST regularly monitor all of the above factors related to the operation of its facility and adjust accordingly.

A SNF MUST spend a minimum of 14 days in a given phase, with no new facility onset of COVID-19 cases, prior to advancing to the next phase. If a SNF:

- **identifies a new onset COVID-19 case in the SNF while in any phase, the SNF MUST start over at Phase I or follow the guidance of Public Health/State Epidemiology/Health Facilities Licensing & Certification;**
- **is unable to meet any single criteria identified under phased I, II, or III, the SNF MUST not continue or advance in or to that phase and MUST return to the phase in which all criteria can be met. Questions or concerns can be addressed Public Health/State Epidemiology/Health Facilities Licensing & Certification.**

**PLEASE NOTE:**

This is a guidance document prepared by the Department of Health and Social Services. All other state and federal statutes and regulations apply to the operation of your SNF. SNFs must adopt this phased in system or something substantially similar.

Upon implementation of the phased in system, the actions contained in that document become mandatory as your SNF requirements. THIS MEANS THAT the SNF will be evaluated on its compliance. Failure to comply with this phased in system may result in an increase in positive COVID-19 case, which may lead to increase risk to staff and resident or if a SNF fails to meet all the phase criteria and continues to progress to a less stringent phase, the SNF may be subject to enforcement action(s) against their CMS certification and/or State licensure through the survey process.

The following phases include considerations and mitigation steps. All SNFs are currently in Phase I, and the phasing guidance includes criteria that MUST be met by facility prior to transition to the next phase.

[Appendix A](#) and [Appendix B](#) have been revised to include new information set forth by Center for Medicare and Medicaid Services (CMS) memo [QSO-20-38-NH](#) regarding federal testing requirements.

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. Once CMS releases any new guidance related to antigen testing, DHSS will review and revised these guidelines as appropriate.

## PHASE I – Significant Mitigation and Highest Level of Vigilance

Consideration	Mitigation Steps
Visitation	<p>Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors <b>MUST</b> wear a cloth face covering or facemask for the duration of their visit. The SNF will develop and implement policies and procedures related to residents and visitors wearing a cloth face covering or facemask. Visitors <b>MUST</b> sign in, including contact information, and the log of visitors will be kept for 30 days.</p>
Communal Dining/Group Activities	<p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask. No more than 10 residents at a time.</p>
Screening	<ul style="list-style-type: none"> <li>• 100% screening for all residents at least daily: <ul style="list-style-type: none"> <li>○ Temperature checks.</li> <li>○ Questions and observation for other signs or symptoms of COVID-19.</li> <li>○ SNF policy <b>MUST</b> clearly identify when daily screenings will occur and how they are tracked.</li> </ul> </li> <li>• 100% screening for all persons entering the facility and all staff at the beginning of each shift: <ul style="list-style-type: none"> <li>○ Temperature checks.</li> <li>○ Questionnaire about symptoms and potential exposure.</li> <li>○ Observation of any signs or symptoms.</li> <li>○ Ensure all outside persons and staff entering the facility have cloth face covering or facemask.</li> <li>○ If a staff member becomes symptomatic, he/she <b>MUST</b> notify their supervisor immediately.</li> </ul> </li> </ul>
Universal Source Control and PPE	<ul style="list-style-type: none"> <li>• Universal source control for everyone in the facility. Residents and visitors wear cloth face covering or facemask, if able to tolerate and wear safely.</li> <li>• All facility staff and essential healthcare personnel, regardless of their position, who may or may not interact with residents or enter resident rooms, <b>MUST</b> wear a surgical/procedural facemask.</li> <li>• All facility staff and essential healthcare personnel wear appropriate PPE when they are interacting with residents, in accordance with CDC PPE optimization strategies.</li> <li>• Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel).</li> </ul>
Management of New Cases & Admissions	<ul style="list-style-type: none"> <li>• Dedicated space in facility, to the extent possible, for cohorting or as a last resort for transferring residents who are symptomatic or who test positive for COVID-19.</li> <li>• Plan to manage new admissions and readmissions who have an unknown COVID-19 status.</li> <li>• Plan to manage residents who routinely attend outside medically necessary appointments (e.g., dialysis).</li> </ul>

Consideration	Mitigation Steps
Essential and Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> <li>• Restricted entry of non-essential healthcare personnel.</li> <li>• All healthcare personnel are screened upon entry to the facility and additional precautions are taken, including social distancing, hand hygiene, donning and doffing of appropriate PPE as determined by the task; and at a minimum, wearing a facemask for the duration of their visit.</li> </ul>
Medical Trips Outside the Facility	<ul style="list-style-type: none"> <li>• Non-Medically Necessary Trips <ul style="list-style-type: none"> <li>○ MUST be avoided.</li> <li>○ Telemedicine will be utilized whenever possible.</li> </ul> </li> <li>• Medically Necessary Trips <ul style="list-style-type: none"> <li>○ The resident will wear a cloth face covering or facemask if able to be tolerated.</li> <li>○ The facility will share the resident's COVID-19 status with the transportation service and with the entity with whom the resident has the appointment.</li> <li>○ Transportation staff, at a minimum, will wear a facemask. Additional PPE may be required.</li> <li>○ Transportation equipment MUST be sanitized between transports.</li> </ul> </li> </ul>
Staff/Resident Testing	<p>Please refer to the following appendices:</p> <ul style="list-style-type: none"> <li>• <a href="#">Appendix A</a> – explanatory information on testing of staff and residents.</li> <li>• <a href="#">Appendix B</a> – explanatory information pertaining to quarantine and isolation.</li> </ul>

