



Allegheny County Department of Human Services Helpful Resources

Behavioral Health Residentially Based Care/Services, Youth Congregate Care, Emergency Shelters and other housing providers

Note: The situation regarding the COVID-19 public health emergency is rapidly changing, as is our knowledge of this new disease. This document was adapted from a [document](#) created by the New York State Office of Mental Health to provide guidance to various congregate, SRO, treatment and supportive housing providers. It also draws on guidance published by the [NYC Health Department for Congregate Settings](#) and the Centers for Disease Control and Prevention (CDC). The content in this document is based on the best information currently available and tailored to Allegheny County Department of Human Services' (DHS) COVID-19 response plans. Visit the [Allegheny County Health Department website, Pennsylvania Department of Health website](#) and [Centers for Disease Control and Prevention \(CDC\) website](#) for more information.

As of November 2020, Allegheny County is experiencing a rapid increase in Covid-19 cases and hospitalizations. To stem the spread of the virus, protect the lives of residents, and preserve the County's health care system capacity, it is critical to continue implementing Covid guidance from local, state, and federal officials.

The original version of this document was offered to support DHS congregate care providers in implementing safety and infection prevention guidelines and meet requirements outlined by the Pennsylvania and Allegheny County Departments of Health. In new state guidelines and mandates released in November 2020, Governor Wolf and PA DOH affirmed that the previous safety order [remains in effect](#). The state's new guidelines also enhance existing mitigation requirements for in-person businesses and reiterate the ongoing safety measures businesses must continue to implement to stem the increase in transmission of the virus.

This document has been updated to reflect these recent announcements and to highlight the specific safety measures previously detailed here that they reinforce. In particular, the updates made to this document stem from [PA DOH's November 2020 Masking Order](#) and Governor Wolf's and [PA DOH's November 2020 Mitigation and Enforcement Orders](#) ("the Mitigation and Enforcement Order"), and include: enhanced masking guidance, strengthened contact tracing guidelines for employers of affected employees, strengthened isolation and quarantine guidance for employers' affected employees, enhanced temperature screening guidance and strengthened social distancing guidelines.

The sections below that are not updated based on these new orders [are still in effect](#). DHS urges partners, providers, and clients to continue employing aggressive mitigation practices against the spread of infection. All DHS guidance will be updated as appropriate to stay current with the state's response to the pandemic.

Section 1: Overview

COVID-19 is caused by a new type of coronavirus. Until late 2019, this type of coronavirus was unknown. The virus is thought to first infect the tissue inside the nose or the throat and then spread lower down into the lungs. In most cases, the illness is mild or moderate and most people recover. However, older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness and requiring hospitalization.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facilities
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease

The infection spreads between persons who are in close contact with one another through respiratory droplets formed when an infected person coughs or sneezes. The infection may also spread when individuals touch contaminated surfaces and then touch their face. Covering coughs and sneezes with a tissue or in an elbow, washing hands frequently with water and soap for 20 seconds or using an alcohol-based hand sanitizer, and avoiding touching the face are critical steps to protecting oneself and others.

For screening purposes, the main symptoms of the infection are:

- a fever of over 100.0 F
- a new cough within the last seven days
- shortness of breath, or
- a new sore throat within the last 7 days

Visit the [CDC website](#) for up to date information about COVID-19 symptoms.

Section 2: Physical Distancing

Physical distancing is a prevention technique aimed at slowing the spread of the virus. People are asked to stay at home and limit contact with those who do not live in their home. Public health measures to close schools, eat-in restaurant dining, gyms, libraries, theaters, and so forth are all part of this approach. This drastic action is meant to prevent people getting sick and overwhelming the healthcare system.

On November 17, 2020, Governor Wolf issued a [Stay at Home Advisory](#) which states that residents should “Only leave home to go to work or school, or for essential needs of themselves or persons they are caring for, such as seeking medical care for themselves, others, or their pets, providing child care or eldercare, going to the grocery store or pharmacy, picking up food or exercising. When not at home, individuals must wear a face covering in accordance with the Secretary of Health’s Updated Order Requiring Universal Face Coverings, dated November 17, 2020, and practice physical distancing by staying at least six feet away from others and frequent hand hygiene.”

