

Guidance for DHS Providers Conducting In-Person Business Operations During COVID-19 – Safety of Clients and Workers

A. Context and Scope.

Governor Wolf announced that Allegheny County will begin the first phase of a gradual reopening effective May 15, 2020. In this phase of reopening, the Yellow Phase, the stay-at-home order will be lifted but social distancing, workplace safety, and masking guidelines remain in place. Per Governor Wolf, in the Yellow Phase, telework must continue where feasible and businesses authorized to maintain or resume in-person operations must follow state Department of Health safety orders. Against this context, this guidance is intended for providers who have maintained in-person operations throughout the pandemic and to providers who will maintain or **resume in-person operations in the yellow phase**. Additionally, although PA Department of Health [exempted childcare facilities from the scope of its April 15th, 2020 safety order](#) pertaining to the safety of workers (the “Safety Order”), this guidance is intended as a resource for childcare facilities that are reopening due to the county’s transition into the yellow phase. [Additional guidance tailored to specific issues faced by childcare providers will be forthcoming](#). In connection with Allegheny County’s gradual reopening, DHS urges partners, providers, and clients to continue employing aggressive mitigation practices against the spread of Covid-19 infection. Each new in-person contact introduces a new risk of jeopardizing our residents’ health and lives.

The scope of this guidance focuses on the practical application of certain aspects of PA DOH’s April 15, 2020 Safety Order. DHS prepared this guidance because Allegheny County providers sought DHS’ support and clarification of certain aspects of the April 15th Order. It clarifies DHS’s decisions or recommendations about:

- [When a workplace is exposed to Covid-19](#), including [implementing a temperature check protocol](#) upon such an exposure
- [When an employee who falls ill may safely return to work](#)
- [Clients refusing to wear masks](#)
- [Working remotely](#)
- [Balancing benefits and risks when serving clients through in-person contact in a building or a defined space](#)
- [Communicating workplace health and safety expectations to employees and clients](#)

Note that this guidance does not replace DHS’ guidance regarding preventing and controlling infection in congregate and residential providers; it is in addition to it. Additionally, all DHS guidance will be updated as appropriate to stay current with the state’s response to the pandemic.

To support providers meet the costs of purchasing supplies needed to meet the requirements of the Safety Order, DHS is applying now for Covid Relief Funds. We will continue to update providers regarding the status of this funding request in the coming months.

B. What to do if an employee has a probable or confirmed COVID-19 infection.

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) If the employee remains asymptomatic, the provider has two options.
 - a. Per the Safety Order, the asymptomatic employee exposed to a case may adhere to the [CDC’s April 8, 2020 guidance for exposed essential workers](#), which permits a worker to return to work immediately after an exposure with masking, temperature checks, and other precautions. (In [DHS’ April 9, 2020 guidance](#) addressing infection prevention in residential and congregate care services, DHS recommended that staff of these facilities self-isolate for 14 days following a close contact with a COVID-19 case. In guiding exposed employees about when to return to work and how to mitigate risk, providers are asked to exercise their best judgment after balancing public safety while ensuring the continued delivery of critical services and functions.)
 - b. Alternatively, consistent with original CDC guidance regarding exposed employees, the provider may urge employees identified as close contacts of the Covid-19 positive or probable individual to isolate at home for 14 days following the exposure.
- 3) If an employee who has had close contact with a positive/probable case becomes sick during the workday, that person should be sent home immediately and urged to quarantine for 14 days. Others at the workplace who have

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DHS confirms that providers **must identify and notify employees** who have had close contacts with a probable or positive Covid-19 individual.

- The provider’s duty and authority to fulfill this obligation stems from PA’s April 15, 2020 worker safety order, through which the Governor’s office exercised its powers, under PA’s public health law, to take any disease control measure appropriate to protect the public from the spread of infectious disease.
- To comply with applicable confidentiality laws, do not disclose the identity of the ill person when notifying employees with close contacts to the positive case of their potential exposure.
- To implement this requirement, providers may want to designate one assigned staff member to follow up with affected employees and should provide this staff member with:
 - a private space in which to make phone calls; and
 - adequate training to ensure the identity of the ill individual remains protected.
- Please continue to report to DHS [client](#) and [staff](#) illness or exposure.

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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](#)."

C. Guidance pertaining to masks and personal protective equipment.

1) Employees.

