



ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

THOMAS E. SMITH, MD
Chief Medical Officer

MEMORANDUM

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

FROM: Dr. Thomas Smith, Chief Medical Officer
Dr. Daniel Silverman, Director, Bureau of Health Services
Dr. Matthew Erlich, Medical Director, State-Operated Services
Dr. Grace Lee, Associate Commissioner, Forensic Services
Dr. Matthew Perkins, Medical Director, Children and Adolescent Services

DATE: April 10, 2020

SUBJECT: Updated instructions regarding limiting transmission of COVID-19 in Psychiatric Centers

The Office of Mental Health (OMH) continues to see COVID-19 cases in OMH Psychiatric Centers, most likely related to transmission of the virus by staff or new admissions entering campuses from the community. To help limit this spread, effective immediately, all Psychiatric Centers must follow the updated instructions below. These instructions supersede any previously released instructions.

For the Facility

Effective immediately, all staff must be screened for COVID-19 symptoms every time they enter the facility. Staff will be required to answer specific questions about symptoms or possible exposure, and have their temperature taken. In addition:

1. Psychiatric Centers should restrict access to the facility to designated entrances, as necessary.
2. At these entrance points, all staff will be screened prior to reporting to their workstation, using the attached form. Staff will be screened for:
 - a. COVID-19 symptoms. The most common symptoms of COVID-19 include fever, cough, or shortness of breath. Other symptoms may include fatigue, decreased appetite, or muscle aches and pains; AND
 - b. Fever. Staff will have their temperature taken upon entry to the facility.
3. If a staff person has fever greater than 100.4 degrees OR reports any COVID-19 symptoms, the staff person should be sent home immediately, with instructions to contact their healthcare provider.

Pre-Admission COVID-19 Review Procedures

The OMH Central Office Admission Team will review all transfers requests for downstate child and adult civil Psychiatric Centers. Upstate Psychiatric Centers will review transfer requests following established guidelines.

1. For transfer/admission requests, all Psychiatric Centers must review COVID-19 screening questions.
2. The referring hospital can be asked to obtain a COVID-19 test prior to transfer, however, admission cannot be denied if the hospital is unable or unwilling to obtain the COVID-19 test. In these instances, Central Office medical leadership should be consulted.
3. Prior to admission, COVID-19 screening and test result information will be used to determine if the patient:
 - a. Needs to be admitted to an isolation unit;
 - b. Needs to be on quarantine status upon admission; or
 - c. Needs neither isolation nor quarantine status.

New Admissions Who Screen Positive for COVID-19 Exposures or Symptoms, or Who Test Positive for COVID-19

1. For patients who need either isolation or quarantine, the Psychiatric Center must determine if the patient has other significant comorbid medical conditions, including severe cardiovascular disease, any condition causing immunosuppression, or any other respiratory illness, such as chronic obstructive pulmonary disease (COPD). If the patient has a significant comorbid medical condition, the case should be discussed with the Psychiatric Center medical team and Central Office Bureau of Health Services, prior to accepting the patient for admission, to confirm that the patient's medical needs can be adequately addressed at the Psychiatric Center.
2. If a child or adult civil Psychiatric Center cannot identify a bed that meets identified quarantine or isolation needs, the Psychiatric Center must consult with the Central Office (Dr. Erlich, Dr. Perkins, or Dr. Brandon) regarding alternative procedures, such as admitting to another Psychiatric Center or delaying the admission. Any delay in admission must be approved by a Central Office physician prior to notifying the referring hospital.
3. Patients with confirmed COVID-19 illness who are recovering from the illness can be removed from isolation and transferred to another unit when:
 - a. The patient has been fever free for at least 3 days (72 hours) without the use of fever-reducing medications;
 - b. Other symptoms show improvement; AND
 - c. At least 7 days have passed since symptoms first appeared.

New Admissions Who Screen Negative for COVID-19

New admissions displaying no COVID-19 symptoms, with no documented recent contacts with a COVID-19 positive person, may still be asymptomatic carriers of the COVID-19 virus. These patients must be managed, upon admission to the Psychiatric Center, as followed:

1. If possible, Psychiatric Centers should identify an inpatient unit that can be designated as an Admissions Unit, where new patients stay until their COVID-19 status is clear.
2. If the Psychiatric Center cannot designate a unit for new admissions, patients may be admitted to units with COVID-19 positive patients or patients with

COVID-19 symptoms, so long as the COVID-19 positive or suspected patients are isolated. These units must be adequately monitored to ensure no contact occurs between COVID-19 positive or suspected patients and non-positive patients.

3. For the first 14 days of the patient's admission:
 - a. Keep patient in a single room, if possible. If the patient must have a roommate, attempt to place the patient with a roommate who is also a new admission and subject to the monitoring guidelines;
 - b. Monitor vital signs every shift and notify the attending physician immediately if temperature is greater than 100.4 degrees;
 - c. Screen for COVID-19 symptoms every shift, and notify the attending physician immediately if the patient screens positive;
 - d. The patient must wear a surgical facemask whenever in communal settings, if available;
 - e. The patient can attend group therapy sessions only if wearing a surgical facemask, if available, and maintaining social distancing (greater than 6 feet) from all other individuals;
 - f. When staff enter the patient's room, the patient must wear a facemask, if available, or cover mouth/nose with tissue/scarf; and
 - g. The patient must have all meals in their room.

Discharging Patients

As with admitting criteria, Psychiatric Centers should not have policies delaying or canceling discharges based solely upon a patient's COVID-19 status.

1. If the patient ready for discharge also meets the criteria for quarantine or isolation (new or ongoing), the Psychiatric Center should review the discharge plan and modify, as indicated, to ensure that the disposition allows for quarantine/ isolation procedures to be followed per NYS guidelines. If unable to confirm, the disposition plan should be discussed with Dr. Erlich, Dr. Perkins, or Dr. Brandon.
2. If the patient is not known to be COVID-19 positive and is being discharged to the community from an inpatient unit that currently has at least one known COVID-19 positive patient or patient with COVID-19 symptoms, the patient should:
 - a. Test and confirm negative for COVID-19 before discharge, if able;
 - b. Inform the community residence that the negative test does not rule out COVID-19 carrier status; AND
 - c. Recommend that the patient be quarantined, within the community residence, for 14 days following discharge.
3. If the patient is not known to be COVID-19 positive and is being discharged to the community from an inpatient unit that currently does NOT have at least one known COVID-19 positive patient or patient with COVID-19 symptoms, the patient can be discharged without specific recommendations to the community residence regarding quarantine.

CC: OMH Exec Team
Maxine Smalling, MS, BS(N), RN
Julie Burton, LCSW
Christina Calderwood, LCSW