NEW YORK STATE OF OPPORTUNITY. Office of Temporary and Disability Assistance

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Interim Guidance for Operators of Congregate Facilities Providing to Shelter to Individuals Who are Homeless

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Background

On March 31, 2020, the New York State Office of Temporary and Disability Assistance (OTDA) released a document entitled "Interim Guidance for Operators of Facilities Providing Housing to Individuals Who are Homeless and Supportive Housing, or Organizations Making Referrals to Such Facilities." That guidance document is hereby rescinded and replaced with the following guidance related to operating congregate facilities providing shelter to individual who are homeless. Since the onset of the COVID-19 pandemic, New York State has made great strides in reducing the spread of COVID-19. New York's robust testing efforts now indicate that the state's residents have one of the lowest infection rates in the country. In order to remain at or below this low rate of infection, it is essential that all New Yorkers become informed about the public health emergency and the means by which COVID-19 is spread. Updated guidance has been provided by the New York State Department of Health (DOH), Centers for Disease Control and Prevention (CDC), and other federal agencies, such as the U.S. Department of Housing and Urban Development (HUD). Therefore, OTDA is issuing this updated guidance document which is specifically targeted to congregate shelters for individuals who are homeless, since they are especially at risk for the spread of communicable diseases due to the number of individuals living in close proximity. While many of the recommendations can be adapted for supportive housing programs or non-congregate shelters, this guidance is focused on congregate emergency shelters with shared sleeping rooms and living spaces.

Purpose

This document provides guidance regarding the COVID-19 public health emergency for congregate shelters that provide emergency housing to individuals experiencing homelessness. The document summarizes the preventative measures that can be taken to avoid COVID-19 transmission as well as protocols for appropriately serving persons who have, or are thought to have acquired, COVID-19. Facility operators should review this guidance with program leadership and staff and must make necessary adjustments to program policies and protocols.

This document is based on the most current NYS DOH, CDC, and HUD recommendations for prevention of the spread of COVID-19, as well as care for residents and staff of congregate homeless shelters. As more becomes known about the pandemic, the guidance issued by these entities is likely to evolve, so it is important for programs to check the websites below on a regular basis to obtain updated information.

New York State Department of Health – Information on Novel Coronavirus

U. S. Centers for Disease Control and Prevention – Coronavirus (COVID-19)

U. S. Centers for Disease Control and Prevention - Interim Guidance for Homeless Service Providers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

U. S. Housing and Urban Development – Infectious Disease Toolkit for CoCs Preventing and Managing the Spread of Infectious Disease within Shelters

Topics Covered by This Guidance

The guidance covers the following areas:

- Facility Signage
- Resident Screening Protocols
- Staff Screening Protocols
- Social Distancing Requirements
- Staff and Resident Hygiene Requirements
- Facility Cleaning and Disinfection Protocols
- Air Handling Systems
- Shelter Incident Report Requirements
- Plans for Safe Return of Resident from Hotels/Motels

A. Facility Signage

Shelters must post signs and educational materials to encourage and educate residents and staff. Signage must address wearing a mask or other facial covering and observing social distancing requirements. Suggested materials include:

Protect Yourself from COVID-19 and Stop the Spread of Germs

Note: Alternative languages may be found at Protect Yourself and Your Family from Coronavirus (COVID-19)

What You Should Know About COVID-19 to Protect Yourself and Others

Note: Alternative languages may be found at https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet-sp.pdf and https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet-chinese.pdf

B. Resident Screening Protocols

All residents should be screened for COVID-19 at the time of intake into shelter. Their temperature must be taken, with a temperature of 100.0 degrees Fahrenheit or higher being considered a symptom of COVID-19 or other respiratory infection. Where temperatures are taken on site, using a digital thermometer or other thermometer, appropriate social distancing, including use of physical barriers, face coverings, and/or face shields to limit contact, must be observed. Residents should be asked the following questions:

1) Do you have a temperature of 100.0 degrees Fahrenheit or higher?