The April 15th Safety Order requires employers to provide masks to employees to wear at the workplace and to mandate that employees wear masks while on site except when using break time to eat or drink. Employees should wear masks all the time while at work, including when performing individual desk work and when using shared spaces, including the bathroom.

- a. Employees do not need to wear a mask if they cannot wear one due to a medical condition or if wearing one impedes their vision. Employees who cannot wear a mask due to a medical condition are not required to provide documentation of the medical condition.

2) Clients.

- a. In general, the Safety Order requires employers to mandate that clients wear masks while onsite and to deny service and entry to individuals not wearing masks. ***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.
- b. The Safety Order excepts from this requirement clients who cannot tolerate wearing a mask due to a medical condition; per this order, these clients may enter the employer's premises and continue to receive services without wearing a mask or face-covering and are not required to provide documentation of the medical condition.

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- c. Additionally, according to the Safety Order, Businesses that provide medication, medical supplies, or food may serve individuals that are not wearing masks – however - providers of these resources are required to offer a contact-less or minimum contact method for acquiring these goods, such as curbside pick-up or delivery.
 - d. To assist providers implement the masking provisions of the Safety Order, DHS offers the following guidance:
 - i. In residential facilities where the risk of spread is highest, providers are asked to include the mask requirement into the client’s residential agreement or treatment plan upon admission.
 - ii. If a client who requires a residential life-sustaining or essential service does not consent to wearing a mask, DHS urges you to take trauma-informed, harm reduction approach to protect the client and those around him or her to the maximum extent possible.
 1. Specifically, the [National Council for Behavioral Health](#) recommends providers endeavor to understand the reason for the client’s refusal. In working with such clients, NCBH suggests these questions to ask:
 - *What is the goal in a specific case? For example, for an agitated client, the goal may be for the client to become calm and wear a mask in an area where they can’t become infected or infect others.*
 - *What needs to be done to achieve the goal?*
 - *How can we involve the fewest number of staff?*
 - *Where does the person need to be?*
 - *How can we get them there?*
 - *Who needs to be in contact with the patient to do these things?*
 - *Can other people leave the room?*
 - *Which people need what PPE to do these things?*
 2. If upon pursuing a trauma-informed approach it is determined that a behavioral health reason underlies the client’s resistance and wearing a mask, the provider is urged to waive the mask requirement based on an underlying medical condition. The provider should note the client’s refusal to wear a mask and the reason underlying the refusal in the client’s residential agreement or treatment plan. In these cases, providers are urged to protect the community from the client’s inability to wear a mask by taking such steps as:
 - Prohibiting the client from moving about the facility and communal areas (unless the client wears a mask); and/or
 - Prohibiting the client from leaving the facility to go for a walk or visit a store (unless the client wears a mask); and/or
 - Working with other clients in the community to reduce or eliminate close contacts with unmasked clients.
- 3) **Types of masks.** Allegheny County is not recommending use of any one mask. Employers may approve cloth masks obtained or made by employees in accordance with [CDC guidance](#) and PA State Department of Health [Guidance](#).
- a. Homemade masks and masks owned by employees are allowable. Additionally, self-made masks, including scarves, bandanas, and other face coverings, will suffice. A disposable face shield, in lieu of a mask, would also suffice.

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- b. To help employers satisfy the requirement of providing masks for employees, the Department of Community and Economic Development created a [Business-2-Business Directory](#) identifying potential vendors of masks and other personal protective equipment.
 - c. To submit a request for supplies, use the Global Links online form at <https://www.tfaforms.com/4813339>. Please submit only one request per agency.
- 4) **Washing masks.** Masks and cloth face coverings should be washed routinely (based on the frequency of use) in a washing machine. There is no single approved method for disinfecting disposable masks. Individuals should not share masks under any circumstances. Staff laundering masks are urged to following guidelines:
- a. Face coverings should be collected in a sealable container (e.g., trash bag)
 - b. Gloves and any other PPE worn while laundering face masks should be removed and disposed of; clean hands immediately after removing gloves by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available.
 - c. Launder the work uniforms or clothes after use using the warmest appropriate water setting for the items and dry items completely.
 - d. Ensure all staff and residents are trained on how to wear PPE, including masks. The CDC has made several training [resources](#) available.

