NOTE: THIS POLICY SUPERSEDES VISITATION POLICY ISSUED APRIL 2, 2021.

Changes in this version:

- Note that staff positive cases should only limit visitation when the staff member has presented a risk for virus transmission to patients or other staff, as determined through contact tracing (i.e., visitation does not need to be limited when contact tracing determines that a staff positive case presents no risk for virus transmission to patients or other staff).

This guidance applies to all OMH facility inpatient and outpatient programs, both civil and forensic status, treating children, adolescents, or adults as well as residents at OMH Secure Treatment Facilities.\(^1\) While in-person visits are allowed under the following parameters, video visiting by friends and family, as well as visits from Mental Hygiene Legal Service and the NYS Department of Corrections and Community Supervision, should continue to be offered if feasible. These restrictions do not apply to residential care units on Psychiatric Center grounds. Residential managers should meet with residents and advise that they should meet with visitors off grounds to the extent possible.

Below is guidance regarding visitors to any Office of Mental Health (OMH) Psychiatric Center (PC). These instructions apply to the following types of visitors:

- In-person visitation by family, friends, other natural supports, and service providers
- Volunteers
- Mental Hygiene Legal Service (MHLS)
- NYS Department of Corrections and Community Supervision (DOCCS)

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\(^1\) Outpatient programs include state programs include Assertive Community Treatment (ACT), Clinic Treatment, Day Treatment, Mobile Integration Teams, Peer Wellness Centers and Recovery Centers. Outpatient service recipient program access guidelines are outlined in a separate section of this policy.
• Surveyors (Joint Commission, Center for Medicaid & Medicare Services, Department of Health (DOH), Bureau of Inspection and Certification (BIC), Department of Labor (DOL), etc.)
• Contractors that perform intermittent work at the PC (e.g., SimplexGrinnell)
• Any individual/group attending a meeting or attending to a necessary business purpose at the PC

This policy does not apply to:
• Employees
• Interns/Externs
• Trainees/Residents
• Contract Employees (e.g., Locum Tenens, Contract Nurses)

Individuals in these categories should comply with the OMH Employee Screening protocol.

I. Visitation Guidance- General Visitation Permitted

General visitation is only permissible for patients in Psychiatric Centers (PCs) when:

• The PC is in a county with a rolling 7-day COVID-19 positivity rate less than 3%, and
• There has been no new onset of COVID-19 cases among either patients or staff in the last 14 days in the PC. Note that staff positive cases should only limit visitation when the staff member has presented a risk for virus transmission to patients or other staff, as determined through contact tracing (i.e., visitation does not need to be limited when contact tracing determines that a staff positive case presents no risk for virus transmission to patients or other staff).

The visitor must also reside in a county with a rolling 7-day positivity rate of less than 3%, if not residing in the same county as the psychiatric center.

A. All visitors for whom this policy applies must adhere to the following:

1. Visitors undergo symptom and temperature checks upon entering the facility and shall be denied entry if they fail the screen. Visitors must be able to adhere to the core principles of infection prevention and control and established OMH policies, and OMH staff are expected to provide regulatorily required supervision and monitoring for all visitors.

The accompanying Visitor Screening Form lists specific questions that must be answered to clear visitors and should be completed in the OMH centrally-managed OMH Visitor Screening System. If a visitor refuses to complete the screening process, they will be denied entry. The Executive Director is responsible for ensuring that the Visitor Screening Form is completed.

An electronic log of the name and contact information for all visitors, the date(s) of their visits and the name of the person(s) visited will be automatically generated when the Visitor Screening Form is completed in the OMH Visitor Screening System. The automatically generated log in the OMH Visitor Screening System will be subject to periodic audit by OMH Central Office.

Each PC should have paper versions of the Visitor Screening Form available in the event of an issue with the OMH Visitor Screening System. The data from the paper version will need to be entered into the OMH Visitor Screening System when the issue is resolved.
2. Visitors must wear appropriate personal protective equipment (PPE) as recommended by the NYS Department of Health and the Centers for Disease Control and Prevention. For patients not suspected of having COVID-19, both the visitor and the patient must wear a face mask. Visitors who do not have an approved face covering should be provided with a surgical mask or other face covering, approved for distribution by OMH Central Office. Visitors must attempt to maintain social distancing (keep at least six feet from the patient whenever possible) and be advised to perform meticulous hand hygiene.

3. Visitors who fail to wear a face mask and other indicated PPE will be asked to leave the facility; and

4. Visits should take place in a central location close to the main entrance to the facility. On-unit visits will be allowed only in circumstances where visiting is critical to support the patient’s treatment plan and the patient is unable to leave the inpatient unit for safety reasons. Visiting areas should be large enough to allow for social distancing of at least six feet.

B. For personal visitation to patients (unrelated to MHLS, DOCCS, or any type of survey), the following additional requirements must be followed:

5. Visits are by appointment only; at the time, the visit is being scheduled, PC staff will confirm what county the visitor resides in and confirm that the county has a rolling 7-day positive rate of less than 3%.

