

July 29, 2021

To: All Assisted Living Homes

From: Senior Leadership Team

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

We are grateful that Summer 2021 offers many opportunities to reconnect with each other and family members in person, both in-state and out-of-state. Your continued efforts to “be careful but not fearful” have brought so much joy and fun back into our lives as we enjoyed picnics, shared holiday celebrations and exploring our wonderful state. We recognize you are tired, weary of COVID-19, yet you have been heroically supporting each other to take much needed breaks through extra shifts and overtime. The unexpected workforce shortage across the nation hasn’t helped and we can’t afford to go backwards in our battle against the pandemic.

This virus is sneaky and it’s easy to relax our vigilance so we are asking that we all “**WORK SAFE to KEEP OTHERS SAFE**”. Mostly, this means making sure that we continue doing the things that helped us be successful during the Spring and Summer in reducing the number of cases that the Hope Healthline is tracking.

PLEASE MAKE SURE THAT ALL VISITORS ARE SIGNING THE VISITOR LOG SHEET, COMPLETING TEMPERATURE CHECKS AND HEALTH SCREENING FORM, AND WEARING MASKS WHEN INSIDE THE ASSISTED LIVING HOMES.

Federal Government Declarations and Guidance (July 19 & July 27, 2021):

- Public Health Emergency issued by the Biden Administration extended until October 18, 2021
- Centers for Medicare and Medicaid (CMS) has authorized current flexibilities for waivers (Appendix K) until October 20, 2021
- CDC guidance (July 27, 2021) updated for fully vaccinated people (2 weeks after their 2nd dose) recommends wearing a mask indoors in public areas to maximize protection from the Delta variant and prevent possible spread
- FDA approved the Pfizer COVID-19 vaccine for US children as young as 12 years old (May 10, 2021). Studies are ongoing to understand how long COVID-19 vaccines can protect people

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

- DHSS continues to operate under the same guidance and direction previously provided
- Governor Dunleavy Urges Alaskans to Practice Common Safety Measures as Hospitals Near Capacity (July 27, 2021) – including taking advantage of the free COVID-19 vaccine
- Sleeves up for Summer Campaign offers vaccination opportunities
<http://www.dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/sleevesup.aspx>
- Vaccination distribution: ALL Alaskans over the age of 12 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 (June 11, 2021) outline guidance specific to residents and visitor vaccination status. This also applies to Care Coordination and Licensing visits.

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.

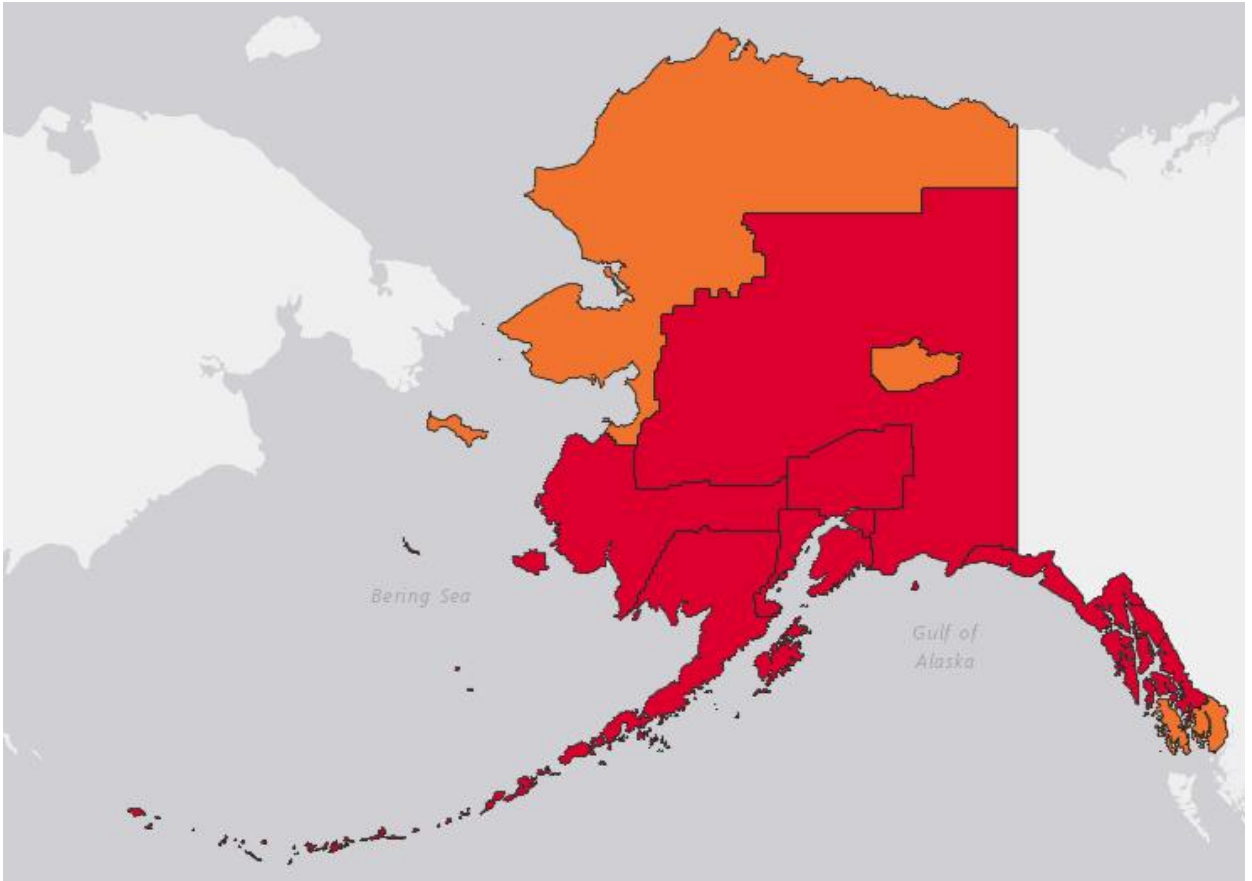
Senior and Disabilities Services has updated the COVID-19 Guidance for Congregate Residential Settings (including Assisted Living Homes) on June 11, 2021. Hope's Policies updates reflect increasing emphasis on values of relationships, dignity, joy, choice and opportunity as the State of Alaska trends resumes High Alert levels as variants increase cases.

