



Reopen Alaska Responsibly

Phase III/IV Guidance



There are a number of strategies and actions that individuals, businesses, and communities can take to help reduce the spread of the virus that causes COVID-19. This document outlines these strategies and provides resources Alaskans can use to keep themselves, their families, and their communities safe. Alaskans have a proud history of taking care of themselves and their communities during difficult times – Alaska wins when we work together.

Individual Actions

There is currently no vaccine to prevent infection with the virus that causes coronavirus disease 2019 (COVID-19). **The best way to prevent illness is to avoid being exposed to this virus.** The virus is thought to [spread mainly from person-to-person](#). It is spread:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - o These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 has been detected in persons who are not showing [symptoms](#), and recent studies have suggested that COVID-19 may be spread by asymptomatic people.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

The things you should do as an individual include:

1. Wash your hands often

- a. [Wash your hands](#) often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- b. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- c. Avoid touching your eyes, nose, and mouth with unwashed hands.
- d. For homes without running water see [Yukon-Kuskokwim Health Corporation's recommendations](#) for handwashing and disinfecting with household bleach:

2. Avoid close contact

- a. Avoid close contact with people who are sick, even inside your home. If possible, maintain 6 feet between the person who is sick and other household members.
- b. Put distance between yourself and other people outside of your home.
 - i. Remember that some people without symptoms may be able to spread virus.

There many other guidance documents to help individuals slow the spread of COVID and also keep themselves safe. The DHSS website often has new ones as does the CDC, but here are a few that cover frequently asked questions:

1. **How to Protect Yourself & Others:** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
2. **Cleaning and Disinfecting Your Home:** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
3. **Social Distancing:** <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>
4. **If You Are Sick or Caring for Someone:** <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>
5. **Running Essential Errands:** <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/essential-goods-services.html>
6. **Household checklist:** <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/checklist-household-ready.html>
7. **Households living in close quarters:** <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/living-in-close-quarters.html>
8. **Living in shared housing:** <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html>

Business Responsibilities

All businesses should assist individuals with personal mitigation strategies including:

1. Opportunities for frequent hand washing
2. Maintaining opportunities for 6 foot distancing between all non-family members.
 - a. This may include distanced tables, one way entrances, limited capacity services, and increased outdoor services.
3. Encourage face covering / masks.
4. Screening for people are ill and limiting entrance to those who are healthy.
5. Regular cleaning and extra attention to high touch surfaces.
6. Special accommodations for those at higher risk to help minimize their risk.

**Except for as listed below in “Special Populations,”
all mandates have been changed to advisories.**

Before businesses open or expand, they should work through relevant CDC guidance and decision trees (examples below) to help assess risk and mitigate the risk of transmission. They are also encouraged to follow new industry standards, business best practices, and compliance with local mandates or restrictions.

It is the responsibility of businesses and organizations to continue to check CDC and industry guidance to minimize the risk of spreading COVID-19, and to continue to update their protocols as more is learned about the disease and community transmission levels change.

High Risk Populations and Congregate Settings: Persons in long term care facilities, those in the custody of the Department of Corrections, residents of remote and isolated villages or communities with minimal sanitation supplies such as running water or sewer, or those with crowded living conditions are at greater risk of COVID-19, or greater risk of more severe consequences of COVID-19. Every effort must be done to limit transmission in these facilities and geographic areas. an environment where a number of people reside, meet, or gather in close proximity for either a limited or extended period of time.

According to the CDC, these facilities **must** remain vigilant for COVID-19 among residents and staff in order to prevent spread and protect residents and staff from severe infections, hospitalizations, and death.

While these settings remain high-risk, the CDC recommends:

1. Implementing aggressive social distancing measures;
2. Canceling communal dining and group activities; and
3. Implementing visitor restrictions to restrict all visits except for certain compassionate care reasons.

Core practices that should remain in place once facilities begin to reopen include:

- Plan for visitor restrictions;
- Designate an infection control person to provide on-site management of infection control program;
- Have a plan for testing both residents and staff;
- Provide ongoing education to residents, staff, and visitors about COVID-19 and protective measures, including not having staff to work when ill;
- Have a staff management plan that includes non-punitive and flexible sick leave policies, staffing patterns in case of restrictions or shortage, and pre-shift screening;
- Provide supplies needed to adhere to infection prevention and control practices, including hand hygiene supplies, PPE, environmental cleaning and disinfection with EPA-registered, hospital-grade disinfectants;
- Have a plan for management of persons who are COVID-positive or status unknown which includes isolation areas, increased monitoring, and use of N95 respirators.

Restaurants and Bars: it is important to remember that until a vaccine or therapeutic drug becomes widely available, plans for reopening should include mitigation of the risk of spread. This [decision tree](#) is a quick reference tool from the CDC.

