

## **Updated COVID -19 Guidance for Mental Health Services (MHS) and Mental Health Treatment (MHT) programs and Business Operations (Bus Ops)**

Given the rapidly evolving COVID-19 landscape, CSG's COVID-19 prevention and management strategies continue to evolve in conjunction with federal, state and local public health guidance. This document provides broad considerations and does not replace federal, state and local public health guidance.

Federal OSHA and CDC have updated their guidance for COVID-19. While CDC has released general guidelines for managing the risks of exposure to COVID-19, OSHA has provided more specific recommendations for the workplace, which PA OSHA has adopted. CSG must follow the OSHA guidance and our other regulatory bodies.

The OSHA guidance focuses on protecting unvaccinated or otherwise at-risk workers in their workplaces and distinguishes between healthcare settings and other businesses. Healthcare settings must follow more stringent guidelines, policies, and procedures. **CSG's Mental Health Services (MHS) and Mental Health Treatment (MHT) programs and Business Operations (Bus Ops) are not considered "healthcare" under OSHA guidelines.**

Someone is considered "fully vaccinated" beginning 14 days after their final dose of a Pfizer, Moderna, Johnson & Johnson or AstraZeneca vaccination. The equivalent of "fully vaccinated" is documented COVID-19 infection in the past 90 days. CDC recommends that individuals who have a prior history of COVID-19 infection should become vaccinated and it is recommended to wait until 90 days after the infection before commencing the vaccination process.

Because vaccination against COVID-19 can result in personal health benefits for vaccinated individuals and because the risks of adverse outcome with COVID-19 infection are higher in unvaccinated individuals, considerations for these two categories

of individuals are different. Unless there is federal or regulatory guidance to the contrary, CSG's decision-making is guided by:

- Community-level immunity status;
- Community-level transmission;
- State law; and
- Local public health authorities.

Table 1 below provides a summary of COVID-19 management considerations for CSG employees. A more detailed discussion and additional information follows.

**Given the rapidly changing scientific landscape, it is anticipated that this information may be frequently updated. Precautions may also change due to community transmission rates. CSG will monitor the PA DOH [COVID-19 Early Warning Monitoring System Dashboard](#) and communicate any changes to our practices as appropriate.**

**Table 1. Summary COVID-19 Management Practices for Employees at MHS, MHT and Bus Ops locations**

		<b>Unvaccinated</b>	<b>Fully Vaccinated or Documented Infection in Last 90 Days</b>
<b>Screening</b>		All employees should self monitor for symptoms and/or exposure	
<b>Facemasks</b>		Masking expected	Masking optional
<b>Staff with Direct Contact</b>	Employee asymptomatic	May continue to work with PPE.	May continue to work without PPE
	Employee symptomatic	Quarantine at home and be excluded from work for 14 days.	May continue to work while wearing full PPE.
<b>Employee Test</b>	<p>If employee is symptomatic and is tested, and test results are negative, the employee can return to work under the following conditions:</p> <ul style="list-style-type: none"> <li>• At least 24 hours have passed since recovery, which is defined as resolution of fever without the use of fever-reducing medications; AND</li> <li>• Improvement in symptoms; AND</li> <li>• At least ten (10) days have passed since symptoms first appeared.</li> </ul>		
<b>Contact Tracing</b>		Managers will complete contact tracing when there is exposure to a COVID-19 positive staff or individual and will notify anyone considered a direct contact.	
<b>Training*</b>	May resume face to face	Masking expected Social distance if possible. Consider remote access.	Masking optional
<b>Meetings*</b>	May resume face to face	Masking expected Social distance if possible. Consider remote access.	Masking optional

\*Dependent on the PCR Percent Positivity rate reported on [PA DOH COVID-19 Early Warning Monitoring System Dashboard](#)

## COVID-19 Management Summary

A summary of current practices is below. These do not cover every situation, so please discuss with your program managers if you have questions or concerns.

1. Screening at MHS, MHT and Bus Ops locations
  - a. Employees
    - i. Self-monitor for COVID-19 symptoms and potential exposures. If an employee has concerns, the employee should discuss it with their supervisor.
  - b. Non Employees (individuals in service, licensors, contractors, repairmen and other visitors)
    - i. Take temperature of each person
    - ii. Ask if the person
      1. has been diagnosed with COVID-19 in the past 14 days
      2. has COVID symptoms or
      3. has been in contact with anyone with COVID-19
    - iii. Anyone with a COVID-19 diagnosis, fever or other COVID-19 symptoms may not enter. Individuals in service may be offered a telehealth option if available.
    - iv. Staff may also ask for the person's vaccination status
      1. If fully vaccinated, masking is not required
      2. If not fully vaccinated, or chooses not to answer, masking is expected
    - v. Masks will be provided for anyone who needs one.
2. Standard precautions for employees (\*Dependent on the PCR Percent Positivity rate reported on **PA DOH** [COVID-19 Early Warning Monitoring System Dashboard](#) )
  - a. Facemasks
    - i. Vaccinated employees are not required to wear a mask but may continue to wear one if they would like to.
    - ii. Unvaccinated employees are expected to wear a mask.

