



Office of
Mental Health

COVID-19 Infection Control Manual for Public Mental Health System Programs

July 24, 2023

Note: The situation regarding COVID-19 is ever changing, as is our knowledge of the evolution of this disease. The guidance in this document is based on the best information currently available and has been revised in accordance with the [End of the Federal COVID-19 Public Health Emergency \(PHE\) Declaration](#) (5/11/23), resulting in the discontinuation of Community Transmission levels. Specifically, this manual

- *No longer lists vaccination requirements for hospital settings.*
- *Reflects relaxation of masking recommendation in most settings.*
- *Removes references to outdated CDC tracking websites.*
- *Provides an update to an upcoming COVID-19 vaccine in the Fall of 2023.*

Visit the [New York State Department of Health](#) and [Centers for Disease Control and Prevention](#) for more information.

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Infection Control Practices for Programs Based in Article 28 Hospitals, including CPEP and Inpatient Units (and any ambulatory programs run by and located in, or in proximity to, Article 28 Hospitals)

- CPEP Crisis Beds (2600)
- CPEP Crisis Intervention (3130)
- CPEP Crisis Outreach (1680)
- CPEP Extended Observation Beds (1920)
- Inpatient Psychiatric Unit of a General Hospital (3010)
- Ambulatory Programs and other mental health programs run by and located in or in proximity to an Article 28 General Hospital

Program medical leadership must meet regularly and develop infection control policies and procedures that are consistent with guidance for healthcare settings (not for the general public) issued by the CDC, NYSDOH, and the Article 28 Hospital's Infection Control Department.

All staff in a healthcare setting should wear an appropriate face mask in certain circumstances according to the NYS Department of Health's [Guidance for use of Face Masks and Face Coverings in Healthcare Facilities](#) (issued 2/10/23) and the [Centers for Disease Control and Prevention's \(CDC\) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), which continue to apply after the expiration of the federal COVID-19 Public Health Emergency.

Departmental and program medical leadership should consider obtaining consultation from colleagues in the Infection Control or Infectious Diseases Departments. Policy and procedures must be individualized for each program and take into considerations the particular needs of the population served (i.e., number of immunocompromised individuals), the physical plant, particulars of the staff (i.e., individuals who are immunocompromised), and the biology of the SARS-CoV-2 virus (i.e., asymptomatic transmission, spread by aerosolized droplets, etc.).

Infection Control Practices for Ambulatory Treatment, Support, Crisis, and Forensic Transition Programs, including Mobile and Community-Based Services, Not Operated by Article 28 Hospitals

- CORE Community Psychiatric Support and Treatment (CPST) (4720)
- Adult BH HCBS Education Support Services (ESS) (4660)
- CORE Empowerment Services - Peer Supports (4650)
- CORE Family Support and Training (FST) (4690)
- Adult BH HCBS Habilitation (4700)
- Adult BH HCBS Intensive Supported Employment (ISE) (4620)
- Adult BH HCBS Ongoing Supported Employment (OSE) (4610)
- Adult BH HCBS Pre-Vocational Services (4640)
- CORE Psychosocial Rehabilitation (PSR) (4710)
- Adult BH HCBS Self-Directed Care (4740)
- Adult BH HCBS Transitional Employment (4630)
- Adult Home Supportive Case Management (6820)
- Advocacy/Support Services (1760)
- Affirmative Business/Industry (2340)
- Assertive Community Treatment (ACT) (0800)
- Assisted Competitive Employment (1380)
- CASES Homeless Forensic Case Management Program
- CFTSS: Children's Mental Health Rehabilitation Program (4960)
- CFTSS: Community Psychiatric Support and Treatment (CPST) (4950)
- CFTSS: Family Peer Support Services (FPS) (4900)
- CFTSS: Mobile Crisis Intervention (CI) (4910)
- CFTSS: Other Licensed Practitioner (OLP) (4940)
- CFTSS: Psychosocial Rehabilitation (PSR) (4930)
- CFTSS: Youth Peer Support and Training (YPS) (4920)
- Children and Youth Assertive Community Treatment (4800)
- Comprehensive PROS with Clinical Treatment (6340)
- Comprehensive PROS without Clinical Treatment (7340)
- Continuing Day Treatment (1310)
- Coordinated Children's Service Initiative (2990)
- Crisis Intervention (2680)

