NEW YORK STATE | Office of Mental Health

Updates on Infection Control

Ambulatory Providers

Flavio Casoy, MD
Moira Tashjian, MPA
Donna Bradbury, LMHC
Christopher Smith, PhD

December 2, 2020

Overview

COVID-19 Symptoms

- Symptoms can appear 2-14 days after exposure
- temperature of 100.0 degrees or greater,
- subjective symptoms of a fever (e.g., malaise, fatigue, muscle aches, chills),
- and/or respiratory symptoms including a sore throat, cough, and/or shortness of breath.
- Less common symptoms include runny nose, headache, nausea/vomiting, diarrhea, and loss of taste or smell.

COVID-19 Transmission

- COVID-19 spreads primarily through respiratory droplets (sneezing, coughing, yelling, singing, laughing, talking).
- In enclosed, unventilated spaces (cars, offices, etc.) above activities can also lead to COVID-19 becoming aerosolized.
- An unknown percent of individuals who are sick with COVID-19 and infectious are asymptomatic and can infect others unintentionally.
- COVID-19 can also “survive” temporarily on surfaces where other individuals can touch and then become infected by touching their nose or mouth.

Size matters

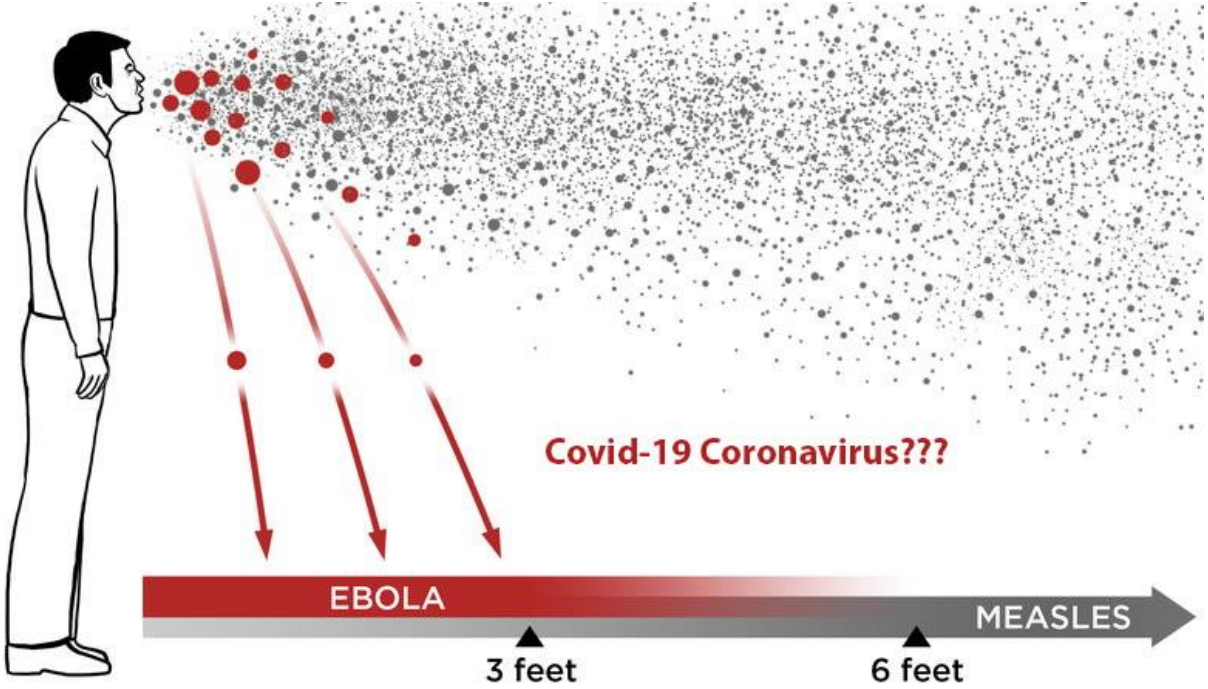
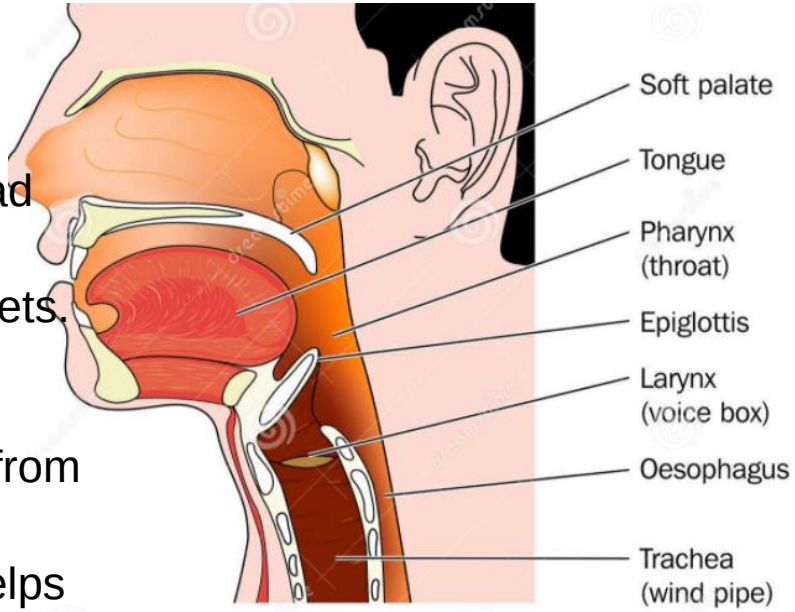