2) Are you currently experiencing ANY of the following symptoms?
   a. Cough (new or worsening)
   b. Shortness of breath (new or worsening)
   c. Trouble breathing (new or worsening)
   d. Chills
   e. Muscle Pain (new or worsening)
   f. Headache (new or worsening)
   g. Sore throat (new or worsening)
   h. New loss of taste or smell

3) Have you tested positive for COVID-19 through a diagnostic test in the last 14 days?

4) Have you had any contact within the last 14 days with anyone who has tested positive for COVID-19 or who has symptoms of COVID-19?

5) Have you traveled within a state with significant community spread of COVID-19 for longer than 24 hours in the past 14 days?
   (Please note New York State Department of Health – Travel Advisory Information)

6) Have you traveled internationally to a Level 2 or Level 3 country in the last 14 days?
   (Please note U. S. Department of State – Travel Advisory Information)

Residents who answer “yes’ to Questions 1 and/or 2 should be referred to medical providers according to the protocol approved by the local health department. In the interim, they must be provided with face coverings and isolated from other residents. Residents who answer “yes” to questions 1 through 6 should be referred to the local health department to determine if testing and/or quarantining is needed. The local health department is also responsible for contact tracing in situations where warranted.

It should be noted that persons cannot be required to test negative for COVID-19 in order to be eligible for shelter. Acceptance of persons who have had a recent positive COVID-19 test should be determined in conjunction with the local health department, which can guide the shelter in making appropriate accommodations for them, as well as arranging for contact tracing as needed. Only in cases in which a shelter is unable to utilize other means of social distancing should someone with COVID-19 be housed in an alternative setting such as a hotel/motel.

Shelter operators must facilitate COVID-19 testing of residents so that individuals with symptoms and those seeking testing can effectively obtain a COVID-19 test. The facility should arrange for an agreement with a local hospital or laboratory to ensure that if there is a positive case that testing capacity is readily available with a rapid turnaround for contact-tracing purposes.

C. Staff Screening Protocols

All shelter staff are required to be screened for COVID-19 before they begin each shift. They may complete the screening at home by computer or in a separated reception area near the front door of the building. Staff must have their temperature taken or take it themselves and answer the following questions;

1) Do you have a temperature of 100.0 degrees Fahrenheit or higher?

2) Are you currently experiencing ANY of the following symptoms?
    a. Cough (new or worsening)
    b. Shortness of breath (new or worsening)
    c. Trouble breathing (new or worsening)
    d. Chills
    e. Muscle Pain (new or worsening)
    f. Headache (new or worsening)
    g. Sore throat (new or worsening)
    h. New loss of taste or smell

3) Have you tested positive for COVID-19 through a diagnostic test in the last 14 days?

4) Have you had any contact within the last 14 days with anyone who has tested positive for COVID-19 or who has symptoms of COVID-19?

5) Have you traveled within a state with significant community spread of COVID-19 for longer than 24 hours in the past 14 days?
(Please note New York State Department of Health – Travel Advisory Information)

6) Have you traveled internationally to a Level 2 or Level 3 country in the last 14 days?
(Please note U. S. Department of State – Travel Advisory Information)

Screening can be done by self-report – by having staff take their own temperatures and answering the above questions. Alternatively, staff screening can be accomplished by having temperatures taken at work, and having staff verbally answer the screening questions. In cases where temperatures are taken on site using a digital thermometer or other thermometer, appropriate social distancing, including use of physical barriers, face coverings, and/or face shields to limit contact, must be observed. Whether staff screening is done by self-report or provided on site, documentation that the screening has taken place and that the required questions have been answered must be maintained by the facility. Staff who answer affirmatively to any of the screening questions should not be allowed to enter the common space of the building and must be referred to the local health department for further guidance and contact tracing if warranted.

D. Social Distancing Requirements

As more has been learned about the COVID-19 public health emergency, it has become clear that social distancing is an effective means of preventing the spread of infection. Therefore, all congregate shelters must take every measure possible to ensure that social distancing is maintained. This requires the following steps to be taken:

- Prohibit non-essential visitors from entering the building.