## PHASE II – Initial Relaxing of Restrictions

A facility may initiate Phase II if all of the following criteria has been met:

- Adequate staffing levels
- Baseline testing has been completed at least once on all staff and residents.
- Adequate supply of PPE to adhere fully to [CDC guidance for proper PPE use](#) for infection control.
- Ability of local hospital to accept referrals/transfers
- Capable of cohorting, or as a last resort, transferring residents in the case of suspected or positive cases
- There have been no new “facility-onset” COVID cases in the SNF for 14 days. If new onset of SNF cases occurs, the facility MUST return back to Phase I unless directed otherwise by Public Health/State Epidemiology.
- Case status in community has met the criteria for entry into phase 2: COVID-19 disease burden in the community (defined as the region as specified by the Division of Public Health) is ≤ an average of 10 new cases per 100,000 persons per day over the prior 14 days.

Consideration	Mitigation Steps
Visitation	<ul style="list-style-type: none"> <li>• Visitation is allowed for compassionate care situations, including end-of-life and residents with significant changes in condition including psycho -social or medical issues as determined by the facility, but limit contact as much as possible.</li> <li>• Visitation is generally limited. Outside visitation, protective plexiglass booth or hugging booth are allowed. <b>In-room visitation is not allowed during Phase II.</b></li> <li>• Visits will be limited as follows:             <ul style="list-style-type: none"> <li>○ By appointment only, as coordinated by the SNF, based on their ability to manage infection control practices and proper social distancing.</li> <li>○ Visitors MUST sign in, including contact information, and the log of visitors will be kept for 30 days.</li> <li>○ Visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). Visitors unable to pass the screening MUST refrain from visiting.</li> <li>○ All visitors will wear a cloth face covering or facemask for the duration of their visit. Visitors unable to comply with infection control practices such as wearing a facemask MUST refrain from visiting.</li> <li>○ Facilities may limit the number of visitors for each resident per week and per occurrence.</li> <li>○ Preference will be given to outdoor visitation opportunities such as parking lot or patio visits with social distancing</li> <li>○ Only in designated areas to ensure safe distancing, proper hand hygiene, universal source control, and overall facility supervision of safe practices related to visitors. Each facility will determine its capacity to manage limited visits, based on considerations that include, but are not limited to:                 <ul style="list-style-type: none"> <li>▪ Staff availability to screen visitors;</li> <li>▪ Availability of supplies to support universal source control, such as facemasks;</li> <li>▪ Monitoring for visitor compliance with safe visitation practices; and</li> <li>▪ Disinfection of area between visits.</li> </ul> </li> </ul> </li> <li>• The facility will have policies in place for virtual visitation, whenever possible, which include:             <ul style="list-style-type: none"> <li>○ Access to communication with friends, family, and their spiritual community;</li> <li>○ Access to the Long-Term Care Ombudsman &amp; Health Facilities Licensing &amp; Certification</li> </ul> </li> </ul>

Consideration	Mitigation Steps
Communal Dining	<ul style="list-style-type: none"> <li>• Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</li> <li>• A limited number of individuals in a dining area at one time.</li> </ul> <p>If staff assistance is required, appropriate hand hygiene MUST occur between assisting residents, as well as use of appropriate PPE.</p>
Group Activities	<ul style="list-style-type: none"> <li>• Limit group activities.</li> <li>• Small group activities, including outings, with no more than 10 people may occur only for COVID- 19 negative or asymptomatic residents with appropriate social distancing, handhygiene, and use of a cloth face covering or facemask.</li> <li>• Facilities MUST restrict activities that involve multiple residents to handle the same object(s) such as ball toss.</li> </ul>
Salons	<ul style="list-style-type: none"> <li>• Salon services may be provided if barbers and cosmetologists are determined by the facility to be a low risk for entry. The following mitigation steps will be followed: <ul style="list-style-type: none"> <li>○ Salons may open, provided that the barber or cosmetologist is properly screened when entering the facility and will wear a facemask for the duration of time in the facility.</li> <li>○ The barber or cosmetologist will remain in the salon area and avoid common areas of the facility.</li> <li>○ Salons will limit the number of residents in the salon at one time to accommodate ongoing appropriate social distancing.</li> <li>○ Staged appointments MUST be utilized to maintain appropriate social distancing and allow for infection control.</li> <li>○ Salons will properly sanitize equipment and salon chairs between each resident; and the barber or cosmetologist MUST perform proper hand hygiene.</li> <li>○ Limit use of hand held dryers, when possible.</li> <li>○ Salons will routinely sanitize high-touch areas.</li> <li>○ Residents should wear a facemask or cloth covering per facility policy during their salon visit.</li> </ul> </li> </ul>
Screening	<ul style="list-style-type: none"> <li>• 100% screening for all residents at least daily: <ul style="list-style-type: none"> <li>○ Temperature checks.</li> <li>○ Questions and observation for other signs or symptoms of COVID-19.</li> <li>○ Facility policy MUST clearly identify when daily screenings will occur and how they are tracked.</li> </ul> </li> <li>• 100% screening for all persons entering the facility and all staff at the beginning of each shift: <ul style="list-style-type: none"> <li>○ Temperature checks.</li> <li>○ Questionnaire about symptoms and potential exposure;</li> <li>○ Observation of any signs or symptoms.</li> <li>○ Ensure all outside persons and staff entering the facility have cloth face covering or facemask.</li> <li>○ If a staff member becomes symptomatic, he/she MUST notify their supervisor immediately.</li> </ul> </li> </ul>

