



MEMORANDUM

TO: NYS Article 31 and Article 32 Providers

FROM: Thomas Smith, M.D., Chief Medical Officer, OMH
Marc Manseau, M.D., M.P.H., Chief Medical Officer, OASAS

DATE: July 13, 2020

SUBJECT: Information on COVID-19 Testing for OMH and OASAS Programs

This document provides information on COVID-19 testing for New York State (NYS) Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) licensed, funded, and operated programs. The following information is meant to support staff education regarding COVID-19 testing.

Two kinds of tests are currently available for COVID-19 in NYS: viral tests and antibody tests.

1. **Viral:** A **viral diagnostic** test (obtained via nasopharyngeal swabbing) tells you if a client has a current infection. The viral test is completed through a process called Polymerase Chain Reaction (PCR) to determine if genetic material from the virus is present in the sample collected. The results are typically available in about 48 hours.
2. **Antibody:** A **viral antibody** test (obtained via a blood draw or finger prick) tells you if a client had a previous infection. It detects whether a person's immune system has made antibodies (possibly protective immune proteins) in response to exposure to the virus.

This document focuses on diagnostic (viral) testing, not serologic (antibody) testing. Diagnostic testing has immediate clinical implications, while serologic testing is currently only for public health surveillance and research purposes. The CDC does not recommend using antibody testing to diagnose acute infection.

For further information, see [DOH SARS-CoV-2 Diagnostic Testing](#), [CDC Testing for COVID-19](#), [The NYSDOH Wadsworth Center's Assay for SARS-CoV-2 IgG](#) and [DOH COVID-19 Serology Testing](#).

COVID-19 Viral Testing

The only fully approved and vetted test sample collection method currently available in NYS is done through nasopharyngeal swabbing. The NYS Department of Health (DOH) is exploring other, less invasive, test sample collection methods, such as nares swabbing and saliva collection, which may allow for less invasive sample collection, including observed self-sample-collection. Providers may use any available sample collection technique, as long as they confirm with the laboratory(ies) that they are using that they are able to accept and process the samples.

NYS DOH COVID-19 testing protocol and information on prioritization for persons residing in congregate care settings are outlined in [Updated Interim Guidance: Protocol for COVID-19 Testing Applicable to All Health Care Providers and Local Health Departments](#).

There are several key considerations when planning to implement diagnostic testing in behavioral health (BH) settings, including safety and training, and testing supplies. Programs should work with their medical and nursing leadership to develop policies and protocols to reflect these key considerations.

Safety and Training

1. All staff collecting nasopharyngeal swab samples should utilize appropriate personal protective equipment (PPE), including fit-tested respirator masks, eye protection, gowns, and gloves. See [Training for Sample Collection Procedure for SARS-CoV-2 Diagnostic Testing](#) (slides 16 thru 22).
 - a. Staff should be trained in the proper donning and doffing of PPE. See [CDC Using Personal Protective Equipment](#) and [Training for Sample Collection Procedure for SARS-CoV-2 Diagnostic Testing](#) (slides 24 and 25).
 - b. Programs should contact their regulatory agency if they need assistance securing fit testing for respirator masks.
2. All staff collecting samples should be properly trained in safe sample collection techniques. See [Training for Sample Collection Procedure for SARS-CoV-2 Diagnostic Testing](#) (slides 26 thru 37). See [CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19](#) and [Training for Sample Collection Procedure for SARS-CoV-2 Diagnostic Testing](#) for further guidance.
3. Non-medical, unlicensed staff may collect nasopharyngeal specimens if properly trained. See [DOH Specimen Collection Training for Unlicensed Individuals](#).
4. Test samples should be handled properly and stored securely until they are sent to the lab.
5. The physical space where test samples are collected should have adequate ventilation, which should be discussed with and approved by the local department of health (or infection control department for hospital-based programs) before beginning test sample collection. Test samples can also be safely collected outdoors. Sample collection should never be done in shared client rooms.
6. Policies and protocols should be in place to ensure that no more than one staff person is in the test sample collection room (i.e., the person collecting the sample) during sample collection, and that the room is properly sanitized afterwards. **Non-aerosol-generating procedures (e.g., interviewing) should be performed before aerosol-generating procedures. Aerosol-generating procedures (e.g., collecting nasopharyngeal specimens) should be the last activity performed just before leaving the room.**
7. Patients should not be transported by staff or be accompanied on public transit solely for the purposes of test sample collection, as this could increase exposure to COVID-19 for staff, other patients, and the community.

Testing Supplies

1. Programs should be sure to have relationships with a laboratory that is using [FDA-approved tests](#).

Interpretation and Application of Test Results

1. All tests have limitations, including false positive and false negative rates. Results should be used in conjunction with other clinical data including symptoms and exposure history of COVID-19 contacts to inform clinical decision-making.
2. Programs must develop policies and protocols for which patients meet criteria for testing, prioritizing the following populations (in this order):
 - a. Individuals exhibiting symptoms of possible COVID-19;
 - b. Individuals with an identified close or proximate contact to someone with confirmed or suspected COVID-19. See [DOH Guidance on the Contacts of a Close or Proximate Contact of a Confirmed or Suspected Case of COVID-19](#);
 - c. Individuals being admitted or transferred from another congregate setting;
 - d. individuals being admitted from a geographic area with significant COVID-19 community transmission;
 - e. See [Updated Interim Guidance: Protocol for COVID-19 Testing Applicable to All Health Care Providers and Local Health Departments](#).
3. Individuals testing positive for COVID-19 should be isolated and their close and proximate contacts should be identified for quarantine. Programs should work with local departments of health and follow all infection control guidance from their NYS regulatory agency and the NYS DOH. See [COVID-19 Infection Control Guidance for Reopening Public Mental Health System Sites](#) and [OASAS COVID-19 Infection Control Summary for Non-hospital-based Inpatient and Residential Addiction Treatment Providers](#).
4. When a client receiving services is found to have a confirmed COVID-19 virus test or suspected COVID-19-like illness (CLI), program staff must notify the local health department (LHD) ([New York County Health Department Directory](#)). Staff should provide the LHD with contact information for the client and should document the conversation in the client's record (including contact information for the LHD staff person). If a staff member has confirmed or suspected CLI, the program must refer the individual to their healthcare provider and notify the LHD of the individual's name and contact information. Further guidance regarding contact tracing is forthcoming.
5. Negative test results should not be used to definitively "rule out" COVID-19, due to the possibility of false negative results, as well as the possibility that someone may be in the incubation period and not yet actively infected, but with an imminent COVID-19 infection developing.
6. Symptomatic individuals should be presumed potentially positive for COVID-19 and isolated until COVID-19 can be ruled out with further testing, or they meet clinical criteria for discontinuation of isolation.
7. Symptomatic individuals should remain in isolation consistent with [DOH Discontinuation of Isolation for Patients with COVID-19 Who Are Hospitalized or in Nursing Homes, Adult Care Homes, or Other Congregate Settings with Vulnerable Residents](#) and [DOH Symptom-Based Strategy to Discontinue Home Isolation for Persons with COVID-19](#). In addition, programs must continue to utilize infection control strategies including but not limited to social (physical) distancing and face coverings as universal precautions.

Questions can be directed as follows:

OMH: [Field Offices](#)

OASAS: [Regional Offices](#) or email AddictionMedicine@oasas.ny.gov