Image from Daniel Silverman, MD

Respiratory infections can be transmitted through droplets of different sizes: when the droplet particles are >**5-10 µm** in diameter they are referred to as respiratory droplets, and when then are <**5µm** in diameter, they are referred to as droplet nuclei. **Aerosols** are less than 0.0002 inches (5 microns) in diameter,

COVID-19 Prevention

- Goal is to adopt behaviors that SLOW the spread as much as possible.
- Masks protect the wearer and others from droplets. Masks must cover nose and mouth (nose and mouth connect in pharynx).
- Physical distancing of 6ft protects all individual from droplets.
- Reducing time indoors, increasing ventilation helps reduce risk of aerosolization.
- Rigorous hand hygiene and not touching face reduces risk from self-infection after touching contaminated surface.
- Get annual influenza vaccine. Patients can have either or both influenza and COVID.



Infection Control

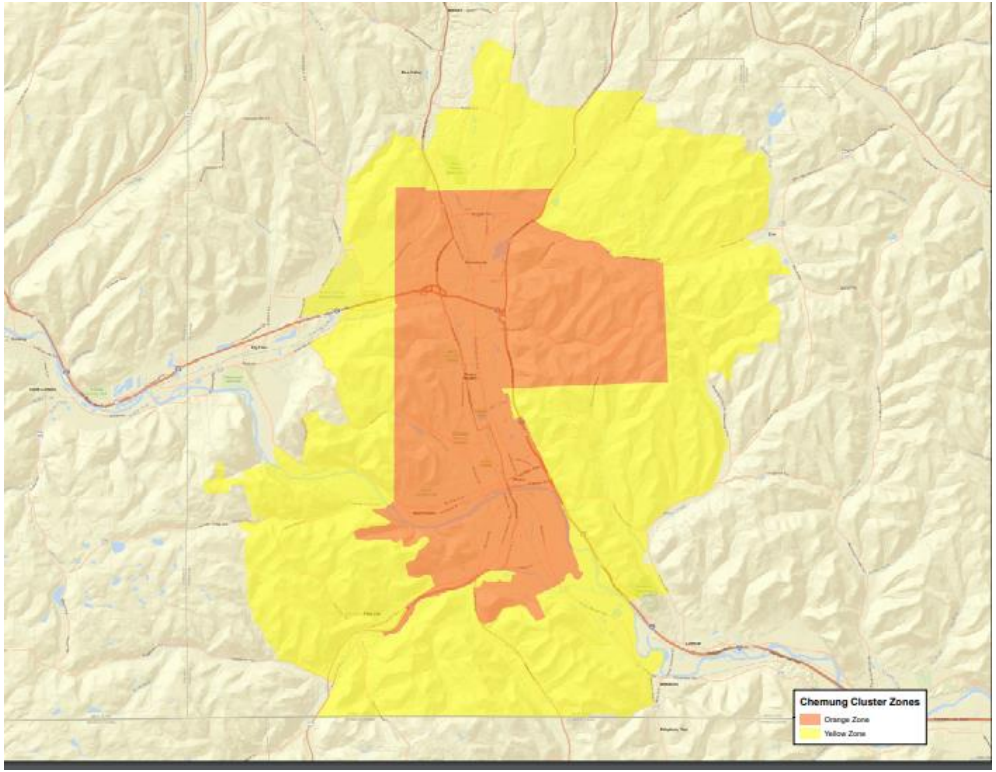
- Review OMH's Guidance – routine updates posted online.
- https://omh.ny.gov/omhweb/guidance/covid-19-guidance-infection-control-public-mh-system-sites.pdf
- Educate clients and staff on physical distancing, masks, hand/face hygiene.
- Display NYS DOH posters.
- Daily disinfection of frequently touched surfaces (e.g., tables, doorknobs, light switches, toilets, sinks)
- Clients and staff must report symptoms asap and follow quarantine and isolation guidance.
- Implement physical distancing as much as possible given physical plant.
- Influenza Vaccines are critical.

