



MEMORANDUM

To: Department of Health Housing Providers

From: New York State Department of Health (“NYSDOH”)

Date: March 27, 2020

RE: COVID-19 Infection Control Guidance for NYS DOH Supportive Housing Programs

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

APPLICABILITY

This guidance is applicable to the following Department of Health Supportive Housing Programs:

- DOH Empire State Supportive Housing Initiative (ESSHI) Projects
- Health Home Supportive Housing Program
- Olmstead Supportive Housing Program
- Rapid Transition Housing Program

SECTION 1: OVERVIEW

COVID-19 is caused by a new type of coronavirus. Until late 2019, this type of coronavirus was unknown. The virus is thought to first infect the tissue inside the nose or the throat and then spread lower down into the lungs. In most cases, the illness is mild or moderate and most people recover. However, some people, particularly those over 50 years old, those with pre-existing medical conditions such as asthma or diabetes, or those who smoke tobacco or e-cigarettes, may become very ill and require emergency hospitalization.

The infection spreads between persons who are in close contact with one another through respiratory droplets formed when an infected person coughs or sneezes. The infection may also spread when individuals touch contaminated surfaces and then touch their face. Covering coughs and sneezes with a tissue or in an elbow, washing hands frequently with water and soap for 20 seconds or using an alcohol-based hand sanitizer with at least 60% alcohol, and avoiding touching the face are critical steps to protecting oneself and others.

The main symptoms of the infection are a fever of over 100.4 °F, a new cough within the last seven (7) days, shortness of breath, or a new sore throat within the last seven (7) days.

SECTION 2: PHYSICAL DISTANCING

Physical distancing is a prevention technique aimed at slowing the spread of the virus. People are asked to stay at home and limit contact with those who do not live in their home. Public health measures to close schools, eat-in restaurant dining, gyms, libraries, theaters, and so forth are all part of this approach. This drastic action is meant to prevent people from getting sick and overwhelming the healthcare system.

SECTION 3: GUIDANCE FOR SCATTERED-SITE HOUSING PROGRAMS

- 1) Programs should educate all their clients in scattered-site housing about the importance of avoiding socializing indoors, restricting visitors to their homes, practicing appropriate hand hygiene, avoiding touching their faces, practicing basic disinfecting at home, and keeping at least six (6) feet away from others while out in public, when possible.
- 2) Programs need to determine on a case-by-case basis when it is clinically necessary to continue visiting clients. Possible reasons include, but are not limited to, helping the client access medical treatment, access food or other basic supplies, or mitigating risk of disengagement or hospitalization in absence of direct contacts.
- 3) Face-to-face visits should be replaced with telephonic or video visits as long as the recommendation for physical distancing is in place, unless it is clinically necessary to visit the client in person.

For additional information on COVID-19 Medicaid Guidance on Telehealth and Telephonic:

https://www.health.ny.gov/health_care/medicaid/program/update/2020/index.htm

- 4) When visiting a client, staff should use alcohol-based sanitizer with at least 60% alcohol prior to entering the client's home and should wear a face mask, if available.
- 5) Staff should attempt to keep at least six (6) feet away from client during the visit.
- 6) Staff should remind client to practice appropriate hand hygiene and to avoid touching their face.
- 7) Staff should use alcohol-based sanitizer with at least 60% alcohol immediately upon leaving the client's building.
- 8) Staff should ensure that clients food security is being met. If a client is identified as food insecure and there are not sufficient community resources to assist the individual, a case-by-case email must be sent to the contract manager to allow for DOH grant funds (within your organizations approved budget) to purchase emergency provisions.
- 9) When possible, staff should help clients set up medication delivery and food delivery services.

SECTION 4: GUIDANCE FOR DOH SUPPORTIVE HOUSING PROGRAMS

Most of the messaging around physical distancing is aimed at single-family homes. Housing programs should consider the following additional efforts to protect clients and staff in supportive housing buildings:

- 1) Clients should be educated to stay in the residence as much as possible. If they do go out, they should keep a distance of at least six (6) feet away from anyone else, including relatives who do not live in the program, and avoid touching their face. Programs should cancel all planned social or recreational outings. Upon returning home, residents and any accompanying staff should immediately wash their hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer with at least 60% alcohol. Cell phones and other frequently handled items should be sanitized daily.
- 2) Providers should display the “NYS DOH Protect Yourself ” poster from [COVID-19 signage](#) throughout their facilities. Translations to other languages are available [here](#).
- 3) Programs should advise clients against non-residents from visiting residences unless it is deemed necessary to the direct support of a resident’s health and wellness. Prior to entering the residence, visitors should be asked if they have a new cough, a new sore throat, shortness of breath, or if they have a fever. If any of these are present, the visitor should not be allowed into the residence.
- 4) Staff members should stay home if they are sick. Staff members who have had direct contact with individuals who tested positive for COVID-19 or who are designated a Person Under Investigation (PUI) should self-quarantine for fourteen (14) days and not come to the residential program. If after fourteen (14) days after the last contact they have not developed symptoms, they may return to work. It is not necessary for contacts of contacts to self-quarantine.

Note: The New York State Department of Health and Center for Disease Control have issued guidelines for healthcare workers who have tested positive or who have been in contact with a COVID-19 positive person which include less stringent quarantine and return to work criteria for workers in times of shortage. These guidelines should be considered if the program experiences significant staff shortages.

