



**Office of
Mental Health**

Updates on Infection Control

Residential Providers

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Overview

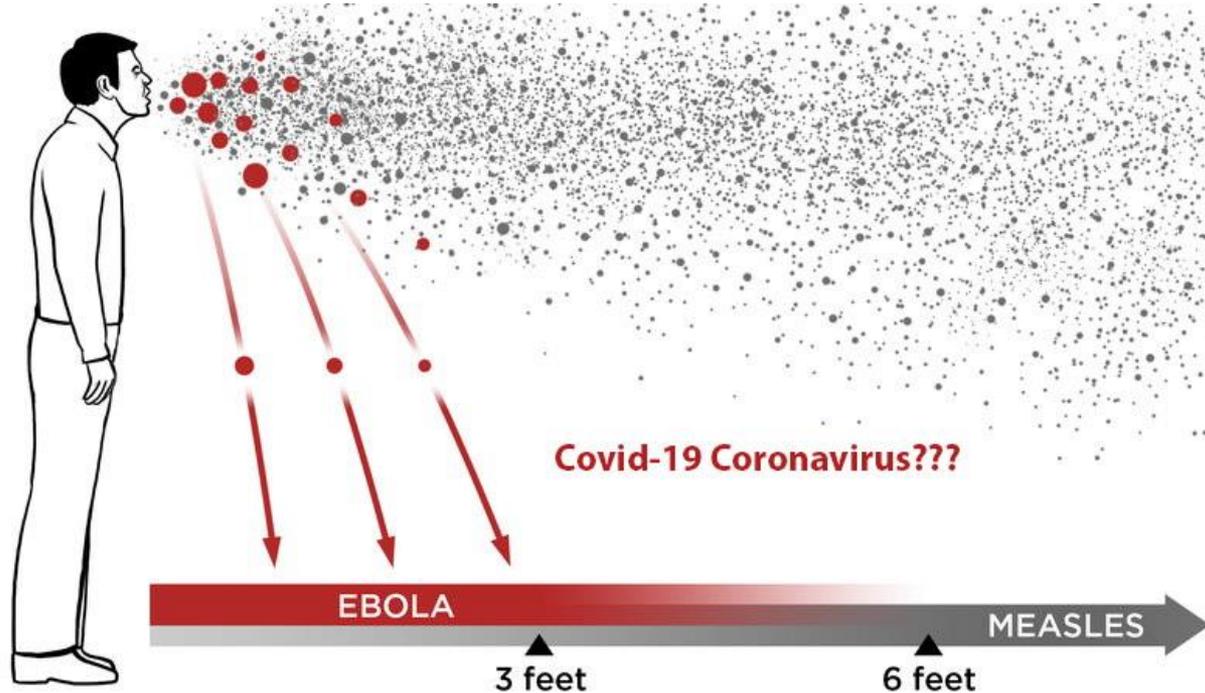
COVID-19 Symptoms

- 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

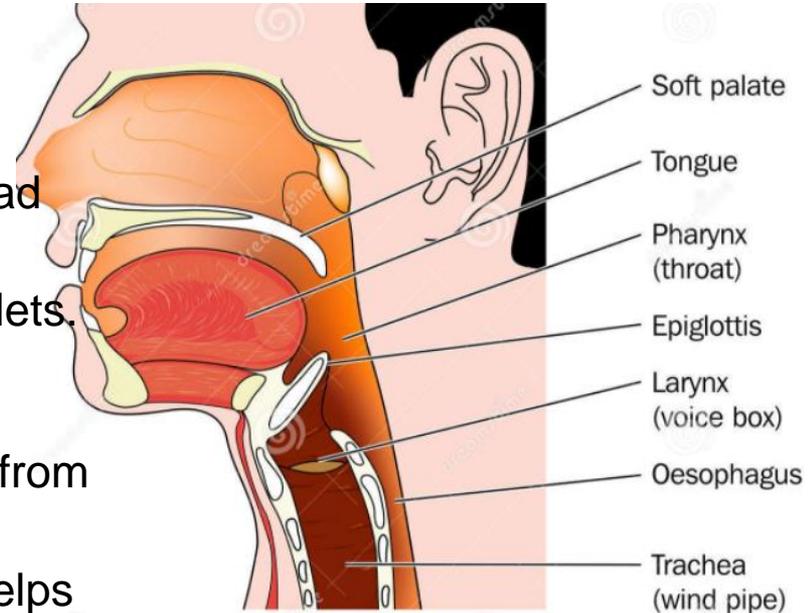


Respiratory infections can be transmitted through droplets of different sizes: when the droplet particles are **>5-10 μm** in diameter they are referred to as respiratory droplets, and when they are **<5 μm** in diameter, they are referred to as droplet nuclei. **Aerosols** are less than 0.0002 inches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

Image from Daniel Silverman, MD