D. Strategies for social distancing, both between employees and with clients.

- 1) Working remotely. Per [Governor Wolf](#), telework should continue where feasible, and DHS urges providers to ask employees to work remotely if they can continue delivering quality services in doing so.
- 2) Required social distancing. The April 15th Safety Order makes it employers' responsibility to protect the health and lives of employees and clients by maintaining distancing standards at work. Specifically, the following protocols to maintain social distancing are required in the workplace:
 - Substitute telephone or internet-based meetings for in-person staff meetings. If a meeting is held in person, limit the meeting to the fewest number of employees possible but not to exceed 10 employees in any case, and maintain social distancing of at least 6 feet.
 - Prohibit non-essential visitors from entering the business premises.
 - For employees reporting in-person to work, providers should re-locate employees so that their work stations or cubicles remain at least six feet apart. If that is not feasible, then providers will need to stagger employees' time in the office and rely on telework to decrease the number of staff in the office at any one time.
 - Stagger work start and stop times for employees when feasible to prevent gatherings of large groups entering or leaving the premises at the same time;
 - Ensure the workplace has a designated employee(s) to enforce social distancing of at least 6 feet through the workplace throughout the day
- 3) Occupancy limits not applicable to certain essential human services. The Safety Order requires businesses that serve the public to conduct business with the public by appointment only, where

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feasible, and to the extent that this is not feasible, to limit occupancy to no greater than 50% of the business's certificate of occupancy as necessary to reduce crowding in the business. ***For essential human services listed below, DHS does not believe providers must limit client occupancy to 50% of their certificates' allowable occupancy*** because the public benefits of permitting those most vulnerable to fully access critical services, when done so safely, outweigh the risks to public health of allowing this access. As long as service providers faithfully implement the masking, infection control, temperature-screening, and social distancing precautions required by the state's Safety Order and outlined in DHS' [April 9, 2020 guidance](#), DHS believes that limiting occupancy to 50% will not be necessary for these essential services:

- Residential and congregate care providers
 - Crisis and acute services
 - Food and medicine services
 - Childcare
- 4) We urge providers to communicate new safety requirements and expectations to employees and clients both verbally and in writing, including via email, internal website notices, and verbal announcements. Please also consider posting signage for the following purposes:
- Asking people who are sick to not enter.
 - Mandating social distancing of 6 feet for both clients and employees.
 - Mandating that all individuals on the premises wear masks unless an individual cannot wear a mask due to a medical condition.

COVID-19: Workplace Temperature Screening: Considerations for Developing and Implementing A Screening Protocol

Consistent with the April 15, 2020 order, employers are now expected to implement a temperature screening protocol as soon as they discover that the workplace has been exposed to a person who is a probable or confirmed case of COVID-19.

Per the April 15, 2020 Safety Order, a temperature of 100.4 Fahrenheit or higher is a fever for purposes of sending an employee home. Additionally, the Safety Order urges that employees who have symptoms, (i.e. cough or shortness of breath) should notify their employer and stay home. Consistent with this guidance, and because a Covid-positive individual may not present with fever, DHS urges providers to supplement a temperature-screening protocol with a symptom-screening tool. The [CDC](#) published guidance detailing a list of possible Covid-like symptoms that providers can refer to. Employees who present with fevers lower than 100.4 and who have Covid-like symptoms should be sent home. The [Equal Employment Opportunity Commission](#) recently confirmed that employers may lawfully screen employees for Covid-19 symptoms during the pandemic.

Below are several options for employers in devising and implementing their temperature screening protocol. This document was informed by the EEOC's March 2020 update to its guidance regarding [Pandemic Preparedness in the Work-Place](#) and the Federal Department of Labor's [Preparing Workplaces for COVID-19](#) guidance.

- 1) **Clarify who will be screened.** Employers could choose to:

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- Screen all employees only when they discover the workplace was exposed to a probable or positive COVID-19 case.
- Implement a temperature and symptom screening protocol before discovering a workplace exposure to COVID-19.

In any screening protocol, employers must ensure that they select employees for screening per a uniform requirement, on a non-discriminatory basis.

