

## COVID-19: Guidance for Congregate Settings

For general information on coronavirus disease 2019 (COVID-19), including how to guard against stigma, visit [nyc.gov/health/coronavirus](https://nyc.gov/health/coronavirus) or [cdc.gov/covid19](https://cdc.gov/covid19). For real-time updates, text “COVID” to 692-692. Message and data rates may apply.

### 1. Introduction

A congregate setting is an environment where a number of people reside, meet or gather in close proximity for either a limited or extended period of time. Examples include homeless shelters, assisted living facilities, group homes, prisons, detention centers, schools and workplaces. The New York State Department of Health has issued specific guidance and requirements for nursing homes and adult care facilities specific to COVID-19 that do not apply to other congregate settings. Visit [coronavirus.health.ny.gov](https://coronavirus.health.ny.gov) for the latest information.

#### How does COVID-19 spread?

- The virus is most likely to spread to people who are in close contact (within about 6 feet) with an infected person. The virus is in droplets that are sprayed when a person coughs or sneezes, and possibly when they talk. Staying 6 feet away helps protect you from that spray.
- Scientists disagree on how long COVID-19 lives on surfaces, but it can live on surfaces that people frequently touch. The virus can then be spread if someone touches their eyes, nose or mouth with unwashed hands that have virus on them.
- Scientists now believe that people who have no symptoms can spread the virus. However, people who are experiencing symptoms (for example, coughing or sore throat) are probably more likely to transmit the virus to others.

#### Who is at higher risk of getting COVID-19 or of having severe illness?

- People who are at most risk of severe illness are people 50 years of age or older and people who have other health conditions, including:
  - Lung disease
  - Moderate to severe asthma
  - Heart disease
  - A weakened immune system
  - Obesity
  - Diabetes
  - Kidney disease
  - Liver disease
  - Cancer

While currently there is no data to suggest pregnant people are more likely to be infected by the virus that causes COVID-19, they should be monitored closely. Pregnant people can get very sick if infected by some viruses. People with regular close contact with someone who has or could have COVID-19 are also at higher risk of getting COVID-19, such as people who live in the same home, caretakers who work in the home or current sexual partners.

**For COVID-19 planning and response purposes, NYC will use the following definition for COVID-19-like illness (CLI):**

- Fever (temperature of 100.4 degrees F or 38 degrees C or greater)
- Cough
- Shortness of breath (difficulty breathing)
- Sore throat

To date, most people with CLI have not been tested for COVID-19. People with CLI should be considered contagious.

## **2. COVID-19 in Congregate Settings**

Managing the spread of COVID-19 in congregate settings presents special challenges. The best way to prevent an outbreak of COVID-19 in your facility is to implement policies and practices that:

- Enable people to stay 6 feet apart
- Allow rapid identification of CLI among residents
- Isolate residents with CLI from residents who are not yet symptomatic
- Promote frequent hand washing with soap and water among residents and staff
- Ensure adequate supplies for staff and residents to practice healthy hygiene
- Direct staff to stay home if sick

**Every facility is different, and you know your facility best. Tailor this guide to your circumstances. The more aggressive you can be in your prevention and intervention measures, the more likely you will be able to reduce transmission in your facility. The goals of this document are to help congregate setting facilities:**

- Implement measures to prevent the spread of existing CLI and COVID-19
- Identify clear steps to take regarding dining and cleaning
- Implement policies on room isolation and monitoring symptoms of ill residents
- Give guidance to staff on how they should be caring for residents with CLI and COVID-19

## **3. Preventive Measures to Reduce the Spread of COVID-19**

### **Post signage**

- Place signs visible to all staff, residents and any visitors to stay home or in their rooms if they are sick. Signs in multiple languages can be found on [nyc.gov/coronavirus](https://nyc.gov/coronavirus).
- Place *Cover Your Cough* and *Wash your Hands* posters in visible locations around your facility. Posters can be found in multiple languages on [nyc.gov/coronavirus](https://nyc.gov/coronavirus).
- Place clear signage outside all isolation areas for staff and residents to properly identify these areas to reduce intermingling of symptomatic and non-symptomatic individuals.

### **Educate staff and residents**

- Ensure staff and residents know the symptoms of CLI and how to report CLI at the first signs of illness.

- Reduce face-to-face interactions with residents. Interact remotely, including by phone, email, intercom or video if available. Deliver written information by sliding written material under someone's door.

