

# **Considerations for Policy Development and Emergency Management Plans Related to COVID-19**

Introduction: This resource booklet will offer considerations to keep in mind when developing policies and procedures to maintain safe operations related to COVID-19.

## I. Infection Prevention Measures

### A. Communication

1. Identification of positive COVID-19 caregivers, self-advocates, and people outside of the agency
2. Communication between caregivers, families, self-advocates, and people outside of the agency
3. Plan for accommodations, modifications, and assistance needed for self-advocates, caregivers, and families
4. Plans should to be individualized

### B. Identify who is at highest risk

1. Identify those within your agency (including self-advocates, direct support caregivers, and volunteers) who are at highest risk for contracting the COVID-19 virus by looking at the type and amount of exposure that is present in their daily activities.
2. Consider creating a plan to review diagnoses (utilizing the health risk screening tool) and current health status of self-advocates to determine who is at highest risk.
3. Consider identifying individuals within your agency who may have been exposed through community or family contacts who have tested positive by specifically addressing this on your screening questionnaire, since approximately half of COVID-19 originate through contacts occurring at home (Goldman, December 15, 2020).
4. Consider a plan of protection for those who are at highest risk that includes the following areas:
  - a) *Outings in the community (caregivers and self-advocates)*
  - b) *Places of employment (caregivers and self-advocates)*
  - c) *Day programs (caregivers and self-advocates)*

### C. Create a plan to protect everyone using the following methods

1. Social distancing
  - a) *Consider difficulties of understanding and following directions.*



3. Consider who will be asked screening questions upon entry to the location?
4. Consider what level of personal protective equipment (PPE) will be worn by the screener?
5. Consider what happens if a person has a positive screening result? (fever, symptoms, or situational)
6. Consider the screening process outside of the home such as at day programs, places of employment and other community settings.
7. Consider people and services that are provided such as mail, utility workers, maintenance people who may enter the home.
8. Establish process and policies for clearance if self-advocates, caregivers, or visitor are found to be symptomatic during screening.
9. Establish processes for return if self-advocates, caregivers, or visitor are found to have been exposed to Covid -19 at screening.

## B. Quarantine and Isolation

1. Consider the following questions when developing policy related to quarantining after a possible exposure:
  - a) *Has a self-advocate or staff member had close contact with or been exposed to someone who has tested positive for Covid-19?*
  - b) *Is it possible for the self-advocate to quarantine in their home?*
  - c) *Are there housemates (sharing the same home, but not bedroom)?*
  - d) *Are there roommates (sharing the same bedroom)?*
  - e) *Can the housemates/roommates maintain social distancing and mask-wearing while in the home together?*
  - f) *Are there separate bathroom facilities to minimize sharing of the same space? If not, is it practical/feasible to disinfect shared facilities between users?*
  - g) *When is it safe to end quarantine?*
2. Consider the following questions when developing policy related to isolating after a positive test result:
  - a) *Has a self-advocate or staff member tested positive for Covid-19?*
  - b) *Has the individual been offered information/education regarding what it means to have Covid-19?*
  - c) *Is it possible for the self-advocate to isolate in their home?*
    - (1) Are any of the housemates considered to be in the high-risk category?

- (2) Are any of the direct caregivers considered to be in the high-risk category?
- d) *Can the infected housemate maintain isolation in a separate area of the home?*
  - (1) Are there housemates (sharing the same home, but not bedroom)?
  - (2) Are there roommates (sharing the same bedroom)?
  - (3) Is there space for a temporary bedroom for one roommate, to facilitate isolation?
- e) *Are there separate bathroom facilities to minimize sharing of the same space? If not, is it practical/feasible to disinfect facilities between users?*
- f) *Who will be providing necessary care for the infected individual during their isolation?*
- g) *Do caregivers know which PPE is necessary, and how to properly use/dispose of it?*
- h) *Is there adequate PPE available for caregivers?*
- i) *What are the symptom-related guidelines caregivers should use to determine when a covid-19 infected individual should be taken for more urgent medical care?*
- j) *When is it safe to end isolation?*

## C. Education

1. Consider displaying clear and understandable prevention materials, such as posters, throughout homes and facilities in areas such as kitchens, bathrooms, and dining areas.
2. Consider the level of understanding and learning style of the individuals and caregivers. For example: visual learner, verbal learner, tactile learner, concrete thinker.
3. Consider implementing regular education for self-advocates and caregivers on handwashing/sanitizing.
4. Consider implementing regular education for self-advocates and caregivers on proper mask wearing, donning, and doffing.
5. Consider developing an agency policy on how to inquire about employee activity outside of work that is compliant with associated legalities.
6. Consider developing an action plan for employees to follow if they have participated in high-risk activities outside of work.