Staff

If programs are experiencing significant staffing shortages and exhausted other solutions, the NYS DOH and CDC advise that staff who have had direct contact with individuals with known or suspected COVID-19 illness or who traveled to states on the New York COVID-19 travel advisory may continue to work provided that they observe the following for 14 days since the last contact:

- The staff member is asymptomatic;
- The staff member is deemed essential and critical for the operation or safety of the workplace;
- The determination is documented by their supervisor and a human resources (HR) representative in consultation with appropriate state and local health authorities;
- Working from home would not be feasible for job duties;
- Staff quarantine themselves when not at work;
- Staff undergo temperature monitoring and symptom checks upon arrival to work and at least every 12 hours while at work, and self-monitor (i.e. take temperature, assess for symptoms) twice a day when at home; fever is consider present if temperature is over 100.0 degrees;
- As in all cases, staff must wear a surgical facemask;
- To the extent possible, staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications.
- Staff whose job duties permit a separation of greater than six feet should have environmental controls in place to ensure adequate separation is maintained;
- If staff develop symptoms consistent with COVID-19 while working, they should immediately stop work and isolate at home;

COVID-19 Micro-Cluster Strategy



- https://forward.ny.gov/
- Red Zone – Microcluster
- Orange Zone – Warning Zone
- Yellow Zone – Precautionary Zone

Enhanced Precautions

- Programs in a Red or Orange Zone
- Programs that have a cluster of 2 or more cases in clients or staff
- Recommendation of Local Health Department or Office of Mental Health
- Enhanced Precautions last two weeks after conditions are no longer met.

Staff

- All staff must wear a mask covering nose and mouth entire time while on shift – unless in own office. Mask is required when interacting with clients.
- In shared office settings, mask is required.

Testing

- Information about Diagnostic PCR Testing can be found on DOH website: https://coronavirus.health.ny.gov/home
- Positive Rapid Tests should be confirmed with PCR Test.

Ambulatory Programs

Programming

- Educate clients about COVID precautions. Help clients maintain vigilance despite COVID fatigue.
- Screen clients by phone ahead of session for COVID symptoms, check temperature if thermometer is available.
- Offer masks to clients who do not come with one
- Encourage clients to wait outside or create physical controls to ensure distancing in waiting rooms, bathrooms, elevators, etc.
- If possible, encourage clients to come unaccompanied
- Remove magazines, toys, and other frequent contact objects to facilitate frequent cleaning of surfaces;
- Consider protection receptionist and other front door staff with plexi-glass shield.
- If possible, keep door propped open and windows open to maximize ventilation.

