

May 10, 2021

To: All Assisted Living Homes

From: Senior Leadership Team

## **ASSISTED LIVING HOMES (including Family Habilitation and Foster Care homes)**

### **Federal Government Declarations and Guidance (May 10, 2021):**

- Public Health Emergency issued by the Biden Administration expires April 21, 2021. This is expected to be further extended in 2021.
- Centers for Medicare and Medicaid (CMS) has authorized current flexibilities for waivers (Appendix K) for an additional 6 months until October 20, 2021
- CDC guidance (April 29, 2021) updated for fully vaccinated people ( 2 weeks after their 2<sup>nd</sup> dose) providing additional visitation opportunities
- FDA approved the Pfizer COVID-19 vaccine for US children as young as 12 years old (May 10, 2021)

### **State of Alaska Public Health Disaster Emergency (expired Feb 14, 2021)**

- DHSS continues to operate under the same guidance and direction previously provided
- Vaccination distribution: ALL Alaskans over the age of 12df years are now eligible
- State Health Advisory No.2: Safe travel advisory contains various options and employers can require testing after arrival and second test 5-14 days later
- Visitation Guidelines for Residential Congregate settings (March 28, 2021) outline guidance specific to residents and visitor vaccination status. This also applies to Care Coordination and Licensing visits.

### **Municipality Emergency Order -13v5 & 20v2 (effective May 03, 2021):**

- **Mask and Face Covering mandate aligns with CDC guidance**
- Travel: Alaska resident and non-resident travelers follow State Health Advisory No.2
- 6 ft distancing and masking at all times for many indoor activities
- Gathering size maximums
- Work remotely when possible

### **Hope's Medical Director Guidance for Fully Vaccinated People (March 11, 2021):**

- Application of CDC guidelines for visitation with fully vaccinated people
- Application of CDC guidelines for visitation with unvaccinated people

### **Assisted Living and Congregate Settings (including Supported Apartments)**

Hope's Policies are reflective of our organizational values seeking to achieve balance between safety & security and joy, relationships, choice and independence while incorporating compliance with health mandates and guidance from funding and regulatory authorities.

- **All direct support staff must wear masks or face coverings during their shift except for meal or other breaks. Staff who DO NOT live in an ALH home must also wear masks or face coverings while other staff are on shift.**
- **Staff who live in the ALH home are excused from wearing masks or face coverings inside, whether vaccinated or not, if worn outside the home and off-work activities do not bring additional exposure risk to the home.**
- **Daily health screening forms must be completed** using the online tool family members of ALH live-in staff who also reside in the home. For family members daily screening, use the primary live-in staff employee ID followed by F1, F2. For example, 1234F1, 1234F2. 1234F3 if there are 3 family members for employee 1234.
- **All office and administrative staff must wear masks or face coverings during their work shift except for meal or other breaks.**
- **Maintain social distancing of 6 feet or more, if you are not providing direct care**
- **Wash your hands frequently. Wash your face mask frequently, if it is designed for using again.**
- **New research shows that the virus can stay on surfaces for up to 9 hours but sanitizing kills it within seconds. Maintain high-contact surface cleaning with bleach solution several times each day.**
- **All employees are strongly encouraged to get your flu shots.**
- **When you are off-work, consider that everyone else could be exposing you to COVID-19**

- **Clearance to return to work by the Hope Healthline if you have symptoms or have traveled, even though State of Alaska or Anchorage Public Health may say you are cleared**

**Hope's Policies emphasize the responsibility of all community members to practice safety measures, especially as cases continue to quickly rise in Alaska.**

**Senior and Disabilities Services has maintained the COVID-19 Guidance for Long Term Care, Residential and Assisted Living Facilities issued March 23, 2020 by the State of Alaska Public Health Department Epidemiology with emphasis on our value of safety and security. After one year of these protections, Hope's Policies updates reflect increasing emphasis on values of relationships, dignity, joy, choice and opportunity as the State of Alaska trends away from High Alert levels due to vaccinations and increasing community immunity.**

