



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 has been extended until February 14, 2021 under the terms of SB 241 that was passed by the legislature and signed into law by the Governor.

The State of Alaska, 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 residential settings, also known as Residential Care Facilities (RCF) during the current public health emergency related to COVID-19.¹ 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 healthcare setting, requiring 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, the Chief Medical Officer issued health alert 007, which limited visitation in RCFs. 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 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 To date, the health advisory remains in effect but the stay-at-home order has been rescinded.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 wellbeing of all of its residents², 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;

¹ 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 Childcare 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.

² 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 is recommended to be used in operating a facility. A facility must either follow these guidelines or they may develop their own phases or protocols to operate. If a facility develops its own phases or protocols, these will be subject to review by the Department of Health and Social Services. Regardless of what plan is utilized, RCFs should regularly monitor all the above factors related to the operation of its facility and adjust accordingly.

Guidance for Facilities with Their Own COVID-19 Testing Capacity

Providers must report laboratory-confirmed cases of COVID-19 to Section of Epidemiology via fax using the standard [Infectious Disease report form](#) or via electronic means. All results (i.e., positive, negative, indeterminate, etc.) must be reported via either integration into existing electronic laboratory reporting (ELR) data feeds, submission of a standard format CSV via SFTP, or fax (907-563-7868). Please email Megan Tompkins (megan.tompkins@alaska.gov) at SOE to inform us about how your facility will report.

Guidance for Visitation

For facilities that have begun vaccinating staff and residents, please refer to the visitation guidance found in the State of Alaska's [Visitation Guidelines for Congregate Residential Facilities](#). If the conditions listed in that document are not met, please follow the visitation guidance listed below.

PLEASE NOTE:

This is a guidance document prepared by the state of 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 facility's requirements.

Upon adoption of 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 facility prior to transition to the next phase.

Ensure each resident and their representative have received a copy of this updated guidance and that this document is posted in a prominent place.

PHASE I –

- 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	
Community Case Status	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 RED community alert level on the Alaska Coronavirus Response Hub.	
Visitation and Other Entry of Individuals	Facilities are encouraged to prohibit visitation, except for essential medical professionals and compassionate care situations. ¹ In those limited situations, visitors should be screened for symptoms 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. 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.	
Dining/ Activities	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). 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.	
Community Trips/Activities	Facilities should avoid non-medically necessary trips and activities outside the congregate setting. For any trips away from of the congregate setting: <ul style="list-style-type: none"> • The resident should wear a cloth face covering or facemask; and • 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. 	
Screening	100% screening of all persons entering the congregate setting and all staff at the beginning of each shift: <ul style="list-style-type: none"> • Temperature checks • Ensure all outside persons entering building have cloth face covering or facemask. • Questionnaire about symptoms and potential exposure • Observation of any signs or symptoms 	100% screening (at least daily) for all residents and staff <ul style="list-style-type: none"> • Temperature checks • Questions about and observation for other signs or symptoms of COVID-19

¹ Compassionate Care Visits (As defined by CMS in [CMS QSO-20-39-NH](#))

