



INTRODUCTION & OVERVIEW

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 247 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 limited 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. To date the health advisory remains in effect but the stay at home order has been rescinded. These advisories and mandates are not exact but 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.

When a revision is made to the guidance, the text will be identified in **red font**.

Superseded by 09/15/2020 Version

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 MUST 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 MUST 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"> • 100% screening for all residents at least daily: <ul style="list-style-type: none"> ○ Temperature checks. ○ Questions and observation for other signs or symptoms of COVID-19. ○ SNF policy MUST clearly identify when daily screenings will occur and how they are tracked. • 100% screening for all persons entering the facility and all staff at the beginning of each shift: <ul style="list-style-type: none"> ○ Temperature checks. ○ Questionnaire about symptoms and potential exposure. ○ Observation of any signs or symptoms. ○ Ensure all outside persons and staff entering the facility have cloth face covering or facemask. ○ If a staff member becomes symptomatic, he/she MUST notify their supervisor immediately. |
| Universal Source Control and PPE | <ul style="list-style-type: none"> • Universal source control for everyone in the facility. Residents and visitors wear cloth face covering or facemask, if able to tolerate and wear safely. • 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. • All facility staff and essential healthcare personnel wear appropriate PPE when they are interacting with residents, in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). |
| Management of New Cases & Admissions | <ul style="list-style-type: none"> • 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. • Plan to manage new admissions and readmissions who have an unknown COVID-19 status. • Plan to manage residents who routinely attend outside medically necessary appointments (e.g., dialysis). |

| Consideration | Mitigation Steps | | | | | | | | |
|--|---|-------------|-----------|-----|---------------------------------|--------|---|--------|--|
| Essential and Non-Essential Healthcare Personnel | <ul style="list-style-type: none"> • Restricted entry of non-essential healthcare personnel. • 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. | | | | | | | | |
| Medical Trips Outside the Facility | <ul style="list-style-type: none"> • Non-Medically Necessary Trips <ul style="list-style-type: none"> ○ MUST be avoided. ○ Telemedicine will be utilized whenever possible. • Medically Necessary Trips <ul style="list-style-type: none"> ○ The resident will wear a cloth face covering or facemask if able to be tolerated. ○ 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. ○ Transportation staff, at a minimum, will wear a facemask. Additional PPE may be required. ○ Transportation equipment MUST be sanitized between transports. | | | | | | | | |
| Testing | <p>BASELINE/INITIAL TESTING: All staff and residents are tested.</p> <p>NEW ADMISSION TESTING: All new admission MUST be tested within 48-hours or upon admission. A 14-day quarantine should then be utilized as a precautionary measure.</p> <p>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 on 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.</p> <p>CONTINUATION OF TESTING FREQUENCY: Any resident(s) or staff member(s) who have been identified with symptoms consistent with COVID-19 MUST be tested. All staff are to be continuously tested based on your region's Alert Level in the chart below, unless they have had a positive test within the previous 90 days. The state Alert Level can be found on the Alaska COVID-19 Dashboard.</p> <table border="1" data-bbox="378 1312 1510 1514"> <thead> <tr> <th>Alert Level</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Red</td> <td>Weekly (all nursing home staff)</td> </tr> <tr> <td>Orange</td> <td>Every 2 Weeks (option to test 50% of staff each week)</td> </tr> <tr> <td>Yellow</td> <td>25% of staff weekly with intent to test 100% staff monthly</td> </tr> </tbody> </table> <p>TESTING IN RESPONSE TO A POSITIVE CASE:</p> <ul style="list-style-type: none"> • Facility-wide testing of staff and residents under the direction of State Epidemiology. • Weekly testing continues until no new positives are identified in all staff and residents. If a staff member or resident is within 90 days of a previously positive test they are not required to do testing. <p><i>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</i></p> <p>*See Appendix A, **Appendix B, and ***Appendix C for additional information related to testing, isolation and quarantine guidelines.</p> | Alert Level | Frequency | Red | Weekly (all nursing home staff) | Orange | Every 2 Weeks (option to test 50% of staff each week) | Yellow | 25% of staff weekly with intent to test 100% staff monthly |
| Alert Level | Frequency | | | | | | | | |
| Red | Weekly (all nursing home staff) | | | | | | | | |
| Orange | Every 2 Weeks (option to test 50% of staff each week) | | | | | | | | |
| Yellow | 25% of staff weekly with intent to test 100% staff monthly | | | | | | | | |

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 \leq an average of 10 new cases per 100,000 persons per day over the prior 14 days.