**Several components of Hope's existing policy remain in place, based on this planning guidance includes:**

- A. Hope Healthline to answer questions and assist staff**
- B. Actively watching for changes in symptoms of recipients daily**
- C. Screen all staff at the beginning of their shift (with the Daily Screening Form).**
- D. Log all visitors, and limit visitors in the home to close family/guardians, essential medical providers or compassionate care. Communicate with all visitors why restrictions are in place and how important it is to protect residents.**
- E. Review the risk/benefits for all group activities, except within the same household**

**The Department of Health and Social Services issued updated COVID-19 Recommended Guidance for Congregate Residential Settings on January 26, 2021 outlining consideration and mitigation steps with criteria that MUST be met prior to transitioning to the next re-opening phase.**

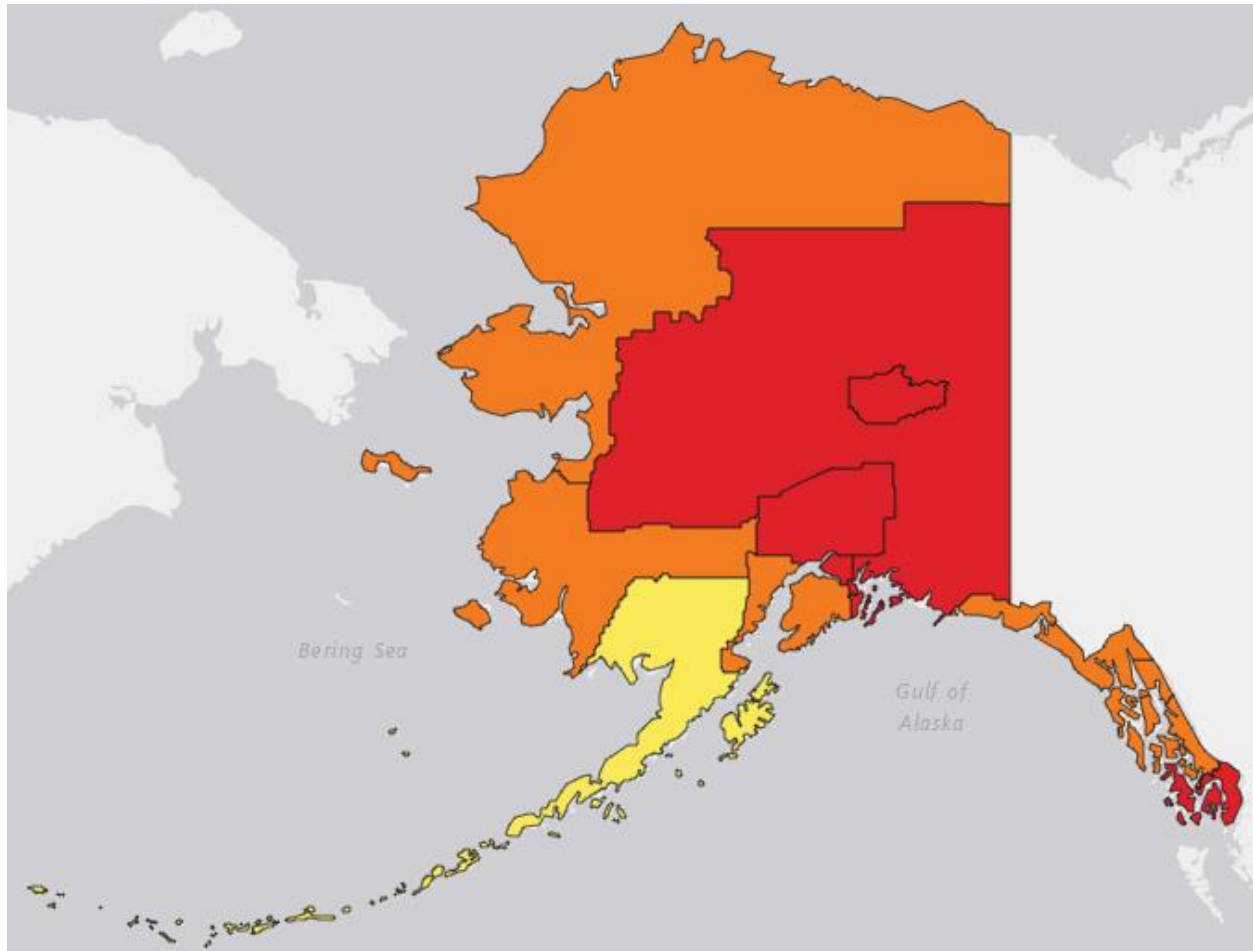
ALERT LEVEL	Average daily incidence over the past 14 days	Interpretation
<b>HIGH</b>	>10 cases per 100,000 population	Widespread community transmission with many undetected cases and frequent discrete outbreaks
<b>INTERMEDIATE</b>	5-10 cases per 100,000 population	Moderate community transmission with some undetected cases and infrequent discrete outbreaks
<b>LOW</b>	<5 cases per 100,000 population	Minimal community transmission

