

**CITY OF CORDOVA, ALASKA
EMERGENCY ORDINANCE 1190**

**AN EMERGENCY ORDINANCE OF THE COUNCIL OF THE CITY OF CORDOVA,
ALASKA CONTINUING THE CITY’S DECLARATION OF A LOCAL EMERGENCY AND
ACKNOWLEDGEMENT OF A STATE-WIDE EMERGENCY RESULTING FROM COVID-
19; ADOPTING THE CITY OF CORDOVA COVID-19 HEALTH ADVISORY PLAN; AND
RATIFYING EMERGENCY ORDER 2020-09**

WHEREAS, the United States Center for Disease Control and Prevention (CDC) has identified COVID-19 as a significant public risk; and

WHEREAS, on March 11, 2020, Governor Dunleavy issued a declaration of public health disaster emergency in response to the anticipated outbreak of COVID-19 within Alaska’s communities; and

WHEREAS, on March 11, 2020, The World Health Organization designated the COVID-19 outbreak a pandemic; and

WHEREAS, various organizations, agencies, and local governments throughout the State of Alaska continue to restrict public gatherings, school sessions and programs, and other activities as well as non-essential travel in efforts to contain the virus; and

WHEREAS, the recommendations of global, federal, state, and local organizations and government entities are changing almost daily in response to new information regarding COVID-19, which requires the City to be able to act swiftly to comply with these recommendations in its emergency operations; and

WHEREAS, the City continues to be in a state of emergency but is also making efforts to ensure that business operations are able to resume as quickly as responsible in light of the COVID-19 outbreak within the State of Alaska and the City; and

WHEREAS, the City Manager has authority to implement temporary rules and procedures regarding City government organization and operations during an emergency under the City’s Emergency Operation Plan but has presented Emergency Order 2020-09 and its proposed revisions to COVID-19 Emergency Rules to Council to ensure public commentary and Council guidance regarding the revisions before adoption; and

WHEREAS, Council is eagerly moving towards recovery but wants to ensure that the City has a comprehensive health advisory plan that allows the City to quickly protect its residents and visitors from a future “localized” COVID-19 outbreak.

NOW, THEREFORE, THE CITY OF CORDOVA ORDAINS:

Section 1. Emergency Declaration. This emergency order renews and reiterates the Mayor's declaration of local emergency ratified by Council and its acknowledgement of state-wide emergency declared by Governor Dunleavy on March 11, 2020.

Section 2. Ratification. Council hereby ratifies Emergency Order 2020-09, which is incorporated into this Emergency Ordinance as it appears in Exhibit A.

Section 3. Health Advisory Plan Adoption. Council hereby adopts the City of Cordova COVID-19 Health Advisory Plan in substantially the same format as attached to this Emergency Ordinance as Exhibit B.

Section 4. Request for Assistance. Council hereby reiterates its acknowledgement of the City's need for financial assistance from the United States and the State of Alaska to protect the City from a COVID-19 outbreak within the City and to recover from the economic and health impacts of the threat and outbreak of COVID-19 within the City.

Section 5. Codification. This ordinance is an emergency ordinance, is not permanent in nature, and shall not be codified.

Section 6. Effective Date. This ordinance shall take effect on the day it is enacted and shall remain in effect until it is repealed by Council or the declaration of emergency regarding COVID-19 expires without renewal. The declaration of emergency reiterated in this Emergency Ordinance shall expire on September 1, 2020 if not renewed by Council on or before that date.

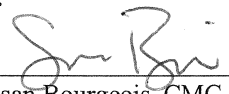
Public Hearing and only reading: July 15, 2020

PASSED AND APPROVED THIS 15th DAY OF JULY 2020.




Clay R. Koplin, Mayor

ATTEST:


Susan Bourgeois, CMC, City Clerk

[Affirmative vote of 5 Council members required for passage]

EMERGENCY ORDER 2020-09

**AN EMERGENCY ORDER REPEALING CORDOVA EMERGENCY COVID-19
RULE 17 ENTITLED “LOCAL MEDICAL ASSESSMENT” AND INCORPORATING
THE CITY OF CORDOVA “HEALTH ALERT SYSTEM” ADOPTED VIA THE
CORDOVA COVID-19 HEALTH ADVISORY PLAN**

WHEREAS, City Council adopted the City of Cordova COVID-19 HEALTH ADVISORY Plan (the “Plan”); and

WHEREAS, the Plan adopts the State of Alaska Reopen Alaska Responsibly Plan but supplements the State approach with a five level “local alert” system, ensuring the City’s Incident Command Team has the ability to deviate from the State of Alaska social distancing phases when the spread and/or risk of COVID-19 within the City differs from the Statewide risk and/or spread; and

WHEREAS, adoption of the Plan’s “local health alert” system provides the Incident Command Team the tools it needs to implement more restrictive social distancing and business operation rules when necessary, eliminating the need to delay local implementation of revisions and repeals to the Alaska public health mandates,

Section 1. Amendment to COVID-19 Emergency Rule 16. City Manager Helen Howarth, in collaboration with Mayor Clay Koplin and Cordova’s Emergency Operations Center, hereby repeals Rule 17 entitled “Local Medical Assessment” and amends Rule 16 entitled “Public Health Mandate Compliance” as follows (new language highlighted and bolded):

Rule 16. Public Health Mandate Compliance. All individuals and entities shall comply with all COVID-19 State of Alaska public health mandates. **In the event the City Manager issues a “Local Outbreak Warning,” all individuals entering the City must comply with the City’s “Community Outbreak Rules” while the “Level 4” remains in effect. While in effect, the City’s Community Outbreak Rules preempt any other less-restrictive local or state rules regarding social distancing or business operations.**

Section 2. All the Emergency COVID-19 Rules shall remain in effect until repealed by City Council or the City Manager. In the event the declared state of emergency is repealed, the rules will automatically terminate on the effective date of that repeal.

Section 3. This Emergency Order 2020-09 and the revisions to Rule 16 adopted within it shall be effective at 8:00am on July __, 2020. This Order shall be posted on the City website and the City Clerk shall provide City Council members notice of this Emergency Order 2020-09 and the revisions to the COVID-19 Emergency Rules within five (5) days of their adoption.

Date

Helen Howarth
City Manager

CITY OF CORDOVA

DRAFT COVID-19 HEALTH ADVISORY PLAN

Presented to Council July 15, 2020

This document is a working draft. The Cordova City Council and Cordova City Administration are working together to create a plan that protects City residents and visitors from COVID-19 to the greatest extent possible while preserving the economic well-being of City businesses and residents. This Plan includes proposed rules and metrics adapted from other communities, the State of Alaska, and other Alaska government agencies as well as procedures and rules unique to Cordova. The purpose of this Draft Plan is to provide Council, the Administration, and members of the public a starting place in developing a COVID-19 health advisory plan that incorporates commentary, insight, and guidance from the Cordova community as a whole.

CORDOVA'S COVID-19 LOCAL HEALTH ADVISORY PLAN

The City of Cordova has actively monitored the COVID-19 outbreak in the State of Alaska and established a rigorous response to prevent local spread.

Cordova's Incident Management Team has been tasked with protecting the health and safety of the community from impacts of the COVID-19 pandemic. The Team recognizes that any and all protective measures come at a cost and the Team must ensure that any cost is a necessary one.

City acknowledges that social distancing restrictions separate friends and loved ones in times of need. Limitations on business operations have very real economic consequences for local businesses and industries that form Cordova's cornerstones. Personal sanitation and hygiene mandates may interfere with an individual's personal autonomy and freedom of choice. For the reasons, the City and its Incident Management Team are dedicated to ensuring that the adoption of any regulations or laws to protect against the spread of the coronavirus within Cordova are necessary and carefully tailored to reduce the transmission of COVID-19 in Cordova's residents and visitors.

Alaska Governor "Reopen Alaska Responsibly Plan" articulates a path towards reopening the State's economy with strong protective measures. The Governor's plan is intended to be enacted by all communities in Alaska but acknowledges that local jurisdictions may need to implement more restrictive rules based upon unique local risks and available resources.

Cordova's Plan ensures that the City's response to COVID-19, both in the short and long term, is medically based, flexible and adaptable, and narrowly tailored. Additionally, the Plan is designed to be easily understood by and communicated to Cordova community members and visitors. The Plan ensures that to the greatest extent possible, local mandates mirror State mandates but that local needs are considered first and foremost at all times.

Cordova's Plan adopts easy to follow rules that are based upon: (1) medical and epidemiological data regarding COVID-19; and (2) the City's resources to prepare and respond to a COVID-19 outbreak.

THE STATE APPROACH: A 5-STEP SYSTEM TO RECOVERY

The State Plan anticipates a 5-phase climb to recovery for Alaska. In order to climb from one phase to the next, the State's emergency management team, led by the Governor, will employ a color-coded status – red, yellow or green - to indicate whether it's safe to move forward to a less restrictive phase or if a "roll-back" to red is needed. While the State has not yet identified each phase of its Plan, The State Plan establishes four basic metrics that will be tracked by Alaska Department of Health and Social Services (DHSS) in determining when to move forward or "roll back." The Four Basic Metrics are as follows:

1. *Epidemiology*

Tracking disease trends and trend forecasting.

2. *Testing*

Monitoring overall testing volume and changes in the percentage of positive tests at the community, regional, and statewide levels. Ensuring fast turnaround of tests and reporting of results. The goal is to maintain COVID-19 positive tests at less than one per one-thousand.

3. *Public health capacity*

Monitoring cases and conducting necessary contact investigations for positive cases.

4. *Health care capacity*

Ensuring hospitals have adequate capacity and supplies (such as PPE and ventilators) to care for COVID-19 patients and other patients needing urgent care.

TAILORING THE STATE'S APPROACH TO THE CITY: CLIMBING TO RECOVERY

In this Plan, the City adopts the State's four metrics and five-phase approach to recovery. To this end, the City's COVID-19 Rules have been revised to impose lock-step social distancing restrictions with the State while also maintaining local requirements regarding the submission of plans and protocols to local authorities, local business postings, and mutual aid agreements. These postings and submissions ensure that the City, its residents, and its visitors have the information needed to ensure the public's awareness and compliance with State mandates.

Although the City embraces the State Plan, it also recognizes the need to provide the Incident Management Team the flexibility to respond when the local situation worsens but State COVID-19 metrics remain unchanged. **To this end, the City Plan adopts the State's red, yellow, and green alerts but adds to that plan a five-level "local health alert" system, ensuring the City can "roll back" reopening efforts in the event the City's metrics fall out of line with the State.** In an effort to ensure that every citizen and visitor knows exactly what local rules apply in each phase, the City has taken several steps, including adopting this local health advisory plan, revising the COVID-19 Emergency Rules to eliminate social distancing provisions more restrictive than those adopted by the State,¹ and adopting COVID-19 "Community Outbreak Rules." The City's COVID-19 Community Outbreak Rules will only become effective when the City Manager, in collaboration with the Incident Command Team, declares an Alert Phase triggering the

¹ The COVID-19 Health Advisory Plan retains posting and filing as well as facial covering and mutual aid agreement requirements to ensure the City and the public have the tools and information necessary to monitor compliance with State mandates and best practices.

need for the implementation of stricter restrictions on the local level. These rules “rollback” to social distancing and business operation restrictions previously imposed by the State of Alaska and/or the City.

CORDOVA’S “LOCAL HEALTH ALERT” SYSTEM
When and How is Cordova’s “Local Health Alert” Triggered?

The City’s Health Alert System will be triggered when one or a combination of the following occurs:

1. *Epidemiology*

A review of COVID-19 trends and trend forecasting suggests that there is an increase in the transmission of COVID-19 in Cordova or a substantial increase in neighboring communities within Cordova’s industry markets, fisheries or transportation lines that has not triggered a change in the State’s alert level.

2. *Testing*

The City’s testing capacity diminishes or testing becomes unavailable at the community level. At the time this Plan was adopted, there was one positive COVID-19 case reported in Cordova. The State’s goal for testing is to maintain COVID-19 positive tests at less than one per 1,000. While Cordova’s size does not lend itself to analysis under the State’s goal, the City’s goal is to ensure it has appropriate testing capabilities to detect COVID-19 in the City and take steps to curb its spread before the pandemic overwhelms the City’s limited medical resources. Accordingly, the City will rely upon recommendations from the State and its Incident Management Team Medical Unit of Medical Directors (“Cordova Medical Team”) in assessing the testing capacity and availability and the impact of such capacity and availability on the City’s response to COVID-19.

3. *Public health capacity*

The City’s public health capacity is significantly impacted by the commercial fishing industry and the influx of intrastate and interstate workers and visitors at certain periods. During these periods, any COVID-19 positive test may warrant temporary imposition of greater social distancing restrictions, depending upon the conditions and circumstances surrounding the positive COVID-19 result.

4. *Health care capacity*

The City’s limited ability to care for COVID-19 patients alongside other patients reaches its limited capacity or the City exhausts or is at risk of exhausting its minimal PPE supplies.

This “local metric analysis” will be conducted by the Incident Command Team, and shall include substantial input from the Cordova Medical Team.

CORDOVA'S HEALTH ALERT SYSTEM

Once the "Local Health Alert" is Triggered, How Does it Work?

In the event the City Manager declares an "Local Health Alert," they **must** work with the Incident Command Team to:

1. Post Notice on the City website and Local Radio and in at least three other City locations of the COVID-19 Alert Status;
2. Post a copy of the "Community Outbreak Rules" and the effective date and time of these rules on the City website;
3. Send the Notice electronically or via hand delivery to Council members within 24 hours of issuing the declaration. No more than five days after the City Manager declares "Alert" Status, City Council shall hold an emergency meeting and shall approve or deny the declaration of "Local Alert" status;
4. The Council meeting regarding the "Plan" status shall include a telephonic or videoconference public hearing in which members of the public may sign-up to comment on the City's declaration of a "Local Alert Status" and/or implementation of the Community Outbreak Rules;
5. Notice of "Local Alert" status and the reasons for the deviation from the State's code level will be sent to the State of Alaska; and
6. If practicable, the City will notify all businesses registered with the City of the "Plan" status and provide a copy of the "Community Outbreak Rules."

"The Community Outbreak Rules" and the "Local Alert Levels" shall be submitted to Council for review and approved by Council before or contemporaneously with the adoption of this Local Health Advisory Plan. Unlike promulgated City COVID-19 Rules, Council may amend, revise or supplement the Community Outbreak Rules. Any Council revisions or amendments to the Community Outbreak Rules must be reviewed by the City Attorney for legality before becoming effective.

APPENDICES

There are numerous documents attached to this Plan in the appendices. While some of these documents are included for informational purposes only, Appendix A, Appendix B, and Appendix C are all incorporated into this Plan. Any updates to Appendices A-C should result in an update to this Plan to reflect and incorporate those revisions.

Appendix A: Cordova's Health Alert System

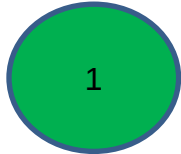
Appendix B: Cordova's Revised Temporary COVID-19 Emergency Rules

Appendix C: Cordova's "Community Outbreak" Rules

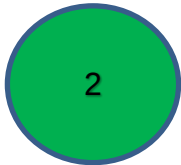
Appendix D: Municipal Resources Regarding Alaska's COVID-19 Recovery

Appendix E: State Resources Regarding Alaska's COVID-19 Recovery

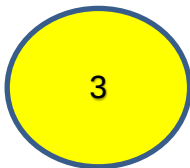
UNDERSTANDING CORDOVA'S COVID-19 HEALTH ALERT SYSTEM



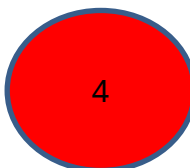
LEVEL 1 - OPEN: No restrictions/mandates or rules.



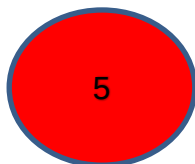
LEVEL 2 – ADVISORY: Local City Emergency declarations may be requested by the Mayor/City Council/City Manager with Local Medical Team's recommendations. Incident Management Team and Emergency Operations Center may be implemented. If we are seeing downward trends and all is going well, we will methodically move to lift restrictions. Cordova may follow the State's lead after the Cordova Medical Team and City Council confirms transition is justified using metrics recommended by the State of Alaska. May include City Rules.



LEVEL 3 – WATCH: PROCEED WITH CAUTION: Local City Emergency Declarations implemented. Incident Management Team and Emergency Operations Center standing up. If the situation is stable or we are seeing a slow increase in cases, we may ask for voluntary measures to flatten the curve. Cordova follows the State's lead after the Cordova Medical Team and City Council confirms transition is justified using metrics recommended by the State of Alaska. Prepare Community for closing of public spaces and implement City Rules and Mandates.



LEVEL 4 - LOCAL OUTBREAK WARNING: *Local Community Outbreak Rules Triggered:* Consistent or rapid increase in cases within the City. Consistent rapid increase in cases in the community, in the City market places or community with direct lines of transportation with the City, or the City is running out of capacity to care for Covid-19 patients. Temporary Closing of Public Spaces not to include Critical Services and Essential Business as determined by City Council with recommendations by the Incident Management Team.



LEVEL 5 - STOP: Uncontrollable Outbreaks, Imminent Life Danger, Critical Emergency Services unable to handle situation. Hunker down order Issued, closing of all public and private spaces, not to include Critical Emergency Services.

UNDERSTANDING CORDOVA'S COVID-19 HEALTH ALERT SYSTEM

Level 1

City of Cordova OPEN.

No restrictions/mandates or rules.

Level 2

Local level ADVISORY

Local City Emergency declarations may be requested by the Mayor/City Council/City Manager with Local Medical Team's recommendations. Incident Management Team and Emergency Operations Center may be implemented. If we are seeing downward trends and all is going well, we will methodically move to lift restrictions. Cordova may follow the State's lead after the Cordova Medical Team and City Council confirms transition is justified using metrics recommended by the State of Alaska. May include City Rules.

Level 3

Local Level WATCH: PROCEED WITH CAUTION

Local City Emergency Declarations implemented. Incident Management Team and Emergency Operations Center standing up. If the situation is stable or we are seeing a slow increase in cases, we may ask for voluntary measures to flatten the curve. Cordova follows the State's lead after the Cordova Medical Team and City Council confirms transition is justified using metrics recommended by the State of Alaska. Prepare Community for closing of public spaces and implement City Rules and Mandates.

Level 4

Local Level OUTBREAK WARNING: *Local Community Outbreak Rules Triggered*

Consistent or rapid increase in cases within the City. Consistent rapid increase in cases in the community, in the City market places or community with direct lines of transportation with the City, or the City is running out of capacity to care for Covid-19 patients. Temporary Closing of Public Spaces not to include Critical Services and Essential Business as determined by City Council with recommendations by the Incident Management Team.

Level 5

Uncontrollable Outbreaks, Imminent Life Danger, Critical Emergency Services unable to handle situation. Hunker down order Issued, closing of all public and private spaces, not to include Critical Emergency Services.

CITY OF CORDOVA TEMPORARY EMERGENCY COVID-19 RULES

July 15, 2020

The following are the Cordova Temporary Emergency COVID-19 Rules as reenacted by the City effective 8:00am July 16, 2020. These rules will be updated by emergency order and all emergency orders issued by the City are posted on the City website. Please be aware that some previously enacted rules have been renumbered or moved but remain in effect. If you have any questions regarding the application of these rules to you, your business or the community as a whole please email cordovaprepared@yahoo.com.

Rule 1. Electronic City Council Meetings. Any regular or special meetings of the City Council may be conducted via electronic means, including audio or video conference and the Mayor may chair these meetings via electronic presence, unless the Mayor determines that a meeting must be conducted at City Hall and that doing so does not pose a risk to the public health, safety, and welfare. The City Clerk shall post telephone number(s) to call into telephonic or video conference meetings on the City of Cordova website and on the written agenda for all regularly scheduled and special meetings. Council shall ensure that reasonable accommodations are made to afford the public a right to be heard telephonically. Telephonic participation by the public is not ideal but is reasonable when weighed against the substantial risk to public health, welfare, and safety posed by group gatherings during the COVID-19 outbreak. In the event the Mayor determines an in-person meeting is necessary and does not pose a risk to public health, welfare, and safety, no more than five (5) members of the public shall enter the same space to make comments at one time. The public may also submit written public comments for all telephonic or video conference Council meetings. The public written comments shall be read into the record during the public comment period at all Council meetings held electronically, except Council work sessions. If written public comments exceed three (3) minutes, the first three (3) minutes of the written comment shall be read during the meeting. Written comments must include the name of the contributor in order to be read publicly during telephonic or video conference meetings. Current time limits placed on public comments and testimony shall apply to telephonic and written public comments submitted under this rule. The City must continue to comply with meeting attendance and scheduling requirements under the Cordova Municipal Charter Section 2.7.

Rule 2. Council Meeting Notice and Packet Materials. The City Clerk shall provide the public and media notice that is reasonable under the circumstances for all emergency special meetings held by Council. All special meetings and agenda items shall be posted on the City website no less than six (6) hours before a special meeting. Failure to post the meeting materials shall not invalidate the actions taken by Council during an emergency meeting if Council states the reason for the failure to post adequate notice or provide materials and clearly finds that the notice and material access provided during the meeting was sufficient and reasonable in light of the emergency circumstances underlying the meeting.

Rule 3. Meetings of Boards and Commissions. The City Manager may cancel meetings of any board or commission if she finds that cancellation is necessary to protect public health, safety, and welfare. Any such cancellation shall automatically extend such deadlines for required actions by such board or commission as is specified in the cancellation notice. All board and commission meetings may be held electronically in the same manner proscribed for Council meetings in Rule 1.

Rule 4. Suspension of All Non-Essential Meetings and Agenda Items. All non-essential government meetings maybe postponed until the declared state of emergency regarding COVID-19 is repealed or expires. Non-essential action items may also be postponed until the declared state of emergency regarding COVID-19 is repealed or expires. unless doing so would pose substantial financial harm on the City or another party. Any person objecting to the postponement of an action item may notify the City Manager in writing regarding his or her objection. The City Manager shall review any written objections received and shall determine if the objection warrants consideration of an action item by Council or the appropriate commission or board before the expiration or repeal of the declaration of emergency. The City Manager shall notify the Mayor of all written objections received and her determination. Upon receipt of a written objection, City Council may override the City Manager's decision to postpone an action item.

Rule 5. Licensed or Permitted Activities. The City Manager may suspend licenses or permits for special events or any other licenses or permits issued by the City which in the judgment of the City Manager could impact the public health or well-being of residents or visitors to the community and suspension of such licenses or permits is not prohibited by State of Alaska law or mandate.

Rule 6. Personnel Policies. The City Manager may adjust any personnel policies related to leave time, other benefits or terms and conditions of employment as are reasonably related to providing sufficient staffing during the term of the emergency while protecting City employees and the community from COVID-19.

Rule 7. Bargaining Units. The City Manager is hereby authorized to enter into such temporary agreements, including memoranda of understanding with the City's bargaining units in order to promote the provision of City services and the health and safety of the public and employees during the emergency.

Rule 8. City Facilities. The City Manager may close City facilities or limit hours of operation as is reasonably required to protect the health of the public and employees of the City.

Rule 9. Local Business Protective Measures and Policies. All businesses open to more than five (5) customers at one time at a physical site within the City shall post a “COVID-19 Protective Measures and Policies” on-site detailing the measures taken by that business to protect employees and customers from COVID-19 exposure. Businesses subject to this requirement shall file a copy of their COVID-19 Protective Measures and Policies with the City’s Incident Management team at forms@cityofcordova.net no more than five (5) working days after the effective date of these rules or within five days of resuming operations. COVID-19 Protective Measures and Policies must include:

1. Notice of any limits on the number of individuals permitted on-site at a given time;
2. Identification of healthcare and sanitization measures taken to minimize the exposure of customers and employees to COVID-19; and
3. Description of a means for individuals in quarantine to obtain essential personal goods from the local business and a telephone number or website where these individuals can place an order for such goods. Businesses may prohibit entry of quarantined individuals from their premises and offer delivery or establish a pick-up location for orders of essential personal goods sold by the business, but may not ban individuals from obtaining such goods because the individual is subject to quarantine; and
4. A telephone number or email address of the individual owner, manager or his or her designee so that persons may report violations of the business’s protective measures and policies.

Businesses may post a State of Alaska COVID-19 mitigation plan in place of the COVID-19 Protective Measures and Policies so long as the mitigation plan contains the information required in this rule. An example “COVID-19 Protective Measures and Policies” is available on the City website.

Rule 10. Medical Quarantine. Individuals under a healthcare quarantine order or an individual testing positive for COVID-19 must comply with all medical quarantine orders or requirements imposed by the State of Alaska. Individuals subject to a State of Alaska medical quarantine order must notify a healthcare provider that the individual is under medical quarantine or has tested positive for COVID-19 before making any physical contact with that healthcare provider or entering the provider’s premises. Each day constitutes a separate violation under this rule punishable by a fine of up to \$500.

Appendix B to Health Advisory Plan

Rule 11. Mutual Aid Agreements. Individuals and businesses engaged in commercial operations, sales or services physically located within the City must enter into a Mutual Aid Agreement with the City. This rule applies to vessel owners engaged in commercial fishing operations, sport fishing charters, and sightseeing excursions. It also applies to retail stores, grocery stores, liquor stores, lodging facilities, hair salons, personal care service providers, restaurants, air charter operations, and all other commercial operations, sales or services within the City. This agreement identifies the measures taken by the City to protect the community and the protections provided by the operator to prevent the spread of COVID-19 amidst the operator's employees and customers and within the Cordova community at large. The Mutual Aid Agreement is available on the City website and should be completed and submitted to the City within five (5) days of the effective date of this rule. Individuals or entities subject to this rule operating an independent commercial vessel should complete the 'Vessel Mutual Aid Agreement.' Individuals or businesses subject to this rule but operating within the City after the effective date of this rule should submit a mutual aid agreement within 72 hours of initiating operations within the City or its waters. Individuals and businesses subject to this rule but covered by a State of Alaska approved Critical Workforce Protocol may file their protocol in place of a Mutual Aid Agreement along with the "City of Cordova Local Acknowledgement Form," which is a written statement agreeing to comply with the terms and requirements of that protocol while in the City or its waters. The City of Cordova Local Acknowledgement Form and the Model Business and Vessel Mutual Aid Agreements are available on the City website. The City Manager may accept a proposed mutual aid agreement or state protocols submitted in place of a mutual aid agreement or may request additional protocols or procedures be implemented before executing such an agreement. No mutual aid agreement shall require either party to violate state or federal law or the Cordova Municipal Charter.