7. Consider developing policies that include safe practices for community outings (mask-wearing, size of gatherings, physical distancing, indoors vs. outdoors, hand sanitizing, etc.)
8. Consider offering distance-learning opportunities for employees and self-advocates.

#### D. Essential Outings

1. Consider the screening process of the community and places where caregivers, families, and self-advocates may go, such as: grocery stores, pharmacies, provider offices, restaurants, places of employment, transportation.
2. Consider guidance and teaching for individuals who need to follow protocols outside of the home.
3. Consider a plan on maintaining health appointments.
  - a) *Telehealth physician appointments when available*
  - b) *Telehealth therapy/behavioral appointments when available*
  - c) *Remote meetings for supports coordination and/or other monitoring services*
4. Consider utilization of delivery/drive-thru/curbside pickup when available.
  - a) *Pharmacy/prescription delivery services*
  - b) *Groceries, cleaning supplies, toiletries*
  - c) *Take-out restaurant food*
5. Consider if there will be designated person(s) to transport, pick-up, and coordinate outings.
  - a) *Will there be a screening process for these people?*
  - b) *Should there be more than one person responsible for this, in the event that this person is unavailable or unable?*
6. Consider how someone will be transported for medical needs (testing, evaluation, treatment, emergency) for a suspected or confirmed case of COVID-19.

### III. Action Plan / Strategies

#### A. Personal Protective Equipment (PPE)

1. Consider the types of equipment needed in specific environments/situations (masks, face shields, eye protection, gloves, foot coverings, gowns)
2. Consider how much of each type of equipment is needed, where to obtain equipment, and how/where to dispose of properly.
3. Consider the education of how to properly don/doff and dispose of equipment including gowns, gloves, masks, face shields, foot coverings.
4. Consider creating an inventory of PPE to track and maintain the proper amount needed throughout agency offices, homes, and facilities.

B. Exposure, symptomatic, or positive COVID-19 test \*(Always check with the local health department / Centers for Disease Control (CDC) for guidance and updated information.)

1. Consider creating a step by step plan for caregivers, individuals and families to follow such as:
  - a) *Where to get tested?*
  - b) *Begin contact tracing and communicating within the home and agency if Covid-19 infection is found among staff member, self-advocate, volunteer, or client.*
    - (1) Medical professionals
    - (2) Agency supervisor(s) or designated Covid-19 response officer
    - (3) Family
    - (4) Recent close contacts
  - c) *Establish criteria for quarantine/isolation if staff members, self-advocate, volunteers, or clients have possibly been exposed or test positive:*
    - (1) How to quarantine/isolate and for how long?
    - (2) When is it safe to return to the community/work?
    - (3) Guidelines for quarantine/isolation and return to work should follow CDC and Department of Health guidelines
2. Consider the home / facility environment.
  - a) *How will it be disinfected? By whom?*
  - b) *How will situations of shared bedrooms/bathrooms be addressed?*
  - c) *How will people with housemates be able to access needed areas of the home and supplies safely, such as: bathrooms, kitchen for food, medication storage/administration?*
3. Consider a plan for what to do if a caregiver, family member, or volunteer becomes symptomatic while caring for an individual.

- a) *Immediately donning a mask, if not already on.*
- b) *Remaining safely physically distanced from others.*
- c) *Contacting supervisor/administrator.*
- d) *Establish policies so that symptomatic caregiver, family member, or volunteer will not need to continue to care for the individual.*
- e) *Plan should include information regarding who was exposed, so that immediate action can be taken.*

4. Consider collaboration with local health department for information and resources related to local guidelines about Covid-19.

