Interim Guidance: Preventing Spread of COVID-19 in Community Congregate Housing Settings for Those Who Are Housed in Private Rooms

Updated May 3, 2020

Note: This document was updated to reflect adjusted bathroom cleaning recommendations.

AUDIENCE: The following interim guidance was developed by the San Francisco Department of Public Health for use by staff and residents living in community congregate housing settings where individuals and households are living in their separate rooms and may be sharing of bathrooms or cooking facilities between households. A household is all the people who may live in an independent enclosed space. This includes:

- Single resident occupancy hotels (SROs)
- Permanent supportive housing (PSH)
- Shelter or transitional housing with private rooms

This guidance is NOT intended for: adult homeless shelters or navigation centers (for which guidance can be found at www.sfcdcp.org/covid19 under “People Experiencing Homelessness”), 24 hour drop in centers, residential care facilities for the elderly (RFCEs, including Board and Care), residential mental health or substance use disorder treatment program, medical respite, or long-term care facilities (for which guidance can be found at www.sfcdcp.org/covid19hcp under “Long Term and Senior Care”).

BACKGROUND:
Novel coronavirus disease, or COVID-19, is a new respiratory disease that can spread from person to person. Most people who get the infection have no symptoms or mild symptoms of a cold. Some people have gotten very sick from it and need to be hospitalized – especially people who are older and have chronic medical conditions like heart disease, lung disease, diabetes, kidney disease and weakened immune systems. The most common signs and symptoms of infection include fever, cough, difficulty breathing, fatigue, muscles aches, sore throat, headache. Nausea, vomiting, or diarrhea are less common symptoms of COVID-19 infection. At present, there is no vaccine to prevent COVID-19 and no treatment after someone has been exposed to COVID-19. The best way to prevent the spread of the virus is to avoid being exposed to the virus.

GUIDANCE FOR RESIDENTS:
Practice everyday preventive actions that can help prevent the spread of COVID-19:

- Stay home when you are sick, except to get medical care.
- If you leave your home, even within your building:
  - Wear a face covering. Face coverings should cover the nose and mouth and may be made from a variety of materials, such as bandanas, scarves, t-shirts, sweatshirts or towels. Always wash your
hands, or use hand sanitizer, before and after touching your face or face coverings. Cloth face coverings should be washed frequency with detergent and hot water and dried on a hot cycle.

- **Practice social distancing.** Remain at least 6 feet away from other people.
- Avoid close contact with people who are sick.

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% ethanol. Always wash your hands with soap and water if your hands are visibly dirty.

- Cover your coughs and sneezes with a tissue, under the neck of your shirt, or into your elbow.
- Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water.

Prepare for possible disruptions caused by an outbreak:

- Make sure you have a supply of all essential medications for your family. Ask your provider or pharmacy to give you a several month supply of medications, if possible, to reduce the number of times you have to go to a pharmacy.
- If you care for a child, make a child care plan if you or a care giver are sick.
- Make a plan for how you can care for a sick family member without getting sick yourself.
- **When working with service providers** (such as home health aides, IHSS, social workers, case managers):
  - Wear a mask or face covering.
  - If you notice a service provider without a mask, ask them to wear a mask before seeing you.

Limit your interactions with others:

- Stay at home and in your room as much as is possible.
- Avoid spending time in community lounges and other common spaces in your building.
- Maintain social distance of 6 feet.
- It is discouraged for tenants to visit with others, even if they reside within the same building.
- Avoid going to public places where close contact with others might occur, such as:
  - Shopping centers
  - Churches and places of cultural or religious congregation
  - Public transportation. If you need to take public transportation, wear a mask or face covering and frequently wash your hands.
  - Group meals and food pantries. If you rely on these for food, please maintain a social distance of 6 feet from others.
Isolate yourself as best as possible in your room if you have cold or flu-like symptoms (such as fever, cough, sore throat, runny nose, sneezing, new shortness of breath, or muscle aches).

- If you are feeling unwell and are concerned you might have COVID-19, call your medical provider. If you do not have a medical provider, call 415-554-2830 to obtain information about the testing.
- If a resident with a COVID infection has a private bedroom and bathroom, they can isolate at home and do not need a hotel room.
- Social service and health care providers may request a room to isolate residents who are exposed to or have suspected or confirmed COVID-19 by completing a web-based intake form at [https://covid19isorequest.getcare.com/referral](https://covid19isorequest.getcare.com/referral) or calling 628-652-2820.
  - Placement will depend on room availability and whether client needs can be met in these spaces.
- If a resident with suspected or confirmed COVID-19 requires food support to safely self-isolate, social service and health care providers and members of the public can email the EOC Feeding Unit at [iqfeedingunit@sfgov.org](mailto:iqfeedingunit@sfgov.org).