Consideration	Mitigation Steps
Universal Source Control and PPE	<ul style="list-style-type: none"> <li>• Universal source control for everyone in the facility. Residents and visitors wear cloth face covering or facemask, if able to tolerate and wear safely.</li> <li>• All facility staff and essential healthcare personnel, regardless of their position, who may or may not interact with residents or enter resident rooms, MUST wear a surgical/procedural facemask.</li> <li>• All facility staff and essential healthcare personnel wear appropriate PPE when they are interacting with residents, in accordance with CDC PPE optimization strategies.</li> <li>• Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel), and remain in effect until further notice.</li> <li>• New admissions MUST quarantine for 14 days.</li> </ul>
Cohorting	<ul style="list-style-type: none"> <li>• Dedicated space in facility, to the extent possible, for cohorting or as a last resort for transferring residents who are symptomatic or who test positive for COVID-19.</li> <li>• Plan to manage new admissions and readmissions who have an unknown COVID-19 status.</li> <li>• Plan to manage residents who routinely attend outside medically necessary appointments (e.g., dialysis).</li> </ul>
Essential and Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> <li>• Limited entry of non-essential healthcare personnel.</li> <li>• CNA students are allowed in Phase II with limited number of students in any given area with adherence to social distancing, hand hygiene, and proper use of PPE. Students MUST be supervised at all times.</li> <li>• Non-essential healthcare personnel may be allowed into the facility, as determined by the facility, including the entry of barbers and cosmetologists (see Salon guidance).</li> <li>• All healthcare personnel are screened upon entry to the facility and additional precautions are taken, including social distancing, hand hygiene, donning and doffing of appropriate PPE as determined by the task; and at a minimum, wearing a facemask for the duration of their visit.</li> </ul>
Medical Trips Outside the Facility	<ul style="list-style-type: none"> <li>• Non-Medically Necessary Trips               <ul style="list-style-type: none"> <li>○ MUST be avoided.</li> <li>○ Telemedicine will be utilized whenever possible.</li> </ul> </li> <li>• Medically Necessary Trips               <ul style="list-style-type: none"> <li>○ The resident will wear a cloth face covering or facemask.</li> <li>○ The facility will share the resident's COVID-19 status with the transportation service and with the entity with whom the resident has the appointment.</li> <li>○ Transportation staff, at a minimum, will wear a facemask. Additional PPE may be required.</li> <li>○ Transportation equipment MUST be sanitized between transports.</li> </ul> </li> </ul>

Consideration	Mitigation Steps
Resident/Staff Testing	<p>Please refer to the following appendices:</p> <p><a href="#">Appendix A</a> – explanatory information on testing of staff and residents.</p> <p><a href="#">Appendix B</a> – explanatory information pertaining to quarantine and isolation.</p>
Phase II Regression	<p>The facility will continue to monitor for the presence of COVID-19 in the facility. This will occur through resident and staff screening, review of the data points reported through the NHSN (National Healthcare Safety Network) system and current epidemiological data or disease trends within the community or state.</p> <p>The facility will continue to progress through the different phases of adjusting restrictions until a case of COVID-19 (either resident or staff) is identified at the facility, at which time, the facility will work with Public Health/State Epidemiology and Health Facilities Licensing &amp; Certification determine whether the facility MUST return to Phase I.</p>

## PHASE III – Additional Relaxing of Restrictions

A facility may initiate Phase III if all of the following criteria has been met:

