

Coronavirus Disease (COVID-19) Guidance for Congregate Settings

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, nursing homes, 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. This includes enhanced screening of staff and clients and limitations on visitors. Visit coronavirus.health.ny.gov/information-providers for the most up-to-date information.

The newly recognized respiratory disease — coronavirus disease 2019 (COVID-19) — is spreading rapidly in the United States and globally. **There is widespread community transmission in New York City.** Given this, congregate facilities are increasingly challenged to keep COVID-19 from being introduced into them.

2. Pandemic Planning With All Partners and Stakeholders

Planning for a COVID-19 epidemic response requires participation and investment by all parties involved in day-to-day operation of congregate settings and the flow of people into and out of the setting. Congregate settings are advised to engage with all of their partners to develop specific protocols and procedures that would be employed to control impacts from COVID-19 during two phases — when there is community transmission of COVID-19 and when there is widespread transmission in NYC.

Community transmission: Multiple chains of COVID-19 transmission identified that demonstrate at least four generations of person-to-person transmission; and multiple people with confirmed COVID-19 who do not have epidemiologic risk factors for infection (e.g., travel); and other public health surveillance information that detects an increase in people with influenza-like illness either localized or citywide.

Widespread transmission: Intensification of the community transmission findings; multiple instances of transmission occurring in congregate settings (e.g., schools, workplaces, health care facilities); and evidence of impacts on health care staffing and in other settings.

Initial strategies to help prevent the spread of COVID-19 are similar to the strategies used every day to detect and prevent the spread of other respiratory viruses like influenza. The guidance provided in this document can assist congregate setting facilities in NYC with devising strategies to prevent the introduction of COVID-19 and other respiratory diseases, manage known or potential exposures to COVID-19, and preventing outbreaks of COVID-19 in their facility.

3. Goal of this document is to help facilities:

- **Develop plans based on community transmission of COVID-19 in NYC to:**
 - Prevent the introduction of COVID-19 and other respiratory pathogens into your facility
 - Rapidly identify persons with respiratory illness that could be COVID-19
 - Prevent the spread of COVID-19 and other respiratory pathogens within and between your facility or facilities
 - Manage and isolate persons with suspected or confirmed COVID-19
 - Be familiar with infection prevention guidance
 - Accommodate persons with possible or confirmed COVID-19
- **Develop facility readiness and response plans in the likely event of widespread transmission in NYC of COVID-19**
- **Implement detailed guidance**
 - Appendix 1: Social distancing to limit further spread of COVID-19
 - Appendix 2: Room isolation — what should someone do if they have a flu-like illness or have been diagnosed with COVID-19
 - Appendix 3: Caregiver guidance — how to provide care for a person who is sick with a flu-like illness or has been diagnosed with COVID-19

4. COVID-19 Background Information

Coronaviruses are a family of viruses that cause mild illnesses like a cold to more serious illnesses like pneumonia.

COVID-19 is caused by a novel (new) coronavirus. A novel coronavirus is a type of coronavirus that has not been previously seen in humans. The virus that causes COVID-19 is thought to spread from person to person between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. Covering coughs and sneezes with a tissue or an upper sleeve and washing hands with soap and water for 20 seconds (preferred) or using an alcohol-based sanitizer are essential in stopping the spread of respiratory viruses.

- **For COVID-19 planning and response purposes, NYC will use the following definition for COVID-19-like illness (CLI). CLI includes any of these symptoms:**
 - Feeling feverish or having a measured fever (greater than or equal to 100.4 degrees Fahrenheit)
 - A new (within the last seven days) cough
 - New shortness of breath
 - New sore throat

The majority of people with COVID-19 first have CLI. Over the past two months, most people with CLI have not been tested for COVID-19. People with CLI should be considered contagious.

Most people with COVID-19 can tolerate the illness without medical intervention, as long as they are supported with all of their immediate needs. People who develop more severe disease requiring medical intervention, including hospitalization, have often been older adults, people with underlying medical conditions (such as chronic lung disease, heart disease, diabetes or a weakened immune system), or people with disabilities.