Consideration

Mitigation Steps

Visitation

- 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.
- Visitation generally limited. Outside visitation, protective plexiglass booth or hugging booth are allowed during Phase II. **In-room visitation is not allowed during Phase II.**
- Visits will be limited as follows:
 - By appointment only, as coordinated by the SNF, based on their ability to manage infection control practices and proper social distancing.
 - Visitors **MUST** sign in (including contact information, and the log of visitors will be kept for 30 days).
 - In these 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). Visitors unable to pass the screening **MUST** refrain from visiting.
 - 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.
 - Facilities may limit the number of visitors for each resident per week and per occurrence.
 - Preference **will** be given to outdoor visitation opportunities such as parking lot or patio visits with social distancing
 - 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:
 - Staff availability to screen visitors;
 - Availability of supplies to support universal source control, such as facemasks;
 - Monitoring for visitor compliance with safe visitation practices; and
 - Disinfection of area between visits.
- The facility **will** have policies in place for virtual visitation, whenever possible, which include:
 - Access to communication with friends, family, and their spiritual community;
 - Access to the Long-Term Care Ombudsman & Health Facilities Licensing & Certification

| Consideration | Mitigation Steps |
|------------------|---|
| Communal Dining | <ul style="list-style-type: none"> • 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). • A limited number of individuals in a dining area at one time. <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"> • Limit group activities. • 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, hand hygiene, and use of a cloth face covering or facemask. • Facilities MUST restrict activities that involve multiple residents to handle the same object(s) such as ball toss. |
| Salons | <ul style="list-style-type: none"> • 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"> ○ 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. ○ The barber or cosmetologist will remain in the salon area and avoid common areas of the facility. ○ Salons will limit the number of residents in the salon at one time to accommodate ongoing appropriate social distancing. ○ Staged appointments MUST be utilized to maintain appropriate social distancing and allow for infection control. ○ Salons will properly sanitize equipment and salon chairs between each resident; and the barber or cosmetologist MUST perform proper hand hygiene. ○ Limit use of hand held dryers, when possible. ○ Salons will routinely sanitize high-touch areas. ○ Residents should wear a facemask or cloth covering per facility policy during their salon visit. |
| Screening | <ul style="list-style-type: none"> • 100% screening for all residents at least daily: <ul style="list-style-type: none"> ○ Temperature checks. ○ Questions and observation for other signs or symptoms of COVID-19. ○ Facility policy MUST clearly identify when daily screenings will occur and how they are tracked. • 100% screening for all persons entering the facility and all staff at the beginning of each shift: <ul style="list-style-type: none"> ○ Temperature checks. ○ Questionnaire about symptoms and potential exposure; ○ Observation of any signs or symptoms. ○ Ensure all outside persons and staff entering the facility have cloth face covering or facemask. ○ If a staff member becomes symptomatic, he/she MUST notify their supervisor immediately. |

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| Consideration | Mitigation Steps |
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| Universal Source Control and PPE | <ul style="list-style-type: none"> • Universal source control for everyone in the facility. Residents and visitors wear cloth face covering or facemask, if able to tolerate and wear safely. • 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. • All facility staff and essential healthcare personnel wear appropriate PPE when they are interacting with residents, in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel), and remain in effect until further notice. • New admissions MUST quarantine for 14 days. |
| Cohorting | <ul style="list-style-type: none"> • 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. • Plan to manage new admissions and readmissions who have an unknown COVID-19 status. • Plan to manage residents who routinely attend outside medically necessary appointments (e.g., dialysis). |
| Essential and Non-Essential Healthcare Personnel | <ul style="list-style-type: none"> • Limited entry of non-essential healthcare personnel. • 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. • 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). • 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. |
| Medical Trips Outside the Facility | <ul style="list-style-type: none"> • Non-Medically Necessary Trips <ul style="list-style-type: none"> ○ MUST be avoided. ○ Telemedicine will be utilized whenever possible. • Medically Necessary Trips <ul style="list-style-type: none"> ○ The resident will wear a cloth face covering or facemask. ○ 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. ○ Transportation staff, at a minimum, will wear a facemask. Additional PPE may be required. ○ Transportation equipment MUST be sanitized between transports. |