- Adequate staffing levels
- Adequate supply of PPE to adhere fully to [CDC guidance for proper PPE use](#) for infection control.
- Ability of local hospital to accept referrals/transfers
- Capable of cohorting, or as a last resort, transferring residents in the case of suspected or positive cases
- There have been no new “facility-onset” COVID cases in the SNF for 28 days (through Phase I & II). If new onset of SNF cases occurs, the facility MUST return back to Phase I unless directed otherwise by Public Health/State Epidemiology.
- Case status in community has met the criteria for entry into phase III: COVID-19 disease burden in the community (defined as the region as specified by the Division of Public Health) is  $\leq$  an average of 5 new cases per 100,000 persons per day over the prior 14 days

Consideration	Mitigation Steps
Visitation	<ul style="list-style-type: none"> <li>• All residents MUST have the ability to have limited visitation.</li> <li>• <b>In-Building visitation can be allowed.</b> The facility has the option of testing visitors at their own discretion. The cost of visitor testing will need to be covered by the facility or the visitor.</li> <li>• Facilities can continue to utilize visitation methods from Phase II.</li> <li>• Visitors MUST sign in, including contact information, and the log of visitors will be kept for 30 days.</li> <li>• Each facility will develop a limited visitation policy which addresses the following, at minimum:               <ul style="list-style-type: none"> <li>○ Visitation schedule, hours, and location.</li> <li>○ Number of visitors and visits.</li> <li>○ Infection control practices including proper hand hygiene, universal source control, and general supervision of safe practices related to visitors and social distancing.</li> <li>○ Use of PPE.</li> <li>○ By appointment only, as coordinated by the SNF, based on their ability to manage infection control practices and proper social distancing.</li> <li>○ Only in designated areas to ensure safe distancing, proper hand hygiene, universal source control, and general supervision of safe practices related to visitors. Each facility will determine its capacity to manage limited visits, based on considerations that include, but are not limited to:                   <ul style="list-style-type: none"> <li>▪ Staff availability to screen visitors;</li> <li>▪ Availability of supplies to support universal source control, such as facemasks;</li> <li>▪ Monitoring for visitor compliance with safe visitation practices; and</li> <li>▪ Disinfection of area between visits.</li> </ul> </li> <li>○ Facilities may limit the number of visitors for each resident per week and per occurrence.</li> <li>○ Preference will be given to outdoor visitation opportunities such as parking lot or patio visits with social distancing.</li> </ul> </li> <li>• All visitors are screened upon entry and additional precautions are taken, including social distancing and hand hygiene.</li> <li>• Visitors unable to pass the screening or comply with infection control practices such as wearing a facemask MUST refrain from visiting.</li> <li>• All visitors MUST wear a cloth face covering or facemask for the duration of the visit.</li> </ul>

Consideration	Mitigation Steps
	<ul style="list-style-type: none"> <li>• The SNF will provide a facemask to any visitor who does not have one to ensure universal source control.</li> <li>• The SNF will have policies in place for virtual visitation, whenever possible, which include: <ul style="list-style-type: none"> <li>○ Access to communication with friends, family, and their spiritual community; and</li> <li>○ Access to the Long-Term Care Ombudsman and Health Facilities Licensing &amp; Certification.</li> </ul> </li> </ul>
Communal Dining	<ul style="list-style-type: none"> <li>• Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</li> <li>• A limited number of individuals in a dining area at one time.</li> </ul> <p>If staff assistance is required, appropriate hand hygiene MUST occur between assisting residents, as well as use of appropriate PPE.</p>
Group Activities	<ul style="list-style-type: none"> <li>• Limit group activities.</li> <li>• Expanded group activities may occur only for COVID-19 negative or asymptomatic residents with appropriate social distancing, hand hygiene, and use of a cloth face covering or facemask. Outings will be limited and all appropriate source control measures MUST be utilized.</li> <li>• Facilities will restrict activities that involve multiple residents to handle the same object(s), such as ball toss, without cleaning or disinfection of the object between residents.</li> </ul>
Salons	<ul style="list-style-type: none"> <li>• Facilities MUST follow the salons requirements found in Phase II.</li> </ul>
Screening	<ul style="list-style-type: none"> <li>• 100% screening for all residents daily: <ul style="list-style-type: none"> <li>○ Temperature checks.</li> <li>○ Questions and observation for other signs or symptoms of COVID-19.</li> <li>○ SNF policy MUST clearly identify when daily screenings will occur and how they are tracked.</li> </ul> </li> <li>• 100% screening for all persons entering the SNF and all staff at the beginning of each shift: <ul style="list-style-type: none"> <li>○ Temperature checks.</li> <li>○ Questionnaire about symptoms and potential exposure.</li> <li>○ Observation of any signs or symptoms.</li> <li>○ Ensure all outside persons and staff entering the SNF have cloth face covering or facemask.</li> <li>○ If a staff member becomes symptomatic, he/she MUST notify their supervisor immediately.</li> </ul> </li> </ul>
Universal Source Control and PPE	<ul style="list-style-type: none"> <li>• Universal source control for everyone in the SNF. Residents and visitors wear cloth face covering or facemask, if able to tolerate and wear safely.</li> <li>• All SNF staff and essential healthcare personnel, regardless of their position, who may or may not interact with residents or enter resident rooms, MUST wear a surgical/procedural facemask.</li> <li>• All SNF staff and essential healthcare personnel wear appropriate PPE when they are interacting with residents, in accordance with CDC PPE optimization strategies.</li> <li>• Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel), and remain in effect until further notice.</li> </ul>