C. Prepare for staffing shortages.

1. Consider a plan for training and educating caregivers on prevention inside/outside of the workplace.
2. Consider evaluating sick leave policies for non-punitive actions, flexibility, and consistency with CDC guidelines.
3. Consider developing specific policies for employees who test positive or fail screening.
4. Consider monitoring system for caregivers on burnout, stress, anxiety, fatigue, and depression.
5. Consider a plan of maintaining individuals in familiar environments if staffing shortage.
6. Consider a plan of how to maintain a schedule/routine for individuals.
7. Develop/review current plan to mitigate staffing shortages, with attention to incorporating ODP and CDC guidelines.
8. Develop/review current plan for criteria for infected employees to return to work.
  - a) *How will employee's disease course be verified by employer?*
  - b) *Will a note from physician be required for return to work?*
  - c) *Will infected employee be permitted to work at all and under what circumstances?*
  - d) *Criteria for return to work should follow CDC and Department of Health guidelines*



## References:

Centers for Disease Control and Prevention. Caring for People with Disabilities. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>

Coronavirus resources for people with disabilities. Pennsylvania Developmental Disabilities Council (PDDC). (2020, October 20). <https://www.paddc.org/coronavirus-resources-for-people-with-disabilities-and-those-who-care-for-them/>

COVID-19 Announcements and Resources. Disability Rights Pennsylvania. (2020, August 28). <https://www.disabilityrightspa.org/covid19/>

COVID-19 Toolkit For DSPs. NADSP. <https://nadsp.org/COVID-19resources/>

Goldman, John, M.D. (December 15, 2020). System Epidemiologist, UPMC Pinnacle, consulting physician to the HCQU.

ODP COVID19 Provider Resources. Department of Human Services. <https://www.dhs.pa.gov/coronavirus/Pages/ODP-COVID19-Provider-Resources.aspx>.

---

## FACT SHEET

# Determining when a Caregiver can Return to Work after Exposure to or Treatment for COVID-19

The Centers for Disease Control and Prevention (CDC) have developed a list of criteria for those who are planning to return to work after exposure and treatment. According to the CDC, there are two sets of criteria:

- Criteria for people who experienced mild or moderate COVID-19 illness.
- Criteria for people who experienced severe or critical COVID-19 illness.

A sign and symptom-based strategy should be used. The time period used depends upon the caregiver's severity of illness and susceptibility to infection. For caregivers who have extensive, close contact with vulnerable individuals, a conservative approach to applying work restrictions is recommended by the CDC to prevent transmission. (CDC, 2020).

### CDC Definitions of Severity

- **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) but who does not have shortness of breath or abnormal chest imaging findings.
- **Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a pulse oximetry reading of 94% or more without oxygen.
- **Severe Illness:** Individuals who are very short of breath with respirations as high as 30 breaths per minute, a pulse oximetry reading of less than 94% on room air, and increased evidence of lung involvement on chest imaging findings. Any patient that requires hospitalization or is treated as an outpatient with supplemental oxygen should be considered to have severe disease.
- **Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.



Caregivers who are *not immune-compromised* and were *asymptomatic throughout their infection* may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

Caregivers with *mild to moderate* COVID-19 illness who *do not have a weakened immune system* can return to work when:

- At least 10 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms such as a cough, shortness of breath, fever, or loss of the sense of taste of smell have improved.

Caregivers with *severe or critical* COVID-19 illness or with *severely weakened immune systems* can return to work when:

- At least 20 days have passed *since symptoms first appeared* and
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications and
- Symptoms such as a cough or trouble breathing, have improved
- One may consider a consultation with an infectious disease expert

Caregivers with *asymptomatic illness* who *have a severely weakened immune system* may return to work when at least 20 days have passed since the date of their first positive viral COVID-19 test.

“The highest level of illness severity experienced by the healthcare provider in their clinical course should be used when determining when they may return to work.” (CDC, 2020)

**The CDC advises making decisions in the context of local circumstances and consulting with a physician who specializes in infectious diseases when needed.**

## **References:**

Allegheny County Health Department. (2020, December 4). COVID 19 Guidance.

[https://www.alleghenycounty.us/uploadedFiles/Allegheny\\_Home/Health\\_Department/Resources/COVID-19/Docs/Isolation%20Quarantine%20Basics\(1\).pdf](https://www.alleghenycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Resources/COVID-19/Docs/Isolation%20Quarantine%20Basics(1).pdf)

Centers for Disease Control and Prevention. Isolate If You Are Sick. (2020, November 3).

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>

CDC. Return to Work Criteria for HCP with COVID-19 Infection. (2020, August 10). Retrieved from

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

National Institutes of Health. Clinical Spectrum of SARS-CoV-2 Infection. (2020, December 17).

