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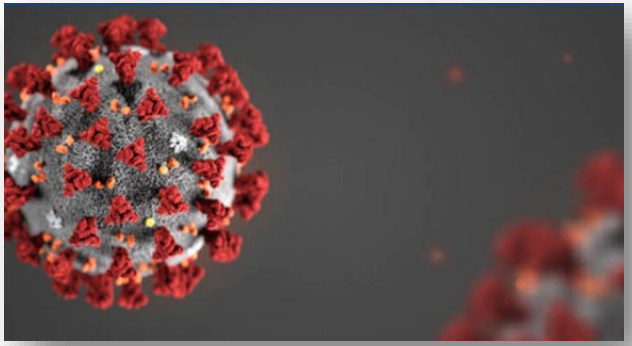
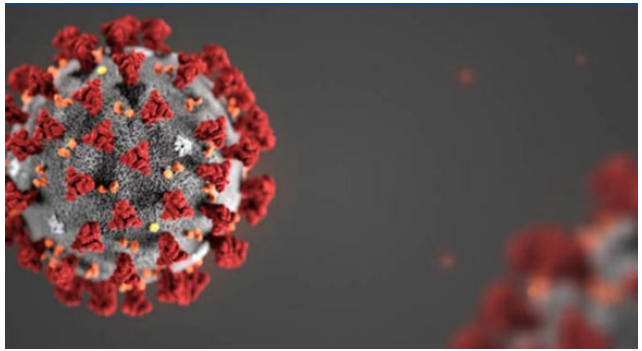


DOH Guidance for COVID-19 Prevention and Response in OASAS Facilities

April 21, 2020

Loretta A. Santilli, M.P.H.
Director, Office of Public Health Practice
New York State Department of Health

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

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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.

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Global, National and New York State COVID-19 Updates

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Situation Summary: COVID-19 Global, 4/20/2020

www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

Region	Confirmed Cases	Deaths
Global	2,314,621	157,847
European	1,149,071	103,586
Americas	858,631	40,615
Western Pacific	132,438	5,648
Eastern Mediterranean	129,433	6,048
South-East Asia	29,576	1,275
Africa	14,760	662

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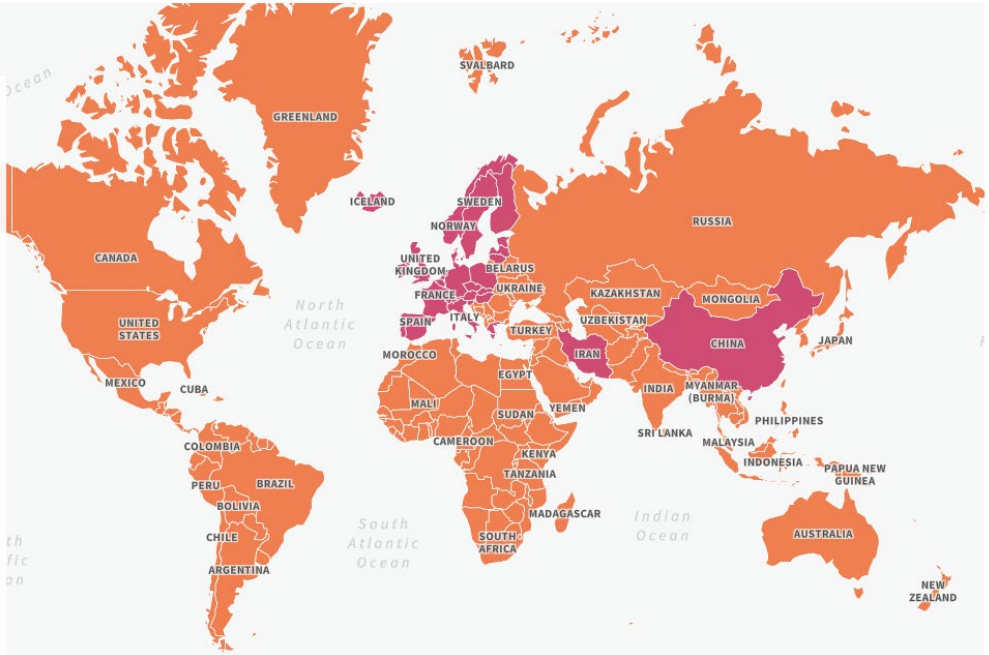
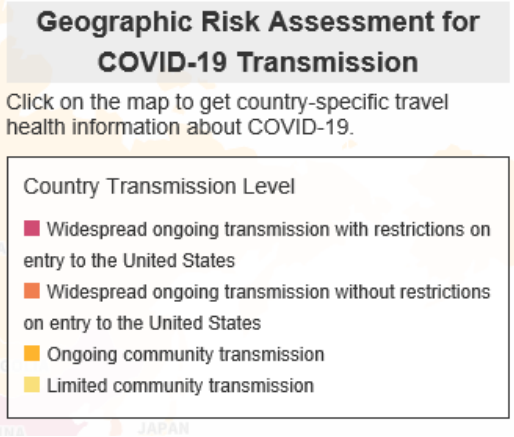
COVID-19 CDC Travel Recommendations by Country