Rule 12. Payment Deferrals. The City Manager, upon the recommendation of the Finance Director, is hereby authorized to extend deadlines for payment related to any amounts due and owing to the City.

Rule 13. Commercial Operations COVID-19 Document Submission. All businesses or individuals engaged in the sale of goods or services in this City or conducting commercial operations within the City shall file with the City:

1. Any protocol, acknowledgement form or plan regarding COVID-19 submitted to the State of Alaska, the United States Coast Guard or any other agency, branch or department of the federal government;
2. Any memorandum of understanding or agreement regarding COVID-19 executed by and between the business or individual and the State of Alaska or the federal government; and
3. Any enforcement orders or notices of violation involving COVID-19 filed against the individual or business by a government or military entity, including the Department of Health and Human Services and the United States Coast Guard.

Submissions required under this rule must be received by the City no more than five (5) working days after the effective date of these rules or within 72 hours after the business or individual reasonably foresees that he, she or it will operate or engage in the sale of goods or services within the City while these rules are in effect. Submissions under this rule should be emailed to the City's Incident Management team at forms@cityofcordova.net. A business or individual may be exempt from submitting a document under this rule if the government entity issuing or executing the document provides the City with a written statement identifying the document as confidential and confirming that the City cannot require production of the document.

Rule 14. Native Village of Eyak Representation and Assistance. The Mayor shall appoint at least one representative from the Native Village of Eyak to the Emergency Management Organization. The City Council and the Native Village of Eyak Tribal Council shall hold joint meeting(s) to discuss COVID-19 impacts on all residents and visitors to Cordova, including but not limited to NVE tribal members. The City Manager shall have authority to enter into agreements with the Native Village of Eyak to ensure the sharing of resources, knowledge, and information. These agreements shall become effective upon execution by both parties.

Rules 15. Facial Coverings. Except as otherwise provided in this rule, all individuals in Cordova must wear a mask, bandanna or other type of cloth protective covering over their nose and mouth when social distancing of at least six feet from another individual is not possible. Individuals under the age of four, individuals with trouble breathing, and individuals with a medical condition that prevents them from wearing a facial covering are exempt from this rule. Facial coverings need not be worn in the following circumstances:

1. An individual is alone or within six feet of only members of his or her household;
2. An individual is eating or drinking in compliance with State of Alaska public health mandates; or
3. An individual is receiving lawful services that cannot be adequately performed while the service provider or the recipient is wearing a mask.

Appendix B to Health Advisory Plan

Rule 16. Public Health Mandate Compliance. All individuals and entities shall comply with all COVID-19 State of Alaska public health mandates. In the event the City Manager issues a “Local Outbreak Warning,” all individuals entering the City must comply with the City’s “Community Outbreak Rules” while the “Level 4” remains in effect. While in effect, the City’s Community Outbreak Rules preempt any other less-restrictive local or state rules regarding social distancing or business operations.

Rules 17-19. Reserved for the adoption of future rules.

Rule 20. Penalties. Any violation of these rules shall constitute a violation of a Cordova emergency mandate and may be punishable by a fine of up to \$500. Each day of a violation of these rules constitutes a separate and distinct violation subject to a fine of up to \$500. The City also reserves the right to enforce the State of Alaska Health Mandates to the fullest extent permitted by law.

CITY OF CORDOVA COMMUNITY OUTBREAK RULES

These “Community Outbreak Rules” were adopted by Cordova City Council via Emergency Ordinance 1190 on July 15, 2020. These Rules **only** go into effect when the City Manager declares a “Local Health Alert” in Cordova in compliance with the City’s COVID-19 Health Advisory Plan. During all other recovery phases, the City’s Emergency COVID-19 Rules and the State of Alaska Health Mandates apply. To the extent State of Alaska health mandates are in effect that impose stricter restrictions or requirements, all those mandates shall apply.

Rule O-1. Reversion to State Strict Social Distancing and Travel Mandates. All individuals entering the City and all private facilities operating within the City must comply with State of Alaska Public Health Mandate 11 as it was issued March 27, 2020 (“Original State Health Mandate 11”) and attached to these Rules. Except as otherwise required in these Community Outbreak Rules, facilities and individuals shall continue to comply with all other State of Alaska Public Health Mandates that are not in direct conflict with Original State Health Mandate 11.

Rule O-2. Medical Quarantine. Individuals under a healthcare quarantine order or an individual testing positive for COVID-19 must:

1. Stay in his or her place of residence or lodging for the period of time specified in the quarantine order or for a minimum of 14 days from the date of a positive COVID-19 test if no quarantine order has been issued; and
2. Notify a healthcare provider that the individual is under medical quarantine or has tested positive for COVID-19 before making any physical contact with that healthcare provider or entering the provider’s premises.

An individual subject to this Rule may NOT leave his or her residence to attend work, obtain supplies, engage in physical exercise or any activity except as permitted by State of Alaska health mandate or permitted within the medical quarantine order issued to that individual. The City shall not physically force individuals into quarantine under this Rule but the City shall fine individuals to the maximum extent permitted by law for violations of this Rule and may obtain a court order enforcing the quarantine order against the individual. Each individual exit from quarantine constitutes a separate and distinct violation of this Rule.

APPENDIX D

Local Resources Regarding Alaska's COVID-19 Recovery



THE STATE
of **ALASKA**

GOVERNOR MIKE DUNLEAVY

Department of Health
and Social Services

OFFICE OF THE COMMISSIONER

Anchorage

3601 C Street, Suite 902
Anchorage, Alaska 99503-5923
Main: 907.269.7800
Fax: 907.269.0060

Juneau

PO Box 110601
350 Main Street, Suite 404
Juneau, Alaska 99811-0601
Main: 907.465.3030
Fax: 907.465.3068

April 24, 2020

Mr. Nils Andreassen
Executive Director
Alaska Municipal League
One Sealaska Plaza, Suite 200
Juneau, AK 99801

Re: Reopening Alaska Responsibly

Dear Mr. Andreassen:

Governor Dunleavy is committed to taking a deliberate, measured approach to Reopen Alaska Responsibly. The plan establishes four basic metrics that will be tracked by Alaska Department of Health and Social Services (DHSS) to determine if restrictions should be eased, continued, or rolled back to a more restrictive phase in order to protect public health.

- **Epidemiology:** Tracking disease trends and trend forecasting.
- **Testing:** Monitoring overall testing volume and changes in the percentage of positive tests at the community, regional, and statewide levels. Ensuring fast turnaround of tests and reporting of results. The goal is to maintain COVID-19 positive tests at less than one per one-thousand.
- **Public health capacity:** Monitoring cases and conducting necessary contact investigations for positive cases.
- **Health care capacity:** Ensuring hospitals have adequate capacity and supplies (such as PPE and ventilators) to care for COVID-19 patients and other patients needing urgent care.

A color-coded status – red, yellow or green – will be used to indicate whether it's safe to move forward to a less restrictive phase or if a roll-back is needed.



GO: If we're seeing downward trends and all is going well, we'll methodically move to **lift restrictions**.



PROCEED WITH CAUTION: If the situation is stable or we are seeing a slow increase in cases, we may ask for **voluntary measures to flatten the curve**.



STOP: If we are seeing a consistent or rapid increase in cases or if we think we are running out of capacity to care for people with COVID-19 (regardless of the trend in cases), then we will need to **reinstate some restrictions**.

Governor Dunleavy understands that Alaska is a unique place, with diverse geography. We all recognize the COVID-19 situation is evolving daily and heavily impacting local governments. We know that local municipalities will likely have valuable input into what reopening looks like in each of their communities as they work with their local emergency operations center, health care provider partners, and the State of Alaska Section of Epidemiology.

Governor Dunleavy and I are committed to listening to and working with local governments as we address this response together. If you have any questions and concerns, or even ideas for future phases, please send an email to me at adam.crum@alaska.gov and the COVID question email address: covidquestions@alaska.gov. Phone calls can be arranged when necessary to discuss the reopening process between AML, a municipality member, myself and Governor Dunleavy.

Some small communities may already have the ability under Attachment B to restrict travel or add mitigation measures based on actions taken by their council or assembly. Still, we hope you will reach out to us if you have questions or would like to do something different so that you might be able to reopen more quickly.

Thank you for your partnership through this crisis. I ask that you please share this letter with your member municipalities.

Stay safe,

Adam Crum
Commissioner

Enclosure: Attachment B – Small Community Emergency Travel Order



FOR IMMEDIATE RELEASE
May 11, 2020

Mayor issues Emergency Order EO-09

ANCHORAGE — Today, Mayor Ethan Berkowitz signed Emergency Order EO-09, which establishes guidelines that allow additional non-critical businesses to operate so long as they are able to adhere to safety criteria. The guidelines also allow for businesses currently operating in a diminished capacity to expand operations. The guidelines are associated with Phase 2: Recovery in the "Safe Anchorage: A Roadmap to Reopening the Municipality of Anchorage" plan and took effect at 8:00 a.m. on Monday, May 11, 2020.

Phase 2 guidelines allow for the limited operation of the following business sectors and gatherings, subject to hygiene and physical distancing requirements:

- a. [Retail Businesses](#)
- b. [Non-Critical, Non-Public Facing Businesses](#) (i.e. professional services)
- c. [Non-Critical, Public Facing Businesses](#) (i.e. interact with public, have storefronts, or operate inside others' homes)
- d. [Personal Care Services](#)
- e. [Dine-in Food](#)
- f. Childcare (criteria forthcoming)
- g. [Outdoor Fitness and Gyms](#)
- h. [Social, Religious, and Other Gatherings](#)
- i. Libraries, Museums, and Archives (criteria forthcoming)
- j. Swimming pools (criteria forthcoming)
- k. [Bars](#)
- l. Theaters (criteria forthcoming)
- m. Bowling Alleys (criteria forthcoming)
- n. Bingo Halls (criteria forthcoming)
- o. Day Camps (criteria forthcoming)

The Phase 2 guidelines will be updated as necessary and posted to the Municipality's COVID-19 website at muni.org/COVID-19/roadmap.

Residents should continue to practice physical distancing, good hand hygiene, and wear face coverings or masks when in public.

###

Media contact: Carolyn Hall, Communications Director, Office of the Mayor, (907)310-0753
carolyn.hall@anchorageak.gov



MURPHY DOME IN FAIRBANKS. PHOTO BY FRANK STELGES

FAIRBANKS NORTH STAR BOROUGH

Interior Alaska COVID-19 Economic Impact & Recovery Plan



FINAL
As of May 5, 2020

EXECUTIVE SUMMARY

In December 2019, Wuhan Municipal Health Commission, China, reported a cluster of pneumonia cases to the World Health Organization (WHO).

Commonly named COVID-19, a novel coronavirus was identified and quickly became a global pandemic. To help slow the virus' spread and to protect the public health & well-being, rapid and extreme behavioral change measures were instituted. With these actions, economies around the world were immediately impacted. Social distancing, self-isolation, and quarantine measures have resulted in a rapid slowing of patronage of local businesses.

Additional health-based mandates, such as limiting gatherings of more than 10 people and the closing of dine-in restaurants & bars, has further affected incoming revenues needed for local businesses to survive. Those hardest hit have been our local small businesses, mostly ones in the tourism and hospitality industries. The immediate and unexpected loss of revenue has left businesses with significant budget shortfalls, as closing the doors does not halt expenses—utilities, rent, payroll, and other expenses are still due.

As a result, businesses are looking at their cashflow & reserves and having to make operational decisions, such as workforce downsizing, in the immediate or near term. Further, the remaining workforce is challenged with meeting childcare needs as schools and daycare facilities shut down—many doing so while also balancing and adjusting to working remotely from their homes.

The current forecast of the COVID-19 pandemic is likely to require extension of existing mandates or may require additional, more restrictive mandates to be put in place to further halt the spread of the virus. Understandably, such mandates are critically important for the health & safety of our residents; however, the continuation of these policies can be devastating on our local economy. Despite all this, it is also critical that essential services remain operable in order to address & mitigate the impacts of COVID-19. Our medical professionals, medical supplies, and basic living essentials are the tip of the iceberg that rely on the community network at all levels to provide those services. While others are focused on helping prevent the spread of the virus, treating those already infected and working to prevent the further spread of COVID-19, the FNSB can help to identify critical actions needed to keep our economy functioning as efficiently and safely as possible while planning for recovery.

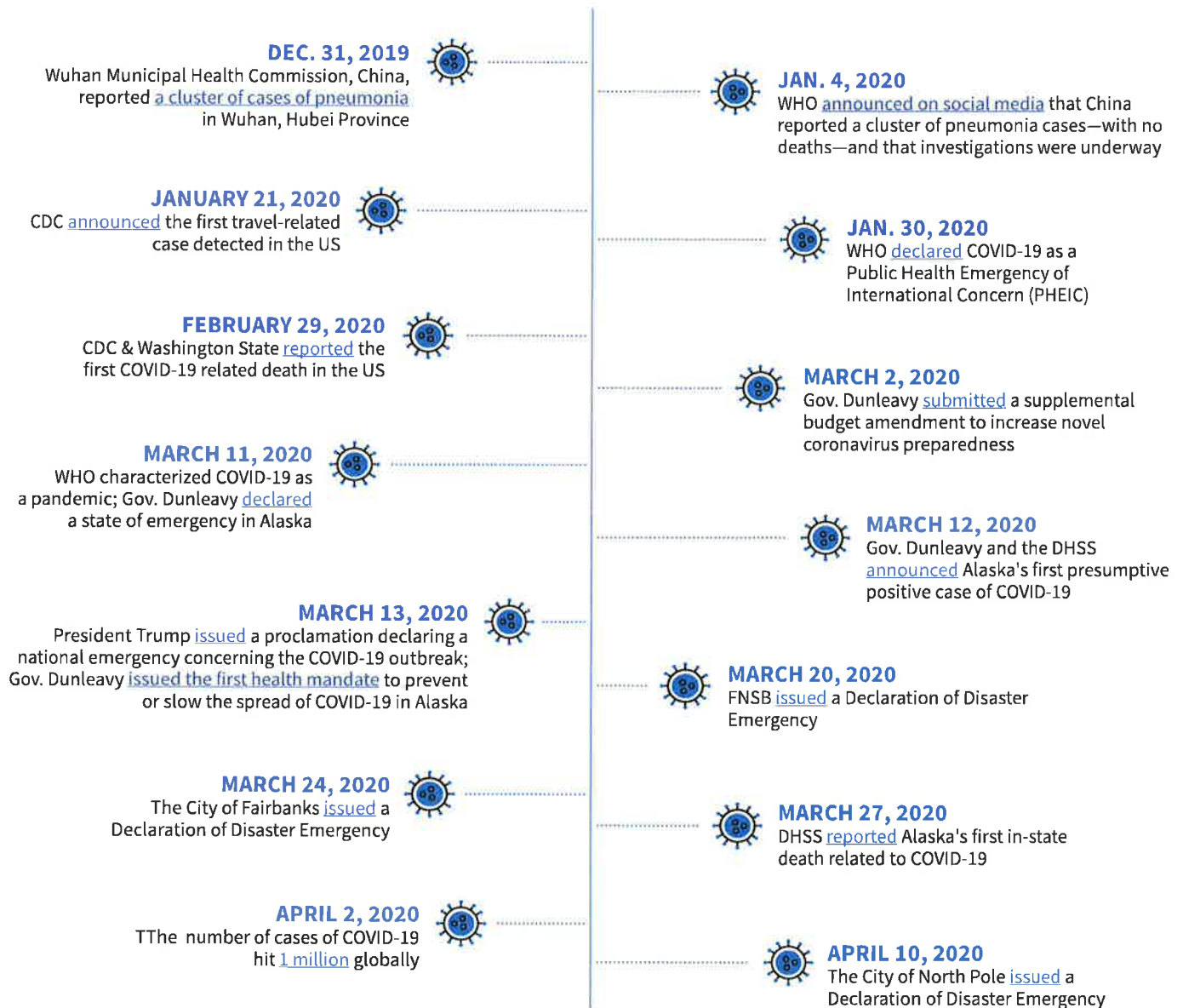
The Fairbanks North Star Borough, through the work of the Economic Development Commission and with guidance from our local economic development organizations, is developing the Interior Alaska COVID-19 Economic Impact and Recovery Plan. This plan seeks to mitigate immediate economic impacts as a result of COVID-19 while planning for recovery through goals and strategic initiatives. *The intent is for this plan to be a living document that is kept updated as tasks are completed or as the quickly evolving situations warrant.*





COVID-19 Timeline

In December 2019, Wuhan, China was the epicenter of an outbreak of a new coronavirus, commonly called COVID-19. Since its discovery, it has spread to a global pandemic.



ECONOMIC RECOVERY PLAN

Goals & Objectives

Goal: Support and strengthen the local economy for community recovery and growth from COVID-19 impacts.

Objective: To create an Interior Alaska COVID-19 Economic Impact and Recovery Plan focused on the following principles:



Resilience through innovation



Strong local businesses



A safe & healthy community



A fully-employed workforce

These principles will be realized through strategic initiatives and partnerships, and will focus efforts to mitigate impacts to:



Residents

- Increase sustainability, energy efficiency, & quality of life
- Maximize local infrastructure and development plans



Business

- Retain & expand existing local businesses
- Ensure access to capital
- Support *Buy Local* initiatives
- Strengthen Interior AK as a tourist destination
- Establish FNSB as economic center of Interior AK



Healthcare

- Businesses & public spaces transition back into operations in a safe & responsible manner
- Residents transition back into the community in a safe & responsible manner



Workforce

- Increase the average wage per industry cluster
- Provide workforce development training with COVID-19 funding for individuals out of work

ECONOMIC GOALS & INDICATORS



The following data points will be used to track the progress of economic recovery in Interior Alaska:

To track our local economic recovery progress, all data sets will use the data **as of December 31, 2019**, as a baseline.



RESIDENTS



- Fairbanks Community Food Bank metrics
- Number of home sales & average value
- Vacancy rate & average rent fee
- Cost of Goods (using quarterly)

BUSINESS



- Sales Taxes
 - Marijuana
 - Alcohol
 - Tobacco
- Bed Tax
- Number of commercial loans

HEALTHCARE



- Number of new COVID-19 cases
- Number of total cases
- Rapid testing turnaround time
- Number of recovered patients
- Active healthcare mandates

WORKFORCE



- Unemployment ratio
- Average wage per Alaskan
- Number of local job listings

ECONOMIC RECOVERY PLAN

Objectives & Plan Strategies

The following are strategies and tasks that are designed to achieve the goals outlined in this plan while focusing on the impacts to residents, local businesses, healthcare, and the local workforce.



RESIDENTS

- R1. Build a dashboard to communicate goals, objectives, and measurable data points
- R2. Identify supply chain shortages and seek local options
- R3. Data collection & analysis to understand demographic, behavioral, and buying habit changes post-COVID-19
- R4. Encourage a complete and accurate count of the 2020 Census through continued promotion of responding online

Increase sustainability, energy efficiency, and quality of life

- R5. Increase the Borough's role in support of North Slope and statewide energy development
- R6. Support Solarize Fairbanks
- R7. Implement air quality and energy efficiency tax credit programs

Maximize local infrastructure and development plans

- R8. Complete the Downtown Plan
- R9. Support the removal of the Polaris site
- R10. Revitalize nuisance and derelict properties
- R11. Promote planned development of housing, transportation, communication, environmental, and utility systems
- R12. Revise Title 17 and Title 18 in Borough code to be easier to administer
- R13. Encourage expansion of the rail system to Canada and through northern and western Alaska
- R14. Prioritize weatherization and energy efficiencies in public facilities



BUSINESS

Retain and expand existing local businesses

- B1. Develop and implement a survey to monitor economic impacts and identify critical needs
- B2. Identify and prioritize industry clusters needing assistance
- B3. Identify obstacles to establishing and sustaining local businesses
- B4. Create appropriate support programs for each cluster
- B5. Promote entrepreneurship
- B6. Provide information on businesses that may be for sale
- B7. Encourage new businesses and new construction in the FNSB

Ensure access to capital

- B8. Provide access to information on and promote applications to available financial assistance
- B9. Develop a bulletin on federal, state, & local assistance for businesses
- B10. Identify and support potential funding assistance programs for local small businesses

Support "Buy Local" initiatives

- B11. Identify priority actions to grow the *Buy Local* initiatives
- B12. Enhance marketing and promotion efforts of *Buy Local* initiatives
- B13. Encourage local anchor institutions to increase local purchasing and hiring

Maintain and strengthen Interior Alaska as a tourist destination

- B14. Fund destination marketing efforts by Explore Fairbanks

Establish FNSB as the economic center for Interior Alaska

- B15. Update and maintain the Comprehensive Economic Development Strategy (CEDS)
- B16. Retain the presence of the University of Alaska administration
- B17. Promote the importance of the military's presence in Interior AK
- B18. Expand existing and create new economic ventures with Interior and Northern Alaska communities
- B19. Create Economic Enterprise Zones
- B20. Promote existing Opportunity Zones and Military Facility Zones
- B21. Diversify the economy

OBJECTIVES & STRATEGIES



Objectives & Plan Strategies (cont.)



HEALTHCARE

Businesses and public spaces transition back into operations in a safe & responsible manner

- H1. Develop guide to safe, sustainable business and public spaces re-opening best practices
 - a. Provide guidance on how to re-open safely (i.e. proper sanitation, social distancing, PPE)
 - b. Promote business recovery plans
 - c. Ensure appropriate access to needed PPE and sanitation supplies & equipment
- H2. Develop a community readiness assessment for businesses and public spaces
- H3. Connect businesses capable of alternative manufacturing with community needs

Residents transition back into the community in a safe & responsible manner

- H4. Implement community needs assessment
- H5. Develop a public health and safety campaign with community health partners
- H6. Promote COVID-19 rapid testing
- H7. Provide public facilities to meet basic hygiene needs: clean drinking water, handwashing, restrooms, and showers



WORKFORCE

- W1. Compile an assessment of Interior Alaska's employment needs and job requirements
- W2. Increase the average wage per industry cluster
- W3. Encourage application for federal and state assistance, such as Unemployment Insurance
- W4. Encourage remote work to keep the workforce employed as much as practicable
- W5. Work with employment offices and workforce providers to mobilize and fill employment openings at essential businesses
- W6. Provide workforce development training with COVID-19 funding for individuals out of work
- W7. Support dependent care programs & providers (childcare, special needs, and elder care) as an essential component of a strong and available workforce

ECONOMIC RECOVERY PLAN

Immediate, Short-Term, Medium, and Long-Range Tasks

Tasks will be broken into urgency identifiers that will be revisited every two weeks.

The groupings of tasks are as follows:

IMMEDIATE

*(started & completed
in a 1-2 week period)*

- R1. Build a dashboard to communicate goals, objectives, and measurable data points
- R4. Encourage a complete and accurate count of the 2020 Census through continued promotion of responding online
- B1. Develop and implement a survey to monitor economic impacts and identify critical needs
- B2. Identify and prioritize industry clusters needing assistance
- B8. Provide access to information on and promote applications to available financial assistance programs
- B9. Develop a bulletin on federal, state, and local assistance for businesses
- B12. Enhance marketing and promotion efforts of *Buy Local* campaigns
- H1. Develop guide to safe & sustainable business and public spaces re-opening best practices
- H3. Connect businesses capable of alternative manufacturing with community needs
- H5. Develop a public health & safety campaign with community health partners
- H6. Promote COVID-19 rapid testing
- W3. Encourage application for federal and state assistance, such as Unemployment Insurance
- W7. Support dependent care programs and providers (childcare, special needs, and elder care) as an essential component of a strong & available workforce

SHORT-TERM

*(started & completed
in a 3-6 week period)*

- R2. Identify supply chain shortages and seek local options
- B3. Identify pain points for existing local businesses
- B4. Create appropriate support programs for each industry cluster
- B10. Identify and support potential funding assistance programs for local small businesses
- B11. Identify priority actions of existing *Buy Local* campaigns
- B13. Encourage local anchor institutions to increase local purchasing and hiring
- H2. Develop a community readiness assessment for businesses and public spaces
- H3. Implement community needs assessment
- H7. Provide public facilities to meet basic hygiene needs: clean drinking water, handwashing, restrooms, and showers
- W4. Encourage remote work to keep the workforce employed as much as practicable
- W5. Work with employment offices and workforce providers to mobilize & fill employment openings at essential businesses
- W6. Provide workforce development training with COVID-19 funding for individuals out of work



Immediate, Short-Term, Medium, and Long-Range Tasks (cont.)

