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Governor Michael J. Dunleavy
STATE OF ALASKA

** COVID-19 HEALTH MANDATE **

Issued: April 21, 2020

By: Governor Mike Dunleavy
Commissioner Adam Crum, Alaska Department of Health and Social Services
Dr. Anne Zink, Chief Medical Officer, State of Alaska

The Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020 provides for health mandates to be issued when deemed necessary by the Alaska Department of Health and Social Services, the Alaska Chief Medical Officer, the Alaska Division of Public Health, and the Office of the Governor.

While health care is an essential service, there is also the risk of spread of coronavirus in health care facilities and to vulnerable populations. The suspension of non-essential procedures and health care have been beneficial in slowing the spread of the disease. The benefits of suspension must also be balanced with delayed health care and other health outcomes.

Health Mandate 015 Revised is being issued by Governor Dunleavy and the State of Alaska. Mandate 015 Revised goes into effect in phases, with **Section I going into effect April 20, 2020** and **Section II going into effect May 4, 2020;** however, the State of Alaska reserves the right to change the Mandate at any time.

This revised Mandate supersedes Mandate 005 and 006 and affects the health care providers directly addressed in Mandate 009.

Nothing in this Mandate shall be construed to waive any existing statutory, regulatory, or licensing requirements applicable to Health Care Providers or Health Care Facilities.

Health Mandate 015 Revised – Services by Health Care Providers

I. Delivery of Routine Health Care Services
Section I goes into effect April 20, 2020

a. Health care facilities and providers defined in statute, and listed in **Section IV,** will be able to resume low-risk, routine-type services which require minimal protective equipment by complying with the requirements listed in *i. through viii.* below. This section is intended to apply to services that do not require special or invasive procedures – examples include, but are not limited to, annual physical examinations, prenatal appointments, and routine dental cleanings.

i. Providers and facilities shall make every effort to minimize physical contact to the extent possible, and explore delivery of care without being in the same physical space as others, using means such as telehealth, phone consultation, and physical barriers between providers and patients.
ii. While this mandate allows health care providers to resume delivery of routine services, they are not required to do so. Providers and employers should weigh the health risks to their staff and to their patients when deciding whether to resume in-person services.
iii. All health care, delivered both in and out of health care facilities, (this includes hospitals, surgical centers, long-term care facilities, clinic and office care, as well as home care) shall deploy universal masking procedures in coordination with the facility infection control program. This may be a combination of cloth face coverings (for employees not present for provision of services or procedures, such as front desk staff) and surgical masks for those involved in non-aerosolizing direct patient care. Face covering info can be found in Health Alert 010 online: http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/SOA_04032020_HealthAlert010_ClothFaceCoverings.pdf
iv. It is the duty of the provider to ensure the health considerations of staff and patients. This includes ensuring providers and staff do not come to work while ill, minimizing travel of providers and staff, and provisioning adequate personal protective equipment (PPE). They are also encouraged to utilize the following means of protection:
    1. Pre-visit telephonic screening and questionnaire.
    2. Lobbies and waiting rooms with defined and marked social distancing and limited occupancy.
    3. Other personal and environmental mitigation efforts such as gloves, exceptional hand hygiene, environmental cleaning, and enhanced airflow.
v. Regardless of symptoms, all health care facilities **must** screen all patients for recent illness, travel, fever, or recent exposure to COVID-19, and, to the extent that is reasonably possible, begin testing all admitted patients.
vi. Every reasonable effort shall be made to minimize aerosolizing procedure (such as a nerve block over deep sedation or intubation).
vii. Unlicensed assistive personnel necessary to conduct procedures under this section may be included in service delivery.

II. Provision for Resuming Non-Urgent/Non-Emergent Elective Surgeries and Procedures Section III goes into effect May 4, 2020

a. Surgeries and intensive procedures are permitted to proceed if delay is deemed to cause significant impact on health, livelihood, or quality of life, if the following conditions are met:
    i. Health care delivery can meet all of the standards outline in Section I of this mandate.
    ii. Health care is delivered by a provider listed in statue (see Section IV).
    iii. Procedures are prioritized based on whether their continued delay will have an adverse medical outcome.
        1. Each facility should review these procedures with their task force that was created in the April 7, 2020 revision to COVID-19 Health Mandate 005.
        2. Strongly consider the balance of risks vs. benefits for patients in higher risk groups such as those over age 60 and those with compromised immune systems or lung and heart function.
    iv. Facility must maintain a plan to reduce or stop performing surgeries and procedures permitted by this Section II should a surge or resurgence of COVID-19 cases occur, or a shortage of PPE or testing in their facility or region.

v. The health care can safely done with a surgical mask, eye protection and gloves.
vi. Facility has adequate PPE supplies on hand.
vii. Capacity at the facility (i.e., bed capacity and healthcare workforce) can accommodate an increase in both COVID-19 hospitalizations and increased post-procedure hospitalizations.
viii. Facility has access to adequate testing capacity as required under this mandate.
ix. If the procedure puts the health care worker at increased risk with aerosolizing procedures such as surgical suctioning, intubation, or breathing treatments then a negative PCR for SARS-CoV-2 **must** be obtained within 48 hours prior to the procedure.
x. There are to be no visitors in health care facilities except for: end-of-life visits; a parent of a minor; a support person for labor and delivery settings; and only one (1) spouse or caregiver that resides with the patient will be allowed into the facility during the day of a surgery or procedure and at the time of patient discharge to allow for minimal additional exposure. If a caregiver does not reside with the patient, they can be with the patient at the time of discharge. Any of the allowed visitors must wear a fabric face covering.
xi. Workers must maintain social distancing of at least 6 feet from non-patients and must minimize contact with the patient.
xii. Exceptional environmental mitigation strategies must be maintained, including the protection of lobbies and front desk staff.
xiii. Unlicensed assistive personnel necessary to conduct procedures under this section may be included in service delivery.

