COVID-19: Guidance for Congregate Residential Settings

For additional information on COVID-19, visit nyc.gov/health/coronavirus and 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 group of people reside, meet or gather in close proximity for either a limited or extended period of time. This guidance document is limited to congregate *residential* settings, such as assisted living facilities, group homes and homeless shelters.

The New York State (NYS) Department of Health (NYSDOH) has issued specific guidance and requirements for nursing homes, adult care facilities and other state-regulated facilities specific to COVID-19. This information is available at coronavirus.health.ny.gov. Additional guidance relevant for NYS Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) funded, licensed, and operated facilities and facilities certified by the NYS Office for People with Developmental Disabilities can be found at omh.ny.gov/omhweb/guidance, oasas.ny.gov/keywords/coronavirus and opwdd.ny.gov/coronavirus-guidance, respectively. Facilities within the New York City (NYC) Department of Homeless Services (DHS) system should also consult DHS guidance.

Every facility is different, and its administrators know the facility best. Tailor this guide to a facility's specific circumstances. The more aggressive the prevention and intervention measures, the more likely that COVID-19 transmission in a facility can be limited. The goals of this document are to help residential congregate setting facilities:

- Implement measures required by NYS regulatory and licensing agencies.
- Implement policies for dining, group activities, use of common areas, and visitation.
- Implement policies to promote social distancing and infection control.
- Implement measures that will identify when residents are ill.
- Implement measures to monitor and isolate residents with suspected or confirmed COVID-19, and to monitor and quarantine identified close contacts.
- Train staff to safely care for residents with suspected or confirmed COVID-19.
- Establish mechanisms for residents to be evaluated and tested when necessary.

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

- Promote face covering or face mask use by staff and residents.
- Help people to routinely stay at least 6 feet apart.

- Promote frequent hand washing with soap and water and use of alcohol-based hand sanitizer among residents and staff.
- Facilitate prompt identification of individuals with COVID-19.
- Ensure isolation of residents with COVID-19 symptoms and effective evaluation, quarantine and monitoring of individuals who are exposed.
- Ensure that the facility maintains adequate supplies of personal protective equipment (PPE), that facility staff and caregivers are familiar with how PPE is used correctly, and that they can do so proficiently.
- Promote environmental cleaning especially of high-touch surfaces, common areas, and bathrooms, using cleaning products registered by the Environmental Protection Agency (EPA) for use against the virus that causes COVID-19.
- Direct staff and caregivers to stay home if sick.

2. Overview of COVID-19 Transmission, Symptoms, Isolation, and Quarantine

How does COVID-19 spread?

- COVID-19 is primarily spread through droplets that are sprayed when a person coughs or sneezes, sings, or talks. Current evidence suggests that COVID-19 most likely spreads to people who are in close contact (within 6 feet) with someone who has COVID-19.
- It may be possible for people to get COVID-19 by touching a surface that has the virus on it and then touching their eyes, nose or mouth with unwashed hands, but this is not thought to be the main way the virus spreads.
- People without symptoms can still spread the virus.

After exposure to COVID-19, how long does it take, if infected, for symptoms to occur?

- The time from one's exposure to a virus to when symptoms begin is called the *incubation period*. The incubation period for COVID-19 is two to 14 days. Most people who develop symptoms usually do so in four to five days, but it can take as long as 14 days. This is the rationale for a recommended quarantine period of 14 days.
- Some individuals with COVID-19 do not have symptoms.

How long is someone with COVID-19 contagious?

- The days during which an individual is contagious is called the *infectious period.*
- The infectious period for most people with mild to moderate COVID-19 extends from two days *before* symptoms start to no more than 10 days after symptom onset. Some people with severe COVID-19, or who are severely immunocompromised, may be infectious for longer. In this subset of individuals, the Centers for Disease Control and Prevention (CDC) recommends considering an isolation period of up to 20 days, in consultation with infection control experts.

- The infectious period for an asymptomatic individual diagnosed with COVID-19 is two days before the person was tested (the day the specimen was collected) until 10 days after the specimen collection date, unless there is evidence of severe immunocompromise.