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

Increased Cases and Hospitalizations in recent weeks has returned Alaska to high alert

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



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).

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

CONTINUED PRACTICES 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.

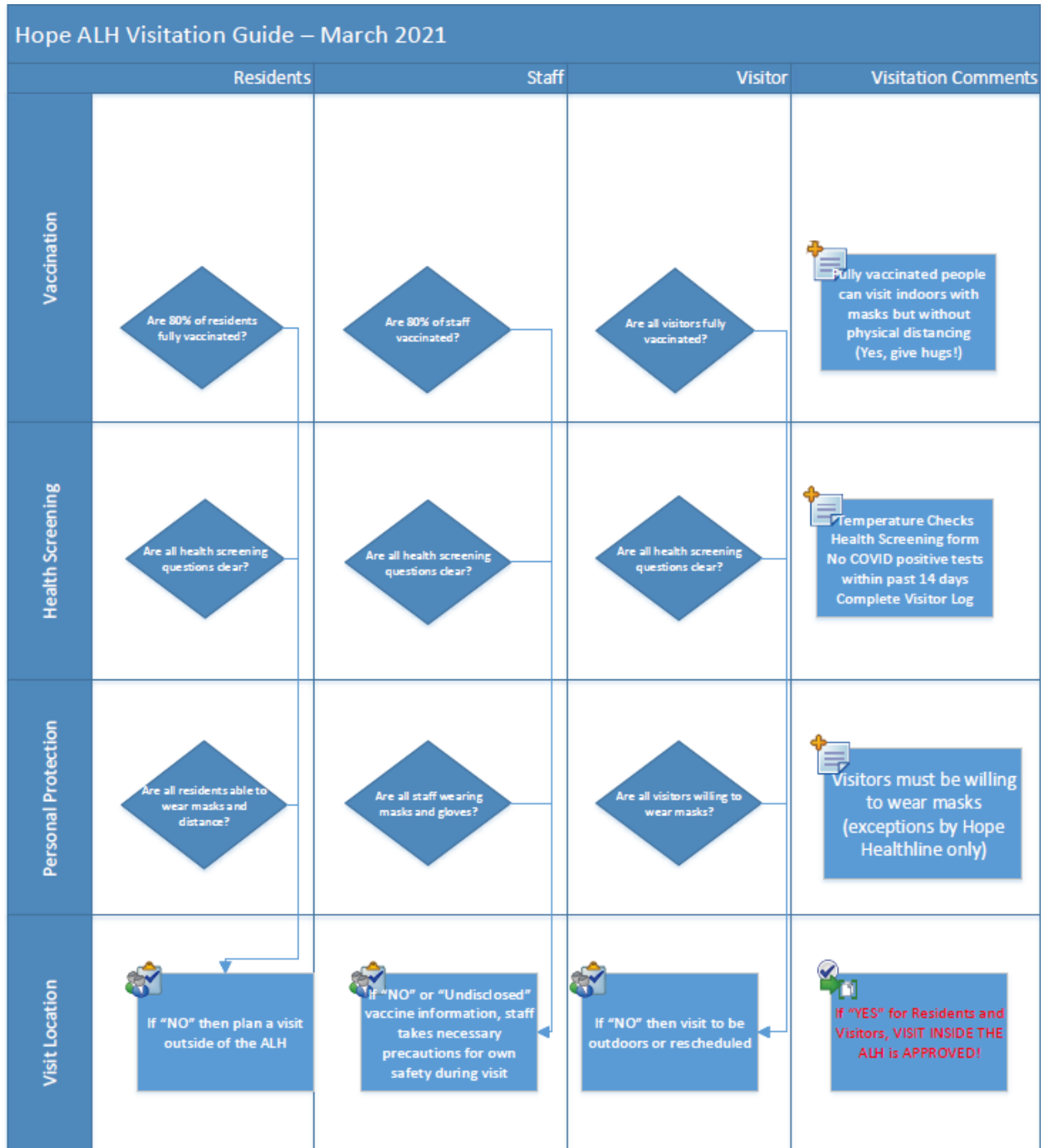
Hope’s Policy updates on Visitation in Assisted Living Homes are made after careful review of the DHSS Visitation Guidelines for Residential Congregate Facilities issued March 28, 2021 and the CDC Guidance “When You’ve Been Fully Vaccinated” issued March 9, 2021. People are considered fully vaccinated for COVID-19 when they are 2 weeks or more after the second dose of the vaccine.

DHSS Intermediate level visitation guidance

<p>Visitation and Other Entry of Individuals</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>Screening</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"> • 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

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