- 5) Frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks) should be disinfected daily with cleaning products effective against rhinoviruses or human coronavirus. See [CDC Guidance for Home and Community Locations](#) for further details.
- 6) To the extent possible, programs should work with clients’ healthcare providers to institute telemedicine appointments. Blood draws and monthly injections will still need to be done in person. Clients and staff should be reminded of the importance of hand hygiene and of not touching their faces while visiting their providers.
- 7) Clients and staff should be instructed to report symptoms as soon as possible.
- 8) For individuals who have not developed symptoms and are in shared bedrooms, ensure that the beds are at least six (6) feet apart, if possible. It is recommended that clients sleep head-to-toe.
- 9) Supportive housing buildings should continue accepting new client referrals. It is important for clients to find homes even during this public health emergency.
- 10) Programs should request referring facilities to attest that the client has not had any new symptoms consistent with COVID-19 infections.
- 11) Given the limitations in testing, it is not possible for programs to require a negative COVID- 19 test as a condition of admission, but if any symptoms are present, a mask should be worn for a period of fourteen (14) days, and the client should isolate in their apartment.
- 12) New clients should remain in their apartment as much as possible during the first fourteen

(14) days and maintain six (6) feet distance from all other clients and staff to the extent practicable.

SECTION 5: GENERAL GUIDANCE ON RESPONDING IF CLIENT DEVELOPS SYMPTOMS

- 1) If a client in the program develops symptoms that could indicate a COVID-19 infection, the client should be asked to stay in their apartment. Exposed clients should, if possible, have their own apartment for fourteen (14) days. If they remain symptom-free, they can then share a room with others. The client should be asked to wear a mask. Meals should be taken in the room.
- 2) The program administrator should immediately contact their local health department ([New York County Health Department Directory](#)) for information on how to proceed with testing. The NYS Department of Health also operates a Novel Coronavirus Hotline 24/7 at 1-888-364-3065 for additional questions. If the client is critically ill and is having difficulty breathing, it may be necessary to transport the client by ambulance to the hospital. Local health departments may have provisions for alternate housing arrangements for positive individuals. This will depend on each jurisdiction.
- 3) If the client is not critically ill, they should stay in their apartment. Most individuals who test positive for COVID-19 will never need to be hospitalized. Hospitalization is only necessary if the individual has difficulty breathing or otherwise appears critically ill. It is important to reduce unnecessary visits to hospital ERs to help reduce the spread of COVID-19.
- 4) Program staff should work with the client's health care provider or primary care provider to secure enough nicotine replacement therapy (NRT) to help eliminate nicotine withdrawal and the desire to leave their room to smoke.
- 5) Clients who are over 50 years old, have significant respiratory comorbidity, or who smoke should wear masks, if available, and increase the frequency of hand hygiene practices. If masks are not available, more vulnerable clients should maintain at least six (6) feet distance from other individuals and staff. If residing in a supportive housing development, they should refrain from using common areas such as community rooms and lounges.
- 6) Staff members should wear masks and increase frequency of hand hygiene practices when in contact with clients. If masks are not available staff should whenever possible remain six (6) feet away from positive or potentially positive individuals.
- 7) Surfaces, knobs, handles, and other items that come into frequent hand contact should be sanitized three times per day in supportive housing buildings. Clients should be encouraged to sanitize their individual apartments.
- 8) In supportive housing buildings, clients who test positive or who are PUI should not use shared spaces such as common areas, etc. Arrangements need to be made to change existing house routines that require clients to use common spaces.

SECTION 6: GUIDANCE FOR HANDLING CLIENTS RETURNING FROM THE HOSPITAL

- 1) Most individuals who become very ill with COVID-19 and require hospitalization will recover. Individuals must be discharged once they are no longer ill enough to warrant ongoing medical admission, though they may still have mild COVID-19 symptoms.
- 2) Clients will need to come home to their apartment after being discharged from the hospital. It is important that staff in supportive housing buildings help manage not only the individual client's fears, but also the anxieties of all other housemates.

- 3) Individuals who return from the hospital and who are not showing symptoms of COVID-19 should be considered in the same category as a new client (see above).
- 4) Individuals who are discharged from the hospital after an admission for COVID-19 should be treated with the same precautions as someone who is a PUI or who tests positive but is never hospitalized (see above).

SECTION 7: GUIDANCE IN CASE OF SHORTAGES OF PERSONAL PROTECTIVE EQUIPMENT (PPE):

- 1) If PPE (masks, alcohol-based hand sanitizer with at least 60% alcohol, gloves) is in short supply, programs may have to adapt their practices.
- 2) In case of shortage of alcohol-based sanitizer with at least 60% alcohol, clients and staff should increase hand-washing practices. Wash hands with soap and water for a minimum of 20 seconds after coming into contact with any surface, other person or prior to touching the face.
- 3) COVID-19 is primarily spread through droplets in the air. Maintaining physical distance from others is critical to avoid droplets that are formed when a person sneezes, coughs, yells, etc. In the absence of masks, strict physical distancing is important.
- 4) When there is scarcity of masks, the [CDC recommends](#) individual re-use masks, provided they are not torn, soiled, or damaged. Masks with elastic bands are easier to reuse than those with bands that need to be tied.

Additional Medicaid COVID-19 Guidance:

https://www.health.ny.gov/health_care/medicaid/covid19/index.htm