

Communication Protocol for COVID-19 Cases in DHS-Contracted Congregate and Residential Settings

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>),

Program Administrator Requirements

1. **The program administrator should immediately send a single email to the following three people:**

- LuAnn Brink at the Allegheny County Health Department (ACHD), luann.brink@alleghenycounty.us
- Your DHS program office contact, *and*
- DHS's privacy officer, Brian Bell, DHS-PrivacyOfficer@alleghenycounty.us

The purpose of this email is to share information and determine how to proceed. It is essential that programs clearly identify that they are a DHS-contracted provider serving clients in a congregate setting or residential facility.

- *These communications should not replace incident reporting to your program office but should occur first, and immediately. Incident reporting must occur within 24 hours of the incident.*
2. The program administrator should consult with DHS and ACHD **prior** to seeking out facility wide testing, initiating offsite housing arrangements or implementing recommendations from professionals outside of the ACHD.
 - In the case of an alternative housing facility, the program administrator will apprise the jail that the facility is awaiting detailed guidance from the ACHD which may inform whether requesting release of inmates is advisable from a public health perspective.
 3. In the group email correspondence or during a follow-up phone call with Brian, the program administrator will provide DHS and ACHD with all immediately available information about the following items:
 - 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, COVID-19 testing status, COVID-19 testing date and COVID-19 testing result date
 - Exposure issues: Other residents' and staff persons' exposure to symptomatic residents or staff persons
 - Facility and Population: Current number of residents, physical plant design (e.g., single rooms, shared rooms, number of floors, number and type of bathrooms), physical distancing measures already in place, potential for additional physical distancing measures
 - Supplies: Current and anticipated supply needs
 - Staffing: Current and anticipated staffing needs

4. Brian will provide an update to a team at ACHD and DHS (Amy, Jenn, Lori, Luann, and the relevant DHS program office contact) by email and/or Teams conference.
 - ACHD will make decisions about testing, isolation/quarantine considerations including the need for referrals to offsite isolation, and additional steps to contain/control the virus.
 - Brian, the DHS program office contact and ACHD will discuss ACHD's recommendations, and then document and communicate the guidance to the program administrator.
 - *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 program office, [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.
5. 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.
6. 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 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.

ACHD Screening Process

1. When the ACHD is contacted about a positive or potential case, the ACHD staff person will inquire whether the person is calling about a congregate/residential facility. If DHS was not contacted as part of the same communication, as outlined above, ACHD will reach out to Brian Bell share the information.
 - ACHD will also have access to the DHS Group Care Dashboard to verify whether the person's address or facility name corresponds to a DHS-contracted congregate or residential facility.
 - DHS will also perform a daily check of the NEDDS data to determine whether anyone in that system is a resident of a congregate setting. If a match is found, DHS will contact ACHD by following the same process outlined above for when notification comes into DHS from providers through Brian (privacy officer)

- This process will be followed regardless of whether the caller is a staff person, resident, or resident's family member, and even if the individual has already left the facility due to their COVID-19 status.
- In the case of an alternative housing facility, Jenn will notify the jail/courts as soon as this process is underway.

Other DHS Staff Responsibility

If the program administrator contacts anyone other than Brian Bell at DHS, that staff person should immediately connect the program administrator to Brian Bell.

1. If DHS learns about a case at a congregate facility from someone other than the facility's program administrator, Brian Bell will immediately reach out to the program administrator to confirm they are aware that a case has been identified.

Relevant Contacts

ACHD covid-19 hotline (412) 687-2243

DHS-PrivacyOfficer@allegHENYcounty.us and/or 412-350-2887

Brian Bell (brian.bell@allegHENYcounty.us)

Amy McCarty (amy.mccarty2@allegHENYcounty.us)

Jenn Batterton (jennnifer.batterton@allegHENYcounty.us)

Lori Horwitz (lori.horwitz@allegHENYcounty.us)

Luann Brink (luann.brink@allegHENYcounty.us).