- Provide one-way directional signage for all common areas of the building to the extent practical to increase social distancing.

- Use six-foot markers and accompanying signage to remind residents and staff to socially distance.

- Close all non-essential amenities and communal areas that promote gathering or are high touch (such as water fountains, communal coffee machines) for both employees and residents, unless hygiene supplies can be made available and social distancing can be maintained. If needed, provide beverages that are individually packaged.

- Require use of face coverings by all staff and residents over 2 years of age when in common areas of the facility or whenever they are within 6 feet of others except when eating or drinking.

- Consider dividing residents into smaller groups within the shelter living space, so that each “pod” of residents shares the same staff, eating times, restrooms, and sleeping space, in order to confine exposure.

- Eliminate use of bunk beds wherever possible.

- Provide as much separation as possible between beds in congregate areas. In general, in sleeping areas for persons who are not symptomatic, beds should be placed head-to-toe with at least 6 feet between beds in all directions.

- Stagger mealtimes and serve food in individual servings.

- Use physical barriers to limit contact when appropriate physical distancing cannot be achieved. Options for physical barriers include strip curtains, plexiglass or similar cleanable materials, or other impermeable dividers or partitions.

- Seek guidance from the local health department about how to safely care for persons who are at high risk of infection or are symptomatic. Determine what enhancements are needed in order to allow for sheltering in place if possible. CDC guidance allows for persons with COVID-19 to share living/sleeping space with each other as long as this space is separated from non-infected residents and separate bathrooms from those used by other residents are provided, and all other required precautions are taken.

E. Staff and Resident Hygiene Requirements

All residents and staff must have access to face coverings, and hand-washing or sanitizing stations. Face covering protocols must be enforced and adhered to when appropriate social distancing cannot be maintained.

All residents, staff, and volunteers must comply with the following personal hygiene requirements:

- Wash hands with soap and water for at least 20 seconds or use hand sanitizer when soap and water are not available. Regular hand washing with soap and water for at least 20 seconds should be done:

  - Before eating;
  - After sneezing, coughing, or nose blowing;
  - After using the restroom;
  - Before handling food;
  - After touching or cleaning surfaces that may be contaminated; and
  - After using shared equipment like computer keyboards and mice.

If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Use of alcohol-based hand sanitizers should always be supervised by adults.

- Practice proper respiratory hygiene:
  - Wearing a face covering when in common areas of the facility or when within 6 foot of others, except when eating or drinking.
  - Covering coughs and sneezes with tissues or the corner of elbow.
  - Disposing of soiled tissues immediately after use.

- Maintain social distance at all times, and avoid close contact with sick people.

- Do not touch eyes, nose and mouth with unwashed hands.

- Frequently clean and disinfect frequently touched objects and surfaces (see below).

Providers should make sure staff and volunteers are properly trained in appropriate hygiene practices.

F. Facility Cleaning and Disinfection Protocols

Routine Cleaning

Soiled and frequently touched surfaces can be reservoirs for pathogens, resulting in a continued transmission to people. For pathogenic microorganisms that can transmit disease through indirect contact (transmission through contaminated surfaces), extra attention should be paid to surfaces that are touched most often by different individuals. **As part of standard infection control practices, routine cleaning should be continued.** Routine cleaning of congregate settings includes:

- Cleaning high contact surfaces that are touched by many different people, such as light switches, handrails and doorknobs/handles, every 4 hours.
- Dust- and wet-mopping or auto-scrubbing floors.
- Vacuuming of entryways and high traffic areas.
- Removing trash.
- Cleaning restrooms.
- Wiping heat and air conditioner vents.
- Spot cleaning walls.
- Spot cleaning carpets.
- Dusting horizontal surfaces and light fixtures.
- Cleaning spills.
- Regular cleaning and laundering of sleeping areas.

What steps should Congregate Settings in NYS take for COVID-19?