When people need to leave their places of residence in conjunction with allowable activities or travel, the Pennsylvania Department of Health strongly encourages individuals to abide by the following physical distancing requirements to greatest extent reasonably possible:

- Maintain at least six feet from other individuals.
- Wear a mask that covers the nose and mouth
- Wash hands with soap and water for at least 20 seconds as frequently as possible, or use hand sanitizer.
- Cover coughs or sneezes with a sleeve or elbow, not hands.
- Do not shake hands.
- Regularly clean high-contact surface areas.

Section 3: General Guidance for Residential and Housing Programs

Most of the messaging around physical distancing is aimed at single-family homes. Residential and Housing programs should consider the following additional efforts to protect clients and staff in these programs:

1. Clients should be educated to stay in the residence as much as possible and follow any government orders regarding physical distancing and staying at home. If they do go out, they should wear a mask at all times, keep a distance of at least six feet away from anyone else, including relatives who do not live in the program, and avoid touching their face. Programs should cancel all planned social or recreational outings. Upon returning home, residents and any accompanying staff should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol. Cell phones and other frequently handled items should be sanitized daily.

2. DHS urges providers to require clients to wear masks while on site and to provide masks to clients who lack them. Residents of 24/7 facilities who share bedrooms should wear masks in their bedroom whenever they are not on their bed. See Guidance for DHS Providers Conducting In-Person Business Operations for further mask guidance including exceptions and strategies to support individuals who can not wear a mask.
3. Conduct twice-daily evaluation for development of any new symptoms for all residents and staff. Whenever possible, temperature checks should also be conducted twice daily. Staff who are checking client temperatures should use a system that creates a physical barrier between the client and the screener. Screeners should stand behind a physical barrier, such as a glass or plastic window or partition that can protect the staff member's face from respiratory droplets that may be produced if the client sneezes, coughs, or talks. If social distancing or barrier/partition controls cannot be put in place during screening, PPE (i.e., facemask, eye protection [goggles or disposable face shield that fully covers the front and sides of the face], and a single pair of disposable gloves) can be used when within 6 feet of a client. However, given PPE shortages, training requirements, and because PPE alone is less effective than a barrier, try to use a barrier when possible.
4. Providers should display the [“How Do I Protect Myself From COVID-19?” poster](#) from the Pennsylvania Department of Health COVID-19 signage throughout their facilities. Translation to Spanish is available [here](#).
5. Clients and Staff should be encouraged to report any symptoms of COVID-19 to the program administrator or supervisor as soon as possible. Programs should create and implement a protocol to ensure that both staff and clients know what symptoms should be reported and the procedure for reporting.
6. Programs should prevent non-residents from visiting residences unless it is deemed necessary to the direct support of a resident's health and wellness. Prior to entering the residence, visitors should be asked if they have a new cough, a new sore throat, shortness of breath, or if they have a fever. If any of these are present, the visitor should not be allowed into the residence. Program staff may also meet any deliveries to the program outside the building to reduce the number of people entering the site. Visitors and/or others that may enter the facility should be provided masks if they do not have their own readily available.
7. Staff members should regularly monitor themselves for COVID-19 symptoms. Facilities housing more vulnerable clients should screen staff for fever and respiratory symptoms at the beginning of each shift. Staff members should stay home if they are sick. Per the state Safety Order, employers are responsible for establishing and executing the following safety protocols as soon as they discover their workplace was exposed to Covid-19:
 1. Identify employees who were in close contact (within 6 feet of the ill individual, for about 10 minutes) with someone who is a positive/probable case—between the time when the ill individual developed symptoms and 48 hours prior to

that time. Employers are required to promptly notify employees who were close contacts of any known exposure to COVID-19 at the workplace premises, *without* disclosing personally identifiable information of the sick individual, consistent with confidentiality laws to protect the individual's privacy.

