Guidance for Operators of Facilities Providing Housing to Individuals who are Homeless and Supportive Housing, or Organizations Making Referrals to Such Facilities

NYS Department of Health 24/7 Hotline: 1-888-364-3065

Background

New York State Department of Health (NYSDOH) is closely monitoring an outbreak of respiratory illness caused by novel coronavirus 2019 (COVID-19) that was first detected in Wuhan City, Hubei Province, China and which continues to expand. The United States reported the first confirmed instance of person-to-person spread with this virus March 3, 2020, and cases have been confirmed in New York State.

The 2019 novel coronavirus may cause mild to severe respiratory symptoms such as:
- Cough
- Fever
- Trouble breathing (shortness of breath)
- Pneumonia

The Centers for Disease Control and Prevention (CDC) believes at this time that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus.

Individuals who are experiencing symptoms and may have traveled to areas of concern or have been in contact with somebody who has traveled to these areas, should call ahead to their health care provider before seeking treatment in person.

This situation is changing rapidly. Please regularly check the NYSDOH website https://health.ny.gov/diseases/communicable/coronavirus/ and the CDC’s Novel Coronavirus webpage for updates.

Purpose: This document provides guidance regarding COVID-19 for facilities providing housing to individuals experiencing homelessness, supportive housing providers, and organizations making referrals to such facilities. The document provides guidance on preventative measures that can be taken to avoid COVID-19 transmission and protocols for the management of persons known or suspected to have COVID-19, or under investigation for COVID-19. This guidance is based on the most current CDC and NYSDOH recommendations for prevention of the spread of the COVID-19 and management of persons under investigation. Congregate facilities, such as shelters for individuals experiencing homelessness, are especially at risk for the spread of communicable diseases due to the number of individuals living in close proximity. Facility operators must take steps
to minimize the risk of an outbreak of COVID-19. Please review this information with your program’s leadership and staff and make necessary adjustments to your program policies and protocols.

Facilities are also encouraged to reach out to the local Department of Health for additional guidance regarding COVID-19.

This document covers the following areas:

A. Facility Signage
B. Staff and Resident Hygiene
C. Facility Cleaning
D. Resident Screening Protocols
E. Other Steps for Preparation
F. More Information and Resources

A. Facility Signage

Providers are advised to provide and post educational materials to encourage and educate residents and staff. Suggested materials include:


B. Staff and Resident Hygiene

All residents, staff and volunteers should:

- Wash hands with soap and water for at least 20 seconds or use hand sanitizer when soap and water are not available. Regular hand washing with soap and water for at least 20 seconds should be done:
  - Before eating;
  - After sneezing, coughing, or nose blowing;
  - After using the restroom;
  - Before handling food;
  - After touching or cleaning surfaces that may be contaminated; and
  - After using shared equipment like computer keyboards and mice.

If soap and water are not available, use an alcohol-based hand sanitizer. Use of alcohol-based hand sanitizers should always be supervised by adults.

- Practice proper respiratory hygiene:
  - Covering coughs and sneezes with tissues or the corner of elbow; and
  - Disposing of soiled tissues immediately after use.

- Avoid close contact with sick people.
- Do not touch your eyes, nose and mouth with unwashed hands.
- Frequently clean and disinfect frequently touched objects and surfaces (see below)
Providers should make sure staff and volunteers are properly trained on appropriate hygiene practices. Use the appropriate Personal Protective Equipment (PPE) if indicated. Please note that when not providing direct care droplet and contact precautions are recommended for COVID-19 prevention. For those patients receiving direct healthcare services please refer to https://www.cdc.gov/infectioncontrol/guidelines/isolation/.

Staff should be encouraged to stay home when sick.

C. Facility Cleaning

Frequently clean and disinfect frequently touched objects and surfaces.

Routine Cleaning

Soiled and frequently touched surfaces can be reservoirs for pathogens, resulting in a continued transmission to people. Therefore, for pathogenic microorganisms that can transmit disease through indirect contact (transmission through contaminated surfaces), extra attention should be paid to surfaces that are touched most often by different individuals. As part of standard infection control practices, routine cleaning should be continued.

Routine cleaning of congregate settings includes:

- Cleaning high contact surfaces that are touched by many different people, such as light switches, handrails and doorknobs/handles.
- Dust- and wet-mopping or auto-scrubbing floors.
- Vacuuming of entryways and high traffic areas.
- Removing trash.
- Cleaning restrooms.
- Wiping heat and air conditioner vents.
- Spot cleaning walls.
- Spot cleaning carpets.
- Dusting horizontal surfaces and light fixtures.
- Cleaning spills.
- Regular cleaning and laundering of sleeping areas.

Specific high-risk locations within a congregate setting warrant cleaning and disinfection before a confirmed case of COVID-19 occurs in the setting.

- Examples of these locations may include:
  - First Aid Station / Health Office
  - Clean and disinfect health cots regularly (after each use)
  - Cover treatment tables and use pillow protectors
  - Discard or launder coverings after each use

What steps should Congregate Settings in NYS take for COVID-19?

Now:
Facilities should direct staff to continue performing routine cleaning. High-risk locations warrant cleaning and disinfection on a regular schedule.

If an individual with laboratory confirmed COVID-19 was symptomatic while in a congregate setting:
Clean and disinfect throughout the area.
• Dining Areas
  – Clean and disinfect counters, tables, and chairs regularly (at least once daily)

• Other common areas, including areas where children play. Pay attention to items that are more likely to have frequent contact by residents such as shared toys or books.

• Other Frequently Touched Surfaces
  – Clean and disinfect frequently touched surfaces on a periodic schedule as operational considerations allow, which may be at least daily.

