DOH Guidance for COVID-19 Prevention and Response in OASAS Facilities

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Agenda

• Global, National & New York State Updates
• COVID-19 Testing Strategy
• Containment Strategies
• Health Care & Essential Worker Return to Work Protocol
• Resident and Staff Symptom Monitoring
• Telehealth
• Community Mitigation Strategies
• Infection Prevention and Control
• Resources and Contact Information
Disclaimer

• The COVID-19 pandemic is rapidly evolving.

• The information presented today is current only as of the date of the presentation (unless otherwise noted).

• For the latest numbers and/or guidance, please reference the links within the presentation.
Global, National and New York State COVID-19 Updates
### Situation Summary: COVID-19 Global, 4/20/2020


<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
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</thead>
<tbody>
<tr>
<td>Global</td>
<td>2,314,621</td>
<td>157,847</td>
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<td>European</td>
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<td>Americas</td>
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<td>Western Pacific</td>
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<td>Eastern Mediterranean</td>
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<td>South-East Asia</td>
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<td>1,275</td>
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<tr>
<td>Africa</td>
<td>14,760</td>
<td>662</td>
</tr>
</tbody>
</table>
COVID-19 CDC Travel Recommendations by Country


- **Level 3** Widespread transmission with US entry restrictions: China, Iran, Most of Europe, UK and Ireland
- **Level 3** Widespread transmission without US entry restrictions: Global Pandemic

States Reporting Cases of COVID-19 to CDC*

Total cases: 746,625
Total deaths: 33,083

All 50 states plus District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands all reporting cases.
NYSDOH COVID-19 Tracker (April 19, 2020)

Found at: NYSDOH COVID-19 website

Statewide

Persons Tested Positive by County

Total Persons Tested: 633,861

Total Tested 4/19: 16,306

Total Tested Positive: 247,512

Sex Distribution of Positive Cases

- Female: 46.7%
- Male: 52.8%
- Unknown: 0.6%

New Positives 4/19: 4,726

County Stats: None
COVID-19 New York State, as of 4/19/2020

• 247,512 confirmed cases (4,726 new yesterday)
  • 39.0% positive out of 633,861 total persons tested to date.

• 16,103 current hospitalizations
  • New hospitalizations, 3 day rolling average for total hospitalizations, new ICU admissions and new intubations are all trending down
  • Discharges continue to increase and trend upward.

• Sadly, we now have 14,347 deaths in NYS. 478 new yesterday.
COVID-19
Testing Strategy
COVID-19 Testing Strategy

• Facilitate collection of samples in a setting that maintains the safety of the residents and staff and relieves the burden on healthcare facilities.
  – Reach out to your contact at the Office of Addiction Services and Supports (OASAS) who, in collaboration with NYSDOH, can mobilize available resources for onsite testing.
  – Onsite testing requires proper PPE including fit-tested N-95 masks!
• Prioritize symptomatic staff for testing to limit ongoing spread:
  – Reach out first to the local health department or local hospital(s) for assistance with access to local testing options.
  – The NYS Drive-Through Testing sites may be an option for staff and are available in areas with significant community transmission, especially in the Downstate area.
https://coronavirus.health.ny.gov/covid-19-testing
Specimen Collection for COVID-19

- If using a laboratory other than the Wadsworth Center, follow the laboratory’s guidance for all specimen collection, handling, and transport processes, including whether nasal swab AND saliva specimen, or nasal swab AND OP swab specimen collection methods are acceptable alternatives to an NP swab.
Containment Strategies
Contact Tracing

• It is now believed that up to 25% of COVID-19 cases result from pre-symptomatic or asymptomatic transmission.

• Now recommended to identify contacts to a confirmed or suspect case who had exposure up to 48 hours prior to symptom onset.

• Similarly, new data are emerging that suggests that a percentage of infected individuals will remain asymptomatic
  – When learning of asymptomatic positive cases of COVID-19, conduct contact investigations with the period of exposure risk beginning at 48 hours before the specimen collection date.
Contact Tracing

- Always notify the Local Health Departments (LHDs) of positive cases and outbreaks as they are a centralized source of information and resources.
- In general, individual agencies are able and equipped to conduct basic contact investigations within their sites.
- LHDs may be called on to supplement or support contact investigations outside of the agency jurisdiction (e.g., employees who may have had multiple non-work-related contacts).
- Facilities should provide contact investigation lists to LHDs for quarantine/isolation orders and monitoring purposes.
- Decide in conjunction with the LHD whether the facility or the LHD will take lead in monitoring.
Isolation (ill) and Quarantine (exposed)

- Contact tracing determines who is exposed and requires quarantine.