MEDIUM

*(started & completed
in a 7-26 week period)*

- R3. Data collection and analysis to understand demographic, behavioral, and buying habit changes post-COVID-19
- B5. Promote entrepreneurship
- B6. Provide information on businesses that may be for sale
- B14. Fund destination marketing efforts by Explore Fairbanks
- B19. Create Economic Enterprise Zones
- B20. Promote existing Opportunity Zones and Military Facility Zones
- W1. Compile an assessment of Interior Alaska's employment needs and job requirements
- R14. Prioritize weatherization and energy efficiencies in public facilities



LONG-RANGE

*(started & completed
in a 27-52 week period)*

- R5. Increase the Borough's role in support of North Slope and statewide energy development
- R6. Support Solarize Fairbanks
- R7. Implement air quality and energy efficiency tax credit programs
- R8. Complete the Downtown Plan
- R9. Support the removal of the Polaris site
- R10. Revitalize nuisance and derelict properties
- R11. Promote planned development of housing, transportation, communication, environmental, and utility systems
- R12. Revise Title 17 and Title 18 in Borough code to be easier to administer
- R13. Encourage expansion of the rail system to Canada and through northern & western Alaska
- B7. Encourage new businesses and new construction in the FNSB
- B15. Update and maintain the Comprehensive Economic Development Strategy (CEDS)
- B16. Retain the presence of the University of Alaska administration
- B17. Promote the importance of the military's presence in Interior Alaska
- B18. Expand existing & create new economic ventures with Interior and Northern Alaska communities
- B21. Diversify the Economy
- W2. Increase the average wage per industry cluster

ACKNOWLEDGEMENTS

Special thanks to our Economic Development Commission:

Mayor Bryce Ward, Chair

Mike Meeks

Abigail Riggs

Paul Robinson

Russell Talvi

Frank Tomaszewski, Assembly Member

Mindy O'Neill, Assembly Member

View an online version with a virtual dashboard and other resources at:

<https://covid-fnsb.hub.arcgis.com/>





907 Terminal St.
Fairbanks, AK99705

Phone: (907) 459-1300
mayor@fnsb.us
www.fnsb.us



OPENING UP AMERICA AGAIN





Overview

CRITERIA

The data-driven conditions each region or state should satisfy before proceeding to a phased opening.

PREPAREDNESS

What States should do to meet the challenges ahead.

PHASE GUIDELINES

Responsibilities of individuals and employers during all phases, and in each specific phase of the opening.



OPENING UP AMERICA AGAIN

Proposed Phased Approach

BASED ON **UP-TO-DATE DATA** AND READINESS

MITIGATES RISK OF RESURGENCE

PROTECTS THE MOST VULNERABLE

IMPLEMENTABLE ON **STATEWIDE OR COUNTY-
BY-COUNTY** BASIS AT GOVERNORS' DISCRETION



Proposed State or Regional Gating Criteria

(Satisfy Before Proceeding to Phased Opening)

SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

HOSPITALS

Treat all patients without crisis care
AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

*State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild). Additionally, where appropriate, Governors should work on a regional basis to satisfy these criteria and to progress through the phases outlined below.



Core State Preparedness Responsibilities

TESTING & CONTACT TRACING

- ✓ Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
- ✓ Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results
- ✓ Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans)

HEALTHCARE SYSTEM CAPACITY

- ✓ Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need
- ✓ Ability to surge ICU capacity

PLANS

- ✓ Protect the health and safety of workers in critical industries
- ✓ Protect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities)
- ✓ Protect employees and users of mass transit
- ✓ Advise citizens regarding protocols for social distancing and face coverings
- ✓ Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity



Guidelines for All Phases: Individuals

CONTINUE TO PRACTICE GOOD HYGIENE

- ✓ Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces.
- ✓ Avoid touching your face.
- ✓ Sneeze or cough into a tissue, or the inside of your elbow.
- ✓ Disinfect frequently used items and surfaces as much as possible.
- ✓ Strongly consider using face coverings while in public, and particularly when using mass transit.

PEOPLE WHO FEEL SICK SHOULD STAY HOME

- ✓ Do not go to work or school.
- ✓ Contact and follow the advice of your medical provider.

Continue to adhere to State and local guidance as well as complementary CDC guidance, particularly with respect to face coverings.



Guidelines for All Phases: Employers

Develop and implement appropriate policies, in accordance with Federal, State, and local regulations and guidance, and informed by industry best practices, regarding:

- ✓ Social distancing and protective equipment
- ✓ Temperature checks
- ✓ Testing, isolating, and contact tracing
- ✓ Sanitation
- ✓ Use and disinfection of common and high-traffic areas
- ✓ Business travel

Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.

Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test.



OPENING UP AMERICA AGAIN

Phase One

FOR STATES AND REGIONS
THAT SATISFY THE GATING CRITERIA



Phase One

INDIVIDUALS

ALL VULNERABLE INDIVIDUALS* should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

Avoid **SOCIALIZING** in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows)

MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

*See Appendix 1 for Definition of Vulnerable Individuals

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase One

EMPLOYERS

Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.

If possible, **RETURN TO WORK IN PHASES**.

Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce strict social distancing protocols.

Minimize **NON-ESSENTIAL TRAVEL** and adhere to CDC guidelines regarding isolation following travel.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION**.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase One

SPECIFIC TYPES OF EMPLOYERS

SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) that are currently closed should remain closed.

VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS should be prohibited.

Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.

GYMS can open if they adhere to strict physical distancing and sanitation protocols.

BARS should remain closed.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



OPENING UP AMERICA AGAIN

Phase Two

FOR STATES AND REGIONS WITH NO EVIDENCE OF
A REBOUND AND THAT SATISFY THE GATING
CRITERIA A SECOND TIME



Phase Two

INDIVIDUALS

ALL VULNERABLE INDIVIDUALS should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, **WHEN IN PUBLIC** (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

NON-ESSENTIAL TRAVEL can resume.



Phase Two

EMPLOYERS

Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.

Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.

NON-ESSENTIAL TRAVEL can resume.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION**.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase Two

SPECIFIC TYPES OF EMPLOYERS

SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) can reopen.

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under moderate physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient and in-patient basis at facilities that adhere to CMS guidelines.

GYMS can remain open if they adhere to strict physical distancing and sanitation protocols.

BARS may operate with diminished standing-room occupancy, where applicable and appropriate.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



OPENING UP AMERICA AGAIN

Phase Three

FOR STATES AND REGIONS WITH NO EVIDENCE OF
A REBOUND AND THAT SATISFY THE GATING
CRITERIA A THIRD TIME



OPENING UP AMERICA AGAIN

Phase Three

INDIVIDUALS

VULNERABLE INDIVIDUALS can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.

LOW-RISK POPULATIONS should consider minimizing time spent in crowded environments.

Phase Three

EMPLOYERS

Resume **UNRESTRICTED STAFFING** of worksites.

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Phase Three

SPECIFIC TYPES OF EMPLOYERS

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS can resume. Those who interact with residents and patients must be diligent regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under limited physical distancing protocols.

GYMS can remain open if they adhere to standard sanitation protocols.

BARS may operate with increased standing room occupancy, where applicable.

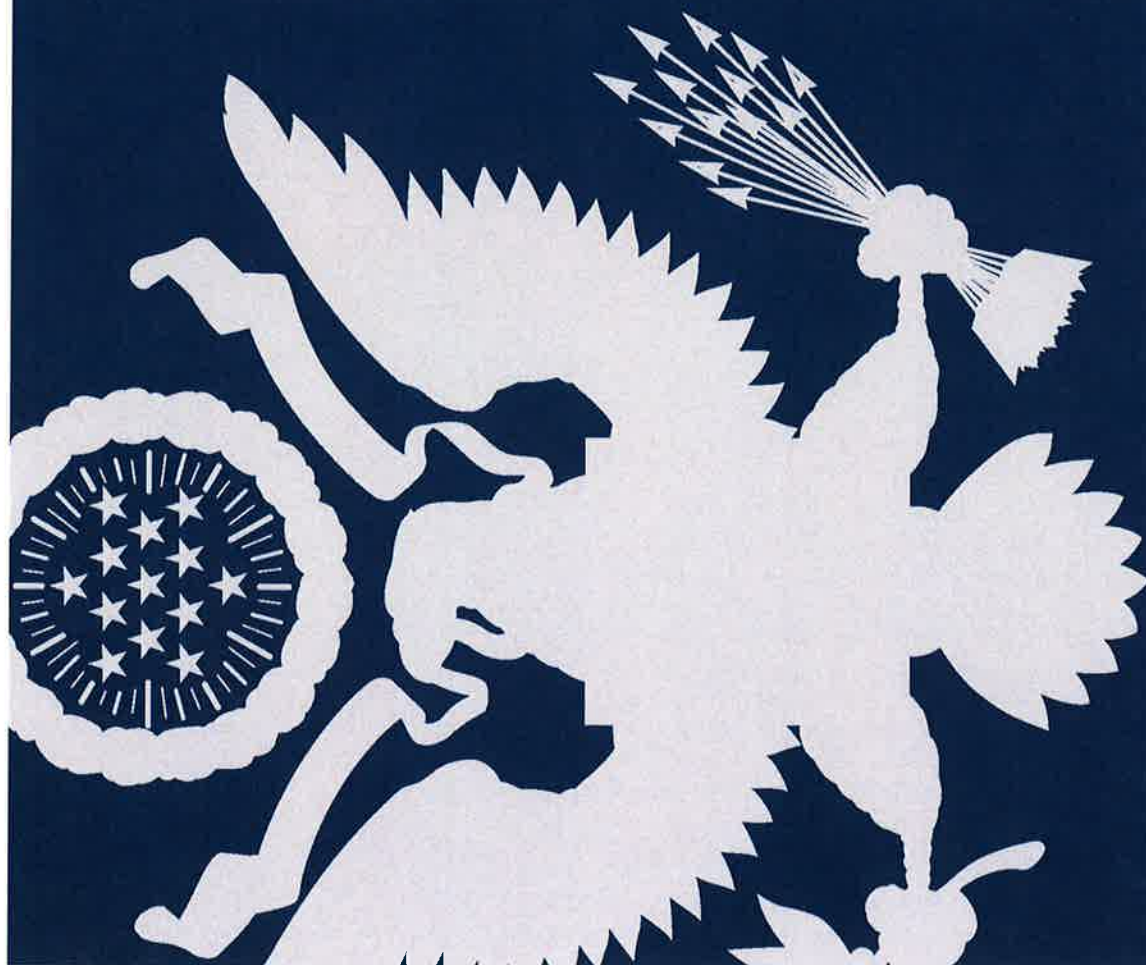
EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



Appendix

Vulnerable Individuals

1. *Elderly individuals.*
2. *Individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.*





Municipality of Anchorage

Ethan Berkowitz, Mayor

MUNICIPALITY OF ANCHORAGE PROCLAMATION OF EMERGENCY ORDER EO-10 PHASE THREE: MAINTENANCE

ISSUED BY THE MAYOR OF THE MUNICIPALITY OF ANCHORAGE PURSUANT TO ANCHORAGE MUNICIPAL CODE SECTION 3.80.060H.

The COVID-19 pandemic has generated a public health emergency that threatens to overwhelm our health system, endangering the lives and wellbeing of the people of Anchorage. More than a month of hunkering down resulted in a flatter curve and prevented the exponential growth of cases. A phased reopening has allowed businesses to adapt to new hygiene needs and prevented a surge of new cases. In conjunction with the State we are ready to continue the process of getting Anchorage back to business, with significant precautions in place. This order is put forward to preserve the health and safety of our community while taking the next step to open the economy.

I HEREBY ORDER THE FOLLOWING EMERGENCY RESPONSE TO PRESERVE LIFE IN AND ADJACENT TO THE MUNICIPALITY. THE FOLLOWING EMERGENCY REGULATIONS BEGIN AT 8:00 A.M. ON MONDAY, MAY 25, 2020 AND REMAIN IN EFFECT UNTIL MODIFIED. THIS ORDER REPLACES EO-09.

1. It is strongly recommended that everyone currently in the Municipality of Anchorage (the "Municipality") limit physical contact with those outside of their household and a small chosen group of other individuals. On the occasions when individuals leave home, they should maintain physical distancing of at least six feet from any person outside their household/small group whenever possible. Individuals are also strongly encouraged to practice recommended hygiene, including wearing a cloth face covering or mask whenever in public and regular hand washing.
2. It is strongly recommended, in accordance with CDC guidance, that certain individuals within the Municipality should continue to take great precaution. Anyone particularly at-risk from COVID-19 should reduce exposure by staying at home, not physically going to work, and not doing their own shopping if possible. People particularly at risk of complications from COVID-19 include those 60 years and older and individuals of any age with a serious underlying medical condition. Household members of those who are at elevated risk should implement these more stringent guidelines as well, to the extent possible.
3. Individuals likely to be contagious with COVID-19 are **required** to minimize contact with others as follows:
 - a. People who are exhibiting symptoms of COVID-19 (including the following symptoms when not attributable to other known causes: coughing, shortness of breath, fever, fatigue, chills, muscle pain, sore throat, or new loss of taste or smell) shall stay home except to seek medical care. Businesses shall not knowingly permit symptomatic employees or others likely to be contagious with COVID-19 to work outside the home.



Municipality of Anchorage

Ethan Berkowitz, Mayor

- b. Individuals who have recently travelled outside Alaska are required to self-quarantine for fourteen days, in compliance with the State Health Mandate 10.1 as in effect on May 21, 2020. This requirement shall survive any subsequent changes to or suspensions of Health Mandate 10.
 - c. Household members of those who are possibly contagious should exercise physical distancing and enhanced hygiene within the home, and refrain from leaving the home to the extent possible.
4. All businesses, services, and entities in the Municipality are eligible to operate if they can follow the health mandates that apply to phase three operations. Simplified operating criteria are available in Attachments to this document. The operating criteria are not mandatory for businesses previously defined as "critical" in EO-09, but critical businesses should continue to permit remote work where feasible, comply with physical distancing guidelines as much as possible, and strongly encourage employees to wear cloth face coverings or masks when around the public or in close proximity to other employees. Any business may require customers or clients to wear face coverings or masks.
 5. All gatherings must follow six-foot physical distancing and proper hygiene protocols. Large events of over 500 people are not permitted without advanced permission from the Municipality.
 6. Nothing in this order shall require the use of a mask or cloth face covering by anyone for whom doing so would be contrary to his or her health or safety because of a medical condition; anyone unable to tolerate a mask due to a disability; a child in a childcare setting; a child under the age of 2 years; or an older child if the parent, guardian, or person responsible for the child is unable to place the mask safely on the child's face. If a person declines to wear a mask or face covering because of a medical condition or disability as described above, such person shall not be required to produce medical documentation verifying the stated condition or disability. Businesses may wish to consider accommodating such individuals through curbside or delivery service or by making exceptions to their masking policies if doing so will not place others at risk.

DATED this 24th day of May, 2020.


Ethan Berkowitz, Mayor
Municipality of Anchorage, Alaska

APPENDIX E

STATE OF ALASKA COVID-19 RESOURCES

- **Reopen Alaska Responsibly Plan Phase III/IV Guidance¹**
- **Phase III & IV State of Alaska Public Health Mandate Advisory Documents**
- **State of Alaska Public Health Mandates in Effect May 22, 2020**
- **State of Alaska “Frequently Asked Questions” (Unknown Date of Update)**
- **Department of Health and Social Services “Responding to COVID-19”**

¹ In order to review all previous and current State of Alaska Mandates and Advisory Guidance, please visit <https://covid19.alaska.gov/health-mandates/>.

State of Alaska
COVID-19 (CORONAVIRUS) INFORMATION



Phase 3/4

Starts Friday, May 22, 2020

[Phase 3/4 General Guidance](#)

[Phase 3/4 Detailed Guidance](#)



Alaska's Plan Forward



Alaska has done an excellent job of managing COVID-19. We responded quickly to an unknown threat to keep our cases low and to ensure our healthcare systems have the increased capacity to deal with COVID-19 cases in the future. The base actions that led to our success will continue to be our playbook for the future:

- **Stay six feet or more away from non-family members.**
- **Wash your hands frequently.**
- **Wipe down surfaces frequently.**
- **Wear a face covering when in a public setting in close contact with others.**
- **Stay home if you are sick and get tested for COVID-19 if you have symptoms.**
- **Be mindful and respectful to those Alaskans that are most vulnerable to this virus. Those being our seniors and those with existing health issues.**

Under Phases I and II, businesses and organizations found new and creative ways to minimize the risk of COVID-19, and each day we are seeing new national and industry guidelines being released that provide guidance on safely operating.

It is with the listed guidelines and safety advisories that we can empower businesses, organizations and Alaskans to protect themselves and each other while continuing to open responsibly.

Now is the time for the next phase of our response. To move ahead, we are combining our future phases, while encouraging personal and organizational responsibility to safely operate while mitigating the spread of this disease.

Make no mistake. The virus is with us. We must function with it and manage it. There will be folks who contract the virus and fall ill, but if we follow these guidelines, we can help lower potential risks and keep our way of life intact with a few exceptions.

The state, local communities, tribal partners, and healthcare providers have come together to do tremendous work. We built up our health care capacity to handle a potential increase in cases. We have increased screening and testing and continued to have robust contact tracing. We have trained our healthcare workers to safely work with, and treat, the virus. We have stockpiled and distributed PPE around the state.

We will monitor the situation daily, as we have since this virus arrived in Alaska, and we will adjust, if necessary, to handle a growth in case clusters to prevent cases spiking.

Effective Friday May 22, 2020 Alaska is open for business:

- All businesses can open
- All houses of worship can open
- Libraries and museums can open
- All recreational activities can open
- All sports activities can open

It's the responsibility of individuals, businesses, and organizations to minimize the spread of COVID-19. We encourage all to follow local, state, national, and industry guidelines on ways to conduct business and activities safely.

Exceptions/restrictions/closures:

- 14-day quarantine for interstate and international travel to Alaska remains in place. This will be reevaluated by June 2, 2020, but will be reviewed weekly.
- All senior centers, prisons, and institutions will continue to have restricted access.
- Any proposed large public gatherings such as festivals and concerts need to consult first with public health before scheduling.
- The State will continue to work with large industries to protect their workforce and the communities in which they operate.
- Communities may still elect to keep in place travel restrictions.
 - o Some Alaskan communities may wish to extend restrictions on non-essential travel into their communities for health reasons. Check with your local community.
- Health Mandates 15 (Elective Medical/Dental), 17 (Commercial Fishing), and 18 (Intrastate Travel) remain in effect.

It's because of you, Alaska, that our statewide numbers remain low. We will keep our numbers low because of your actions.



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.

- ii. [Stay at least 6 feet \(about 2 arms' length\) from other people.](#)
 - iii. Do not gather in groups and minimize your interactions with others.
 - iv. Stay out of crowded places and avoid mass gatherings.
 - v. Keeping distance from others is especially important for [people who are at higher risk of getting very sick.](#)
 - c. Keep your social circle small. If a stronger support network is needed, Alaskans may choose to expand their social circle to include just a few others. [Expanding your social bubble](#) can provide support as you continue to keep distance from others.
- 3. Cover your mouth and nose with a cloth face cover when around others**
- a. You could spread COVID-19 to others even if you do not feel sick. The cloth face cover is meant to protect other people in case you are infected.
 - b. Everyone should wear a [cloth face cover](#) when they have to go out in public, for example to the grocery store or to pick up other necessities.
 - i. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
 - c. Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
- 4. Stay home if you feel ill, and always cover coughs and sneezes.**
- a. If you feel ill with a fever, cough, shortness of breath or [other symptoms of COVID-19](#), stay home, call your healthcare provider before going in, and get tested for [COVID-19](#).
 - b. If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
 - c. Throw used tissues in the trash.
 - d. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
- 5. Clean and disinfect**
- a. Clean AND disinfect [frequently touched surfaces](#) daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
 - b. If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection, then use a household disinfectant. Most common [EPA-registered household disinfectants](#) will work.
 - i. The U.S. Environmental Protection Agency (EPA) has released its [List N Tool](#), a new web-based application (app) that allows smart phone users and others to quickly identify disinfectant products that meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19.

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 children's 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.

State of Alaska Phase III/IV Advisory Documents

1. Public Facing Businesses Generally (Not including Retail) - Attachment D (5/22/20)
2. Retail - Attachment E (Updated 5/22/20)
3. Restaurants- Attachment F (Updated 5/22/20)
4. Personal Care Services - Attachment G (Updated 5/22/20)
5. Non-Essential Non-Public Facing Business - Attachment H (Updated 5/22/20)
6. Day Camps- Attachment I (Updated 5/22/20)
7. Fishing Charters – Attachment J (Updated 5/22/20)
8. Gyms, Fitness, & Recreational Facilities- Attachment K (Updated 5/22/20)
9. Lodges & Camping- Attachment L (Updated 5/22/20)
10. Graduation Ceremonies-Superintendent Memo (Updated 5/22/20)
11. Social, Religious, & Other Gatherings- Attachment N (Updated 5/22/20)
11. Libraries, Museums, & Archives- Attachment O (Updated 5/22/20)
12. Swimming Pools-Attachment P (Updated 5/22/20)
13. Bars - Attachment Q (Updated 5/22/20)
14. Theatres - Attachment R (Updated 5/22/20)
15. Bowling Alleys - Attachment S (Updated 5/22/20)
16. Bingo Halls - Attachment T (Updated 5/22/20)
17. Organized Sports & Activities- Attachment - Attachment U (Updated 5/22/20)
18. Libraries, Museums, & Archives- Attachment O (Updated 5/22/20)
19. Organized Sports & Activities- Attachment - Attachment U (Updated 5/22/20)
20. Licensed Childcare - Attachment V (Updated 5/22/20)

Non-Essential Public Facing Businesses Generally (Not Including Retail)
Attachment D
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- I. **Applicability:** This Attachment generally applies to businesses interacting with the public, which are not included in *Alaska Essential Services and Critical Workforce Infrastructure Order*. Retail business guidance is addressed in Attachment E.
- II. **Non-Essential Businesses can resume operations. The following information is for the purposes of providing guidance and best practices.**
 - a. Social Distancing:
 - i. Reservations are encouraged. Walk-ins are permitted. A visitor log is not necessary, but one that has sufficient information to be able to contact a visitor should the need arise can be helpful.
 - ii. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
 - iii. Social distancing of at least six feet continues to be a best practice.
 - iv. Persons with symptoms consistent with COVID-19 should not be on the premises.
 - b. Hygiene Best Practices:
 - i. Handwashing capability or sanitizer availability is encouraged.
 - ii. Employees should frequently wash their hands.
 - c. Staffing:
 - i. No employee displaying symptoms of COVID-19 will provide services to customers. Symptomatic or ill employees may not report to work;
 - ii. No employee may report to the work site within 72 hours of exhibiting a fever.
 - iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
 - d. Cleaning and Disinfecting:
 - i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, businesses may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed

Non-Essential Public Facing Businesses Generally (Not Including Retail)
Attachment D
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by site personnel performing a comprehensive disinfection of all common surfaces.

- iii. CDC protocols can be found online at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

III. Non-Essential Businesses Requiring In-Home Services

- a. **Applicability:** Businesses not falling under the *Alaska Essential Services and Critical Workforce Infrastructure Order* (formerly Attachment A) which require provision of services in a person's home. Examples include, but are not limited to, installation of products such as windows, blinds, and furniture, non-critical inspections and appraisals, and showing a home for sale.

- b. **These businesses can resume operations.**

i. Social Distancing:

1. It is encouraged to continue wearing cloth face coverings.
2. Social distancing of at least six feet continues to be a best practice.
3. Persons with symptoms consistent with COVID-19 should not be on the premises.

ii. Hygiene:

1. All workers should continue to frequently wash hands and/or use hand sanitizer.

iii. Staffing:

1. No employee displaying symptoms of COVID-19 will provide services to customers. Symptomatic or ill employees may not report to work.
2. No person may work within 72 hours of exhibiting a fever.

Retail Businesses
Attachment E
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- I. Applicability:** This Attachment applies to retail businesses interacting with the public only, and are not included in the *Alaska Essential Services and Critical Workforce Infrastructure Order* (formerly Attachment A).
- II. Retail businesses may resume operations.**
- a. Social Distancing:
 - i. Social distancing of at least six feet continues to be a best practice.
 - ii. Continuing to wear cloth face coverings by employees and patrons is suggested.
 - iii. Persons with symptoms consistent with COVID-19 should not be on the premises.
 - b. Hygiene:
 - i. Handwashing capability or sanitizer availability is encouraged.
 - ii. Employees should frequently wash their hands.
 - c. Staffing/Operations:
 - i. No employee displaying symptoms of COVID-19 will provide services to customers. Symptomatic or ill employees may not report to work;
 - ii. No person may work within 72 hours of exhibiting a fever;
 - iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
 - d. Cleaning and Disinfecting:
 - i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, retail businesses may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.

Retail Businesses
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ADVISORY DOCUMENT PHASE III-IV
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- iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Restaurants Dine-In Services
Attachment F
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

I. Applicability: This Attachment applies to restaurants only. Bars are addressed in Attachment Q.

II. Restaurants may resume table service dining.

a. General:

- i. Continue to follow all regulatory and legal standards required to operate a food services business in Alaska.
- ii. Buffets and salad bars are open to self-service.

b. Social Distancing

- i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
- ii. Social distancing of at least six feet continues to be a best practice.
- iii. Persons with symptoms consistent with COVID-19 should not be on the premises.

c. Operations:

- i. Reservations are encouraged. Walk-ins are permitted. A visitor log is not necessary, but one that has sufficient information to be able to contact a visitor should the need arise can be helpful.
- ii. It is encouraged that cloth face coverings be worn by all employees interacting with the public.

d. Hygiene Best Practices:

- i. Handwashing capability or sanitizer availability is encouraged.
- ii. Employees should frequently wash their hands.

e. Staffing:

- i. No employee displaying symptoms of COVID-19 may provide services to customers. Symptomatic or ill employees may not report to work;
- ii. No employee may report to the work site within 72 hours of exhibiting a fever.
- iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

f. Cleaning and Disinfecting:

- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
- ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after

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

State of Alaska COVID-19 Attachment F

Restaurants Dine-In Services

Restaurants Dine-In Services
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the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, restaurant businesses may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.

- iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Personal Care Services
Attachment G
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

I. Applicability: This Attachment applies to personal care services including, but not limited to, the following business types:

- i. Hair salons and hairdressers;
- ii. Day spas, permanent cosmetic colorists, estheticians, and esthetics locations;
- iii. Nail salons and manicurists;
- iv. Barber shops and barbers;
- v. Tattoo shops and tattoo artists;
- vi. Body piercing locations and body artists;
- vii. Tanning facilities;
- viii. Rolwing;
- ix. Reiki;
- x. Lactation consultants;
- xi. Acupressure.

II. Personal Care Services can resume.

- a. Compliance with Licensing and Board Direction: Nothing in this advisory document or any attachment shall be construed to waive any existing statutory, regulatory, or licensing requirements applicable to providers or businesses operating under this attachment. Service providers should consult their licensing board for additional direction on standards for providing services.
- b. Business owners and licensees of state boards may opt to require more stringent safety and sanitation measures when reopening.
- c. Social Distancing:
 - i. Reservations are encouraged. Walk-ins are permitted. A visitor log is not necessary, but one that has sufficient information to be able to contact a visitor should the need arise can be helpful.
 - ii. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
 - iii. Social distancing of at least six feet continues to be a best practice.
 - iv. Persons with symptoms consistent with COVID-19 should not be on the premises.
- d. Hygiene Best Practices:
 - i. Licensees of the Board of Barbers and Hairdressers are required to follow all safety and sanitation statutes and regulations. The links below provide every day and COVID-19 compliance information.

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

State of Alaska COVID-19 Attachment G

Personal Care Services

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1. <https://www.commerce.alaska.gov/web/portals/5/pub/BandHStatutes.pdf>
 2. https://www.commerce.alaska.gov/web/portals/5/pub/bah_18AAC.23.pdf
 3. <https://dec.alaska.gov/media/1054/18-aac-90.pdf>
- ii. Any sanitation protocols required in state licensing statutes or regulations that are more stringent than those listed in this attachment must be followed.
- iii. Persons with symptoms consistent with COVID-19 should not be on the premises.
- e. Staffing/Operations:
- i. Contractors, such as booth renters, are responsible for providing their own equipment and for maintaining all shop safety and sanitation requirements during the hours they are working.
 - ii. Licensed schools may reopen.
 - iii. No employee displaying symptoms of COVID-19 will provide services to customers. Symptomatic or ill employees may not report to work.
 - iv. No employee may report to the work site within 72 hours of exhibiting a fever.
 - v. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- f. Cleaning and Disinfecting:
- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, businesses may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.
 - iii. CDC protocols can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Non-Essential Non-Public-Facing Businesses
Attachment H
ADVISORY DOCUMENT PHASE III-IV

- I. Applicability:** This Attachment applies to businesses not interacting with the public and which are not included in the Alaska Essential Services and Critical Workforce Infrastructure Order (formerly Attachment A).
- II. Non-Public-Facing Businesses may resume operations.**
- a. Social Distancing:
 - i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
 - ii. Social distancing of at least six feet continues to be a best practice.
 - iii. Persons with symptoms consistent with COVID-19 should not be on the premises.
 - b. Hygiene Best Practices:
 - i. Handwashing capability or sanitizer availability is encouraged.
 - ii. Employees should frequently wash their hands.
 - c. Staffing:
 - i. No employee displaying symptoms of COVID-19 will provide services to customers. Symptomatic or ill employees may not report to work.
 - ii. No person may work within 72 hours of exhibiting a fever.
 - iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
 - d. Cleaning and Disinfecting:
 - i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, businesses may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.
 - iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Day Camps
Attachment I
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

I. Purpose: This Attachment is intended to allow people to return to the workforce, and for children to resume social activities, while still protecting public health.

II. Operations:

a. Social Distancing:

- i. Social distancing (a minimum of six feet) should be encouraged whenever possible with an understanding on limitations in social distancing in young children.
- ii. Activities should be held outside whenever feasible.
- iii. Day camps that offer napping for young children should consider social distancing during rest times and should sanitize sleeping area after use.
- iv. Camp must explain health guidelines to all children and staff, in an age-appropriate manner.
- v. Persons with symptoms consistent with COVID-19 should not be on the premises.

b. Capacity:

- i. For any attendees who come from out-of-state or have recently traveled out-of-state, camp will require affirmation from the parent or guardian that the child has completed the 14-day quarantine requirement prior to participation after arriving in the community until that requirement is lifted.

c. Hygiene Best Practices:

- i. Handwashing capability or available hand sanitizer is encouraged.
- ii. Employees should frequently wash their hands.
- iii. Camp should encourage frequent handwashing or use of hand sanitizer, if handwashing is not available, by the children.

d. Staffing/Operations:

- i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
- ii. Cloth face coverings are prohibited on babies and children under the age of two due to the danger of suffocation, but cloth face coverings could be encouraged in older children.
- iii. Camp must supervise young children when using hand sanitizer.
- iv. Camp must communicate to parents or guardians the importance of keeping children home when they are sick. No child may return to camp or facility within 72 hours after last fever.

For the latest information on COVID-19, visit coronavirus.alaska.gov
State of Alaska COVID-19 Attachment I

Day Camps
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- v. No personnel displaying symptoms of COVID-19 will provide services to customers. Symptomatic or ill personnel may not report to work.
 - vi. No personnel may report to the work site within 72 hours of exhibiting a fever.
 - vii. Camp must establish a plan for personnel getting ill and a return-to-work plan following CDC guidance, which can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
- e. Cleaning and Disinfecting:
- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active staff member or participant is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, camps may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by staff performing a comprehensive disinfection of all common surfaces.
 - iii. CDC protocols can be found on line at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

**Fishing Charters
Attachment J
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020**

- I. Applicability:** This Attachment applies to day fishing charter operations.
- II. Day fishing charters can resume operations:**
- a. Social Distancing:
 - i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
 - ii. Social distancing of at least six feet continues to be a best practice. If this is not possible, crewmember and patrons must maintain as much social distancing as allowed on the vessel, depending on its size and configuration. Passengers and crewmembers from the same household are not required to social distance from each other.
 - iii. Persons with symptoms consistent with COVID-19 should not be on the vessel.
 - b. Hygiene Best Practices:
 - i. Handwashing capability or sanitizer availability is encouraged.
 - ii. Employees should frequently wash their hands.
 - c. Staffing:
 - i. No crewmembers displaying symptoms of COVID-19 may provide services to customers. Symptomatic or ill employees may not report to work.
 - ii. No crewmember may report to the work site within 72 hours of exhibiting a fever.
 - iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
 - d. Cleaning and Disinfecting:
 - i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, vessels or facilities may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.

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- iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

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

State of Alaska COVID-19 Attachment J

Fishing Charters

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Gyms, Fitness Centers, Sports, and Recreational Facilities
Attachment K
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- I. Applicability:** This Attachment applies to gyms, fitness businesses, and sports and recreational facilities (collectively “athletic facilities”). Examples include, but are not limited to: hockey rinks; indoor fields and tracks; yoga, dance, rock climbing, cycling, and gymnastics studios. This Attachment does not apply to pools or pool activities; the Advisory Document for those facilities is Attachment P.
- II. Classes, training, and activities by gyms and fitness businesses may resume operations.**
- a. Social Distancing:
- i. Reservations are encouraged, as appropriate. Walk-ins are permitted. A visitor log is not necessary, but one that has sufficient information to be able to contact a visitor should the need arise can be helpful.
 - ii. If possible, when not exercising, social distancing of a minimum of six feet should be maintained.
 - iii. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
 - iv. Persons with symptoms consistent with COVID-19 should not be on the premises.
- b. Hygiene Best Practices:
- i. Handwashing capability or sanitizer availability is encouraged.
 - ii. Employees should frequently wash their hands.
 - iii. Athletic facilities must comply with CDC guidelines to the maximum extent possible:
<https://www.cdc.gov/mrsa/community/environment/athletic-facilities.html>.
- c. Staffing/Operations:
- i. A visitor log is not necessary, but one that has sufficient information to be able to contact a visitor should the need arise can be helpful.
 - ii. No employee displaying symptoms of COVID-19 may provide services to customers. Symptomatic or ill employees may not report to work.
 - iii. No employee may report to the work site within 72 hours of exhibiting a fever.
 - iv. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

Gyms, Fitness Centers, Sports, and Recreational Facilities
Attachment K
ADVISORY DOCUMENT PHASE III-IV
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- d. Cleaning and Disinfecting:
- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, the athletic facility may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.
 - iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.
- e. Mixed Activity/Use: The Advisory Document for Attachment E applies if there are retail services provided on-site, such as a gift store or convenience store. The Advisory Document for Attachment F applies if there are restaurant/dining services provided on –site.

Lodging and Overnight Camping
Attachment L
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- I. Applicability:** This Attachment applies to camping and lodging facilities and areas, including, but not limited to:
- a. Overnight cabins for rental;
 - b. RV parks;
 - c. Tent sites;
 - d. Privately-owned campgrounds;
 - e. Bed and breakfasts;
 - f. Hotels, motels, and inns.
- I. The above businesses may resume operations.**
- a. Social Distancing:
 - i. Reservations are encouraged. Walk-ins are permitted. A visitor log is not necessary, but one that has sufficient information to be able to contact a visitor should the need arise can be helpful.
 - ii. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
 - iii. Social distancing of at least six feet continues to be a best practice.
 - iv. Persons with symptoms consistent with COVID-19 should not be on the premises.
 - b. Hygiene Best Practices:
 - i. Handwashing capability or sanitizer availability is encouraged.
 - ii. Employees should frequently wash their hands.
 - c. Staffing:
 - i. No employee displaying symptoms of COVID-19 may provide services to customers. Symptomatic or ill employees may not report to work;
 - ii. No employee may report to the work site within 72 hours of exhibiting a fever.
 - iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
 - d. Cleaning and Disinfecting:
 - i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, businesses may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by

Lodging and Overnight Camping
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site personnel performing a comprehensive disinfection of all common surfaces.

- iii. CDC protocols can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

II. Mixed Businesses/Application of Other Attachments

- a. If there is a dine-in restaurant on site, then Advisory Document Attachment F also applies.
- b. If there are retail services provided on-site, such as a gift store or convenience store, then Advisory Document Attachment E also applies.



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Education &
Early Development
OFFICE OF THE COMMISSIONER

P.O. Box 110500
Juneau, Alaska 99811-0500
Main: 907.465.2800
TTY/TDD: 907.465.2815
Fax 907.465.4156

MEMORANDUM

TO: Superintendents

FROM: Dr. Michael Johnson, Commissioner 

DATE: April 23, 2020

SUBJECT: Guidance on 2019-2020 Graduation Ceremonies

With approval from the Alaska Department of Health and Social Services, below is guidance for school districts' consideration regarding conducting graduation ceremonies during the COVID-19 pandemic.

Educational institutions may conduct graduation ceremonies by following social distancing requirements: groups of less than 20 people, individuals must be 6 feet apart, non-speaking personnel must wear face coverings, and no physical interaction between participants.

The following are ideas for consideration:

- I. **Virtual or Live-Streaming Ceremonies:**
 - An educational institution may conduct a virtual ceremony by live-streaming to participants.
 - Up to 20 staff members (including any speakers) may be present at the location in order to organize and conduct the ceremony. Social distancing requirements must be followed. Face coverings must be worn by non-speaking personnel. If there is singing or projecting of voice, then a minimum of 10 feet between each person must be observed.
- II. **In-Person Ceremonies:**
 - In either of the below in-person ceremony types, the educational institution may arrange for students to be present to physically receive their diplomas, subject to the following requirements necessary to protect the public health, safety, and welfare:
 - i. **In-person ceremonies must be groups of less than 20 people.**
 - ii. The institution must ensure social distancing of 6 feet between every individual, and 10 or more feet between any speaker or singer and other individuals.

- iii. The institution must enact a clear protocol for dispersal of students after diploma collection that complies with social distancing requirements.
 - o If a student has household members observing from a vehicle, the student may proceed directly to that vehicle.
- iv. All participants must wear face coverings.
- v. Diplomas may be conferred in the following manner:
 - o Those who touch the diplomas or shared surfaces must wear gloves and face coverings.
 - o The diploma should be placed on a surface at least 6 feet away from students waiting to be called.
 - o The individual handling the diploma must move to a place at least 6 feet away from the surface.
 - o The student's name can then be announced.
 - o The student will collect the diploma from the surface and proceed to a designated area to maintain social distancing requirements.
 - o Once the student is at least 6 feet away, the next diploma may be placed and another student's name called.

Example A: Drive-In Ceremonies

- Educational institutions may conduct "drive-in" ceremonies, where onlookers gather in their vehicles at the designated location and participate in the ceremony by remote means, subject to the following requirements necessary to protect the public health, safety, and welfare:
 - i. Onlookers may leave their homes to travel by vehicle to and from the school/ceremony facility, and must remain in their vehicle at all times.
 - ii. Each vehicle may only hold members of the same household.
 - iii. Vehicles must be parked with 6 feet of separation between vehicles.
 - o This will be ensured by clearly marked parking stalls or directed by parking lot staff wearing reflective clothing and face coverings.
 - iv. Onlookers may not interact physically with school personnel or participants in other vehicles.
- Up to 20 staff members (including any speakers) may be present at the location in order to organize and conduct the ceremony. Social distancing requirements must be followed. Face coverings must be worn for non-speaking personnel. If there is singing or projecting of voice, then a minimum of 10 feet between each person must be observed.

Example B: Walk-Through Ceremonies

- Educational institutions may set up a protocol to allow students and a small group (less than 10) of family members from their own household to enter a facility at regular intervals to proceed to a designated photo and/or video area to pick up diplomas from a table.
- An example from one high school:
 - i. To receive diplomas, students will walk in the high school office entrance with no more than four family members from their own household. Staff with masks, staged at regular intervals of no less than 6 feet apart, will acknowledge students warmly from a distance of over 6 feet and show them the direction they should go, only allowing the graduate/family to

move along the graduate circuit through the music room, into the gym (see diagram below). Graduates will then separate from their family once onto the court (family going mid-court to take photos, students to the stage to collect diplomas). Once on stage, students will smile from a 6 foot distance to the Board President, Superintendent, and Principal (who are all over 6 feet apart from one another). The student's diploma will have been sanitized with a Lysol wipe when placed on a table. The student will pick up their diploma and pose for pictures. We will have a paid photographer to take pictures at a safe distance from family members who may also be taking pictures. Students will then walk off stage, meet up with family members, and walk out of the gym for to-go refreshments in the commons. They will then be ushered by staff out of a different hallway and door than the one they entered.

- ii. Three unmanned video cameras will be set up to record the graduation. We will edit the footage of graduates receiving their diplomas and combine it with other pre-recorded events, such as the speeches and the senior slideshow, for later online viewing.

Social, Religious, and Other Gatherings
Attachment N
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- I. Applicability:** This Attachment applies to all gatherings of individuals and social organizations.
- II. Social Distancing Protocols for Individuals:**
- a. Movement outside the home:
- i. Individuals are not required to stay home.
 - ii. Individuals frequenting businesses may find that businesses have set forth their own requirements applicable to patronizing that business.
 - iii. It is encouraged to continue, when in public spaces, efforts to maintain at least a six foot distance from other individuals.
 - iv. In all gatherings that include multiple households, it is suggested that cloth face coverings be worn by all participants. See Health Alert 010 for helpful information on cloth face coverings. This can be found online at: http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/SOA_04032020_HealthAlert010_ClothFaceCoverings.pdf
- b. Symptomatic Individuals:
- i. Any family member who is ill with COVID-19 must be immediately isolated in their home or other permitted place of isolation. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>.
 - ii. Any individual who exhibits symptoms of COVID-19 illness must not leave their home or place of dwelling within 72 hours of their last fever, including to work, except as necessary to seek or receive medical care. Individuals who are symptomatic, but did not manifest a fever, must not leave their home or dwelling place until they no longer exhibit symptoms.
 - iii. Any individual who exhibits symptoms of illness may not participate in gatherings that include non-household members for at least 72 hours past their last fever. Individuals who are symptomatic, but did not manifest a fever, must not leave their home or dwelling place until they no longer exhibit symptoms.
 - iv. Individuals who have known exposure to a person who has tested positive for COVID-19 shall self-quarantine for 14 days following the last exposure, and shall not participate in any gatherings with non-household members.

Social, Religious, and Other Gatherings
Attachment N
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

III. Guidance for Social and Other Gatherings, Generally:

For Indoor gatherings:

- a. This section applies broadly to any types of gatherings, including political, union, fundraising, or other group events, as well as meetings of individuals from different households.
- b. Social distancing of at least six feet continues to be a best practice.
- c. It is encouraged to continue wearing cloth face coverings when attending gatherings. See Health Alert 010 for helpful information on cloth face coverings. http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/SOA_04032020_HealthAlert010_ClothFaceCoverings.pdf.
- d. If the event is being held in a building that is open to the public, and not an individual's home:
 - i. Persons with symptoms consistent with COVID-19 should not be on the premises.
 - ii. Frequent handwashing by staff and volunteers is encouraged.

For Outdoor Gatherings:

- a. Social distancing of at least six feet continues to be a best practice.

IV. Additional Guidance for Religious Gatherings:

For Indoor/In-Person Services:

- a. Gatherings may include members from different households.
- b. Social distancing of at least six feet continues to be a best practice.
 - i. Wearing cloth face coverings at gatherings including non-household members, is encouraged, when possible.
 - ii. The organizer or facility must provide handwashing or sanitizer.
 - iii. Persons with symptoms consistent with COVID-19 should not be on the premises.
 - iv. Handwashing capability or sanitizer availability is encouraged.
 - v. Establish protocols for sacrament, communion, or collecting offering with minimal handling of the offering plate and money.
 - vi. Handwashing capability or sanitizer availability is encouraged.

For Outdoor Services:

- a. Further guidance for community and faith-based organizations can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html>.

Libraries, Museums, and Archives
Attachment O
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

I. Applicability: This Attachment applies to all libraries, museums, and archives.

II. Libraries, archives, and museums may resume operations.

a. General:

- i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
- ii. Social distancing of at least six feet continues to be a best practice.
- iii. Persons with symptoms consistent with COVID-19 should not be on the premises.

b. Hygiene Best Practices:

- i. Handwashing capability or sanitizer availability is encouraged.
- ii. Employees should frequently wash their hands.

c. Staffing/Operations:

- i. No employee displaying symptoms of COVID-19 may provide services to the public. Symptomatic or ill employees may not report to work.
- ii. No employee may work within 72 hours of exhibiting a fever.
- iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

d. Cleaning and Disinfecting:

- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
- ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, the library, archive, or museum may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.
- iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Libraries, Museums, and Archives
Attachment O
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

III. Mixed Businesses/Application of Other Attachments

- a. Stores that operate within a library, archives, or museum are subject to the Advisory Document of Attachment E Retail Businesses.
- b. Cafes that operate within a library, archives, or museum are subject to the Advisory Document for Attachment F Restaurants Dine-In Services.
- c. Public gatherings and rentals of spaces within a library, archives, or museum are subject to the Advisory Document for Attachment N Social, Religious, and Other Gatherings.

Swimming Pools
Attachment P
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- I. Applicability:** This Attachment applies to pools and swim facilities, including facilities hosting swim clubs or teams, whether stand-alone or pools that are associated with a business offering other services (such as a gym or hotel).
- II. Pools can resume operations.**
- a. Social Distancing:
- i. It is encouraged that cloth face coverings be worn by all patrons and employees, except when in the water.
 - ii. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
 - iii. Social distancing of at least six feet continues to be a best practice.
 - iv. Persons with symptoms consistent with COVID-19 should not be on the premises.
 - v. No participant may use the facility or join an outdoor swim activity within 72 hours of exhibiting a fever.
- b. Hygiene Protocols:
- i. Handwashing capability or sanitizer availability is encouraged.
 - ii. Employees should frequently wash their hands.
 - iii. Pool, deck, and other communal spaces must be fully sanitized prior to opening each day.
- c. Staffing:
- i. Employer must provide training for employees regarding these requirements and provide each employee with a copy of the business mitigation plan.
 - ii. Employer must conduct pre-shift staff screening and maintain a staff screening log.
 - iii. No employee displaying symptoms of COVID-19 may provide services to the public. Symptomatic or ill employees may not report to work.
 - iv. No employee may report to the work site within 72 hours of exhibiting a fever.
 - v. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

Swimming Pools
Attachment P
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

d. Cleaning and Disinfecting:

- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - 1. Water: Per CDC guidance, proper operation and maintenance, including disinfection with chlorine and bromine, should inactivate any virus in the water. <https://www.cdc.gov/coronavirus/2019-ncov/php/water.html>
 - 2. Facility: Cleaning and disinfecting must be conducted in compliance with CDC protocols weekly or, in lieu of performing the CDC cleaning and disinfecting, the business may shut down for a period of at least 72 consecutive hours per week to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.
- ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, businesses or facilities may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.
- iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

Bars
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- I. Applicability:** This Attachment applies to establishments that serve alcohol, including standalone bars and bars located within restaurants, hotels, resorts, and breweries (collectively “Bars”).

II. Bars may resume operations.

a. General:

- i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
- ii. Social distancing of at least six feet continues to be a best practice.
- iii. Persons with symptoms consistent with COVID-19 should not be on the premises.

c. Operations

- i. Walk-ins are permitted. A visitor log is not necessary, but one that has sufficient information to be able to contact a visitor should the need arise can be helpful.
- ii. It is encouraged that cloth face coverings be worn by all employees interacting with the public.
- iii. Bar Staff must use new drink coasters between each beverage.
- iv. Bars must sanitize or provide disposable menus if menus are provided.
- v. Bars should use disposableware when available.
- vi. Bars must provide for hourly touch-point sanitization (including at all workstations, equipment, screens, doorknobs, restrooms).
- vii. If food services are offered, please refer to the Advisory Document Attachment F.

d. Hygiene Best Practices:

- i. Handwashing capability or sanitizer availability is encouraged.
- ii. Employees should frequently wash their hands.

e. Staffing:

- i. No employee displaying symptoms of COVID-19 may provide services to customers. Symptomatic or ill employees may not report to work;
- ii. No employee may report to the work site within 72 hours of exhibiting a fever.
- iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

For the latest information on COVID-19, visit coronavirus.alaska.gov
State of Alaska COVID-19 Attachment Q

Bars
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- f. Cleaning and Disinfecting:
- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, businesses may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.
 - iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

For the latest information on COVID-19, visit coronavirus.alaska.gov
State of Alaska COVID-19 Attachment Q

Theaters
Attachment R
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- I. **Applicability:** This Attachment applies to all movie and performing arts theaters.
- II. **Theaters may resume operations.**
 - a. **Social distancing**
 - i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
 - ii. Social distancing of at least six feet continues to be a best practice.
 - iii. Persons with symptoms consistent with COVID-19 should not be on the premises.
 - b. **Hygiene Protocols:**
 - i. Handwashing capability or sanitizer availability is encouraged.
 - ii. Employees should frequently wash their hands.
 - c. **Staffing/Operations:**
 - i. No employee displaying symptoms of COVID-19 may provide services to the public. Symptomatic or ill employees may not report to work.
 - ii. No employee may work within 72 hours of exhibiting a fever.
 - iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
 - d. **Cleaning and Disinfecting:**
 - i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, businesses may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.
 - iii. CDC protocols can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

For the latest information on COVID-19, visit coronavirus.alaska.gov
State of Alaska COVID-19 Attachment R

Theaters
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<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

III. Mixed Businesses/Application of Other Attachments

- i. Stores that operate within a theater are subject to the Advisory Document for Attachment E for Retail Businesses.
- ii. Any food service operated within a theater is subject to the Advisory Document for Attachment F for Restaurants Dine-In Services.
- iii. Any alcoholic beverage service that qualifies as a “bar” within a theater is subject to the Advisory Document for Attachment Q for Bars.

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

State of Alaska COVID-19 Attachment R

Theaters

**Bowling Alleys
Attachment S
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020**

I. Applicability: This attachment applies to all bowling alleys.

II. Bowling alleys may resume operations.

a. Social Distancing:

- i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
- ii. Social distancing of at least six feet continues to be a best practice.
- iii. Persons with symptoms consistent with COVID-19 should not be on the premises.

b. Hygiene Protocols:

- i. Handwashing capability or sanitizer availability is encouraged.
- ii. Employees should frequently wash their hands.

c. Staffing/Operations:

- i. No employee displaying symptoms of COVID-19 may provide services to the public. Symptomatic or ill employees may not report to work.
- ii. No employee may work within 72 hours of exhibiting a fever.
- iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

d. Cleaning and Disinfecting:

- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
- ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, the library, archive, or museum may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.

For the latest information on COVID-19, visit coronavirus.alaska.gov
State of Alaska COVID-19 Attachment S

Bowling Alleys
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- iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

III. Mixed Businesses/Application of Other Attachments

- a. Stores that operate within bowling alleys are subject to the requirements of are subject to the Advisory Document of Attachment E Retail Businesses.
- b. Any food service operated within a bowling alley is subject to the Advisory Document for Attachment F Restaurants Dine-In Services.
- a. Any alcoholic beverage service that qualifies as a “bar” within a bowling alley is subject to the Advisory Document for Attachment Q for Bars.

**Bingo Halls
Attachment T
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020**

I. Applicability: This Attachment applies to all bingo halls.

II. Bingo Halls may resume operations.

a. Social Distancing.

