



June 11, 2021

Executive Summary

The Alaska State Department of Health and Social Services has periodically issued recommendations and guidance since the start of the COVID-19 pandemic in early 2020. Each new guidance document is meant to address the latest updates in our scientific understanding of the SARS-CoV-2 virus, recommendations from federal partners at the Centers for Disease Control and the Centers for Medicare and Medicaid Services, and the unique needs of the residential care facilities spread across Alaska.

The recommended guidance should be viewed as a collection of best practices and a resource for implementing safe visitation, activities, and outbreak management. This document is not a mandate and every facility should implement the best practices described in this guidance in a way that works best for their individual facility and protects the population that they serve from COVID-19.

Since this document's previous publication in January 2020, many recommendations have been updated to reflect best practices as determined by the CDC and CMS. Below is a summary of major pertinent changes:

STAFF TESTING (Page 6)

- Routine testing is not recommended for fully vaccinated staff.
- Routine testing is recommended for unvaccinated staff with the frequency of testing determined by the community's COVID-19 alert level.

RESIDENT TESTING (Page 10)

- Routine testing is not recommended for any asymptomatic resident regardless of vaccination status.
- Testing is recommended for any symptomatic resident regardless of vaccination status.

RESIDENT COMMUNITY ACTIVITIES (Page 13)

- Unvaccinated residents should maintain social distancing and wear a mask when participating in communal activities in the facility or going out in the community.
- Facilities may create plans with unvaccinated residents who regularly leave the facility for community activities and may request additional testing or quarantine depending on individual risk assessments.
- Fully vaccinated residents do not need to socially distance or mask when participating in communal activities in the facilities or activities in the community.

VISITATION (Page 14)

- Visitation is encouraged for all residents.
- Facilities are encouraged to follow the [AK Visitation Guidance](#) .
- Visitation may be limited based on a facility's physical space constraints or unique situations where a community has a high COVID-19 alert level, low vaccination rates within the facility, and the resident being visited is unvaccinated.

QUARANTINE AND ISOLATION (Page 16)

- CDC guidance recommends using a time-based strategy to discontinue isolation after a positive COVID-19 test.
- Fully vaccinated staff and residents do not need to quarantine following close contact with a person with COVID-19.

VACCINATION GUIDANCE (Page 17)

- Every residential care facility should strongly encourage COVID-19 vaccination for all residents, clients, and staff.

Introduction & Overview

The Department of Health and Social Services (DHSS), Division of Health Care Services and Division of Senior and Disabilities Services are providing the following guidance for owners and operators of a Residential Care Facility¹ (RCF). The purpose of this guidance is to assist RCFs in developing their own policies and procedures to prevent the spread of COVID-19 and to provide a safe and healthy environment for their residents and staff.

RCF owners, operators, and administrators should evaluate and implement measures to ensure the overall safety and wellbeing of residents by taking into consideration the ages and diagnoses of residents, the prevalence of COVID-19 in the local community and best practices recommended by the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS).

The evaluation should consider the following:

1. Input from local community and medical leaders, and
2. Review current case reporting data provided by the Division of Public Health.
3. Input from residents or their representatives regarding:
 - a. Requests to deviate from house rules or guidelines, and
 - b. Risk associated with specific activities and visitors.

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.

Federal guidance was issued in April and May 2021 by CMS for long-term care residents.

1. CMS [QSO-20-30-NH](#) provides the framework for improving community access to skilled nursing facilities in states.
2. CMS [QSO-20-39-NH](#) provides visitation guidance for skilled nursing facilities.
3. CMS [QSO-21-19-NH](#) establishes the foundation for equitable vaccine access for older adults and people with disabilities in congregate settings.

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.

Know Your Community COVID-19 Activity

COVID-19 disease burden in the community (defined as the region as specified by the Division of Public Health) is available at the Alaska COVID-19 website: [Alaska Coronavirus Response Hub](#).

Select the “Cases Dashboard” to find your community alert level.

Community alert level may be designated as High, Intermediate or Low and color coded.