2. Per the Mitigation and Enforcement Order, employees identified as a close contact of a positive/probable case may not continue to work at an in-person business and must quarantine in accordance with the direction of the Allegheny County Health Department.
3. In addition, if an employee who has had close contact with a positive/probable case becomes sick during the workday or tests positive for Covid-19, that person may no longer conduct in-person operations, even if asymptomatic, and must isolate in accordance with the direction of the Allegheny County Health Department. Others at the workplace who have had close contact with that employee would be considered exposed and the provider should notify them of their potential exposure.
4. The Safety Order provides that sick employees should not return to work until the employee meets the [CDC criteria to discontinue home isolation](#).
5. Ensure the workplace has designated an employee(s) to identify and notify close contacts of positive or probable cases in a timely manner - while maintaining confidentiality of sick individuals - to implement the above-listed requirements.
6. Implement a temperature screening protocol before employees enter the workplace, before the start of each shift. The Safety Order further requires that employers send home employees with a temperature of 100.4 degrees Fahrenheit or higher, and establish [return-to-work procedures with criteria for returning to work](#) that are consistent with CDC guidance.
7. We urge providers not to require proof of COVID-19 testing either to qualify for sick leave or to return to work.
8. For more information regarding how to develop a workplace temperature screening protocol, please see "Workplace Temperature Screening: Considerations for Developing and Implementing A Screening Protocol."

It is not necessary for contacts of contacts to self-quarantine. Providers should continue to keep DHS apprised of any staffing concerns through emails to the DHS COVID-19 mailbox and through incident reporting, as required by DHS and consistent with any program office protocols, as applicable. Providers should report staff COVID-19 illness and exposures to DHS using procedures outlined in **Communication Protocol for COVID-19 Cases in DHS Contracted Congregate and Residential Settings**.

Note: The Center for Disease Control has issued guidelines for healthcare workers who have tested positive or who have been in contact with a COVID-19 positive person which include less stringent

quarantine and return to work criteria for workers in times of shortage. These guidelines should be considered if the program experiences significant staff shortages, and the DHS network is not otherwise able to accommodate staffing needs.

8. Cleaning Protocols - Establish schedule of cleaning for highly trafficked areas and those likely to be touched. It is encouraged to sanitize or disinfect frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks) a minimum of 3-4 times per day and more frequently if resources and capacity allow.

These should be disinfected with cleaning products effective against rhinoviruses or human coronavirus. Prop open as many doors as possible to minimize the need to touch to move through facilities.

See **Appendix** at the end of this document and [CDC Guidance for Cleaning and Disinfecting](#) for further details.

9. To the extent possible, programs should work with clients' healthcare providers to institute telemedicine appointments. Blood draws and monthly injections will still need to be done in person. Clients and staff should be reminded of the importance of physical distancing, hand hygiene, and of not touching their faces while visiting their providers.
10. For individuals who have not developed symptoms and are in shared bedrooms, ensure that the beds are at least six (6) feet apart, if possible. It is recommended that clients sleep head-to-toe. Temporary floor to ceiling dividers such as curtains may also be used to help provide more separation. If space allows, put fewer residents within a dorm/unit.
11. Physical distancing should be implemented in any shared spaces such as dining rooms and community rooms. For example, staggering mealtimes or delivering meals to client rooms are options for reducing the number of individuals in dining areas at one time. ACHD has released Food Safety guidelines specific to COVID-19:
 - <https://www.alleghenycounty.us/Health-Department/Programs/Food-Safety/Food-Safety-Program.aspx>
 - https://www.alleghenycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Programs/Food_Safety/COVID-19-Food-Safety-Guidelines.pdf
10. When bathrooms are shared, stagger shower times when possible and ensure daily cleaning and disinfecting.