5. Planning for Community Transmission of COVID-19 in NYC

During the initial stage of community transmission, there are individual instances of COVID-19 introduction and transmission in congregate settings such as schools, workplaces, homeless shelters, and nursing homes. Unless initial responses are effective, outbreaks in congregate settings will take place. As community transmission of COVID-19 intensifies, more and more congregate settings will encounter CLI in their facilities. There have been reports of outbreaks in congregate settings in the U.S. In NYC, there has been demonstrated transmission of COVID-19 in health care facilities.

Facilities are advised to engage with their local and state partners to rapidly develop appropriate plans that can be implemented now. Given the multiple potential access points for people with COVID-19 into congregate settings, facilities should plan for the eventuality of identifying COVID-19 in a client, visitor or resident, which could present as CLI or an acute respiratory condition that affects breathing.

The NYC Health Department recommends facilities develop plans to address the recognition and management of individual cases of COVID-19 when there is community transmission by doing the following:

- **Be prepared** — If a pandemic planning committee was formed during earlier phases of the epidemic, it can be leveraged to continue planning and operations used during periods of community and widespread transmission of COVID-19. Ideally, the committee will have representatives from all key partners and is authorized by facility leadership to update their COVID-19 response plan in coordination with city and state partners.

- Refer to the Centers for Disease Control and Prevention's (CDC) COVID-19 community page by visiting [cdc.gov/coronavirus/2019-ncov/community](https://www.cdc.gov/coronavirus/2019-ncov/community).
- Identify and implement mechanisms for access to public health and other critical information needed for situational awareness. Visit [nyc.gov/coronavirus](https://www.nyc.gov/coronavirus), [ny.gov/coronavirus](https://www.ny.gov/coronavirus) or [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus).
- **Communicate with staff and residents** — Keep residents and staff informed.
 - Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow residents.
 - Educational materials and information should be provided to residents and visitors in a way that can be understood by non-English speakers. When evaluating and treating persons who may have COVID-19, provide an interpreter if possible. Visit [nyc.gov/coronavirus](https://www.nyc.gov/coronavirus) for materials and resources in multiple languages.
- **Protect your workforce, residents and clients.**
 - Ensure staff are aware of sick leave policies and are encouraged to stay home if they have CLI, which again include any of these symptoms:
 - Feeling feverish or having a measured fever (greater than or equal to 100.4 degrees Fahrenheit)
 - A new (within the last seven days) cough
 - New shortness of breath
 - New sore throat
 - Advise staff to check for any signs of CLI before reporting to work each day and notify their supervisor if they become ill when at work.
 - Do not require a health care provider's note for staff to be able to use sick days or for staff to return to work after being sick.
 - Incentivize these behaviors by compensating employees for staying home if they have CLI.
 - Prepare for cancellation of congregate day programs (schools, day care, senior day programs, and other day programs) and cancel them when directed to do so.
- **Increase capacities to keep the environment in your facility free of the virus that causes COVID-19.**
 - Clean facilities routinely and effectively.

- Clean frequently touched surfaces, such as doorknobs, door handles, handrails and telephones, as well as non-porous surfaces in bathrooms, sleeping areas, cafeterias and offices (e.g., floors), using an hospital disinfectant that is registered with the Environmental Protection Agency (EPA) as active against viral pathogens.
- Place waste baskets in visible locations and empty regularly.
- If feasible, enhance ventilation in common areas such as waiting areas, TV rooms and reading rooms.
- Linens, eating utensils and dishes belonging to those who are sick do not need to be cleaned separately, but should be thoroughly washed before sharing. Instruct cleaning staff to avoid “hugging” laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

