NEW YORK STATE | Office of Mental Health

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MEMORANDUM

To: Mental Health Residential Program and Family Care Administrators

From: New York State Office of Mental Health

Date: April 13, 2020

RE: **Revised:** COVID-19 Infection Control Guidance for OMH Residential and Site-Based Programs

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Note: The situation regarding the COVID-19 public health emergency is rapidly changing, as is our knowledge of this new disease. The guidance in this document is based on the best information currently available. Visit the New York State Department of Health website and Centers for Disease Control and Prevention (CDC) website for more information.

APPLICABILITY

This guidance is applicable to the following community (voluntary) and State-Operated OMH residential programs (Program Codes):

- Adult Community Residences (Congregate Treatment) (6070)
- Apartment/Treatment Programs (7070)
- Supported Housing Community Services (6060)
- Supported/Single Room Occupancy (SP-SRO) (5070), including other single-site/ congregate supportive housing such as ESSHI (Empire State Supportive Housing Initiative)
- SRO Community Residence (CR-SRO) (8050)
- Crisis Residences serving adult clients
- Family Care residences
- Crisis Residences serving children and youth (0910)
- Community Residences for Children and Youth (7050)
- Residential Treatment Facilities (1080)
- Community Residence for Eating Disorder Integrated Treatment Programs (6110)

SECTION 1: OVERVIEW

COVID-19 is caused by a new type of coronavirus. Until late 2019, this type of coronavirus

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was unknown. The virus is thought to first infect the tissue inside the nose or the throat and then spread lower down into the lungs. In most cases, the illness is mild or moderate and most people recover. However, some people may become very ill and require emergency hospitalization, particularly those over 50 years old, with medical problems such as asthma or diabetes, or those who smoke tobacco or e-cigarettes.

The infection spreads between persons who are in close contact with one another through respiratory droplets formed when an infected person coughs or sneezes. The infection may also spread when individuals touch contaminated surfaces and then touch their face. Covering coughs and sneezes with a tissue or in an elbow; washing hands frequently with water and soap for 20 seconds or using an alcohol-based hand sanitizer; and avoiding touching the face are critical steps to protecting oneself and others. Recent studies have shown that a significant portion of individuals infected with the virus are asymptomatic. Asymptomatic individuals, even if they eventually develop symptoms, can transmit the virus to others before showing symptoms.

The main symptoms of the infection are a fever of over 100.4 degrees, a new cough within the last seven days, shortness of breath, or a new sore throat within the last seven days.

SECTION 2: PHYSICAL DISTANCING

Physical distancing is a prevention technique aimed at slowing the spread of the virus. People are asked to stay at home and limit contact with those who do not live in their home. Public health measures to close schools, eat-in restaurant dining, gyms, libraries, theaters, and so forth are all part of this approach. This drastic action is meant to prevent people from getting sick and overwhelming the healthcare system.

SECTION 3: GENERAL GUIDANCE FOR OMH RESIDENTIAL AND SITE-BASED PROGRAMS

Most of the messaging around physical distancing is aimed at single-family homes. Mental health housing programs should consider the following additional efforts to protect clients and staff in these programs:

1. Clients should be educated to stay in the residence as much as possible. If they do go out, they should keep a distance of at least six feet away from anyone else, including relatives who do not live in the program, and avoid touching their face. Programs should cancel all planned social or recreational outings. Upon returning home, residents and any accompanying staff should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol. Cell phones and other frequently handled items should be sanitized daily.
2. Providers should display the "NYS DOH Protect Yourself" poster available here (scroll to the bottom). Translations to other languages are also available on same site.
3. Programs should prevent non-residents from visiting residences unless it is deemed necessary to the direct support of a resident's health and wellness. Prior to entering the residence, visitors should be asked if they have a new cough, a new sore throat, shortness of breath, or if they have a fever. If any of these are present, the visitor should not be allowed into the residence.
4. Frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks) should be disinfected daily with cleaning products effective against rhinoviruses or human coronavirus. See CDC Guidance for Home and Community Locations for further details.
5. To the extent possible, programs should work with clients' healthcare providers to institute telemedicine appointments. Blood draws and monthly injections will still need to be done in

person. Clients and staff should be reminded of the importance of hand hygiene and of not touching their faces while visiting their providers.

6. Clients and staff should be instructed to report symptoms as soon as possible.
7. For individuals who have not developed symptoms and are in shared bedrooms, ensure that the beds are at least six feet apart, if possible. It is recommended that clients sleep head-to-toe.
8. NYS Department of Health supports members of the public who choose to wear cloth face coverings in public settings, where social distancing measures are difficult to maintain, **especially** in areas of significant community transmission. Cloth face coverings can be used as an additional public health measure, beyond the recommended physical distancing.