Section 4: Guidance on Accepting New Clients

1. Programs should continue accepting new client referrals and admitting new clients. It is important for clients to have access to medically appropriate, necessary care and /or to find shelter and homes even during this public health emergency.
2. Clients should not be refused admission solely based on their COVID-19 status or health conditions that place them at greater risk with COVID-19. Programs are expected to isolate clients who are symptomatic and/or have tested positive for COVID-19 onsite

whenever possible and immediately contact health department (see 3(f)). Licensed providers should continue to adhere to all licensing regulations. When there are no available onsite options for isolation, providers should immediately refer the client to be considered for offsite isolation housing using the Hotel Referral Form (adults only) and include a plan to support the individual while in the quarantine space. For clients who need behavioral health support beyond what can be coordinated or provided by the referring provider, the Office of Behavioral Health should be contacted to request a case conference to coordinate appropriate supports for the individual being referred (email DHS-COVID19Planning@alleghenycounty.us and indicate OBH case conference in subject line). If the client needs additional support with activities of daily living, the referring provider should contact their program office for coordination (email DHS-COVID19Planning@alleghenycounty.us and indicate program office and case conference in subject line).

3. Programs may request that referring facilities provide information about any COVID-19 screening completed with the client or new COVID-19 related symptoms the client has reported. Even if information is provided, all clients should be screened for COVID-19 symptoms and exposure. The screening provides valuable information for how to manage the admission based on the presence or absence of symptoms or a COVID-19 diagnosis.
 - a. Determine if the client has a fever, by taking their temperature using a thermometer, or asking “Have you felt like you had a fever in the past day?”
 - b. Ask the client “Do you have a new or worsening cough today?”
 - c. Ask the client if they have been exposed to anyone in the past 14 days who has reported symptoms consistent with COVID-19 or been tested for COVID-19.

If the client has a fever OR a new/worsening cough:

- a. Provide a facemask for the client to wear over their nose and mouth if facemasks are available and if the client can tolerate it. If facemasks are not available, advise the client on cough etiquette and provide tissues.
- b. Notify program administrator and as available, appropriate onsite healthcare providers
- c. Direct them to an isolation room if available, or an available space in an area designated for symptomatic persons
- d. Programs are expected to isolate onsite whenever possible. If your facility does not have an area for individuals with COVID-19-like symptoms, provider should complete the Hotel Referral Form to determine eligibility for offsite isolation rooms.
- e. Let the client know:
 - If their symptoms worsen, they should notify staff immediately
 - Not to leave their room/designated isolation area except to use the restroom

- If they leave their room/designated isolation area, they must wear a mask. If the client refuses or cannot tolerate wearing a mask, the program must to the fullest extent possible mitigate any further contamination of the environment.
- f. Contact the Allegheny County Health Department (412-687-2243) to request testing for the client. Communicate that the individual is in a high risk/congregate setting and has symptoms.

Use standard protocols for medical emergencies.

4. Providers should designate a safe isolation space with a door that closes (such as a conference room or office) which can be used in cases when an individual shows symptoms upon screening, does not have a private room onsite to isolate in, and is awaiting an offsite isolation plan.
5. Given the limitations in testing, programs cannot reasonably require a COVID-19 test as a condition of admission, but if any new symptoms (within past 14 days) are present, the client should wear a mask for a period of fourteen days, and staff should follow protocol outlined in the [decision tree flow chart](#) to determine placement.
6. Individuals returning from psychiatric or medical hospital stays:
 - a. Individuals who return from the hospital and who are not showing symptoms of COVID-19 should be readmitted by the provider and isolated as necessary in accordance with this guidance.
 - b. Individuals who are discharged from the hospital after an admission for COVID-19 but have not yet been medically cleared to discontinue isolation should be treated with the same precautions as someone who tests positive but is never hospitalized.
7. Individuals returning from temporary stays at an isolation/quarantine hotel who have been medically cleared to discontinue isolation should be re-admitted by the provider whenever possible.
8. If an individual develops emergency warning signs of COVID-19 or any other life-threatening symptoms, call 911 and get immediate medical attention. Examples of emergency warning signs of COVID-19 include trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips/face.
9. New clients should remain in their room as much as possible during the first 14 days and maintain six feet distance from all other clients and staff to the extent practicable.

Section 5: Guidance on Responding if Client Develops Symptoms

1. If a client in the residential program develops symptoms as described in Section 1 that could indicate a COVID-19 infection, the client should be asked to stay in their room. If possible, the client should be assigned a single room. Exposed roommates should, if

possible, have their own rooms for 14 days. If they remain symptom-free, they can then share a room with others. The client should be asked to wear a mask. Meals should be taken in the room. If no single room is available for a client who develops COVID-19-like symptoms, provider should complete the Hotel Referral Form to determine eligibility for offsite isolation rooms.

