

# Coronavirus Disease 2019 (COVID-19): Guidance on Masks, **Close Contact**, Screening, and Handwashing

## ODP Announcement 20-088 UPDATE

### AUDIENCE:

All Stakeholders

### PURPOSE:

To provide updated guidance on face-coverings, **close contact**, screening protocols, and handwashing procedures for all stakeholders. **Updates appear in red.**

### DISCUSSION:

#### I. **Masks and face-coverings**

On November 17, 2020, Secretary of Health Dr. Rachel Levine signed an Updated Order Requiring Universal Face Coverings. The Order requires the following:

1. Every individual, age two and older, in the Commonwealth of Pennsylvania shall wear a face covering when:
  - A. Indoors or in an enclosed space, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance.
  - B. Outdoors with others who are not members of a person's household and unable to maintain sustained physical distance.
  - C. As permitted in the Secretary's Order Directing Mitigation Measures, dated July 15, 2020, as amended, for participation in an indoor or outdoor event, gathering, or group setting where another person or persons, who are not members of the individual's household, are present.
  - D. Participating in indoor physical activity in a gym, fitness center or group fitness classes, where another person or persons who are not members of the individual's household are present in the same space, irrespective of physical distance.

- E. Waiting in a public area for, riding on, driving, or operating public transportation or paratransit or while in a taxi, private car service, or ride-sharing vehicle, irrespective of physical distance.
  - F. Obtaining services for themselves or another person or a pet from the healthcare sector in settings including, but not limited to, a hospital, pharmacy, medical clinic, laboratory, physician or dental office, veterinary clinic, or blood bank.
  - G. When working in any space where food is prepared, packaged for sale, or prepared for distribution to others.
  - H. Certain facilities—including hospitals, shelters, long-term care facilities, residential treatment facilities, and correctional facilities—may also require visitors and residents, patients, or inmates to wear face coverings even when in a living unit.
2. **Staff that provide direct services must wear a mask that covers the staff person's nose and mouth during the entirety of service provision. The mask must be a cloth covering or other mask that offers a higher degree of protection. This applies to all ODP services, unless the staff person lives with the individual receiving services. For staff, plastic face shields are not acceptable alternatives to masks.**
  3. **Masks should be worn** by individuals who receive services during activities in the community in line with the Order.
  4. In accordance with current Centers for Disease Control and Prevention (CDC) guidance, **cloth face coverings** should:
    1. Fit snugly but comfortably against the side of the face
    2. Be secured with ties or ear loops
    3. Include multiple layers of fabric
    4. Allow for breathing without restriction and,
    5. Be able to be laundered and machine dried without damage or change to shape
  5. **Masks are not required for children younger than 2 years of age or anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the covering without assistance. If an individual has trouble breathing or other medical or mental health conditions that may be worsened with wearing a mask, seek clarification with the individual's health care practitioner regarding mask use.**

6. Masks are not required for staff and individuals who are receiving services if they are communicating or seeking to communicate with someone who has a hearing-impairment or has another disability, where the ability to see the mouth is essential for communication. Additionally, clear face masks are an alternative and more information can be found here: [Clear Facemasks Resource](#).
7. As explained in the November 17, 2020 order, a face shield is a plastic shield that covers the nose and mouth, extends below the chin and to the ears, and leaves no exposed gap between the forehead and the shield's headpiece. The CDC has advised (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html#face-shields>) that it does not recommend using face shields or goggles **as a substitute for masks**. Face shields and goggles are primarily used to protect the eyes of the person wearing it. Goggles do not cover the nose and mouth. Face shields have large gaps below and alongside the face, where respiratory droplets may escape and reach others around the person wearing the face shield. The CDC has stated that at this time, it does not know how much protection a face shield provides to people around the person wearing the face shield.

Please note: Cloth face coverings are not considered Personal Protective Equipment (PPE) and should not be worn in place of recommended PPE when caring for an individual with COVID-19.

**8. Mask use for individuals residing in private homes and receiving service.**

- a. If the Direct Support Professional (DSP) or Support Service Worker (SSW) (1) provide healthcare/personal care services, (2) are trained in PPE, and (3) have access to PPE apply the following guidance:***

When a Direct Support Professional (DSP) or Support Service Worker (SSW) is providing services in a private home in which the DSP or SSW does not reside, the individual and the individual's family members should, and are strongly encouraged to, wear masks for the duration of the visit. Family members should minimize contact with DSPs or SSWs who work in private homes. If an individual has COVID-19, is suspected to have COVID-19, or has been exposed to someone who is suspected of having COVID-19, or has COVID-19, the individual should follow recommended quarantine/isolation procedures. If the individual requires services during the quarantine or isolation period when the individual may be contagious, the individual must wear a mask during the DSP or SSW visit. Please remember that an individual should not wear a mask if the individual has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance. The DSP or SSW must wear personal protective

equipment as per [PA-HAN-524](#), or its successor, for visits with any person under quarantine or isolation.

