



## Introduction & Overview

On March 11, 2020, Governor Dunleavy issued a Public Health Disaster Emergency related to the 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 Alaska Department of Health and Social Services (DHSS) divisions of Health Care Services and Senior and Disabilities Services are providing the following guidance for operating congregate residential settings, also known as residential care facilities (RCF) during the current public health emergency related to COVID-19.<sup>1</sup> There is no question that RCFs have been impacted by COVID-19 due to the vulnerable nature of the RCF home population – combined with the inherent risks of congregate living in a health care setting – which requires 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, Alaska's Chief Medical Officer issued Health Alert 007, which limited visitation in RCFs. On March 28, 2020, the Governor issued Health Mandate 11, which included a stay-at-home order. This stay-at-home order limited the ability of residents of RCFs 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 To date, the health advisory remains in effect but the stay-at-home order has been rescinded.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 RCF. 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.

### Criteria-Based Phase System

Given the critical importance of limiting COVID-19 exposure in facilities, decisions on relaxing restrictions should 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, RCF owners, operators and administrators should evaluate and implement measures to ensure overall safety and well-being of all of its residents<sup>2</sup>, taking into consideration the ages and diagnoses of residents, and the prevalence of COVID-19 in the local community. The evaluation should consider the following:

1. Input from local community and medical leaders;
2. Review current case reporting data provided by the Division of Public Health;

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<sup>1</sup> A congregate residential setting is an environment where a number of people reside in close proximity for either a limited or extended period of time. Examples include group homes, adult family habilitation, child family habilitation, adult residential treatment center, residential child care facilities, residential psychiatric treatment facilities, therapeutic foster homes, senior living centers, assisted living homes, therapeutic foster care, youth residential substance abuse, youth residential mental health, adult residential mental health, and adult residential substance abuse.

<sup>2</sup> Prior to relaxing any restrictions, the U.S. Centers for Medicare and Medicaid Services (CMS) [recommends](#) assessing the following to inform decisions about relaxing restrictions: (1) Case status in community; (2) Access to adequate PPE for staff; (3) Local hospital capacity, (4) Case status in the congregate setting(s); (5) Adequate staffing and (6) Universal source control.

3. Input from residents or their representatives regarding:
  - a. requests to deviate from house rules or guidelines;
  - b. the risk associated with specific activities and visitors;

To assist RCFs 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 facility may develop their own phases or protocols to operate. Regardless of what plan is utilized, RCFs should regularly monitor all of the above factors related to the operation of its facility and adjust accordingly.

**PLEASE NOTE:**

This is a guidance document prepared by the Alaska Department of Health and Social Services. All other state and federal statute and regulations apply to the operation of your RCF.

RCFs may choose to use this phased-in system, develop their own or adopt another guidance document.

Upon adoption of the guidance document, the actions contained in that document become mandatory as your facilities requirements.

Upon adoption of the guidance document, or something similar, the RCF will be evaluated on its compliance. If an RCF fails to meet all the phase criteria and continues to progress to a less stringent phase, the facility 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 facilities are currently in Phase I, and the phasing guidance includes criteria that **MUST** be met by the facility prior to transition to the next phase.

| <b>PHASE I</b>   |  |
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| <ul style="list-style-type: none"> <li>Each phase should be in operation of a minimum of 14 days prior to advancing to the next phase.</li> <li>If a congregate setting identifies a new onset COVID-19 case while in any phase, the congregate setting should start over at Phase I.</li> </ul> |  |
| Consideration  | Mitigation Steps   |
| <b>Community Case Status</b>   | COVID-19 disease burden in the community (defined as the region as specified by the Division of Public Health) is >10 new cases per 100,000 persons per day over the prior 14 days. This disease burden is designated as a <b>RED</b> community alert level on the <a href="#">Alaska Coronavirus Response Hub</a> .   |
| <b>Visitation and Other Entry of Individuals</b>   | Facilities are encouraged to prohibit visitation, except for essential medical professionals and compassionate care situations. In those limited situations, visitors should be screened and additional precautions should be taken, including social distancing and hand hygiene (e.g. use alcohol-based hand rub upon entry). This also applies to visitation for minors.<br><br>All visitors should wear a cloth face covering or facemask for the duration of their visit. The congregate setting should develop and implement policies and procedures related to residents and visitors wearing a cloth face covering or facemask. Visitors should sign in and provide contact information; the log of visitors should be kept for 30 days. |
| <b>Dining/Activities</b>   | 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).<br><br>Restrict group activities; 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.   |