- i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
- ii. Social distancing of at least six feet continues to be a best practice.
- iii. Persons with symptoms consistent with COVID-19 should not be on the premises.

b. Hygiene Best Practices

- i. Handwashing capability or sanitizer availability is encouraged.
- ii. Employees should frequently wash their hands.

c. Staffing/Operations:

- i. No employee displaying symptoms of COVID-19 may provide services to the public. Symptomatic or ill employees may not report to work.
- ii. No employee may work within 72 hours of exhibiting a fever.
- iii. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

d. Cleaning and Disinfecting:

- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
- ii. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, businesses may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.

For the latest information on COVID-19, visit coronavirus.alaska.gov
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- iii. CDC protocols can be found online at:
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
- iv. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

III. Mixed Businesses/Application of Other Attachments

- a. Stores that operate within a bingo hall are subject to the Advisory Document of Attachment E Retail Businesses.
- b. Any food service operated within a bingo hall is subject to the Advisory Document for Attachment F Restaurants Dine-In Services.
- a. Any alcoholic beverage service that qualifies as a “bar” within a bingo hall is subject to the Advisory Document for Attachment Q Bars.

Organized Sports, Activities, and Guided Recreation
Attachment U
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

I. Applicability: This Attachment applies to all organized sports and activities.

- a. Organized Sports and Activities means organizations, associations, business and other entities ("Organization(s)") that organize sports and/or recreation teams, leagues, camps, clinics, events, or competitions (not including community events). These Organizations typically rent, lease, or enter into agreements to use indoor and outdoor facilities such as courts, fields, rinks, tracks, park, trail, etc. for events, practice, competition, or training.

Examples of organizations include, but are not limited to: Alaska School Activities Association, YMCA sports leagues, Anchorage Sports Association, Alaska State Hockey Association, Alaska Native dance groups, Little League, and Alaska Youth Soccer, etc.

- b. Guided Recreation means Organizations that provide guided services to recreationists. Examples of guided recreation services include, but are not limited to: Alaska Guide Collective, Alaska Alpine Adventures, Alaska Mountaineering School, NOVA Rafting, and Alaska Bike Adventures.
- c. Participants means any person who is participating in the sporting or recreation activity or event, or is the parent or legal guardian of a minor who is participating in the activity or events.

II. Social Distancing

- a. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.
- b. Social distancing of at least six feet for continues to be a best practice.
- c. Any persons with symptoms consistent with COVID-19 should not be at the event.
- d. Organizations are encouraged to set a generous refund/deferment policy to encourage sick customers to stay home.
- i. Participants must agree to inform someone from the Organization if they do become sick within seven days of participation in Guided Recreation, game, event, sports camp, or practice so that other Participants can be informed that a fellow Participant became sick and they should monitor for symptoms and practice recommended social distancing measures.

III. Hygiene Best Practices:

- a. Handwashing capability or sanitizer availability is encouraged.
- b. Employees should frequently wash their hands.

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

Organized Sports, Activities, and Guided Recreation
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- c. Employees, officials/referees, coaches and support staff will help encourage all hygiene practices.
- d. Organizations shall comply with CDC guidelines to the maximum extent reasonably feasible: <https://www.cdc.gov/mrsa/community/environment/athletic-facilities.html> .

IV. Staffing and Operations

- a. No employee displaying symptoms of COVID-19 may provide services to the public. Symptomatic or ill employees may not report to work.
- b. No employee may work within 72 hours of exhibiting a fever.
- c. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

V. Cleaning and Disinfecting

- a. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
- b. When an active employee is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, the Organization may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.
- c. CDC protocols can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Licensed Child Care Facilities
Attachment V
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

- I. Purpose:** This Attachment is intended to allow people to return to the workforce, as much as possible, while still protecting public health.
- II. Operations:**
- a. Social Distancing:
 - i. Social distancing (a minimum of six feet) should be encouraged whenever possible with an understanding on limitations in social distancing in young children.
 - ii. Activities should be held outside whenever feasible.
 - iii. Day camps that offer napping for young children should consider social distancing during rest times and should sanitize sleeping area after use.
 - iv. Camp must explain health guidelines to all children and staff, in an age-appropriate manner.
 - v. Persons with symptoms consistent with COVID-19 should not be on the premises.
 - b. Capacity:
 - i. For any attendees who come from out-of-state or have recently traveled out-of-state, facility staff will require affirmation from the parent or guardian that the child has abided by the 14-day quarantine requirement prior to participation after arriving in the community.
 - c. Hygiene Best Practices:
 - i. Handwashing capability or available hand sanitizer is encouraged.
 - ii. Employees should frequently wash their hands.
 - iii. Facility should encourage frequent handwashing or use of hand sanitizer, if handwashing is not available, by the children.
 - iv. Facility staff should promote frequent handwashing by the children.
 - d. Staffing/Operations:
 - i. It is encouraged to continue having employees, who are in direct contact with the public, wear cloth face coverings.

Licensed Child Care Facilities
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- ii. Cloth face coverings are prohibited on babies and children under the age of two due to the danger of suffocation, but cloth face coverings could be encouraged in older children.
 - iii. Facility must supervise young children when using hand sanitizer.
 - iv. Facility must communicate to parents or guardians the importance of keeping children home when they are sick. No child may return to camp or facility within 72 hours after last fever.
 - v. No personnel displaying symptoms of COVID-19 will provide services to customers. Symptomatic or ill personnel may not report to work.
 - vi. No personnel may report to the work site within 72 hours of exhibiting a fever.
 - vii. Facility must establish a plan for personnel getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
 - viii. No staff displaying symptoms of COVID-19 will provide services to children. Symptomatic or ill staff may not report to work.
 - ix. Employer must establish a plan for employees getting ill and a return-to-work plan following CDC guidance, which can be found online at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
- e. Cleaning and Disinfecting:
- i. It is recommended that cleaning and disinfecting continue to be conducted in compliance with CDC protocols.
 - ii. When an active staff member is identified as being COVID-19 positive by testing, CDC cleaning and disinfecting must be performed as soon after the confirmation of a positive test as practical. In lieu of performing CDC cleaning and disinfecting, facilities may shut down for a period of at least 72 consecutive hours to allow for natural deactivation of the virus, followed by staff performing a comprehensive disinfection of all common surfaces.
 - iii. CDC protocols can be found on line at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> and

For the latest information on COVID-19, visit coronavirus.alaska.gov
State of Alaska COVID-19 Attachment V
Licensed Child Care Facilities

Licensed Child Care Facilities
Attachment V
ADVISORY DOCUMENT PHASE III-IV
May 22, 2020

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.

III. The following best practices are encouraged:

- a. Any person in a high-risk population is encouraged to stay home, not work in childcare settings, and avoid entering for drop off or pick up.

STATE OF ALASKA PUBLIC HEALTH MANDATES IN EFFECT MAY 22, 2020

- State of Alaska Public Health Mandate 10
- State of Alaska Public Health Mandate 14
- State of Alaska Public Health Mandate 15
- State of Alaska Public Health Mandate 17
- State of Alaska Public Health Mandate 18

**** COVID-19 HEALTH MANDATE ****

Revised: June 5, 2020

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

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing a revision to its tenth health mandate based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

This revised Mandate goes into effect 12:01 AM June 6, 2020.

The purpose of this Mandate is to provide clear requirements related to international and interstate travel, while still working to provide sufficient mitigation factors to prevent, slow, and otherwise disrupt the spread of the virus that causes COVID-19.

Health Mandate 10.1 – International and Interstate Travel – Order for Self-Quarantine Effective 12:01 am June 6, 2020:

- I. Applicability:** This mandate applies to all persons entering the state of Alaska, whether resident, worker, or visitor.
- II. Requirements for Residents or Visitors:** All residents or visitors arriving in Alaska from outside the state must self-quarantine for 14 days unless the traveler falls under one of the following four categories (a, b, c, or d, below):
 - a. Pre-travel molecular-based test for SARS-CoV2:**
 - i. The traveler produces a **molecular-based test for SARS-CoV2** result showing that the traveler tested negative for COVID-19 within **72 hours** before departure to Alaska;
OR
 - ii. The traveler produces a **molecular-based test for SARS-CoV2** result showing that the traveler tested negative for COVID-19 within **five days**

before departure to Alaska **and** the traveler obtains a second **molecular-based test for SARS-CoV2** upon arrival in Alaska, and minimize interactions until the second test result is received and that test is also negative;

- iii. All travelers with negative results from a pre-travel test will need to minimize interactions until (1) they receive negative results from the second test for COVID-19; (2) for 14 days after arrival; or (3) they leave Alaska, whichever is soonest. If a second test is needed, they will receive a voucher upon arrival

b. Molecular-based Test for SARS-CoV2 upon arrival:

- i. The traveler obtains a **molecular-based test for SARS-CoV2** upon arrival in Alaska that shows the traveler is negative for COVID-19. The traveler must self-quarantine, at their own expense, while waiting for the test results. The traveler will receive a voucher for a second test that must occur within **7-14 days** after arrival, and should minimize interactions until the result from the second test shows the traveler is negative for COVID-19.
- ii. If the **molecular-based test for SARS-CoV2** comes up positive, the traveler must isolate at their own expense, and will not be able to travel unless cleared by public health.

c. Prior confirmed positive results:

- i. No molecular-based test for SARS-CoV2 is required for either immediately before travel or upon arrival, if all three (3) of the following conditions are met:
 - 1. The traveler shows evidence of previously positive results of a molecular-based test for SARS-CoV2 that occurred at least three weeks prior to arrival in Alaska; and
 - 2. The traveler is currently asymptomatic; and
 - 3. The traveler can show a medical provider's note of recovery.
- d. **Alaska Residents returning from trips of five days or less:** Alaska residents who travel **out of state** for a period of five days or less are not required to be tested before leaving (note: destination state or nation may have testing requirements) or prior to returning to the state.

Upon returning to Alaska, residents in category “c”, must either:

- i. Self-quarantine for 14 days upon arrival, with no requirement for testing;

OR

- ii. Obtain a **molecular-based test for SARS-CoV2** upon arrival in Alaska that shows that the resident is negative for COVID-19. The resident must self-quarantine while waiting for the test results. The resident will receive a voucher for a second test that must occur within **7-14 days** after arrival, and should minimize interactions until the results from the second test shows the resident is negative for COVID-19.

III. Requirements for Critical infrastructure employee travel:

- a. All workers arriving in Alaska from outside the state as part of critical infrastructure workforce as outlined in the *Alaska Essential Services and Critical Workforce Infrastructure Order* (formerly Attachment A) falls under this section and does not qualify for the protocols in Section II.
- b. The employee must follow their company's reviewed community protective plan on file with the State that includes testing and/or quarantine provisions. The categories for the protective plans are below:
 - i. Protective Plans pursuant to the *Alaska Essential Services and Critical Infrastructure Order*: Critical infrastructure is vital to keeping Alaska safe, and, as a result, businesses and employees of critical infrastructure industries must take special care to protect their staff and operations during this pandemic. If your business is included in the *Alaska Essential Services and Critical Workforce Infrastructure Order* (formerly Attachment A), and your workers must travel to enter Alaska, you must submit a plan or protocol for maintaining critical infrastructure to the akcovidplans@ak-prepared.com. This plan must outline how you will avoid the spread of COVID-19 and not endanger the lives of the communities in which you operate, of others who serve as a part of that infrastructure, or the ability of that critical infrastructure to function.
 - 1. Companies that have previously submitted plans do not need to submit another; they can proceed under their current plans that have been reviewed by the State.
 - ii. Arriving commercial fishing vessel crewmembers or independent harvesters must follow the procedures in Health Mandate 017 – Protective Measures for Independent Commercial Vessels.
 - iii. Arriving seafood processing workers must follow the procedures in Health Mandate 010 Appendix 01 – Enhanced Protective Measures for Seafood Processing Workers.

IV. Protocol

- a. Pursuant to the Governor's declaration, the State of Alaska hereby orders the following:

Prior to arrival in any community in Alaska from another state or nation, you must:

- i. Read the available information about safely traveling to Alaska.
- ii. Complete the State of Alaska Travel Declaration Form online and submit. Please print a copy or have electronic proof with you at your port of entry. If you are unable to complete the form online, paper copies will be available to complete at your port of entry. If receiving a **molecular-based test for SARS-CoV2** upon arrival, register with the appropriate testing site.

V. Other info

- a. <https://covid19.alaska.gov/travelers/>
- b. <https://covid19.alaska.gov/faq/>
- c. *Alaska Essential Services and Critical Workforce Infrastructure Order* (formerly Attachment A)
 - i. <https://gov.alaska.gov/wp-content/uploads/sites/2/Alaska-Essential-Services-and-Critical-Workforce-Infrastructure-Formerly-Attachment-A-05.05.2020.pdf>
- d. Health Mandate 10: Appendix 01
 - i. <https://covid19.alaska.gov/wp-content/uploads/2020/05/COVID-MANDATE-10-Appendix-01.pdf>
- e. Health Mandate 17 (HM 17) <https://covid19.alaska.gov/wp-content/uploads/2020/05/05272020-COVID-MANDATE-017-Independent-Commercial-Fishing-Vessels-REVISED.pdf>
 - i. HM 17: Appendix 01 Alaska Protective Plan for Commercial Fishing Vessels
 1. <https://covid19.alaska.gov/wp-content/uploads/2020/05/COVID-MANDATE-017-Appendix-01-Protective-Plan-for-Independent-Commercial-Fish.pdf>
 - ii. HM 17: Appendix 02 Mandate 7 Acknowledgement Form
 1. <https://covid19.alaska.gov/wp-content/uploads/2020/05/COVID-MANDATE-017-Appendix-02-Acknowledgement-Form-REVISED.pdf>
 - iii. HM 17: Appendix 03 Independent Commercial Fishing Harvesters
 1. <https://covid19.alaska.gov/wp-content/uploads/2020/05/05162020-COVID-MANDATE-017-Appendix-03-Protective-Plan-for-Independent-Harvesters.pdf>

Alaska Essential Services and Critical Workforce Infrastructure Order
Formerly "Attachment A" - Issued March 27, 2020
Amended April 10, 2020
Amended May 5, 2020

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

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing this Order based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

This Order amends and supersedes the document formerly referenced to as "Mandate 010, Attachment A," and continues to apply to any Health Mandate referencing Attachment A or Critical Workforce Infrastructure. This Order remains in effect until amended, rescinded, or superseded by further order of the Governor.

Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and safety, as well as community well-being. Certain critical infrastructure industries have a special responsibility in these times to continue operations.

I. MANDATORY CLOSURES

- a. All businesses within Alaska, except those specifically exempted below or by other Health Mandates or Attachments, are required to cease all activities at facilities located within the state, except Minimum Basic Operations, as defined in Section I.c.
- b. For purposes of this Order, covered businesses include any for-profit, non-profit, or educational entities, regardless of the nature of the service, the function they perform, or corporate or entity structure.
- c. "**Minimum Basic Operations**" include the following, provided that employees comply with Social Distancing Requirements as defined in this Section, to the extent possible, while carrying out such operations:
 - i. The minimum necessary activities to maintain the value of the business's inventory, ensure security, process payroll and employee benefits, or for related functions.
 - ii. The minimum necessary activities to facilitate employees of the business being able to continue to work remotely from their residences.

II. EXEMPTIONS FOR ESSENTIAL SERVICES AND CRITICAL INFRASTRUCTURE

- a. For clarity, businesses may continue operations consisting exclusively of employees or contractors performing activities at their own residences (i.e., working from home).
- b. Quarantine: workers arriving in Alaska from out of state must self-quarantine for 14 days, pursuant to Health Mandate 010. Businesses exempted from Section I are *not* exempt from Health Mandate 010. See <https://covid19.alaska.gov/unified-command/protective-plans/> for further guidance.

Alaska Essential Services and Critical Workforce Infrastructure Order
Formerly "Attachment A" - Issued March 27, 2020
Amended April 10, 2020
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- c. Plan Submissions: Businesses with workers who travel from out of state or who travel between communities within the state of Alaska must submit a plan or protocol outlining procedures for avoiding the spread of COVID-19, pursuant to Health Mandates 010 and 012. This plan must be submitted to akcovidplans@ak-prepared.com for review.
- d. Businesses exempted from Section I are strongly encouraged to remain in operation. Such businesses shall, to the extent reasonably feasible, comply with social distancing requirements by maintaining six-foot social distancing for both employees and members of the public, including, but not limited to, when any customers are standing in line.
- e. For purposes of this Order, Essential Services and Critical Infrastructure industries and entities in Alaska include:
 - i. **"Healthcare Operations and Public Health,"** which includes:
 - 1. Hospitals, clinics, home healthcare services and providers, mental health providers, dental emergency services, and other healthcare facilities.
 - 2. Pharmacies, companies and institutions involved in the research and development, manufacture, distribution, warehousing, and supplying of pharmaceuticals, biotechnology therapies, consumer health products, medical devices, diagnostics, equipment, services, or any related and/or ancillary healthcare services.
 - 3. Veterinary care and healthcare services provided to animals.
 - 4. Businesses performing mortuary, funeral, cremation, burial, cemetery, and related services, including funeral homes, crematoriums, cemetery workers, and coffin makers. These businesses are required to maintain compliance with Health Mandates relating to social distancing.
 - 5. "Healthcare Operations" does **not include** fitness and exercise gyms or similar facilities.
 - ii. **"Critical Infrastructure,"** which includes:
 - 1. **Public Works**, including businesses providing any services or performing any work necessary to the operations and maintenance of public works, such as the Port of Alaska, public works construction, airport operations, water, sewer, gas, electrical, oil production, mining, logging, roads and highways, public transportation, and solid waste collection and removal.
 - 2. **Transportation/Logistics**, including airlines, railroads, taxis, private transportation providers, and public and private mail and shipping services.
 - 3. **Technology/Communications**, including businesses providing any services or performing any work necessary to the operations and maintenance of internet and telecommunications systems (including the provision of essential global, national, and local infrastructure for computing services, business infrastructure, communications, and web-based services).
 - 4. **Essential Construction**, commercial construction, renovation or repair, including construction of housing.
 - 5. **Critical Manufacturing**, including manufacture of products needed for medical supply chains and supply chains associated with transportation,

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Formerly "Attachment A" - Issued March 27, 2020
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energy, communications, information technology, food and agriculture, chemical manufacturing, wood products, commodities used as fuel for power generation facilities, operation of dams, water and wastewater treatment, processing of solid waste, emergency services, and defense. Manufacturing of materials and products needed for medical equipment and personal protective equipment. Businesses necessary for mining and production of minerals, oil, and associated essential supply chains.

6. **Food and Agriculture**, including grocery stores, supermarkets, food banks, convenience stores, animal/pet food and supply stores, and other establishments engaged in the retail sale of food, beverages, and other household consumer products (such as cleaning and personal care products). This includes stores that sell groceries but also sell other non-grocery products. Food and agriculture, cultivation, including farming, livestock, fishing and processing. This includes manufacturers and suppliers of food and items necessary to support of the Food and Agriculture industry.
 - a. This includes farmers markets where vendors sell directly to consumers only agricultural products, food items, soaps, and sanitizers.
 7. **Home Emergency and Safety**, including establishments that sell products necessary to maintaining the safety, sanitation, and essential operation of residences or provide home emergency/safety equipment and gear including products for personal protection.
 8. **Fishing**, including persons engaged in subsistence fishing and in the fishing industry including the fisherman, processors, guides, and transporters of the fish as well as those under contract with the fisherman, processors, guides, and transporters for provisioning.
- iii. **"Financial services sector,"** which includes workers who are needed to: process and maintain systems for processing financial transactions and services, such as payment, clearing and settlement services, wholesale funding, insurance services, and capital markets activities; provide consumer access to banking and lending services, including ATMs, movement of currency (e.g., armored cash carriers); support financial operations, such as those staffing data and security operations centers, appraisals and titling, and key, third-party providers who deliver core services.
 - iv. **"Public Safety,"** which includes:
 1. **"First Responders,"** including emergency management, emergency dispatch, and law enforcement.
 2. **"Corrections,"** including Department of Corrections, jails and detention facilities, and probation offices.
 3. **"Government Agencies,"** including Court systems, Office of Children's Services personnel acting in an official capacity, Public agencies responding

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to abuse and neglect of children, elders, and vulnerable adults, and Department of Defense Personnel returning from temporary duty or engaging in mission essential travel.

- a. This includes functions related to returning inmates begin released to the place of arrest (it is a "critical personal need" for the inmate to travel).
- v. **"Essential Governmental Functions,"** which includes all services needed to ensure the continuing operation of government agencies including providing for the health, safety, and welfare of the public.
- vi. **"Essential Business,"** which includes:
 1. Businesses that provide food, shelter, social services, and other necessities of life for economically disadvantaged or otherwise needy individuals;
 2. Newspapers, television, radio, and other media services;
 3. Gas stations and auto-supply, auto-repair, bicycle-repair, and related facilities;
 4. Hardware stores;
 5. Plumbers, electricians, exterminators, mechanics, and other service providers who provide services that are necessary to maintaining the safety, sanitation, and essential operation of residences, transportation, and critical infrastructure;
 6. Businesses providing mailing and shipping services, including post office boxes;
 7. Educational institutions facilitating distance learning;
 8. Laundromats, dry cleaners, and laundry service providers;
 9. Restaurants and other facilities that prepare and serve food, subject to other applicable Health Mandates and Attachments.
 10. Businesses that supply products needed for people to work from home;
 11. Businesses that supply other essential businesses with the support or supplies necessary to operate;
 12. Businesses that transport goods to grocery stores, supermarkets, convenience stores, engaged in the retail sale of food, household consumer products, delivery of fuel, or other services directly to residences or other critical industries outlined in this health mandate;
 13. Home-based care for seniors, adults, or children;
 14. Residential facilities and shelters for seniors, adults, and children;
 15. Professional services, such as legal or accounting services, when necessary to assist in compliance with legally-mandated activities;
 16. Childcare facilities, subject to new recommendations for increased hygiene and social distancing. Only those who need childcare to work at a critical job should use childcare facilities.

Alaska Essential Services and Critical Workforce Infrastructure Order
Formerly "Attachment A" - Issued March 27, 2020
Amended April 10, 2020
Amended May 5, 2020

III. **SOCIAL DISTANCING REQUIREMENTS.**

- a. "Social Distancing Requirements" includes maintaining at least six-foot social distancing from other individuals, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer containing at least 60 percent alcohol, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.

IV. **FEDERAL GUIDANCE.**

- a. This Order incorporates guidance from the Memorandum on Identification of Essential Critical Infrastructure Workers during COVID-19 Response issued by the Cybersecurity and Infrastructure Security Agency of the United States Homeland Security on March 19, 2020. That guidance is located at <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>. This order also incorporates federal guidance from the Department of the Treasury and the Department of Defense that are located at <https://home.treasury.gov/news/press-releases/sm956> and <https://media.defense.gov/2020/Mar/22/2002268024/-1/-1/1/DEFENSE-INDUSTRIAL-BASE-ESSENTIAL-CRITICAL-INFRASTRUCTURE-WORKFORCE-MEMO.PDF>

V. **PENALTY FOR NONCOMPLIANCE.**

A violation of a State COVID-19 Health Mandate may subject a business or organization to an order to cease operations and/or a civil fine of up to \$1,000 per violation.

- a. In addition to the potential civil fines noted above, a person or organization that fails to follow the State COVID-19 Health Mandates designed to protect the public health from this dangerous virus and its impact may, under certain circumstances, be criminally prosecuted for Reckless Endangerment pursuant to Alaska Statute 11.41.250. Reckless endangerment is defined as follows:
 - i. A person commits the crime of reckless endangerment if the person recklessly engages in conduct which creates a substantial risk of serious physical injury to another person.
 - ii. Reckless endangerment is a class A misdemeanor.
- b. Pursuant to Alaska Statute 12.55.135, a defendant convicted of a class A misdemeanor may be sentenced to a definite term of imprisonment of not more than one year.
- c. Additionally, under Alaska Statute 12.55.035, a person may be fined up to \$25,000 for a class A misdemeanor, and a business organization may be sentenced to pay a fine not exceeding the greatest of \$2,500,000 for a misdemeanor offense that results in death, or \$500,000 for a class A misdemeanor offense that does not result in death.



Governor Michael J. Dunleavy
STATE OF ALASKA

**** COVID-19 HEALTH MANDATE ****

Issued: April 13, 2020

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

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its fourteenth health mandate based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

This mandate is issued to protect the public health of Alaskans and mitigate the impact of COVID-19. The goal is to flatten the curve and disrupt the spread of the virus.

Health Mandate 014 – Non-Congregate Sheltering Order

The State of Alaska is prepared to implement a temporary quarantine and isolation program utilizing non-congregate shelter solutions including hotels, college and university dormitories, and properly modified non-traditional structures to house three specific populations:

1. First responders and healthcare workers who need to quarantine safely without exposing their families.
2. Homeless families, with at least one member who tested positive for COVID-19, who live in congregate shelters and will require isolation.
3. Homeless individuals who require quarantine or isolation.

As of April 12, 2020, there were 277 confirmed or presumptive cases of COVID-19 in the state. Chief Medical Officer for the State of Alaska has reviewed the data regarding actual COVID-19 cases and reported exposures among vulnerable populations.

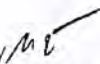
Therefore, in order to protect public health and to ensure public safety, as well as to lessen or avert the threat of a healthcare catastrophe, the implementation of non-congregate shelter quarantine and isolation solutions to prevent the spread of COVID-19 among vulnerable populations must be put in place.

This mandate will remain in effect until rescinded.

**** COVID-19 HEALTH MANDATE ****

Issued: April 21, 2020

Revised: May 5, 2020

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

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

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State of Alaska COVID-19 Mandate 015 REVISED

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 statute (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.