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Adequate Access & Use of PPE/ Universal Source Control	<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. Universal source control for everyone in the congregate setting. Residents and visitors wear cloth face covering or facemask when interacting.</p>
Staff Safety	<p>RCF staff should take all necessary precautions when outside of work to avoid contracting COVID-19. Staff should follow all CDC, DPH, and local ordinances and guidelines regarding COVID prevention.</p> <p>In the majority of RCF COVID-19 outbreaks, the virus has been unknowingly introduced into the facility by a staff member where it then spread to other staff and residents. By taking appropriate precautions to avoiding contracting COVID-19 at home, they are helping keep their families, coworkers, and residents safe.</p>
Staff Testing	<p>SYMPTOMATIC TESTING: Any staff member who has symptoms concerning for COVID-19 should be tested. Symptoms include: Fever >100.4 °F, cough, shortness of breath or difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea</p> <p>Staff should be tested at least <u>once a week</u> regardless of symptoms or exposures.²</p> <p>If your facility does not perform or collect send-out tests on-site, it is appropriate for staff to be tested at a local clinic. Please contact your nearest Public Health Center for further information about testing resources in your community.</p>
Resident Testing	<p>SYMPTOMATIC TESTING: Any resident who has symptoms concerning for COVID-19 should be tested. Symptoms include: Fever >100.4 °F, cough, shortness of breath or difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.</p> <p>Asymptomatic Testing – Chart 1</p> <p>New Admissions – Chart 2</p>
Management of Positive COVID Tests	<p>Call the Assisted Living Home Hotline at 833-603-2537 (ALFS). – If no answer, please leave a message. If no response within 24 hours, please notify the Alaska Section of Epidemiology at 907-269-8000 or 800-478-0084 (after-hours) – You will be asked to provide name and DOB of residents and staff who have tested positive to Epidemiology and/or Public Health staff</p> <p>See Appendix A for additional guidance of positive test, isolation, quarantine and close contact.</p> <p>If possible, dedicate space in congregate setting to manage the care for residents with COVID- 19. If possible, dedicate staff to exclusively work with residents with COVID-19 and separate staff for residents without COVID-19 For readmitting residents who were hospitalized with COVID-19, refer to Chart 3 Facilities should develop a response plan in the event a resident or staff tests positive for COVID- 19.</p>

² Any person who has previously tested positive for COVID19 infection should not be tested for active COVID infection again for at least 90 days following their initial infectious period.

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	
Community Case Status	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. This disease burden is designated as an <u>ORANGE</u> community alert level on the Alaska Coronavirus Response Hub.	
Congregate setting Case Status	There have been no new COVID 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 or unless directed by Public Health.	
Adequate Staffing	The congregate setting is not experiencing staff shortages.	
Access to Adequate Testing	The congregate setting has adequate access to testing for COVID-19 in their community.	
Universal Source Control	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.	
Access to Adequate PPE & Use of PPE	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.	
Local Hospital Capacity	Referral hospital(s) have bed capacity on wards and intensive care units	
Visitation and Other Entry of Individuals	<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 healthcare 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>	
Screening	<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"> • Temperature checks • Ensure all outside persons entering building have cloth face covering or facemask. • Questionnaire about symptoms and potential exposure • Observation of any signs or symptoms 	<p>100% screening (at least daily) for all residents</p> <ul style="list-style-type: none"> • Temperature checks • Questions about and observation for other signs or symptoms of COVID-19

<p>Dining/Activities</p>	<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). 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>
<p>Community Trips/Activities</p>	<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"> • The resident should wear a cloth face covering or facemask; and • 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.
<p>Staff Safety</p>	<p>RCF staff should take all necessary precautions when outside of work to avoid contracting COVID-19. Staff should follow all CDC, DPH, and local ordinances and guidelines regarding COVID prevention.</p> <p>In the majority of RCF COVID-19 outbreaks, the virus has been unknowingly introduced into the facility by a staff member where it then spread to other staff and residents. By taking appropriate precautions to avoiding contracting COVID-19 at home, they are helping keep their families, coworkers, and residents safe.</p>
<p>Staff Testing</p>	<p>SYMPTOMATIC TESTING: Any staff member who has symptoms concerning for COVID-19 should be tested. Symptoms include: Fever >100.4 °F, cough, shortness of breath or difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea</p> <p>Staff should be tested at least <u>once every two weeks</u> regardless of symptoms or exposures.³</p> <p>If your facility does not perform or collect send-out tests on-site, it is appropriate for staff to be tested at a local clinic. Please contact your nearest Public Health Center for further information about testing resources in your community.</p>
<p>Resident Testing</p>	<p>SYMPTOMATIC TESTING: Any resident who has symptoms concerning for COVID-19 should be tested. Symptoms include: Fever >100.4 °F, cough, shortness of breath or difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.</p> <p>Asymptomatic Testing – Chart 1</p> <p>New Admissions – Chart 2</p>
<p>Management of Positive COVID Tests</p>	<p>Call the Assisted Living Home Hotline at 833-603-2537 (ALFS). – If no answer, please leave a message. If no response within 24 hours, please notify the Alaska Section of Epidemiology at 907-269-8000 or 800-478-0084 (after-hours) – You will be asked to provide name and DOB of residents and staff who have tested positive to Epidemiology and/or Public Health staff</p> <p>See Appendix A for additional guidance of positive test, isolation, quarantine and close contact.</p> <p>If possible, dedicate space in congregate setting to manage the care for residents with COVID- 19. If possible, dedicate staff to exclusively work with residents with COVID-19 and separate staff for residents without COVID-19 For readmitting residents who were hospitalized with COVID-19, refer to Chart 3 Facilities should develop a response plan in the event a resident or staff tests positive for COVID- 19.</p>