Consideration	Mitigation Steps
Cohorting	<ul style="list-style-type: none"> <li>• Dedicated space in SNF, to the extent possible, for cohorting or as a last resort for transferring residents who are symptomatic or who test positive for COVID-19.</li> <li>• Plan to manage new admissions and readmissions who have an unknown COVID-19 status.</li> <li>• Plan to manage residents who routinely attend outside medically necessary appointments (e.g., dialysis).</li> </ul>
Essential and Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> <li>• Non-essential healthcare personnel may be allowed into the SNF, as determined by the facility, including the entry of barbers and cosmetologists (see Salon guidance).</li> <li>• All healthcare personnel are screened upon entry to the SNF and additional precautions are taken, including social distancing, hand hygiene, donning and doffing of appropriate PPE as determined by the task; and at a minimum, wearing a facemask for the duration of their visit.</li> </ul>
Medical Trips Outside the Facility	<ul style="list-style-type: none"> <li>• Non-Medically Necessary Trips <ul style="list-style-type: none"> <li>○ Will be limited.</li> <li>○ Residents with high-risk co-morbidities MUST continue to avoid non- medically necessary trips outside the facility.</li> <li>○ Decisions for residents to make non-medically necessary trips outside the facility will be made by the resident, and when appropriate, involve the resident's representative, a SNF representative, and/or the resident's physician.</li> </ul> </li> <li>• Medically Necessary Trips and Non-Medically Necessary Trips <ul style="list-style-type: none"> <li>○ The resident will wear a cloth face covering or facemask.</li> <li>○ The facility will share the resident's COVID-19 status with the transportation service and with the entity with whom the resident has the appointment.</li> <li>○ Transportation staff, at a minimum, will wear a facemask. Additional PPE may be required.</li> <li>○ Transportation equipment MUST be sanitized between transports.</li> </ul> </li> </ul>
Volunteers	<ul style="list-style-type: none"> <li>• Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</li> </ul>
Testing	<p style="color: red;">Please refer to the following appendices:</p> <ul style="list-style-type: none"> <li>• <a href="#">Appendix A</a> – explanatory information on testing of staff and residents.</li> <li>• <a href="#">Appendix B</a> – explanatory information pertaining to quarantine and isolation.</li> </ul>
Phase III Regression	<ul style="list-style-type: none"> <li>• The facility will continue to monitor for the presence of COVID-19 in the facility. This will occur through resident and staff screening, review of the data points reported through the NHSN system and current epidemiological data or disease trends within the community or state.</li> <li>• The facility will remain in Phase III until a case of COVID-19 (either resident or staff) is identified at the facility, at which time, the facility MUST work with Public Health/State Epidemiology to determine whether the facility MUST return to Phase I.</li> <li>• If the facility MUST return to Phase I, and if 14 days have passed with no additional residents or staff testing positive for COVID-19, the facility may return to Phase II.</li> </ul>

# Appendix A: Testing Guidelines of Nursing Home Staff and Residents

On May 18, 2020, The Centers for Medicare and Medicaid Services (CMS) issued [QSO-20-30-NH](#), *Nursing Home Reopening Recommendations for State and Local Officials*. In addition, on August 26, 2020, CMS issues [QSO-20-38-NH](#), *Long Term Care Testing Requirements Final Rule*. [QSO-20-30-NH](#) provides guidance for State Survey Agencies and other state officials to determine how SNFs may begin to lift restrictions put in place to mitigate the spread of COVID-19.

The Department of Health and Social Services (DHSS) agrees that it is important for all facilities to participate in baseline testing prior to consideration of lifting restrictions. Baseline testing of staff and residents is critical to understand how the virus may exist in facilities especially among those without symptoms, so that informed decisions can be made and appropriate steps are taken for containment. At minimum, facilities **MUST** meet the following testing metrics prior to moving to Phase II and then to Phase III and **MUST** follow the guidance of Alaska State Epidemiology any time a **single** positive case is identified in a facility.

Facilities without the ability to conduct COVID-19 Point of Care (POC) testing shall make arrangements with a qualified laboratory to conduct tests to meet the requirements of [QSO-20-38-NH](#). Laboratories that can quickly process large numbers of tests with rapid reporting of results (e.g., within 48 hours) should be selected to rapidly inform infection prevention initiatives to prevent and limit transmission.

**“Facility staff”** includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.

For the purpose of testing “individuals providing services under arrangement and volunteers,” facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff. We note that the facility may have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source (e.g., their employer or on their own). However, the facility is still required to obtain documentation that the required testing was completed during the timeframe that corresponds to the facility’s testing frequency, as described in Table 2 below.