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- 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. Visitation Policies: Health Care Facilities, **not including nursing homes and assisted living homes**, may establish a visitation policy specific to their facility.
 - a. This policy must allow, at a minimum: end-of-life visits; parents of a minor; a legal guardian; a support person for labor and delivery settings; and only one 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 cloth face covering.
 - b. The policy must establish clear protocols for reducing possible exposure and spread, including at a minimum:
 - 1. All visitors must wear a cloth face covering or be provided with a surgical mask if hospital policy does not allow for homemade masks.
 - 2. All visitors must be screened for symptoms and exposure prior to visiting the patient.
 - 3. Records of the screening and visitor contact information must be kept that are sufficient for contact tracing, if it becomes necessary.
 - c. Visitation policies at health care facilities may also, but are not required to, allow for the following visitations to occur outside of the time of discharge or day of a surgery or procedure:
 - 1. 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.
 - 2. 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 exercises or activities that are necessary for the ongoing support of the patient after discharge.
- xi. Workers must maintain social distancing of at least six 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:

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- ii. 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.
- iii. 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.
- iv. 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 cloth face covering.
- v. Unlicensed assistive personnel necessary to conduct procedures under this section may be included in service delivery.

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

a. 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 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

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- 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:

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- <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>

***** 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 BOROUGH, MUNICIPALITIES, CITIES, VILLAGES AND
TRIBES.**

**** COVID-19 HEALTH MANDATE ****

Issued: April 23, 2020

Revised: May 20, 2020

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

To slow the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its seventeenth health mandate, based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

Given the ongoing concern for new cases of COVID-19 being transmitted via community spread within the state, Governor Dunleavy and the State of Alaska issued Mandate 017 to **become effective April 24, 2020 at 8:00 a.m. This Mandate has been reviewed, and will remain in effect until rescinded or superceded.**

This Mandate is issued to protect the public health of Alaskans. By issuing this Mandate, the Governor is establishing consistent mandates across the State in order to mitigate the impact of COVID-19. The goal is to flatten the curve and disrupt the spread of the virus.

The purpose of this Mandate is to enact protective measures for independent commercial fishing vessels operating within Alaskan waters and ports in order to prevent, slow, and otherwise disrupt the spread of the virus that causes COVID-19.

The State of Alaska acknowledges the importance of our commercial fishing fleet to our economy and lifestyle as Alaskans. In order to ensure a safe, productive fishing season this year, while still protecting Alaskan communities to the maximum extent possible from the spread of the virus, the State is establishing standardized protective measures to be followed by all independent commercial fishing vessels operating in Alaskan waters and ports.

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State of Alaska COVID-19 Mandate 017-REVISED

Independent Commercial Fishing Vessels

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Health Mandate 017 – Protective Measures for Independent Commercial Fishing Vessels.

I. Applicability

- a. Definition: For the purposes of this Mandate, “independent commercial fishing vessels” are defined as all catcher and tender vessels that have not agreed to operate under a fleet-wide plan submitted by a company, association, or entity that represents a fleet of vessels. This Mandate alleviates the requirement for independent commercial fishing vessels to submit a Community/Workforce Protective Plan in response to Health Mandates 010 or 012.
- b. This Mandate does not apply to skiffs operating from shore; protective measures for those vessels will be provided under separate guidance.

II. Required Protective Measures/Plans

- a. Independent commercial fishing vessels operating in Alaskan waters and ports must enact the protective measures and procedures described in Appendix 01, the Alaska Protective Plan for Commercial Fishing Vessels.
- b. Vessel captains must enact controls on their vessel to ensure crewmember compliance with this Mandate.

III. Travel and Access

- a. Compliance with this Mandate does not constitute a right to travel or access into any areas.
- b. It is incumbent upon the individual traveler to ensure that any proposed travel itinerary is still possible, and to adhere to any additional restrictions enacted by air carriers and lodging facilities or by small communities.

IV. Compliance and Penalties

- a. Vessel captains are required to maintain documentation as directed by Appendix 01, Paragraph I, and must provide a copy of the Mandate 017 Acknowledgement Form (Appendix 02) upon request by any seafood purchasing agent or Federal, State, or local authority, to include law enforcement and fisheries regulators.
- b. A violation of a State COVID-19 Mandate may subject a business or organization to an order to cease operations and/or a civil fine of up to \$1,000 per violation.
- c. In addition to the potential civil fines noted above, a person or organization that fails to follow the State COVID-19 Mandates designed to protect the public health from this dangerous virus and its impacts may, under certain circumstances, also be criminally prosecuted for Reckless Endangerment pursuant to Alaska Statute 11.41.250. Reckless endangerment is defined as follows:
 - (a) A person commits the crime of reckless endangerment if the person recklessly engages in conduct, which creates a substantial risk of serious physical injury to another person.

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Independent Commercial Fishing Vessels

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(b) Reckless endangerment is a class A misdemeanor.

Pursuant to Alaska Statute 12.55.135, a defendant convicted of a class A misdemeanor may be sentenced to a definite term of imprisonment of not more than one year.

Additionally, under Alaska Statute 12.55.035, a person may be fined up to \$25,000 for a class A misdemeanor, and a business organization may be sentenced to pay a fine not exceeding the greatest of \$2,500,000 for a misdemeanor offense that results in death, or \$500,000 for a class A misdemeanor offense that does not result in death.

This Mandate Supersedes And Replaces All Previously Submitted Protective Plans For Independent Commercial Fishing Vessels.

This Mandate Does Not Supersede Or Replace Any Previously Enacted Protective Plans For Corporate Vessel Fleets.

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Independent Commercial Fishing Vessels

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Governor Michael J. Dunleavy
STATE OF ALASKA

**** COVID-19 HEALTH MANDATE ****

Issued: May 11, 2020

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

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its eighteenth health mandate based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

Given the ongoing concern for new cases of COVID-19 being transmitted via community spread within the state, Governor Dunleavy and the State of Alaska are issuing Mandate 018, to go into effect May 12, 2020 at 8:00 a.m. and will remain in effect until amended, superseded, or rescinded.

This Mandate is being issued to protect the public health of Alaskans. By issuing this Mandate, the Governor continues to establish consistent mandates across the State in order to mitigate the impacts of COVID-19. The goal is to flatten the curve, disrupting the spread of the virus.

The purpose of this Mandate is to clarify and centralize all requirements related to intrastate travel, to increase the ability of individuals within Alaska to travel, while still working to provide sufficient mitigation factors to prevent, slow, and otherwise disrupt the spread of the virus that causes COVID-19.

This Mandate supersedes Mandate 012 and Mandate 016-Attachment M.

Effective 8:00 a.m. on May 12, 2020, intrastate travel is permitted under the following conditions and guidance:

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State of Alaska COVID-19 Mandate 018

Intrastate Travel

- I. Definitions for purposes of this Mandate:
- a. "Road System" is defined as any community connected by a road to the Seward, Parks, Klondike, Richardson, Sterling, Glenn, or Top of the World Highways.
 - b. "Marine Highway System" is defined as any community served by the Alaska Marine Highway System or the Inter-Island Ferry System.
 - c. "Critical Personal Needs" is defined as those needs that are critical to meeting a person's individual or family needs. Those needs include buying, selling, or delivering groceries and home goods; obtaining fuel for vehicles or residential needs; transporting family members for out-of-home care, essential health needs, or for purposes of child custody exchanges; receiving essential health care; providing essential health care to a family member; obtaining other important goods; and engaging in subsistence activities.
 - d. "Essential Services/Critical Infrastructure" is defined as businesses included in "*Alaska's Essential Services and Critical Infrastructure*" (formerly Attachment A)
- II. Intrastate Travel Between Communities Located On The Road System And/Or The Marine Highway System is permitted for all purposes. Note: travelers may travel between the Road System and Marine Highway System communities via any normal means of transportation, including vehicle, boat, ferry, aircraft, and commercial air carrier.
- III. All Travel To Or From A Community Off The Road System Or The Marine Highway System Is Prohibited, Except As Necessary For:
- a. Critical Personal Needs
 - b. The conduct of Essential Services/Critical Infrastructure
- IV. General Requirements
- a. No one traveling to or from any community for Critical Infrastructure/Essential Services reasons or Critical Personal Needs travel may be subject to any automatic quarantine or isolation on arrival, except as allowed under Alaska Statutes or Health Mandates.
 - b. Air carriers, ferries, and other travel-related businesses have no duty to verify that intrastate travelers meet the criteria for permissible travel under this Mandate. Air carriers shall inquire if travelers are permitted to travel under this Mandate and shall rely upon a traveler's assurance that they are eligible to travel.
 - c. Groups traveling are subject to Mandate 016, Attachment N, Social Distancing.
 - d. All businesses, whether Essential Services/Critical Infrastructure or non-essential/non-critical, that have staff traveling between communities, must file a protective plan with akcovidplans@ak-prepared.com. The plan should outline how the business will avoid the spread of COVID-19 and not endanger lives in the communities in which the business wants to operate, endanger others who serve as a part of the business community, or endanger the ability of critical infrastructure

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Intrastate Travel

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to function. If you have already submitted a plan pursuant to a prior Health Mandate, you do not need to submit another plan. Visit <https://covid19.alaska.gov/unified-command/protective-plans/> for guidance.

- e. Alaskans should refer to other Health Mandates and guidance as necessary and appropriate.

V. Precautions while traveling:

- a. Stops shall be minimized on the way to the final destination.
- b. If travelers must stop for food, gas, or supplies, only one traveler shall engage with the third-party vendor. All travelers must practice social distancing by keeping six feet away from others when possible, and avoid crowded places whenever possible. Cloth face coverings should be used whenever a traveler engages with a third-party vendor(s).
- c. Travelers, traveling by car or vehicle, who have to stop shall wash their hands or use hand sanitizer before exiting, and immediately after returning to, the car or vehicle.

*****This Health Mandate Supersedes Mandate 012, Attachment B, and Mandate 016-Attachment M.**

**** COVID-19 HEALTH MANDATE ****

Issued: April 23, 2020

Revised: May 20, 2020

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

To slow the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its seventeenth health mandate, based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

Given the ongoing concern for new cases of COVID-19 being transmitted via community spread within the state, Governor Dunleavy and the State of Alaska issued Mandate 017 to **become effective April 24, 2020 at 8:00 a.m. This Mandate has been reviewed, and will remain in effect until rescinded or superceded.**

This Mandate is issued to protect the public health of Alaskans. By issuing this Mandate, the Governor is establishing consistent mandates across the State in order to mitigate the impact of COVID-19. The goal is to flatten the curve and disrupt the spread of the virus.

The purpose of this Mandate is to enact protective measures for independent commercial fishing vessels operating within Alaskan waters and ports in order to prevent, slow, and otherwise disrupt the spread of the virus that causes COVID-19.

The State of Alaska acknowledges the importance of our commercial fishing fleet to our economy and lifestyle as Alaskans. In order to ensure a safe, productive fishing season this year, while still protecting Alaskan communities to the maximum extent possible from the spread of the virus, the State is establishing standardized protective measures to be followed by all independent commercial fishing vessels operating in Alaskan waters and ports.

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Independent Commercial Fishing Vessels

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Health Mandate 017 – Protective Measures for Independent Commercial Fishing Vessels.

I. Applicability

- a. Definition: For the purposes of this Mandate, “independent commercial fishing vessels” are defined as all catcher and tender vessels that have not agreed to operate under a fleet-wide plan submitted by a company, association, or entity that represents a fleet of vessels. This Mandate alleviates the requirement for independent commercial fishing vessels to submit a Community/Workforce Protective Plan in response to Health Mandates 010 or 012.
- b. This Mandate does not apply to skiffs operating from shore; protective measures for those vessels will be provided under separate guidance.

II. Required Protective Measures/Plans

- a. Independent commercial fishing vessels operating in Alaskan waters and ports must enact the protective measures and procedures described in Appendix 01, the Alaska Protective Plan for Commercial Fishing Vessels.
- b. Vessel captains must enact controls on their vessel to ensure crewmember compliance with this Mandate.

III. Travel and Access

- a. Compliance with this Mandate does not constitute a right to travel or access into any areas.
- b. It is incumbent upon the individual traveler to ensure that any proposed travel itinerary is still possible, and to adhere to any additional restrictions enacted by air carriers and lodging facilities or by small communities.

IV. Compliance and Penalties

- a. Vessel captains are required to maintain documentation as directed by Appendix 01, Paragraph I, and must provide a copy of the Mandate 017 Acknowledgement Form (Appendix 02) upon request by any seafood purchasing agent or Federal, State, or local authority, to include law enforcement and fisheries regulators.
- b. A violation of a State COVID-19 Mandate may subject a business or organization to an order to cease operations and/or a civil fine of up to \$1,000 per violation.
- c. In addition to the potential civil fines noted above, a person or organization that fails to follow the State COVID-19 Mandates designed to protect the public health from this dangerous virus and its impacts may, under certain circumstances, also be criminally prosecuted for Reckless Endangerment pursuant to Alaska Statute 11.41.250. Reckless endangerment is defined as follows:
 - (a) A person commits the crime of reckless endangerment if the person recklessly engages in conduct, which creates a substantial risk of serious physical injury to another person.

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State of Alaska COVID-19 Mandate 017-REVISED

Independent Commercial Fishing Vessels

(b) Reckless endangerment is a class A misdemeanor.

Pursuant to Alaska Statute 12.55.135, a defendant convicted of a class A misdemeanor may be sentenced to a definite term of imprisonment of not more than one year.

Additionally, under Alaska Statute 12.55.035, a person may be fined up to \$25,000 for a class A misdemeanor, and a business organization may be sentenced to pay a fine not exceeding the greatest of \$2,500,000 for a misdemeanor offense that results in death, or \$500,000 for a class A misdemeanor offense that does not result in death.

This Mandate Supersedes And Replaces All Previously Submitted Protective Plans For Independent Commercial Fishing Vessels.

This Mandate Does Not Supersede Or Replace Any Previously Enacted Protective Plans For Corporate Vessel Fleets.

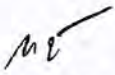
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Independent Commercial Fishing Vessels

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Alaska Protective Plan for Independent Commercial Fishing Vessels
Appendix 01 to Health Mandate 017
Part of Phase 1
Issued: April 23, 2020

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

- I. Documentation.** Vessel captains are required to maintain a ship's log as a written or time-stamped electronic document covering, at a minimum, the following information:
- a. An acknowledgement of the requirements of this Mandate and an explicit description of which protective plan (State Mandate 017 or fleet-wide plan) they are enacting and enforcing on the vessel.
 - b. Certification that crew members have been screened upon arrival in accordance with Paragraph III.
 - c. Certification when crewmembers have completed self-quarantine in accordance with Paragraph IV.
 - d. In the event of a sick crewmember, documentation of the information required in Paragraph VII.c.iii.

For the 2020 season, each independent vessel captain must sign the Health Mandate 017 Acknowledgement Form (Appendix 02) prior to actively participating in the 2020 commercial fishing season. This form will indicate that the captain and owner will comply with the Mandate.

Prior to accepting any fish, or making any payment for fish to an independent fishing vessel, a tender or processor must receive and confirm a signed copy of the vessel's Acknowledgement Form. The vessel captain must submit a copy of the Acknowledgement Form the first time they sell fish to a tender or processor. Subsequent sales to the same tender or processor do not require submission of another copy of the Acknowledgement Form (*e.g.*, the form only needs to be submitted once, per fishing season, per tender or processor), but every tender or processor that an independent commercial fishing vessel sells to must have, and retain until December 31, 2020, a signed copy of the Acknowledgement Form. This form shall be provided to the Alaska Department of Fish and Game upon request.

By accepting the Acknowledgement Form, the tender or processor may rely upon the submission of the Acknowledgement Form as proof of compliance of Health Mandate 017 and Appendix 01. The tender or processor is not required to confirm compliance with

Alaska Protective Plan for Independent Commercial Fishing Vessels
Appendix 01 to Health Mandate 017
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Health Mandate 017 and Appendix 01, other than to collect the Acknowledgment Form, and assumes no liability for any failure to comply by any independent commercial fishing vessels.

II. Travel Procedures.

- a. All crewmembers in transit on commercial or chartered aircraft must wear a cloth face covering that meets the recommendations contained in Health Alert 010. This face covering must be worn while transiting air terminals (to be temporarily removed for security screening), while on the plane, and any follow-on ground transportation until they reach their self-quarantine facility (e.g., bunkhouse, vessel or private lodging). Crewmembers shall clean or dispose of face coverings in accordance with Health Alert 010.
- b. Crewmembers in transit shall carry documentation from the vessel or company indicating that they are an essential Critical Infrastructure Worker as defined under State Health Mandates.
- c. Arriving crewmembers must proceed directly to the vessel or their designated self-quarantine location, must practice social distancing and avoid interaction with the community, and may not stop at any location between arrival at the local airport and transport to the vessel or self-quarantine location.

III. Self-Quarantine. The requirements of Health Mandate 010 remain in effect. All people arriving in Alaska, whether resident, worker, or visitor, are required to self-quarantine for 14 days after arriving in the State and monitor for illness. To the greatest extent possible, arriving people should self-quarantine at their final destination in Alaska.

- a. Arriving crewmembers should be aware that some local communities, boatyards, or harbor masters may have enacted additional protective measures, and must comply with those measures.
- b. Crewmembers' temperature shall be taken twice daily during self-quarantine. Should fever symptoms develop during quarantine, follow the **Identification** protocol in Paragraph VII (a), seek testing and medical treatment immediately if symptoms are suspected to be caused by COVID-19.
- c. If it is necessary for a crewmember to board the vessel before their 14-day quarantine ends (to work or because the vessel must get underway), the time on the vessel may count toward the 14 days.
- d. If a new crewmember joins a worksite or vessel prior to completing the 14-day self-quarantine after arrival at their final destination, they must complete their quarantine at the worksite or vessel. If it is not possible to fully quarantine in a

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separate room, the 14-day self-quarantine period must be restarted for the entire crew.

- e. For crewmembers who live locally, or return to port daily, crewmembers and families or roommates shall practice social distancing for the duration of the season.
- f. Workers living on shore during their 14- day self-quarantine period, may only travel directly between their designated self-quarantine lodging and worksite. They must observe self-quarantine restrictions when not on the worksite.
- g. The time spent in transit from the final out-of-state port to Alaska on a vessel, demonstrated through a ship's log or equivalent record, will count towards the in-state, 14-day mandatory self-quarantine period if all protective measures are followed.
- h. The vessel must report that it is undergoing self-quarantine, or has a self-quarantined crewmember on board, if it has any contact with another vessel, a processor, or a harbormaster. Vessels are required to fly a "Lima" flag or similar yellow and black pennant if they have any crew on board still under self-quarantine.
- i. Once the initial self-quarantine period after arriving in the State has been observed, there is no requirement to repeat the self-quarantine period when moving between Alaskan communities.

IV. Screening of Personnel. All crewmembers will be screened upon arrival to the vessel, using the following procedures, or an equivalent medically- vetted procedure. Vessel captains may wish to arrange for dedicated spaces to conduct private arrival screening.

- a. Verbal Screening Questions
 - i. Have you experienced any cough, difficulty breathing, shortness of breath, loss of smell or taste, sore throat, unusual fatigue or symptoms of acute respiratory illness in the last 72 hours?
 - ii. Have you experienced a fever (100.4° F [38° C] or greater using an oral thermometer) within the last 72 hours?
 - iii. Have you experienced signs of a fever such as chills, aches and pains, etc. within the last 72 hours?
 - iv. In the past 14 days, have you traveled in an area or country with widespread COVID-19 transmission without practicing social distancing?
 - v. Have you had contact, within the past 14 days, with a lab-confirmed or suspected COVID-19 case patient? (Contact defined as being within six feet of a COVID-19 case patient for a prolonged period of time (ten

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minutes or more) or having direct contact with infectious secretions of a COVID-19 case patient)?

- b. **Physical Screening**
 - i. Each crewmember shall demonstrate a measured temperature < 100.4°F. (This reference is for oral temperature, a forehead (temporal) scanner is usually 0.5°F (0.3°C) to 1°F (0.6°C) lower than an oral temperature. An ear (tympanic) temperature is 0.5°F (0.3°C) to 1°F (0.6°C) higher than an oral temperature.)
 - ii. Anyone performing a physical screening shall wear appropriate personal protective equipment (PPE). If PPE is not available, the crewmember may take their own temperature.
 - iii. Each crewmember must be free of fever or respiratory symptoms. A possible exception would be if a crewmember has mild symptoms that are clearly attributable to another source (i.e., allergies).
- c. If a crewmember fails verbal or physical screening, or is displaying viral symptoms, they will not be allowed to board.
- d. Additionally, vessel captains should assess each crewmember's individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions) and enact additional protective measures as needed to minimize their risk.

V. Protecting the Public. It is anticipated that catcher and tender vessels may have local community contact for the following reasons: offload, resupply, and maintenance; planned shipyard work at the beginning of the season; vessels that return to port daily or frequently as part of their fishery; medical or other unforeseen emergencies. Vessel captains and crewmembers must use the following procedures to limit contact with members of the public to the greatest extent possible:

- a. For crewmembers who live locally or return to port daily, crewmembers and families or roommates must comply with Health Mandate 011 on social distancing.
- b. Other crew may not disembark the vessel while in port for non-essential purposes.
- c. All face-to-face interaction between crew and shore-based workers will be kept to an absolute minimum, such as receiving for supplies, off-loading catch, fish tickets, and refueling. Those interactions that cannot be conducted remotely must follow social distancing guidelines.
- d. When contracting for services, vessel captains shall ensure that vendors providing services to, or onboard, vessels in port use the following procedures:

Alaska Protective Plan for Independent Commercial Fishing Vessels
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- i. If possible, any deliveries shall be made without a vendor boarding a vessel. The delivery shall be disinfected, if possible, before bringing it on board.
 - ii. In the event that a vendor must board a vessel, they must undergo the same screening as a crewmember boarding a vessel and be denied boarding if they have a fever, respiratory symptoms, or a high-risk COVID-19 exposure in the prior 14 days.
 - iii. Vendors shall wear a mask and face shield on board and shall wash their hands or use hand sanitizer prior to boarding and after leaving.
 - iv. Vendors and crew must practice social distancing and remain six feet apart, if possible.
 - v. Where feasible, use methods of communication that minimize yelling (such as radios or microphones).
 - vi. If working in an engine room, keep ventilation fans running for circulation, even at the dock.
 - vii. Try to allow vendors to work alone and use only the absolute minimum required number of workers in a space.
 - viii. Carefully control the ingress and egress of vendors from the vessel.
 - ix. If vendors must use onboard tools they must be disinfected prior to and after use.
 - x. After a vendor leaves, the ship shall be disinfected and all crew shall wash hands.
- e. Vessel captains shall check in with the harbormaster prior to any port of call, and follow the directives of harbormasters while in their ports.
 - f. Private sector businesses such as retailers, hotels, and air carriers may also enact additional measures as a part of their protective plans, which must be followed in order to obtain their services.

VI. On Board Protective Measures. All crewmembers must receive training on the requirements of this Mandate, including Appendix 01. Vessel captains shall enact protective measures as appropriate to their vessel size and design in order to limit proximity of persons while onboard or underway.

- a. Vessel captains should consider limiting the number of crewmembers allowed in operational spaces such as the wheelhouse and engine room. These social distancing measures are not required if the entire vessel crew is comprised of members of a single-family unit. These social distancing measures may not be possible on smaller vessels.

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- b. Best practices for galleys and mess areas are:
- i. Ensure all crew wash hands before eating or touching any food items or utensils.
 - ii. Any crew with cough or respiratory symptoms must eat separately. Galley shall be prepared to send individual meals to sick crew and clean dishes separately.
 - iii. Eliminate buffet or family-style dining and any common serving dishes. Identify one crewmember to handle food and to prepare a plate for each crew. Do not allow serving utensils to be shared.
 - iv. Consider having a galley crewmember prepare individual snacks for the day and distribute to each crewmember. Eliminate common bowls of snacks or opportunities for multiple people to touch food or packaged food products.
 - v. Galley crew shall practice meticulous hand and cough hygiene and shall wear a mask and gloves while serving food.
 - vi. Some additional protective measures may include:
 1. Self-service utensils – to reduce the opportunity for items to be touched by multiple people, set up trays with utensils on them and hand them out or set table before service.
 2. Use of single- use cups/plates/etc.
 3. Aggressive sanitizing of push button/lever beverage dispensers, condiments, etc. – areas that people may be touching during the meal service.
 4. Stagger meal breaks to reduce the number of people in the galley at one time or reducing the seating capacity in the galley so people are spaced farther apart.
 5. Ensure people sanitize their hands on the way to and from the galley.
- c. Best practices for cleaning and sanitation of PPE, surfaces, and spaces are:
- i. Dedicated person(s) shall be assigned to the tasks of cleaning, sanitizing, and disinfecting. After tasks are completed, they shall spray disinfectant chemical on the soles of their shoes, to prevent any cross-contamination. They shall also change out of their uniform, send to laundry in sealed bag, and take a shower. Consider the use of “dissolvable laundry bags” for contaminated linen and clothing.