- b. Cleaning and disinfecting
  - i. Reasonable cleaning and disinfecting practices, appropriate for your setting, should be followed. These include
    - 1. High touch surface areas and equipment.
    - 2. Transportation vehicles, both company vans and personal vehicles.
  - ii. You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if the space is a high traffic area or if certain conditions apply, including:
    - 1. High transmission of COVID-19 in your community;
    - 2. Low vaccination rates in your community;
    - 3. Infrequent use of other prevention measures, such as mask wearing (among unvaccinated people) and hand hygiene; or
    - 4. The space is occupied by people at increased risk for severe illness from COVID-19
  - iii. If there has been a sick person or someone who tested positive for COVID-19 at your location within the last 24 hours, clean AND disinfect the space.
- c. Practice good personal hygiene and wash your hands often. Always cover your mouth and nose with a tissue, or the inside of your elbow, when you cough or sneeze, and do not spit. Encourage people in service to do the same.
- d. Monitor your health daily and be alert for COVID-19 symptoms
- e. Reasonable social distancing practices should be followed, as appropriate for the setting given space and clinical considerations.
  - i. Staff should try to accommodate requests for social distancing. Anyone requesting social distance should be encouraged to wear a mask if not already doing so.
  - ii. Encourage social distancing if unvaccinated staff or individuals in service are present in common or public work areas.

- f. Anytime staff may come into close contact with bodily fluids while assisting an individual, staff should don the necessary PPE (facemask or eye protection, disposable gloves, and a gown).
3. Contact tracing
- a. Per the CDC, for COVID-19, a close contact is anyone who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period. An infected person can spread COVID-19 starting from 2 days before they have any symptoms (or, if they are asymptomatic, 2 days before their specimen that tested positive was collected), until they meet the criteria for discontinuing home isolation.
  - b. Supervisors, once learning about an infected employee, should encourage the employee to refrain from sharing test results with other employees. Ask the employee to assist in contact tracing.
  - c. Ask the employee to gather a list of employees and or individuals that they feel they have been in close contact with per the CDC definition of close contact.
    - i. [PA DOH Additional Factors to Determine Close Contact](#)
    - ii. [COVID Close Contact Worksheet](#)
  - d. Supervisors should alert employees who meet the definition of close contact
  - e. Supervisors can assure other employees that if they are not contacted, then they are not considered to have been in close contact with the infected person and do not need to get tested.
4. Staff with close contact to someone positive for COVID-19
- a. Staff who are **not** fully vaccinated, or have not had COVID in the prior 3 months, and are **symptomatic**, must quarantine at home AND be excluded from work for 14 days.
  - b. Staff who are **not** fully vaccinated or have not had COVID in the previous 3 months **and** are **asymptomatic**, may continue to work while wearing full PPE.

- c. Staff who are **asymptomatic** AND fully vaccinated or had COVID in the previous 3 months, may continue to work **without** wearing a gown or face mask/goggles.
  - d. Staff who are **symptomatic** AND fully vaccinated or had COVID in the previous 3 months, may continue to work with PPE.
  - e. If test results are negative for symptomatic employees, the employee can return to work under the following conditions:
    - i. At least 24 hours have passed since recovery, which is defined as resolution of fever without the use of fever-reducing medications; AND Improvement in symptoms; AND
    - ii. At least ten (10) days have passed since symptoms first appeared.
5. Individual exposure
- a. In MH Residential and EPCH, staff should follow procedures based on guidance from regulatory agencies if a resident or staff member is in direct contact with someone with COVID-19 or has tested positive themselves.
  - b. In ambulatory programs, if an individual reports that they have tested positive for COVID-19, the client should be offered telehealth if available, reminded to follow quarantine guidelines from their healthcare provider and not attend in person until quarantine has been completed.
  - c. All cases of individuals testing positive for COVID-19 should be entered into Welligent.
6. Actions to take when staff have tested positive
- a. Staff should follow guidelines in this document and notify their supervisor of their status. The supervisor should then enter the exposure into Healthy Pathways and follow the process for contact tracing, etc.
7. If ALL employees in a workplace are fully vaccinated, ALL non-employees are screened prior to entry, and staff or individuals with suspected or confirmed COVID are not present, then PPE and physical distancing requirements do not apply if healthcare services are not provided in the setting. The most likely

settings in CSG where this criteria applies are day programs or in the individuals' private homes.

8. Community based services and services provided in non-CSG locations

- a. If working offsite (schools, etc.), staff should follow the guidelines in place at that location. This includes in private homes.
- b. If the staff, individual and individual's family are fully vaccinated, and all agree, staff may choose not to wear a mask as long as other infection control procedures are followed. For community based services and when community participation support (CPS) services are provided in community settings, state and local guidelines for physical distancing and masking for the applicable community setting should be followed.

9. Transportation / vehicles

- a. When only fully vaccinated staff/individuals are in the vehicle, masks are not required.
- b. In vehicles where there are unvaccinated staff/individuals, everyone is expected to wear a mask.

10. Training and Meetings

- a. Staff may resume holding face to face training and meetings. Vaccinated attendees do not need to wear masks unless they prefer to do so; unvaccinated attendees should wear masks.
- b. When holding a meeting or training event, consider in advance how to manage if there is an unvaccinated participant. Remind staff if they are unvaccinated to wear a mask, have masks available for anyone who needs one, etc.

11. EPCH homes will also follow any stricter direction from their regulatory body.

12. Changes based on Community Transmission Rates

<b>PCR Percent Positivity</b>	<b>COVID-19 policy change / additional precautions for staff</b>
Less than 5%	Continue following current practices and precautions
5% - 9.9%	<ul style="list-style-type: none"> <li>● Everyone is expected to wear a mask indoors in public areas of</li> </ul>

	<p>the building (wait areas, etc.).</p> <ul style="list-style-type: none"><li>● Meeting and training organizers should offer remote options. For those attending in person, if social distancing cannot be maintained, attendees are expected to wear a mask.</li><li>● Everyone is expected to wear a mask in vehicles when staff are providing transportation.</li></ul>
10% or greater	<p>Same changes as above and in addition:</p> <ul style="list-style-type: none"><li>● Meetings and trainings should be remote with few exceptions.</li><li>● Programs will determine if they can remain open, shift to telehealth, etc., in coordination with regulatory agencies and payers.</li></ul>