6. Prevent the Introduction of COVID-19 Into the Facility

- Place signage in locations where they are visible to all visitors, employees and residents.
 - Post signs at all entrances instructing visitors not to visit if they are sick. Signs in multiple languages can be found by visiting nyc.gov/coronavirus.
 - Posters that encourage behaviors that can prevent person-to-person transmission (Cover Your Cough, Wash Your Hands) are available in multiple languages and can be found in the “Posters” section at the bottom of nyc.gov/coronavirus.
 - Ensure staff and residents are familiar with the symptoms of CLI, as listed above.
- Screen visitors, employees, residents and others for CLI at all entrances to the facility. Screening can be accomplished by asking the following questions: subjective fever (“feels feverish”), new (within seven days) cough, shortness of breath, or sore throat. A “yes” answer to any of these questions 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.
- Inform prospective visitors that they will not be allowed to enter the facility if they have CLI. When possible, facilities should use their usual communication channels to inform prospective visitors of these rules before they travel to the facility.
- Instruct residents and staff to report CLI at the first signs of illness.
- Develop plans and procedures for management of residents and clients for CLI upon admission to the facility, including admission to a dedicated location within the facility for management of CLI or to a preidentified facility where residents and clients with CLI will be managed during the course of their illness.

7. Rapid Detection and Management of People With Possible or Confirmed COVID-19

Now that community transmission of COVID-19 is demonstrated in NYC, it is incumbent on congregate settings to take steps to prevent introduction of the virus into the facility by visitors, volunteers, employees, clients or residents. This is the time when more and more NYC residents will be infected, screening will identify and turn away some people with CLI, and sporadic introductions to congregate settings will be identified. During widespread transmission, there are unambiguous impacts on congregate settings, which will be experienced as increasing employee absenteeism. This will be the period when it may become increasingly difficult to prevent COVID-19 introductions in the facility and contain transmission within it.

- If CLI or confirmed COVID-19 is detected in your facility or if confirmed introductions of COVID-19 have occurred in other congregate settings, suspend all visits and group activities in common areas, and day trips, as per NYC Health Department recommendations.
 - Deliver all meals to rooms or apartments, as feasible.
 - Suspend all group programs including day programs.
 - Strongly discourage residents from leaving the facility, except for supervised smoking breaks, as feasible.
 - Congregate homeless shelters will have unique challenges in regard to these issues. Depending on how they are configured and the residents they serve, shelter-specific plans may be needed that best limit the potential for COVID-19 transmission in common areas, including hallways if they are used for social interactions.
 - The most at-risk homeless population will be those who live on NYC streets and decline to live in NYC shelters. NYC agencies and partner organizations need to implement a plan that can identify CLI in this population and transport affected individuals to a dedicated facility, where they can be housed and supported for the full course of their illness as recommended by the NYC Health Department.
- Implement methods to screen daily all clients, residents, and employees for CLI.
- Implement plans and procedures for management of employees, residents, and clients for CLI.
 - Employees: Employees should practice social distancing with all clients (maintaining a distance of 6 feet or greater). Any employee who develops CLI at the facility must return home for the full course of their illness as recommended by the NYC Health Department. Avoid public transportation if possible.
 - Clients of day programs: If a client develops CLI when at a congregate day, they should be transported back to their residential facility, with a mask if available, and isolated in a private room or other location predesignated by the residential facility, and provided with all necessary support by the residential facility. Efforts should be expended to

manage the client's illness in the residential facility rather than in a hospital for the full course of their illness as recommended by the NYC Health Department.

- Residents: Transfer client to the predesignated location where residents with CLI will be managed. Call ahead before transferring.
 - Most people with COVID-19 can be managed without medical intervention, as long as they are supported with all of their immediate needs.
 - If residents with CLI develop worsening symptoms (e.g., high fever, rapid breathing), a health care provider should be consulted, and especially for people 50 years old or older, people that have chronic medical conditions (such as chronic lung disease, heart disease, diabetes or a weakened immune system), or people with disabilities.
 - Call ahead for a phone consultation. If a medical evaluation is necessary, first consider with the health care provider whether it can be done in an outpatient setting.

