



Updated December 27, 2022

Reopening Guidance for Prevention Services Programs:

OASAS funded and certified prevention agencies offering prevention services may resume and/or continue programming in office. Staff may resume and/or continue operating in their office spaces and must adhere to any masking guidance by their landlord, and must develop, specific policies and procedures for their program. These policies and procedures, 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, international travel questions: see CDC International Travel Guidance [here](#)), visitor screenings, encouraging physical distancing among staff, staggered work schedules as needed, continued remote working when able and if appropriate, use of recommended (but not required) masks or face coverings for staff, clients, and visitors*, and disinfecting procedures). Any masks or face coverings utilized should fit snugly on the face and completely cover the nose and mouth. Eye protection (face shield and/or goggles) is recommended (but not required) 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 and should be determined by client needs. See CDC guidance [here](#). See OASAS Masking Guidance: <https://oasas.ny.gov/guidance-mask-wearing-requirements>. *See the CDC updated mask guidance and recommendations [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 a method to deliver individualized services, whenever possible and if preferred by the individual. 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 should encourage physical distancing amongst/between any staff and clients while on site. All staff and clients are recommended (but not required) to 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 (but not required) for staff if there is close physical contact with clients. *See the CDC updated mask guidance and recommendations [here](#).
- In-person individual sessions may occur with staff recommended (but not required) to wear masks or face coverings* and recommended (but not required) to utilize eye protection (face shield and/or goggles) if there is close physical contact with clients and clients recommended (but not required) to wear face coverings and encouraged to distance physically, but providers still should 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 current COVID-19 infection risk locally. *See the CDC updated mask guidance and recommendations [here](#).

- Any program that has a significant number of confirmed COVID-19 cases among staff or clients on-site *that results in contact tracing activity among anyone who was on-site* should consider reverting to working entirely through telepractice with most staff out of the office for at least 5 days. The program should consult the OASAS Prevention and Problem Gambling Services team with any questions. See email address below.
- Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. **Please note that the LHD will no longer engage in contact tracing, but must be informed of any COVID-19 cases. Programs will be responsible for determining close contacts of cases identified in their programs** to take necessary measures with respect to testing, quarantine, and isolation recommendations.

For programs conducting group prevention services:

- The delivery of prevention services and activities in an in-person group setting may resume and/or continue so long as the following precautionary measures are met (see below). Distance learning platforms, however, should continue to be used widely for the delivery of prevention services, to reduce visits to office spaces and allow for the encouragement of 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 procedures.** They should encourage physical distancing and should recommend (but not require) masks or face coverings for staff and clients*. Eye protection (face shield and/or goggles) is recommended (but not required) for staff if there is close physical contact with clients. *See the CDC updated mask guidance and recommendations [here](#).
- Activities outdoors should be encouraged whenever possible. One-on-one indoor activities (with encouraged physical distancing and recommended but not required masks or face coverings for staff and clients*) are safer than group activities. Eye protection (face shield and/or goggles) is recommended (but not required) for staff if there is close physical contact with clients. However, **any indoor group activities no longer must be of limited duration (less than an hour)** but physical distancing should be encouraged. *See the CDC updated mask guidance and recommendations [here](#).
- Please note that the LHD and the NYS DOH have the ability to place further temporary restrictions on program admissions as the result of outbreak investigation activities. If this occurs, programs should immediately notify the OASAS Regional Office. **Please note that the LHD will no longer engage in contact tracing, but must be informed of any COVID-19 cases. Programs will be responsible for determining close contacts of cases identified in their programs** to take necessary measures with respect to testing, quarantine, and isolation recommendations.

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

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