



Updated October 1, 2021

Reopening Guidance for Prevention Services Programs:

OASAS funded and certified prevention agencies offering prevention services may allow, but not require, staff to resume operating in their office spaces, but must adhere to all [business guidance for reopening](#), including developing specific policies and protocols including [guidance specific to office spaces](#). These policies and protocols, to ensure infection control precautions in office spaces, should include, but not be limited to, staff screening (e.g., COVID-19 risk and symptom questions, temperatures, international travel questions: see CDC International Travel Guidance [here](#) and NYS DOH guidance [here](#)), visitor screenings, social/physical distancing among staff, staggered work schedules as needed, continued remote working when able, use of mandatory masks or face coverings for staff, clients, and visitors, and disinfecting procedures). All masks or face coverings should fit snugly on the face and completely cover the nose and mouth. Eye protection (face shield and/or goggles) is recommended for staff if there is close physical contact with clients. Programs must adhere also to any and all procedures of facility hosts where they are tenants and are responsible for ensuring infection control precautions within the space they occupy. All services to the public may continue to be offered remotely rather than in-person. See NYS DOH guidance on recommended eye protection [here](#) and CDC guidance on eye protection [here](#). See OASAS Masking Guidance [here](#).

For funded and certified prevention programs conducting one-on-one prevention services (i.e., prevention counseling, Teen Intervene and Brief Alcohol Screening and Intervention for College Students [BASICS]):

- Telepractice should continue to be the preferred method to deliver individualized services, whenever possible. If face-to-face services are provided, the programs must follow all infection control guidance, including the 3/11/20 [Guidance for NYS Behavioral Health Programs and its subsequent updates](#).
- Programs must have a plan to maintain adequate social/physical distancing amongst/between any staff and clients while on site. Furthermore, the plan must stipulate that all staff and clients must wear masks or face coverings when on site unless otherwise documented by the individual's medical provider as having a medical reason that they cannot do so. Eye protection (face shield and/or goggles) is recommended for staff if there is close physical contact with clients.
- In-person individual sessions may occur with staff wearing masks or face coverings and recommended eye protection (face shield and/or goggles) if there is close physical contact with clients and clients wearing face coverings and while maintaining social/physical distancing, but providers should still consider the risks vs benefits of in-person visits (including risk to clients

during transport to/from the program) for each client in the context of continued COVID-19 infection risk.

- Any program that has a confirmed COVID-19 case among staff or clients on-site *that results in contact tracing activity among anyone who was on-site* must revert to working entirely through telepractice with most staff out of the office for at least 14 days.
- Please note that local health departments (LHD) and the New York State Department of Health (NYS DOH) have the ability to place further restrictions on the activities at programs as the result of contact tracing or outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office.

For programs conducting group prevention services:

- The delivery of prevention services and activities in an in-person group setting may resume so long as the following precautionary measures are met (see below). Distance learning platforms, however, should continue to be widely used for the delivery of prevention services, to reduce visits to office spaces and allow for the maintenance of social/physical distancing.
- When face-to-face services are provided, the program must adhere to any and all procedures of facility hosts where they are tenants and must also have their own infection control policies and protocols. They must adhere to social/physical distancing and require masks or face coverings for staff and clients. Eye protection (face shield and/or goggles) is recommended for staff if there is close physical contact with clients.
- Activities outdoors should be encouraged whenever possible. One-on-one indoor activities (with social/physical distancing and masks or face coverings for staff and clients) are safer than group activities. Eye protection (face shield and/or goggles) is recommended for staff if there is close physical contact with clients. However, any indoor group activities should be of limited size (depending on the size of the physical space and that allows for social/physical distancing) and duration (less than an hour).
- Please note that LHD and the NYS DOH have the ability to place further restrictions on the activities at programs as the result of contact tracing or outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office.

Questions regarding this guidance should be sent to Prevention@oasas.ny.gov.