**GUIDANCE FOR CONGREGATE LIVING FACILITY MANAGEMENT AND STAFF:**

**Provide education for staff and clients:**

- Place signs that advise cough and sneeze etiquette, hand hygiene, and staying home when sick hygiene (English) (Simplified Chinese) (Spanish) at the entrance to your building and in other areas where they are likely to be seen such as:
  - Gathering areas
  - Dining areas
  - Bathrooms
  - Staff lounges

- Train employees and residents to clean their hands often with an ethanol-based hand sanitizer that contains at least 60% ethanol or wash their hands with soap and water for at least 20 seconds. Soap and water are preferred if hands are visibly dirty.

**Provide hygiene and prevention materials:**

- Provide easy access to soap, water, hand drying resources, and ethanol-based hand rubs at:
  - All entries
  - Dining areas
  - Shared bathrooms
  - Kitchen areas
  - Public phones
  - Computer stations
  - Elevators
  - By the doors of community rooms
Advise the use of barrier masks or face coverings by all residents and staff, regardless of whether or not they have symptoms. Face coverings should cover the nose and mouth and may be made from a variety of materials, such as bandanas, scarves, t-shirts, sweatshirts or towels. Always wash your hands, or use hand sanitizer, before and after touching your face or face coverings. Cloth face coverings should be washed frequency with detergent and hot water and dried on a hot cycle.

Staff with cold or flu-like symptoms (such as fever, cough, sore throat, runny nose, sneezing, new shortness of breath, or muscle aches) should stay home.

Ensure that adequate supplies are present and maintained:
- Hot and cold running water. Hot water should be maintained at 100°F. If temperature control is automatic, ensure that it does not exceed 120°F
- Liquid hand soap
- Drying materials
- Ethanol-based hand sanitizer that contains at least 60% ethanol
- Facial tissues– place at entrances and community areas
- Plastic-lined wastebaskets– place at entrances and community areas
- Disposable face masks, if possible
- Gloves in a variety of sizes (for staff)
- Signs addressing hygiene (English) (Simplified Chinese) (Spanish)
- Cleaning supplies for staff to clean surfaces

Facilitate social distancing to reduce the likelihood of COVID-19 cases:
- **Restrict non-essential visitors.**
  - Advise residents to have only essential visitors (to care for basic needs)
  - Post signs at the entrance instructing visitors not to visit if they have symptoms of cold or flu (such as fever, cough, sore throat, runny nose, sneezing, new shortness of breath, or muscle aches).
- **Mealtimes**
  - Stagger mealtimes if possible to reduce crowding in shared eating facilities.
  - Stagger the schedule for use of kitchens
  - People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 should eat or be fed in their room, if possible.
- **Food and Cooking Facilities:**
  - Clean shared cooking facilities at least weekly.
  - To the extent possible that is legally allowed by your building codes, allow residents to have in-unit cooking devices such as microwaves and hot plates.
  - Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher.
• **Bathrooms**
  o If possible, designate a separate bathroom for residents with symptoms that could be COVID-19.
  o Clean shared bathrooms used by residents not known to have COVID-19 at least daily.
  o If feasible, stagger bathroom schedule to reduce the number of people using the facilities at the same time.
  o Sinks could be an infection source; avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items so they do not touch the bathroom countertop.

• **Recreation/Common Areas/Group Activities**
  o Cancel group activities.
  o Revise the community room occupancy limits to promote social distancing. People should maintain social distance (a distance of 6 feet from one another and avoiding groups of people) at all times.
  o Create a schedule for use of the common rooms to limit the number of people in the room at any one time.
  o Recommend tenants wear mask or cloth face covering that covers the nose and mouth when in community rooms, in addition to social distancing and frequent hand washing.
  o Disinfect the frequently-touched surfaces before/after each use.

• **Transport**
  o Transport fewer people per trip so passengers don’t sit too close together.
  o Minimize transport by limiting non-essential appointments. If a resident has medically necessary appointments, such as dialysis or chemotherapy, the sending facility should fill out a Medical Facility Communication Sheet; call the receiving facility ahead of time to notify them if the patient has any symptoms and the patient should wear a facemask whenever they are within 6 feet of others.

• **Staff activities**
  o Don’t hold in-person meetings when information can be communicated in other ways. Use conference calls or video-conferencing as able.
  o Cover your mouth and nose with a cloth covering or face mask and maintain 6-feet social distancing.