Now:
Facilities should direct staff to continue performing routine cleaning. High-risk locations warrant cleaning and disinfection on a regular schedule.
If an individual with laboratory confirmed COVID-19 was symptomatic while in a congregate setting:
Thoroughly clean and disinfect the area.

Specific high-risk locations within a congregate setting warrant cleaning and disinfection before a confirmed case of COVID-19 occurs in the setting.

Examples of these locations may include:

- First Aid Station / Health Office
  - Clean and disinfect health cots regularly (after each use).
  - Cover treatment tables and use pillow protectors.
  - Discard or launder coverings after each use.

- Dining Areas
  - Clean and disinfect counters, tables, and chairs regularly (at least once daily).

- Other common areas, including resident lounges and recreation rooms. Pay attention to items that are more likely to be shared and/or have frequent contact by residents, such as books, remote controls, etc.

- Other Frequently Touched Surfaces
  - Clean and disinfect frequently touched surfaces on a periodic schedule as operational considerations allow, which may be at least daily.

Examples of frequently touched areas in congregate settings:

- Desks and chairs;
- Tables and chairs;
- Door handles and push plates;
- Handrails;
- Kitchen and bathroom faucets;
- Appliance surfaces;
- Light switches;
- Remote controls;
- Shared telephones;
- Shared desktops; and
- Shared computer keyboards and mice.

Note: Computer keyboards are difficult to clean due to the spaces between keys and the sensitivity of its hardware to liquids. When shared, they may contribute to indirect transmission. Locations with community use computers should provide posted signs regarding proper hand hygiene before and after using the computers to minimize disease transmission. Consider use of computer keypad covers.

Cleaning and Disinfection

Cleaning removes germs, dirt and impurities from surfaces or objects, while disinfecting kills germs on surfaces or objects. **If laboratory testing has confirmed that a resident or staff member has tested positive for case of COVID-19, staff should perform cleaning and disinfection of frequently touched areas throughout the area. High touch areas must be cleaned and sanitized every 4 hours. Each bed or sleeping area must be thoroughly disinfected every 24 hours.**

Step 1: Cleaning: Always clean surfaces prior to use of disinfectants in order to reduce soil and remove germs. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.

Step 2: Disinfection: Cleaning of soiled areas must be completed prior to disinfection to ensure the effectiveness of the disinfectant product. NYSDEC has created a list of products registered in New York State that correspond to a list of products identified by the EPA which can be used against COVID-19. If such products are unavailable, disinfect surfaces using an EPA- and DEC- registered disinfectant labeled to be effective against rhinovirus and/or human coronavirus. If these commercial products are unavailable, it is also acceptable to use a fresh 2% chlorine bleach solution (approximately 1 tablespoon of bleach in 1 quart of water). Prepare the bleach solution daily or as needed.

- Label directions must be followed when using disinfectants to ensure the target viruses are effectively killed. This includes adequate contact times (i.e., the amount of time a disinfectant should remain on surfaces to be effective), which may vary between five and ten minutes after application. Disinfectants that come in a wipe form will also list effective contact times on their label.
- For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.

Cleaning and disinfecting should be conducted by staff who have been trained to use products in a safe and effective manner. Staff should be reminded to ensure procedures for safe and effective use of all products are followed. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used. Place all used gloves in a bag that can be tied closed before disposing of them with other waste. Wash hands with soap and water for at least 20 seconds immediately after removing gloves or use an alcohol-based hand sanitizer, consisting of at least 60% alcohol, if soap and water are not available. Soap and water should be used if hands are visibly soiled.

