



Hope COVID Policies FAQ July 2022

In June, Hope released our updated COVID-19 policies. Now the Hope Healthline has developed some Frequently Asked Questions to assist you as you navigate our loosened policies:

Q: Where can I find Hope's latest COVID-19 protocols?

A: Hope's policies and procedures are located on our main website in the [COVID-19 tab](#) and on SharePoint in HR Benefits > [COVID-19 Information](#).

Q: When should an employee or support recipient test for COVID-19?

A: Test with a rapid test 24 hours after symptoms start or after exposure. Test with a second rapid test 48 hours after the first test. An alternate option is to test 72 hours after symptom onset or exposure using one PCR or TMA test.

Q: Aren't all COVID-19 tests the same?

A: No. All tests are 'specific' to the COVID virus. However, some tests are less 'sensitive.' That's why you can test once with a PCR or TMA but you are required to test twice with home rapid tests.

Q: I had symptoms but now I feel better, so I can go to work, right?

A: No, Hope requires symptomatic employees and support recipients to take a COVID-19 test, and then they must be cleared by the Hope Healthline before returning to work or services.

Q: But if I take a COVID-19 test and the test is negative, I can automatically return to work, right?

A: No, even if a COVID-19 test shows a negative result, symptomatic employees and support recipients must be cleared by the Hope Healthline before returning to work or services.

Q: How long do I need to isolate or be away from work if I get COVID-19?

A: In general, you must isolate for five days, and then may return to work (with clearance from the Hope Healthline) if you have no or minimal symptoms AND are able and willing to wear a tight-fitting K-95 equivalent mask for another five days. You will need to be cleared by a Hope Healthline team member. Please be aware that your specific circumstances might require different procedures; the Hope Healthline team will make the final directive through your supervisor.

Q: What does tight-fitting masking mean?

A: This means a mask that is equivalent to a K-95 mask. This mask will significantly cut down on respiratory droplets being expressed into the air and will result in less risk to others while you are completing a 10-day course of risk mitigation.

Q: What masks are not considered tight-fitting?

A: Blue hospital masks, bandanas, buffs, homemade masks, masks handed out at the hospital or medical office. The appropriate mask fits tightly on all edges.

Q: Where can I get an acceptable, tight-fitting mask?

A: Hope has some of these masks at the office in Anchorage and will be distributing to regional locations soon. They can be obtained inexpensively at local pharmacies, Fred Meyer, and Walmart.

Q: If I travel domestically or internationally, do I need to take a COVID-19 test to return to work?

A: No, not anymore unless you develop symptoms during or after your travel. If you develop symptoms, regardless of the possible source of your illness, you must take a COVID-19 test. Testing is still recommended after any travel but no longer required unless you are symptomatic.

Q: I have seasonal allergies; I often get ill after eating certain foods; I frequently get headaches; I get nauseous if I don't get enough sleep or eat too fast; I have a runny nose and sneeze when it's rainy. If I have COVID-19 symptoms but *know* I don't have COVID-19, I can go to work, right?

A: No. COVID-19 and its many variants have symptoms that mimic a variety of other conditions. There have been numerous cases where someone thought they had allergies or another condition and then tested positive for COVID-19. For everyone's safety, we require symptoms that mimic COVID-19 to be reported to the Hope Healthline for clearance. You may be cleared without testing if you have a documented medical condition on file with HR.

Q: If I had covid in the last 3, 6, or 9 months, do I have immunity?

A: Not necessarily. Unfortunately, with the latest COVID-19 variants, it is possible to become reinfected within weeks of being initially infected.

Q: Does a CIR have to be submitted for everyone in an ALH if one person tests positive?

A: CIRs are only required for reporting residents who test positive and must be submitted within 24 hours of receiving the positive test results by the HAC, Lead or CSS of the home.

If you have any questions that were not answered in this document, visit [Hope's COVID-19 policies](#) or contact the Hope Healthline at 907-433-4780 or hopehealthline@hopealaska.org.