Programming

- If programs offer groups:
  - No more than 10 participants, including leader;
  - Well-ventilated room where all participants can stay 6 ft apart;
  - All participants must correctly wear masks;
  - If room does not fit 10 participants, reduce size of group;
  - Groups may not last more than one hour;
- Both client and staff must wear masks for all individual sessions and maintain 6ft physical distancing.

Telehealth vs. In-Person

- All programs must make deliberate decision with each patient on whether a telehealth or in-person visit is most appropriate.
- Some clients can be seen exclusively with telehealth, others exclusively in-person, and others can benefit from a combination.
- Programs must maintain capacity for in-person visits, but attempt to reduce density in their physical sites.
- Programs such as ACT, Mobile Crisis, and Forensic Transition Programs are specifically designed to serve vulnerable, high-risk individuals who have not been able to engage in traditional outpatient services. In areas that are not designated as red micro-cluster zones, ACT, mobile crisis, and other mental health specialty service providers that traditionally rely on home and off-site visits should aim to resume in-person visits for as many clients as possible.

Telehealth vs. In-Person Considerations

Factors related to infection control, including:

- Whether client has recent travel to a location on the DOH Travel Advisory;
- whether client currently has COVID-19-like illness (CLI) symptoms; or whether client has had close contact to anyone with confirmed or suspected CLI;
- The program's physical plant, including the ability to limit density, maintain physical distancing, etc.;
- The program's ability to access PPE;
- Client medical comorbidities and risk for worse outcomes if they become ill with COVID-19;
- Considerations of whether risk of travel to and from the program in determining if the benefits of an in-person visit outweigh the risks; and
- Risk factors in people living in same household as client.

Telehealth vs. In-Person Considerations

Factors related to the client's appropriateness for telehealth, including:

- An individual's cognitive or developmental capacity, especially as it relates to ability to engage in remote care and to navigate remote platforms;
- Issues related to access (phone ownership, privacy, data plan, minutes, broadband access, etc.);
- Ability to establish a private space; are the circumstances within the household conducive to or do they contraindicate treatment.
- The consent process and discussion of circumstances of when in-person service may be required;
- In the case of a child, the individual's capacity to engage in telehealth alone or jointly with parent/caregiver.
- The parent/caregiver's capacity to effectively supervise and ensure safety of the child during sessions.
- Attention to the impact of different technology platforms on patient rapport and communication; and
- Client and family's ability to take a more active role in the treatment process than may be the case for face-to-face contacts.

Telehealth vs. In-Person Considerations

Clinical factors and personal preference, including:

- Presence of medical aspects of care that would require in-person examination including physical exams, need for laboratory examinations, need for long-acting injections;
- Strength of relationship, engagement and continuity of care. Is the client new to the program? Was there a recent change in clinician assignment?;
- Static and dynamic risk factors, such as risk for suicide or self-injurious behavior, risk for violence, new housing instability, impact of substance use, re-entry from incarceration, increased frequency of CPEP or hospital admissions, etc.; and
- Ability to identify and participate in effective remote safety management.
- The nature of the clinical approach or evidence-based practice to be implemented.

Telehealth vs. In-Person Considerations

System factors, including:

- Attention to issues regarding continuity of and transitions in care, including in-person visits as needed to avoid disruptions in care;
- For individuals returning to the community from prison, it is recommended that in-person warm handoffs be facilitated on the day of release to ensure safe transition to housing and access to psychiatric medication, food/clothing, and telephone for telehealth contacts. Community re-entry is a critical juncture, and many clients will require in-person assistance to reconnect to services as they readjust to the community environment; and
- Geographic distance to the nearest emergency medical facility, efficacy of patient's support system, and current medical status.

Enhanced Precautions

- No indoor groups
- NYS recommends that all staff wear faceshield or goggles in addition to mask
- Consider appointment blocks for elderly or other high-risk individuals.