www.cdc.gov/coronavirus/2019-ncov/travelers/index.html





- **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

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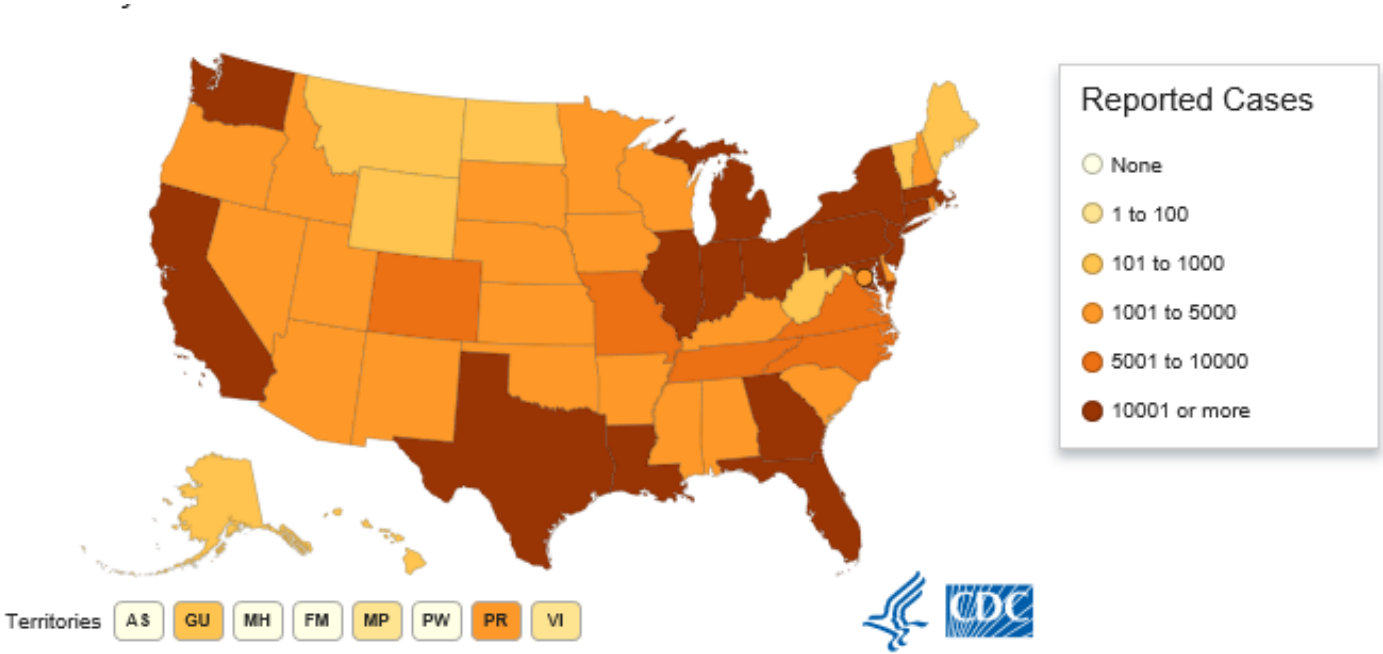
Situation Summary: Covid-19 U.S. (April 20, 2020)

www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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.

