



Coronavirus Disease (COVID-19) Guidance for Congregate Settings

NOTE: The situation regarding COVID-19 is rapidly changing as is our knowledge of this new disease. The guidance is this document based on the best information currently available. Visit the [NYC Health Department website](#) and [Centers for Disease Control and Prevention \(CDC\) website](#) for more information.

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.

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. Please visit the New York State Department of Health provider webpage (<https://health.ny.gov/diseases/communicable/coronavirus/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. The World Health Organization has designated COVID-19 a pandemic. The federal government, New York State, and New York City (NYC) have all declared states of emergency. **There is widespread community transmission in NYC.** 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 them. 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. Facilities concerned that a resident, visitor, or employee may have [COVID-19](#) should



Health

contact the NYC Health Department Provider Access Line immediately for consultation and guidance (see below).

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 Disease
 - 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

3. COVID-19 Background Information

Coronaviruses are a family of viruses that cause mild illnesses like a cold, to more serious illnesses like pneumonia. These include coronaviruses 229E, NL63, OC43, and HKU1.

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 2019 novel coronavirus is thought to have originated in animals. 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. It may be possible that a person can get COVID-19 by touching surfaces contaminated with the virus, and then touching their own eyes, nose, or mouth, but this is not thought to be the main way the virus spreads. 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”):

- Feeling feverish or having a measured fever (greater than or equal to 100.4° Fahrenheit); **OR**
- A new (within the last 7 days) cough; **OR**
- New shortness of breath; **OR**
- 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 or persons with underlying medical conditions.

4. 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 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 points of access of COVID-19-infected people 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 CDC site for Coronavirus Disease 2019 (COVID-2019) at:
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
 - Identify and implement mechanisms for access to public health and other critical information needed for situational awareness, including CDC and NYC and NYS Health Department webpages.
 - Participate in NYC interagency COVID-19 planning activities.
- **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 the [NYC Health Department website](#) 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:
 - Feeling feverish or having a measured fever (greater than or equal to 100.4° Fahrenheit); **OR**
 - A new (within the last 7 days) cough; **OR**
 - New shortness of breath; **OR**
 - 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 healthcare 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 EPA-registered hospital disinfectant that is 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 not be shared without thorough washing. 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.



5. 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 on the [NYC Health Department Coronavirus webpage](#).
 - 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 the Coronavirus webpage.
 - Ensure staff and residents are familiar with the symptoms of CLI
- Screen visitors, employees, residents, and others for CLI at all entrances to the facility. Do not allow anyone with CLI to enter into 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 pre-identified facility where residents and clients with CLI will be managed during the course of their illness.

6. 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 period 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 has 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
 - Prohibit residents from leaving the facility, except for supervised smoking breaks, as feasible.
 - 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 screening methods to assess daily all clients, residents, and employees for CLI
- Implement plans and procedures for management of employees, residents, and clients' for CLI
 - A face mask and disposable gloves are advised for employees who interact within 6 feet of clients or residents with CLI.
 - Employees: 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. Use a face mask when traveling home (no public transportation)
 - Clients of day programs: If a client develops CLI when at a congregate day program, they should be masked and transported back to their residential facility, isolated in a private room or other location pre-designated 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: Place a face mask on the resident and transfer to the pre-designated 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, have chronic medical conditions (diabetes, lung or heart disease, or weak immune systems from disease or medications).
 - 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 settings.
- If 3 or more people associated with the facility are found to have CLI over a 2-week period, contact the NYC Health Department's Provider Access Line (PAL) at **866-692-3641** for additional guidance.

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

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 O₂, 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 critical resources to where they are needed most critically.

- Recommended personal protective equipment (PPE) in outpatient settings:
 - Gloves (Standard Precautions); AND
 - Gown (Contact Precautions); AND
 - Face mask (Droplet Precautions); AND
 - Eye protection (goggles or face shield)
- As 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 6, Rapid Detection and Management of Persons with Possible COVID-19 regarding visitation, suspension of routine facility activities and the need to deliver all meals to rooms or apartments, as feasible.
- 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:
 - [Nursing home guidance letter](#) (March 11, 2020)
 - [Adult care facility guidance letter](#) (March 11, 2020)

8. 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 (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 6, 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.



9. 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).
 - **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.

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 to 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 non-essential 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:

Sleeping Arrangements	<ul style="list-style-type: none"> • Increase spacing so beds are at least 3-6 feet apart • If space allows, put less 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 ill person in a room with the fewest possible number of other residents • Avoid housing older adults or people with underlying medical conditions in the same room as people with symptoms
Mealtimes	<ul style="list-style-type: none"> • Stagger mealtimes to reduce crowding in shared eating facilities • Stagger the schedule for use of common/shared kitchens
Bathrooms and Bathing	<ul style="list-style-type: none"> • Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time
Recreation/Common Areas	<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
Transport	<ul style="list-style-type: none"> • Opt for transporting less people per trip and ensure that passengers have more space between one another
Communication	<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
Staff Activities	<ul style="list-style-type: none"> • Reduce unnecessary assembly of staff (e.g., large meetings where information can be communicated by written guidance) • Where appropriate, opt for conference calls instead of in-person meetings



APPENDIX 2: ROOM ISOLATION

What should someone do if they feel feverish or have a measured fever (greater than or equal to 100.4° Fahrenheit), have a NEW cough, NEW shortness of breath, or NEW sore throat or have been diagnosed with COVID-19?

If you have these symptoms or have been told that you have COVID-19, the steps below can help you from getting 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, and sit in the back seat.

Separate yourself from other people in the facility

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

If you are given a face mask

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.

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 healthcare provider and tell them of your symptoms. This will help the healthcare provider's office take steps to keep other people from getting infected. Do not



Health

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

How to provide care for a person who feels feverish or has a measured fever (greater than or equal to **100.4° Fahrenheit**), **has a NEW cough, NEW shortness of breath, or NEW sore throat** or has been diagnosed with COVID-19?

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.

- Use a separate bathroom, if available.
- Restrict visitors who do not have an essential need to be in the room.
- Keep older adults and those who have compromised immune systems or chronic health conditions away from the person. This includes people with heart, lung or kidney conditions, diabetes, or cancer.

Wear a face mask and gown and use gloves

Wear a face mask and disposable gloves 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) you should 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 ill individual's symptoms

If they are getting sicker, notify someone at the facility or call his or her healthcare provider to make arrangements to have them seen. Make sure the provider is aware the person has or may have 2019-nCoV 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.