When reopening or expanding business, restaurants and bars should:

1. Promote social distancing and healthy hygiene practices, such as handwashing and cloth face coverings. Examples include:
 - a. Provide drive-through, delivery, or curbside pick-up options, and provide outdoor seating as much as possible.
 - b. Provide physical guides to ensure that customers remain six feet apart, and physical barriers where maintaining distance is difficult (such as sneeze guards and partitions at host stands).
 - c. Use touch-free methods of communication, such as replacing “buzzers” with text notifications of table availability and allowing dine-in customers to order ahead.
 - d. Avoid any self-serve food or drink options such as buffets, salad bars, and drink stations.
2. Maintain high standards for cleaning, disinfection, and ventilation. Important actions include:
 - a. Cleaning and disinfecting frequently touched surfaces at least daily, and shared objects between use.
 - b. Use products that met EPA’s [criteria](#) for use against SARS-CoV-2.
 - c. Avoid sharing items as much as possible – use disposable or digital menus, single serving condiments, touchless payment methods, and disposable food service items. Sanitize pens between uses.
 - d. Ensure that ventilation systems operate properly and where possible, increase circulation of outdoor air.
3. Implement a comprehensive staffing and operations plan to prevent spread of the virus.
 - a. Consider pre-shift screening of staff for symptoms (while protecting staff privacy);
 - b. Encourage sick staff to stay home and provide a sick leave policy that is flexible and non-punitive, as well as telework policies where possible.

- c. Establish an action plan in the event that someone becomes sick – this should include contact tracing and notifications, notification of authorities, and closing and properly disinfecting affected areas.

Childcare: safely expanding capacity of childcare facilities is crucial to strengthen the ability of parents to work. The level of service offered may need to vary depending on the risk factors in the specific community – in some circumstances, providers may need to limit services to children of essential workers. In all cases, the following guidance should be considered:

1. Promote social distancing and healthy hygiene practices. Examples include:
 - a. Teach and reinforce handwashing for children and staff, and face coverings for staff.
 - b. Provide adequate supplies of soap, hand sanitizer with at least 60 percent alcohol, paper towels, and tissues. Children should be supervised if using hand sanitizer.
 - c. Restrict mixing between groups of children. Limit gatherings and events to those that support hygiene and distancing standards.
 - d. Either keep communal spaces closed, or stagger use and disinfect between uses.
 - e. Avoid sharing – plate childrens’ meals individually and use disposable food service items. Keep children’s belongings separated.
 - f. Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between uses.
 - g. Consider staggering arrival and drop-off times or putting in place other protocols to limit close contact with parents or caregivers as much as possible. Reduce immediate contact (such as hugging and holding hands) as much as possible.
2. Intensify standards for cleaning, disinfection, and ventilation. Important actions include:
 - a. Cleaning and disinfecting frequently touched surfaces at least daily, and shared objects between use.
 - b. Avoid use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
 - c. Ensure safe and correct application of disinfectants and keep products away from children.
 - d. Use products that met EPA’s [criteria](#) for use against SARS-CoV-2.
 - e. Ensure that ventilation systems operate properly and where possible, increase circulation of outdoor air.
3. Implement a comprehensive staffing and operations plan to prevent spread of the virus.
 - a. Consider pre-shift screening of staff for symptoms (while protecting staff privacy);
 - b. Encourage sick staff to stay home and provide a sick leave policy that is flexible and non-punitive, as well as telework policies where possible.
 - c. [Screen](#) children upon arrival and encourage parents to keep sick children home.
 - d. Establish an action plan in the event that someone becomes sick – this should include contact tracing and notifications, notification of authorities, and closing and properly disinfecting affected areas.

Day Camps: these activities provide important peer-to-peer learning and support, as well as support for parents returning to work. However, the risk of community spread is significant. Mitigation measures are necessary until a vaccine or therapeutic drug becomes widely available. Camps may choose to limit operations depending on the transmission rates of the particular community.