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NYSDOH COVID-19 Tracker (April 19, 2020)

Found at: NYSDOH COVID-19 website

Department of Health

NYSDOH COVID-19 Tracker

Testing data as of: 4/19/2020 Midnight
Testing data last updated on: 4/20/2020
(Updated daily before 2 PM)

Statewide

Total Persons Tested
633,861

Total Tested 4/19
16,306

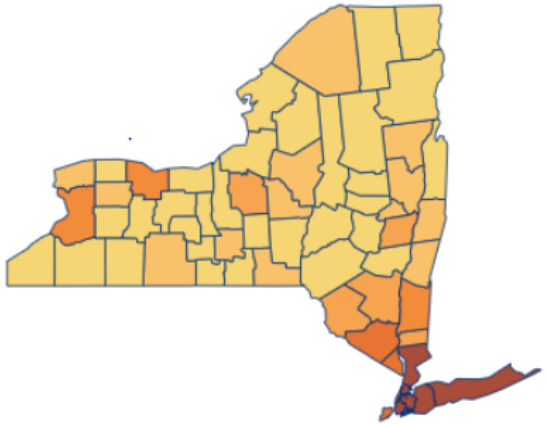
Total Tested Positive
247,512

Sex Distribution of Positive Cases

Female	Male	Unknown
46.7%	52.8%	0.6%

New Positives 4/19
4,726

Persons Tested Positive by County



- 01-99
- 100-499
- 500-999
- 1,000-4,999
- 5,000-9,999
- 15,000-19,999
- 20,000+

Show Downstate Only

County Stats: None

Click County to See Detail
Click Again for Statewide

Albany	687
Allegany	30
Bronx	29,372
Broome	199
Cattaraugus	34
Cayuga	36
Chautauqua	25
Chemung	73
Chenango	78
Clinton	51
Columbia	111
Cortland	25
Delaware	49
Dutchess	2,284
Erie	2,109
Essex	20
Franklin	13
Fulton	27

Click for Daily Trends

Click for Table View

Click for Fatality Data

FAQs & Helpful Links

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.

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COVID-19
Testing Strategy

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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.