Who is at greater risk of having severe COVID-19 illness?
COVID-19 occurs in all age groups. The risk for severe COVID-19 increases with age and in those with certain underlying health conditions. Current lists for conditions that are *known* to be risks and that *might* be risks for severe COVID-19 can be found here.

People with regular and prolonged close contact with others who have or could have COVID-19 are at higher risk of becoming infected, such as people who live in the same residence, staff who work in the residence, or intimate partners of people with COVID-19.

What are the symptoms of COVID-19?
People with COVID-19 can have a wide range of symptoms, from mild symptoms to severe illness. For COVID-19 planning and response purposes, the list of "COVID-19 symptoms" can be found here. Anyone with COVID-19 symptoms (residents or staff) should be referred for medical evaluation and COVID-19 testing, if clinically warranted.

What is the difference between isolation and quarantine?
- Isolation is used for individuals who have or are suspected to have a contagious infectious disease. When someone is isolated, they are removed and separated from those who are not known to be infected in order to protect others from getting sick. Isolated individuals with COVID-19 can be symptomatic or asymptomatic.
- Quarantine is used for individuals who *are not known to be infected or ill* but have been exposed to someone with a contagious infectious disease. When an individual is quarantined, they are removed and separated from others in case the exposed individual was infected and might spread the disease once infectious, since such persons may be infectious before or without having symptoms.

3. Measures to Prevent and Reduce the Spread of COVID-19

Signage
- Place signs related to COVID-19 prevention throughout the facility. Signs and posters in multiple languages can be found here.
    - Place *Cover Your Cough* and *Wash your Hands* posters in visible locations.
    - Place signs that list COVID-19 symptoms and explain how residents can report when they or others have symptoms.
    - Place signs visible to all staff, residents, and any visitors to stay home or in their rooms if they are sick.

- Place clear signage outside all rooms or locations where residents are isolated for suspected or confirmed COVID-19. Signage should describe the infection prevention and control precautions needed to enter areas or rooms (for example, gloves, face mask, gowns)

Cleaning and disinfecting

Routine cleaning of surfaces using appropriate cleaning and disinfection methods can help to prevent the spread of COVID-19.

- Clean and disinfect high-touch surfaces regularly and at least daily. High-touch surfaces and objects can vary by location. Examples include doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet handles, 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. Use a cleaning product that is EPA-registered for use against the virus that causes COVID-19. When using cleaning and disinfecting products, always read and follow the manufacturer's directions (such as application method and 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 a sick person can be washed with other people's items.
- Shared bathrooms, including stalls, used by residents with COVID-19 symptoms or confirmed COVID-19 should be cleaned and disinfected after each use, and ideally by the resident after their use. If this is not possible, facility staff or other caregivers assisting the residents should be engaged to clean and disinfect the bathroom stalls and high-touch surfaces.
    - Bathrooms in common areas can be reopened if they were closed during widespread community transmission, as long as they are cleaned multiple times every day and routinely stocked with all items needed for safe use, including toilet paper, seat coverings, soap and paper towels.

Provide adequate hygiene supplies for staff, residents and visitors

- Deliver hygiene supplies to residents with COVID-19 symptoms, including tissues and plastic bags for the proper disposal of used tissues.
- Position a trash can near the exit inside residents' rooms and areas designated for people with COVID-19 symptoms to make it easy for staff and residents to discard items safely.

- Stock all bathrooms and other sinks with soap and paper towels.
- Provide alcohol-based hand sanitizers that contain at least 60% ethanol or 70% isopropanol at key locations within the facility, including registration desks, entrances and exits, common areas, elevators, dining areas, hallways and residential areas.

Screen staff, visitors and residents entering the facility

- Staff, residents and others should be screened for fever and other COVID-19 symptoms at all entrances to the facility, in accord with NYS regulatory and licensing agencies. Measured temperature checks using a no-contact thermometer are preferred.
    - A "yes" answer to any of the COVID-19 symptoms by facility staff or visitors should result in denial of entry to the facility.
    - A "yes" answer to any of the COVID-19 symptoms by a resident should result in isolation of the resident in the facility or an alternative setting and offering of testing to the individual.