- 2) **Decide who will do the screening.** The April 15, 2020 Safety Order does not require that temperature screening be performed by trained health personnel. Employers may choose to have one or more designated employees assigned to perform temperature screening or to use a third-party contractor with healthcare backgrounds. Designated employees assigned to perform screenings should be carefully selected (typically, human resources personnel are preferred over supervisors) and carefully trained regarding confidentiality, safety, and decision-making (each of these considerations is addressed separately below).
- 3) **Determine which type of thermometer to use.** There are many thermometer options and the April 15, 2020 Safety Order does not recommend a certain type. When selecting a thermometer, employers may want to consider the availability of different types of thermometers and how soon they can obtain them, the speed at which the thermometer works (taking into account the number of employees you expect to screen each day and the number of screeners you will use), the accuracy of the thermometer, and the ease of use.
 - A contact forehead thermometer is fast and accurate but must be cleaned with a new alcohol wipe after each use.
 - A non-contact infrared thermometer with auto-measurement reduces the need for physical contact.
 - Oral thermometers may be more readily available but should have a plastic tip that detaches and can be discarded after taking each individual's temperature.
- 4) **Determine where you will conduct screenings.** The April 15th Safety Order requires that temperature screenings be conducted before an employee enters the workplace.
 - One option is to use a drive-thru screening process, if parking lot or street space permits. If using such a process, employers may want to develop appropriate traffic controls, signs and markings (e.g., parking cones) to direct traffic and direct cars to safe locations for testing. Care should be taken to ensure that exits are not blocked with waiting cars.
 - If possible, another option is to set up a trailer or other temporary structure in a parking lot outside the entrance doors.
 - Employers should ensure that employees being screened are practicing physical distancing while waiting to be screened, perhaps by using painter's tape or cones to ensure individuals remain at least six feet apart during the process.
- 5) **Develop the screening process.**

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- Consider whether staggered screening times may be warranted if many employees are expected to arrive to be screened at one time. Consider how many screeners will be necessary, and what to do if a screener is late/does not show up for the screening.
 - Employers may want to clarify what the result of a 100.4 temperature will be, e.g., per the Safety Order, the individual will be restricted from entering the workplace and the employee will be sent home from work.
 - If a person has a fever upon being screened, consider checking the person one or two more times.
 - Per the PA Health Department, employees who are exposed to someone who is positive/presumed should get their temperature checked by the employer for at least 14 days after an exposure.
- 6) **Maintain privacy.** Regardless of where the screening takes place, employers must ensure that all communications and interactions between the employee and the screener are private. A privacy screen or other barrier may be helpful. Employers should consider having employees who do not pass the temperature screening protocol move to a safe and private area to discuss next steps.
- 7) **Develop a documentation process.** Employers should determine what information will be documented, how it will be documented, and where such documentation will be confidentially stored. Employers can record the temperatures just of those individuals whose temperatures measured at 100.4 or higher; or if they choose, they could record everyone's temperature.
- For those employees sent home, employers should be sure to document: (1) the person's name, position and, if an employee, the manager's name, (2) the date and time of screening, and (3) the person's best contact information.
- 8) **Communicate the screening process to employees.** Employers are urged to communicate with staff (ideally both verbally and in a follow-up written notice) about the screening process in advance of its starting so they will know what to expect and what to do. Employers can post written notices at entrances to the workplace and on any internal website or other location where policies are maintained.
- 9) **Send employees home if they have a fever of 100.4 or higher or if they refuse to be tested.** Per the State's April 15, 2020 order, anyone refusing testing that a state order requires should be denied entry into the workplace; employees who refuse testing may be subject to disciplinary action at the employer's discretion. If at least two checks show a fever, the person will have to be sent home with instructions (**see #12 below**). After sending the individual home, all areas in the facility the employee may have touched or inhabited before being screened should be thoroughly cleaned.
- 10) **Consider providing instructions to an employee who is sent home due to fever.** As soon as feasible, employers should inform the employee in writing:
- when the employee will be permitted to return to work and what procedures will apply for returning (see #12 below); and
 - whether the employee will be allowed to work remotely

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- 11) **Follow-up with employees who are sent home.** Employers are urged to follow up to see both how the employee is feeling and to determine if the employee has either tested positive or has obtained medical advice indicating a likely COVID-19 diagnosis. If so, the employer should identify and notify appropriate individuals with whom the employee had close contact in accordance with the April 15th safety order, while maintaining the confidentiality of the employee who is ill.
- 12) **Establish return to work procedures.** Employees sent home with a fever should not return to work until the following criteria are met:
- The employee is fever-free and has been completely symptom free (no coughs, no chills, no symptoms consistent with COVID-19) for at least three (3) days; **AND**
 - At least seven (7) days have passed since the onset of symptoms that led to the employee being sent home; or a positive COVID-19 test—whichever is later.