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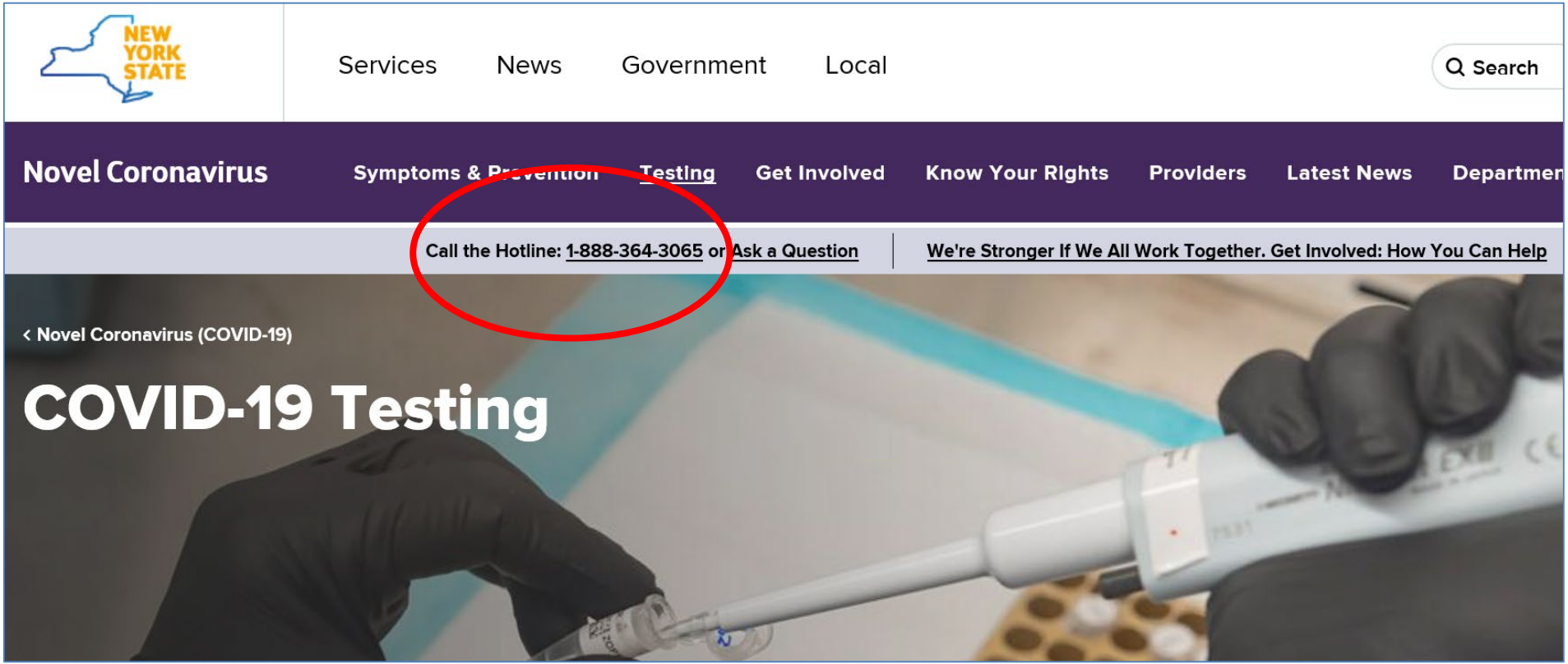
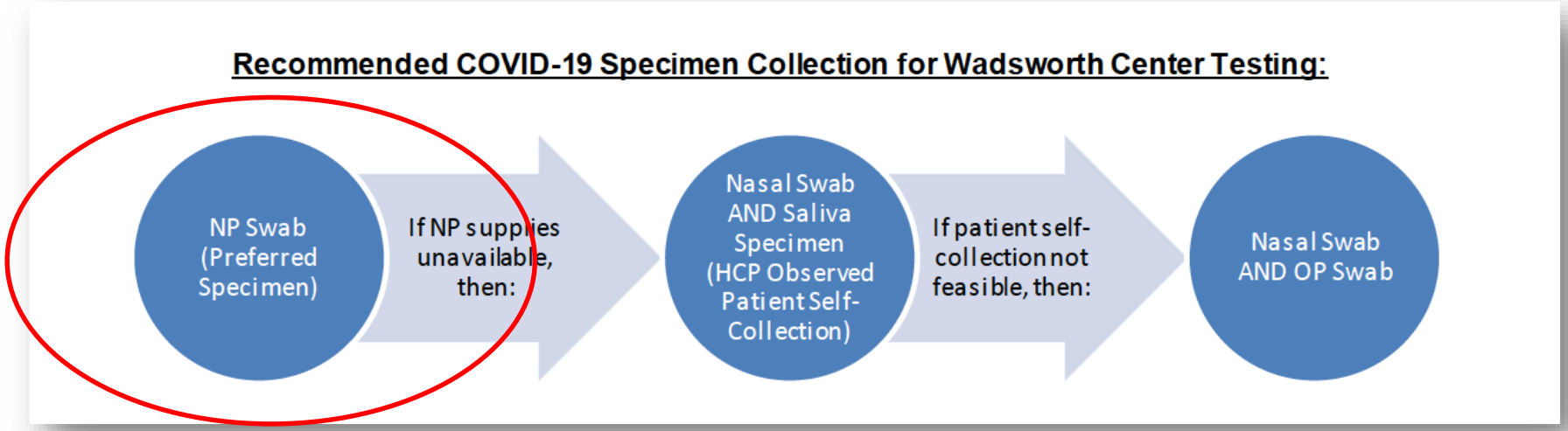
https://coronavirus.health.ny.gov/covid-19-testing



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

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Containment Strategies

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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.

