



ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner, OMH

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner, OASAS

OMH and OASAS Ambulatory and Residential Program COVID-19 Testing, Record Keeping, and Notification Instructions

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Overview

A critical strategy for combating COVID-19 is contact tracing. Contact tracing is the practice of identifying all individuals who have come into contact with individuals who have COVID-like illness (CLI) and/or who test positive for COVID-19 to determine if the contact should be recommended for testing and whether or not they should be quarantined. Contact tracing helps keep everyone safe by limiting the spread of COVID-19.

Symptoms of COVID-19 can appear 2-14 days after exposure and may include a temperature of 100.0 degrees Fahrenheit, 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. Atypical presentations have been described, and older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms. Some people experience only mild symptoms or have vague symptoms of not feeling well. Older adults, people with underlying health conditions, and people with compromised immune systems are at high risk of severe illness from this virus. The most current list of COVID-19 symptoms can be found on the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

A close contact of someone with known or suspected COVID-19 is defined as, within 48 hours prior to symptom onset and/or a positive COVID-19 test:

1. Sharing the same household;
2. Direct physical contact (i.e. handshake) with the individual;
3. Direct contact with infectious secretions of the individual (e.g. being coughed on, touching used tissues with a bare hand);
4. Being within 6 feet of the individual for 10 minutes or more (e.g. in a small psychotherapy office, car, etc.).

A proximate contact is 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, without appropriate personal protective equipment (PPE), within 48 hours prior to symptom onset, for a duration of time greater than 1 hour. Please note that a “contact of a contact” (i.e., contact with an asymptomatic person who has had a close or proximate contact) does not qualify as a contact for infection control purposes.

Requirement of all OMH and OASAS Operated, Licensed, and Funded Programs

When a client receiving services is found to have a confirmed COVID-19 virus test or suspected CLI, program staff must notify the [local health department \(LHD\)](#) consistent with roles and responsibilities as outlined in [June 5, 2020, emergency regulations](#). Where resources are available, efforts should be made to obtain prompt testing of newly symptomatic clients to help inform isolation and quarantine decisions. Testing referral resources can be found at <https://coronavirus.health.ny.gov/home>.

Staff should provide the LHD with all requested information for the client and should document the conversation in the client's record (including contact information for the LHD staff person). In OASAS programs, all consent forms must be updated to include the possibility of reporting confirmed or suspected COVID-19 to LHDs.

If a staff member has confirmed or suspected CLI, the program must refer the individual to their healthcare provider for assessment and possible COVID-19 testing, and notify the LHD of the individual's name and contact information.

Guidance for OMH and OASAS Outpatient Programs, Including Clinics, Specialized Ambulatory Services (e.g. PROS, ACT), CCBHCs, Outpatient Rehabilitative Programs, Support Programs, and Crisis Programs

1. Individuals who have known or suspected COVID-like illness must be reported to their LHD.
2. Notify the individual that they may be contacted by their LHD to help determine with whom they might have come into contact.
3. Notify the LHD of all individuals (staff and clients) who the agency is aware of who had a close or proximate contact with the individual within the agency setting. Agency staff are not responsible for determining any contacts outside of the agency setting and are also not responsible for calling individuals identified as having contact in the agency setting. Names of these individuals should be given to the LHD, which will conduct the formal contact investigation and tracing.

Agency staff may need to help the LHD communicate with clients.

Guidance for Behavioral Health Programs based in Article 28 Hospitals

Please follow the contact tracing policies and protocols of your hospital's infection control departments.

Guidance for Residential Programs (OMH/OASAS operated, licensed, and/or funded), Inpatient Programs in licensed Article 31 hospitals, Addiction Treatment Centers, and State-Operated Psychiatric Centers

1. For each person with CLI or who tests positive for COVID-19 attempt to identify and record the following:
 - a. The name of the person.
 - b. The CLI symptoms the person is exhibiting.
 - c. The date symptoms began.
 - d. Whether the person is known to have been in contact with someone who tested positive for COVID-19 (yes/no/unknown). If yes, any details known.
 - e. If the person traveled outside their home/residence within the previous 14 days (yes/no). If yes, where has the person traveled?
 - f. If the person has been hospitalized, what hospital, and date of hospitalization.

- g. If the person has been tested for COVID-19, where was the test done (i.e., hospital/clinic), the date of test, date/time test results were received, and test results, if known.
 - h. Where the person is currently located (e.g., residential program, psychiatric hospital, medical hospital)
 - i. Whether they are in isolation or quarantine.
 - j. Whether person has own room and whether they have had a roommate in past 14 days.
 - k. Name and contact information of other individuals who live or work in the hospital or residence who may have come into contact with the individual over the prior 14 days.
2. Notify the individual that they will be contacted by their LHD to help determine with whom they might have come into contact. Provide the collected information to LHD staff.
 3. For individuals who are too symptomatic or cognitively impaired to report their contacts, staff should do their best to obtain as accurate information as possible or assist LHD staff in interviewing client.
 4. Follow appropriate program-specific guidance for managing COVID-19 exposure in facility.
 5. Program staff are not expected to identify or conduct outreach to possible exposed contacts outside the program but should help LHD staff as much as possible during LHD interviews to obtain needed information.
 6. Work with the LHD to determine next steps and roles/responsibilities of the LHD and the Program to determine which entity will monitor clients and staff for the duration of time they are expected to remain under isolation or quarantine.