### **Screenings**

- Screen staff, residents and others for CLI at all entrances to the facility.
- Screen by asking if they have any of the following symptoms:
  - Subjective fever ("feels feverish")
  - New (within seven days) cough, shortness of breath or sore throat

A "yes" answer to any of these should be considered CLI. Have a plan to immediately isolate any resident with CLI and make arrangements for appropriate shelter; others should not enter the facility.

### **Reduce movement within the facility**

- Eliminate visitors or restrict only to essential visitors. Inform families or caregivers. Provide alternate ways for residents to stay in touch with their families, such as by phone or video.
- Close common spaces. Suspend all group programming, classes or any activity that involves groups of residents.
- Review vendor and supply processes; prohibit non-essential vendors from delivering to the facility. Direct vendors to drop supplies outside. Plan for supply shortages.
- Strongly discourage residents from leaving the facility, except for supervised smoking breaks. For smokers, where possible, work with the resident's mental health or primary care provider to secure nicotine replacement therapy (NRT) to help eliminate nicotine withdrawal and the desire to leave their room to smoke.
- Limit interaction in common spaces, including hallways, by staggering any required movement of residents.
- Create a staggered bathing schedule to limit the number of people using the facilities at the same time.

### **Provide adequate supplies for staff and residents to practice healthy hygiene**

- Deliver supplies to residents with CLI including fluids, tissues, and plastic bags for the proper disposal of used tissues.
- Stock bathrooms and other sinks consistently with soap and drying materials.
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol (if that is an option at your facility) at key points within the facility, including registration desks, entrances/exits and eating areas.
- Position a trash can near the exit inside any resident room or area designated for people with CLI to make it easy for staff and residents to discard items.

#### **4. Standard Facility Operations: Dining and Cleaning**

##### **Dining and meals**

- Close dining rooms. Deliver meals to resident rooms. If you need additional staff to be able to provide room service, develop a staffing plan.
- If closing shared dining areas is absolutely not possible, stagger eating times and increase space between tables, so diners remain 6 feet apart.
- Close kitchens to residents. Develop alternatives to between-meal access depending on your services. If necessary, suspend certain services and communicate to residents that changes are being made to protect them.

##### **Cleaning and disinfecting**

Routine cleaning of surfaces using appropriate cleaning and disinfection methods can help to prevent the spread of COVID-19. There is no need to do any cleaning beyond the routine cleaning, even if there was someone in your facility with COVID-19.

- Clean and disinfect high-touch surfaces regularly. Frequently touched surfaces and objects can vary by location. Examples include doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet and toilet handles, drinking fountains, elevator buttons, push plates, phones, keys and remote controls.
- Clean by removing any visible dirt and grime before using disinfectants. Disinfectants remove most germs and are most effective on clean surfaces or objects. Coronaviruses are relatively easy to kill with most disinfectants. When using cleaning and disinfecting products, always read and follow the manufacturer's directions (e.g., application method, contact time).
- For clothing, towels, linens and other items that go in the laundry: Wash at the warmest possible setting with your usual detergent and then dry completely. Avoid "hugging" laundry before washing it to avoid self-contamination. Do not shake dirty laundry before washing to avoid spreading virus or other dirt and bacteria through the air. Dirty laundry from an ill person can be washed with other people's items.
- Any bathroom in use by a resident with CLI should be cleaned and disinfected after each use ideally by the person with CLI. If this is not possible, the caregiver should wait as long as possible after use by an ill person to clean and disinfect the high-touch surfaces.

#### **5. Rooming, Isolation and Monitoring Symptoms of Residents with CLI**

##### **Create more space in sleeping arrangements for all residents**

- Increase spacing so beds are at least 6 feet apart.
- Put fewer residents within a dorm or unit. Convert common spaces to sleeping areas to spread people out.
- Arrange beds so that individuals lay head-to-toe (or toe-to-toe) or create barriers between beds using items such as foot lockers, dresser or curtains.

- Avoid housing older adults, people with underlying medical conditions or people with disabilities in the same room as people with symptoms.
- Where possible, keep elderly residents and people with behavioral health conditions in familiar surroundings and minimize confusion and behavioral challenges.

**Isolate ill residents. Keep those with CLI apart from those who are not ill.**

It is critical to develop and implement plans to isolate (separate) residents with CLI from residents without symptoms.

