

## Coronavirus Disease 2019 (COVID-19): Guidance on Masks, Screening, and Handwashing ODP Announcement 20-088 Reissue

### AUDIENCE:

All Stakeholders

### PURPOSE:

To provide updated guidance on face-coverings, screening protocols and handwashing procedures for all stakeholders.

### DISCUSSION:

#### Masks

On July 1, Secretary of Health Dr. Rachel Levine signed an [Order Requiring Universal Face Coverings](#).

- **As a result of the Order, staff who 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.**
- **Masks should be worn** by individuals who receive services during activities in the community in line with the Order.

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.

- In accordance with current Centers for Disease Control (CDC) guidance, **cloth face coverings** should:
  - fit snugly but comfortably against the side of the face

- be secured with ties or ear loops
  - include multiple layers of fabric
  - allow for breathing without restriction
  - be able to be laundered and machine dried without damage or change to shape
- **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.**
  - Masks are not required for staff and individuals who are receiving services if they are communicating or seeking to communicate with someone who **is Deaf or Hard of Hearing** 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](#).
  - If, for medical or other reasons, an individual receiving services is **unable to wear a mask** as required in the Order, **the use of a full face shield** as an alternative may provide some benefit, particularly against spread of respiratory droplets, and should be permitted.
  - 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.
    - 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.

- Other infection control practices, including screening, frequent hand washing 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 \(FAQ\)](#))

### **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.
- 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 100.0 degrees or respiratory 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? A potential exposure means a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19 for at least 10 minutes. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.
3. In the past 14 days, have you visited any of the following states listed in the PA DOH's travel advisory? If so, it is recommended that you quarantine for 14 days upon return.

Please routinely check the Pennsylvania [DOH Travelers website](#) for the most up-to-date list of states and provide the list of states on the website when completing the screening.

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 answers 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.

## 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% alcohol.