³ Any person who has previously tested positive for COVID19 infection should not be tested for active COVID infection again for at least 90 days following their initial infectious period.

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	
Community Case Status	COVID-19 disease burden in the community (defined as the region as specified by the Division of Public Health) is ≤ 5 new cases per 100,000 persons per day over the prior 14 days. This disease burden is designated as a <u>YELLOW</u> community alert level on the Alaska Coronavirus Response Hub.	
Congregate setting Case Status	There have been no newcases 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 or unless directed by Public Health.	
Adequate Staffing	The congregate setting is not experiencing staff shortages.	
Access to Adequate Testing	The congregate setting has adequate access to testing for COVID-19 within their community.	
Universal Source Control	Universal source control for everyone in the congregate setting. Residents and visitors wear cloth face covering or facemask.	
Access to Adequate PPE & Use of PPE	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.	
Local Hospital Capacity	Referral hospital(s) have bed capacity on wards and intensive care units.	
Visitation and other Entry of Individuals	<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 healthcare 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>	
Screening	<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"> • Temperature checks • Ensure all outside persons entering building have cloth face covering or facemask. • Questionnaire about symptoms and potential exposure • Observation of any signs or symptoms 	<p>100% screening (at least daily) for all residents</p> <ul style="list-style-type: none"> • Temperature checks • Questions about and observation for other signs or symptoms of COVID-19

<p>Dining/Activities</p>	<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>
<p>Community Activities/Trips</p>	<p>For any trips away from of the congregate setting:</p> <ul style="list-style-type: none"> • The resident MUST wear a cloth face covering or facemask; and • 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.
<p>Staff Safety</p>	<p>RCF staff should take all necessary precautions when outside of work to avoid contracting COVID-19. Staff should follow all CDC, DPH, and local ordinances and guidelines regarding COVID prevention.</p> <p>In the majority of RCF COVID-19 outbreaks, the virus has been unknowingly introduced into the facility by a staff member where it then spread to other staff and residents. By taking appropriate precautions to avoiding contracting COVID-19 at home, they are helping keep their families, coworkers, and residents safe.</p>
<p>Staff Testing</p>	<p>SYMPTOMATIC TESTING: Any staff member who has symptoms concerning for COVID-19 should be tested. Symptoms include: Fever >100.4 °F, cough, shortness of breath or difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea</p> <p>Staff should be tested at least <u>once a month</u> regardless of symptoms or exposures.</p> <p>If your facility does not perform or collect send-out tests on-site, it is appropriate for staff to be tested at a local clinic. Please contact your nearest Public Health Center for further information about testing resources in your community.</p>
<p>Resident Testing</p>	<p>SYMPTOMATIC TESTING: Any resident who has symptoms concerning for COVID-19 should be tested. Symptoms include: Fever >100.4 °F, cough, shortness of breath or difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.</p> <p>Asymptomatic Testing – Chart 1</p> <p>New Admissions – Chart 2</p>
<p>Management of Positive COVID Tests</p>	<p>Call the Assisted Living Facility Hotline at 833-603-2537 (ALFS).</p> <p>– If no answer, please leave a message.</p> <p>If no response within 24 hours, please notify the Alaska Section of Epidemiology at 907-269-8000 or 800-478-0084 (after-hours)</p> <p>– You will be asked to provide name and DOB of residents and staff who have tested positive to Epidemiology and/or Public Health staff</p> <p>See Appendix A for additional guidance of positive test, isolation, quarantine and close contact.</p> <p>If possible, dedicate space in congregate setting to manage the care for residents with COVID- 19.</p> <p>If possible, dedicate staff to exclusively work with residents with COVID-19 and separate staff for residents without COVID-19</p> <p>For readmitting residents who were hospitalized with COVID-19, refer to Chart 3</p> <p>Facilities should 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 an 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 Childcare Facilities: A facility licensed as a Residential Childcare 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.