2. Identify employees who were in close contact (within 6 feet of the ill individual, for about 10 minutes) with someone who is a positive/probable case—between the time when the ill individual developed symptoms and 48 hours prior to that time. Employers are required to promptly notify employees who were close contacts of any known exposure to COVID-19 at the workplace premises, *without* disclosing personally identifiable information of the sick individual, consistent with confidentiality laws to protect the individual’s privacy.

If the employee remains asymptomatic, the provider has two options.

- a. Per the Mitigation and Enforcement Order, employees identified as a close contact of a positive/probable case may not continue to work at an in-person business and must quarantine in accordance with the direction of the Allegheny County Health Department.
- b. In addition, if an employee who has had close contact with a positive/probable case becomes sick during the workday or tests positive for Covid-19, that person may no longer conduct in-person operations, even if asymptomatic, and must isolate in accordance with the direction of the Allegheny County Health Department. Others at the workplace who have had close contact with that employee would be considered exposed and the provider should notify them of their potential exposure.

Ensure the workplace has designated an employee(s) to identify and notify close contacts of positive or probable cases in a timely manner - while maintaining confidentiality of sick individuals - to implement the above-listed requirements.

Implement a temperature screening protocol before employees enter the workplace, before the start of each shift. The Safety Order further requires that employers send home employees with a temperature of 100.4 degrees Fahrenheit or higher, and establish [return-to-work procedures with criteria for returning to work](#) that are consistent with CDC guidance.

- We urge providers not to require proof of COVID-19 testing either to qualify for sick leave or to return to work.
- For more information regarding how to develop a workplace temperature screening protocol, please see “Workplace Temperature Screening: Considerations for Developing and Implementing A Screening Protocol.”

If the client is critically ill and is having difficulty breathing, call 911; it may be necessary to transport the client by ambulance to the hospital. Additional details on required communications is included in the Communication Protocol for COVID-19 Cases in DHS Contracted Congregate and Residential Settings.

3. If the client is not critically ill, they should stay in their room. Most individuals who test positive for COVID-19 will never need to be hospitalized. Hospitalization is only necessary if the individual has difficulty breathing or otherwise appears critically ill. It is important to reduce unnecessary visits to hospital ERs to help reduce the spread of COVID-19.
4. Agencies operating multiple residential treatment facilities should consider transferring patients so one or more separate facilities are specifically designated for people with known infection or recent exposure and in need of quarantine. The agency should consult with their program office and ACHD according to the communication protocol.
5. If more than one client has a positive test, then these individuals can share a room if the program has shared bedrooms.
6. Program staff should work with the client's mental health or primary care provider to secure enough nicotine replacement therapy (NRT) to help eliminate nicotine withdrawal and the desire to leave their room to smoke.
7. Providers should work to ensure clients have access to technology necessary for telehealth appointments and other communications that support their wellness, including for clients required to stay in their rooms.
8. Staff members are required to wear masks in accordance with "Guidance for DHS Providers Conducting In Person Business Operations", increase frequency of hand hygiene practices, and whenever possible maintain at least six feet distance from other individuals.
9. Surfaces, knobs, handles, and other items that come into frequent hand contact should be sanitized a minimum of 3-4 times per day and more frequently if resources and capacity allow.
10. In programs with several bathroom facilities, one bathroom should be set aside for the client(s) who have symptoms consistent with COVID-19 or have tested positive for COVID-19. Surfaces, shower knobs, curtains, handles, and other high-contact surfaces should be sanitized each time these clients use the facilities. If possible, leave the bathroom window open to help reduce aerosolized droplets.
11. In programs with one bathroom, it is critical to clean and disinfect surfaces after clients who test positive for or have symptoms consistent with COVID-19 use the facility. It is recommended to keep disinfecting supplies in the bathroom when possible so clients can wipe it down before and after use. Ventilation fans should remain on and windows should remain open during that time, and no steam should remain when the next resident uses the bathroom.