- If residents share a room and one has CLI, separate them. If both residents in a shared room have CLI, they can remain in the room together. Strategies to accomplish this separation include:
  - If there are large shared sleeping areas, designate one area for residents with CLI and one area for those without symptoms.
  - If your building has sleeping areas with multiple floors, designate one floor for residents with CLI and one floor for residents with symptoms.
  - If you have multiple buildings, designate one building for residents with CLI and one building for residents without symptoms.
- Prepare to move residents around the building or to different facilities.
- Designate a bathroom for people with CLI and a bathroom for those without symptoms.
- Monitor resident health and move residents immediately into the areas designated for CLI at first sign of illness.
- Residents with CLI can be removed from isolation (separation) from other residents when **all** of the following are true:
  - It has been **at least** seven days since the resident’s symptoms started.
  - The resident never had fever or the resident has not had a fever for the prior three days without use of fever-reducing drugs such as Tylenol or ibuprofen.
  - The resident’s overall illness has improved.

**Monitor symptoms of residents and when to refer for medical care**

- Routine outpatient COVID-19 testing is not needed. If a resident has CLI, the resident should be assumed to have COVID-19.
- Do not transfer a resident to the hospital for evaluation for mild or moderate illness for testing or treatment. However, if severe symptoms occur, medical care should be sought as they can signal life-threatening illness.
- Residents who are able to self-monitor should monitor their own symptoms. In cases where staff must assist residents in monitoring symptoms, they should do so from six feet away.
- Visit [nyc.gov/health/coronavirus](https://nyc.gov/health/coronavirus) for the list of risk factors that increase risk for severe illness; residents with CLI and who have these risk factors may require closer monitoring.
- Staff should continuously assess whether residents develop more severe illness. Staff should refer residents to the hospital if they have any of the following:
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion or inability to stay awake

- Bluish lips or face

This list is not all inclusive. If you have any concern about a medical emergency, consult provider immediately, or call **911**.

## **6. Instructions for Staff Caring for Residents with CLI**

### **Interacting with a resident with CLI**

- All residents with CLI should be isolated.
- Identify and limit the number of staff interacting with isolated residents.
- Maintain social distancing as much as possible. Complete caregiver tasks from 6 feet away or more. Leave food or medication outside a door or 6 feet away from the ill person.
- If you need to be within 6 feet, wear a face covering (any well-secured paper or cloth that covers your nose and mouth) and disposable gloves as available when you enter the room where the ill individual is isolated. When you have physical contact with the ill individual (e.g., helping to bathroom, bathing, changing clothes) cover your clothing with a gown (washable or disposable), if available. Whenever leaving the bedroom, carefully remove the gloves, face covering and gown, put the disposable items in a trash can and the washable items in a plastic bag until ready to be washed, and wash your hands with soap and water for at least 20 seconds.
- If no gloves or face covering are available, limit close contact with the person and if possible, have the individual cover their mouth with a tissue or cloth. Provide a plastic bag for the direct disposal of the tissue after use.
- Bundle tasks that require close contact together to limit encounters with the ill person.

### **Help with basic needs**

- Make sure you can help the person adhere to instructions for medication and care, and provide support for getting groceries, prescriptions and other personal needs.

### **Limit the resident with CLI to one room**

- Only people who are providing care for the resident with CLI should enter the room or designated area.
- Assign a separate bathroom, if available. If the bathroom is shared, clean and disinfect after each use. Focus on frequently touched surfaces (door handles, sinks, paper towel dispenser, hand dryer, etc.).

### **Promote frequent hand washing**

- All residents and staff should wash hands often and thoroughly with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available. Do not touch eyes, nose or mouth with unwashed hands. Always wash hands before and after going into the residents' bedrooms.

### **Avoid sharing common items**

- You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding or other personal items. After the person uses these items, you should wash them thoroughly.

### **Monitor the ill individual's symptoms**

- If they are getting sicker, notify someone at the facility or call their health care provider to arrange to have them seen. Make sure the provider is aware the person has or may have COVID-19 so that they can put appropriate infection-control measures in place.

### **Monitor yourself**

- Caregivers and others in close contact with the person should monitor their own health for signs or symptoms of fever, a new cough, new shortness of breath or new sore throat. If that occurs, the caregiver will need to be isolated.