1. Promote social distancing and healthy hygiene practices. Examples include:
 - a. Teach and reinforce handwashing for children and staff, and face coverings for staff. Face coverings should be encouraged for campers only when feasible, age-appropriate, and when social distancing is difficult.
 - b. Provide adequate supplies of soap, hand sanitizer with at least 60 percent alcohol, paper towels, and tissues. Children should be supervised if using hand sanitizer.
 - c. Limit mixing between groups and consider keeping the same groups of children and the same providers with each group every day.
 - d. Limit gatherings and events to those that support hygiene and distancing standards.
 - e. Space out seating and bedding to six feet apart.
 - f. Either keep communal spaces closed, or stagger use and disinfect between uses.
 - g. Avoid sharing – plate childrens’ meals individually and use disposable food service items. Keep children’s belongings separated.
 - h. Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (art supplies, equipment etc. assigned to a single child) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between uses.
 - i. Consider limiting nonessential visitors, volunteers, and interactions with other groups.
 - j. Consider staggering arrival and drop-off times or putting in place other protocols to limit close contact with parents or caregivers as much as possible. Reduce immediate contact (such as hugging and holding hands) as much as possible.
2. Intensify standards for cleaning, disinfection, and ventilation. Important actions include:
 - a. Cleaning and disinfecting frequently touched surfaces at least daily, and shared objects between uses.
 - b. Ensure safe and correct application of disinfectants and keep products away from children.
 - c. Use products that met EPA’s [criteria](#) for use against SARS-CoV-2.
 - d. Ensure that ventilation systems operate properly and where possible, increase circulation of outdoor air.
3. Implement a comprehensive staffing and operations plan to prevent spread of the virus.
 - a. Consider pre-shift screening of staff for symptoms (while protecting staff privacy);
 - b. Encourage sick staff to stay home and provide a sick leave policy that is flexible and non-punitive, as well as telework policies where possible.
 - c. [Screen](#) children upon arrival and encourage parents to keep sick children home.
 - d. Establish an action plan in the event that someone becomes sick – this should include contact tracing and notifications, notification of authorities, and closing and properly disinfecting affected areas. Identify an isolation area for anyone exhibiting symptoms as well as a procedure for safe transportation. Consider

closing for a short time if a person who has been in the building is diagnosed with COVID-19.

Mass Transit: This essential service continues to carry a heightened risk of community exposure to the virus. As transportation resumes full service, the following measures can reduce the level of risk.

1. Implement a comprehensive staffing and operations plan to prevent spread of the virus.
 - a. Consider assigning workers who are at high risk of severe illness to duties that minimize contact with others, and conduct worksite hazard assessments to reduce workplace exposure, in conformity with Occupational Safety and Health Administration (OSHA) guidelines.
 - b. Consider pre-shift screening of staff for symptoms (while protecting staff privacy);
 - c. Send staff with symptoms home. Provide a sick leave policy that is flexible and non-punitive, as well as telework policies where possible.
 - d. Establish an action plan in the event that someone becomes sick – this should include contact tracing and notifications, notification of authorities, and closing and properly disinfecting affected areas.
2. Encourage social distancing.
 - a. Implement measures to physically separate or create distance between occupants – for example, barriers or markings indicating where occupants should stay to keep a six foot distance.
 - b. Install physical barriers between staff and public traffic areas where possible.
3. Promote healthy hygiene practices such as:
 - a. Cloth face coverings for employees and the public.
 - b. Provide adequate supplies including soap, hand sanitizer with at least 60 percent alcohol, paper towels, and no-touch trash cans.
 - c. Provide employees with PPE when possible.
4. Intensify cleaning, disinfection, and ventilation.
 - a. Clean and disinfect frequently touched surfaces at least daily, and between uses when possible.
 - b. Clean and disinfect operator areas between shifts.
 - c. Avoid sharing items (such as maps and pens) and use touchless payment, if possible.
 - d. Ensure that ventilation systems operate properly and where possible, increase circulation of outdoor air.

Additional important guidance documents can be found at:

1. **Businesses and Workplaces:** <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>. As workplaces resume operations it's important to remember that the more an individual interacts with others, and the longer that interaction, the higher the risk of COVID-19 spread.
2. **Gatherings and community events:** <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/index.html>. Of note, large events pose greater risk of

spread of COVID 19 and local permitting rules must be followed. For any gathering such as a concert, festival, etc., over 500 people where 6 feet distancing cannot be maintained at all times with facial coverings, the Division of Public Health should be consulted to discuss mitigation measures and safety plan.

3. **Shared and Congregate Housing:** <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/>
4. **Community and Faith Based Organizations:** <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html>
5. **Public Pools, Hot Tubs, and Water Playgrounds During COVID-19:** <https://www.cdc.gov/coronavirus/2019-ncov/community/parks-rec/aquatic-venues.html>
6. **Homeless Service Providers:** <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

Additional details can be found in “CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again”:
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

Community Mitigation Measures

Community mitigation measures are strategies that can help slow the spread of infection, and are especially important before a vaccine or drug becomes widely available. The following information is based primarily on two CDC documents. The first document below offers the most recent and very specific guidance for the communities:

1. [CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again](#)
2. [Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#)

Because all communities are unique, local characteristics may be useful when considering what mitigation measures are most appropriate. These characteristics include but are not limited to:

- Travel-associated importations. Is your community at risk?
- Large gatherings. Would it be possible to cancel these events without causing undue disruption?
- High-risk workplaces and densely populated areas. Does your community have a long-term care facility? Many long-term care facilities? A correctional facility? A seafood processing plant?
- Risk for “cryptic transmission.” Have residents in your community frequently been unable to get tested?
- The proportion of your community might qualify as high risk. What proportion of your community is 65 years and older? What proportion has an underlying medical condition (such as chronic lung disease, being immunocompromised, or severe obesity)?
- Size of community and population density.
- Level of community engagement/support.