12. In programs with only one bathroom, all clients and staff should use masks while in the bathroom (unless showering). If possible, stagger shower times by three hours, ensuring that bathroom ventilation fans run for at least 20 minutes between all showers and leave the window open to facilitate clearing of droplets.
13. If programs have the capacity and the client is cooperative, implementing in-room commodes and/or sponge baths is recommended.
14. Clients who test positive for or who have symptoms consistent with COVID-19 should not use shared spaces such as kitchens, common areas, etc. Arrangements need to be made to change existing house routines that require clients to use common spaces.
15. Dishes and linens do not need to be cleaned in a different manner if used by individuals who test positive for COVID-19. However, they should be washed thoroughly after use. When washing clothes, staff should be instructed to be careful not to shake out items or hold dirty laundry close to their body while transporting it, to maintain distance from their own clothes and face. Use of a hamper is recommended. After handling linens or clothing of someone who tested positive for COVID-19, staff are encouraged to wash their hands with soap and water.
16. DHS requests residential and housing providers immediately report COVID-19-positive or symptomatic clients to DHS by following the procedure described in **Section 9** below.

Section 6: Guidance for Handling Clients Returning from the Hospital

1. Residential and housing program clients are admitted to psychiatric or medical hospitals for a variety of reasons. During the COVID-19 public health emergency, it is possible that these clients are exposed to the virus while in the hospital.
2. Most individuals who become very ill with COVID-19 and require hospitalization will recover. Individuals must be discharged once they are no longer ill enough to warrant ongoing medical admission, though they may still have mild COVID-19 symptoms.
3. Clients will need to return home to their residential or housing program after being discharged from the hospital. It is important that staff help manage not only the individual client's fears, but also the anxieties of all other housemates.
4. Individuals who return from the hospital and who are not showing symptoms of COVID-19 should be readmitted by the provider and isolated as necessary in accordance with this guidance. (see Section 4 above).
5. Individuals who are discharged from the hospital after an admission for COVID-19 but have not yet been medically cleared to discontinue isolation should be treated with the same precautions as someone who tests positive but is never hospitalized. (see Section 5 above).

Section 7: Guidance for Scattered-Site Housing Programs

1. Programs should educate all their clients in scattered-site housing about the importance of avoiding socializing indoors, restricting visitors to their homes, practicing appropriate hand hygiene, avoiding touching their faces, practicing basic disinfecting at home, and keeping at least six feet away from others while out in public, when possible.
2. Programs need to determine on a client-by-client basis when it is clinically necessary to continue visiting clients. Possible reasons include, but are not limited to, helping the client access medical treatment, access food or other basic supplies, or mitigating risk of disengagement or hospitalization in absence of direct contacts.
3. Program staff should ensure that clients have continued access to basic needs such as food and medication, especially in cases where clients are more vulnerable or are restricted to home due to COVID-19. Program staff should also work to ensure that clients have access to technology needed for telehealth visits and other communications needed to support their wellness.
4. Face-to-face visits should be replaced with telephonic or video visits as long as the recommendation for physical distancing is in place, unless it is clinically necessary to visit the client in person.
5. When visiting a client, staff should use alcohol-based sanitizer prior to entering the client's home and are required wear a face mask at all times in accordance with PA Department of Health orders.
6. Staff should attempt to keep at least six feet away from client during the visit.
7. Staff should remind client to practice appropriate hand hygiene and to avoid touching their face.
8. Staff should use alcohol-based sanitizer immediately upon leaving the client's building.

Section 8: Guidance in Case of Shortages of Personal Protective Equipment (PPE)

1. If PPE (masks, alcohol-based hand sanitizer) is in short supply, programs may have to adapt their practices.
2. In case of shortage of alcohol-based sanitizer, clients and staff should increase handwashing practices. Wash hands with soap and water for a minimum of 20 seconds after coming into contact with any surface, other person, or prior to touching the face.
3. COVID-19 is primarily spread through droplets in the air. Maintaining physical distance from others is critical to avoid droplets that are formed when a person sneezes, coughs, yells, etc. Per PA Department of Health orders, all individuals are required to wear a mask when in shared spaces. In the absence of masks, alternative face coverings should be used and strict physical distancing is important.