## **7. Mental Health Response**

- Some facilities provide mental health services ranging from full-service on-site services to evaluation of community clients and referral to off-site providers. Have plans in place for patients who regularly receive mental health services.
- If a client or resident must be isolated because of CLI or confirmed COVID-19, consider alternative arrangements such as video conferencing for continuity of regular services.
- Implement procedures to identify and update at least weekly the mental health resources (for example providers, pharmacies) that are available.
- Review and update provider contracts, and emergency medical protocols and procedures, including transporting persons to inpatient mental health facilities, if necessary, and evaluation of clients and residents for other medical needs. (See Section 6, Instructions for Staff Caring for Residents with CLI).
- When transport of a client or resident is necessary, implement procedures to ensure notification of all receiving facilities before the transport takes place.

## **8. Considerations for Residents who use Drugs**

- Be aware that social distancing recommendations may increase the risk of fatal overdose for residents who use drugs and are now using drugs alone.
  - Facility staff should increase safety checks and always carry naloxone.
  - Naloxone should be accessible to all residents.
  - For information on how to access naloxone, visit [nyc.gov/naloxone](https://nyc.gov/naloxone).
- Be aware that residents who use drugs are at risk for withdrawal; they may seek to prevent symptoms by maintaining drug use, and may seek to exit the facility more often than other residents.
- Support residents to obtain sterile syringes. Sterile syringes can be obtained from Syringe Service Programs (SSPs) and pharmacies participating in the expanded syringe access program (ESAP). For information on syringe access, visit [health.ny.gov/syringes](https://health.ny.gov/syringes).

- Social distancing means that parks and other places where people typically use drugs may be harder to access safely. As a result, residents might be more likely to use drugs in the facility.
  - Work with residents to develop an overdose safety plan including being aware of changes in tolerance; having someone check on them after they have used; using one drug at a time; and using a little bit at a time.
- Establish bathroom safety protocols, including:
  - Check bathrooms in common spaces for possible overdoses
  - Ensure bathrooms are accessible by staff in case of emergency (consider access to key or entry code; if door opens inward, entry may be blocked if resident is supine)
  - Install a sharps container for syringe disposal. Sharps containers can be obtained from Syringe Service Programs. To find your local SSP, visit [health.ny.gov/syringes](https://health.ny.gov/syringes)
- Provide residents who use drugs with information about medication for opioid use disorder (MOUD). Call 888-NYC-WELL (888-692-9355) for more information.

### People who use drugs and are in isolation

- Residents who use drugs and are isolated due to CLI are at increased risk of fatal overdose.
- Residents who are isolated might experience withdrawal symptoms.
  - Residents who are not currently receiving MOUD should consider starting buprenorphine.
  - Residents who are currently prescribed methadone should contact their clinic to ask about options for home delivery.
  - Residents who are currently prescribed sublingual buprenorphine should contact their provider and pharmacy to ensure ongoing access to medication.
  - Residents who are currently prescribed buprenorphine via injection or those receiving naltrexone via injection will need support to transition to an alternative medication.
  - To learn more about medications for addiction treatment via telehealth, visit [oasas.ny.gov/medication-assisted-treatment-telehealth](https://oasas.ny.gov/medication-assisted-treatment-telehealth) or call Health + Hospitals' virtual buprenorphine clinic at 212-562-2665.
- Residents who use drugs and are in isolation due to CLI may be most vulnerable to mental health issues such as depression and anxiety. Facilities should have a plan to provide support and referrals consistent with social distancing practices. Call 888-NYC-WELL (888-692-9355) for more information.

### 9. Continuity of Operations and Guidance to Staff

- Staff should continually monitor themselves for CLI. If they develop CLI at home, they should not come to work until after the full course of their illness.
- Any staff who develops symptoms of CLI at the facility should leave immediately and return home for the full course of their illness. They should wear a face covering (any well-secured paper or cloth that covers their nose and mouth) and avoid other people as much as possible. They should walk to their destination if they can and avoid crowded public transportation.
- If any staff develops CLI, they should stay home until **all** of the following are true:
  - It has been **at least** seven days since the staff's symptoms started.

- The staff member has never had a fever or has not had a fever for three days without the use of fever-reducing drugs such as Tylenol or ibuprofen.
- The staff's other symptoms have improved.
- Anticipate and plan for staffing challenges
  - Expect that many staff will be ill and furloughed until no longer a risk to others.
  - Expect additional staffing shortages due to changes in child care needs when day care programs and schools are closed.
  - Telecommuting may be an option for some.
- Anticipate and plan for shortages as supply chains are affected; pre-order essentials to maintain adequate reserves.
- Partners during routine operations will be affected similarly. Facility operations may need to adjust to challenges felt in associated programs, organizations and agencies.

**The NYC Health Department may change recommendations as the situation evolves.**

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