- Day Treatment (0200)
- Drop-In Centers (1770)
- Early Recognition Coordination and Screening Services (1590)
- Family Support Services - Children & Family (1650)
- FEMA Crisis Counseling Assistance and Training (1690)
- OMH Forensic Case Management Program
- Geriatric Demo Gatekeeper (1410)
- Geriatric Demo Physical Health - Mental Health Integration (1420)
- Home Based Crisis Intervention (3040)
- Home-Based Family Treatment (1980)
- Homeless Placement Services (1960)
- Intensive Case Management (1810)
- Mental Health Outpatient Treatment and Rehabilitation Services – Clinic Treatment (2100)
- MICA Network (5990)
- Mobile Integration Team (7030)
- Mobile Mental Health Team (7000)
- Multi-Cultural Initiative (3990)
- Non-Medicaid Care Coordination (2720)
- Nursing Home Support (7020)
- Ongoing Integrated Supported Employment Services (4340)
- On-Site Rehabilitation (0320)
- Outreach (0690)
- Parole Support and Treatment Program (PSTP)
- Partial Hospital Programs
- Peer Wellness Center (3750)
- Promise Zone (1530) Psychosocial Club (0770)
- Recovery Center (2750)
- Recreation and/or Fitness (0610)
- School Mental Health Program (1510)
- Self-Help Programs (2770)
- Supported Education (5340)
- Transformed Business Model (6140)
- Transition Management Services (1970)
- Transitional Employment Placement (TEP) (0380)
- Transportation (0670)
- Vocational Services - Children & Family (C&F) (1320)
- Work Program (3340)

Agency must meet regularly and develop policies and procedures for mental health programs that are consistent with guidance for healthcare settings (not for the general public) issued by the NYS Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC). Policy and procedures must be individualized for each program and take into consideration the particular needs of the population served (e.g. number of immunocompromised individuals), the physical plant, particulars of the staff (e.g. presence of immunocompromised staff), and the biology of the SARS-CoV-2 virus (i.e., asymptomatic transmission, spread by aerosolized droplets, etc.).

Policies and procedures should address pre-appointment screening, masking requirements, distancing requirements, size and length of therapeutic and rehabilitative groups, waiting room etiquette, and whether companions are permitted to accompany clients.

Recommendations on masking can be found in the [Centers for Disease Control and Prevention's \(CDC\) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic.](#) which continue to apply after the expiration of the federal COVID-19 Public Health Emergency.

Agencies and programs should consider every clinical encounter, whether in-person or virtual, as an opportunity to encourage COVID-19 and influenza vaccination for individuals who are not up to date and for education on infection control practices.

Infection Control Practices for Congregate Residential Programs

- Adult BH HCBS Intensive Crisis Respite (4670)
- Adult BH HCBS Short-term Crisis Respite (4680)
- Community Residence for Eating Disorder Integrated Treatment Program (6110)
- Crisis Residence (0910)
- Crisis/Respite Beds (1600)
- Apartment/Support (7080)
- Children & Youth Community Residence (7050)
- Congregate/Support (6080)
- Congregate/Treatment (6070)
- Family Care (0040)
- Respite Services (0650)
- Intensive/Supportive Crisis Stabilization

Agency leadership must meet regularly and develop policies and procedures for residential programs that are consistent with guidance for the general population. Policy and procedures must be individualized for each program and take into considerations the particular needs of the population served (e.g., number of immunocompromised individuals), the physical plant, particulars of the staff (e.g., presence of immunocompromised staff), and the biology of the SARS-CoV-2 virus (i.e., asymptomatic transmission, spread by aerosolized droplets, etc.). Policies and procedures should address room assignment, use of common areas, masking requirements, distancing requirements, size and length of educational or rehabilitative groups, and visitor screening/vaccination requirements. Agencies may not make admission conditional on COVID-19 vaccination, although programs should continuously educate staff and residents on the importance of staying up to date with their COVID-19 and influenza vaccine.

In addition, mental health housing programs should consider the following additional efforts to protect clients and staff in these programs:

1. Obtaining the COVID-19 and influenza vaccines is the best way for individuals to protect themselves and their communities. It is strongly encouraged for all individuals in residential programs, staff and clients, to stay up to date with their COVID-19 and influenza vaccines.
2. Upon returning home, residents and any accompanying staff should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol. Cell phones and other frequently handled items should be sanitized daily. All residents should be reminded to avoid touching their faces.
3. Frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks) should be disinfected daily.
4. Clients and staff should be instructed to report symptoms as soon as possible.

Infection Control Practices for Psychiatric Hospitals and Residential Treatment Facilities

- Residential Treatment Facility - Children & Youth (1080)
- Private Inpatient Psychiatric Hospital (2010)

All staff in a healthcare setting should wear an appropriate face mask in certain circumstances according to the NYS Department of Health's [Guidance for use of Face Masks and Face Coverings in Healthcare Facilities](#) (issued 2/10/23) and the [Centers for Disease Control and Prevention's \(CDC\) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), which continue to apply after the expiration of the federal COVID-19 Public Health Emergency.

Agencies should consider the following additional efforts to protect clients and staff in these programs:

1. Obtaining the COVID-19 and influenza vaccines is the best way for individuals to protect themselves and their communities. It is strongly encouraged for all individuals in residential programs, staff and clients, to stay up to date with their COVID-19 and influenza vaccines.
2. Agencies should offer COVID-19 and influenza vaccine to all clients.
3. Prior to entering the facility, visitors should be asked if they have any COVID-19 symptoms, if they recently tested positive for COVID-19, or if they recently came into contact with anyone with COVID-19. If any of these are present, the visitor should not be allowed into the facility.