Retrieved from <https://www.covid19treatmentguidelines.nih.gov/overview/clinical-presentation/>

Pennsylvania Department of Health. COVID 19 Patient Instructions for Self-Isolation While Waiting for Laboratory Results. (2020, November 11).

<https://www.health.pa.gov/topics/Documents/HAN/COVID-19%20Patient%20Instructions%20for%20Self%20Isolation.pdf>

---

## FACT SHEET

### Quarantine vs Isolation

According to the MyODP website, quarantine is defined as, “A period of time sheltering at home and limiting interaction after suspected contact with a COVID-19 positive individual” (MyODP, 2020). “Quarantine is used to help keep a person who may have been exposed to COVID-19 away from others. Quarantine helps prevent the spread of disease that can occur before a person knows they are sick, or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department. For more definitive guidance, consult a physician.” (CDC, 2020).

Isolation is defined in MyODP as, “A period of time when an individual shelters in one place (for example, a bedroom or vacant room within their home) with no physical contact with others. Isolation is recommended if an individual receives a positive COVID-19 diagnosis” (MyODP, 2020). Isolation keeps someone who is infected with the virus away from others, even in their home (CDC, 2020).

## Additional Resources

Here are additional resources to assist self-advocates to learn about quarantine, isolation, social distancing, mask wearing, and reducing the spread of infection.

Pennsylvania Department of Health's guidelines for quarantining after a possible exposure: <https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-538-12-4-ALT%20-%20Updated%20Quarantine%20Recommendations%20for%20Persons%20Exposed%20to%20COVID-19.pdf>

- Isolation social story: <https://paautism.org/resource/isolation-social-story/>
- Reducing the spread of infection rehearsal guide for self-advocates: <https://hcqu.kepro.com/media/2631/reducing-spread-of-infection-rehearsal-guide-rev040120.pdf>
- Corona virus social story: <https://www.autismresourcecentral.org/wp-content/uploads/2020/08/Corona-virus-social-story.pdf>
- Social Stories for Young and Old on COVID-19: <https://www.autismresourcecentral.org/social-stories-for-young-and-old-on-COVID-19/>
- Mask wearing rehearsal guide: <https://hcqu.kepro.com/media/2751/wearing-a-mask-rehearsal-guide-07-20.pdf>
- Social Distancing Social Story: <https://paautism.org/resource/social-distancing-social-story/>
- HCQU COVID-19 resources: <https://hcqu.kepro.com/resources/informational-materials/>
- ASERT (Autism Services, Education, Resources, and Training Collaborative) COVID-19 resources: <https://paautism.org/?s=isolation%20COVID>

### **References:**

CDC. (2020). COVID-19: When to Quarantine. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.

MyODP. (2020). When to Stay Home. MyODP News Online. <https://www.MyODP.org/mod/book/view.php?id=25106>.

---

# FACT SHEET

## Staffing Shortages Resulting from COVID-19

Many providers are facing staffing challenges due to COVID-19. The Office of Developmental Programs (ODP) encourages providers to prepare for the possibility of staffing shortages as the rates of community spread of COVID-19 are in the substantial range for all counties in PA.

ODP has issued guidance through *Appendix K* and the document *Reissuing Guidance on Masks, Screening, and Handwashing*. ODP states, "ISP teams are encouraged to use person-centered thinking skills to discuss each participant's risk factors and ways to mitigate those risks, including what technology, environmental, and staff reports will be provided to mitigate those risk(s) during specific activities and situations." (ODP, Appendix K 2020). Person-centered thinking skills may lead providers to consider a host of things as they work to continue to provide supports. Strategies that may be under consideration include:

- **Cohorting** is placing individuals and/or employees who have COVID-19 or who have tested positive for COVID-19 together in a single residence. Placing those individuals in one residence prevents those who are infected from spreading the virus to those who are not (CDC, 2020).
  - Care must be taken to avoid having employees who have worked in a cohorted environment work in other homes where people have not tested positive. This also includes caregivers who have worked for multiple agencies.
  - Accommodations for program participants who have moved from their residence should be as comfortable and as dignified as possible, with freedom to exercise their rights as much as possible (ODP Appendix K, 2020).