Person A
- Confirmed Case
- Required to be in isolation

Person B
- Contact of Case
- Required to be in mandatory (direct contact) or precautionary (proximate contact) quarantine

Person C
- Contact of a Contact
- Unless Person B has or develops symptoms of COVID-19, or tests positive for COVID-19, Person C is not subject to quarantine

Definition of Close Contact

The following examples are individuals who would be considered CLOSE CONTACTS with COVID-19 cases and identified for mandatory quarantine:

• Sharing the same household
• Direct physical contact (vitals, handshake)
• Direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on, touching used tissues with a bare hand)
• Being within 6 feet of a case for 10 minutes or more (e.g. room, car, table)
• Consider other factors when deciding if exposure resulted in close contact such as:
  – proximity of contact
  – duration of exposure (e.g. longer exposure time likely increases exposure risk)
  – whether the individual has symptoms (e.g. coughing likely increases exposure risk).
Definition of Proximate Contact

The following examples are individuals who would be considered PROXIMATE CONTACTS with COVID-19 cases and identified for precautionary quarantine:

• Being in the same enclosed environment such as a classroom, office or gathering but greater than 6 ft from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19

• The duration of proximity is not defined but generally considered one hour or more.
Isolation and Quarantine

• Resident and staff undergoing testing for COVID-19 should be isolated until test results are received.

• If COVID-19 testing results are positive, the resident or staff must continue with mandatory isolation.
  – See CDC patient handout on self-isolation on self-isolation.

• If a resident was on mandatory or precautionary quarantine when tested and results for COVID-19 are negative, residents should continue quarantine until 14 days after last exposure to a known case. (Symptoms may still develop).

• If a resident was not previously on quarantine and was tested for illness consistent with COVID-19, once the result is negative and COVID-19 is ruled out, the patient may be advised that they need not continue quarantine.
Health Care &
Essential Worker
Return to Work
Protocol
Return to Work Protocol – Healthcare Workers

Entities may allow healthcare personnel (HCP) who have been exposed to a confirmed or suspected case of COVID-19, or who have traveled internationally in the past 14 days, whether healthcare providers or other facility staff, to work if all of the following conditions are met:

1. Furloughing such HCP would result in staff shortages that would adversely impact operation of the healthcare entity.
2. HCP who have been contacts to confirmed or suspected cases are asymptomatic.
3. HCP who are asymptomatic contacts of confirmed or suspected cases should self-monitor twice a day (i.e. temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift.
4. HCP who are asymptomatic contacts of confirmed or suspected cases should wear a facemask while working, until 14 days after the last high-risk exposure.

Updated
March 31, 2020

5. To the extent possible, HCP working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this outbreak grows, all staff will need to be assigned to treat all patients regardless of risk level.

6. HCP allowed to return to work under these conditions should maintain self-quarantine when not at work.

7. At any time, if the HCP who are asymptomatic contacts to a positive case and working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home. Testing should be prioritized for hospitalized health care workers. All staff with symptoms consistent with COVID-19 should be managed as if they have this infection regardless of the availability of test results.
Return to Work Protocol – **Healthcare Workers**

Entities may request healthcare personnel (HCP) with **confirmed or suspected COVID-19**, whether healthcare providers or other facility staff, to continue to work if all of the following conditions are met:

1. Furloughing such HCP for the entire 14-day quarantine period would result in staff shortages that would adversely impact operation of the healthcare entity.
2. However, to be eligible to return to work, HCP with confirmed or suspected COVID-19 must have maintained isolation for at least 7 days after illness onset, must have been fever-free for at least 72 hours without the use of fever reducing medications, and must have other symptoms improving.
3. If HCP is asymptomatic but tested and found to be positive, they must maintain isolation for at least 7 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 7 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving. There are concerns that a COVID-19 positive, asymptomatic HCP may be pre-symptomatic and there are growing concerns about transmission of COVID-19 from asymptomatic, infected individuals.

Continued on next slide
Return to Work Protocol – Healthcare Workers

4. Staff who are recovering from COVID-19 and return to work after seven days should wear a facemask while working until 14 days after onset of illness, if mild symptoms persist but are improving.

5. To the extent possible, staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this pandemic grows, all staff will need to be assigned to treat all patients regardless of risk level.

6. In the rare instance when an HCP, with unique or irreplaceable skills critical to patient care, is affected by COVID-19, the healthcare entity may contact NYSDOH to discuss alternative measures to allow such HCP to safely return to work before seven days have elapsed.