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

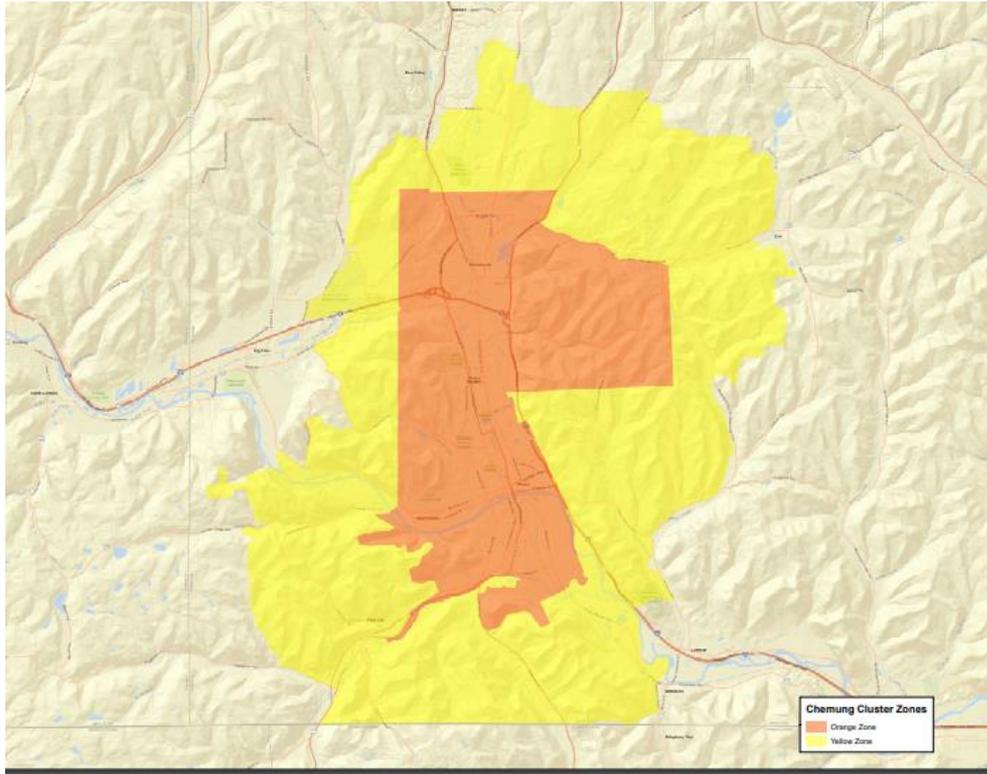
- Review OMH's Guidance – routine updates posted online.
- <https://omh.ny.gov/omhweb/guidance/covid-19-guidance-infection-control-public-mh-system-sites.pdf>
- Educate residents and staff on physical distancing, masks, hand/face hygiene.
- Display NYS DOH posters.
- Daily disinfection of frequently touched surfaces (e.g., tables, doorknobs, light switches, toilets, sinks)
- Residents 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 considered 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 residents 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 residents.
- 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.