- Red (High) is an average of > 10 new cases per 100,000 persons per day over the prior 14 days.
- Orange (Intermediate) is an average of 5-10 new cases per 100,000 persons per day over the prior 14 days.
- Yellow (Low) is an average of < 5 new cases per 100,000 persons per day over the prior 14 days.

The community alert level is a guide to assist you in:

- Disease burden and risks to unvaccinated residents or staff in acquiring COVID-19.
- Frequency of testing for unvaccinated staff and residents.
- Visitation policies and procedures.
- Quarantine policies and procedures.
- Infection control practices and use of appropriate Personal Protective Equipment (PPE).

Follow CDC guidance for [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#) to develop or revise your facilities policies and procedures in responding to COVID-19.

Best practices to use whenever possible:

- Dedicate space in congregate setting to manage the care for residents with COVID- 19. Ideally, this space includes a private bedroom and bathroom.
- Dedicate fully vaccinated staff to work with residents with suspected or known COVID-19.
- Review and update your response plan with staff in the event a resident or staff test positive for COVID- 19.

What does “fully vaccinated” mean?

Many of the guidelines discussed in this document treat persons as either “fully vaccinated” or “unvaccinated.” Based on the CDC’s definition, in general, people are considered “fully vaccinated” if they are:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine

If a person does not meet either of these criteria then they are considered “unvaccinated.”

Staff Screening

Screen 100% of staff at the beginning of each shift.

- People with COVID-19 have reported a wide range of symptoms, ranging from mild symptoms to severe illness.
- Symptoms of COVID-19 infection may appear 2 to 14 days after exposure to the virus and may include:
 - Fever (100.0 degrees Fahrenheit),
 - Respiratory symptoms such as runny nose, congestion, sore throat, cough or shortness of breath,
 - General body symptoms such as muscle or body aches, headache, and severe fatigue,
 - Gastrointestinal symptoms such as nausea or vomiting or diarrhea,
 - Changes in person's smell or taste.
- Observe for any signs or symptoms of illness. Ill employee should wear a mask and be sent home as soon as possible.
- Ask staff about any potential exposure withing the past 2 weeks.
 - Have you been in close contact with someone who is suspected or confirmed to have COVID-19 case?
 - If yes-see quarantine and isolation guidance on page 6
 - Have you traveled in the prior 10 days?
 - If yes-see Travel Guidance below
- Staff should comply with employer return to work policy.

Travel Guidance

Domestic Travel

- Follow CDC guidance for [Domestic Travelers](#)
 - Fully vaccinated travelers do not need to get tested before or after travel unless their destination requires it.
 - Fully vaccinated travelers do not need to self-quarantine.

International Travel

- Follow CDC guidance for [International Travelers](#)
 - Recommend testing 3 days before returning to the United States and 3-5 days after travel, regardless of vaccination status.

Staff should comply with employer return to work policy.

Staff Testing

Testing guidance

- Follow [CDC Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2](#) and [AK Testing Guidance](#)
- Test any staff member who has symptoms concerning for COVID-19 regardless of vaccination status.
- If the vaccination status of a staff member is not known, consider following the testing and quarantine guidance for unvaccinated staff.
- **Report any new positive cases** to the Assisted Living Home Hotline at 833-603-2537.
 - 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).
 - If required-contact AK Health Facilities Licensing and Certification during regular business hours (Monday through Friday 8-5 p.m.) to report any new cases.
 - **See Appendix A for additional guidance of positive test, isolation, quarantine, and close contact.**

Unvaccinated staff

- Test at least once a month regardless of symptoms or exposures.²
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.

Recommended **routine testing for unvaccinated staff** will vary by [AK Community COVID-19 Activity Level](#)

Community COVID-19 Alert Level	Average Daily Case Rate per 100,000 people	Testing of Unvaccinated Staff
Low (Yellow)	< 5	Once a month
Medium (Orange)	5-10	Once every two weeks
High (Red)	>10	Once a week

- Should be [tested and quarantine after prolonged close contact](#) (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) to someone with SARS-CoV-2 as soon as possible and if negative, test again within 3-7 days after their exposure.