- **Matching staff and individuals according to lack of signs and symptoms and who test negative for COVID-19.**
  - This approach may be less reliable, as many people infected with COVID-19 are asymptomatic. Additionally, a negative COVID-19 test means there was no infection present at the time the sample was taken; consideration may need to be given to more frequent testing of people who are grouped in this way.
  - Screening for COVID-19 and assurance of adhering to strategies to slow the spread of COVID-19 (keep 6 feet apart, wash hands, wear mask) are very important if considering this approach.
- **Use of family member and any staff who are qualified under any service definition in the Consolidated waiver to provide care, and licensed programs that are currently closed as space that can accommodate care.**
  - Appendix K provides more information on operationalizing these strategies starting on page 15.
- **Use of personnel from supplemental staffing agencies**
  - While this approach has been widely used in the past, providers may find that staffing agencies have their own staffing challenges because of the COVID-19 pandemic. They might not have enough healthy employees available to meet the demand. If a healthy supplemental staff person is available, provider agencies may want to consider how their internal COVID-19 policies and procedures apply to that supplemental staff person.
- **Use of remote supports through technology**
  - This may be an option for people who have a greater degree of independence or require less than 24 hours of care per day. A best practice is to use the person-centered thinking approach to understand what, if any, supports could be provided remotely and to collaborate with the care team to design an appropriate support plan with this technology.

## Employees who Fail Screening or Get Sick at Work

The ODP document, *Reissuing Guidance on Masks, Screening, and Handwashing*, states that residential providers should continue to follow the long-term care facility guidance established by the CDC. CDC guidelines for evaluating and managing healthcare personnel are as follows:

- **Ask care providers to routinely monitor themselves for fever and symptoms of COVID-19.**
- **Remind caregivers to stay home from work if ill.**
- **Screen all caregivers at the beginning of their shift for symptoms of COVID-19.**
  - Take temperatures and ask screening questions.
  - Instruct any caregiver who has a fever or other symptoms to keep their face mask on and leave the workplace.
- **Caregivers who develop COVID-19 symptoms while at work should inform their supervisor; these employees should be prioritized for testing.**

### **References:**

Centers for Disease Control. (2020). Preparing for COVID-19 in Nursing Homes. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.

Office of Developmental Programs. (2020). Reissuing Guidance on Masks, Screening, and Handwashing. Retrieved from <https://www.dhs.pa.gov/coronavirus/Pages/ODP-Reissuing-Masking-Screening-Handwashing.aspx>.

Office of Developmental Programs. (2020, October 16). Emergency Preparedness and Response Operational Guide for the Intellectual Disability/Autism (ID/A) Waivers Version 2.01. Retrieved from <https://www.dhs.pa.gov/coronavirus/Documents/Op%20Guide%20for%20IDA%20App%20K%20v2%20PUBLISH.pdf>.

---

# FACT SHEET

## Testing for COVID-19

Testing for COVID-19 should be conducted in consultation with a healthcare provider. Once a decision is made to conduct testing, a specimen should be collected as soon as possible, regardless of the time of symptom onset. There are three types of tests available for COVID-19: PCR, antigen, and antibody. Antigen and PCR tests are used to detect a current infection; antibody tests are used to detect a past infection.

### Considerations for who should get tested

- Anyone experiencing symptoms of COVID-19 in the last 48 hours
  - Fever greater than 100 degrees Fahrenheit
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Headache
  - Body aches
  - Loss of taste or smell
  - Sore throat
  - Runny nose or congestion
  - Nausea, vomiting, and/or diarrhea
- Anyone who has been in close contact in the last 14 days with a person who tested positive or had symptoms of COVID-19. Close contact is defined by the CDC as “within 6 feet of a person for a cumulative total of 15 minutes or more over a 24-hour period” (CDC Appendices, 2020).
- Anyone who has participated in an activity that increases risk for COVID-19 due to inability to socially distance, such as: travel, attending a large gathering, or being in crowded indoor settings.
- Anyone who has been recommended for testing by a physician or public health department.

***After testing, self-quarantine at home pending test results and follow instruction given by health care providers.***

## Types of Tests and How to Access

- **Initial diagnostic testing** is performed through antigen or PCR testing by collecting an upper respiratory specimen. This can be collected by trained health personnel or people can do a self-test. People seeking testing must meet eligibility criteria no matter who collects the specimen. This test detects the presence of infection at the time of testing.
- Rapid antigen testing is not sufficiently accurate to rule out COVID-19 infection. Consequently, it is recommended that only PCR tests be utilized.
- The antibody blood test detects past infection with COVID-19. It is not used to diagnose COVID-19.
- If symptomatic, contact a physician to inquire about testing.
- Contact your state or local health department for local information on testing.