These considerations include:

- Community Case status in the region (average cases per 100,000 per day over 14 days)
- Congregate setting Case status (no new cases in the setting for 14 days)
- Adequate Staffing
- Access to Adequate Testing
- Access to Adequate Personal Protective Equipment and Universal Precautions
- Resident/Staff Testing
- Dining/Group Activities
- Community Trips
- New Admissions

Hope's Senior Leadership Team conducts a regular review of active cases within the State as reported by DHSS and the trends indicated.

Data from May 10, 2021 reports are showing improving trends that support Hope remaining in high vigilance for assisted living homes, but with vaccinations and continued use of a value based risk/benefit discussion tool to employ intermediate level mitigation steps in developing person-centered plans to encourage safe outdoor activities, exercise and in-person family visits.



### **NEW INFORMATION regarding COVID-19 VACCINES AND VISITATION**

**Vaccination is your personal choice but it does offer additional benefits with respect to policy updates. To respect our employee's privacy and personal choice, any responses to the daily screening questions regarding vaccination will be held confidential by the Human Resources Department and not shared with your co-workers without your permission. For the protection of all employees and recipients health and privacy, we will maintain the requirement to wear a mask indoors, if you are not a household member unless an exemption is approved by the Hope Healthline.**

Hope's Policy updates on Visitation in Assisted Living Homes are made after careful review of the DHSS Visitation Guidelines for Residential Congregate Facilities issued March 28, 2021 and the CDC Guidance "When You've Been Fully