Appropriate PPE:

- Respirator or facemask, goggles or face shield, gloves, gowns (if available)
 - o When available, facemasks are preferred over cloth face masks because they offer better protection for the wearer against infectious material from others and as source control in the event the provider is infected
- For complete guidance on appropriate PPE, please refer to the CDC’s [“Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019”](#)

Appendix A

Positive Test Guidance: What should you do?

In the event of a positive test:

1. Call the Assisted Living Facility Hotline at 1-833-603-2537 (ALFS). If no answer, please leave a message.
2. In a resident or staff member: Isolate the resident 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 – if it is unknown exactly when their symptom started, use the date of the positive test. They should not share a bathroom with anyone else if possible. Report the case to Alaska Section of Epidemiology. Notify all close contacts that they must quarantine for 10 days: this may include family, roommates, other recipients, staff, visitors, and anyone else the person has been in close contact with.
3. 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 is longer), as long as they have not had a fever in the last 24 hours and their other symptoms have improved. Public health will typically clear people to go back to work.
4. A person who has one positive test should not be tested again for 90 days. Some people will continue to have positive PCR tests for up to three months but it does not mean they are contagious. Most people with mild/moderate cases are no longer contagious after ten days.

In the event a resident tests positive for COVID-19:

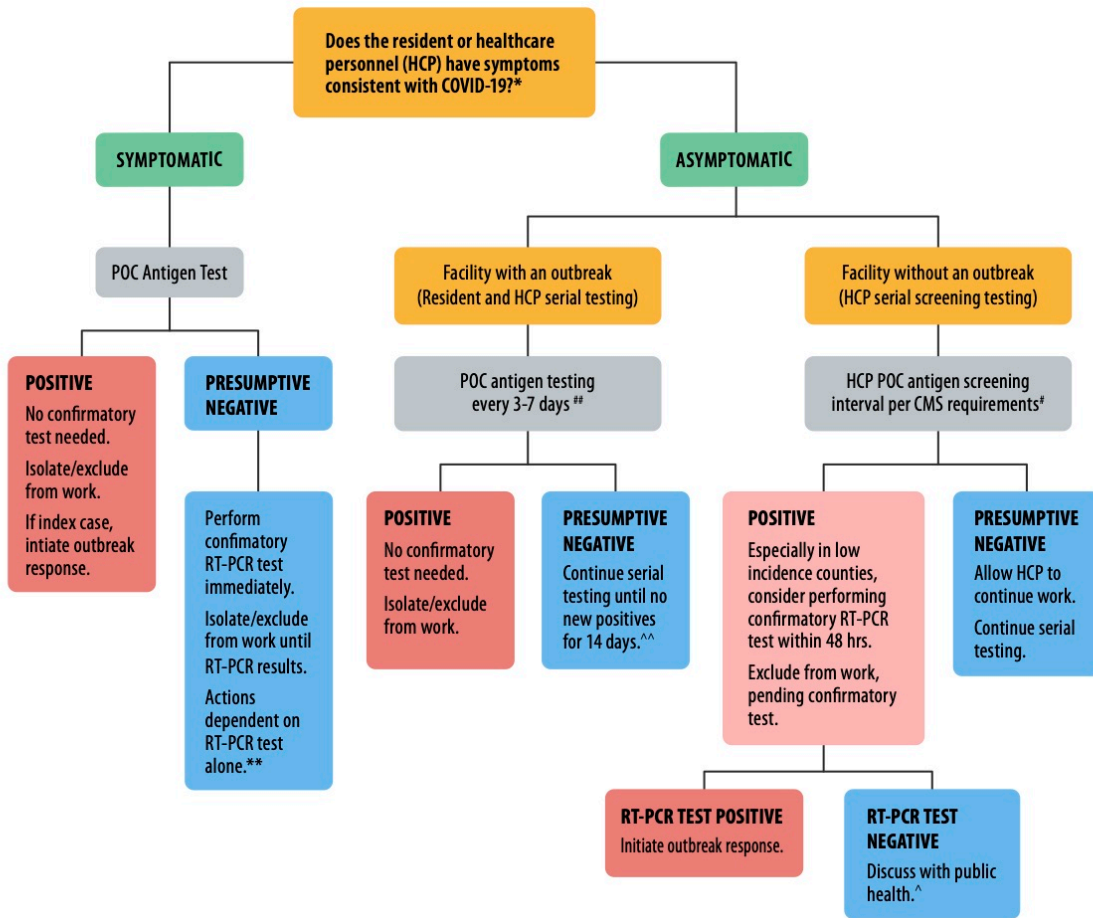
1. Test all residents and staff in the same “neighborhood” as the patient. If your facility does not have care neighborhoods, test all residents and staff in your facility.
2. If staff work in more than one “neighborhood” or care areas, then test all staff and residents in your facility
3. If the staff work exclusively in the same neighborhood/area as the infected resident, then you can test staff and residents who only live and work in that one area
4. Repeat testing of staff and residents (with scope as determined in the steps above) every 3-7 days until there are no new cases reported for 14 days.

In the event a staff member tests positive for COVID-19:

1. If staff provided direct patient care, test all residents and staff in the neighborhood/care area in which they worked, even if they did not come into direct contact
2. If your facility does not have neighborhoods or care areas, test all residents and staff
3. If the staff member tested positive for COVID-19 but has not worked for the two days prior to having the test collected and has not worked since testing, and is asymptomatic, there is no need for screening testing of residents or staff

Testing Guidance

CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES



This algorithm should be used as a guide, but clinical decisions may deviate from this guide if indicated. Contextual factors including community incidence, characteristics of different antigen testing platforms, as well as availability and turnaround times of RT-PCR, further inform interpretation of antigen test results.

RT-PCR: reverse-transcriptase polymerase chain reaction

POC: point-of-care

HCP: healthcare personnel

Index case: a newly identified case of SARS-CoV-2 infection in a resident or HCP in a nursing home facility with no known infections of SARS-CoV-2 infection in the previous 14-day period.

COVID-19 outbreak response in a nursing home is triggered when one nursing home-onset SARS-CoV-2 infection in a resident or one HCP SARS-CoV-2 infection.

* Asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 3 months and live or work in a nursing home performing facility-wide testing do not need to be retested. If an individual has recovered from SARS-CoV-2 infection in the past 3 months and develops new symptoms suggestive of COVID-19, alternative diagnoses should be considered prior to retesting for SARS-CoV-2.

** Some antigen platforms have higher sensitivity when testing individuals within 5 days of symptom onset. Clinical discretion should be utilized to determine if retesting by RT-PCR is warranted.

[CMS recommendations](#) for testing asymptomatic HCP in facilities without a case
[CDC guidance on testing residents of nursing homes](#). [CDC guidance on testing HCP](#)

^ In discussion with the local health department, community incidence and time between antigen test and RT-PCR test can be utilized to interpret discordant results and determine when HCP can return to work.

^^ If an antigen test is presumptive negative in a facility with an outbreak, residents should be placed in transmission-based precautions or HCP should be allowed to continue working while monitoring for symptoms.