## Understanding Viral Test Results

- A positive viral test result means the COVID-19 virus was detected in the nasal secretions, suggesting the presence of a current infection. Take protective steps to prevent others from getting sick.
  - Stay home except to get medical care
  - Isolate from others
  - Monitor symptoms
  - Wear a mask over your mouth and nose if in close proximity to others
  - Cover coughs and sneezes
  - Wash hands often
  - Clean and disinfect all high touch surfaces daily
- **A PCR test may remain positive for weeks to even months after infection. Despite the positive test most patients are not infectious after 7-14 days. Consequently, PCR tests should not be used as a criteria for clearance of COVID-19. A symptom-based strategy should be used.**
- A negative viral test result means no infection was detected at the time the sample was collected. Continue to take steps to protect yourself and others from getting sick.

***Watch for emergency warning signs for COVID-19:***  
***trouble breathing, chest pain, new confusion, inability to awaken, bluish lips/face.***  
***Call 911 IMMEDIATELY if these symptoms develop.***

## **References:**

Centers for Disease Control and Prevention. (2020, July 15). Appendices. Centers for Disease Control and Prevention. Coronavirus disease 2019 (COVID-19). <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html>

Centers for Disease Control and Prevention. (2020, November 30). Specimen Collection: Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19). <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

Centers for Disease Control and Prevention. (2020, December 7). Testing for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>

---

## FACT SHEET

# Collaboration with County and Municipal Health Departments during the COVID-19 Pandemic

Pennsylvania has 6 county health departments and 4 municipal health departments. The purpose of these departments is to “improve community public health through the provision of direct health services, health education, and community health leadership and control” (PA DOH, 2020).

County health departments are located in Allegheny, Bucks, Chester, Erie, Montgomery, and Philadelphia counties. Municipal health departments are found in Allentown, Bethlehem, Wilkes-Barre, and York.

Local health departments can be good resources for provider agencies and caregivers responsible for maintaining health and safety during the pandemic. These departments might answer operational questions and provide guidance with regard to current state and local ordinances, restrictions, and recommendations related to the pandemic. They might offer relevant resources for care, testing, educational materials, and immunization. Some local health departments post COVID-19 data related to the number of cases and positive tests in the county or municipality. For more information, contact a local health department in your area.

## Local Health Departments in Pennsylvania

County Departments	Contact Information
Allegheny County Health Department	<a href="https://www.alleghenycounty.us/healthdepartment/index.aspx">https://www.alleghenycounty.us/healthdepartment/index.aspx</a> 412-687-2243
Bucks County Department of Health	<a href="https://buckscounty.org/government/healthservices/HealthDepartment">https://buckscounty.org/government/healthservices/HealthDepartment</a> 215-345-3318
Chester County Health Department	<a href="https://www.chesco.org/224/Health">https://www.chesco.org/224/Health</a> 610-344-6225
Erie County Department of Health	<a href="https://eriecountypa.gov/departments/health/">https://eriecountypa.gov/departments/health/</a> 814-451-6700
Montgomery County Health Department	<a href="https://www.montcopa.org/513/Public-Health">https://www.montcopa.org/513/Public-Health</a> 610-278-5117
Philadelphia County Department of Health	<a href="https://www.phila.gov/departments/department-of-public-health/">https://www.phila.gov/departments/department-of-public-health/</a> 215-686-5200
Municipal Departments	Contact Information
Allentown Bureau of Health	<a href="https://www.allentownpa.gov/Health-Bureau">https://www.allentownpa.gov/Health-Bureau</a> 610-437-7760
Bethlehem Health Bureau	<a href="https://www.bethlehem-pa.gov/Health-Bureau">https://www.bethlehem-pa.gov/Health-Bureau</a> 610-865-7000
Wilkes-Barre City Health Department	<a href="https://www.wilkes-barre.city/health">https://www.wilkes-barre.city/health</a> Clinical Services 570-208-4284
York City Health Bureau	<a href="https://www.yorkcity.org/city-services/departments/economic-and-community-development/bureau-of-health/">https://www.yorkcity.org/city-services/departments/economic-and-community-development/bureau-of-health/</a> 717-849-2221

## References



Pennsylvania Department of Health. (2020). County and Municipal Health Departments. Retrieved from <https://www.health.pa.gov/About/Pages/County-Municipal%20Health%20Depts.aspx>