NEW YORK STATE | Office of Mental Health

ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

CHRISTOPHER TAVELLA, Ph.D.
Executive Deputy Commissioner

MEMORANDUM

TO: OMH-Operated Psychiatric Center Executive Directors, Clinical Directors, Chief Nursing Officers

FROM: Dr. Thomas Smith, Chief Medical Officer, OMH
Dr. Daniel Silverman, Director, Bureau of Health Services, OMH

DATE: March 25, 2020

SUBJECT: Updated instructions for managing Psychiatric Center patients and staff suspected or confirmed positive for COVID-19

Please note information in this memo is meant to supplement information from the OMH instruction memo sent March 22, 2020. Where there is conflicting information, instructions from this memo will supersede those from prior memos.

Isolation units

All Psychiatric Centers have identified COVID-19 isolation units. To update:

1. Psychiatric Center isolation units only should be used for patients who are:
    a. Confirmed COVID-19 positive; or
    b. Have symptoms of upper respiratory infections suspicious for COVID-19 active infection.
2. Isolation units should follow airborne precautions when possible and always for aerosolizing events. However, routine care can be done with droplet precautions if airborne precautions are not feasible. If you have not done so already, consult with your facility engineering department as to the best location for your isolation unit (i.e., considering possible locations of utilizing negative pressure environments).
3. All staff are to follow full COVID-19 personal protective equipment (PPE) guidelines.

Removing a patient from isolation

Patients must meet the following criteria to come off of isolation status:

1. No fever for at least 3 days (72 hours) without the use of fever-reducing medications; AND
2. Improvement in respiratory symptoms (e.g., cough, shortness of breath); AND
3. Negative COVID-19 test results from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).

44 Holland Avenue, Albany NY 12229 | omh.ny.gov

Quarantining patients

There are potential unintended consequences to applying quarantine status to entire inpatient units. Cohorting groups of potentially exposed patients increases the risk of COVID-19 conversions within the cohorted group. Therefore:

1. Psychiatric Centers should not quarantine entire units unless they have unique and specific circumstances that are approved in advance by Central Office leadership.
2. The following patients should be quarantined:
    a. Those with a confirmed close contact with a known COVID-19 positive person; or
    b. Those with a confirmed close contact with a person with COVID-19 like illness (rhinitis not usually seen) suspicious of COVID-19 here forward referred to as CLI.
    c. NOTE: close contact is defined as:
        i. Being within 6 feet (2 meters) of a person for a prolonged period (such as caring for or visiting the patient) or sitting within 6 feet of a patient in a healthcare waiting area or room; or
        ii. Having unprotected direct contact with infectious secretions or excretions of a person (e.g., being coughed on or touching used tissues with a bare hand).
3. Quarantined patients should:
    a. Be placed in a single room if possible or with a roommate who also meets criteria for quarantine;
    b. Have no contact with non-quarantined patients;
    c. Eat meals in their room.
    d. Be screened for with CLI and have vital signs monitored every shift;
    e. Remain on quarantine status for 14 days following last close contact before returning to the community.
4. All staff interacting with quarantined patients should wear masks/gloves. NOTE: full PPE is not required for quarantined patients.
5. If a patient on quarantine develops a fever >100.4 °F OR respiratory symptoms consistent with COVID-19 (cough, shortness of breath, sore throat), the patient should immediately be placed in isolation.
6. See guidelines from 3/22 regarding isolation and COVID-19 testing procedures.

Health Care Personnel who have contacts with COVID-19 positive or suspected COVID-19 infected individual:

Updated CDC guidelines allow for Health Care Personnel who have had direct contacts with suspected or confirmed COVID-19 positive individuals to continue to work in health care settings.

1. These Health Care Personnel should continue to work with the following precautions for 14 days following the last contact:
    a. Monitor for CLI (e.g., cough, shortness of breath, sore throat) and take their temperature twice daily;
    b. Wear masks and gloves while at work (note: full PPE not required); and

c. Self-quarantine while not at work.

2. If a Health Care Provider who has had a contact develops a fever >100.4 or any signs of a URI, he/she must immediately return home and contact their personal health care provider for follow-up.

Return to work clearance for Health Care Personnel confirmed to be COVID-19 positive

Symptomatic or COVID-19 positive staff can return to work when:

1. The person has had no fever for at least 3 days (72 hours) without the use of fever-reducing medications; AND
2. There is improvement in respiratory symptoms (e.g., cough, shortness of breath); AND
3. At least 7 days have passed since symptoms first appeared.

CC: OMH Executive Team
OMH COVID-19 Communication Team
OMH COVID-19 Physicians On-Call