8. Infection Control in Facilities that Provide Health Care (e.g., assisted-living facility or group home for special populations)

There is a severe shortage of personal protective equipment (PPE) in New York City. The NYC Health Department urges providers to implement measures to conserve PPE, such as using social distancing whenever practical and feasible.

The NYC Health Department strongly advises use of droplet, not airborne, precautions in all clinical settings except intensive care units and other locations where procedures are conducted that can produce aerosols (e.g., intubation, suctioning, high-flow oxygen, nebulizer). There is no firm and consistent evidence that airborne transmission of COVID-19 takes place. Since fit-tested N95 respirators are needed by clinical teams caring for critically ill COVID-19 patients, the NYC Health Department requests that all outpatient sector health care providers use face masks and not respirators to help efforts to direct resources to where they are needed most critically.

- Recommended personal protective equipment (PPE) in outpatient settings for health care providers when they cannot maintain social distancing includes all of the following:
 - Gloves (standard precautions)
 - Gown (contact precautions)
 - Face mask (droplet precautions)
 - Eye protection (goggles or face shield)
- When feasible, the NYC Health Department recommends for residents with CLI to be managed in their residence, and preferably isolated in a private bedroom with private bathroom.

- In situations where a private bathroom is not available, a shared bathroom can be used if cleaning occurs after the individual uses it.
- Refer to Section 7: Rapid Detection and Management of People With Possible or Confirmed COVID-19, regarding visitation, suspension of routine facility activities and the need to deliver all meals to rooms or apartments.
- Nursing homes, other ambulatory health facilities and other outpatient or community setting regulated by New York State are directed to guidance from the New York State Department of Health. Visit ny.gov/coronavirus and search for **nursing home guidance letter** and **adult care guidance letter**.

9. Mental Health Response

- Some facilities provide mental health services including full service on-site services, 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 (e.g., providers, pharmacies) that are available.
- Review and update as needed provider contracts, 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 7, Rapid Detection and Management of People with Possible or Confirmed COVID-19.)
- When transport of a client or resident is necessary, implement procedures to ensure notification of all receiving facilities before the transport takes place.

10. Continuity of Operations

- 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.

11. Telecommuting may be an option for some.

- Anticipate and plan for shortages as supply chains are affected. Preorder 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.

Appendix 1: Social Distancing to Limit Further Spread of COVID-19 Disease

Limiting the number of people who congregate and interact with one another within a facility and allowing more physical space between people can help curb spread of this infection. Depending on specific facility needs and severity of exposure to persons with COVID-19, social distancing can range from decreasing the number of people who can congregate at a time for different activities to suspending all nonessential activities. Explain to clients and staff why people are isolated from others to avoid stigmatizing those who are affected.

The following are examples of social distancing that can be considered in congregate residential settings to limit the spread of an infectious respiratory illness:

<p>Sleeping Arrangements</p>	<ul style="list-style-type: none"> • Increase spacing so beds are at least 3 to 6 feet apart. • If space allows, put fewer residents within a dorm/unit. • Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds. • Move residents with symptoms into separate rooms with closed doors, and provide a separate bathroom, if possible. • If only shared rooms are available, consider housing the person who is ill in a room with the fewest possible number of other residents. • Avoid housing older adults, people with underlying medical conditions, or people with disabilities in the same room as people with symptoms.
<p>Mealtimes</p>	<ul style="list-style-type: none"> • Stagger mealtimes to reduce crowding in shared eating facilities. • Stagger the schedule for use of common/shared kitchens.
<p>Bathrooms and Bathing</p>	<ul style="list-style-type: none"> • Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time.
<p>Recreation/Common Areas</p>	<ul style="list-style-type: none"> • Create a schedule for using common spaces. • Reduce activities that congregate many residents at once such as “house meetings” and opt for smaller group activities.
<p>Transport</p>	<ul style="list-style-type: none"> • Opt for transporting less people per trip and ensure that passengers have more space between one another.
<p>Communication</p>	<ul style="list-style-type: none"> • Reduce the amount of face-to-face interactions with residents for simple informational purposes. • Consider using bulletin boards, signs, posters, brochures, emails, phone, mailbox or sliding information under someone’s door.
<p>Staff Activities</p>	<ul style="list-style-type: none"> • Reduce unnecessary assembly of staff (e.g., large meetings where information can be communicated by written guidance).