Visitation, group activities and movement within the facility

- Adult care facilities in NYC can resume visitation and other activities per NYSDOH guidance here. Note that prior to resuming such activities, adult care facilities must submit a safety plan to NYS DOH.
- In other residential congregate facilities, group dining, programming, classes or other group activities can resume, as long as physical distancing is enforced and individuals wear face masks or face coverings in common spaces and during group activities.
- Loosening of visitation restrictions can occur two weeks or more after resumption of group activities and use of common areas.
    - Inform families and caregivers when changes to visitation policies are made.
    - All visitors must wear face coverings when entering the facility and for the duration of their visit and maintain a distance of at least 6 feet from residents.
    - All visitors should be screened for fever and other COVID-19 symptoms at entrance to the facility.
    - Initial visitation should be limited to essential visitors, such as caregivers, and immediate family members. Entry of other visitors should be allowed gradually, but at least two weeks after essential and immediate family visits have resumed.
    - No more than two visitors should be permitted in residents' rooms or apartments at the same time.
    - When the size of residents' rooms or apartments cannot support visitation, visits can take place in outdoor or indoor areas designated by the facility and with the same infection prevention measures used in residents' living spaces.
    - Support alternate ways for residents to stay in touch with their families and friends, such as by phone or video.

- Reassess vendor and supply processes and ensure procedures for safe delivery by vendors to the facility.
- Limit interactions in common spaces, including hallways, by staggering any required movement of residents.
- Create a staggered schedule for showers, laundry and other common areas to limit the number of people using shared facilities at the same time.
- Reduce face-to-face interactions between staff and residents. Encourage remote interactions when possible, including by phone, email, intercom, or video. When face-to-face interactions are necessary, ensure that at least 6 feet of distance is maintained to the extent possible and that all parties wear either a face mask or face covering.

Dining and meals

- Adult care facilities in New York City can resume congregate meals following NYSDOH guidance. In other congregate residential facilities, group dining can resume if physical distancing is enforced and individuals wear face masks or face coverings in dining areas, except while eating.
- Stagger eating times and increase space between tables and between seats at tables so diners remain 6 feet apart.
- Close common kitchens. Develop alternatives to between-meal kitchen access depending on facility services.
- Deliver meals to residents' rooms when residents are isolated or quarantined for COVID-19.
- Residents should not share dishes, drinking glasses, cups, eating utensils, towels, bedding or other personal items with other residents. After residents use these items, facilities should wash them thoroughly before they are used by other residents.

Sleeping arrangements

- Maintain increased spacing in shared sleeping areas, so beds are at least 6 feet apart. Arrange beds so that individuals are situated either head-to-toe or toe-to-toe. Create barriers between beds using items such as foot lockers, dresser, or curtains.
- Maintain efforts to decrease the number of residents housed in dormitory-like units. Avoid converting common spaces to sleeping areas, if possible.
- Whenever possible, keep older adults and people with behavioral health conditions (including cognitive deficits) in familiar surroundings to minimize confusion and other behavioral challenges.

Education for staff, residents, family members, and caregivers

- Familiarize staff, residents, family members, and caregivers with the symptoms of COVID-19 and how to report when they or others show the first signs of illness.

- Inform residents to notify facility management, case managers and/or caregivers when they are tested for COVID-19.
- Explain measures taken by the facility to protect residents by preventing COVID-19 transmission. This should be repeated at least monthly.
- Inform staff, residents, family members and caregivers whenever circumstances necessitate a new response, such as confirmation of a COVID-19 infection in the facility or the need to again restrict social interactions.