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- ii. Daily disinfection of surfaces that people touch frequently can help decrease the spread of germs. When illness has been identified on board, consider disinfecting surfaces multiple times per day.
 - iii. Surfaces that people touch a lot (door handles, railings, light switches, chairs and tables) and bathroom and kitchen surfaces shall be cleaned, sanitized, and disinfected at least three times a day.
 - iv. Vessels must have in place a detailed procedure for cleaning, sanitizing, and disinfecting a vessel and disposing of PPE.
- d. Vessel captains shall encourage basic common hygiene practices, such as: frequent and thorough hand washing; respiratory etiquette, including covering coughs and sneezes; discouraging crewmembers from using others' personal property, work tools, and equipment.
- e. Crewmembers are required to stay in their assigned accommodations if they are sick.
- f. For any material (e.g., lines, fish tickets) that must be passed between vessels or to shore, crewmembers shall wear gloves and face coverings when handling material and perform hand hygiene after transfer. Crewmembers must disinfect any new supplies that arrive on board. After handling material, crew shall remove and discard or wash gloves, immediately wash hands with soap and water or use hand sanitizer, and then disinfect any personal items they may have touched, such as radios.
- g. If the crew will be completing the 14-day self-quarantine on board, it is acceptable to continue to fish during this time. Restrict contact with tenders or shore-personnel as much as possible. If contact with other vessels or personnel must occur, adhere to the safety plans set up by tender or port facilities, and utilize the following precautions:
- i. Restrict personnel from boarding the vessel, any communication shall be done by phone or radio instead of in person if possible
 - ii. Wipe down rails, door handles, and surfaces frequently with disinfecting wipes.
 - iii. Vessels are required to fly a "Lima" flag or similar yellow and black pennant if they have any crew on board under quarantine.
- VII. Procedures for Crewmembers who Become Ill.** Vessels must follow the following procedures for identification, isolation and assessment of crewmembers who begin to show symptoms of infection:

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- a. **Identification.** Observe crew daily for:
- i. New signs of fever, cough, difficulty breathing, loss of smell or taste, unusual fatigue, or shortness of breath.
 - ii. If there is a respiratory illness identified on board, take temperature twice daily of each crewmember.
 - iii. If there are symptoms presenting, repeat the screening from Paragraph IV.
 - iv. If a crewmember screens “yes” to any of the verbal symptom questions (1-3), place a surgical mask on, if tolerated.
 - v. If a crewmember screens “yes” to BOTH: (1) any of the verbal symptom questions (1-3); AND (2) an epidemiological risk factor questions (4 or 5), place a surgical mask on crewmember. if tolerated. and isolate per the **Isolation** protocol below. If an isolation room is not available, the entire vessel will be considered under isolation.
 - vi. Evaluating provider must don appropriate PPE and begin to document who has had exposure to the crewmember within the last two days.
 - vii. If a crewmember screens “yes” to fever and respiratory symptoms, but does not clearly have an exposure that would qualify for a COVID-19 suspect case, seek medical evaluation and, at a minimum, recommend isolation. The crewmember shall wait to return to work until 72 hours AFTER the fever ends without the use of fever-reducing medications AND an improvement in initial symptoms (i.e. cough, shortness of breath).
- b. **Isolation.** Isolation separates sick people with a contagious disease from people who are not sick. When possible, isolate sick crewmembers in a separate stateroom and designate a head that is only for isolated crew. In vessels that cannot accommodate individual isolation, consider the entire vessel under isolation for 14 days.
- i. If a crewmember is identified as a potential COVID-19 case, immediately ask them to wear a facemask (a surgical mask, not N-95), if tolerated. If there are no facemasks available, a cloth face covering may be used as a last resort.
 - ii. Place the crewmember in a private room with the door closed, ideally an airborne infection isolation room if available. Place a label on the door indicating no one is to enter the room without proper PPE. This room shall have separate toilet and bathing facilities.
 - iii. Any staff entering the room shall use Standard Precautions, Contact Precautions, and Airborne Precautions, and use eye protection such as

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goggles or a face shield. If N-95 masks are not available, a surgical mask may be considered an acceptable alternative at this time.

- iv. Access to the room shall be limited to personnel involved in direct care. Meals shall be delivered to the room and dishes and utensils cleaned separately. Anyone with exposure to the crewmember shall document the date and time of exposure, nature of exposure (close contact, same room, secretions), and PPE worn. Meticulous hand hygiene MUST be performed immediately after removing PPE.
 - v. Maintain a distance of six feet from the sick crewmember and keep interactions with them as brief as possible.
 - vi. Limit the number of people who interact with sick people. To the extent possible, have a single person give care and meals to the sick person.
 - vii. Avoid touching your eyes, nose, and mouth.
 - viii. Wash your hands often with sudsy soap and warm/hot water and wash your hands immediately after leaving the presence of the sick crewmember. If soap and water are not available, and if hands are not visibly soiled, use a hand sanitizer containing at least 60% alcohol.
 - ix. Provide tissues and access to soap and water, and ask the sick crewmembers to cover their mouth and nose with a tissue (or facemask) when coughing or sneezing.
- c. **Notification.** If person on vessel becomes ill with suspected or confirmed COVID-19, contact local public health nursing for further guidance:
- i. Dillingham Public Health Center: 842-5981
 - ii. Homer Public Health Center: 235-8857
 - iii. Ketchikan Public Health Center: 225-4350
 - iv. Kodiak Public Health Center: 486-3319
 - v. Nome Public Health Center: 443-3221
 - vi. Petersburg Public Health Center: 772-4611
 - vii. Sitka Public Health Center: 747-3255
 - viii. Valdez Public Health Center: 835-4612
 - ix. <http://dhss.alaska.gov/dph/Nursing/Pages/locations.aspx>
- (a) For a person ill or injured and not suspected of COVID-19 follow established process to evaluate for establishing healthcare.

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- (b) If the vessel containing an ill crewmember is not directed to shore-side medical attention, the vessel may continue to fish and complete a 14-day quarantine at sea. If unloading to a tender/processor is necessary during this time, the vessel must tell the tender/processor it has a sick crewmember on board. During the unloading, all crew must wear gloves and face coverings, and follow the procedures in Paragraph VI.g.

d. **Transportation.**

- i. Procedure on transportation of suspected COVID-19 cases at disembarkation.
- ii. For the crewmember with suspected COVID-19: A facemask shall be worn by the patient for source control. Follow guidance from Public Health Centers listed in IV.c. Notification.
- iii. If general medical issue, contact and seek medical care from local clinic.

e. **Quarantine.** Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. If separate staterooms with designated bathrooms are available, this procedure may be considered for individual crew. Otherwise, consider the entire vessel under quarantine.

- i. Passengers and crew members who have had high-risk exposures to a person suspected of having COVID-19 shall be quarantined in their cabins. All potentially exposed passengers, ship medical staff, and crewmembers shall avoid leaving the vessel and self-monitor under supervision of ship medical staff or telemedicine providers until 14 days after the last possible exposure (if the ill crewmember remained on the vessel and could not be fully separated from healthy crew, consider the entire vessel under quarantine for 14 days after the case is determined by public health to no longer need isolation). If an entire vessel is under quarantine, they may continue to work.
- ii. A high-risk exposure could occur through close contact with the suspected case without PPE. Close contact is defined as:
 - 1. being within approximately six feet (two meters) of a COVID-19 case for a prolonged period of time (ten minutes or longer); (close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case);

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2. having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).
- iii. For a catcher or tender vessel with a suspected case, consider the entire crew to have had a high-risk exposure.
- iv. If personnel develop fever, cough, difficulty breathing, or other symptoms of COVID-19 while in quarantine, they shall be isolated and undergo medical assessment, reporting and transportation as per the other relevant sections of this Mandate.
- v. Vessel management and telemedicine providers shall remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.
- vi. If the vessel returns to port with a sick crewmember, remaining crewmembers are not permitted to leave the vessel except to receive medical care or to move directly to a suitable quarantine location. No off-vessel work is permitted. The vessel must coordinate delivery of food or other necessities. Vessels are required to fly a "Lima" flag or similar yellow and black pennant if they have any crew on board under quarantine.
- vii. The remaining exposed crewmembers must complete a 14-day quarantine period, from the time the sick crewmember is transported, on the vessel or in a suitable quarantine location.

VIII. Continuity of Fisheries Operations.

- a. Vessel captains shall consider the impact that this pandemic will have on the fishing industry as a whole, their suppliers and wrap-around services such as fuel, groceries, and lodging.
- b. Vessel captains shall consider the potential impact to their operations that may arise as a result of outbreaks or increased rates of crewmember absenteeism, and enact plans for cross-training crewmembers to the greatest extent possible.
- c. Vessel captains must cease operations and return to port if they do not have enough healthy crewmembers remaining to safely operate the vessel.



STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
INDEPENDENT FISHING VESSEL AND
SHORE-BASED FISHING OPERATION PROTECTIVE MEASURES
ACKNOWLEDGMENT FORM – HEALTH MANDATE 017 APPENDIX 02



The State of Alaska acknowledges the importance of our commercial fishing fleets to our economy and our lifestyle as Alaskans. In order to ensure a safe and productive fishing season this year while protecting Alaskan communities to the maximum extent possible from the spread of the coronavirus, protective measures are necessary for independent commercial fishing vessels and shore-based harvesting operations operating within Alaskan waters and ports in order to prevent, slow, and disrupt the spread of the virus that causes COVID-19.

Vessel Name		USCG or ADFG #	
Home Port			
Shore-based Location		CFEC/Setnet Number(s)	
Vessel Captain or Site Manager Name(s)			
Total Onboard / On Site			

I, _____, have read and understand all of the requirements of Mandate 017 and applicable appendices. As the person responsible for the above-named vessel or shore-based fishing operation, I hereby acknowledge and agree to: (initial one)

____ Comply with the protective plan in Appendix 01 of Mandate 017 for my vessel for the 2020 fishing season.

____ Comply with the fleet or association protective plan submitted by _____ for the 2020 fishing season.

____ Comply with the protective plan in Appendix 03 of Mandate 017 for my harvesting operation for the 2020 fishing season.

I agree to comply with all other Mandates and health advisories issued by the State of Alaska and any local community mandates, ordinances, or directives that are not in direct conflict with this Mandate. I agree to keep a copy of this form and any other documentation required under this Mandate and the Appendixes for the entirety of the 2020 fishing season. I shall produce this form and any other required documentation upon request to the United States Coast Guard, the State of Alaska, Department of Fish and Game, Department of Health and Social Services, and/or the Alaska State Troopers.

CERTIFICATE: I swear or affirm, under penalty of perjury, that the above information I provided on this document is true and correct. I swear or affirm I will comply with all of the requirements set out in Health Mandate 017 and the Appendixes.

WARNING: If you provide false information on this form, you may be convicted of a Class B felony under AS 11.56.200 and/or a Class A misdemeanor under AS 11.56.210. Additionally, due to the imminent danger to the public by the spread of coronavirus, if you violate the self-quarantine regulations set forth in the Mandate, you may also be convicted of a class A misdemeanor which is punishable by a fine of up to \$25,000, or imprisonment of not more than one year, or both pursuant to AS 12.55.035 and AS 12.55.135.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

Alaska Protective Plan for Independent Commercial Fishing Harvesters
Appendix 03 to Health Mandate 017
Issued: May 15, 2020

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

This Appendix will establish general guidance for commercial fishing harvesters operating from shore, open skiffs, and other means where the crew is not living on board a vessel for multiple days at sea.

I. Applicability.

- a. This Appendix applies to all commercial fishing harvesters who do not meet the applicability definition for independent commercial fishing vessels contained in Health Mandate 017, and that have not agreed to operate under a fleet-wide plan submitted by a company, association, or entity that represents a fisheries sector.

II. Definitions.

- a. Self-Quarantine. This refers to a quarantine process that is not monitored by an employer or healthcare provider. The requirements of Health Mandate 010 remain in effect: all people arriving in Alaska, whether residents, workers, or visitors are required to self-quarantine for 14 days after arriving in the State and monitor for illness.
 - i. Harvesters' temperature should be taken twice daily during self-quarantine. Should fever symptoms develop, follow the Identification protocol in Section VIII.a. Seek testing and medical treatment immediately if symptoms are suspected to be caused by COVID-19.
 - ii. The time spent in transit from the final out-of-state port to Alaska on a vessel, demonstrated through a ship's log or equivalent record, will count toward the in-state 14-day mandatory self-quarantine period, if all protective measures are followed.
 - iii. Once the initial self-quarantine period after arriving in the State has been observed, there is no requirement to repeat the self-quarantine period when moving between Alaskan communities, though it is highly recommended for all Alaska residents to follow the procedures in Section IV.a when traveling from their permanent home to their Harvesting Operation worksite.
- b. Harvesting Operation. Multiple harvesters working at the same site in close proximity will be considered an Harvesting Operation. They may be in shared
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accommodations or separate facilities, but using the same equipment and selling their catch collectively.

- c. Site Manager. Though there may be several individual permit holders in an Harvesting Operation, the senior permit holder who conducts business transactions on behalf of the Harvesting Operation will be considered the Site Manager, and be responsible for enacting and enforcing this Appendix within his or her Harvesting Operation.

III. Documentation. Site Managers are required to maintain written or time-stamped electronic documents covering, at a minimum, the following information:

- a. An acknowledgment of the requirements of this Mandate and all applicable appendices and an explicit agreement to comply with this protective plan and enforce it for their Harvesting Operation.
- b. Certification that harvesters were screened upon arrival to the worksite in accordance with Paragraph V.
- c. Certification when harvesters have completed self-quarantine in accordance with Paragraph IV.

For the 2020 season, each Site Manager must sign the Health Mandate 017 Acknowledgement Form (Appendix 02) prior to actively participating in the 2020 commercial fishing season. This form will indicate that the Site Manager will comply with this Mandate and applicable appendices and enforce all requirements among any other harvesters in the same Harvesting Operation.

Prior to accepting any fish - or making any payment for fish to an independent harvester - a tender or processor must receive and confirm a signed copy of the Site Manager's Acknowledgement Form. The Site Manager must submit a copy of the Acknowledgement Form the first time they sell fish to a tender or processor. Subsequent sales to the same tender or processor do not require submission of another copy of the Acknowledgement Form (*e.g.*, the form only needs be submitted once per fishing season per tender or processor), but every tender or processor that a Harvesting Operation sells to must have, and retain until December 31, 2020, a signed copy of the Acknowledgement Form. This form shall be provided to the Alaska Department of Fish and Game upon request.

By accepting the Acknowledgement Form, the tender or processor may rely upon the submission of the Acknowledgement Form as proof of compliance of Health Mandate 017 and all applicable appendices. The tender or processor is not required to confirm

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compliance with Health Mandate 017, other than to collect the Acknowledgment Form, and assumes no liability for any failure to comply with any Harvesting Operation.

IV. Travel and Quarantine Options. Harvesting Operations will make every effort to prevent a potentially infectious harvester from exposing other harvesters or community members during travel, and in their final destination community in Alaska. Harvesting Operations will arrange for their arriving harvesters to follow one of the following methods:

- a. **Mid-Travel Quarantine.** Harvesters will travel to Alaska and observe a 14-day self-quarantine period in temporary lodging in a large community that has a General Acute Care or Critical Access Hospital (*i.e.*, Anchorage or Juneau) prior to beginning onward travel to their final destination community. This method will allow harvesters to immediately begin provisioning and operating under the protective measures in Section VI below upon arrival to their destination community.
 - i. **Travel.** All harvesters in transit on commercial aircraft must wear a cloth face covering that meets the recommendations contained in Health Alert 010. This face covering must be worn while transiting air terminals (to be temporarily removed for security screening), while on the plane, and any follow-on ground transportation until they reach their quarantine facility.
 - ii. **Self-Quarantine.** All harvesters will comply with the protective measures set by Health Mandate 010, the local government, and their lodging facility during self-quarantine.
 - iii. **Testing.** To the greatest extent possible, harvesters should receive a PCR test within 48 hours prior to commencing onward travel to their destination community, or as close as possible to the end of their quarantine to receive results prior to commencing onward travel. Harvesters should retain documentation of test results.
 - iv. **Arrival Screening.** All harvesters will be screened (see Section V) for symptoms upon arrival at the worksite prior to being allowed to enter the lodging facility.
 - v. **Alaska Residents.** This method is not required, but is highly recommended, for all Alaska residents to follow when traveling from their permanent home in Alaska to their Harvesting Operation worksite.
- b. **Post-Travel Quarantine.** Harvesters will travel to their final destination community in Alaska and observe a 14-day self-quarantine period prior to any interaction with harvesters from other Harvesting Operations or members of the local community. This method will require harvesters to follow stricter protective

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measures in Section IV.b.iv after arrival to their destination community while in their 14-day self-quarantine period.

- i. Travel. All harvesters in transit on commercial aircraft must wear a cloth face covering that meets the recommendations contained in Health Alert 010. This face covering must be worn while transiting air terminals (to be temporarily removed for security screening), while on the plane, and any follow-on ground transportation until they reach their quarantine facility.
- ii. Testing. If locally available, arriving harvesters should receive a PCR test within 48 hours of arrival at their destination community, preferably prior to entering their self-quarantine lodging. The initial test may be conducted en route to their destination community. Harvesters should retain documentation of test results.
- iii. Arrival Screening. All harvesters will be screened (see Section V) for symptoms upon arrival at the worksite prior to being allowed to enter the lodging facility.
- iv. Self-Quarantine. Arriving harvesters must proceed directly to their designated self-quarantine location, must practice social distancing and avoid interaction with the community, and may not stop at any location between arrival at the local airport and transport to the worksite or self-quarantine location unless it is to receive a PCR test.
 1. If possible, arriving harvesters will quarantine in single rooms and practice social distancing from other members of the Harvesting Operation. If single rooms are not available, and/or social distancing is not feasible, the entire Harvesting Operation will observe quarantine together.
 2. If a new harvester joins a quarantined Harvesting Operation and social distancing is not feasible, the 14-day clock will re-start for the entire Harvesting Operation.
 3. Quarantined harvesters must maintain social distancing measures from all people outside of their Harvesting Operation, regardless of their quarantine status.
 4. Harvesting Operations must arrange for provisioning via delivery services, curbside pick-up, or supply runners.
 5. Quarantined harvesters may not enter public spaces, to include retail stores, for any reason other than to seek medical attention.

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6. If the lodging facility is not adjacent to the worksite, quarantined harvesters may only travel between their designated self-quarantine lodging and worksite.
 7. Harvesting Operations may commence work and begin fishing during quarantine, provided they can maintain social distancing measures from all people outside of their Harvesting Operation. If they need to off-load catch during this time, they must inform the tender, processor, or transporting agent of their quarantine status.
- V. Compliance with this Mandate does not constitute a right to travel or access into any areas. It is incumbent upon the individual traveler to ensure that any proposed travel itinerary is still possible and to adhere to any and all additional restrictions enacted by air carriers and lodging facilities
- VI. **Screening of Personnel.** All harvesters will be screened upon arrival to the worksite or lodging facility, using the following procedures, or an equivalent, medically-vetted procedure. Site Managers may wish to arrange for dedicated spaces to conduct arrival screening in a space that can be disinfected should an arriving harvester fail the screening.
- a. Verbal Screening Questions
 - i. Have you experienced any cough, difficulty breathing, shortness of breath, loss of smell or taste, sore throat, unusual fatigue, or symptoms of acute respiratory illness in the last 72 hours?
 - ii. Have you experienced a fever (100.4° F [38° C] or greater using an oral thermometer) within the last 72 hours?
 - iii. Have you experienced signs of fever such as chills, aches and pains, etc., within the last 72 hours?
 - iv. In the past 14 days, have you traveled in an area or country with widespread COVID-19 transmission without practicing social distancing?
 - v. Have you had contact within the past 14 days with a lab-confirmed or suspected COVID-19 case-patient? (Contact defined as being within six feet of a COVID-19 case for a prolonged period of time (ten minutes) or having direct contact with infectious secretions of a COVID-19 case).
 - b. Physical Screening
 - i. Each harvester should demonstrate a measured temperature of < 100.4° F [38° C]. (This reference is for oral temperature, a forehead (temporal)

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scanner is usually 0.5°F (0.3°C) to 1°F (0.6°C) lower than an oral temperature. An ear (tympanic) temperature is 0.5°F (0.3°C) to 1°F (0.6°C) higher than an oral temperature.)

- ii. Anyone performing a physical screening should wear appropriate personal protective equipment (PPE). If PPE is not available, the harvester may take their own temperature.
- iii. Each harvester must be free of fever or respiratory symptoms. A possible exception would be if harvester has mild symptoms that are clearly attributable to another source (i.e., allergies).
- c. If a harvester fails verbal or physical screening or is displaying viral symptoms they will immediately be isolated in accordance with Section VIII.b.
- d. Additionally, site managers should assess each harvesters' individual risk factors (e.g., older age; the presence of chronic medical conditions, including immunocompromising conditions) and enact additional protective measures as needed to minimize their risk.

VII. Protecting the Public. After all members of an Harvesting Operation have completed quarantine, it is anticipated that harvesters may have local community contact. Harvesters must use the following procedures to limit contact with members of the public to the greatest extent possible:

- a. For harvesters who live locally or return to port daily, harvesters and families or roommates must comply with all social distancing protocols.
- b. Travel to high-traffic areas in communities such as retail stores will be kept to an absolute minimum. Harvesting Operations should take advantage of delivery services, curbside pick-up, and supply runners as much as possible.
- c. All face-to-face interaction between harvesters and other fisheries industry workers will be kept to an absolute minimum, such as receiving for supplies, off-loading catch, fish tickets, and refueling. Those interactions that cannot be conducted remotely must follow social distancing guidelines.
- d. Private sector businesses such as retailers, hotels, and air carriers may also enact additional measures as a part of their protective plans which must be followed in order to obtain their services.

VIII. Worksite/Campsite Protective Measures.

- a. Harvesting Operations should encourage basic common hygiene practices, such as frequent and thorough hand washing; respiratory etiquette, including covering

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coughs and sneezes; discouraging harvesters from using others' personal property, work tools, and equipment.

- b. Harvesters are required to stay in their assigned accommodations if they are sick.
- c. Harvesting Operations should confine harvesters to their own campsite and practice social distancing with neighbors as much as possible.
- d. Best practices for food preparation and dining areas are:
 - i. Ensure all harvesters wash hands before eating or touching any food items or utensils.
 - ii. Any harvester with cough or respiratory symptoms must eat separately.
 - iii. Eliminate buffet or family-style dining and any common serving dishes. Identify one harvester to handle food and to prepare a plate for each harvester. Do not allow serving utensils to be shared.
 - iv. Consider having a designated harvester prepare individual snacks for the day and distribute it to each harvester. Eliminate common bowls of snacks or opportunities for multiple people to touch food or packaged food products.
 - v. Consider the use of single-use cups/plates/etc.

IX. Procedures for Harvesters who Become Ill. Harvesting Operations must follow the following procedures for identification, isolation, and assessment of harvesters who begin to show symptoms of infection:

- a. **Identification.** Screen all harvesters daily for:
 - i. New signs of fever, cough, difficulty breathing, loss of smell or taste, unusual fatigue or shortness of breath
 - ii. If there is a respiratory illness identified, take temperature twice daily of each harvester
 - iii. If symptoms are presenting, repeat the screening from Paragraph II.
 - iv. If a harvester screens "yes" to any of the symptom questions (1-3), place a surgical mask on, if tolerated.
 - v. If a harvester screens "yes" to BOTH: (1) any of the symptom questions (1-3); AND (2) an epidemiological risk factor questions (4 or 5), place a surgical mask on harvester, if tolerated, and isolate per the **Isolation**

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protocol below. If an isolation room is not available, consider all members of the Harvesting Operation under isolation.

- vi. Evaluating provider must don appropriate PPE and begin to document who has had exposure to the harvester within the last two days.
- vii. If available, or as soon as practicable, obtain a rapid influenza swab. If positive, and no other reason to suspect COVID-19, treat harvester as an influenza case, not a COVID-19 case. There can be co-infection with COVID-19 and influenza, if there is any suspicion for COVID-19 exposure in the prior 14 days, continue to treat as a suspected COVID-19 case.
- viii. If a harvester screens “yes” to fever and respiratory symptoms, but does not clearly have an exposure that would qualify for a COVID-19 suspect case, seek medical evaluation and, at a minimum, recommend isolation for 72 hours AFTER the fever ends without the use of fever-reducing medications AND an improvement in initial symptoms (i.e., cough, shortness of breath) before returning to work.

b. Isolation. Isolation separates sick people with a contagious disease from people who are not sick. When possible, isolate sick harvesters in a separate room and designate a bathroom or head that is only for the isolated crew. For Harvesting Operations that cannot accommodate isolation, consider all members of the Harvesting Operation under quarantine for 14 days.

- i. If a harvester is identified as a potential COVID-19 case, immediately ask them to wear a surgical mask (not an N-95) if tolerated. If there are no surgical masks available, a cloth face covering may be used as a last resort.
- ii. Place the harvester in a private room with the door closed, ideally an airborne infection isolation room if available. Place a label on the door indicating no one is to enter the room without proper PPE. This room should have a separate toilet and bathing facilities.
- iii. Any staff entering the room should use Standard Precautions, Contact Precautions, and Airborne Precautions, and use eye protection such as goggles or a face shield. If N-95 masks are not available, a surgical mask may be considered an acceptable alternative at this time.
- iv. Access to the room should be limited to personnel involved in direct care. Meals should be delivered to the room and dishes and utensils cleaned separately. Anyone with exposure to the harvester should document the date and time of exposure, nature of exposure (close contact, same room,

For the latest information on COVID-19, visit coronavirus.alaska.gov
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secretions), and PPE worn. Meticulous hand hygiene must be performed immediately after doffing PPE.

- v. Maintain a distance of six feet from the sick harvester and keep interactions with them as brief as possible.
- vi. Limit the number of people who interact with sick people. To the extent possible, have a single person give care and meals to the sick person.
- vii. Avoid touching your eyes, nose, and mouth.
- viii. Wash your hands often with soap and warm/hot water, and wash your hands immediately after leaving the presence of the sick crew member with soap and water. If soap and water are not available, and if hands are not visibly soiled, use a hand sanitizer containing at least 60 percent alcohol.
- ix. Provide tissues and access to soap and water, and ask the sick harvesters to cover their mouth and nose with a tissue (or facemask) when coughing or sneezing.

c. **Notification.**

- i. If a harvester becomes ill with suspected or confirmed COVID19, the Site Manager must contact local public health nursing for further guidance:
- ii. Dillingham Public Health Center: 842-5981
- iii. Homer Public Health Center: 235-8857
- iv. Ketchikan Public Health Center: 225-4350
- v. Kodiak Public Health Center: 486-3319
- vi. Nome Public Health Center: 443-3221
- vii. Petersburg Public Health Center: 772-4611
- viii. Sitka Public Health Center: 747-3255
- ix. Valdez Public Health Center: 835-4612
- x. <http://dhss.alaska.gov/dph/Nursing/Pages/locations.aspx>
 - 1. For a person ill or injured and not suspected of COVID-19 follow an established process to evaluate for establishing healthcare.