4. When there is scarcity of masks, the [CDC recommends](#) an individual re-use masks, provided they are not torn, soiled, or damaged. Masks with elastic bands are easier to reuse than those with bands that need to be tied.

Section 9: Reporting COVID-19 Cases and Exposure to DHS

This document was updated on December 1, 2020 to include updated contact information and reflect current processes.

If a client or staff person in a residential program develops symptoms that could indicate a COVID-19 infection (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>), please take the following steps.

Program Administrator Requirements

1. In a single email to the following individuals, the program administrator is to immediately notify the Allegheny County Department of Human Services (ACDHS) and the Allegheny County Health Department (ACHD) that a staff person or an individual being served in the program is presumed or has tested positive for COVID-19:
 - Lori Horowitz, Allegheny County Health Department (ACHD), lori.horowitz@alleghenycounty.us;
 - Long Term Care Team, Allegheny County Health Department, Covid19LTC@alleghenycounty.us;
 - Brian Bell, DHS's Privacy Officer, DHS-PrivacyOfficer@alleghenycounty.us;
 - Your DHS program office contact (see Relevant Contacts list below); and
 - CC: LuAnn Brink, Allegheny County Health Department (ACHD), luann.brink@alleghenycounty.us

Please note that this notification and any subsequent related communications with the ACHD or ACDHS do not replace incident reporting requirements.

2. In the body of the email, please include a brief description of the circumstances and identify your organization as a DHS-contracted provider of congregate or residential-based care.
3. Once this notification is received, you will be contacted by ACHD and/or ACDHS Privacy Officer (DHSPO) to discuss next steps.
4. Additional information regarding the program and/or the clients may be requested by the ACHD and/or the DHSPO, including:

- **Basic info:** Name, age and risk factors (e.g., chronic health conditions like asthma, diabetes, heart condition) of any residents and staff persons who have tested positive or are showing symptoms
 - **Symptoms and Testing Status:** Date of onset of symptoms and, if applicable, COVID-19 testing status, COVID-19 testing date and COVID-19 testing result date
 - **Exposure:** Other residents and staff persons who may have been exposed to symptomatic individuals
 - **Facility and Population:** Number of current residents, physical plant design (e.g., single rooms, shared rooms, number of floors, number and type of bathrooms), physical distancing measures already in place, and capacity for further distancing or isolation measures
 - **Supplies:** Current and anticipated needs
 - **Staffing:** Current status and anticipated needs
5. The program administrator will consult with ACDHS and ACHD **prior** to implementing facility wide testing, offsite housing arrangements or recommendations from professionals outside of the ACHD.
 - In the case of an alternative housing facility, the program administrator will also notify the jail that release or transfer of individuals is pending public health guidance from the ACHD.
 6. Following the initial notification to ACHD and ACDHS, providers must complete an incident report within the required time frames and based upon the requirements of the specific program office.
 7. As outlined in detail in the residential guidance documents, if the client is not critically ill, they should stay in their room or, if no single room is available at the facility, they should stay in the facility's designated area for individuals who are symptomatic and awaiting a referral to offsite isolation. Most individuals who test positive for COVID-19 will not need to be hospitalized. Hospitalization is only necessary if the individual has difficulty breathing or otherwise appears critically ill. It is important to reduce unnecessary visits to hospital ERs to help reduce the spread of COVID-19.

ACHD Response

1. The ACHD team will make recommendations about testing, isolation/quarantine considerations including the need for referrals to offsite isolation, and additional steps to contain/control the virus.
 - Although the ACHD will make a case by case determination based on the specific circumstances at each congregate facility and in consultation with the DHS, CDC guidance for investigating homeless shelters with COVID-19 cases indicates that it may be necessary to consider:

- i. Limit movement in and out of the facility by some or all residents.
 - ii. Consider individual room or housing options for older adults or those with serious underlying medical conditions to decrease exposure potential
 - iii. Encourage enhanced monitoring for illness.
 - iv. Provide enhanced support to staff.
 - v. Test all clients/staff or an identified cohort (based on symptoms or risk factors).
 - vi. Other alternatives.
2. If a symptomatic or COVID-19 positive resident has left the facility, temporarily or permanently, the program administrator will need to assist the ACHD with contact tracing, i.e. identifying the individual's new address and contact information, as well as any other locations/service providers the individual is likely to have been. In the case of a staff person who is symptomatic or COVID-19 positive, it will be important to determine whether that person has worked at any other facilities over the past two weeks.