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| <p><b>Community Trips/Activities</b></p>                                | <p>Facilities should avoid non-medically necessary trips and activities outside the congregate setting. For any trips away from the congregate setting:</p> <ul style="list-style-type: none"> <li>• The resident should wear a cloth face covering or facemask; and</li> <li>• The congregate setting should share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment or activity.</li> </ul> |  |
| <p><b>Screening</b></p>   | <p>100% screening of all persons entering the congregate setting and all staff at the beginning of each shift:</p> <ul style="list-style-type: none"> <li>• Temperature checks</li> <li>• Ensure all outside persons entering building have cloth face covering or facemask</li> <li>• Questionnaire about symptoms and potential exposure</li> <li>• Observation of any signs or symptoms</li> </ul>  | <p>100% screening (at least daily) for all residents and staff</p> <ul style="list-style-type: none"> <li>• Temperature checks</li> <li>• Questions about and observation for other signs or symptoms of COVID-19</li> </ul> |
| <p><b>Adequate Access &amp; Use of PPE/Universal Source Control</b></p> | <p>All staff should wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff may wear cloth face covering if facemask is not indicated. Universal source control for everyone in the congregate setting. Residents and visitors wear cloth face covering or facemask when interacting.</p>   |  |
| <p><b>Resident/Staff Testing</b></p>                                    | <p><b>NEW ADMISSION TESTING:</b> Facilities should follow the <a href="#">asymptomatic testing guidelines</a> issued on 04/28/2020 of residents prior to and after admission.</p> <p><b>SYMPTOMATIC TESTING:</b> Any resident(s) or staff member(s) who have been identified with symptoms consistent with COVID-19 should be tested.</p> <p><b>See Appendix A* for additional guidance of positive test, isolation, quarantine and close contact.</b></p>       |  |
| <p><b>Management of Positive COVID Tests</b></p>                        | <p>If possible, dedicate space in congregate setting to manage the care for residents who test positive COVID-19.</p> <p>Work with hospitals and State of Alaska Section of Epidemiology on readmitting residents who were hospitalized with COVID-19.</p> <p>Facilities should develop a response and care plan in the event a resident or staff tests positive for COVID-19.</p>   |  |

## PHASE II

- Each phase should be in operation of a minimum of 14 days prior to advancing to the next phase.
- If a congregate setting identifies a new onset COVID-19 case while in any phase, the congregate setting should start over at Phase I.

| Consideration                                | Mitigation Steps  |
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| <p><b>Community Case Status</b></p>          | <p>COVID-19 disease burden in the community (defined as the region as specified by the Division of Public Health) is 5-10 new cases per 100,000 persons per day over the prior 14 days. <b>This disease burden is designated as an ORANGE community alert level on the <a href="#">Alaska Coronavirus Response Hub</a>.</b></p>   |
| <p><b>Congregate Setting Case Status</b></p> | <p>There have been no new COVID-19 cases in the congregate setting for 14 days. If a new case is discovered in a congregate setting, the congregate setting should return to Phase I unless directed by Public Health.</p>  |
| <p><b>Adequate Staffing</b></p>              | <p>The congregate setting is not experiencing staff shortages.</p>  |
| <p><b>Access to Adequate Testing</b></p>     | <p>The congregate setting has adequate access to testing for COVID-19 in their community.</p>   |
| <p><b>Universal Source Control</b></p>       | <p>The congregate setting should implement policies and procedures related to residents and visitors wearing a cloth face covering or facemask. If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the congregate setting. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the congregate setting. Universal source control for everyone in the congregate setting. Residents and visitors entering should wear cloth face covering or facemask.</p> |