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| Consideration | Mitigation Steps | | | | | | | | |
|------------------------|--|-------------|-----------|-----|---------------------------------|--------|---|--------|--|
| Resident/Staff Testing | <p>NEW ADMISSION TESTING: All new admission MUST be tested within 48-hours or upon admission. A 14 day quarantine should then be utilized as a precautionary measure.</p> <p>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.</p> <p>CONTINUATION OF TESTING FREQUENCY: Any resident(s) or staff member(s) who have been identified with symptoms consistent with COVID-19 MUST be tested. All staff are to be continuously tested based on your region's Alert Level in the chart below, unless they have had a positive test within the previous 90 days. The state Alert Level can be found on the Alaska COVID-19 Dashboard.</p> <table border="1" data-bbox="378 667 1507 873"> <thead> <tr> <th>Alert Level</th> <th>Frequency</th> </tr> </thead> <tbody> <tr> <td>Red</td> <td>Weekly (all nursing home staff)</td> </tr> <tr> <td>Orange</td> <td>Every 2 Weeks (option to test 50% of staff each week)</td> </tr> <tr> <td>Yellow</td> <td>25% of staff weekly with intent to test 100% staff monthly</td> </tr> </tbody> </table> <p>TESTING IN RESPONSE TO A POSITIVE CASE:</p> <ul style="list-style-type: none"> •Facility-wide testing of staff and residents under the direction of State Epidemiology. •Weekly testing continues until no new positives are identified in all staff and residents. If a staff member or resident is within 90 days of a previously positive test, they are not required to do testing. <p><i>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</i></p> <p>*See Appendix A, **Appendix B, and ***Appendix C for additional information related to testing, isolation and quarantine guidelines.</p> | Alert Level | Frequency | Red | Weekly (all nursing home staff) | Orange | Every 2 Weeks (option to test 50% of staff each week) | Yellow | 25% of staff weekly with intent to test 100% staff monthly |
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| Yellow | 25% of staff weekly with intent to test 100% staff monthly | | | | | | | | |
| 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 & Certification determine whether the facility MUST return to phase.</p> | | | | | | | | |

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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"> • All residents MUST have the ability to have limited visitation. • In-Building visitation can be allowed. 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. • Facilities can continue to utilize visitation methods from Phase II. • Visitors MUST sign in, including contact information, and the log of visitors will be kept for 30 days. • Each facility will develop a limited visitation policy which addresses the following, at minimum: <ul style="list-style-type: none"> ○ Visitation schedule, hours, and location. ○ Number of visitors and visits. ○ Infection control practices including proper hand hygiene, universal source control, and general supervision of safe practices related to visitors and social distancing. ○ Use of PPE. ○ By appointment only, as coordinated by the SNF, based on their ability to manage infection control practices and proper social distancing. ○ 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"> ▪ Staff availability to screen visitors; ▪ Availability of supplies to support universal source control, such as facemasks; ▪ Monitoring for visitor compliance with safe visitation practices and ▪ Disinfection of area between visits. ○ Facilities may limit the number of visitors for each resident per week and per occurrence. ○ Preference will be given to outdoor visitation opportunities such as parking lot or patio visits with social distancing. • All visitors are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors unable to pass the screening or comply with infection control practices such as wearing a facemask MUST refrain from visiting. • All visitors MUST wear a cloth face covering or facemask for the duration of their visit. |

| Consideration | Mitigation Steps |
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| | <ul style="list-style-type: none"> The SNF will provide a facemask to any visitor who does not have one to ensure universal source control. The SNF will have policies in place for virtual visitation, whenever possible, which include: <ul style="list-style-type: none"> Access to communication with friends, family, and their spiritual community; and Access to the Long-Term Care Ombudsman and Health Facilities Licensing & Certification. |
| Communal Dining | <ul style="list-style-type: none"> 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). A limited number of individuals in a dining area at one time. <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"> Limit group activities. 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. 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. |
| Salons | <ul style="list-style-type: none"> Facilities MUST follow the salons requirements found in Phase II. |
| Screening | <ul style="list-style-type: none"> 100% screening for all residents daily: <ul style="list-style-type: none"> Temperature checks Questions and observation for other signs or symptoms of COVID-19. SNF policy MUST clearly identify when daily screenings will occur and how they are tracked. 100% screening for all persons entering the SNF and all staff at the beginning of each shift: <ul style="list-style-type: none"> Temperature checks. Questionnaire about symptoms and potential exposure. Observation of any signs or symptoms. Ensure all outside persons and staff entering the SNF have cloth face covering or facemask. If a staff member becomes symptomatic, he/she MUST notify their supervisor immediately. |
| Universal Source Control and PPE | <ul style="list-style-type: none"> Universal source control for everyone in the SNF. Residents and visitors wear cloth face covering or facemask, if able to tolerate and wear safely. 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. All SNF staff and essential healthcare personnel wear appropriate PPE when they are interacting with residents, in accordance with CDC PPE optimization strategies. Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel), and remain in effect until further notice. |
| Cohorting | <ul style="list-style-type: none"> 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. Plan to manage new admissions and readmissions who have an unknown COVID-19 status. Plan to manage residents who routinely attend outside medically necessary appointments (e.g., dialysis). |