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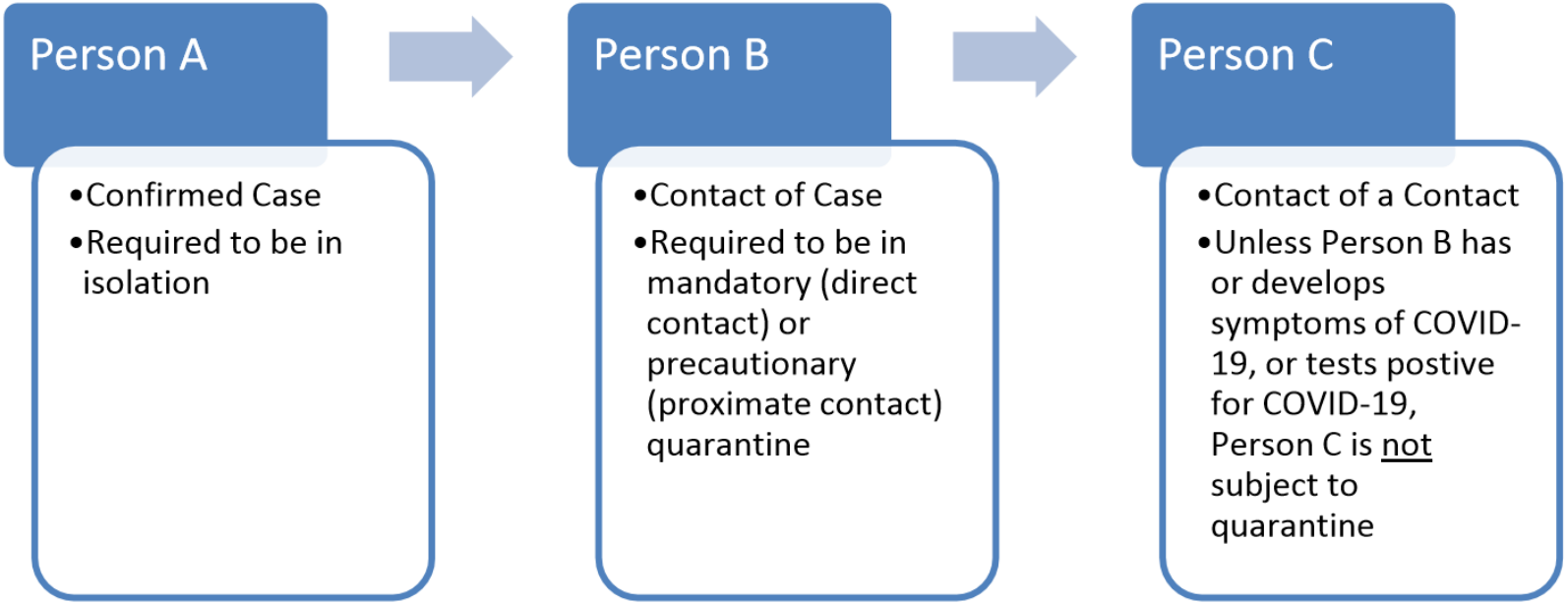
Contact Tracing

- 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.



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https://coronavirus.health.ny.gov/system/files/documents/2020/03/contacts_of_contacts_guidance.pdf

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 <u>within 6 feet</u> of a case <u>for 10 minutes or more</u> (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).

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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 <u>one hour or more.</u>

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.

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Health Care & Essential Worker Return to Work Protocol

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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.

Continued on next slide

Updated
March 31, 2020

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https://coronavirus.health.ny.gov/updated-protocol-healthcare-personnel-return-work-after-covid-19

Return to Work Protocol – Healthcare Workers

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.

Updated
March 31, 2020

NEW YORK STATE | Department of Health

https://coronavirus.health.ny.gov/updated-protocol-healthcare-personnel-return-work-after-covid-19

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

Updated
March 31, 2020

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https://coronavirus.health.ny.gov/updated-protocol-healthcare-personnel-return-work-after-covid-19

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

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https://coronavirus.health.ny.gov/updated-protocol-healthcare-personnel-return-work-after-covid-19

Essential Workers

Updated March 31st

- 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**

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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[1] 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

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https://coronavirus.health.ny.gov/protocols-essential-personnel-return-work-following-covid-19

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

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https://coronavirus.health.ny.gov/protocols-essential-personnel-return-work-following-covid-19

Resident and Staff Symptom Monitoring

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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.

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https://coronavirus.health.ny.gov/protect-yourself-and-your-family-coronavirus-covid-19
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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

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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

NEW YORK STATE OF OPPORTUNITY. Department of Health

https://coronavirus.health.ny.gov/protect-yourself-and-your-family-coronavirus-covid-19
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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

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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.

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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

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https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Telehealth Services During COVID-19 - Medicaid

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ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Frequently Asked Questions Regarding Use of Telehealth including Telephonic Services During the COVID-19 State of Emergency

The intent of this document is to provide additional information regarding the broad expansion for the ability of all Medicaid providers in all situations to use a wide variety of communication methods to deliver services remotely during the COVID-19 State of Emergency, to the extent it is appropriate for the care of the member. This document is intended to accompany previously issued guidance regarding telehealth and telephonic communication services during the COVID-19 State of Emergency issued via Medicaid Updates beginning in March 2020, which are available on the Department of Health website at https://www.health.ny.gov/health_care/medicaid/program/update/2020/no05_2020-03_covid-19_telehealth.htm.