Cleaning and Disinfection

Cleaning removes germs, dirt and impurities from surfaces or objects, while disinfecting kills germs on surfaces or objects. **If a laboratory confirmed case of COVID-19 was symptomatic while in a congregate setting, staff should perform cleaning and disinfection of frequently touched areas throughout the area.**

**Step 1: Cleaning:** Always clean surfaces prior to use of disinfectants in order to reduce soil and remove germs. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.

**Step 2: Disinfection:** Cleaning of soiled areas must be completed prior to disinfection to ensure the effectiveness of the disinfectant product. NYSDEC has created a [list of products](#) registered in New York State that correspond to a list of products identified by the EPA which can be used against COVID-19. If such products are unavailable, disinfect surfaces using an EPA- and DEC*- registered disinfectant labeled to be effective against rhinovirus and/or human coronavirus. If these commercial products are unavailable, it is also acceptable to use a fresh 2% chlorine bleach solution (approximately 1 tablespoon of bleach in 1 quart of water). Prepare the bleach solution daily or as needed.

- Label directions must be followed when using disinfectants to ensure the target viruses are effectively killed. This includes adequate contact times (i.e., the amount of time a disinfectant should remain on surfaces to be effective), which may vary between five and ten minutes after application. Disinfectants that come in a wipe form will also list effective contact times on their label.

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**Examples of frequently touched areas in congregate settings:**
- Desks and chairs;
- Tables and chairs;
- Door handles and push plates;
- Handrails;
- Kitchen and bathroom faucets;
- Appliance surfaces;
- Light switches;
- Remote controls;
- Shared telephones;
- Shared desktops; and
- Shared computer keyboards and mice.

**Note:** Computer keyboards are difficult to clean due to the spaces between keys and the sensitivity of its hardware to liquids. When shared, they may contribute to indirect transmission. Locations with community use computers should provide posted signs regarding proper hand hygiene before and after using the computers to minimize disease transmission. Also, consider using keyboard covers to protect the hardware against spills and facilitate cleaning.
• For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.

Cleaning and disinfecting should be conducted by staff who have been trained to use products in a safe and effective manner. Staff should be reminded to ensure procedures for safe and effective use of all products are followed. Staff do not need to wear respiratory protection while cleaning. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used. Place all used gloves in a bag that can be tied closed before disposing of them with other waste. Wash hands with soap and water for at least 20 seconds immediately after removing gloves or use an alcohol-based hand sanitizer if soap and water are not available. Soap and water should be used if hands are visibly soiled.

*NYSDEC registration will not be listed on disinfection product labels. Information about disinfection product registration with NYSDEC can be found at: http://www.dec.ny.gov/nyspad/products. If you have any questions about NYSDEC pesticide registration, please call the NYSDEC Bureau of Pesticide Management at 518-402-8748.

D. Resident Screening Protocols

Current residents and all new potential residents at intake should be screened to determine if special action should be taken before admission, using the following three questions:

1. In the last 14 days, have you traveled to an affected country (read out list)?
   (A current list for which the CDC has issued a Level 2 or 3 travel designation related to COVID-19 may be found at this link);

2. Have you had contact with any person under investigation or person known to have returned from an affected country (same list as Q1) within the last 14 days, OR with anyone with known COVID-19?; and

3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If the individual answers “Yes” to Question 1 or Question 2, but “No” to Question 3: contact NYS DOH (1-888-364-3065) for instruction. If self-imposed quarantine is advised, seek an appropriate location for the individual within the facility or alternate facility.

If the individual answers “No” to Question 1 or Question 2 and “Yes” to Question 3: contact NYS DOH (1-888-364-3065) for instruction. If self-imposed quarantine is advised, seek an appropriate location for the individual within the facility or alternate facility.

If the individual answers “Yes” to Question 1 or Question 2, and “Yes” to Question 3:

• Provide a surgical mask and ask that the individual(s) put the mask on.
• If the facility has a medical clinic that is open, escort the individual directly to the clinic.
• Isolate in private room, with door closed if possible. Contact the NYS DOH (1-888-364-3065) for further instruction, including transport to their recommended medial facility if necessary. The receiving medical provider and transporter should be notified in advance and informed of potential concern for COVID-19.

Increase Distances between People

When possible, provide additional space for distancing among residents. When possible, place groups or families in individual rooms or in separate areas of the facility. Place beds head-to-toe and provide increased distance (preferably 6 feet) between beds, where possible.

Seek methods to increase the distance between people at mealtimes. For example, increase distance between seating and tables. Stagger mealtimes to reduce the number of residents eating at the same time, to the extent possible. Serve pre-packaged meals or meals dispensed by food service workers when possible, as opposed to self-service. Provide hand washing stations with disposable towels, or alcohol-based hand rubs, for use prior to entering food lines. When possible, have staff remind residents to clean hands prior to eating.

Facilities should seek additional social distancing such as reducing large staff or resident gatherings.

E. Other Steps for Preparation

In addition to try and prevent the spread of the disease, facilities should also prepare for a possible outbreak.

• Ensure that the facility has adequate cleaning supplies on hand.
• Follow the Department of Health guidelines for cleaning in congregate care facilities.
• Educate staff and residents about how respiratory illness spreads and provide information on best practices to ensure the disease does not spread.
• Have in plan in place for staffing challenges-many employees may be ill and unable to report to work
• Have a supply of shelf stable food on hand.
• If possible, designate a room in a facility for individuals that have been diagnosed with COVID-19.

F. More Information and Resources


• Infection Control Basics

• Handwashing: Clean Hands Save Lives

• NYS Department of Health Key Infection Control Practices in Inpatient and Outpatient Medical Care Settings

• [https://www.cdc.gov/h1n1flu/guidance/emergencyshelters.htm#b](https://www.cdc.gov/h1n1flu/guidance/emergencyshelters.htm#b)