SECTION 4: GUIDANCE FOR STAFF

1. Staff members should stay home if they are sick.
2. Staff members who have had direct contact with individuals who tested positive for COVID-19 or who are designated a Person Under Investigation (PUI) should self-quarantine for 14 days and not come to the residential program. If after 14 days after the last contact they have not developed symptoms, they may return to work. It is not necessary for contacts of contacts to self-quarantine.
3. If Programs are experiencing significant staffing shortages and exhausted other solutions, the DOH and CDC advise that staff who have had direct contact with individuals who tested positive or PUIs may continue to work provided they have no symptoms consistent with COVID-19.
    a. Staff members must wear surgical masks while at work. Cloth masks are not acceptable in this situation.
    b. Staff members must check their temperature twice per day and immediately leave the program if their temperature rises above 100.4 degrees or if they develop other symptoms. Staff members may use their own home thermometers to check their own temperatures.
4. To the extent possible, staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications.
5. Symptomatic or COVID-19 positive staff can return to work when:
    a. The person has had no fever for at least three days (72 hours) without the use of fever-reducing medications; AND
    b. There is resolution of cough, sore throat, and difficulty breathing; AND
    c. At least seven days have passed since symptoms first appeared.
6. If a staff member becomes sick and has had prolonged contact with clients, the program does not need to disclose the identity of the staff member to clients, only that they have had an extended contact and that the clients should be in quarantine for 14 days.

SECTION 5: GUIDANCE ON ACCEPTING NEW CLIENTS

1. Programs should continue accepting new client referrals. It is important for clients with mental illness to find homes even during this public health emergency.
2. Programs should request referring facilities to attest that the client has not had any new symptoms consistent with COVID-19 infections.
3. Given the limitations in testing, it is not possible for programs to require a negative COVID-19 test as a condition of admission, but if any symptoms are present, a surgical or cloth mask should be worn for a period of 14 days, and the client should isolate in their room.

4. If possible, any new client should have their own room.
5. New clients should remain in their room as much as possible during the first 14 days and maintain six feet of distance from all other clients and staff to the extent practicable.

SECTION 6: GUIDANCE ON RESPONDING WHEN CLIENT DEVELOPS SYMPTOMS

1. When a client in the residential program develops symptoms that could indicate a COVID-19 infection, the client should be asked to stay in their room. If possible, the client should be assigned a single room. The client should be asked to wear a surgical or cloth mask. Meals should be taken in the room.
2. Exposed roommates should, if possible, have their own rooms for 14 days. If they remain symptom-free, they can then share a room with others.
3. The program administrator (or Family Care provider) should immediately contact their local health department (New York County Health Department Directory) for information on how to proceed with testing. The NYS Department of Health also operates a Novel Coronavirus Hotline 24/7 at 1-888-364-3065 for additional questions. If the client is critically ill and is having difficulty breathing, it may be necessary to transport the client by ambulance to the hospital. Local health departments may have provisions for alternate housing arrangements for positive individuals. This will depend on each jurisdiction.
4. Most individuals who test positive for COVID-19 will never need to be hospitalized. Hospitalization is only necessary if the individual has difficulty breathing or otherwise appears critically ill. It is important to reduce unnecessary visits to hospital ERs to help reduce the spread of COVID-19.
5. If more than one client has a positive test, then these individuals can share a room if the program has shared bedrooms.
6. Program staff (or Family Care providers) should work with the client's mental health or primary care provider to secure enough nicotine replacement therapy (NRT) to help eliminate nicotine withdrawal and the desire to leave their room to smoke.
7. Other clients who are over 50 years old, have significant respiratory comorbidity, or who smoke should increase the frequency of hand hygiene practices and wear surgical masks. If masks are not available, more vulnerable clients should maintain at least six feet of distance from other clients and staff. They should refrain from using common areas such as kitchens and lounges.
8. Staff members (or Family Care providers) should wear surgical masks and increase frequency of hand hygiene practices. If masks are not available staff should whenever possible remain six feet away from positive or potentially positive individuals.
9. Surfaces, knobs, handles, and other items that come into frequent hand contact should be sanitized three times per day.
10. In programs with several bathroom facilities, one bathroom should be set aside for the client(s) who has been designated as a PUI or has tested positive for COVID-19. Surfaces, shower knobs, curtains, handles, and other high-contact surfaces should be sanitized after each time these clients use the facilities. If possible, leave the bathroom window open to help reduce aerosolized droplets.
11. In programs with one bathroom, it is critical to clean and disinfect surfaces after clients who test positive or are PUIs use the facility. Exhaust fans should remain on and windows should remain open during that time, and no steam should remain when the next resident uses the bathroom.
12. In programs with only one bathroom, all clients and staff should use masks while in the bathroom (unless showering). If possible, stagger shower times, ensuring that bathroom exhaust fans run for at least 20 minutes between all showers and leave the window open to

facilitate clearing of droplets.