G. Air Ventilation and Filtration Systems

- Congregate shelter operators with a capacity to serve 25 or more residents, as determined by OTDA, must include air filtration and ventilation procedures in their plans that maximize the health and safety of residents, particularly those who are most vulnerable and at risk for severe illness from COVID-19.
- For congregate shelters with central air handling systems that have a capacity to serve 25 or more residents, as determined by OTDA, shelter operators should ensure central HVAC system filtration meets the highest rated filtration compatible with the currently installed filter rack and air handling systems, at a minimum MERV-13, or industry equivalent or greater (e.g., HEPA), as applicable, and as certified and documented by a certified HVAC technician, professional, or company, ASHRAE-certified professional, certified retro-commissioning professional, or New York licensed professional building engineer.
- Shelter operators should also consider adopting additional ventilation and air filtration mitigation protocols per CDC and ASHRAE recommendations, particularly for buildings with air handling systems older than 15 years, including:
  - Performing necessary retro-commissioning of central systems, as well as testing, balancing, and repairs as needed;
  - Increasing ventilation rates and outdoor air ventilation to the extent possible;
  - Keeping systems running for longer hours, especially for several hours daily before and after occupancy;
  - Disabling demand-controlled ventilation, where reasonable, and maintain systems that increase fresh air supply;
  - Maintaining relative humidity between 40-60% where possible;

  - Opening outdoor air dampers to reduce or eliminate recirculation to the extent possible;
  - Sealing edges of the filter to limit bypass;
  - Regularly inspecting systems and filters to ensure they are properly operating, and filters are appropriately installed, serviced and within service life;
  - Opening windows to the extent allowable for occupant safety and comfort;
  - Installing appropriately designed and deployed ultraviolet germicidal irradiation (UVGI) to deactivate airborne virus particles; and/or
  - Using portable air cleaners (e.g., electric HEPA units), consider units that provide highest air change rate at appropriate performance level and do not generate harmful byproducts.

- For congregate shelters with central air handling systems that have a capacity to serve 25 or more residents, as determined by OTDA, that cannot handle the abovementioned minimum level of filtration (i.e., MERV-13 or greater), shelter operators should have a certified HVAC technician, professional, or company, ASHRAE-certified professional, certified retro-commissioning professional, or New York licensed professional building engineer certify and document that the currently installed filter rack is incompatible with abovementioned minimum level of filtration (i.e., MERV-13 or greater) and/or the air handling system would be unable to perform to the minimum level of heating and cooling that it was otherwise able to provide prior to the COVID-19 public health emergency if such a high degree of filtration (i.e., MERV-13 or greater) was installed.
- Further, shelter operators should retain such documentation for review by state or local health department officials to operate at a lesser filtration rating with additional ventilation and air filtration mitigation protocols.
- In addition, shelter operators with facilities that have a central air handling system who are unable to meet a filtration rating of MERV-13 or greater must adopt additional ventilation and/or air filtration mitigation protocols per CDC and ASHRAE recommendations, including:
  - Performing necessary retro-commissioning of central systems, as well as testing, balancing, and repairs as needed;
  - Increasing ventilation rates and outdoor air ventilation to the extent possible;
  - Keeping systems running for longer hours, especially for several hours daily before and after occupancy;
  - Disabling demand-controlled ventilation, where reasonable, and maintain systems that increase fresh air supply;
  - Maintaining relative humidity between 40-60% where possible;
  - Opening outdoor air dampers to reduce or eliminate recirculation to the extent possible;
  - Sealing edges of the filter to limit bypass;

  - Regularly inspecting systems and filters to ensure they are properly operating, and filters are appropriately installed, serviced and within service life;
  - Opening windows to the extent allowable for occupant safety and comfort;
  - Installing appropriately designed and deployed ultraviolet germicidal irradiation (UVGI) to deactivate airborne virus particles; and/or
  - Using portable air cleaners (e.g., electric HEPA units), considering units that provide highest air change rate at appropriate performance level and do not generate harmful byproducts.