4. Isolation and Care for Residents with Suspected or Confirmed COVID-19

Monitor residents and staff for COVID-19

- Monitor residents daily for COVID-19 symptoms.
    - When staff assist residents with self-monitoring, they should wear face masks and maintain at least 6 feet of distance.
- Refer residents with COVID-19 symptoms for medical evaluation and testing.
    - NYS regulations (10 NYCRR 415.33) require any patient/resident of a nursing home who is known to have been exposed to COVID-19 or influenza or has symptoms consistent with COVID-19 or influenza to be tested for both infections.
    - Residents who do not have a health care provider can call **844-NYC-4NYC** (844-692-4692) or **311**. Care is available regardless of immigration status or ability to pay.
    - If symptoms worsen, call 911 if necessary or arrange for transport to an emergency department for clinical evaluation and testing.
    - When a symptomatic resident is tested for COVID-19 and returns to the facility pending a test result, they should be isolated in a private room until the facility learns whether the resident has been diagnosed with COVID-19.
        - If a resident tests positive for COVID-19 via a nucleic acid amplification (NAA) or viral antigen test (not an antibody test), they should remain in isolation.
        - If a resident tests negative for COVID-19 via a NAA test, they can be removed from isolation.
            - **NOTE:** A negative point-of-care test result is considered presumptive pending confirmation with a NAA test, and should not be used to discontinue isolation, especially in those who tested positive initially with a NAA test.
    - Residents with COVID-19 symptoms who have not been tested must be isolated in their rooms (if living alone). Individuals who are not tested must remain isolated for at least 14 days from symptom onset with an overall reduction in symptoms and the last 3 days being fever-free without use of fever-reducing medication as if they had confirmed COVID-19.

        - Case managers should consistently engage the resident and explain the importance of being evaluated by a medical provider.
        - People with whom the resident has a trusting relationship (health care providers, case managers, behavioral health practitioners) should also be involved in educating the resident and promoting the need for an assessment.
- Instruct staff and caregivers to self-monitor daily for COVID-19 symptoms.
    - If COVID-19 symptoms begin when staff or caregivers are at home, they should stay home and contact their health care provider for evaluation and COVID-19 testing.
    - If COVID-19 symptoms begin when staff or caregivers are at the facility, they should return home and contact their health care provider for evaluation and COVID-19 testing.
        - When traveling home or to a health care provider, staff and caregivers should wear a face covering or face mask and maintain a distance of at least 6 feet away from other people. To the extent feasible staff should use a personal vehicle or walk, rather than using public transportation.
        - Remind staff and caregivers to self-isolate at home.

Isolate individuals with suspected or confirmed COVID-19 and quarantine exposed individuals

NYS-regulated facilities, including nursing homes, adult care, and other facilities are advised to consult with their state-licensing body including NYSDOH, OMH, OASAS, and the Office for People with Developmental Disabilities (OPWDD). OMH-, OASAS-, and OPWDD-licensed programs in NYC operate under the infection control authority of the NYC Department of Health and Mental Hygiene (NYC Health Department). Facilities also may be subject to Executive Orders.

- Residents with COVID-19 symptoms or confirmed COVID-19 should be isolated from each other and from those who are not ill.
    - One individual can be isolated in a room by themselves.
    - Two or more people can be isolated in the same room (cohorted) if, and only if, laboratory tests have confirmed that they have been diagnosed with COVID-19.
    - Residents who have been exposed (10 minutes or more within 6 feet) to an individual with COVID-19 should be quarantined for 14 days from last date of known exposure and monitored for symptoms daily.
    - A separate room is recommended for individuals exposed to someone with suspected or confirmed COVID-19.
    - Ideally, exposed individuals should not be quarantined together in the same room. However, in some situations, it may be necessary to cohort more than one exposed individual in the same room until alternative options are identified.

        - Families with small children and individuals with special needs and their caregivers may need to be quarantined together. Ensure active symptom monitoring and isolate individuals who become symptomatic to the extent possible.
        - Quarantined clients should be asked to wear face coverings or masks if they need to share a room for quarantine with others, and space between individuals should be optimized to maintain at least six feet of distance.
- Designate separate areas (e.g., room, area, floor, building) for residents with confirmed COVID-19, residents with COVID-19 symptoms but no test results, exposed residents with no symptoms (i.e., quarantine), and unexposed residents with no symptoms.
- Maintain capacity to rapidly move residents to a different room, different floor or different building for isolation or quarantine as needed.
    - If a facility cannot isolate or quarantine residents on its premises, off-site isolation and quarantine may be possible through the COVID-19 Hotel Program. Assistance is available between the hours of 9 a.m. to 9 p.m. by calling 844-NYC-4NYC (1-844-692-4692).
    - If alternate arrangements for off-site quarantine cannot be accommodated, facilities can cohort exposed individuals together, provided beds can be arranged at least 6 feet apart and barriers can be created between beds using items such as foot lockers, dresser or curtains.
- NAA and antigen COVID-19 diagnostic tests may stay positive for many weeks after infection; however, people with COVID-19 are not considered to be infectious outside of their infectious period (as defined above). Individuals with a subsequent positive NAA or antigen test outside of their infectious period but within 90 days of the date of initial positive test do not need to continue or re-start isolation.
    - If, within 90 days of the initial test, this individual becomes symptomatic with an illness that could be COVID-19, isolation is recommended pending diagnostic test results. The NYC Health Department is available to advise on this as necessary.
    - Nursing home residents or staff must have a documented negative diagnostic test in order to discontinue isolation per NYS guidelines.