Vaccinated staff

- Routine testing is not recommended for fully vaccinated staff

Fully vaccinated and asymptomatic staff may be directed to test after consultation with the public health department due to one or more of the following events:

- identification of a variant strain,
- sustained and on-going transmission within your facility,
- community alert level is increasing or high,
- an exposure event indicates testing is recommended,
- staff member has an underlying immunocompromising condition (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.

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.

Staff Quarantine and Isolation

Follow [CDC Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection](#) and [AK Testing Guidance](#)

Unvaccinated staff

- **Should receive [testing and quarantine for prolonged close contact](#)** (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) to someone with SARS-CoV-2 as soon as possible and if negative, test again within 3-7 days after their exposure.
- **Should isolate if they have a positive test.**
 - 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.
 - Persons with COVID-19 symptoms may discontinue isolation under the following conditions:
 - At least 10 days* have passed since symptom onset **and**
 - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and** other symptoms have improved.
 - Persons infected with SARS-CoV-2 who never develop symptoms may discontinue isolation and other precautions 10 days after the date of their first positive test.
 - If you have questions about quarantine and when to release staff from isolation, consult the health department at 907-269-8000.

Fully vaccinated staff do not need to be restricted from work or quarantine following prolonged close contact with someone with SARS-CoV-2 so long as the staff member is asymptomatic.

- Work restrictions for the fully vaccinated persons with high-risk exposures should still be considered for those with underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.
- If you have questions about quarantine, consult the health department at 907-269-8000.

Staff Use of Personal Protective Equipment

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"](#)

- All staff should wear appropriate PPE when they are interacting with residents as outlined in the [CDC Interim Infection Control Guidance](#). This means implementing universal source control, such as wearing a mask, for everyone in the congregate setting.
- All staff should follow [Transmission-Based Precautions](#). Staff may wear a gown if anticipated close contact with a resident, such as, when toileting or bathing a resident.
- PPE training is recommended for staff to ensure they know what type of PPE is available, when to use it and how to properly wear and remove it. Free PPE training modules are available at the [CDC Project Firstline website](#).
- [Universal Source Control measures are recommended](#). Additional training opportunities are available through the AK DHSS Training.

If 100% of staff and residents are fully vaccinated, staff and residents do not need to routinely mask and social distance.

Resident Screening

Screen 100% of all residents at least daily or as indicated by their medical condition.

- People with COVID-19 have reported a wide range of symptoms, ranging from mild symptoms to severe illness.
- Symptoms of COVID-19 infection may appear 2 to 14 days after exposure to the virus and may include:
 - Fever (100.0 degrees Fahrenheit),
 - Respiratory symptoms such as runny nose, congestion, sore throat, cough or shortness of breath,
 - General body symptoms such as muscle or body aches, headache, and severe fatigue,
 - Gastrointestinal symptoms such as nausea or vomiting or diarrhea,
 - Changes in person's smell or taste.
- Observe for any signs or symptoms of illness. Ill residents should be offered a mask if they can tolerate wearing one and isolate as soon as possible.
- Ask resident or guardian about any potential exposure within the past 2 weeks.
 - Have you been in close contact with someone who is suspected or confirmed to have COVID-19 case?
 - If yes-see quarantine and isolation guidance on page 10
 - Have you traveled in the prior 10 days?
 - If yes-see Travel Guidance below
- Residents should follow facility procedure for quarantine and isolation. Facilities can do an individual plan for residents that have cognitive or medical impairments.

Travel Guidance

Domestic Travel

- Follow CDC guidance for [Domestic Travelers](#)
 - Fully vaccinated travelers do not need to get tested before or after travel unless their destination requires it.
 - Fully vaccinated travelers do not need to self-quarantine.

International Travel

- Follow CDC guidance for [International Travelers](#)
 - Recommend testing 3 days before returning to the United States and 3-5 days after travel, regardless of vaccination status.