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| <b>Access to Adequate PPE &amp; Use of PPE</b>   | The congregate setting has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents. All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.   |  |
| <b>Local Hospital Capacity</b>                   | Referral hospital(s) have bed capacity on wards and intensive care units.   |  |
| <b>Visitation and Other Entry of Individuals</b> | <p>Visitation should be limited to compassionate care, essential medical professionals, and close family visitation. 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 should wear a cloth face covering or facemask for the duration of their visit. This also applies to visitation for minors. Additional considerations may be taken regarding visitation for minors during this phase due to family or cultural needs.</p> <p>Allow entry of limited numbers of non-essential health care personnel/contractors as determined necessary by the congregate setting, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. Visitors should sign in and provide contact information; the log of visitors should be kept for 30 days.</p> |  |
| <b>Screening</b>                                 | <p>100% screening of all persons entering the congregate setting and all staff at the beginning of each shift:</p> <ul style="list-style-type: none"> <li>• Temperature checks</li> <li>• Ensure all outside persons entering building have cloth face covering or facemask</li> <li>• Questionnaire about symptoms and potential exposure</li> <li>• Observation of any signs or symptoms</li> </ul>   | <p>100% screening (at least daily) for all residents</p> <ul style="list-style-type: none"> <li>• Temperature checks</li> <li>• Questions about and observation for other signs or symptoms of COVID-19</li> </ul> |
| <b>Resident/Staff Testing</b>                    | <p><b>NEW ADMISSION TESTING: Follow the <a href="#">asymptomatic testing guidelines</a> issued on 04/28/2020 of residents prior to and after admission.</b></p> <p><b>SYMPTOMATIC TESTING: Any resident(s) or staff member(s) who have been identified with symptoms consistent with COVID-19 should be tested.</b></p> <p><b>See Appendix A* for additional guidance of positive test, isolation, quarantine and close contact.</b></p>  |  |
| <b>Dining/Activities</b>                         | <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>Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.</p>  |  |
| <b>Community Trips/Activities</b>                | <p>Facilities should consider the safety and necessity of any activity/trip outside the congregate setting. For any trips away from of the congregate setting:</p> <ul style="list-style-type: none"> <li>• The resident should wear a cloth face covering or facemask; and</li> <li>• The congregate setting should share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment or activity.</li> </ul>   |  |
| <b>Management of New Cases &amp; Admissions</b>  | <p>If possible, dedicate space in the congregate setting to manage the care for residents who test positive COVID-19.</p> <p>Work with hospitals and State of Alaska Section of Epidemiology on readmitting residents who were hospitalized with COVID-19.</p> <p>Facilities should develop a response plan in the event a resident or staff tests positive for COVID-19.</p>   |  |

## PHASE III

- Each phase should be in operation of a minimum of 14 days prior to advancing to the next phase.
- If a congregate setting identifies a new onset COVID-19 case while in any phase, the congregate setting should start over at Phase I.

| Consideration                                    | Mitigation Steps  |  |
|--|---|--|
| <b>Community Case Status</b>                     | 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. <b>This disease burden is designated as a YELLOW community alert level on the <a href="#">Alaska Coronavirus Response Hub</a>.</b>   |  |
| <b>Congregate Setting Case Status</b>            | There have been no new cases in the congregate setting for 28 days (through phases 1 and 2). If a new case is discovered in a congregate setting, the congregate setting should return to Phase I unless directed by Public Health.   |  |
| <b>Adequate Staffing</b>                         | The congregate setting is not experiencing staff shortages.   |  |
| <b>Access to Adequate Testing</b>                | The congregate setting has adequate access to testing for COVID-19 within their community.  |  |
| <b>Universal Source Control</b>                  | Universal source control for everyone in the congregate setting. Residents and visitors wear cloth face covering or facemask.   |  |
| <b>Access to Adequate PPE &amp; Use of PPE</b>   | The congregate setting has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents. All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.   |  |
| <b>Local Hospital Capacity</b>                   | Referral hospital(s) have bed capacity on wards and intensive care units.   |  |
| <b>Visitation and other Entry of Individuals</b> | <p>Visitation should be allowed with screening and additional precautions, including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors should wear a cloth face covering or facemask for the duration of their visit. Visitors should sign in and provide contact information; the log of visitors should be kept for 30 days. This also applies to visitation for minors. Additional considerations may be taken regarding visitation for minors during this phase due to family or cultural needs.</p> <p>Allow entry of non-essential health care personnel/contractors as determined necessary by the congregate setting, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> |  |
| <b>Screening</b>                                 | <p>100% screening of all persons entering the congregate setting and all staff at the beginning of each shift:</p> <ul style="list-style-type: none"> <li>• Temperature checks</li> <li>• Ensure all outside persons entering building have cloth face covering or facemask</li> <li>• Questionnaire about symptoms and potential exposure</li> <li>• Observation of any signs or symptoms</li> </ul>   | <p>100% screening (at least daily) for all residents</p> <ul style="list-style-type: none"> <li>• Temperature checks</li> <li>• Questions about and observation for other signs or symptoms of COVID-19</li> </ul> |
| <b>Resident/Staff Testing</b>                    | <p><b>NEW ADMISSION TESTING:</b> Follow the <a href="#">asymptomatic testing guidelines</a> issued on 04/28/2020 of residents prior to and after admission.</p> <p><b>SYMPTOMATIC TESTING:</b> Any resident(s) or staff member(s) who have been identified with symptoms consistent with COVID-19 should be tested.</p> <p><b>See Appendix A* for additional guidance of positive test, isolation, quarantine and close contact.</b></p>  |  |