HCP who are furloughed due to isolation, or because they do not meet the above conditions for returning to work, qualify for paid sick leave benefits and their employers can provide them with a letter confirming this, which can be used to demonstrate eligibility for the benefit.

Updated
March 31, 2020

Essential Workers

Updated March 31\textsuperscript{st}

- Public and private sector organizations that provide essential services or functions where personnel are needed to perform critical functions, including infrastructure, public safety, and other essential operations, may allow personnel who were exposed to or are recovering from COVID-19 to work in the workplace setting, if needed to maintain essential operations.

- Essential services or functions include but are not limited to public health personnel, utility and water operators, skilled manufacturers and supporting supply chains, transportation infrastructure, law enforcement, and emergency response personnel.
  - Certain OASAS non-clinical staff may be considered essential workers.
Return to Work Protocol – **Essential Workers**

Essential personnel who have been exposed to a confirmed or suspected case of COVID-19 can be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would not be feasible for job duties;
2. Personnel are **asymptomatic**;
3. Personnel quarantine themselves when not at work;
4. Personnel 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;
5. Personnel required to interact with individuals within 6 feet should wear a facemask while working for 14 days following the last exposure;
6. Personnel whose job duties permit a separation of greater than 6 feet should have environmental controls in place to ensure adequate separation is maintained, and do not need to wear a facemask;
7. If personnel develop symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) while working, they should immediately stop work and isolate at home; and
8. Testing should be prioritized for essential personnel with symptoms.


Updated
March 31, 2020
Return to Work Protocol – **Essential Workers**

Essential personnel with **confirmed or suspected COVID-19** may be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would adversely impact essential services or functions, including critical public health and public works infrastructure in New York or the response to the COVID-19 public health emergency;
2. Personnel have maintained isolation for at least 7 days after illness onset (i.e. symptoms first appeared) and have not had a fever for at least 72 hours, without the use of fever-reducing medications, and with other symptoms improving;
3. Personnel who are recovering from COVID-19, and return to work, must wear a facemask\(^1\) for 14 days following onset of illness.

\(^1\)For the purposes of this guidance, a facemask is a well-secured mask that covers the mouth and nose. No personal fit testing is necessary for a facemask.

Updated
March 31, 2020

Resident and Staff
Symptom Monitoring
COVID-19 Symptoms

• If staff develop symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) they should immediately stop work (or not come to work), call their supervisor and isolate at home.
• Initiate contact tracing looking back 48 hours prior to symptom onset.

Confirmed COVID-19 in Staff

- Identify date of onset of illness
- Assess the most recent date worked
- If staff worked while ill:
  - Identify residents for quarantine
- If staff did not work while ill:
  - Maintain activities with heightened awareness
- Work with local health department to understand any quarantine or isolation orders before allowing return to work
COVID-19 Symptoms

• Fever
• Cough
• Shortness of Breath
• Fatigue
• Muscle aches
• Less common:
  – Runny nose
  – Headache
  – Sore Throat
  – Vomiting or Diarrhea
  – Loss of taste or smell

HAVE A LOW THRESHOLD FOR ANY KIND OF SYMPTOM THAT IS OUT OF THE ORDINARY FOR YOUR RESIDENTS
When you suspect or confirm COVID-19

• Isolate the resident in a separate room with door closed (including private bathroom if possible).
• Contact and droplet precautions for all care.
  • Gloves, gown, facemask, eye protection
• Place a cloth mask on resident, if tolerated.
• Immediately contact your supervisor who can alert OASAS and your local health department.
  • Initiate contact tracing looking back 48 hours prior to symptom onset.
• Staff: No floating, cohort staff caring for residents
• Actively monitor residents for any worsening symptoms
Consider Strategies to Conserve PPE

• Bundle care and minimize facility staff entering room

• Consider dedicated units
  • Cohorting residents known to have COVID-19 to a single unit
  • Cohorting or dedicating providers to care only for COVID-19 residents

• Extended wear of facemasks and eye protection
  • Remove only gloves and gowns between caring for residents
  • Perform hand hygiene between residents
  • Continuing to wear the same eye protection and respirator or facemask (i.e., extended use)
  Risk of transmission from eye protection and facemasks during extended use is expected to be very low.

https://coronavirus.health.ny.gov/options-when-personal-protective-equipment-ppe-short-supply-or-not-available
Telehealth
COVID-19 Telehealth Services

• We recognize OASAS has a telehealth program. To the extent it is practical, NYSDOH encourages the use of telehealth to provide COVID-19 related services.