Resident Testing

Testing guidance

- Follow [CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#), [CDC Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#), [CDC People at Increased Risk](#) and [AK Testing Guidance](#).
- **Offer a test to any resident who has symptoms concerning for COVID-19, regardless of vaccination status.**
- Report any new positive **cases** to the Assisted Living Home Hotline at 833-603-2537.
 - 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).
 - If required-contact AK Health Facilities Licensing and Certification during regular business hours (Monday through Friday 8-5 p.m.) to report any new cases.
 - **See Appendix A for additional guidance of positive test, isolation, quarantine, and close contact.**

Routine testing of asymptomatic residents, regardless of their vaccination status, is not recommended.

Unvaccinated residents

- Routine testing for unvaccinated residents is not recommended.
- Do not need to test if they tested positive for COVID-19 infection within the past 90 days following their initial infectious period.
- Should quarantine and [test after prolonged close contact](#) (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) to someone with SARS-CoV-2 as soon as possible and if negative, test again within 3-7 days after their exposure.
- The facility may choose to do an individual plan and risk assessment for the unvaccinated resident, taking into consideration the community alert level (Orange or Red) and type of exposure (i.e., activities with groups of unvaccinated persons). Additional testing and quarantine may be indicated based upon the risk assessment.
 - For assistance, please call the Assisted Living Home Hotline at 833-603-2537 or Alaska Section of Epidemiology at 907-269-8000 or 800-478-0084 (after-hours).
- If resident is a close contact to a known COVID-19 case and refuses testing, quarantine for 14 days and monitor for signs of COVID infection.

Vaccinated residents

- Routine testing for fully vaccinated residents is not recommended.

Fully vaccinated and asymptomatic residents may be directed to test after consultation with the public health department due to one or more of the following events:

- identification of a variant strain,
- sustained and on-going transmission within your facility,
- community alert level is increasing or high,
- an exposure event indicates testing is recommended,
- staff member has an underlying immunocompromising condition (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.

Resident Quarantine and Isolation

Follow CDC guidance:

- [CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination Guidance](#) for quarantine and isolation.
- [CDC guidance](#): Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection
- [CDC Recommendations](#) for preventing the spread of COVID-19 and quarantine.

Unvaccinated residents

- Should [quarantine for 14 days](#) following any prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection.
 - The quarantine clock starts after close contact with infected person has ended. The resident is recommended to remain in quarantine for the next 14 days.
- Who are new and being admitted to the facility, may be exempted from the quarantine rule if the resident is within 90 days of a positive COVID test, remains asymptomatic and has recovered from their acute illness.
 - If you are unsure about the need to quarantine a new resident, contact their primary provider and ask for guidance.
- **Should be isolated if they test positive or demonstrate signs or symptoms of COVID-19.**
 - The isolation 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.
 - Persons with COVID-19 symptoms may discontinue isolation under the following conditions:
 - At least 10 days* have passed since symptom onset **and**
 - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and** other symptoms have improved.
 - Persons infected with SARS-CoV-2 who never develop symptoms may discontinue isolation and other precautions 10 days after the date of their first positive test.
 - If you have questions about quarantine and when to release staff from isolation, consult the health department at 907-269-8000.

Fully vaccinated residents

- Do not need to [quarantine](#) if exposed to someone with suspected or confirmed COVID-19 if they have no symptoms of infection. Because the resident is fully vaccinated, their risk of [acquiring infection or transmitting an infection to others is low](#).
 - Following an exposure to someone with suspected or confirmed COVID-19, the [CDC recommends testing](#) for COVID-19 but the resident does not need to quarantine.
 - The facility should consult the resident's primary health care provider for if the resident has an underlying immunocompromising condition (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.
 - If the facility has questions about fully vaccinated resident and the need for quarantine, consult the health department at 907-269-8000 or 800-478-0084 (after-hours).
- **Isolation is still recommended for all residents that test positive or demonstrate signs or symptoms of COVID-19.**
 - 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.

Resident Community Activities

The [CDC](#) and CMS [QSO-20-39](#) have provided guidance on communal dining.

