** COVID-19 HEALTH MANDATE **

Issued: April 15, 2020
Revised: June 1, 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 healthcare 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.

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.

Read Appendix 01 – Guidance for Massage Therapists

Read Appendix 02 – Guidance for Chiropractors

Read Appendix 03 – Guidance for Dentists

SECTION I - Delivery of Routine Health Care Services -Section I went into effect April 20, 2020; Updated June 1, 2020

1. Healthcare facilities and providers defined in statute, and listed in **Section VIII**, will be able to resume low-risk, routine-type services which require minimal protective equipment by complying with the requirements listed in this section. 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.

2. 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.
3. While this mandate allows healthcare 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.
4. All health care delivered both in and out of healthcare 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.
    i. Facilities may approve their own masking requirements as long as all employees and visitors wear masks at all times.
    ii. This may include cloth face coverings or procedure (ear loop) masks for employees not present for provision of services or procedures, such as front desk staff, or outside of direct patient care areas.
    iii. This may include surgical masks for those involved in non-aerosolizing direct patient care.
    iv. 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
5. 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:
    i. Pre-visit telephonic screening and questionnaire.
    ii. Lobbies and waiting rooms with defined and marked social distancing and limited occupancy.
    iii. Other personal and environmental mitigation efforts such as gloves, exceptional hand hygiene, environmental cleaning, and enhanced airflow.
    iv. Regardless of symptoms, all healthcare 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.
6. Every reasonable effort shall be made to minimize aerosolizing procedure (such as a nerve block over deep sedation or intubation).
7. Unlicensed assistive personnel necessary to conduct procedures under this section may be included in service delivery.

SECTION II - Provision for Resuming Non-Urgent/Non-Emergent Elective Surgeries and Procedures -Section II went into effect May 4, 2020; Updated June 1, 2020.

1. Surgeries and intensive procedures are permitted to proceed if delay is deemed to cause impact on health, livelihood, daily activities, or quality of life, if the following conditions are met:

i. Health care delivery can meet all the standards outlined in Section I of this mandate.
ii. Health care is delivered by a provider listed in statute (see Section VI).
iii. Procedures are prioritized based on whether their continued delay will have an adverse outcome.

2. Cancer screening and other health maintenance should not be delayed. (Examples include, but are not limited to, colonoscopies and pap smears.)
3. 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.
4. 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.
5. Facility must maintain a plan to reduce or stop performing surgeries and procedures permitted by Section II should a surge or resurgence of COVID-19 cases occur, or a shortage of PPE or testing in their facility or region occur.
6. The health care can safely be done with a surgical mask, eye protection, and gloves. Refer to the facility's perioperative and periprocedural PPE and workflow guidance.
7. Facility has adequate PPE supplies on hand.
8. 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.
9. Facility has access to adequate testing capacity as required under this mandate.
10. To reduce risk of exposure after testing, patients must self-isolate after being tested until the time of the procedure.
11. If the procedure puts the health care worker at increased risk due to aerosolizing procedures such as surgical suctioning, intubation, or breathing treatments, then a negative PCR for SARS-CoV-2 should be obtained within 48 hours prior to the procedure -- unless the testing turnaround time cannot occur within 48 hour. If this is the case, 72 hours is acceptable, however, additional PPE is required (see guidance in Section IV).
12. Patients admitted to the facility undergoing multiple aerosolizing procedures are not required to retest.
13. Patients receiving multiple outpatient procedures are not required to retest if self-isolating. If unable to self-isolate, retesting is recommended.
14. The DHSS Section of Epidemiology has issued guidance for COVID-19 testing, which must be followed: http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/AKCOVIDTestingGuidance.pdf
15. Workers must maintain social distancing of at least 6 feet from non-patients and must minimize contact with the patient.
16. Exceptional environmental mitigation strategies must be maintained, including the protection of lobbies and front desk staff.
17. Unlicensed assistive personnel necessary to conduct procedures under this section may be included in service delivery.

SECTION III - Urgent and Emergent Services, Surgeries, and Procedures

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:

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. 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.
3. If a facility is unable to test patients within the preferred 48 hours of their procedure, facilities should use rigorous screening procedures and treat suspicious patients as if they are positive for COVID-19. See guidance in Section IV.
4. To reduce risk of exposure after testing, patients must self-isolate after being tested until the time of the procedure.
5. Unlicensed assistive personnel necessary to conduct procedures under this section may be included in service delivery.

SECTION IV – Perioperative and Periprocedural PPE and Workflow Guidance When COVID-Unknown or Testing is Unavailable Within the Preferred 48-Hour Timeline
Use of N95 masks requires wearers to be properly fit tested.