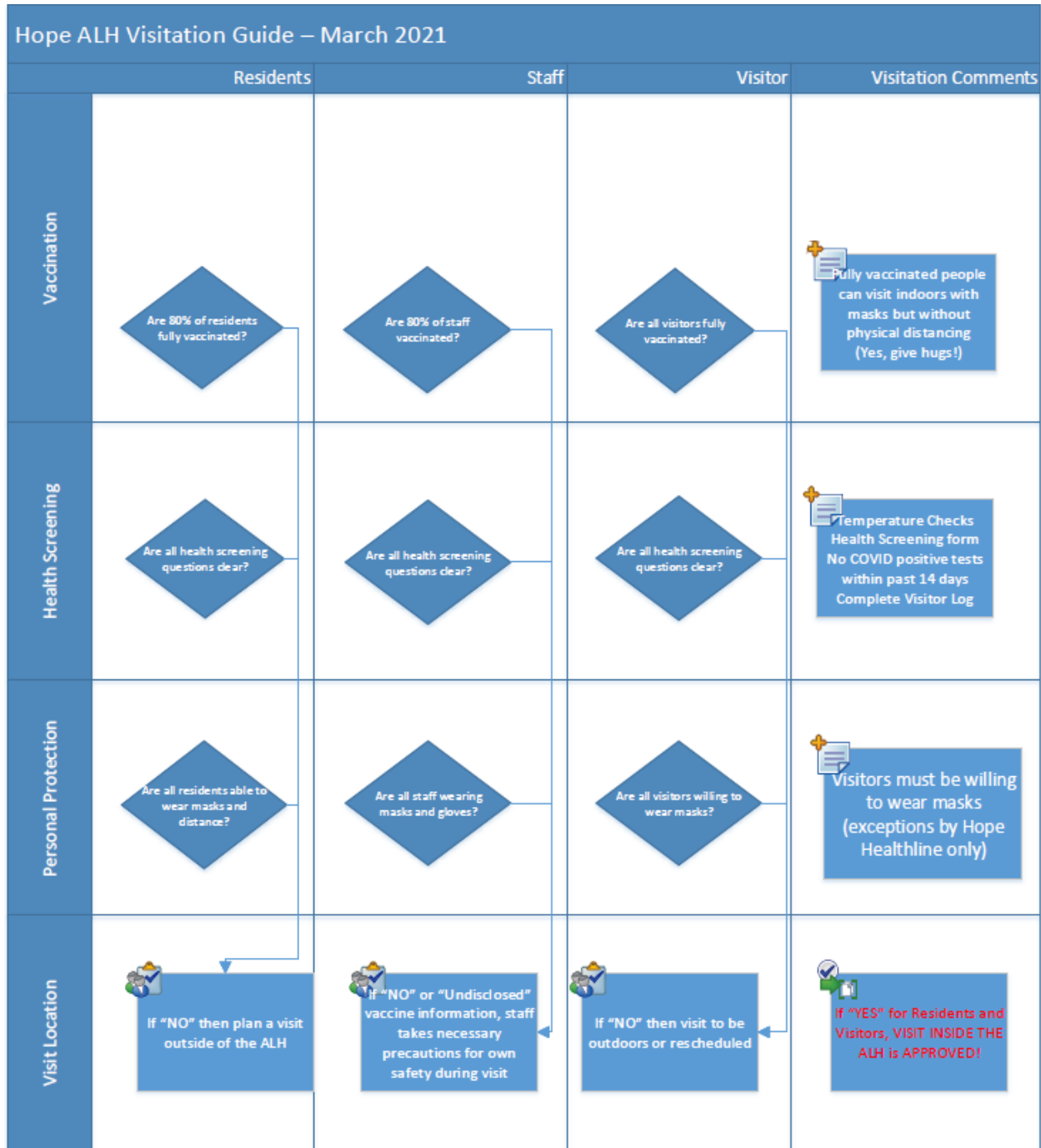
Vaccinated” issued March 9, 2021. People are considered fully vaccinated for COVID-19 when they are 2 weeks or more after the second dose of the vaccine.

DHSS Intermediate level visitation guidance

<p><b>Visitation and Other Entry of Individuals</b></p>	<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>	
<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</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>

Staff may not use their personal choice to decline vaccination opportunities offered by Hope since January 2021 to decline visitation of parents/guardians with a resident who has been fully vaccinated and has not had meaningful in-person visits during the pandemic.

Please use the following chart to assist in determining the appropriate measures to facilitate close family/guardian visitation with residents in Hope’s Assisted Living Homes:



We understand that many residents in assisted living homes are eager to see their parent/guardian/family members in person. While visits inside the Assisted Living Home are still LIMITED but opening up as more people are fully vaccinated, please assure maximum access through tablet and ZOOM capability. Continue to use phone or zoom meetings to maintain visual connection.