This guidance does not change any other Medicaid program requirements with respect to authorized services or provider enrollment and does not expand authorization to bill Medicaid beyond service providers who are currently enrolled to bill Medicaid Fee for Service (FFS) or contracted with a Medicaid Managed Care Plan.

Effective for dates of service on or after March 1, 2020, for the duration of the State Disaster Emergency declared under Executive Order 202, (herein referred to as the "State of Emergency"), or until the issuance of subsequent guidance by the NYSDOH prior to the expiration of such state disaster emergency declaration, New York State Medicaid will reimburse telephonic assessment, monitoring, and evaluation and management services provided to members in cases where face-to-face visits may not be recommended and it is appropriate for the member to be evaluated and managed by telephone. This guidance is to support the policy that members needing care should be treated through telehealth provided by all Medicaid qualified practitioners and service providers, including telephonically, wherever possible to avoid member congregation with potentially infected patients. Telephonic communication will be covered when provided by any qualified practitioner or service provider. All telephonic encounters documented as appropriate by the provider would be considered medically necessary for payment purposes in Medicaid FFS or Medicaid Managed Care. All other requirements in delivery of these services otherwise apply.

The following information applies to all Medicaid providers and providers contracted to serve Medicaid members under Medicaid managed care plans. However, the Office of Mental Health (OMH), the Office for People with Developmental Disabilities(OPWDD), the Office of Children and Family Services (OCFS), and the Office of Addiction Services and Supports (OASAS) have issued separate guidance on telehealth and regulations that will align with state law and Medicaid payment policy for Medicaid members being served under their authority. Links provided in this document to offer relevant guidance.

- 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

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Community Mitigation Strategies

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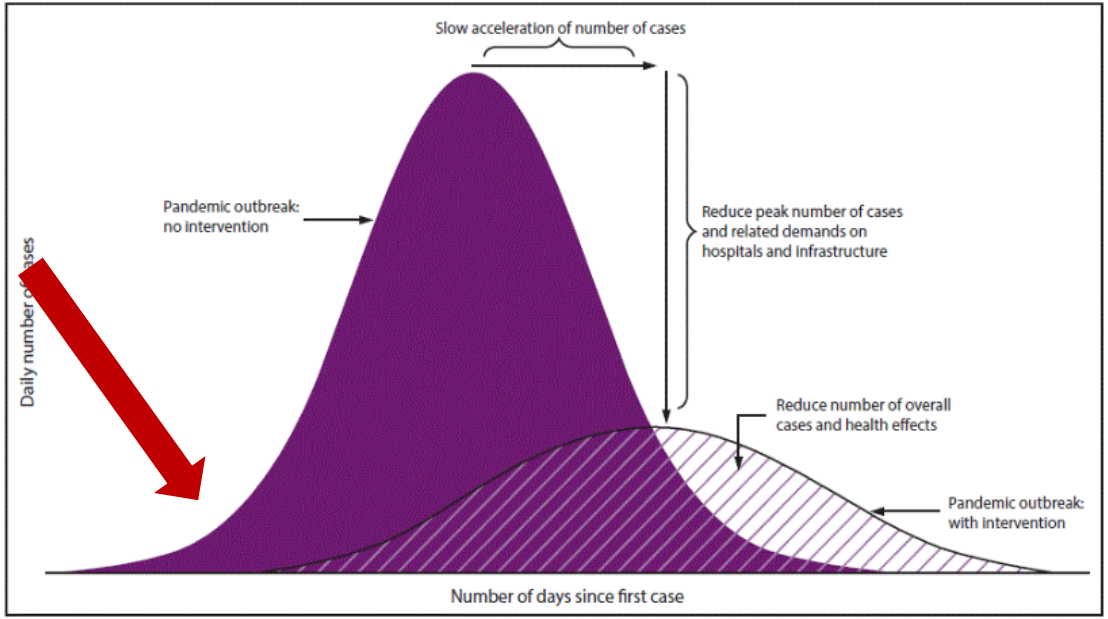
Flatten the Curve

- 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

FIGURE 1. Goals of community mitigation for pandemic influenza

Return



Source: Adapted from: CDC. Interim pre-pandemic planning guidance: community strategy for pandemic influenza mitigation in the United States—early, targeted, layered use of nonpharmaceutical interventions. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. https://stacks.cdc.gov/view/cdc/11425.