Discontinuation of isolation

- Per NYSDOH requirements, individuals with COVID-19 residing in adult care facilities, residences for people with developmental disabilities, or supportive housing or shelter settings in which individuals share bathrooms, kitchens, or sleeping areas can be removed from isolation when all the following are true:
    - It has been at least 14 days since the resident's symptoms started or, if asymptomatic, 14 days since the resident's test date.

- The resident has not had a fever for the prior 3 days without use of fever-reducing drugs such as Tylenol (acetaminophen) or Advil/Motrin (ibuprofen).
- The resident's overall illness has improved.
- In nursing homes, a negative result is also required of residents to discontinue isolation, even if they are beyond the isolation period as defined above.

- Per NYSDOH requirements, if facility staff or caregivers are diagnosed with COVID-19, they should be instructed to self-isolate at home until all of the following are true:
  - It has been at least 10 days since symptoms started, or, if asymptomatic, 10 days since the resident's test date.
  - They have been fever-free for at least 3 days without the use of fever-reducing drugs such as Tylenol (acetaminophen) or Advil/Motrin (ibuprofen).
  - Other symptoms have improved.
  - Nursing home staff and caregivers must self-isolate for at least 14 days and have a negative diagnostic test result per NYSDOH requirements here.
  - If still symptomatic after 10 days, facility staff or caregivers should wear a face mask when working until symptoms resolve.

5. Instructions for Staff Caring for Residents with COVID-19 Symptoms or Confirmed COVID-19

Interacting with isolated residents who have COVID-19 symptoms or confirmed COVID-19

- Caregivers and facility staff must use appropriate PPE when a client is isolated with COVID-19.
  - If staff and caregivers can complete their tasks and remain at least 6 feet from the resident, PPE can consist of disposable gloves and a face mask.
  - If physical contact with the resident is necessary (such as helping to bathroom, bathing, changing clothes), staff and caregivers should use disposable gloves, a face mask, a gown (washable or disposable) and eye protection (goggles or face shield), per NYC Health Department's guidance.
  - Ensure that the facility maintains adequate supplies of PPE, that facility staff and caregivers such as family members, health aides, and visiting nurses who assist with activities of daily living or a resident's time-limited clinical needs (e.g., wound care) are familiar with how PPE is used correctly, and that they can do so proficiently.
    - Information about proper use of PPE can be found here.
    - PPE and medical supply companies are listed here.
    - If a facility cannot provide staff with appropriate PPE and train them in proper use, COVID-19-infected individuals cannot be isolated in the facility. Should this situation arise, transport to an alternative facility.

    - *Before leaving the room*, staff should:
        - Carefully remove disposable PPE (such as gloves, mask, gown) and place them in a trash can; washable items (such as a gown) can be placed in a plastic bag and left in a container or receptacle inside the room and by the door until picked up for washing.
        - Wash hands with soap and water for at least 20 seconds or clean hands with an alcohol-based hand sanitizer.
- If the isolated resident is ambulatory, leave food or medication outside their door or at least 6 feet from the resident.
- Bundle together tasks that require close contact so that the number of encounters with the isolated resident can be limited.

Promote hand hygiene

- Implement reminders, such as signage in bathrooms and posters in heavily trafficked areas, for all residents, staff and visitors to wash hands often and thoroughly with soap and water for at least 20 seconds. An alcohol-based hand sanitizer with at least 80% ethanol or 75% isopropyl alcohol can be used if soap and water are not available.
- Do not touch eyes, nose or mouth with unwashed hands.
- Implement reminders for all staff to wash hands before and after going into isolated or quarantined residents' rooms.