In addition to local characteristics, regional and statewide information may also be useful. The Alaska Department of Health and Social Services (DHSS) will be continue to be able to provide state and regional information for communities to consider when making local decisions, and may add other data as well.

In concert with local data, such as the characteristics listed above, this information can be used to classify a region or community different as having a different level of disease spread (non-to-minimal, minimal-to-moderate, of severe) or being in a [different phase](#).

Special Populations

Fishing and Seafood Processing: Given the large influx of people supporting the seafood industry and risk to rural Alaska, the following rules still apply;

1. **Mandate 10 Appendix 01** - Enhanced Protective Measures for Seafood Processing Workers remains in place. <https://covid19.alaska.gov/wp-content/uploads/2020/05/COVID-MANDATE-10-Appendix-01.pdf>
2. **Mandate 17** provides standardized protective measures to be followed by all independent commercial fishing vessels operating within Alaskan waters and ports to ensure a safe, productive fishing season while protecting communities from the spread of COVID-19. This mandate and all previously submitted fleet and association protective plans are still in effect. ***In addition, every effort should be made to get every worker a COVID PCR test before boarding the vessel.*** <https://gov.alaska.gov/wp-content/uploads/sites/2/COVID-19-Health-Mandate-017-Final.pdf>
3. Every effort must be made by industry leaders to follow the guidance for meat packing and poultry processing as much of the same work applies to the seafood processing. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/meat-poultry-processing-workers-employers.html>

Health care: Given the higher risk of spread in the health care setting there are special precautions needed to minimize the risk of entrance of COVID into health care facilities. The Alaska State Medical Board has been working in collaboration with health care providers to develop guidance to protect patients and providers.

1. **Mandate 15** and associated appendices for specific professions remain in effect until further notice: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>.
2. Every effort must be made by follow the guidance health care facility guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>.
3. Health care facilities regularly screen and test employees for COVID 19 to prevent the transmission to vulnerable populations.

Travel: Given Alaska's geographic isolation and expansive size, there are two key strategies to minimize transmission of COVID-19 into Alaska or between communities within Alaska.

1. **Mandate 10 – Interstate Travel.** It is known that persons who do not display symptoms can still have the virus. The mandate to quarantine for 14 days upon arrival to Alaska is based upon the incubation period of the virus, which is 2-14 [days](#). Once a person has

quarantined for 14 days and do not show symptoms, [they are not considered at risk](#) for spreading the virus. Mandate 10 is in effect and requires that any person entering Alaska must:

- a. Submit a Declaration Form at ready.alaska.gov/Form stating their quarantine location.
- b. Proceed directly to the designated quarantine location, and remain in that location for 14 days (or the duration of the visit, if it is shorter).
- c. Stay in the location without leaving for any reason other than medical necessity. No visitors are allowed. Entering public spaces is prohibited. Public spaces include sidewalks, public parks and trails, and grocery stores.

Businesses included in Attachment A (Essential Services and Critical Worker Infrastructure) who have workers traveling interstate must also submit a plan or protocol for maintaining critical infrastructure to akcovidplans@ak-prepared.com. Detailed instructions can be found at <https://covid19.alaska.gov/unified-command/protective-plans/>.

Clients who are arriving from out of State to participate in chartered Sport/Personal Use fishing or hunting do not meet the definition of Critical Infrastructure workers, and must complete their full 14-day self-quarantine period prior to engaging in their recreational activity

2. **Mandate 18 – Intrastate Travel.** Many communities in Alaska have limited or no access to medical care, and thus special precautions must be taken to protect against outbreaks in these communities. For this reason, Mandate 18 remains in effect.
 - a. Intrastate travel between communities on the road system (which includes the Marine Highway System and Inter Island Ferry System) is permitted for all purposes.
 - b. Intrastate travel between communities off the road system is prohibited unless the travel is necessary for critical personal needs or the conduct of essential services and critical infrastructure.

All businesses, whether Essential Services/Critical Infrastructure or non-essential/non-critical, that have staff traveling to communities off of the Road/AMHS System must file a protective plan with akcovidplans@ak-prepared.com.

Local communities may enact stricter travel restrictions to protect their community, but no one traveling between communities for Critical Needs or Essential Services/Critical Infrastructure can be subjected to any automatic quarantine or isolation on arrival.