Unvaccinated residents

- Should keep social distancing measures in place and wear a facemask when participating in a communal activity or in-person dining.
- Should wear a mask for any medical appointment.
- Going out in the community for regular activities (i.e., day care, grocery shopping, larger group gatherings, family visits or overnight stays) are at higher risk for acquiring or transmitting COVID-19. [CDC](#) recommends creating a [plan](#) for residents who leave the facility.
 - The facility may choose to do an individual plan and risk assessment for the unvaccinated resident taking into consideration the community alert level and type of activity. Additional testing and quarantine may be indicated based upon the risk assessment.
- Taking social excursions outside the facility should be educated about potential risks of public settings and reminded to avoid crowds and poorly ventilated spaces.
 - They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control (i.e., mask, social distancing, and hand hygiene).
 - If they are visiting friends or family in their homes, they should follow the source control and social distancing recommendations for visiting with others in private settings as described by [CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).
- Should protect themselves and prevent the spread of infection to others by:
 - Reducing the frequency of community activities outside the RCF when community COVID-19 cases are in the red or orange alert level.
 - Consistently wear a mask and adhere to social distancing when in a communal or group setting.
 - Communicate promptly with the facility staff if the resident had close contact to a family member with COVID-19.
 - Performing routine testing as directed by facility policy for COVID-19. Early detection can reduce the spread of COVID-19 to other residents or staff.

Fully vaccinated residents

- Can participate in communal activities or in-person dining with other fully vaccinated persons without the use of source control (i.e., mask) or social distancing.
 - Can visit with fully vaccinated friends or family in their private room, without the use of source control or social distancing.
 - Can visit fully vaccinated friends or family in their homes where everyone in the location is vaccinated without the use of source control or social distancing, as described in [the Interim Public Health Recommendations for Fully Vaccinated People](#).
 - Taking social excursions outside the facility should be educated about potential risks of public settings with those who have not been fully vaccinated and reminded to avoid crowds and poorly ventilated spaces.
 - They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control (i.e., mask, social distancing, and hand hygiene) when it is uncertain whether everyone in the location has been fully vaccinated.
 - Wear a mask for any medical appointments.
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Visitation

Follow [CDC](#) and [CMS QSO-20-39-NH](#) guidance for visitation.

The CMS guidance specifically includes visits from the State Long-Term Care Ombudsman and/or protection services.

If the facility cares for Individuals with Intellectual Disabilities or is a Psychiatric Residential Treatment Facility, please follow [CMS QSO-21-14-ICF/IID & PRTF](#).

For additional information, please refer to the [AK Visitation Guidelines](#)

Visitation is encouraged for all residents.

AK DHSS recommends visitors be:

- Fully vaccinated

OR

- Provide one of the following test results at the time of visit:
 - a negative COVID-19 PCR or NAAT³ test collected ≤72 hours of the visit,
 - a negative COVID-19 antigen test collected ≤48 hours of the visit,
 - a positive laboratory-confirmed COVID-19 test from the past 90 days.

AK DHSS recommends limiting number of visitors dependent upon the facility's physical space and ability to maintain core principles of infection control (i.e., mask that covers nose and mouth, hand hygiene, social distance).

- Facilities should reasonably limit the number of simultaneous visitors per client/resident and limit the total number of visitors in the facility simultaneously based on the size of the building and physical space and staffing capabilities. Facilities may consider scheduling visits for a specified length of time to help ensure all clients/residents are able to receive visitors. Physical distancing of at least 6 feet between persons is recommended, whenever possible. Outdoor visits, weather permitting, pose a significantly lower risk of viral transmission.
- The [CDC](#) has provided additional guidance on activities based on the resident and visitor(s) vaccination status. For example, while alone in the resident's room or the designated visitation room, fully vaccinated residents and their visitor(s) can choose to have close contact (including touch) without wearing a mask.
- Facilities should maintain a log of visitors (name, contact information) for 30 days.

If the COVID-19 community positivity rate is >10% and <70% of residents in the facility are fully vaccinated, then the facility may consider limiting indoor visitation for unvaccinated residents to compassionate care situations.

Compassionate care situations

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).

³ Nucleic Acid Amplification Test (NAAT), also known as a molecular test, is an acceptable alternative to a PCR test. Common NAAT tests include the Cepheid GeneXpert Xpress and Abbott ID NOW among others.

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.

Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.