Update your master cleaning schedule and instructions:
• **For detailed mandated cleaning instructions**, see “Order of the Health Officer No. C19-04” which sets forth “Minimum Environmental Cleaning Standards for Business, Schools, and SRO Settings” that Residential Hotels must fully and immediately comply with. See the following:
• Building managers of SROs or any owner/operator with (1) authority on the property, and (2) a knowledge of what actual items are required onsite, can communicate your cleaning supplies and janitorial service needs to email: CleaningServicesEOC@sfgov.org
• Train staff in how to mix and use disinfectants and sanitizer solutions.
  o Follow all label instructions
  o Use damp cleaning methods. Dry dusting or sweeping can cause airborne virus droplets.
  o Change mop heads, rags, and other cleaning items frequently
• Provide staff with gloves for cleaning
• Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with COVID-19 symptoms to as-needed cleaning (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill persons.
• Clean commonly used surfaces (e.g. doorknobs, keyboards, remote controls, desks) before each use
• Clean all common areas at least daily; clean heavily used surfaces more frequently (e.g. doorknobs, elevator buttons, public phones, banisters, tabletops, handrails, workstations, and countertops)
• Empty trash receptacles frequently
• Clean toys daily, and discourage sharing of plush toys (such as teddy bears) between children
• Regularly clean air vents and replace filters, especially on air purifiers (like HEPA filters)
• No special disinfection products are required.
• Encourage all staff and clients to get the influenza vaccine to prevent illness that is similar to COVID-19.

Require employees with cold or flu-like symptoms (such as fever, cough, sore throat, runny nose, sneezing, new shortness of breath, or muscle aches) to stay home.
• Ensure sick leave policies allow employees to stay home if they have symptoms of infection.
• Do not require a healthcare provider’s note for employees who are sick with cold or flu-like illness to return to work, as healthcare provider offices may not be able to provide such documentation in a timely way.
• Staff developing cold or flu-like symptoms while at work should immediately don a facemask, notify management, and leave work.
• For information on returning to work, please see Ending Home Isolation and Returning to Work after Suspected or Confirmed COVID-19, posted at www.sfcdcp.org/covid19 under “Home Isolation and Returning to Work.”

Offer masks or face coverings to all residents, particularly those over the age of 60 or with a chronic illness.
• Advise residents to wear a barrier mask or face covering when they are in situations that place them within 6 feet of others.
• If a client refuses to or is unable to wear a mask or face covering:
  o Ensure staff members wear masks when interacting with the resident.
o Offer residents to eat at a different time or in an area separated from others by at least 6 feet.
o Improve ventilation in the room/floor to the extent possible.
o If within the purview of your duties:
   - Cancel the person’s nonessential appointments at other agencies, group sessions, etc.
   - Limit staff/visitors who enter the resident’s room.
   - Limit the number of staff/visitors who enter the ill resident’s room. Staff/visitors should be
     instructed on how to wear a facemask and how to perform hand hygiene and other universal
     precautions.

Remind staff members who provide care for residents to use Standard Precautions for infection control.
• All staff should wear masks or cloth face coverings when within 6 feet of other people (staff or tenants) to
  limit the spread of germs.
o Face coverings should cover the nose and mouth and may be made from a variety of materials, such as
  bandanas, scarves, t-shirts, sweatshirts or towels. Always wash your hands, or use hand sanitizer,
  before and after touching your face or face coverings. Cloth face coverings should be washed
  frequency with detergent and hot water and dried on a hot cycle.
• Gloves and gown are not required except where otherwise indicated (e.g. contact with refuse or bodily
  fluids), but staff should wash their hands frequently often with soap and water.

In the event of cases of suspected or confirmed COVID-19:
• If residents develop COVID-19 that is either **suspected** (by cold or flu-like symptoms such as fever, cough,
  sore throat, runny nose, sneezing, new shortness of breath, or muscle aches; or a medical provider
  believes the person has COVID-19) or **confirmed** (by a positive test result):
o People with suspected or confirmed COVID-19 should self-quarantine as best as possible in their room.
  Social service and health care providers may call 415-554-2830 for consultation and may request a
  room to isolate tenants who have suspected or confirmed COVID-19 by completing a web-based intake
  form at [https://covid19isorequest.getcare.com/referral](https://covid19isorequest.getcare.com/referral). Placement will depend on room availability
  and whether client needs can be met in these spaces.
o If a resident with COVID-19 has a private bedroom and bathroom, they can isolate at home and likely
  would not need a hotel room.
o If a resident with suspected or confirmed COVID-19 requires food support to safely self-isolate, **social
  service and health care providers and members of the public** can email the EOC Feeding Unit at
  iqfeedingunit@sfgov.org.
• The same services apply to **close contacts** of cases of confirmed COVID-19. Close contacts include people
  who live in the same room, sex partners, and people who care for the person with COVID-19. In addition,
  close contacts are people who stayed within 6 feet of the person with COVID-19 for more than 10 minutes,
or who had direct contact with body fluids or secretions while not wearing a facemask, gloves, and gown or body covering. Close contact includes any such contact beginning 48 hours before symptoms began.

Stay up to date with local and state COVID-19 activity and developments (in addition to CDC):

- Up to date information on COVID-19 in San Francisco: [https://www.sfdph.org](https://www.sfdph.org)
- Answers to frequently asked questions: [https://www.sfcdcp.org/covid19](https://www.sfcdcp.org/covid19)
  - To communicate with the San Francisco SRO Taskforce regarding affordable housing supports or COVID-19 guidance, please email: AffordableHousingEOC@sfgov.org
  - To communicate with the DPH SRO Hub, please email: srosites@sfdph.org