Facility staff or caregivers exposed to residents, facility staff or others with confirmed COVID-19

- According to current NYSDOH guidelines, a staff member should be considered as having been exposed to an individual with COVID-19 if he or she was within 6 feet of the individual for at least 10 minutes.
    - For congregate residential healthcare facilities (such as nursing homes), consideration for whether the staff member did not wear appropriate PPE during the encounter (gloves, face masks or respirators, face shields or goggles, and gowns, depending on the type of exposure) can be included in determining if the staff member was exposed.
- Facility staff or caregivers who have exposures to individuals with confirmed COVID-19 should quarantine for 14 days, beginning on the last day exposed to the infected individuals.
    - If facility staff or caregivers in quarantine show symptoms of COVID-19, they must self- isolate for at least 10 days, from the day of symptom onset.
    - As per a NYSDOH advisory, facility staff and caregivers of adult care facilities (but not nursing homes) who were exposed to individuals confirmed with COVID-19 are permitted to return to work before completion of quarantine if all of the following conditions are met:

- Furloughing will result in staff shortages and other options have been exhausted.
- Exposed staff or caregivers are asymptomatic.
- Exposed staff or caregivers self-monitor twice daily for fever and symptoms, including measured temperatures before each shift or every 12 hours.
- Exposed staff or caregivers wear face masks at all times while working.
- Exposed staff or caregivers continue self-quarantine when not at work.

6. Behavioral Health Considerations

- Some facilities provide behavioral health services ranging from full-service on-site services to evaluation of community clients and referral to off-site providers. Have plans in place to address residents who regularly receive behavioral health services and who present with COVID-19 symptoms.
- If a resident has been isolated because of COVID-19 symptoms or confirmed COVID-19, consider alternative arrangements such as video conferencing for continuity of regular services.
- Implement procedures to identify and update the behavioral health resources (providers, pharmacies, help lines) that are available to residents.
- Review and update provider contracts, and emergency medical protocols and procedures, including transporting persons to inpatient behavioral health facilities, if necessary, and evaluation of clients and residents for other medical needs.
- When transport of a resident with COVID-19 or with symptoms of COVID-19 is necessary, implement procedures before the transport takes place to ensure notification of all receiving facilities of residents' infection status.

7. Considerations for Residents Who Use Tobacco, Drugs or Alcohol

The COVID-19 emergency in NYC is changing many New Yorkers' substance use routines. Ask residents what substances they would be uncomfortable without and whether they would like support to reduce or stop their use. If residents are not interested in stopping their tobacco, drug or alcohol use, strategize, in a safe and nonjudgmental way, how they will manage if in isolation or prevented from going outdoors. If residents are interested in considering a nicotine cessation program or treatment for their alcohol or drug use, inform their health care provider, behavioral health specialist, or case manager.

Residents who use drugs or alcohol and are in isolation due to COVID-19 symptoms or confirmed COVID-19 are vulnerable to behavioral health issues such as depression and anxiety. Facilities should have a plan to provide support and referrals consistent with physical distancing

practices. **NYC Well** staff are available 24/7 and can provide free brief counseling and referrals to care in over 200 languages. For support, call 888-NYC-WELL (888-692-9355), text "WELL" to 65173 or chat online by visiting nyc.gov/nycwell**.**

Considerations for residents who use tobacco

- Ask residents who use tobacco or e-cigarettes whether they would like to consider a nicotine cessation program. If they are interested in learning more about a nicotine replacement therapy (NRT):
    - Help them to watch Be Free with NRT video, to learn about the benefits of NRT.
    - Refer them to the NYC Quits Kit Guide for information on how to use NRT, including answers to common questions.