***b. For DSPs or SSWs that have any of the following missing (provide healthcare/personal care services, are trained in PPE, or access to PPE) apply the following guidance:***

When a Direct Support Professional (DSP) or Support Service Worker (SSW) is providing services in a private home in which the DSP or SSW does not reside, the individual and the individual's family members should, and are strongly encouraged to, wear masks for the duration of the visit. Family members should minimize contact with DSPs or SSWs who work in private homes. If an individual has COVID-19, is suspected to have COVID-19, or has been exposed to someone who is suspected of having COVID-19, or has COVID-19, the individual should follow recommended quarantine/isolation procedures. Home visits by DSP and SSW should not occur until the person no longer needs to be in home isolation per [PA-HAN-518](#) or its successor.

**9. Mask use for individuals receiving ODP residential services.**

Individuals who reside in a licensed or unlicensed community home are not expected to wear a mask for extended periods of time while in their own homes. If an individual has COVID-19, is suspected to have COVID-19, or has been exposed to someone who is suspected of having COVID-19, or has COVID-19, the individual, and all other residents and DSPs in the home, should follow recommended quarantine/isolation procedures including, but not limited to, wearing a mask during the period the individual may be contagious and is in close contact with a DSP or other resident. Please remember that an individual should not wear a mask if the individual has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. If an individual is positive for COVID-19 and is unable to wear a mask they should consult with their physician for alternative infection control procedures.

10. Mask use for the individual and staff in a private home is not expected when the DSP or SSW lives with the individual receiving the service.
11. It is important to keep in mind that some individuals may have difficulty adjusting to a mask or may be afraid or unsettled when others wear masks. The [ODP Individual Transition Guide](#) contains some questions that address the use of face masks. In addition, the following may help an individual adjust to wearing a mask:

- Use the [Wearing a Mask Social Story](#) on the ASERT website, with an animated version at the bottom of the page.
  - Ensure that the individual knows that the individual will be able to breathe while wearing a mask if that is a concern.
  - While wearing a mask, look in the mirror and talk about what it is like to wear a mask.
  - Decorate a mask so the mask is personalized and fun to wear.
    - Ensure that the mask decorations do not compromise the integrity and functionality of the mask.
  - Show the individual pictures of other people wearing masks.
  - Use a mask with a clear window where staff or caregiver's mouths can be seen.
  - Pin a picture of the staff or caregiver without a mask on the staff or caregiver's shirt.
12. If after working with the individual to encourage the individual to wear a mask, the individual is still only able to tolerate wearing a mask or face covering for only a short period of time, the individual should wear a mask or face covering during activities that may have an increased risk of transmission of COVID 19. For example, the mask or face covering should be worn during the following:
- Personal care activities
  - While the individual is being transported
  - During transfers
  - Activities that result in vocal projection such as watching sports, singing, playing games, shouting, etc.
13. Other infection control practices, including screening, frequent handwashing, and social distancing remain important even if staff and the individual receiving services are wearing masks.

**NOTE:** Failure to wear a mask during service provision is not subject to ODP's Incident Management requirements and failure does not need to be reported as an incident in the **Enterprise Incident Management (EIM)** system unless otherwise directed by ODP. ODP will respond to mask-related inquiries and situations on a case-by-case basis.

Reference: Pennsylvania Department of Health ([PA DOH](#)) [Universal Face Coverings Order Frequently Asked Questions \(FAQ\)](#)

## II. Close Contact

The definition of close contact has been updated by the CDC and is included in the November 17, 2020 [Order Requiring Universal Face Coverings](#). The following definition can be found in both the Order and further described in [PA HAN 533, Additional Factors to Determine Close Contacts of Persons with COVID-19](#).

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the person is isolated.

The CDC guidance notes that there are additional factors to consider when defining “close contact.” The Department of Health (DOH) recommends using 15 consecutive minutes of exposure at a distance of 6 feet or less as an operational definition for “close contact.” The DOH has also explained that there are circumstances when someone should be considered a close contact of an individual after being within 6 feet for fewer than 15 consecutive minutes. Additional factors that should be considered when assessing close contacts include but are not limited to:

- Close proximity to an infected person
- Infected person exhibiting symptoms and
- Environmental conditions like crowds or inadequate ventilation.