| 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 barbers and cosmetologists (see Salon guidance). • 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. | | | | | | | | |
| Medical Trips Outside the Facility | <ul style="list-style-type: none"> • Non-Medically Necessary Trips <ul style="list-style-type: none"> ○ Will be limited. ○ Residents with high-risk co-morbidities MUST continue to avoid non-medically necessary trips outside the facility. ○ 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. • Medically Necessary Trips and Non-Medically Necessary Trips <ul style="list-style-type: none"> ○ The resident will wear a cloth face covering or facemask. ○ 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. ○ Transportation staff, at a minimum, will wear a facemask. Additional PPE may be required. ○ Transportation equipment MUST be sanitized between transports. | | | | | | | | |
| Volunteers | <ul style="list-style-type: none"> • Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. | | | | | | | | |
| Testing | <p>NEW ADMISSION TESTING: All new admission MUST be tested within 48-hours or upon admission. A 14 day quarantine should then be utilized as a precautionary measure.</p> <p>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.</p> <p>CONTINUATION OF TESTING FREQUENCY: Any resident(s) or staff member(s) who have been identified with symptoms consistent with COVID-19 MUST be tested. All staff are to be continuously tested based on your region's Alert Level in the chart below, unless they have had a positive test within the previous 90 days. The state Alert Level can be found on the Alaska COVID-19 Dashboard.</p> <table border="1" data-bbox="376 1478 1507 1682"> <thead> <tr> <th data-bbox="376 1478 646 1514">Alert Level</th> <th data-bbox="646 1478 1507 1514">Frequency</th> </tr> </thead> <tbody> <tr> <td data-bbox="376 1514 646 1570">Red</td> <td data-bbox="646 1514 1507 1570">Weekly (all nursing home staff)</td> </tr> <tr> <td data-bbox="376 1570 646 1627">Orange</td> <td data-bbox="646 1570 1507 1627">Every 2 Weeks (option to test 50% of staff each week)</td> </tr> <tr> <td data-bbox="376 1627 646 1682">Yellow</td> <td data-bbox="646 1627 1507 1682">25% of staff weekly with intent to test 100% staff monthly</td> </tr> </tbody> </table> <p>TESTING IN RESPONSE TO A POSITIVE CASE:</p> <ul style="list-style-type: none"> • Facility-wide testing of staff and residents under the direction of State Epidemiology • Weekly testing continues until no new positives are identified in all staff and residents. If a staff member or resident is within 90 days of a previously positive test, they are not required to do testing. <p><i>Notwithstanding the prior guidelines, if State Epidemiology makes requests based</i></p> | Alert Level | Frequency | Red | Weekly (all nursing home staff) | Orange | Every 2 Weeks (option to test 50% of staff each week) | Yellow | 25% of staff weekly with intent to test 100% staff monthly |
| Alert Level | Frequency | | | | | | | | |
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upon a public health need that is not outlined above, that staff or residents be tested, the facility must comply

See Appendix A, **Appendix B, and *Appendix C for additional information related to testing, isolation and quarantine guidelines.*

Consideration

Mitigation Steps

Phase III
Regression

- 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.*
- 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.
- *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.*

Superseded by 09/15/2020 Version

*Appendix A: Testing Guidance

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*. The document 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. CMS indicates in this QSO that testing will be a critical part of a facility lifting restrictions on operations.