	<ul style="list-style-type: none">• Where appropriate, opt for conference calls instead of in-person meetings.
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Appendix 2: Room Isolation

If you have these symptoms or have been told that you have COVID-19, the steps below can help you not get others sick.

- **Stay in your room or designated area except to get medical care.**

While you are sick, restrict activities outside your room or designated area, except for getting medical care. Do not go to work, school or public areas, and do not use public transportation (e.g., bus or subway). You should ideally only travel in a private car and wear a face mask while outside of the home. If you do not have anyone to drive you in a private car, then use a taxi or car service, wear a face mask, sit in the back seat and open the window.

- **Separate yourself from other people in the facility.**

As much as possible, you should stay in a different room from other people. You should also use a separate bathroom, if available.

- **If you are given a face mask, wear it when around other people.**

If you have been given a face mask, wear it when you are in the same room with other people and when you visit a health care provider. If you cannot wear a face mask, the people who live with you can wear one while they are in the same room with you, or you can stay in your room with the door closed.

- **Cover your coughs and sneezes.**

Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds. Do not use your hands to cover coughs and sneezes.

- **Wash your hands.**

Wash your hands often and thoroughly with soap and water for at least 20 seconds. You can use an alcohol-based hand sanitizer if soap and water are not available. Avoid touching your eyes, nose and mouth with unwashed hands.

- **Avoid sharing common items.**

Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding or other items with other people. After using these items, wash them thoroughly with soap and water.

- **Monitor your symptoms.**

Notify someone in the facility or call your doctor if your illness is worsening (e.g., high fevers, difficulty breathing).

- **Call ahead before visiting your doctor.**

Before your medical appointment, call the health care provider and tell them of your symptoms. This will help the health care provider's office take steps to keep other people from getting infected. Do not use public transportation, instead use a privately-owned car if you can, or if not a taxi or car service and wear a face mask while outside of the facility.

Appendix 3: Caregiver Guidance

- **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 person to one room.**

Only people who are providing care for the person should enter the room or designated area.

- Assign a separate bathroom, if available. If the bathroom is shared, **clean and disinfect** after each use: **focusing on frequently touched surfaces (such as door handles, sinks, paper towel dispenser/hand dryer).**
- Restrict visitors who do not have an essential need to be in the room.
- Keep older adults, those who have compromised immune systems or chronic health conditions, and people with disabilities away from the person. This includes people with heart, lung or kidney conditions, diabetes or cancer.
- **Maintain distance when interacting with an isolated client.**

Maintain social distancing as much as possible. If you need to be within 6 feet, wear a face mask and disposable gloves as available when you enter the room where the ill individual is isolated. When you have physical contact with the person who is ill (e.g., helping to bathroom, bathing, changing clothes), cover your clothing with a disposable gown. Whenever leaving the bedroom, carefully remove the gloves, the mask, and the disposable gown, and carefully put them in a trash can in the room.

- **Wash your hands.**

Wash your 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 and if your hands are not visibly dirty. Avoid touching your eyes, nose or mouth with unwashed hands. Always wash your hands before and after going into the bedroom.

- **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.

- **Clean all high-touch surfaces.**

Clean frequently touched surfaces such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day.

- **Wash laundry thoroughly.**
- **Monitor the symptoms of the person who is ill.**

If they are getting sicker, notify someone at the facility or call their health care provider to make arrangements 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 your health.**

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.