Residential Programs



Programming

- Educate residents about COVID precautions. Help residents maintain vigilance.
- 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
 - Indoor groups may not last more than one hour
- Organized outings must only be to well-ventilated locations where adequate distancing can be maintained. Consider risks of long vehicle rides.

Accepting New Residents

- Important: new resident referrals **should** continue to be accepted.
- Programs should request attestation from referring facilities that resident has not had any new COVID-19 symptoms.
- Programs can require a negative test within 72 hours for residents referred from hospitals, but not from other referral sources.
- If possible, any new resident should have own room and always wear a mask for at least first 14 days.
- New residents stay in room as much as possible first 14 days; maintain distance (6 ft) from all others.

If Resident Develops Symptoms

- Resident should be asked to stay in room, ideally assigned a single room. Exposed roommates ideally should have own room for 14 days; if still symptom-free, can share room. Resident should take meals in room. Resident should wear a mask.
- Immediately contact local health dept for info on testing. Residential programs may be called to help with internal contact tracing.
- Contact OMH Field Office.
- Most cases will not need hospitalization; a hospital is necessary for breathing difficulties or critically ill.
- If more than one resident is positive, individuals can share room if program has shared bedrooms.
- Secure NRT to eliminate nicotine withdrawal.

If Resident Develops Symptoms

- Residents 50+, or respiratory comorbidity, or smoke should receive extra encouragement and education to wear a mask, wash hands, maintain distancing, and avoid common areas.
- Surfaces/items w/frequent hand contact sanitized 3 x day.
- If several bathroom facilities, one set aside for people with symptoms or positive test. Surfaces sanitized after each use, windows left open.
- If 1 bathroom, critical to disinfect. Fans on and windows open - no steam should remain for next resident. Use masks in bathroom (unless showering). Stagger shower times, fans running 20 min between showers; leave window open to clear droplets.
- residents with symptoms or positive test should not use shared spaces; changes to existing routines should be made to accommodate.

Helping Residents Returning from Hospital

- Residents sometimes need medical or psychiatric admissions.
- Residents returning may have been exposed to virus.
- Most who become ill with COVID-19 and go to hospital will recover. Individuals need to be discharged once illness does not warrant admission; may still have symptoms. These residents should be asked to stay in room at least until
 - 14 days passed since symptoms first began;
 - 72 hours have passed without fever and without need for fever-reducing medications; and
 - Resident's symptoms have significantly improved.
- Program staff and residents should have opportunities to address their concerns about COVID transmission.
- Individuals returning without symptoms should be treated as new resident and asked to stay in room as much as possible for 14 days.

Scattered-Site Housing Programs

- Educate residents to avoid socializing indoors, about risks to hosting visitors, practice hand hygiene, not touch face, basic disinfecting, keeping 6 ft from others in public.
- Case-by-case whether to continue visiting residents. Reasons to continue: helping resident access meds, food, or basic supplies; mitigating risk of disengagement or hospitalization.
- Telephonic/video visits replace face-to-face visits if possible.
- Staff use alcohol-based sanitizer before/after entering resident's home and wear mask; maintain 6-ft distance on visits.

Enhanced Precautions

- No indoor groups
- Per the Department of Health, all visitation is suspended in residential congregate facilities located in red micro-cluster or orange warning zones, except when medically or clinically necessary (i.e. visitor is essential to the care of the patient), necessary legal representatives, and essential companions to individuals with intellectual and/or developmental disabilities or with cognitive impairments, including dementia.
 - OMH Residential Congregate facilities include: licensed residential programs (CR, CR-SRO and Treatment Apartment), Article 31 hospitals, Crisis Residences/Respite and RTFs
- Suspend recreational outings
- Work with local health department or local provider to obtain diagnostic testing and/or after home or other offsite visits.
- NYS recommends that all staff wear face shield or goggles in addition to facemask.