Introduction

A homeless shelter is an environment where a number of people reside, meet, or gather in close proximity for either a limited or extended period of time.

The newly recognized respiratory disease – coronavirus disease 2019 (COVID-19) – is spreading globally and there have been instances of COVID-19 community spread in the United States. The general strategies recommended to prevent the spread of COVID-19 are the same 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 New York City (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 widespread transmission of COVID-19 in the facility. The events of the COVID-19 outbreak are still developing worldwide, the United States and in NYC. The impact of COVID-19 in NYC is still to be determined. Therefore, facilities should be prepared for the event of widespread community transmission in NYC. Facilities concerned that a resident, visitor, or employee may have COVID-19 should contact the New York City Health Department Provider Access Line immediately for consultation and guidance (see below).

Homeless shelters pose many challenges due to their unique environment. Particular challenges include vulnerable populations, restrictions on client or resident movement and limited skilled staff or alternative work schedules for staff. Special considerations should be taken to prevent disease transmission when considering the movement of clients or residents, visitors and staff into and within the facilities. Facilities are advised to contact and collaborate with the NYC Health Department along with other local, state, and federal partners to develop specific protocols and procedures that would be employed to control impacts from COVID-19.

Goal of this document is to help homeless shelter operators;
- **Develop plans based on of the identification of LIMITED transmission of COVID-19 in New York City to:**
    - Prevent the introduction of COVID-19 and other respiratory pathogens INTO your facility
    - Rapidly identify persons with respiratory illness
    - Prevent the spread of COVID-19 and other respiratory pathogens WITHIN and BETWEEN your facility(ies)
    - Manage and isolate persons with suspected or confirmed COVID-19
    - Be familiar with infection control guidance
    - Consider planning and needs to accommodate persons with possible COVID-19 exposure
- **Consider facility readiness and response plans in the 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

NOTE: Please be aware that this guidance is based on the best information currently available and will be updated as more is learned about the COVID-19 outbreak. The NYC Health Department may change its recommendations as the situation evolves. The NYC Health Department will announce if additional measures are needed. Visit the NYC Health Department website and Centers for Disease Control and Prevention (CDC) website for more information.

COVID-19 Background Information

Human coronaviruses are a group of viruses that commonly cause either mild-to-moderate illness – such as a cold with runny nose, headache, cough, sore throat, or fever or sometimes pneumonia. These include coronaviruses 229E, NL63, OC43, and HKU1.

COVID-19 is caused by the SARS-CoV-2 virus. The recently discovered SARS-CoV-2 is a "novel coronavirus", which means it is a new strain of coronavirus that has not been previously identified in humans. The newly identified SARS-CoV-2 virus is thought to have originated in animals and is related to the coronaviruses SARS-CoV and MERS-CoV, which also originated from animals. Our current understanding of SARS-CoV-2 suggests it is like other respiratory viruses with regard to transmission. In general, these viruses are spread when a sick person coughs or sneezes. It is also possible to become sick by touching surfaces contaminated with a virus, and then touching one's own eyes, nose, or mouth. Covering coughs and sneezes with a tissue or an upper sleeve and washing hands with soap and water or with an alcohol-based hand rub are essential in stopping the spread of respiratory viruses. During the influenza season, individuals should consider getting a flu vaccine.

The majority of persons with COVID-19 develop a mild illness which may include fever, cough, or shortness of breath. Persons who develop more severe disease requiring hospitalization have often been the elderly or persons with underlying medical conditions.

Anticipatory Planning for COVID-19 in New York City

On February 25, 2020, the Centers for Disease Control and Prevention (CDC) announced that it was likely for COVID-19 to spread and cause outbreaks in the US. There have been reports of outbreaks in congregate settings including health care facilities and prisons.

Facilities are advised to engage with their local, state, and federal partners to rapidly develop appropriate plans that can be implemented when needed. Given the multiple potential points of access of COVID-19-infected people into congregate settings, it is advisable for facilities to plan for the eventuality of identifying COVID-19 in a person, which will likely present as an acute respiratory infection, in their facility.

At this time, there is limited recognized transmission of COVID-19 in NYC. DOHMH recommends facilities consider developing plans to address the recognition and management of individual COVID-19 cases while there is limited evidence of community COVID-19 transmission, as well as preparing for the possibility of widespread community transmission by doing the following:

☐ **Be prepared -** Form a pandemic planning committee that includes representatives of all internal partners and that is authorized by facility leadership to finalize a COVID-19 response plan promptly and in coordination with city, state, and federal partners.
- Refer to the CDC site for **pandemic preparedness resources**
- 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 employees 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 and your residents**

- Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.

- Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.

- Do not require a healthcare provider's note for employees who are sick with respiratory symptoms before returning to work.

1. **Planning for While There is Limited Transmission of COVID-19 in NYC**

While there is evidence of limited transmission of COVID-19 disease in NYC, facilities should focus on rapidly identifying potential case. Upon recognition of widespread transmission, facilities should focus on shift toward their pandemic plans (see section 4. Facility Readiness and Response to Widespread Community Transmission of COVID-19).

A. **Prevent the Introduction of Respiratory Pathogens INTO the Facility**
   o Facility signage
      ▪ Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection. Signs in multiple languages can be found on the [NYC Health Department website](#).
      ▪ Ensure staff and residents are familiar with the symptoms of general acute respiratory infection, as well as criteria for COVID-19 which includes fever, cough or shortness of breath.
   o Screen visitors in advance and upon arrival for fever or signs of an acute respiratory illness
      ▪ Inform potential visitors that symptomatic persons will not be allowed to enter the facility. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility.
      ▪ Ask persons upon arrival at the facility for symptoms or possible exposures to COVID-19. Exclude visitors who appear to be ill or report fever, cough, shortness of breath and either [travel from an affected geographic area](#) within the past 14 days OR close contact with a person with confirmed COVID-19 within the past 14 days.
   o Employees and volunteers
      ▪ Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
      ▪ Inform staff to stay home if they feel ill and remain at home until their symptoms resolve.
   o Residents and clients
      ▪ Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

B. **Rapid Detection of Cases Persons with Acute Respiratory Illness**

   o Instruct residents and staff to report recent symptoms of fever, cough or shortness of breath to the appropriate personnel at the first signs of illness.
   o Screen new persons being admitted or re-admitted for recent respiratory illness.
   o Consider daily temperature and symptom checks of residents and monitor for new fever and/or respiratory illness.
   o Until there is evidence of community transmission of COVID-19 in NYC, suspected cases of COVID-19 will be identified using the CDC person under investigation (PUI). Any persons with respiratory illness and who meet potential COVID-19 using [persons under investigation (PUI) criteria from the CDC](#) should;

- Be isolated in a negative pressure room (airborne infection isolation room (AIIR)) if one is available or a private room with the door closed until they can be properly managed. IF THE FACILITY DOES NOT HAVE AN AIIR OR PRIVATE ROOM, have a pre-identified location where patients can be situated to minimize exposure to staff and other patients.
- Be IMMEDIATELY reported to the NYC Health Department's Provider Access Line (PAL) at 866-692-3641 to discuss the person and determine if COVID-19 testing is indicated and appropriate management of the person including transportation to another facility if indicted.

- If available and indicated, use existing plans to arrange to have patients transported to an appropriate facility. Contact the transporter and receiving facility in advance and inform them of potential concern for COVID-19 to ensure awareness and permit adherence to appropriate infection control for COVID-19.
- Review and monitor the NYC and New York State Health Department Health Advisories and websites to be aware of COVID-19 activity in NYC and metro area to help inform your evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described below, facilities should also consult with the NYC Health Department for additional guidance.

C. Prevent the Spread of Respiratory Pathogens WITHIN and BETWEEN the Facility(ies)

- For residents who have been evaluated and do not meet COVID-19 testing criteria but who have fever or respiratory symptoms;
  - Restrict residents with fever or acute respiratory symptoms to their room or an area where they can be isolated from others in the facility by at least 6 feet.
  - In some circumstances, it is better to keep families or other close groups together. If there are accompanying family members (or other personal contacts) of the ill person, consider housing them together, even if they are not ill, if there previously was an extended opportunity for exposure because they may already be infected.
  - If the sick person must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).
- In a healthcare setting, manage persons with an undiagnosed respiratory infection using Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., COVID-19, tuberculosis). For detailed guidance visit the CDC website.
- In non-healthcare settings, contact a medical provider or facility to determine if the person requires medical care. Inform them the resident has a respiratory illness.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
  - Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
  - Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
  - Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Notify other facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to another facility or higher level of care.

D. Management and Isolation of Suspected or Confirmed Cases

- If COVID-19 infection is suspected or has been confirmed in a resident of your facility, consider temporarily suspending new admissions, visitors, and transportation to other institutions.
- Restrict the movement of persons within the facility, from leaving the facility, and from being transferred to another facility until COVID-19 has been ruled out (with the exception of necessary medical care).
- Limit transport of suspected COVID-19 patients to essential purposes only. Place facemasks on suspected COVID-19 patients during transport.