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2. If the ill harvester is not directed to a medical facility, the Harvesting Operation may continue to fish and complete a 14-day quarantine. If unloading to a tender/processor is necessary during this time, the Harvesting Operation must tell the tender/processor it has a sick harvester. During the unloading, all crew must wear gloves and face coverings.
- d. **Transportation.** Procedure on transportation of suspected COVID-19 cases at disembarkation
- i. For the harvester with suspected COVID-19: A facemask should be worn by the patient for source control. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, *see*: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> for aerosol-generating procedures.
 - ii. If ambulance transportation is required: Local EMS should be notified that this is a potential COVID-19 case so that responders may use appropriate PPE and follow their protocols.
 - iii. If private vehicle transportation is utilized: Anyone who will be driving a harvester with suspected COVID-19 should maintain as much distance from the harvester as possible, wear a mask if available, and avoid unnecessary contact with the ill person and their belongings. If the driver will provide direct care to the ill person (*e.g.*, moving patients onto stretchers), they should wear recommended PPE. After transportation is complete, and before reentering a driver's compartment, the driver should remove and dispose of any PPE in a sealed plastic bag and perform hand hygiene. Windows should be down to allow for air exchange if possible.
 - iv. Personnel should avoid touching their face while transporting.
 - v. The receiving healthcare facility must be notified that a patient with suspected COVID-19 is being brought in so that they may take appropriate infection control precautions.
- e. **Quarantine.** Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. If separate accommodations with designated bathrooms are available, this procedure may be considered for the individual crew. Otherwise, consider the entire Harvesting Operation under quarantine.
- i. Harvesters who have had high-risk exposures to a person suspected of having COVID-19 should be quarantined in their assigned accommodations. All potentially exposed members should avoid leaving
- For the latest information on COVID-19, visit coronavirus.alaska.gov
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the worksite or lodging facility and self-monitor under the supervision of the site manager or telemedicine providers until 14 days after the last possible exposure. If an entire Harvesting Operation is under quarantine, they may continue to work.

- ii. A high-risk exposure could occur through close contact with the suspected case without PPE. Close contact is defined as:

- 1. being within approximately six feet (two meters) of a COVID-19 case for a prolonged period of time (ten minutes or longer); (close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case);

OR

- 2. having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).
- iii. For a Harvesting Operation with a suspected case, consider the entire crew to have had a high-risk exposure.
 - iv. If personnel develop fever, cough, difficulty breathing, or other symptoms of COVID-19 while in quarantine, they should be isolated and undergo a medical assessment, reporting, and transportation as per the other relevant sections of this Appendix.
 - v. The site manager and telemedicine providers should remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.
 - vi. The remaining exposed harvesters must complete a 14-day quarantine period, from the time the sick harvester is transported, in a suitable quarantine location.

X. Continuity of Fisheries Operations.

- a. Site managers should consider the impact that this pandemic will have on the fishing industry as a whole, their suppliers, and wrap-around services such as fuel, groceries, and lodging.
- b. Site managers should consider the potential impact on their operations that may arise as a result of outbreaks or increased rates of harvester absenteeism, and enact plans for cross-training harvesters to the greatest extent possible.

Alaska Protective Plan for Independent Commercial Fishing Harvesters
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- c. Site managers must temporarily cease operations if they do not have enough healthy harvesters remaining to safely run the Harvesting Operation.



The State of ALASKA **COVID-19 Health Mandate**

Frequently Asked Questions about the COVID-19 Health Mandates

Health Mandate 10.1 – International and Interstate Travel – Order for Self-Quarantine

Issued March 23. Goes into effect March 25, 2020 at 12:01 a.m. Will be reevaluated by April 21, 2020. Find full text and attachments available at:

<https://content.govdelivery.com/accounts/AKDHSS/bulletins/282d20b>

What does Health Mandate 10.1 mean and what is its purpose?

Health Mandate 10.1 has been implemented to help control the entry into Alaska from areas outside the state to help prevent the spread of COVID-19. All people arriving in Alaska, whether resident, worker or visitor, are **required to self-quarantine for 14 days** and monitor for illness. Arriving residents and workers in self-quarantine should work from home, unless they support critical infrastructure ([see Attachment A](#)).

What does the mandate say?

"All people arriving in Alaska, whether resident, worker or visitor, are required to self-quarantine for 14 days and monitor for illness. Arriving residents and workers in self-quarantine, should work from home, unless you support critical infrastructure." See [Attachment A – Alaska Critical Workforce Infrastructure](#)

How will this be tracked?

Travelers arriving in Alaska will fill out a [declaration form](#) at the airport, and in the future at border crossing, when they arrive and indicate where they will be self-quarantining for 14 days.

What should a traveler do immediately upon arriving in Alaska?

Anyone arriving in Alaska should go directly from the airport to the designated quarantine location they identified on the mandatory [State of Alaska Travel Declaration Form](#).

I don't have any symptoms, do I have to self-quarantine?

All people arriving in Alaska, regardless of their perceived health, whether resident, worker or visitor, are required to self-quarantine for 14 days and monitor for illness. Arriving residents and workers in self-quarantine should work from home, unless they support critical infrastructure (see Attachment A). While in quarantine, you should monitor for symptoms according to health guidance from the CDC and the State of Alaska.

Can I quarantine at home?

Yes, if you are an Alaska resident, your designated quarantine location is your residence.

What if I'm visiting?

If you are a visitor or worker, your designated quarantine location is your hotel room or rented lodging.

How long does this mandate last?

It will be reevaluated on April 21, 2020.

What happens if someone doesn't follow this mandate?

Failure to follow this order is punishable by a fine of up to \$25,000, or imprisonment of not more than one year, or both pursuant to Alaska Statute 12.55.035 and Alaska Statute 12.55.135.

If I know a business or individual that isn't following this mandate, who should I report this to?

Violations may be reported to investigations@alaska.gov.

How long do I have to stay in quarantine?

You should stay at your designated location for 14 days or until you leave the state, if less than 14 days.

If I'm sick, may I go to the doctor?

Yes. You may leave your designated quarantine location only for medical emergencies or to seek medical care. Please call your doctor before going to their office or facility.

Can I go to meetings or exercise areas if my quarantine location?

Do not visit any public spaces. Those include pools, meetings rooms, fitness centers, restaurants and more.

May I have visitors at my quarantine location?

No visitors are allowed, other than doctors, health care providers or other critical infrastructure service providers. [See Attachment A.](#)

What if someone is living with me at my quarantine location?

If someone else is at your location, you must comply with social distancing guidelines, including remaining at least six feet away from others, and frequently cleaning surfaces. If you need help accessing food, please contact your local jurisdiction to request help.

If I can't leave, how do I get food at my quarantine location?

Many grocery stores deliver food, and delivery services can bring food from restaurants, all of which can be dropped off outside the door to prevent contact.

Some travelers and businesses providing critical infrastructure are exempted. What is considered critical infrastructure?

A variety of professions and businesses support critical infrastructure, including health care, first responders, financial institutions and more. Find the full list at: <https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-COVID-19-Health-Mandate-010-Attachment-A.pdf>

What should you do if your business or employees support critical infrastructure and you have travelers coming in from out of state?

If your business is included in [Attachment A](#), and your workers must travel to enter Alaska, you need to submit a plan or protocol for maintaining critical infrastructure to the Department of Commerce, Community and Economic Development by 3 p.m. March 24, "outlining how you will avoid the spread of COVID-19 and not endanger the lives of the communities in which you operate, of others who serve as a part of that infrastructure or the ability of that critical infrastructure to function." Plans may be submitted to AlaskaDevelopment@alaska.gov.

EXAMPLE: What if a telecommunications provider is wondering if it needs to enforce quarantine requirements on its in-state employees who have been on vacation out of state, and are now returning? (Note that communications providers have been deemed "essential" critical infrastructure).

The provider (company) needs to submit their business implementation plan to Alaskadevelopment@alaska.gov. That plan should articulate how the company is protecting workers and customers with respect to the mandate and guidance for quarantine and social distancing. If the employee cannot comport with the company guidance and recommendations for social distancing, we suggest the company have that employee stay home.

EXAMPLE: I work for a moving company, and I drive across the U.S.-Canadian border frequently, but I'm alone in my truck. Do I still have to quarantine for 14 days after arriving in Alaska?

No. Moving and trucking companies are considered critical infrastructure, but they are asked to have a mitigation plan on how to avoid the public and help to prevent the spread of COVID-19. This plan should be submitted to Alaskadevelopment@alaska.gov.

EXAMPLE: What if someone is traveling back to their home from out-of-state but have a stopover in another community on their way home? What does this person need to do?

Transient accommodations, including temporary lodging at the stopover location at a hotel, is permissible. The same applies for those travelers with overnights due to weather or other extenuating circumstances on their journey home.

EXAMPLE: If someone is traveling back to a village but stopping in Anchorage, does that person need to quarantine in both communities?

The person traveling must quarantine when they arrive at their home or employee lodging at the final destination. This person does not need to quarantine in Anchorage. Travelers should state the final destination, not intermediary destinations.

What if my critical infrastructure business or operation relies on outside travelers, but they won't be entering Alaska prior to April 21, do I have to submit a plan?

No.

I have been traveling to various communities within Alaska, does this impact me?

At this time, travel within the state of Alaska is not restricted by this mandate, though public health guidance in [Health Alert 009 issued March 20](#) calls for avoiding non-essential in-state trips.

My spouse is in the military and will be arriving in Alaska, does this impact traveling military personnel?

All people arriving in Alaska, whether resident, worker or visitor, are required to self-quarantine for 14 days and monitor for illness. Arriving residents and workers in self-quarantine should work from home, unless they support critical infrastructure ([see Attachment A](#)).

I am in the military and my dependents will be arriving in Alaska, how does this impact military dependents?

All people arriving in Alaska, whether resident, worker or visitor, are required to self-quarantine for 14 days and monitor for illness. Arriving residents and workers in self-quarantine should work from home, unless they support critical infrastructure ([see Attachment A](#)).

Will the mandatory declaration form be collected at the highway border as well as airports? What state agency will be collecting the Declaration forms at the airports and will they be given to municipalities and or law enforcement agencies? What will be done with the forms? Are they public records?

For March 24, 2020, forms are being collected in drop boxes at Ted Stevens Anchorage International Airport (ANC), and Fairbanks International Airport (FAI). For travelers to Juneau (JNU), forms will be collected by City and Borough of Juneau employees. All forms will be collected and provided to State of Alaska Department of Health and Social Services staff in all locations, and will be secured and stored with DHSS. They will not be given to municipalities or to any local, state or federal law enforcement agencies. If in the future a misdemeanor criminal investigation is ongoing, law enforcement will request specific documentation (evidence) from the department, which will be processed in the customary way documentation is provided during criminal investigations, ensuring protocols for chain of custody are applied. The State of Alaska is developing the procedures and collection protocols for forms at land border crossings. The same protocols will apply for collection and preservation.



RESPONDING TO COVID-19

DHSS has been tremendously busy responding to the COVID-19 crisis, as well as attending to the ongoing critical issues, programs, finances and policy required for running the state's health care system. There are many challenges caused by both the contagion and its parallel effects on workforce and accessibility. Our priorities have been:

- Getting assistance and benefits into people's hands faster, with fewer barriers.
- The elderly population and their care and safety.
- The stability and accessibility of health care providers.
- Proactively positioning the department should this epidemic worsen.

To this end, the following efforts are ongoing:

Health response

DHSS is moving to modify or waive many existing regulations to assist with the accessibility of care in areas some of which include:

- a. Suspending service authorization limits and durations.
- b. Permitting facilities to use multiple types of spaces for patient care as needed.
- c. Increasing or waiving service limits for services such as personal care services.
- d. Waving the prohibition against family members being paid to provide services for the disabled and elderly population.
- e. Waiving assessments and reassessments for disabilities services.

Concerning Medicaid services, the department has applied for and received a waiver for its disabilities services, this has been granted and allows for (among other things):

- a. Services being provided in other settings not previously allowed (such as hotel rooms).
- b. Substitutions across services, such as respite being used instead of day habilitation.
- c. Many services being provided telephonically.
- d. The removal of service caps.

For the rest of the Medicaid population, the department has applied for and received an emergency 1135 waiver by Centers for Medicare and Medicaid Services (CMS). This waiver would allow for (among other things):

- a. Waiving or postponing many enrollment requirements such as obtaining fingerprints, allowing for a provisional enrollment.
- b. Allowing for presumptive eligibility for the aged, blind and disabled population.
- c. Postpone or suspend administrative hearings, federal audits and other audit requirements.
- d. Modifying the timely provider filing requirements.
- e. Suspending level of care requirements, allowing patients to be cared for where they are instead of being transferred.
- f. Allowing for the creation of a new isolation and quarantine system to provide safe places for those that cannot quarantine at home.

Suspended regulations and statutes:

- a. Allow videoconferencing and other ways to conduct assessments other than face to face.
- b. Relaxing of response timelines at Office of Children's Services (OCS).
- c. Permit additional Medicaid funding for COVID-19 related hospitalizations.
- d. Provisional approval of background checks without fingerprinting.
- e. Allow payment to family members providing care for Seniors & Disabilities Services.

See the last two pages of this document for more information about the two Medicaid waivers.

Disaster response (Division of Public Health)

- DHSS Emergency Operations Center is active in disaster response in every community, testing and tracking, and planning for future patient care.
- Section of Epidemiology is systematically holding 'town hall' meetings with communities to assess individual needs and plan the appropriate responses.

Public assistance and benefits (Division of Public Assistance)

- Able Bodied Adult Without Dependents (ABAWD) work requirements for the Supplemental Nutrition Assistance Program (SNAP) have been temporarily suspended, as well as extending the certification periods.
- Adult public assistance and senior benefits eligibility extended 6 months.
- Women, Infants and Children (WIC) participants are allowed to be certified without going to a WIC clinic.
- Modified workflow and accessibility, allowing Alaskans to drop off paperwork and establish call-in appointments to allow better access and ensure public services and social service program eligibility.
- Presumptive eligibility where possible, so benefits accessed faster.
- Changing or waiving protocols like in-person meetings.

- Asking for and using any federal flexibility in programs to get payments to child care providers and any other assistance programs.

Facility-driven services and children services (*Pioneer Homes, Division of Juvenile Justice, Alaska Psychiatric Institute, Office of Children's Services*)

- All public entry to OCS offices are by appointment only.
- All family contact is limited to electronic methods for visitation such as FaceTime, Zoom or telephone visits, or other communication applications.
- Liberal, daily phone calls between children and their parents are being done through OCS.
- Foster parent frequently asked questions about COVID-19 posted to OCS website.
- DJJ is posting COVID information to their website and developing a parent corner section to provide updates to families.
- Pioneer Homes are reviewing on a case-by-case basis the 180 days allowed for an Alaska resident to be out of state in order to remain on the waitlist. This requirement is being waived if the elder was out of state and should not travel back to Alaska due to COVID-19.
- Reduce community spread through very limited visitation.
- Working with community providers to reduce cross-facility spread. (Many employees work at various facilities in their community).
- Being mindful and frugal with use of PPE and other supplies to reduce the burn rate.
- Evaluating the need for transport to medical facilities and taking care of more needs in facility.
- Working with families on end-of-life requests to reduce emergency room and hospital use.

Medicaid driven services (*Health Care Services, Division of Behavioral Health, Division of Public Assistance, and Senior and Disability Services*)

- Reducing regulatory burden for providers to give unfettered access to patients.
- Worked with our partners, including Alaska State Hospital and Nursing Home Association, Alaska Behavioral Health Association, Alaska Mental Health Trust, and Alaska Native Health Board, to identify needs and write to massive emergency plans with CMS (the Appendix K and the 1135 Waiver).
- Working with our federal partners including CMS, Administration for Children and Families, and FEMA to implement emergency protocol for programs and vulnerable populations.

Specifically, the waivers include modifications such as:

- Exempting the settings, scope, duration, and frequency of services provided during the crisis.

- Setting new rates for specific services such as home and community-based services for the elderly to incentivize providers to provide care in-home rather than in congregate settings.
- Extending plans of care during the emergency so that providers can focus on care rather than administrative work.
- Extending licensing and credentials of providers including a waiver for certified nurse assistants to work on provisional license and out-of-state providers to provide telehealth services while not licensed in Alaska.
- Modifying caregiving requirements allowing personal care attendants the flexibility of location to provide more comprehensive care in homes.
- Modifying our telehealth capacity to allow services regardless of the origination of the service (i.e. an out-of-state or region provider could provide services without a physical examination in certain cases), removing the video requirement for most services, and relaxing the technological requirements for many services to allow simple interface such as Facetime.

For businesses

- Working with child care providers in order to keep them whole and modify their work during this time, including hosting webinars and answering frequently asked questions.
- Increasing funding through both federal and state sources to allow for incentive pay and stabilization pay for health care providers.
- DHSS is leading a discussion with Department of Commerce, Community, and Economic Development, Department of Labor, and Department of Natural Resources regarding the commercial fishing industry and its personnel for economic stability of the fleet(s) and has daily discussions with the health care industry in order to provide flexibility and maximize health care professional recruitment and reimbursement.



Medicaid Waivers

*Increasing access and providing safer means to health care services
during the COVID-19 health emergency*

On April 2, 2020, the Centers for Medicare and Medicaid Services granted the Alaska Department of Health and Social Services' (DHSS) waivers of Medicaid requirements. These waivers allow DHSS greater flexibility to respond to the COVID-19 health emergency through increased accessibility to care and safer mechanisms for the provision of health care during this time of crisis.

Appendix K, the first of the two waivers, was granted on March 25, 2020. The Appendix K waiver is specific to Alaskans who receive Medicaid Home and Community Based Waiver services through Senior and Disabilities Services. The second waiver, under Section 1135 of the Social Security Act, was granted on April 2, 2020. The Section 1135 waiver ensures that, during an emergency, sufficient health care services are available to Medicaid enrollees and Medicaid providers are relieved of requirements that could impede the provision of health care.

In broad terms, these waivers allow Medicaid-enrolled providers to provide more accessible care in the following ways:

- Allows health care professionals to provide care in different settings, for flexible duration and scope, and with less administrative burden;
- Extends or waives plans of care requirements, and allows providers more flexibility in documentation and reporting;
- Modifies current requirements for health care professional licensing in order to allow more health care professionals provisional licenses for care in Alaska;
- Eases restrictions and administrative process on health care professionals seeking to enroll as Medicaid providers; and
- Allows a wide variety of services to be performed via telehealth.

Waiver provisions will be implemented on an as needed basis, and DHSS will notify providers of the effective date of each change. Until DHSS notification is issued, services provided under waiver provisions will not be covered. Notices will be published at [Alaska Medicaid Health Enterprise](#) and the [Division of Behavioral Health](#) websites as approved waivers are implemented.

For specific questions about these waivers or their implications:

If you are a:	Contact:
Medicaid applicant or enrollee	Division of Public Assistance Director of Public Assistance hssdpadirectoroffice@alaska.gov or 907-500-2131
Health care provider (e.g., hospital, physician, dentist, therapist) with a question about provision of Medicaid services	Division of Health Care Services • Brenda Vincent brenda.vincent@alaska.gov or 907-334-2430 • Sherri Larue sherri.larue@alaska.gov or 907-334-2656
Health care facility (e.g., hospital, skilled nursing facility, ambulatory surgery center) with a question regarding licensure or certification	Division of Health Care Services • Matthew Thomas matthew.thomas2@alaska.gov or 907-334-2664 • For DETs Gennifer Moreau Gennifer.moreau@alaska.gov 907-717-1346
Health care provider with a question about Medicaid enrollment	Division of Health Care Services • Jason Ball jason.ball@alaska.gov or 907-334-2186
Behavioral health provider (e.g., community behavioral health providers including Tribal health, autism services, mental health physician clinics) with questions regarding the provision of Medicaid services	Division of Behavioral Health • Terry Roth terry.roth@alaska.gov or 907-744-3707 • MPASSUNIT mpassunit@alaska.gov
Assisted living homes with questions about licensing and operations	Division of Health Care Services • Craig Baxter craig.baxter@alaska.gov or 907-334-2492



Governor Michael J. Dunleavy
STATE OF ALASKA

**** COVID-19 HEALTH MANDATE ****

Issued: March 27, 2020

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

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its eleventh health mandate based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

Given the increasing concern for new cases of COVID-19 being transmitted via community spread within the state, Governor Dunleavy and the State of Alaska are issuing the following mandate to **go into effect March 28, 2020 at 5:00 pm and will be reevaluated by April 11, 2020.**

This mandate is issued to protect the public health of Alaskans. The Governor looks to establish consistent mandates across the State in order to mitigate the impact of COVID-19. The goal is to flatten the curve and disrupt the spread of the virus.

The purpose of this mandate is to restrict the movement of individuals within the State of Alaska in order to prevent, slow, and otherwise disrupt the spread of the virus that causes COVID-19.

The State of Alaska and the Alaska Department of Health and Social Services (DHSS) acknowledge the importance of social distancing, while maintaining essential healthcare services, public government services, and other essential business activities, to prevent, slow, and otherwise disrupt the spread of COVID-19 in Alaska. It is imperative that Alaskans heed these guidelines.

Health Mandate 011 – Social Distancing

Effective 5:00 pm March 28, 2020:

All persons in Alaska, except for those engaged in essential health care services, public government services, and essential business activities, are mandated to remain at their place of residence and practice social distancing. For the purpose of this mandate, social distancing is defined as maintaining a distance of six feet or greater from any individuals with whom you do

not currently reside. Read the **“Mandate 11 & 12 FAQ’s”** for more details, which can be found here: <http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx>

Critical infrastructure includes those items listed in “Alaska’s Essential Services and Critical Infrastructure” (formerly Attachment A) <https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-COVID-19-Health-Mandate-010-Attachment-A.pdf>

I. The Governor orders individuals to abide by the following:

- a. Work from home as much as possible (see Alaska Essential Services and Critical Workforce Infrastructure Order).
- b. Immediately isolate any family member who is ill.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>
- c. Outdoor activity (e.g., walking, hiking, bicycling, running, fishing or hunting) is permitted when a distance of six or more feet can be maintained between individuals not in the same household.
- d. Any individual who exhibits symptoms of illness must not leave their home, including to work, except as necessary to seek or receive medical care.
- e. All individuals shall cease participation in public or private gatherings that include non-household members, regardless of the number of people involved. This includes, but is not limited to, weddings, faith gatherings, graduations, and funeral events.
- f. Individuals experiencing homelessness are exempt from this mandate but are urged to obtain shelter.

II. The Governor orders the closure of non-essential businesses:

- a. All businesses within Alaska, except those listed in Alaska Essential Services and Critical Workforce Infrastructure Order, are required to cease all activities at facilities located within the state except Minimum Basic Operations, as defined in Section II(c). For clarity, businesses may also continue operations consisting exclusively of employees or contractors performing activities at their own residences (i.e., working from home).
- b. For purposes of this Mandate, covered businesses include any for-profit, non-profit, or educational entities, regardless of the nature of the service, the function they perform, or corporate or entity structure
- a. **“Minimum Basic Operations”** include the following, provided that employees comply with Social Distancing Requirements as defined in this Section, to the extent possible, while carrying out such operations:
 - i. The minimum necessary activities to maintain the value of the business’s inventory, ensure security, process payroll and employee benefits, or for related functions.
 - ii. The minimum necessary activities to facilitate employees of the business being able to continue to work remotely from their residences.

III. The Governor orders employers to abide by the following:

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- a. Businesses providing essential services and critical infrastructure will, to the extent reasonably feasible, take reasonable precautions to ensure the health of their service sector and employees.
- b. Public-facing businesses providing essential services and critical infrastructure will proactively promote social distancing between employees and others, including, but not limited to, expanding delivery options, drive-through services, limiting the number of individuals in a building, clearly spacing lines to keep individuals six feet apart, or making appointment times to minimize interactions between members of the public.
- c. Employers will evaluate which of their employees can feasibly work remotely from home and to the extent reasonable, take steps to enable employees to work from home.

A violation of a state COVID-19 Mandate may subject a business or organization to an order to cease operations and/or a civil fine of up to \$1,000 per violation.

In addition to the potential civil fines noted above, a person or organization that fails to follow the state COVID-19 Mandates designed to protect the public health from this dangerous virus and its impact may, under certain circumstances, also be criminally prosecuted for Reckless Endangerment pursuant to Alaska Statute 11.41.250. Reckless endangerment is defined as follows:

- (a) A person commits the crime of reckless endangerment if the person recklessly engages in conduct which creates a substantial risk of serious physical injury to another person.**
- (b) Reckless endangerment is a class A misdemeanor.**

Pursuant to Alaska Statute 12.55.135, a defendant convicted of a class A misdemeanor may be sentenced to a definite term of imprisonment of not more than one year.

Additionally, under Alaska Statute 12.55.035, a person may be fined up to \$25,000 for a class A misdemeanor, and a business organization may be sentenced to pay a fine not exceeding the greatest of \$2,500,000 for a misdemeanor offense that results in death, or \$500,000 for a class A misdemeanor offense that does not result in death.

This mandate supersedes any local government or tribal mandate, directive, or order.