6. Total visitation time for all visitors to a given patient does not exceed two hours per day to accommodate as many family members or loved ones to visit safely, unless otherwise authorized by the Psychiatric Center, and depending on the patient's status and condition. The facility can determine the appropriate visiting hours within this requirement including staggering or limiting number of visitors at a particular time.

7. All visitors are 18 years of age or older except in rare circumstances as determined by the Psychiatric Center.

8. Visitors to individual patients are limited to one person at a time unless, at Psychiatric Center’s discretion, a limited number of additional persons is determined to be appropriate.

9. Personal care items and clothing that satisfy a person’s cultural, preference and gender-based needs should be allowed to be brought in by visitors if not provided by the facility. Appropriate health and safety protocols need to be in place to ensure items from the outside are searched for contraband and properly cleaned (i.e., to control for bed bug transmission). Items of risk concern need to be properly stored and supervised. Food items should be allowed; to maintain safety, food items would best be consumed during the visit.

10. Psychiatric Center staff must notify family and other identified contact persons of this new visitor policy as soon as possible. Visitors should be aware of the requirement to complete the Visitor Screening Form prior to traveling to the facility, when feasible.

C. Visitation to COVID-19 Positive Patients, Patients with CLI, and Units with COVID-19 Positive Patients

Visitors to COVID-19 positive patients, patients with CLI, and units with COVID-19 positive
patients are generally restricted, except for patients in end-of-life situations, children, and adolescent patients in need of support persons, and surveyors with legal oversight authority (The Joint Commission, The Justice Center for the Protection of People with Special Needs, etc.).

After successful completion of the visitor screening process outlined in this document, visitors to these patients or units approved for visitation under the above circumstances must adhere to the following infection control practices:

- Wear a surgical or procedure mask throughout their time in the hospital.
- Practice scrupulous hand hygiene.
- Remain in the patient’s room except for entrance and exit from the hospital.
- While in the patient’s room, a gown and gloves should be worn. Eye protection should be worn (provided by the Psychiatric Center); and
- In these circumstances, the risks of acquiring COVID-19 should be fully explained, so that the patient and the visitor can make an informed decision of whether or not the visitor’s presence at the patient bedside is essential to the patient’s health.

II. Visitation Guidance- General Visitation Not Permissible

This guidance applies to all OMH facility inpatient and outpatient programs, both civil and forensic status, treating children, adolescents, or adults as well as residents at OMH Secure Treatment Facilities. These restrictions do not apply to residential care units on PC grounds. Residential managers should meet with residents and advise that they should meet with visitors off grounds to the extent possible.

If any county positivity rate increases above 3% or an inpatient develops active COVID-19, the following visitation policies and procedures will be in effect. It is the responsibility of the PC Executive Directors, in coordination with Central Office, to communicate changes in the visitation policy with staff, patients, families, and other potential visitors.

1. All visitation to adults in civil and forensic PC inpatient units will be immediately limited.
2. Visitation to children and adolescents residing in civil PC inpatient units may continue when it is essential to the care and wellbeing of the patient. In these cases, visitors to children and adolescents must follow the visitation guidelines outlined earlier in this document.
3. PC staff must notify family and other identified contact persons of this restriction as soon as possible.
4. Each PC must ensure that patients have easily available means to stay in contact with friends, family, and other supports (e.g., phones and virtual visits).
5. Each PC must have procedures for considering exceptions to this visitor restriction, for example: individuals requiring access to legal counsel in advance of a hearing or other legal matter or when a patient is in an end-of-life situation. In these cases, all visitors must follow the visitation guidelines outlined earlier in this document; and
6. The Executive Director, in consultation with Central Office, will determine any restrictions for volunteers and students.

III. Outpatient Service Recipients

This section applies to all outpatients accessing services on-site of an OMH-operated outpatient program and is not dependent on positivity rates. These outpatient programs include Assertive Community Treatment (ACT), Clinic Treatment, Day Treatment, Mobile Integration Teams, Peer Wellness Centers and Recovery Centers.

Outpatient programs must also follow all guidelines set forth in the OMH Infection Control.
**Guidance for Reopening Public Mental Health System Sites** guidance document.

Outpatient service recipients must pass the **Visitor Screening**, including symptom and temperature checks upon entering the facility and shall be denied entry if they fail the screen.

The accompanying **Visitor Screening Form** lists specific questions that must be answered to clear outpatients and should be completed in the OMH centrally managed **OMH Visitor Screening System**.

An electronic log of the name and contact information for all outpatients, the date(s) of their visits and the name of the person(s) visited will be automatically generated when the Visitor Screening Form is completed in the OMH Visitor Screening System. The automatically generated log in the OMH Visitor Screening System will be subject to periodic audit by OMH Central Office.

Each program site should have paper versions of the Visitor Screening Form available in the event of an issue with the OMH Visitor Screening System. The data from the paper version will need to be entered into the OMH Visitor Screening System when the issue is resolved.

CC: OMH Exec Team
    Julie Burton
    Christina Calderwood
    Naomi Freeman, PhD