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| <b>Dining/Activities</b>                        | <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>Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask.</p> |
| <b>Community Activities/Trips</b>               | <p>For any trips away from of the congregate setting:</p> <ul style="list-style-type: none"> <li>• The resident MUST wear a cloth face covering or facemask; and</li> <li>• The congregate setting MUST share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment or activity.</li> </ul>  |
| <b>Management of New Cases &amp; Admissions</b> | <p>If possible, dedicate space in congregate setting to manage the care for residents who test positive COVID-19.</p> <p>Work with hospitals and State of Alaska Section of Epidemiology on readmitting residents who were hospitalized with COVID-19.</p> <p>Facilities MUST develop a response plan in the event a resident or staff tests positive for COVID-19.</p>   |

# Definitions

A congregate residential setting is an environment where a number of people reside in close proximity for either a limited or extended period of time to include the following:

**Group Homes:** A subtype of Medicaid waiver service under Residential Habilitation. Group homes habilitation is provided in assisted living homes licensed to provide 24/7 residential care to two or more eligible waiver recipients who are 18 years of age or older.

**Family Habilitation Homes:** A subtype of Medicaid waiver service under Residential Habilitation. Family habilitation is provided in assisted living homes or foster homes licensed to provide 24/7 residential care to eligible waiver recipients.

**Residential Supported Living:** A Medicaid waiver service that is provided in a licensed assisted living home to eligible waiver recipients.

**Residential Child Care Facilities:** A facility licensed as a residential child care facility by DHSS.

**Residential Psychiatric Treatment Center (RPTC):** Residential psychiatric treatment center means a freestanding facility that provides residential child care and inpatient psychiatric services for the diagnosis and treatment of child and adolescent mental, emotional, or behavioral disorders and or is licensed as a residential psychiatric treatment center facility by DHSS.

**Senior Living Centers:** Any type of living situation for older adults that includes common dining facilities, housekeeping services, transportation, staffing, or a combination of these. May also be referred to as “age-restricted communities” or “continuing care retirement communities, “memory care facilities” or others.

**Assisted Living Homes:** A facility licensed as an assisted living home by DHSS.

**Therapeutic Foster Care:** Licensed to provide care to youth at lower acuity than residential psychiatric treatment centers.

**Residential Care:** A residential living arrangement that provides a structured setting with supervision and care, and could include a facility providing residential care is one that offers: residential adult substance abuse, residential adult mental health, residential youth substance abuse, and residential youth mental health.

# \*Appendix A

## Positive Test Guidance: What should you do?

In the event of a positive test:

1. In a recipient or staff member: Isolate the recipient or staff member immediately, for 10 days. This means that they need to stay in their own room for 10 days (the clock starts when they have their first symptom, or their positive test, whichever happens first). They should not share a bathroom with anyone else if possible. Report the case to the Alaska Section of Epidemiology. Notify all close contacts that they must quarantine for 14 days: this may include family, roommates, other recipients, staff, visitors, and anyone else the person has been in close contact with.
2. A person with a positive test can come off of isolation and resume their usual activities (including work) once it has been 10 days since their first symptom or positive test (whichever was first), as long as they have not had a fever in at least 24 hours and their other symptoms have improved. This is a change from old CDC guidelines which required 72 hours without a fever. Public health will typically clear people to go back to work.
3. A person who has one positive test should not be tested again for three months. Some people stay positive for up to three months but it does not mean they are contagious. People stop being contagious after a maximum of ten days.

## 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 is 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 is new admissions should quarantine and limit contact with others.



## Close Contact Guidance

Someone who has been named as a close contact to a known positive case (meaning that they were within 6 feet of someone who was positive for at least 15 minutes) must quarantine for 14 days. This means staying in a room that they do not share with others, ideally with their own bathroom; not leaving where they live for any reason and staying away from others as much as possible for 14 days.

### PLEASE NOTE:

- Getting a negative test cannot shorten quarantine. Everyone must quarantine for 14 days. They should watch for symptoms and get tested if they develop any symptoms.
- People in quarantine do not need to get tested if they do not have any symptoms.
- They may go back to work after 14 days as long as they have not had any more contact with anyone who is positive. If they have contact with someone who is positive (for instance, a spouse has COVID-19 and they can't live separately), then their 14 days of quarantine are extended and have to include 14 days **after** their spouse is done with their 10-day isolation period.
- Contacts of contacts do not need to quarantine or get tested. If a staff member's spouse gets COVID-19, the staff member needs to quarantine but nobody else does unless they have been in close contact with the spouse.
- Because it is possible to infect someone else with virus for up to two days before someone gets symptoms or tests positive, individuals are considered close contacts if they were around the positive case for up to **two days before** the first symptom started or the first positive test was taken, whichever is earlier.