ACDHS Privacy Officer Role

1. The DHSPO will coordinate with a team at ACHD and ACDHS.
2. If the DHSPO is notified about a potential case through a communication that does not include the ACHD and/or the DHS program office, he will immediately notify these individuals to initiate the information-sharing process outlined above.
3. The DHS team will support and help communicate ACHD's recommendations.

Other DHS Staff Responsibility

If the program administrator does not notify the DHSPO, those persons with knowledge of the exposure must ensure that the DHSPO is immediately notified. If DHS learns about a case at a congregate facility from someone other than the facility's program administrator, the DHSPO will contact the program administrator and verify the report, and the process described above will ensue.

Relevant Contacts

ACHD COVID-19 hotline: (412) 687-2243

ACHD Team:

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Section 10: Local Resources for Providers

1. Updates and FAQs for providers are available here: <https://bit.ly/COVID19DHSProviders>
2. Providers can submit questions to: DHS-COVID19Planning@alleghenycounty.us
3. Allegheny County Health Department COVID-19 24/7 Hotline: 1-888-856-2774

Appendix**CDC COVID-19 Guidance on Cleaning and Disinfecting**

Wear disposable gloves to clean and disinfect.

Clean:

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.
- **High touch surfaces include:** Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect:

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use disinfectant.
- **Recommend use of [EPA-registered household disinfectant](#).** Follow the instructions **on the label** to ensure safe and effective use of the product.
- Many products recommend:
 - Keeping surface wet for a period of time (see product label)
 - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted. **Follow manufacturer's instructions** for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. **Leave solution on the surface for at least 1 minute**
 - **To make a bleach solution, mix:**
 - 5 tablespoons (1/3rd cup) bleach per gallon of water OR
 - 4 teaspoons bleach per quart of water
 - **Alcohol solutions with at least 70% alcohol.**

Soft Surfaces such as carpeted floor, rugs, and drapes:

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
 - **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- OR
- **Disinfect with an EPA-registered household disinfectant.**

Electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines:

- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.

Laundry, for clothing, towels, linens and other items:

- **Wear disposable gloves.**
- **Wash hands with soap and water** as soon as you remove the gloves.
- **Do not shake** dirty laundry.
- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- Dirty laundry from a sick person **can be washed with other people's items.**
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.

Cleaning and disinfecting your building or facility if someone is sick:

- **Close off areas** used by the sick person.
- **Open outside doors and windows to increase air circulation** in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- **Clean and disinfect all areas used by the sick person**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.

When Cleaning:

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often with soap and water for 20 seconds.**
 - Always wash immediately after removing gloves and after contact with a sick person.
 - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to wash hands include:**
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance (e.g., a child).

When Someone is Sick

- **Keep separate bedroom and bathroom for sick person (if possible)**
 - The sick person should stay separated from other people in the home (as much as possible).
 - **If you have a separate bedroom and bathroom:** Reduce cleaning to as-needed (e.g. soiled items and surfaces) to minimize the amount of contact with the sick person.

- **Caregivers can provide personal cleaning supplies to the sick person** (if appropriate). Supplies include tissues, paper towels, cleaners, and EPA-registered disinfectants.
- **If shared bathroom:** Clean and disinfect after each use by the sick person. If this is not possible, the caregiver should wait as long as possible before cleaning and disinfecting.
- **Food**
 - **Stay separated:** The sick person should eat (or be fed) in their room if possible.
 - **Wash dishes and utensils using gloves and hot water:** Handle any non-disposable used food service items with gloves and wash with hot water or in a dishwasher. Clean hands after handling used food service items.
- **Trash**
 - **Dedicated, lined trash can:** If possible, dedicate a lined trash can for the sick person. Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.

Detailed Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>