13. If programs have the capacity and the client is cooperative, implementing in-room commodes and/or sponge baths is recommended.
14. Clients who test positive or who are PUIs should not use shared spaces such as kitchens, common areas, etc. Arrangements need to be made to change existing house routines that require clients to use common spaces.
15. Dishes and linens do not need to be cleaned in a different manner if used by individuals who test positive for COVID-19. However, they should be washed thoroughly after use. When washing clothes, staff (or Family Care providers) should be instructed to not "hug" dirty laundry while transporting it, to maintain distance from their own clothes and face. Use of a hamper is recommended. After handling linens or clothing of someone who tested positive for COVID-19, staff are encouraged to wash their hands with soap and water.

SECTION 7: GUIDANCE FOR HANDLING CLIENTS RETURNING FROM THE HOSPITAL

1. Residential program or Family Care clients are admitted to psychiatric or medical hospitals for a variety of reasons. During the COVID-19 public health emergency, it is possible that these clients are exposed to the virus while in the hospital.
2. Most individuals who become very ill with COVID-19 and require hospitalization will recover. Individuals must be discharged once they are no longer ill enough to warrant ongoing medical admission, though they may still have mild COVID-19 symptoms.
3. Clients will need to come home to their residential program or family care home after being discharged from the hospital. It is important that staff help manage not only the individual client's fears, but also the anxieties of all other housemates.
4. Individuals who return from the hospital and who are not showing symptoms of COVID-19 should be considered in the same category as a new client (see Section 5 above).
5. Individuals who are discharged from the hospital after an admission for COVID-19 should be treated with the same precautions as someone who is a PUI or who tests positive but is never hospitalized (see Section 6 above).

SECTION 8: GUIDANCE FOR SCATTERED-SITE HOUSING PROGRAMS

1. Programs should educate all their clients in scattered-site housing about the importance of avoiding socializing indoors, restricting visitors to their homes, practicing appropriate hand hygiene, avoiding touching their faces, practicing basic disinfecting at home, keeping at least six feet away from others while out in public, when possible, and wearing a cloth mask when out in public.
2. Programs need to determine on a case-by-case basis when it is clinically necessary to continue visiting clients. Possible reasons include, but are not limited to, helping the client access medical treatment, access food or other basic supplies, or mitigating risk of disengagement or hospitalization in absence of direct contacts.
3. Face-to-face visits should be replaced with telephonic or video visits for as long as the recommendation for physical distancing is in place, unless it is clinically necessary to visit the client in person.
4. When visiting a client, staff should use alcohol-based sanitizer prior to entering the client's home and should wear a surgical face mask, if available.
5. Staff should attempt to keep at least six feet away from the client during the visit.
6. Staff should remind the client to practice appropriate hand hygiene and to avoid touching their face.
7. Staff should use alcohol-based sanitizer immediately upon leaving the client's building.

SECTION 9: GUIDANCE FOR CHILD AND YOUTH SERVING PROGRAMS

While under normal circumstances home-time leaves are encouraged, during this public health emergency, home-time leaves should be limited and occur only when deemed medically necessary or when discharge is imminent, and home-time contributes to the advancement of the youth's readiness for discharge. The following should also be considered:

1. The youth and family must agree that the home-time leave is appropriate and safe.
2. Home-time leaves must be clinically appropriate and included as part of the youth's treatment plan.
3. If the youth is going on a home-time leave, the youth should not have close contact beyond family members in the home setting (must adhere to physical distancing guidance); and
4. information on general infection control strategies should be provided to the youth and parents/guardians.
5. For all youth, if the home-time is directly connected to discharge planning (i.e., an interview at an outpatient program, a therapeutic assessment for readiness for next level of care, etc.), home-time leave may be granted. This would require input from both the youth's psychiatric, general medical, and nursing staff as well as individuals at the destination site.
6. As an alternative to home-time leaves, staff should encourage the family/guardian to join in-person interactions on program grounds (but maintain physical distancing).
7. Every effort should be made to utilize technology as often as needed to promote engagement, support, and treatment with children and families, whether the youth is on site or on home-time leave.
8. Any youth in quarantine or isolation may not leave the program site for community or home-time.

SECTION 10: GUIDANCE IN CASE OF SHORTAGES OF PERSONAL PROTECTIVE EQUIPMENT (PPE):

1. If PPE (masks, alcohol-based hand sanitizer) is in short supply, programs may have to adapt their practices.
2. In case of shortage of alcohol-based sanitizer, clients and staff should increase hand-washing practices. Wash hands with soap and water for a minimum of 20 seconds after contact with any surface, other person, or prior to touching the face.
3. COVID-19 is primarily spread through droplets in the air. Maintaining physical distance from others is critical to avoid droplets that are formed when a person sneezes, coughs, yells, etc. In the absence of masks, strict physical distancing is important.
4. When there is scarcity of surgical masks, the CDC recommends an individual re-use masks, provided they are not torn, soiled, or damaged. Masks with elastic bands are easier to reuse than those with bands that need to be tied. Cloth masks can also be used, but cloth masks are less effective than surgical masks. Cloth masks primarily protect others, not necessarily the person wearing the mask.