III. Urgent and Emergent Services, Surgeries and Procedures

a. Urgent or Emergent health care services that cannot be delayed without significant risk to life should continue, but with the enhanced screening and safety measures listed in **Section I** and the guidance below:
    i. Each facility should review these procedures with their task force that was created in the April 7, 2020 revision to COVID-19 Health Mandate 005.
    ii. Urgent or emergent procedures with an increased risk of exposure, such as surgeries, deliveries, emergent dental work, aerosolizing procedures such as suctioning, intubation, and breathing treatments, should have patients tested for SARS-CoV-2 prior to the procedure or birth to the extent that is reasonably possible after considering available testing capacity and any other relevant constraints.
        a. If a facility is unable to test patients within 48 hours of their procedure, facilities should use rigorous screening procedures and treat suspicious patients as if they are positive for COVID-19.
    iii. There are to be no visitors in health care facilities except for: end-of-life visits; a parent of a minor; a support person for labor and delivery settings; and only one (1) spouse or caregiver that resides with the patient will be allowed into the facility during the day of a surgery or procedure and at the time of patient discharge to allow for minimal additional exposure. If a caregiver does not reside with the patient, they can be with the patient at the time of discharge. Any of the allowed visitors must wear a fabric face covering.
    iv. Unlicensed assistive personnel necessary to conduct procedures under this section may be included in service delivery.

IV. Applicability: This Mandate applies to the following heath care facilities and health care providers:

a. Heath Care Facilities

i. Hospitals, private, municipal, state, or federal, including tribal
ii. Independent diagnostic testing facilities
iii. Residential psychiatric treatment centers
iv. Skilled and intermediate nursing facilities,
v. Kidney disease treatment, including free standing facilities
vi. Ambulatory surgery centers
vii. Free standing birth centers
viii. Home health agencies
ix. Hospice
x. Rural health clinics defined under AS 47.32.900(21) and 7 AAC 12.450
xi. A health care provider office (for reference see 7 AAC 07.001)

b. Health Care Providers as Defined in Statute

i. Acupuncturists
ii. Ambulatory Surgery Centers
iii. Assistant Behavior Analysts
iv. Athletic Trainers
v. Audiologists/Speech-Language Pathologists
vi. Behavior Analysts
vii. Certified Nurse Aides
viii. Chiropractors
ix. Dental Hygienists
x. Dentists
xi. Dieticians
xii. Hospitals
xiii. Hearing Aid Dealers
xiv. Health Aides
xv. Long-Term Care Facilities
xvi. Marital and Family Therapists
xvii. Massage Therapists
xviii. Midwives
xix. Mobile Intensive Care Paramedics
xx. Naturopaths
xxi. Nurses
xxii. Nutritionists
xxiii. Occupational Therapy Assistants
xxiv. Opticians
xxv. Optometrists
xxvi. Pharmacists
xxvii. Pharmacy Technicians
xxviii. Physical Therapists
xxix. Occupational Therapists
xxx. Physician Assistants
xxxi. Physicians/Osteopathic Physicians
xxxii. Podiatrists
xxxiii. Professional Counselors
xxxiv. Psychologists
xxxv. Psychological Associates
xxxvi. Religious Healing Practitioners
xxxvii. Social Workers

xxxviii. Veterinarians

xxxix. Students training for a licensed profession who are required to receive training in a health care facility as a condition of licensure.

V. Other Considerations – Applies to Sections I, II, and III

a. Licensing boards can determine if individual health care provider types can safely perform the services or service types relative to health care constraints, including PPE or testing availability, or the nature of services including length of time of exposure, personal contact, and ability to provide environmental mitigation strategies.
b. Travel for medical procedures and health care services qualifies as a "critical personal need" under Health Mandate 012 – Intrastate Travel.
c. Patients whose communities have established quarantines for return from intra-state travel as outlined in Attachment B – Alaska Small Community Emergency Travel Order, should have a plan in place, developed with their local community, for return home after their procedures.
d. Transportation may be arranged on behalf of individuals who must travel to receive medical care and must be able to return home following the medical treatment or must arrange for their own accommodations if they are unable to return home.
e. Every effort should be made to minimize physical interaction and encourage alternative means such as telehealth and videoconferencing. For many licensed health care professionals, this will mean continued delays in care or postponing care.
f. Every reasonable effort should be made in the outpatient and ambulatory care setting to reduce the risk of COVID-19 and follow the following guidelines:
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html
g. Dental work carries an added risk of spreading COVID-19, especially to the dentist who can spread it to others and so dental guidance should be followed and are listed here:
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html
h. Dialysis centers provide life-saving work, but it is also a place where high-risk individuals congregate. They need to follow the following guidelines:
    - https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html

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THIS MANDATE SUPERSEDES ANY AND ALL LOCAL GOVERNMENT MANDATES OR ORDERS PUT INTO EFFECT BY BOROUGHS, MUNICIPALITIES, CITIES, VILLAGES AND TRIBES.