When prioritizing individuals to be tested, facilities should prioritize individuals with signs and symptoms of COVID-19 first, then perform testing triggered by an outbreak as specified below.

**Table 1: Testing Summary**

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs and symptoms must be tested	Residents with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff that previously tested negative until no new cases are identified*	Test all residents that previously tested negative until no new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

\*For outbreak testing, all staff and residents should be tested, and all staff and residents we test negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. For more information, please review the section below titled, “Testing of Staff and Residents in Response to an Outbreak.”

## TESTING FREQUENCY OF RESIDENTS

**NEW ADMISSION TESTING:** All new admissions MUST be tested within 48-hours or upon admission. A 14 -day quarantine should then be utilized as a precautionary measure.

***Exemption:*** *If a new admission has tested positive for COVID-19 in the last 90 days, an admission test and 14-day quarantine is not required. The facility should evaluate the need for quarantine based off the where the new admission is at on the 90 day timeline. For example: If a new admission is on day 88 and does not require an admission COVID-19 test, quarantine may be utilized as a precautionary measure.*

**TESTING OF RESIDENTS:** Any resident who exhibits any signs or symptoms of COVID-19 must be tested immediately. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions in accordance with [CDC guidance](#). Once test results are obtained, the facility must take the appropriate actions based on the results in accordance with [CDC guidance](#).

NOTE: Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances, such as the identification of a confirmed COVID-19 case in the facility. Facilities may consider testing asymptomatic residents who leave the facility frequently, such as for dialysis or chemotherapy. Facilities should inform resident transportation services (such as non-emergency medical transportation) and receiving healthcare providers (such as hospitals) regarding a resident's COVID-19 status to ensure appropriate infection control precautions are followed.

## TESTING FREQUENCY OF FACILITY STAFF

**TESTING OF SYMPTOMATIC STAFF:** Staff with symptoms or signs of COVID-19 must be tested and are may not enter the facility pending the results of COVID-19 testing. If COVID-19 is confirmed, staff should follow Centers for Disease Control and Prevention (CDC) guidelines "[Criteria for Return to Work for Healthcare Personnel with SARS-CoV2 Infection](#)." Staff who do not test positive for COVID-19 but have symptoms should follow facility policies to determine when they can return to work.

**ROUTINE TESTING OF STAFF:** Routine testing should be based on the extent of the virus in the community. This is measured in multiple ways.

1. CMS guidance is based on the percentage of tests that are positive in the prior week in the facility's borough/census area.
2. State of Alaska Alert Levels are based on the incidence of COVID-19 in the region in the past 14 days. Table 2 shows how to integrate both federal and state requirements. If a staff member or resident is within 90-days of the specimen collection date and no symptoms are present, they are not required to do testing.

If the 48-hour turn-around time for new admissions cannot be met due to community testing supply shortages, limited access or inability of laboratories to process tests within 48 hours, the facility should have documentation of its efforts to obtain quick turnaround test results with the identified laboratory or laboratories and contact with the local and state health departments.

The facility should begin testing all staff at the frequency prescribed in Table 2 based on the CMS area positivity rate reported in the prior week. Facilities should monitor their area positivity rate every other week (e.g., first and third Monday of every month) and adjust the frequency of staff testing according to the Table 2.

If the borough/census area positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in Table 2 as soon as the criteria for the higher activity are met. If the borough/census area positivity rate decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the borough/census area positivity rate has remained at the lower activity level for at least two weeks before reducing testing frequency.

Reports of COVID-19 area-level positivity rates will be available on the [CMS COVID-19 Nursing Home Data website](#) (see section titled, "COVID-19 Testing").

**Table 2: Routine Staff Testing Intervals**

<b>CMS Community COVID-19 Activity Level</b> <a href="#">Click Here to Access CMS Positivity Rate</a>	<b>Regional/Area Positivity Rate in the past week</b>	<b>Minimum Testing Frequency</b>								
<p style="text-align: center;">Low (Green Zone)</p>	<p>&lt;5%</p>	<p style="text-align: center;">Access the <a href="#">Alaska COVID-19 Dashboard</a>** to obtain your area’s Alert Level and test to the following guidelines:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Alaska Alert Level</th> <th style="text-align: center;">Frequency</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Red</b></td> <td style="text-align: center;">Weekly (all nursing home staff)</td> </tr> <tr> <td style="text-align: center;"><b>Orange</b></td> <td style="text-align: center;">Every 2 Weeks (option to test 50% of staff each week)</td> </tr> <tr> <td style="text-align: center;"><b>Yellow</b></td> <td style="text-align: center;">50% of staff every two weeks with intent to test 100% of staff monthly</td> </tr> </tbody> </table>	Alaska Alert Level	Frequency	<b>Red</b>	Weekly (all nursing home staff)	<b>Orange</b>	Every 2 Weeks (option to test 50% of staff each week)	<b>Yellow</b>	50% of staff every two weeks with intent to test 100% of staff monthly
Alaska Alert Level	Frequency									
<b>Red</b>	Weekly (all nursing home staff)									
<b>Orange</b>	Every 2 Weeks (option to test 50% of staff each week)									
<b>Yellow</b>	50% of staff every two weeks with intent to test 100% of staff monthly									
<p style="text-align: center;">Medium (Yellow Zone)</p>	<p>5%-10%</p>	<p>Once a week*</p>								
<p style="text-align: center;">High (Red Zone)</p>	<p>&gt;10%</p>	<p>Twice a week*</p>								