## III. Screening Guidance

Providers must screen the following:

- Direct service professionals or other staff, contractors, or consultants that render face-to-face services to individuals
- Family or friends with whom the individual will have a face-to-face visit before the visit takes place; and,
- Individuals receiving services unless the individual is currently diagnosed with COVID-19.

*Screening Questions:*

1. **Do you have a fever equal to or higher than 100.4 degrees or symptoms such as new or worsening cough, shortness of breath, sore throat, chills, repeated shaking with chills, body aches, muscle pain, headache, or new loss of taste or smell, headache, diarrhea, nausea or vomiting, and runny nose?**

**2. In the past 14 days, have you had a potential exposure to a person with COVID-19 or someone who is waiting for test results for COVID-19?**

- A potential exposure means a household contact or having **close contact** within 6 feet of an individual with COVID-19 for a cumulative total of 15 minutes within a 24-hour period.
- The timeframe for having close contact with an individual includes the period of time of 2 days before the individual became symptomatic or, if asymptomatic, 2 days before the positive test was collected.

**3. In the past 14 days, have you visited any state outside of Pennsylvania? If yes, do you have evidence of a negative SARS-CoV2 (COVID-19) test from a specimen collected within 72 hours prior to entering the Commonwealth or did you quarantine for 10 days upon entering the Commonwealth? If no, are you exempt from the requirement to produce evidence of a negative SARS-CoV2 (COVID-19) test from a specimen collected within 72 hours prior to entering the Commonwealth or from quarantining for 10 days from the date of return to Pennsylvania?**

- Check the Pennsylvania [DOH Travelers website](#) for the most up-to-date information about travel.

**4. Have you tested positive for COVID-19, have a test pending for COVID-19, or been told by a medical provider that you may or do have COVID-19?**

Additional screening considerations for individuals with Intellectual Disabilities/Autism (ID/A):

- In addition to the typical [symptoms of COVID-19](#) as identified by the CDC, ODP providers have noted that for individuals with ID/A, COVID-19 has caused muscle aches, weakness or a change in baseline behavior without or prior to respiratory symptoms emerging. Providers should closely observe individuals for weakness or other changes in behavior that may be indicative of infection.

**Screening Guidance for Residential Settings**

- Residential providers should continue to follow the Long Term Care Guidance for Screening and Infection Control established by the CDC and found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>

**Screening Guidance for the Provision of Transportation Trip Services**

Based on the answers to the screening questions, transportation trip providers should take the following steps:

- A. If the answer to all four questions above is “**no**,” then the individual can use transportation trip services. Transportation trip services should be arranged in a manner that limits the driver’s physical contact with the individual and allows for social distancing. This may require fewer people in a common vehicle or more individual rides.
- B. If the answer is “**yes**” to just one of either question 1, 2, or 3 above, the individual can use transportation trip services under the following circumstances:
  - The individual is transported as an individual ride
  - The individual, if able, should wear a mask while being transported.
- C. If the answer is “yes” to question 1 AND “yes” to EITHER question 2 or 3 OR the answer to question 4 is “yes,” then in addition to complying with guidance in “B” above, transportation trip services should only be used for medical care or medical appointments in accord with the individual’s health care practitioner.

#### **Screening Process for Other HCBS Services**

- Providers (including Agency with Choice Financial Management Services organizations) must have a protocol to ensure that staff and individuals have been screened using the above screening questions prior to services being delivered.
- Common law employers in the Vendor Fiscal/Employer Agent model are responsible for establishing how screening will be completed using the guidance in this announcement.
- When a direct support professional answers “**yes**” to any of the above screening questions, the direct support professional should not render face-to-face services and back-up plans should be implemented.
- When an individual receiving services answers “**yes**” to any of the screening questions, the individual should not participate in any community activities and appropriate steps should be taken to ensure follow-up if COVID-19 is suspected as a result of the screening. The individual’s health care professional will provide additional guidance on the appropriate timeframe to return community activities.

#### **IV. Handwashing**

Handwashing prevents the spread of infection. The following information should be provided to all staff:

The CDC recommends washing your hands frequently and avoiding touching your face.



Wash your hands when entering and leaving the home or community setting; when adjusting or putting on or off facemasks or cloth face coverings; or before putting on and after taking off disposable gloves.

Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

If soap and water are not readily available, use a hand sanitizer that contains at least 60 percent alcohol.