- Identify safe outdoor space for people to smoke
    - Develop procedure for managing use of outdoor space where residents may smoke with adequate physical distance
    - Post signs in the dedicated smoking area directing people not to share cigarettes to avoid transmission of COVID-19
    - Explain the procedure for utilizing dedicated outdoor spaces for people who indicate that they will continue to smoke during isolation or quarantine
    - Determine how to schedule smoke breaks to avoid too many people in the area at once
    - Determine how to travel safely from resident rooms to the outdoor space

Considerations for residents who use alcohol

- Physical distancing means that parks and other places where people may consume alcohol may be harder to access safely; as a result, residents might be more likely to consume alcohol in facilities.
- People who consume alcohol regularly may be at risk for alcohol withdrawal if they stop consuming alcohol suddenly. Withdrawal from alcohol can be life-threatening in some cases.
    - Allow residents to consume alcohol in congregate settings during stay-at-home orders.
    - Be aware that residents who are isolated or quarantined and unable to consume alcohol may experience life-threatening withdrawal.
    - Be aware that residents may seek to prevent symptoms by maintaining alcohol use and may seek to exit the facility more often than other residents.
    - Know where residents can obtain alcohol.
    - Understand that people may be consuming in their rooms more than usual.
- Physical distancing recommendations might increase the chances of a resident's potentially life-threatening alcohol withdrawal symptoms going unnoticed.

- Facility staff should increase safety checks.
- Work with residents to develop an overdose safety plan if they use alcohol, including being aware of changes in tolerance, checking on someone after they have used alcohol and/or other drugs, and consuming slowly.

Considerations for residents who use drugs

- Physical distancing and efforts to reduce social mobility may prevent those who use drugs from traveling to parks and other places where people typically use drugs. As a result, residents might be more likely to use drugs in the facility alone and away from others who could help with overdose reversal, which may increase the risk of fatal overdose.
  - Facility staff should increase safety checks and always carry naloxone.
  - Naloxone should be accessible to all residents. Email naloxone@health.nyc.gov to notify the NYC Health Department if naloxone is used or to request additional kits. For information on how to use naloxone when isolated, see naloxone guidance for isolation hotels during COVID-19 here.
- Be aware that residents who use drugs are at risk for withdrawal; they may seek to prevent symptoms by maintaining drug use, and they may seek to exit the facility more often than other residents and thereby put themselves at risk of COVID-19. Additional information on drug tolerance and risk of overdose can be found here.
- 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.
- 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.
- If residents with an opioid use disorder (OUD) are not ready for medical treatment, they will have little options aside from going out and replenishing their drug supply. At a minimum, they should be permitted to receive deliveries to reduce the amount of time they spend outside. Residents should wear their face covering when leaving the facility. See NYSDOH guidance to help residents Build a Safety Plan [English][Spanish].
- 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 sharps containers for syringe disposal. Sharps containers can be obtained from Syringe Service Programs. To find your local SSP, visit health.ny.gov/syringes.

- Provide residents who use drugs with information about treatment options. To learn more about medications for addiction treatment via telehealth, visit oasas.ny.gov/medication-assisted-treatment-telehealth or call Health + Hospitals' virtual buprenorphine clinic at 212-562-2665.
    - Residents not receiving treatment for an OUD can consider starting buprenorphine.
    - 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 may need support to transition to an alternative medication depending on the timing of their last dose.
    - Residents who are currently prescribed methadone should contact their program director or clinic to ask about options for home delivery.
    - Ask residents who use alcohol or other substances what substances they would be uncomfortable without if they needed to be isolated because of COVID-19 or if NYC again needed to restrict outdoor movement.
        - Ask whether they would like support to reduce or stop their use.
        - If residents are not interested in stopping their use, strategize — in a nonjudgmental fashion — how they would safely manage their alcohol or drug use while in isolation or if they cannot go outside because of movement restrictions.

8. Continuity of Facility Operations and Guidance to Staff

- Facility staff and caregivers should continually self-monitor for COVID-19 symptoms.
- Facilities should anticipate and plan for staffing challenges.
    - If NYC reverts to a level of widespread community transmission of COVID-19, facilities can expect increases in staff absences due to isolation or quarantine requirements or new childcare needs because school, daycare or camps has been closed.
    - Telecommuting may be an option for some.
- Facilities should anticipate and plan for material shortages. Ongoing supply chain disruptions should be anticipated, and preorder essentials to maintain adequate reserves.
- Programmatic partners may be affected similarly. Facility operations may need to adjust to challenges felt in associated programs and by partnering organizations and agencies.