- For congregate shelters that do not have central air handling systems or do not operate or otherwise control the central air handling systems that have a capacity to serve 25 or more residents, as determined by OTDA, the shelter operator must adopt additional ventilation and air filtration mitigation protocols per CDC and ASHRAE recommendations, including:
  - Regularly inspecting any room ventilation systems (e.g., window units, wall units) to ensure they are properly operating, and filters are appropriately installed, serviced and within service life.
  - Keeping any room ventilation systems running for longer hours, especially for several hours daily before and after occupancy;
  - Setting room ventilation systems to maximize fresh air intake, set blower fans to low speed and point away from occupants to the extent possible;
  - Maintaining relative humidity between 40-60% where possible;
  - Opening windows to the extent allowable for occupant safety and comfort;
  - Setting any ceiling fans to draw air upwards away from occupants, if applicable;
  - Prioritizing window fans to exhaust indoor air where possible;
  - Avoiding using fans that only recirculate air or only blow air into a room without providing for appropriate exhaust;
  - Installing appropriately designed and deployed ultraviolet germicidal irradiation (UVGI) to deactivate airborne virus particles; and/or
  - Using portable air cleaners (e.g., electric HEPA units), considering units that provide highest air change rate at appropriate performance level and do not generate harmful byproducts.

H. Shelter Incident Report Requirements

As a reminder, pursuant to 18 NYCRR § 491.16 and General Information System (GIS) Message 16DC061 districts must report positive or suspected COVID-19 cases, as well as COVID-19-related deaths to OTDA as part of the serious incident reporting process.

I. Safe Return of Residents to Shelter from Hotel/Motel Placement Due to Shelter Density Concerns

During the height of the COVID-19 public health emergency, some local social services districts and shelter providers were compelled to use hotels and motels for temporary shelter in order to quarantine those who were symptomatic or had been exposed to COVID-19, or to prevent those at high-risk of complications from COVID-19 from becoming infected. However, as infection rates have declined and more is known about the pandemic, it is important that wherever possible, shelters make the enhancements necessary to shelter homeless persons in place. OTDA requires that social services districts that are continuing to rely on substantial use of hotels/motels to reduce shelter density provide a phased-in plan to OTDA for transitioning persons out of hotels/motels. The plan must be submitted to OTDA for review and must include the use of key data points to inform safety and continued transition. Elements of a successful plan will include adherence to all requirements of this guidance, including those regarding proper air handling systems, and include but not be limited to:

- Ability to maintain social distance at all phases. This requires a minimum of 6 feet can be maintained between individuals in communal areas, as well as sleeping areas. This may require that there be construction of temporary walls and barriers, as necessary, if 6 feet of distance cannot otherwise be maintained;

- Continued, rigorous adherence to all relevant guidance that outline protocols and procedures for:
  - Routine cleaning and disinfection, ensuring that high touch surfaces are sanitized every 4 hours; and each bed or sleeping area is thoroughly disinfected every 24 hours;
  - Staff and residents have access to face coverings, and hand-washing or sanitizing stations;
  - Face covering protocols are enforced and adhered to, when distance cannot be maintained and in all common areas six-foot markers are placed appropriately to ensure compliance;
  - Resident screening protocols, such as temperature checks and symptom surveys are in place, and staff are trained in how to administer such screenings;
  - Protocols are in place for isolation or quarantine of a suspected, or positive case of COVID-19, and a clear plan is in place to coordinate contact tracing with the local department of health;
  - Facilitate COVID testing of residents so that individuals with symptoms and those seeking testing can effectively obtain a COVID test. The facility should arrange for an agreement with a local hospital or laboratory to ensure that if there is a positive case that testing capacity is readily available with a rapid turnaround for contact-tracing purposes.
  - Educational requirements for staff and residents on the above.

Plans will be reviewed by OTDA and should not be implemented unless such plan meets all the requirements contained in this guidance.

OTDA's primary goal in serving homeless individuals is to help them obtain permanent housing. The availability of HUD funding through the Emergency Solutions Grant COVID (ESG CV) program and the Community Development Block Grant COVID (CDBG CV) program may make it possible for communities to move some former shelter residents temporarily living in hotels/motels into permanent housing through use of rapid rehousing programs. As with all homeless persons, acquisition of permanent housing should remain a primary focus of the services provided.