For guardians or family members who live in-state and are not yet fully vaccinated, continue to use the support team planning process with some additional discussion tools to develop an individualized approach and also addresses risks to other residents. These include:

- The AADD COVID-19 emergence for SDS matrix to understand a variety of factors in considering safety/restriction levels
- The AADD Post-Vaccination Risk Benefit Discussion Guide March 2021 to assess what risk level and additional safeguards might be needed based on situational, age, health and residential factors
- The AADD Risk Level descriptions for Community Settings and possible additional safeguards to consider for lowering risk
- The Support Planning Team Notes document to record the discussion regarding the individual, and including the Care Coordinator for potential Appendix K amendment need
- A Home Alliance Team record to assure that other residents and guardians are in alignment

Here are some general guidelines for out-of-the home meetings:

1. Choose a place where 6 foot social distancing can be maintained from the guardian or family member and other space users. Look for a park with a covered area, in case it rains or snows. Or, a walk around the neighborhood can be planned.
2. Each family member should be asked the same screening questions as employees or essential visitors before the meeting begins, and be willing to wear a face covering.
3. The staff and recipient will also wear face covering and gloves before leaving the home, and wash their hands immediately upon returning. Staff will provide transportation if necessary and remain present.
4. Hugs, eating meals together and physical contact must be avoided at this time. "Share" a meal through a Zoom or other Facetime method. If full social distancing can be maintained, a short "mask break" to have a drink or eat an ice cream is acceptable, and the family member could have a similar "mask break" to create a sense of sharing a treat.

## **INFORMATION regarding COVID-19 EXPOSURE RESPONSE LEVELS**

The Hope Healthline will designate an environment in alignment with the definitions and positive test guidance for congregate residential settings:

1. **ISOLATION**: When a recipient has had direct exposure and has received a positive COVID-19 test result but may or may not be symptomatic. The



home will be placed in isolation for 14 days or until a second negative test result, or the recipient may be relocated with staff to a designated environment.

- A Critical Incident Report must be filed for the recipient

**COVID-19 Screening**

1. Is the allegation or report related to COVID-19?

2. Please describe why the allegation or report is related to COVID-19.

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3. Is the alleged victim, or anyone in the home experiencing symptoms consistent with COVID-19 (fever, cough, shortness of breath, loss of appetite or diarrhea )?

4. When did your symptoms begin?

5. Have you, the alleged victim, or anyone in the home, had contact with someone who has had the flu, pneumonia, or confirmed COVID-19 in the last 14 days?

6. Has the alleged victim, or anyone in the home been asked to self quarantine or isolate? If yes, Date? If No, end.

7. Date asked to self quarantine or isolate.

8. Please describe why alleged victim (or anyone in the home) was asked to self quarantine or isolate.

- PPE including masks, gloves, face shield and gowns are to be worn at all times
- Rigorous and regular sanitization procedures must be maintained
- Supplies and groceries are delivered to the doorstep
- COVID-19 testing (through the nose, not throat swab) expected for all staff and recipients
- Staffing pattern to maintain previously exposed, asymptomatic staff whenever possible
- Staff will be eligible for differential pay from the date positive test results are received for a resident who remains in the assisted living

home for care until clearance of transmission risk by the Hope HealthLine (usually the earlier of 14 days or second negative test). Staff will be contacted directly by a Human Resources representative.

2. QUARANTINE: When a recipient or staff person (or their close family member living with them but not isolated) has had direct exposure and has been tested for COVID-19. They may or may not be symptomatic. Testing for staff and recipients will occur 72 hours after the direct exposure and while waiting for test results, the environment will be placed in quarantine status to prevent possible spread to other residents or staff.
  - A Critical Incident Report is not required until a positive result is confirmed
  - PPE including masks and gloves must be maintained
  - Regular sanitization procedures must be maintained
  - Supplies and groceries are delivered to the doorstep
  - COVID-19 testing (through the nose, not throat swab) expected for all staff and recipients
  - Staffing pattern to maintain work only in environments worked during the 5 days previous to direct exposure where possible
  - No differential pay applicable for staff unless a positive test result is confirmed for a resident in the home, moving it from “quarantine” to “isolation” status.
  
3. CLOSE WATCH: When a staff person has had secondary level exposure (for example, a family member or other provider who has had direct exposure, has been tested and is isolated from the staff person). The staff person has been tested for COVID-19 but may or not be symptomatic. While waiting for test results, the environment will be placed on “close watch” status to monitor possible spread to other residents or staff until the staff test results are received.
  - PPE including masks and gloves must be maintained