\*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.  
 \*\* Instructions on how to access Alaska Alert Level are located at the end of Appendix A.

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.

*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 must comply.*

## **TESTING RESPONSE TO A POSITIVE CASE/OUTBREAK**

An outbreak is defined as a new COVID-19 infection in any healthcare personnel (HCP) or any [nursing home-onset](#) COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak.

Upon identification of a single new case of COVID-19 infection in any staff or residents, all staff and residents should be tested, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14-days since the most recent positive result. See CDC guidance “Testing Guidelines for Nursing Homes” section [Non-diagnostic testing of asymptomatic residents without known or suspected exposure to an individual infected with SARS-CoV-2](#).

For individuals who test positive for COVID-19, repeat testing is not recommended. A symptom-based strategy is intended to replace the need for repeated testing. Facilities should follow the CDC guidance [Test-Based Strategy for Discontinuing Transmission-Based Precautions Discontinuing Transmission-Based Precautions](#) for residents and [Criteria for Return to Work for Healthcare Personnel with SARS-CoV2 Infection](#).

*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 must comply. Facility-wide testing of staff and residents should be in conjunction with State Epidemiology direction.*

## **REFUSAL OF TESTING (RESIDENTS & STAFF)**

Facilities must have procedures in place to address staff who refuse testing. Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the return to work criteria are met. If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until the procedures for outbreak testing have been completed. The facility should follow its occupational health and local jurisdiction policies with respect to any asymptomatic staff who refuse routine testing.

Residents (or resident representatives) may exercise their right to decline COVID-19 testing in accordance with the Federal requirements under 42 CFR § 483.10(c)(6). In discussing testing with residents, staff should use person-centered approaches when explaining the importance of testing for COVID-19. Facilities must have procedures in place to address residents who refuse testing. Procedures should ensure that residents who have signs or symptoms of COVID-19 and refuse testing are placed on transmission-based precautions until the criteria for discontinuing TBP have been met. If outbreak testing has been triggered and an asymptomatic resident refuses testing, the facility should be extremely vigilant, such as through additional monitoring, to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

If a resident has symptoms consistent with COVID-19 or has been exposed to COVID-19, or if there is a facility outbreak and the resident declines testing, he or she should be placed on or remain on TBP until he or she meets the symptom-based criteria for discontinuation.

## **REPEAT TESTING OF A PREVIOUSLY POSITIVE STAFF OR RESIDENT**

In keeping with current [CDC recommendations](#) staff and residents who have recovered from COVID-19 and are asymptomatic do not need to be retested for COVID-19 within 90-day after symptom onset. Until more is known, testing should be encouraged to resume (e.g., in response to an exposure) after 90-days after the date of symptom onset with the prior infection.

Facilities should continue to monitor the CDC webpages and [FAQs](#) for the latest information.

The facility should consult with infectious diseases specialists and public health authorities to review all available information (e.g., medical history, time from initial positive test, Reverse Transcription-Polymerase Chain Reaction Cycle Threshold (RT-PCR Ct) values, and presence of COVID-19 signs or symptoms).

Individuals who are determined to be potentially infectious should undergo evaluation and remain isolated until they meet criteria for discontinuation of isolation or discontinuation of transmission-based precautions, depending on their circumstances.

## **DOCUMENTATION OF TESTING**

Facilities must demonstrate compliance with the testing requirements as follows:

- For symptomatic residents and staff, document the date(s) and time(s) of the identification of signs or symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on the results.
- Upon identification of a new COVID-19 case in the facility (i.e., outbreak), document the date the case was identified, the date that all other residents and staff are tested, the dates that staff and residents who tested negative are retested, and the results of all tests. All residents and staff that tested negative are expected to be retested until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result (see section Testing of Staff and Residents in response to an outbreak above).
- For staff routine testing, document the facility's county positivity rate, the corresponding testing frequency indicated (e.g., every other week), and the date each positivity rate was collected. Also, document the date(s) that testing was performed for all staff, and the results of each test.
- Document the facility's procedures for addressing residents and staff that refuse testing or are unable to be tested, and document any staff or residents who refused or were unable to be tested and how the facility addressed those cases.
- When necessary, such as in emergencies due to testing supply shortages, document that the facility contacted state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results.