NYS Community Mitigation

- **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

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Infection Prevention & Control

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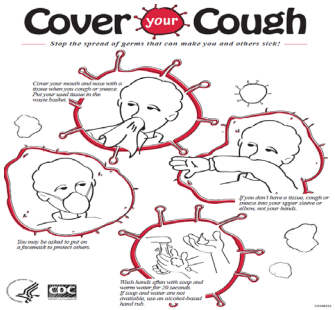
Standard Precautions

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

EPA United States Environmental Protection Agency

Environmental Topics | Laws & Regulations | About EPA

Pesticide Registration

List N: Disinfectants for Use Against SARS-CoV-2

List N includes products that meet EPA's criteria for use against SARS-CoV-2, the novel coronavirus that causes the disease COVID-19.

When purchasing a product, check if its **EPA registration number** is included on this list. If it is, you have a match and the product can be used against SARS-CoV-2. You can find this number on the product label – just look for the EPA Reg. No. These products may be marketed and sold under different brand names, but if they have the same EPA registration number, they are the same product.

- Frequently Asked Questions about List N: Disinfectants for Use Against SARS-CoV-2
- Emerging Viral Pathogen Claims for SARS-CoV-2: Submission Information for Registrants

Note: Inclusion on this list does not constitute an endorsement by EPA. There may be additional disinfectants that meet the criteria for use against SARS-CoV-2. EPA will update this list with additional products as needed.

List N was last updated on March 19, 2020.

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
Accessed March 25, 2020

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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

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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

March 25, 2020 | 12:30 pm

Information on Novel Coronavirus

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.

NEW YORK STATE

Services News Government Local

Department of Health Individuals/Families Providers/Professionals Health Facilities

Questions? Call the Novel Coronavirus (COVID-19) Hotline: 1-888-364-3065 or Ask a Question | Healthcare Providers | Get Involved: How You Can Help

NY State on PAUSE

All non-essential workers are directed to work from home, and everyone is required to maintain a 6-foot distance in public.

10 POINT POLICY

ESSENTIAL BUSINESS...

CDC Coronavirus Webpage

www.cdc.gov/coronavirus/2019-ncov/index.html

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Ind

Search

Coronavirus Disease 2019 (COVID-19)

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- Healthcare Professionals
  - Evaluating and Reporting PUI
  - Interim Guidance for EMS
  - Infection Control
  - Clinical Care
  - What Healthcare Personnel Should Know
  - Strategies for Optimizing the Supply of N95 Respirators
  - Healthcare Personnel with Potential Exposure to COVID-19

Information for Healthcare Professionals

Current Interim Guidance

- Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings
- Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020
- Evaluating and Reporting Persons Under Investigation (PUI)
- Healthcare Infection Control Guidance
- Clinical Care Guidance
- Home Care Guidance
- Guidance for EMS
- Healthcare Personnel with Potential Exposure Guidance
- Inpatient Obstetric Healthcare Guidance

Resources for Healthcare Professionals Caring for COVID-19 Patients

- What Healthcare Providers Should Know
- Frequently Asked Questions for Healthcare Providers

Persons Under Investigation (PUI)

Clinical Care

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NYC DOHMH COVD-19 Webpage

Promoting and Protecting the City's Health

NYC Health

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By Disease or Condition

- Immunizations
- Alcohol and Drug Use
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- Children and Adolescents
- Healthy Aging

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)

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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.

FILTER

- Health Advisories
- Webinars
- Printable Materials
- Guidance

ATTENTION ALL PATIENTS

STOP

If you have

fever | cough | trouble breathing

- Call this number _____.
- Tell them your symptoms.
- Ask where you should go and what you should do.
- Put on a mask before going inside.

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ATTENTION ALL VISITORS

STOP

NO VISITORS ARE ALLOWED AT THIS TIME

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

DO NOT VISIT

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Contact Information

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Questions or Concerns

- Call your local health department 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.

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