- o Facilities housing persons with confirmed to have COVID-19 should house the patient in a private, single-occupancy room.
  - If multiple persons become ill, establish a designated area(s) of the facility specifically for sick persons. Designate staff to care for these individuals only. Limit the movement of designated staff between parts of the facility to decrease the risk of staff spreading COVID-19 to other parts of the facility.
- o Doors to any room or area housing suspected and confirmed COVID-19 patients should be kept closed except for entry or egress.
- o In facilities that provide healthcare, refer below to section Infection Control in Facilities that Provide Healthcare.
- o In facilities without healthcare:
  - Ensure staff know where and how to report persons with respiratory illness and manage them until further action can occur (e.g., place in separate room with door closed).
  - Ensure access to hand washing stations and or alcohol-based sanitizers and facemasks for ill persons to wear to prevent further spread.
- o Treatment recommendations for COVID-19 are still evolving. More information will be available on the [NYC Health Department webpage](). Call the PAL at **866-692-3641** for any questions regarding treatment or patient management.

E. Infection Control in Facilities that Provide Healthcare

- o While new evidence about the 2019 novel coronavirus is still emerging, it currently is recommended to use airborne precautions in addition to standard and droplet precautions when managing suspected and confirmed cases of COVID-19.
- o All personnel who enter the room should adhere to the personal protective equipment (PPE) recommended in the [CDC's interim infection control guidance](), including:
  - Standard precautions (gloves),
  - Contact precautions (gown),
  - Eye precautions (goggles or face shield), and
  - Airborne precautions (fit-tested N95 respirator or positive air pressure respirator).
- o Detailed information on environmental infection control in healthcare settings can be found in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities]() and [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings]() [section IV.F. Care of the environment].
- o Refer to CDC's guidance on implementing recommended infection prevention practices available in CDC's free online course — [The Nursing Home Infection Preventionist Training]() — which includes resources checklists for facilities and employees to use.

2. Facility Readiness and Response to Widespread Community Transmission of COVID-19

In the event community transmission of COVID-19 is detected in NYC, facilities should consider adopting measures to reduce transmission. If a crisis management plan or system exists for the facility, follow that protocol. If the facility or organization has an existing emergency management response plan, leverage that system and structure at this point. Use the system to address the following components for facility readiness and response.

If no such structure already exists, designate a team of staff members to assist in developing and implementing a site-specific plan to prevent widespread transmission of COVID-19 and to avoid major disruptions in services. The COVID-19 team should be made up of staff who are familiar with measures taken to limit exposure to and spread of influenza and other winter respiratory viruses. Ensure appropriate operational, healthcare and administrative representatives are

involved to manage the incident. Assign staff members to address the following activities along with any others that may be required by oversight agencies:

a) Assessing Risk to Employees and Measures to Maintain Their Health
b) Education and Training for Employees
c) Facility Readiness: Signage, Supplies, and Staffing
d) Housekeeping

Plan for each of these activities by assessing needs, deciding how the facility will implement the activities and what resources are needed for handling an inmate, employee, or visitor who presents with symptoms suspicious for COVID-19. General guidance is available in CDC's Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017, *Recommendations and Reports* / April 21, 2017 / 66(1);1–34.

a) Assessing Risk to Employees and Measures to Maintain Their Health
- Assess the potential exposure risks to COVID-19 for all facility employees. Consider those who provide healthcare, sanitation or services that require prolonged close contact.
- Provide employees with information about preventing the spread of respiratory illnesses.
- Review the facility's sick-leave policy and encourage staff to stay home while ill.
- Consider offering influenza vaccinations at the worksite to prevent the flu.

b) Education and Training
- Educate staff and residents about how respiratory illness spreads to inform and improve adoption of best practices to prevent the spread of respiratory illness.
- Hold educational sessions for staff and residents to review information on facility policies for respiratory illnesses.
- Educational sessions should include information on COVID-19 symptoms, how respiratory illnesses spread, basic cough and sneeze etiquette, hand washing, personal protective equipment, and housekeeping procedures.
- All staff, including administrators, health care personnel, custodians and food handlers should attend training sessions.
- Information can also be provided through signs, written materials and video presentations.
- As more is learned about the current COVID-19 outbreak, regular announcements should be made to keep all informed, especially regarding changes in prevention measures and medical treatment protocols.