• The NYS Telehealth Parity Law requires commercial insurers (under the jurisdiction of the Division of Financial Services) and the Medicaid program (administered by the Department of Health) to provide reimbursement for services delivered via telehealth, if those services would have been covered if delivered in person.
Encouraging Use of Telehealth Services During COVID-19 National Emergency

• Effective immediately, Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

• A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.
  - **Acceptable Examples (non-public facing):** Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype
  - **Unacceptable (public facing):** Facebook Live, Twitch, TikTok

Telehealth Services During COVID-19 - Medicaid

- FAQ provides additional clarification regarding face-to-face visits, telemedicine, telephonic, and other forms of remote care provision
- Posted on the COVID-19 Guidance for Medicaid Providers webpage, which is updated regularly with guidance and information
- NYSDOH hosted a webinar to explain the Telehealth and Telephonic guidance
Community Mitigation Strategies
Flatten the Curve

- Delay exponential growth in cases
  - Provide more time for preparation
  - Allow flu season to end
- Decrease height of the peak
  - Eases peak demand on healthcare and public health systems
- Reduce total number of cases

NY PAUSE and social distancing are working to flatten the curve

- Reduce the density, slow the spread

Even as the rate in hospitalizations and ICU admissions flattens, deaths may continue to rise

We need to stay the course. Stay Home. Save Lives.

Required use of cloth face coverings in public settings
Infection Prevention & Control
Standard Precautions

Every resident, every day

- hand hygiene
- personal protective equipment (PPE) based on the task
- respiratory/cough etiquette
Environmental Cleaning

- Increase frequency of high touch surface cleaning
- Routine cleaning and disinfection procedures are appropriate
  - Including resident-care areas where aerosol-generating procedures are performed.
- CDC
  - Considerations for air changes before a terminal clean

https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
Accessed March 25, 2020
Preventing Introduction

• Suspend visitation
  • Plan how to accommodate medically necessary visitors
• Limit group activities, congregate meals
• Health Checks/Screening for staff
  • Community transmission is occurring
  • At start of every shift
  • Strictly enforce “no work when sick” policy
  • Limit return to work policy for exposed asymptomatic essential staff
• Facemasks within 6 feet of residents
  • Extended wear is allowed
Infection Prevention and Control

• If COVID-19 is suspected, IMMEDIATELY implement infection control precautions as directed by CDC’s Interim Infection Prevention and Control Recommendations for COVID-19 in Healthcare Settings.
Resources
NYSDOH COVID-19 Webpage

https://coronavirus.health.ny.gov/home

Governor Cuomo has put NY State on PAUSE: All non-essential workers are directed to work from home, and everyone is required to maintain a 6-foot distance from others in public.
CDC Coronavirus Webpage

Coronavirus Disease 2019 (COVID-19) — Information for Providers

Daily Syndromic and Case Data Update

The following documents provide information about people confirmed to have COVID-19 in NYC. They will be updated each weekday morning.

The total number of positive cases in the city are updated continuously. This update reflects data as of the previous day at 6 p.m. Due to public health guidance that people with mild illness stay home and not get tested, these data may not reflect the true number of positive COVID-19 cases in NYC and may overrepresent the volume of hospitalized cases.

As of March 18, 6 p.m.:
- COVID-19 Daily Case Data Summary (PDF)
- NYC Flu-like Illness Data 2016-Current (PDF)
Mental Health Resources

NYS Mental Health Helpline
1-844-863-9314

The helpline is staffed by specially trained volunteers, including mental health professionals, who have received training in crisis counseling related to mental health consequences of infectious disease outbreaks, typical stress reactions, anxiety management, coping skills, and telephonic counseling.
ATTENTION ALL PATIENTS

If you have

fever  cough  trouble breathing

STOP

If you feel there is an urgent need for visitation, please contact ___________________.

DO NOT VISIT

ATTENTION ALL VISITORS

NO VISITORS ARE ALLOWED AT THIS TIME
Contact Information
Questions or Concerns

• Call your local health department
  [www.health.ny.gov/contact/contact_information/](http://www.health.ny.gov/contact/contact_information/)

• In New York City: Notify the NYC DOHMH provider access line (PAL)
  – 1-866-NYC-DOH1 or 1-866-692-3641 (works 24 hours/day x 7 days/week)

• Reach out to your OASAS contact and be sure to report COVID-19 incidents per OASAS guidance.