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cdc.gov/coronavirus

The Alaska State Public Health Laboratories perform RT-PCR tests. Due to a high level of agreement between results from rapid molecular tests (ex: Abbott ID NOW, Cepheid Xpert Xpress) and RT-PCR tests, these point-of-care molecular tests can be used to confirm Antigen Test results.

Testing Guidance

If a facility wants to perform point-of-care (POC) antigen testing, they are required to have a Clinical Laboratory Improvement Amendments (CLIA) certificate. Antigen test results must be reported to the State of Alaska Epidemiology Section. Resources from the State are available to assist you in applying for a CLIA certificate, requesting POC antigen tests, and requesting kits for tests to be run at the State laboratory.

For facilities that have access to point-of-care molecular testing (ex: Abbott ID NOW, Cepheid Xpert Xpress), it is recommended that they either follow the Antigen testing workflow above or develop a similar workflow that utilizes a combination of both antigen tests and confirmatory molecular or RT-PCR tests. This due to anticipated long-term shortages and difficulties procuring large quantities of the testing cartridges used in POC molecular test.

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 10 days and watch for symptoms for 14 days. The only variation to this is new admissions who 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 without wearing appropriate PPE) must quarantine for 10 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 10 days and monitoring for symptoms for 14 days.

Note:

- a. The CDC published revised quarantine guidelines on December 2, 2020 (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>). By maintaining a 10-day quarantine, this reduces the risk of transmitting the virus to 1.4% (range 0.1-10.6% risk). If a negative molecular or PCR test is obtained on day 9 or day 10, the risk of transmitting the virus is reduced to 0.3% (range 0.0-2.4% risk).
- b. People who have had close contact with someone with confirmed COVID-19 should be tested 2-5 days after exposure, however this does not affect the duration of their quarantine.
- c. They may go back to work after 10 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 10 days of quarantine are extended and have to include 10 days **after** their spouse is done with their 10-day isolation period.
- d. 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.
- e. 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.

Vaccine Guidance

Following the FDA authorization of the Pfizer-BioNTech COVID-19 mRNA vaccine on December 11, 2020, Alaska began vaccinating health care personnel and residents of long-term care facilities on December 16, 2020. The Moderna COVID-19 mRNA vaccine was authorized by the FDA on December 18, 2020 and is also being widely used to vaccinate health care workers and long-term care residents. Both of these vaccinations require a series of two injections spaced 21 and 28 days apart, respectively.

All staff and residents of RCFs are **strongly encouraged** to receive a COVID-19 vaccine as soon as possible.

By the time of publication of these guidelines, you should have already been in contact with your assigned federal pharmacy partner regarding vaccinations. If you have not yet communicated with your federal pharmacy partner, please send an email to covid19vaccine@alaska.gov with "LTC" in the subject line or call the Assisted Living Facility Hotline at 1-833-603-2537 (ALFS).

Guidance for Visitation

For facilities that have begun vaccinating staff and residents, please refer to the visitation guidance found in the State of Alaska's [Visitation Guidelines for Congregate Residential Facilities](#). If the conditions listed in that document are not met, please follow the visitation guidance listed above.