c) Facility Readiness: Signage, Supplies, and Staffing
- Prominently display posters, such as "Cover Your Cough" signs, at all entrances, bathrooms, and common areas. Multi-lingual versions are available on the NYC Health Department website. Handwashing posters are available from the CDC website.
- Display signs instructing residents, visitors and staff to notify the medical staff if they have fever and cough or shortness of breath.
- Consider showing a streaming video in common areas that have a television that demonstrates proper methods for hand-washing and respiratory etiquette.
- Make the means for appropriate hand cleansing readily available within the facility, including intake areas, visitor entries and exits, visitation rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas. The means for hand cleansing are ideally running water, soap, and hand drying machines or paper towels and waste baskets; alternatively, except in lavatories and food preparation areas, alcohol-based hand sanitizers may be used.
- Maintain sufficient supplies of hand soap and paper towels, hand sanitizers, tissues, general cleaners, disinfectants and personal protective equipment.

- Use of a face mask is sometimes medically indicated for persons with a respiratory illness as it can prevent a sick person from spreading their illness to others. The NYC Health Department and the CDC do not currently recommend the use of face masks among the general population.

d) **Housekeeping**
- 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.
- Ensure that waiting areas, TV rooms and reading rooms have adequate ventilation (e.g., open windows if practical).
- 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.

3. **Review Health and Mental Health Response**

Some facilities provide health care and/or mental health services ranging from full service on-site health care to evaluation with referral to off-site providers. Have plans in place plans for patients who regularly receive health services. If a patient is required to be isolated, consider alternative arrangements such as tele-communications for the patient to receive their regular services.

- Identify what health care and mental health resources are available and review and update where appropriate provider contracts, emergency medical protocols including transporting persons to a healthcare facility, notification of receiving facilities, and contact information for providers and pharmacies.

- Staff providing health care services should be familiar with;
  - The DOHMH provider guidance materials
    - Management of Patients Suspected to have Novel Coronavirus (2019-nCoV) Infection — Interim Guidance
    - Management of Patients Suspected to have Novel Coronavirus (2019-nCoV) Infection — Provider Checklist
  - CDC provider guidance materials
    - Infection control guidance for health care facilities developed by the Centers for Disease Control and Prevention (CDC)
    - Steps healthcare facilities can take to prepare: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html
    - Interim guidance for LTC: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html
    - Interim guidance for healthcare facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html

4.
5. **Continuity of Operations**

- Anticipate and plan for staffing challenges
  - Expect that many employees will be ill and furloughed until no longer a risk to others.
  - 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 – law enforcement, the courts, state facilities – will be affected similarly. Facility operations should be capable of adjusting to challenges felt in other related systems.

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 settings to limit the spread of an infectious respiratory illness:

Sleeping Arrangements	• 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 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 people with underlying conditions in same room as people with symptoms
Mealtimes	• Stagger mealtimes to reduce crowding in shared eating facilities • Stagger the schedule for use of common/shared kitchens
Bathrooms & Bathing	• Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time
Recreation/Common Areas	• 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	• Opt for transporting less people per trip and ensure that passengers have more space between one another
Communication	• Reduce the amount of face-to-face interactions with residents for simple informational purposes • Consider using the following methods of communication: Bulletin boards, signs, posters, brochures, emails, phone, sliding information under someone's door or mailbox
Staff Activities	• Reduce unnecessary assembly of staff (e.g., large meetings where information can be communicated otherwise) • Where appropriate, opt for conference calls instead of in-person meetings

APPENDIX 2: ROOM ISOLATION

What should someone do if they have a flu like illness or have been diagnosed with COVID-19?

If you are sick with a flu like illness, 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 facemask 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 facemask 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.

Wear a facemask - Wear a facemask when you are in the same room with other people and when you visit a healthcare provider. If you cannot wear a facemask, the people who live with you should wear one while they are in the same room with you.

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 and if your hands are not visibly dirty. 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 that you are sick. This will help the healthcare provider's office take steps to keep other people from getting infected. Do not use public transportation, instead use a taxi, car service or privately-owned car and wear a facemask while outside of the facility

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:

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

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 and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing common items - You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the person uses these items, you should wash them thoroughly.

Clean all "high-touch" surfaces - such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day.

Wash laundry thoroughly

Monitor the person'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, this will help the healthcare provider's office take steps to keep other people from getting infected.

Monitor yourself - caregivers and others in close contact with the person should monitor their own health for signs or symptoms of a flu like illness.