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 I and Phase III and **MUST** follow the guidance of Alaska State Epidemiology any time a **single** positive case is identified in a facility:

- All staff (including administrative) in a facility (regardless of whether the facility had any previous COVID-19 cases or not) **MUST** be tested on a two-week basis **with the following exception**:
 - If staff and residents that have a documented positive COVID-19 result in the past 90 days, those individuals are not required to continue testing during a 90-day period post 10-day isolation. CDC has changed their guidance regarding the need for testing (test-based strategy) of staff or residents to determine when they are no longer infectious to others. The reason is because some people continue to test positive for weeks or even months afterwards, but we don't think they're contagious based on the current research. Some people test positive, have one or more negative tests, and then later test positive again, but we don't think this is a new infection. In fact, the CDC is now recommending that no asymptomatic person who has had a documented case of COVID-19 be tested again for COVID-19 for three months.
 - Example: If John Doe received a positive test on 9/10/20:
 - Isolation Period: 9/10/20 to 9/20/20
 - 90-day Period of No Testing: 9/20/20 to 12/19/20
 - If a staff member or resident tests positive beyond 90 days, remains symptomatic, or develops new symptoms of infection then consult the section of Epidemiology at 907-269-8000.
 - In certain circumstances, a staff member or resident who is severely immunocompromised and in consultation with a local infectious disease expert, may require a test-based strategy rather than a time-based strategy.
 - All residents of a facility, where a case of COVID-19 has ever been identified in either a resident or staff, **MUST** be offered testing for COVID-19 and **MUST** follow the guidance of Alaska State Epidemiology.
 - Staff and residents declining testing **MUST** be treated as having a positive or unknown COVID-19 status. Facilities **MUST** have a plan to address declination of testing and ensuring safety of all residents and healthcare workers.
 - If a staff member refuses testing:
 - And is symptomatic, the staff member **MUST** be isolated in accordance with [CDC guidance](#).
 - But does NOT have symptoms and was exposed to COVID-19, the staff member **MUST** be quarantined in accordance with [CDC guidance](#).
 - But does NOT have symptoms and was NOT exposed to COVID-19, the staff member **MUST** use PPE in accordance with [CDC guidance](#) without reuse or extended use strategies.
 - If a resident refuses testing:
 - And is symptomatic (without alternate diagnosis), the facility **MUST** assume the resident to be infected and respond accordingly (this includes isolation of the resident)
 - But does NOT have symptoms and IS a close contact of a case, the resident **MUST** be quarantined for 14 days after their last exposure to the case (regardless of whether testing is needed)
 - But does NOT have symptoms and is NOT a close contact of a case, no additional measures are
-

required of the resident.

- If a resident is asymptomatic and declines testing at the time of facility-wide testing, decisions on placing the resident on Transmission-Based Precautions for COVID-19 or providing usual care MUST be based on whether the facility has evidence suggesting [SARS-CoV-2 transmission](#) (i.e., confirmed infection in HCP or [nursing-home onset infection in a resident](#)).
- Residents, or their medical powers of attorney, have the right to decline testing. Clinical discussions about testing may include alternative [specimen collection sources](#) that may be more acceptable to residents than nasopharyngeal swabs (e.g., anterior nares). Providing information about the method of testing and reason for pursuing testing may facilitate discussions with residents and their medical powers of attorney.
- Only residents who have a confirmed positive [viral test](#) MUST be moved to COVID-19-designated units or facilities.

In addition, DHSS encourages that at a minimum, facilities MUST offer COVID-19 testing (regardless of the phase they are in) to all residents who:

- Are currently symptomatic.
- Have had close contact with an individual who has tested positive for COVID-19.
- Residents who meet either of the above two bullets and decline testing MUST be treated as having a positive or unknown COVID-19 status. Facilities MUST have a plan to address declination of testing and ensuring safety of all residents and healthcare workers (see refusal guidance above).

**Appendix B: Isolation Guidance

CDC changed their guidance recently 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) has tested positive and had no symptoms, they should discontinue isolation 10 days after the positive test.
- If a person (staff or resident) tested positive for COVID-19 and had symptoms but did not need hospitalization, they 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 (in the absence of fever-reducing medications) and their other symptoms are improving.
- If a person (staff or resident) tested positive for COVID-19 with a severe or critical illness or who are severely immunocompromised, they 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 (in the absence of fever-reducing medications) and their other symptoms are improving. 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. The only variation to this new admissions should quarantine and limit contact with others.

***Appendix C: 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.

Superseded by 09/15/2020 Version