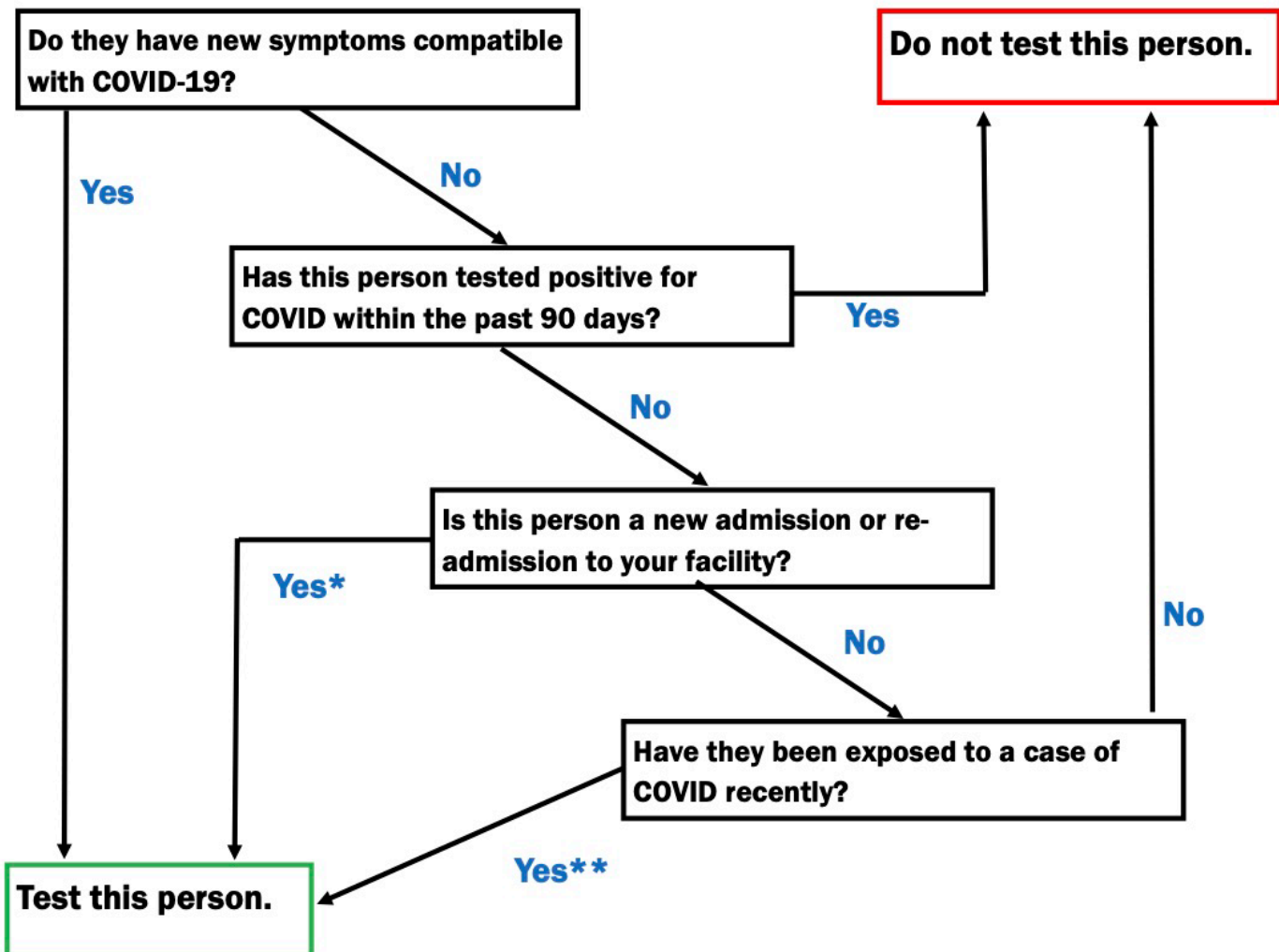
Chart 1

Updated 12/3

Should I test this resident for COVID?

Guidance for Congregate Residential Facilities

These guidelines are for non-outbreak situations. **In the event of an outbreak, follow appropriate testing as in** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>



*As per mandates and other guidance

**There are specific timelines and guidance for this that depend on what else is happening

Chart 2

Updated 12/3

Should I isolate or quarantine this resident?