4. Upon entering the facility, all clients and staff should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol. All residents should be reminded to avoid touching their faces.
5. Frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks) should be disinfected daily.
6. Clients and staff should be instructed to report symptoms as soon as possible.
7. Psychiatric Centers operated by the NYS Office of Mental Health should refer to COVID-19 Infection Control Guidance issued for Psychiatric Centers by OMH Central Office.

Accepting New Clients (ALL Congregate Programs)

1. Programs accepting new clients may require a COVID-19 diagnostic PCR test within 72 hours prior to transfer from another institutional setting. Staff should screen all new arrivals for symptoms or recent exposures.
2. For clients who previously tested positive for the COVID-19 virus, diagnostic PCR tests may remain positive for many weeks after the client is no longer at risk of transmitting COVID. Programs do not need to request a new PCR diagnostic test if there is evidence the client recovered from a COVID-19 infection within the prior 3 months. The program should confirm that 10 days have passed since the first COVID-19 symptom (or positive test result if the individual was asymptomatic), that the individual has been fever-free for at least 24 hours without the aid of fever-reducing medications, and that the individual's symptoms have significantly improved. There is no need to wait for test results to become negative prior to accepting the client.

Responding When Client Develops Symptoms (ALL Congregate Programs)

1. When a client in the residential program develops symptoms of a COVID-19 infection, the client should be asked to stay in their room. If possible, the client should be assigned a single room. The client must be asked to wear a mask. Meals should be taken in the room.
2. Securely-fitting masks are preferable to surgical masks, which in turn are preferable to cloth masks. It is strongly recommended that when working with clients with known or suspected COVID-19, staff wear N95s that have been fit-tested to them.
3. All clients in the program should always wear a mask when in proximity of individuals who are showing symptoms of COVID-19.
4. Ventilation in common rooms, bathrooms, and bedrooms should be maximized. If possible, leave windows open to allow air circulation with the outside of the building. Electric fans close to open windows may enhance circulation.
5. Programs can educate clients to self-test with at-home testing kits. Clients and staff exposed to clients showing symptoms should test twice weekly until all infections resolve and everyone completes their isolation periods.
6. If a client with COVID-19 requires close support from a staff member (within six feet), the staff member and client must wear a tight-fitting, high-quality mask and the staff member must also wear gloves and eye-protection. Outer clothing that becomes soiled or possibly soiled with a client's saliva, urine, blood, or stool should be removed immediately and set aside until washed.
7. Roommates should be moved to another room, if possible. Roommates should, if possible, have their own rooms for 14 days or for two negative tests three days apart. If they remain symptom-free or have two negative tests, they can then share a room with another.

8. If more than one client has a positive test, then these individuals can share a room if the program has shared bedrooms.
9. Clients who test positive or develop COVID-19 symptoms may be taken off isolation when:
 - a. The person has had no fever for at least 24 hours without the use of fever-reducing medications; AND
 - b. There is a significant improvement of symptoms; AND
 - c. At least 10 days have passed since symptoms first appeared (or, if asymptomatic and never developed symptoms, since the date of COVID-19 test collection) OR the client has a negative rapid test at least 7 days after the start of isolation.

Guidance for Child and Youth-Serving Residential Programs

Home-time leaves should continue to occur as appropriate. The following should also be considered:

1. Programs should offer COVID-19 and influenza vaccination for their clients and encourage family members and guardians to obtain the COVID-19 and influenza vaccines.
2. The youth and family must agree that the home-time leave is appropriate and safe. Staff should ask families whether anyone at home has COVID-19 symptoms or is in a high-risk category.
3. Programs are encouraged to obtain testing before and after home visits.
4. Information on general infection control strategies should be provided to the youth and parents/guardians.
5. Any youth in isolation may not leave the program site for community or home-time leave.

Infection Control Practices for Scatter-Site Residential Programs

- Apartment/Treatment (7070)
- Shelter Plus Care Housing (3070)
- Supported Housing Community Services (6060)
- Supported/Single Room Occupancy (SRO) (5070)
- SRO Community Residence (8050)

1. Programs should encourage all staff and residents to obtain and stay up to date with their COVID-19 and influenza vaccines.
2. When visiting a client, staff should use alcohol-based sanitizer prior to entering and when leaving the client's home.
3. It is recommended, but not required, that staff wear a mask when making home visits, especially if the staff serves one or more clients who are immunocompromised. If the client has confirmed or suspected COVID-19, staff should also wear a face shield if an in-person visit is unavoidable.

Update on COVID-19 Vaccinations

In accordance with [Federal recommendations](#) based on the totality of scientific evidence, Pfizer, Moderna, and Novavax are reformulating their COVID-19 vaccinations to target the dominant XBB 1.5 variant circulating in the United States. The updated monovalent vaccine is expected to be available in the Fall 2023 through the traditional (i.e., the usual, pre-pandemic) commercial pathway with coverage by public and private insurance. The vaccine is expected to be available in the locations where the public currently receives them – including healthcare provider offices, pharmacies, clinics, health departments, and other points of care – to maximize access.