Documentation means: maintaining a written or electronic record, such as a log of county positivity rates, schedules of completed testing, and/or staff and resident records. However, the results of tests must be done in accordance with standards for protected health information. For residents, the facility must document testing results in the medical record. For staff, including individuals providing services under arrangement and volunteers, the facility must document testing results in a secure manner.

### **Antigen Testing**

Department of Health and Social Services (DHSS) is aware that the federal government is supplying nursing homes with antigen-based testing equipment. DHSS will continue to monitor the supply and use of these types of testing materials in nursing homes.

As additional information is released through Center for Medicare and Medicaid Services (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. Once CMS releases any new guidance related to antigen testing, DHSS will review and revised these guidelines as appropriate.

### **IMPORTANT NOTICE**

**This appendix was created with input from Alaska DHSS in conjunction with the requirements of CMS Memo QSO-20-38-NH. Not all requirements under QSO-20-38-NH are portrayed in this guidelines. It is the facility's responsibility to ensure compliance with QSO-20-38-NH in its entirety.**

# How to access Alaska's Regional Alert Levels

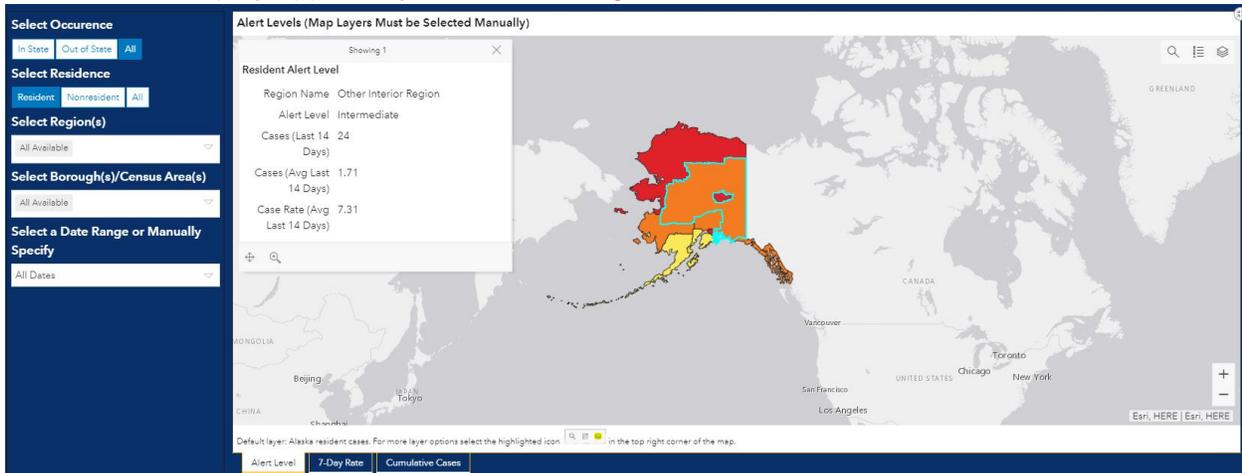
Access the [Alaska COVID-19 Dashboard](#) in your Internet browser of choice.

Scroll down to the first data display. The map in the upper left part of the display shows current Alert Level by Behavioral Health Region. If you don't know which Behavioral Health Region your facility falls in, consult [this list](#).



You can make this map larger by clicking on the outward-pointing arrow icon that appears if you hover your cursor over the map.

You can make a text display appear if you click on a region, as shown here:



## **Appendix B: Isolation and Quarantine Guidance**

CDC changed their guidance regarding the [discontinuation of isolation after a positive COVID-19 test](#), essentially recommending a time-based strategy (NOT a test-based strategy) using clinical criteria:

- If a person (staff or resident) tests positive and had no symptoms, the person should discontinue isolation 10 days after the positive test.
- If a person (staff or resident) tests positive for COVID-19 and had symptoms but did not need hospitalization, the person should discontinue isolation 10 days after their first symptom or positive test, whichever was earlier, as long as they have not had a fever in the last 24 hours without using fever-reducing medications) and their other symptoms are improving.
- If a person (staff or resident) tests positive for COVID-19 with a severe or critical illness or who are severely immunocompromised, the person should discontinue isolation 20 -days after their first symptom or positive test, whichever was earlier, as long as they have not had a fever in the last 24 hours without using fever-reducing medications and their other symptoms are improving. In addition, the person should follow [CDC severity criteria](#).
- Please review the CDC recommendations on [Discontinuation of Transmission-Based Precautions COVID-19](#) and [Duration of Isolation and Precautions for Adults with COVID-19](#).

### Isolation versus Quarantine: What's the Difference?

Isolation is used to separate people infected with SARS-CoV2, the virus that causes COVID-19, from people who are not infected. The duration of the isolation depends upon a number of factors, depending on patient's symptoms (see above).

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. When someone has been within 6 feet for 15 minutes or more of a known case (named as a close contact), they must quarantine for 14-days and watch for symptoms.