Guidance for Congregate Residential Facilities– Readmissions

This is specific guidance for situations involving individual residents. **If your facility has an outbreak or concerns about large exposures, you should make facility-wide decisions that will override this.**

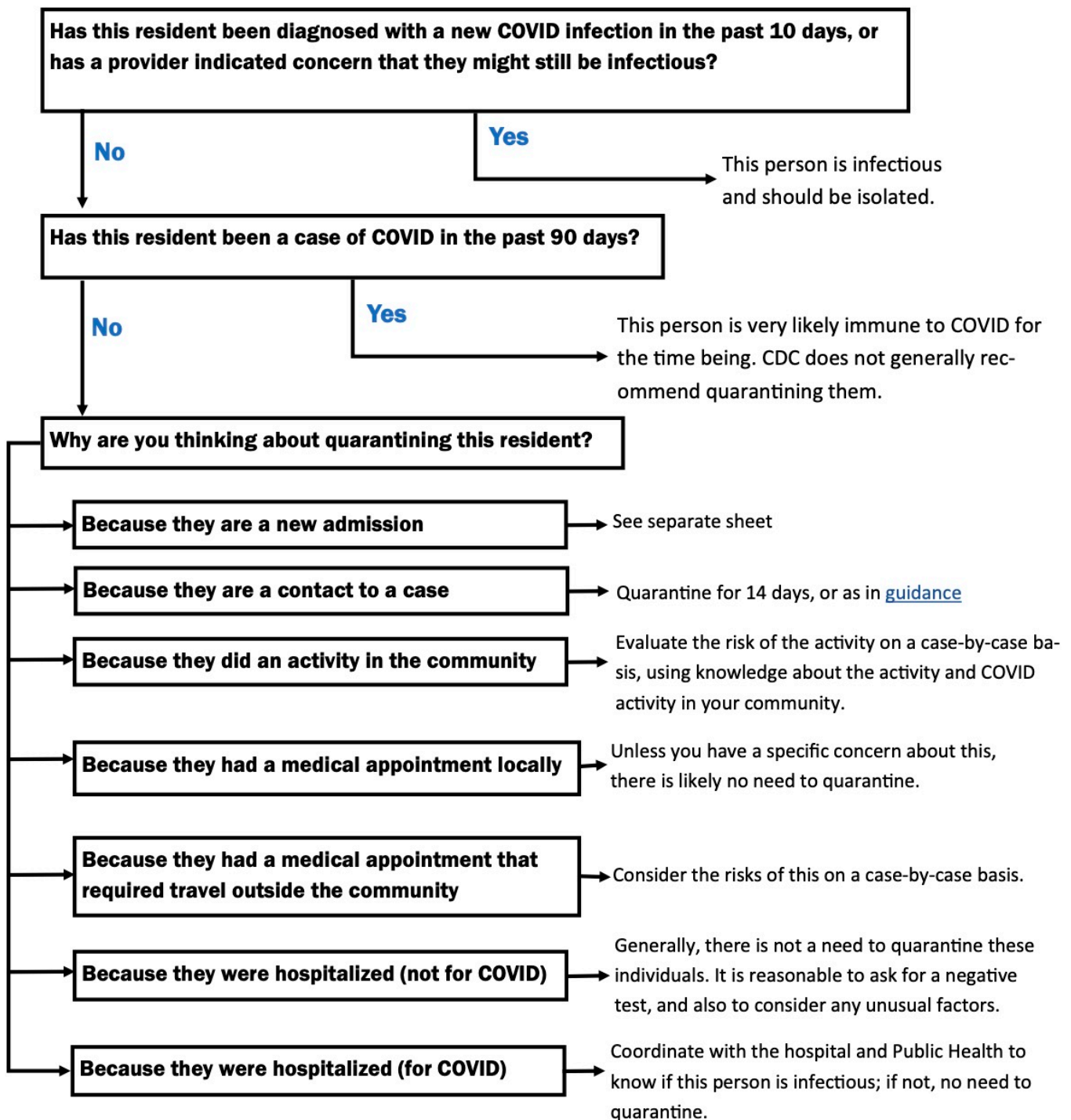


Chart 3

Updated 12/3

Should I isolate or quarantine this resident?

Guidance for Congregate Residential Facilities– New Admissions

This is specific guidance for situations involving individual residents. **If your facility has an outbreak or concerns about large exposures, you should make facility-wide decisions that will override this.**

