**Allegheny County Department of Human Services**
**Helpful Resources**

## Guidance to Prevent and Control COVID-19 Infection for Behavioral Health Residentially Based Care/ Services, Youth Congregate Care, Emergency Shelters and other housing providers

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 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) 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.

6) 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.

7) In accordance with PA DOH's Mitigation and Enforcement Order, employers must prohibit non-essential visitors from entering the premises.  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 required to wear masks at all times and provided masks if they do not have their own readily available.

8) 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.

     ▪ 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." It is not necessary for contacts of contacts to self-quarantine. 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. 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.

*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.

9) 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 ***Cleaning and Disinfecting Guidance for Behavioral Health Residentially Based Care/ Services, Youth Congregate Care, Emergency Shelters and other housing providers*** and [CDC Guidance for Cleaning and Disinfecting](#) for further details.

10) 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.

11) 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.

12) 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:

   • [www.alleghenycounty.us/Health-Department/Programs/Food-Safety/Food-Safety-Program.aspx](http://www.alleghenycounty.us/Health-Department/Programs/Food-Safety/Food-Safety-Program.aspx)

   • [www.alleghenycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Programs/Food_Safety/COVID-19-Food-Safety-Guidelines.pdf](http://www.alleghenycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Programs/Food_Safety/COVID-19-Food-Safety-Guidelines.pdf)

13) When bathrooms are shared, stagger shower times when possible and ensure daily cleaning and disinfecting.