9. Testing Considerations

Diagnostic testing for COVID-19 is an important strategy to rapidly identify individuals with the virus, reduce intra-facility spread, and reduce morbidity and mortality due to COVID-19.

- Current NYC guidance recommends that repeat testing be considered for people who live or work in a congregate setting.
- Testing should also be considered among people who have symptoms of COVID-19, were in close contact with someone with COVID-19, or if an individual is planning to visit someone at high risk for severe COVID-19 illness.
    - Given the inability to detect replication-competent virus beyond the infectious period, repeat testing of asymptomatic individuals with a prior positive NAA-based test for SARS CoV-2 within the previous 90 days should be avoided unless clinically indicated or mandated by NYSDOH.
- NAA and viral antigen-based assays are currently the only diagnostic tests for COVID-19. Antibody tests are **not** approved for diagnostic purposes. In patients who have previously tested positive for antibodies and have new symptoms of COVID-19 or have been exposed to confirmed COVID-19 patients and have not had a positive diagnostic test within the past 90 days, COVID-19 diagnostic testing is required to rule-out COVID-19.

Facility-based testing recommendations

Baseline testing for residents and staff of congregate residential settings can be accomplished through facility-based point prevalence testing and individual testing of new entrants using a NAA-based COVID-19 diagnostic test. Considerations for initiating facility-wide testing include local community transmission and disease prevalence, site-specific disease activity, and testing capacity. Facility disease activity may indicate the need for baseline testing followed by a serial testing program to control spread of COVID-19. Periodic facility-based testing is not recommended for most settings.

At this time, use of nasopharyngeal (NP) swabs is recommended for diagnostic testing in congregate residential settings if possible, and especially among asymptomatic individuals. Other methods (such as oropharyngeal, anterior nares, saliva) may be considered if testing supplies are low or in settings where NP swabs may not be tolerated; however, these other specimen types have been found to have lower sensitivity in persons who are asymptomatic. Similarly, current FDA-authorized point-of-care antigen-based COVID-19 diagnostic tests are generally less sensitive than NAA-based tests. Therefore, a negative rapid antigen test result should be confirmed with a laboratory-based NAA test if the patient is symptomatic or had a known recent exposure to someone with confirmed COVID-19. For additional information on the use of antigen tests, see CDC's interim guidance for rapid antigen testing for SARS-CoV-2.

Before testing large numbers of asymptomatic individuals without known or suspected exposure, facilities should have a plan in place for how the results of such testing will modify operations based on test results, including staffing, isolation, quarantine and other considerations.

Repeat testing in residential congregate facilities:
In nursing homes, the CDC recommends repeat PCR-based testing of all residents and staff following any newly-identified COVID-19 case in the facility, with repeat testing conducted at regular intervals for all previously negative individuals until the testing identifies no new cases of COVID-19 for a period of at least 14 days since the most recent positive result.

All staff of NYS-licensed nursing homes and adult care facilities are required to be tested weekly according to a NYS Executive Order.

In other residential congregate facilities, repeat testing should be considered for:

- Individuals with signs or symptoms of COVID-19.
- Individuals with known exposure (more than 10 minutes within 6 feet of an individual with suspected or confirmed COVID-19).
- Individuals with increased exposure risks following prolonged absence from the facility.
- Individuals at increased risk of severe COVID-19.
- Facilities with evidence of ongoing transmission.

Serial facility-wide testing of individuals with negative PCR results should be considered in any facility with two or more cases identified within 14 days and linked by probable intra-facility transmission, or if the proportion positive during baseline testing exceeds locally-defined thresholds for positivity, based on facility type or local epidemiology. Need for and scope of repeat testing should be assessed on a case-by-case basis. It is reasonable to terminate serial testing programs when the end of facility transmission has been adequately documented by serial testing points demonstrating no new cases of COVID-19 for a period of at least 28 days since the most recent positive result (note this is longer than the 14 days recommended by CDC).

The NYC Health Department may change recommendations as the situation evolves. 10.9.20