Scenario	Anesthesia Provider PPE	Surgery/ Nursing/ Scrub PPE	Notes
1 **Asymptomatic** **No exposure** **Low risk procedure** **Emergent or Urgent** **OR** **Asymptomatic with positive exposure** **No symptoms after 14-day quarantine** **Urgent Low Risk Procedure**	• N95 + face shield/goggles or PAPR/CAPR • Gown • Double gloves	• SOP if not present for intubation otherwise same as anesthesia providers	• Minimize number of providers present • 15-minute wait time (following intubation) for entry • 15-minute wait time for egress following extubation
2 **Asymptomatic,** **No exposure,** **Emergent High-risk procedure**	• N95 + Face shield/goggles or PAPR/CAPR • Gown • Double gloves • Augmented PPE indicated if ultra-high-risk procedure	• N95 + Face shield/goggles or PAPR/CAPR • Gown • Double gloves • Augmented PPE indicated if ultra-high-risk procedure	• PPE to be worn by all members throughout procedure • Minimize number of providers present
3 **Asymptomatic** **Positive exposure** **Emergent procedure** **OR** **Symptomatic** **Emergent procedure**	• N95 + Face shield/goggles or PAPR/CAPR • Gown • Double gloves • Augmented PPE indicated if ultra-high-risk procedure	• N95 + Face shield/goggles or PAPR/CAPR • Gown • Double gloves • Augmented PPE indicated if ultra-high-risk procedure	• Presume positive • PPE to be worn by all members throughout procedure • Minimize number of providers present • 15-minute wait time for egress following extubation or leave intubated based on medical condition • COVID unit post op for R/O

SECTION V - Visitation Policies:

1. Healthcare facilities (excluding nursing homes) may establish a visitation policy specific to their facility. This policy must allow, at a minimum:
    i. End-of-life visits;
    ii. Parents of a patient who is a minor;
    iii. A legal guardian of an adult patient;
    iv. A support person for labor and delivery settings; and
    v. One spouse or caregiver that resides with the patient to 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.
2. The policy must establish clear protocols for reducing possible exposure and spread, including at a minimum:
    i. All visitors must wear a fabric face covering or be provided with a surgical mask if hospital policy doesn't allow cloth face coverings.
    ii. All visitors must be screened for symptoms and exposure prior to visiting the patient. Visitors traveling from out-of-state or with known exposure must quarantine for 14 days or test negative for COVID-19 within 48 hours.
3. Records of the screening and visitor contact information must be kept that are sufficient for contact tracing, if it becomes necessary.
4. Visitation policies at healthcare facilities may also, but are not required to, allow visitations to occur outside of the time of discharge or day of a surgery or procedure, for example:
    i. One visitor for inpatients with a terminal disease when the patient does not test positive for COVID-19 and is not under investigation for having COVID-19.
    ii. One visitor to aid in establishing and supporting a plan of care for the patient.This includes visits that are necessary for clinical staff to educate one caregiver about at-home instructions that are necessary for the ongoing support of the patient after discharge.
5. This visitation policy does not include nursing homes and long-term acute-care hospitals.

SECTION VI - Definitions:

1. Emergent - Any healthcare service that, were it not provided, is at high risk of resulting in serious and/or irreparable harm to a patient if not provided within 24 hours.
2. Urgent - Any healthcare service that, were it not provided, is at high risk of resulting in serious and/or irreparable harm to a patient if not provided within 24 hours to 30 days.
3. Elective - An elective surgery or procedure does not always mean it is optional. It simply means that the surgery can be scheduled in advance. It may be a surgery or procedure you choose to have for a better quality of life, but not for a life-threatening condition.

SECTION VII - Other Considerations

1. 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.

2. Travel for medical procedures and health care services qualifies as a "critical personal need" under Health Mandate 018.
3. Patients whose communities have established quarantines for return from intra-state travel should have a plan in place, developed with their local community, for return home after their procedures.
4. 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.
5. Every effort should be made to minimize physical interaction and encourage alternative means such as telehealth and videoconferencing. For many licensed healthcare professionals, this will mean continued delays in care or postponing care.
6. 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
7. 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 is listed in Appendix 03 and here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html
8. 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

SECTION VIII - Applicability: This Mandate applies to the following healthcare facilities and health care providers:

1. **Health 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 healthcare provider office (for reference see 7 AAC 07.001)

2. **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.

***** State of Alaska reserves the right to change this mandate at any time. *****

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

For the latest information on COVID-19, visit covid19.alaska.gov