Quarantine and Isolation

[CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination Guidance](#)

[CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2.](#)

CDC guidance recommends using a time-based strategy (NOT a test-based strategy) to discontinue isolation after a positive COVID-19 test.

- If a person (staff or resident) has tested positive and had no symptoms, they should discontinue isolation 10 days⁴ after the positive test.
 - For example, the resident tested positive on 5/1/21 and had no symptoms. If they have no symptoms the last full day of isolation is 5/11/2021. On 5/12/21, the resident may resume their usual activities.
- 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.
 - For example, the staff tested positive for COVID-19 on 5/1/21. After interview with staff member, they describe symptoms of fatigue, headache, sore throat, and congestion starting on 4/30/21. If staff symptoms continue to improve and 24 hours have elapsed without a fever without the use of medication, the last full day of isolation is 5/10/2021. On 5/11/2021, the staff member may resume their usual activities.
- If a person (staff or resident) tested positive for COVID-19 with a severe or critical illness or 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](#).

Fully vaccinated staff and residents do not need to quarantine following prolonged close contact with someone with SARS-CoV-2 so long as they are asymptomatic.

Isolation versus Quarantine: What's the Difference?

- Isolation is used to separate people infected with SARS-CoV-2, the virus that causes COVID-19, from people who are not infected. The duration of the isolation depends upon several 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 unless they are fully vaccinated.

⁴ Tools are available online to help determine isolation periods (i.e. [San Bernardino County Quarantine and Isolation Calculator](#))

Vaccination Guidance

Every residential care facility should strongly encourage COVID-19 vaccination for all residents, clients, and staff.

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. Both of these vaccinations require a series of two injections spaced 21 and 28 days apart, respectively. The Johnson & Johnson-Janssen COVID-19 viral vector DNA vaccine was authorized by the FDA on February 27, 2021. This vaccine is administered as a single injection. All three of these vaccines are being widely used to vaccinate health care workers, long-term care residents, and all eligible Alaskan residents

If assistance is needed to arrange vaccinations for staff or residents, please call the Alaska COVID-19 Vaccine Hotline at 907-646-3322 or the Assisted Living Hotline at 833-603-2537

Training resources are available, at no cost, from the CDC.

- [CDC Long-Term Care Facility Toolkit: Preparing for COVID-19 at Your Facility.](#)
- [CDC COVID-19 Vaccination resources.](#)
- [CDC COVID-19 Vaccine Emergency Use Authorization \(EUA\) Fact Sheets for Recipients and Caregivers.](#)

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:

Assisted Living Homes: A facility licensed as an assisted Living Home by DHSS.

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.

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.

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.

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 childcare 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.

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

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.

Therapeutic Foster Care: Licensed to provide care to youth at lower acuity than Residential Psychiatric Treatment Centers.

Fully Vaccinated: In general, people are considered “fully vaccinated” if they are:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine

Appendix A

Positive Test Guidance: What should you do?

In the event of a staff test is positive test for COVID-19:

1. Call the Assisted Living Home Hotline at 833-603-2537. If no answer, please leave a message.
2. The staff member needs to leave work as soon as possible. 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.
3. Report the case to Alaska Section of Epidemiology. Notify all close contacts that they must quarantine for 10-14 days: this may include family, roommates, other recipients, staff, visitors, and anyone else the person has been in close contact with. ***Exception to quarantine rules are persons who are fully vaccinated.**
4. If staff work in more than one “neighborhood” or care areas, then test all staff and residents in your facility.
5. 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.
6. 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.
7. A person with a positive test can come off 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.
8. 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 test is positive for COVID-19:

1. Isolate immediately for 10 days. This means that the resident needs 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. Residents should not share a bathroom with anyone else if possible.
2. Report the case to Alaska Section of Epidemiology. Notify all close contacts that they must quarantine for 10-14 days: this may include family, roommates, other recipients, staff, visitors, and anyone else the person has been in close contact with. ***Exception to quarantine rules are persons who are fully vaccinated.**
3. Test all residents and staff in the same “neighborhood” where the positive case lives or works. If your facility does not have care neighborhoods, test all residents and staff in your facility.
4. 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
5. 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.