Supportive Housing Re-Opening Committee

COVID-19

Safety Plan Recommendations

Guidelines for Supportive Housing Providers

the Network
Supportive Housing Network of NY

Supportive Housing Re-Opening Committee
COVID-19 Safety Plan Recommendations

The following guidelines are

a list of recommendations for supportive housing providers to consider when developing COVID-19 safety plans for supportive housing offices and residences. This document was developed based on city, state and federal guidance in consultation with Doctors Without Borders and a working group of supportive housing providers. Organizations should use this tool to help think through different strategies when developing their own safety plans. NYS and NYC Guidance is being updated regularly, so we encourage providers to check the websites and stay up-to-date.

the**Network**
Supportive Housing Network of NY

INFECTION CONTROL PRACTICES

■ FACE COVERINGS

• Providers are required to provide face coverings, at no cost, to employees.

• Staff should wear face coverings at all times when in the presence of others.

• Face coverings should either be cloth or, if disposable, used for one day only.

• Wash cloth face coverings daily with soap and water and let dry.

• Have face coverings available in social service offices for tenants.

NOTE – Face shields are NOT recommended in place of face coverings. They are primarily recommended in medical settings to protect the face from the splattering of bodily fluids, blood, etc. In a residential setting, it has been discussed that they are good for extra protection if there is no plexi-glass and there is no ability to social distance, i.e. front desk security or the other person needs to remove their face covering temporarily, for instance during medication distribution. They do not replace the effectiveness of face coverings.
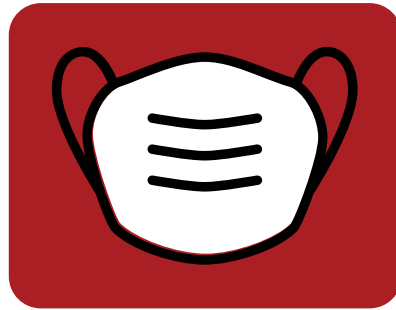
■ GLOVES

Gloves should only be used for tasks requiring actual physical contact e.g. when touching blood or bodily fluids, when cleaning, when touching someone else's food, etc. Gloves should be used for a one-time event and then disposed of, they should not be worn all day. Gloves give users a false sense of protection and may actually increase spread. Washing hands is the most effective way to combat infection.

■ SOCIAL DISTANCING

• Try to keep at least 6 feet distance from other people.

• Prolonged close contact is defined as "standing less than 6 feet apart, for more than 10 minutes."

• Wear a face covering whenever you are not in your home or private office. If someone comes into your office, both people should wear face coverings. Everyone in a shared office space should wear face coverings. Face coverings should always be worn around the office, hallways, break rooms, copier rooms, etc.

• If social distancing is not possible, stand side by side rather than facing one another.
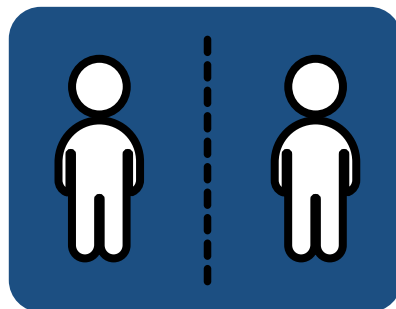
Social distancing, wearing a face covering and hand washing are *the most effective* ways to stay safe from COVID-19.

CLEANING PROTOCOLS

Maintenance staff should wipe down frequently touched surfaces (e.g. door knobs, elevator buttons, mail-boxes, tables, light switches, handles) with a disinfectant or bleach solution daily.

Maintenance staff should wipe down and disinfect all surfaces and public areas —including bathrooms— on a regular basis during the day.

In the office: wipe down all surfaces daily, especially keyboards, door knobs, and table/desk tops (Clorox wipes are good).

All staff members who occupy the same work-spaces during different shifts should wipe down all space and equipment (tele-phones, computers) before departing and upon arrival.

Bleach and water solution can be mixed if running out of cleaning products. CDC recommendation: 5 table-spoons (1/3rd cup) bleach per gallon of water OR - 4 teaspoons bleach per quart of water.

Electrostatic sprayers (fogging machines) can be used on electronics and all surfaces.

Wipe down and disinfect all surfaces and public areas including:

- **Door knobs**
- **Elevator buttons**
- **Mailboxes**
- **Keyboards**
- **Computers**
- **Table/desk tops**
- **Telephones**
- **Bathrooms**

See **CDC Guidance** on *"Cleaning & Disinfecting Your Facility"* for further details.

A sample cleaning and disinfection log can be found **HERE.**

BUILDING MODIFICATIONS – GENERAL

Place signs with illustrations throughout residences with reminders (wash your hands, social distancing, etc.)

The NYC Health Dept. has free signs in multiple languages. Call 311 or download **here.**

Place physical reminders of social distancing (marks on floors and walls)

Place hand washing or hand sanitizer stations at front entrances and hand sanitizer stations throughout buildings:
• Note: hand washing stations require that staff regularly empty/replenish water buckets 24/7;
• Hand sanitizer should contain at least 60% alcohol.

Establish designated areas for pick-ups and deliveries, limiting contact to the extent possible.

Install plexiglass screens or barriers at front desk and other areas where close contact occurs
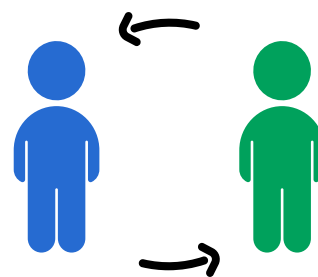
BUILDING MODIFICATIONS – SHARED SPACES
(offices, computer rooms, lobby, dining areas, community rooms, etc.)

As common areas begin to open up, assess the space and equipment to enable social distancing – determine how many people can occupy the space safely, and limit the number of chairs, tables, computers, etc. to facilitate social distancing. Place tape on the floor to indicate where chairs and tables need to remain;

Place arrows on floor of entrance for entering and exiting community rooms, dining rooms, etc.;

Designate specific entrances or doorways for entering and exiting where possible;

Place tape on the floor to encourage social distancing for any times when residents may be lining up (meal distribution, medication pick up, etc.) and stagger meal or pick up times where possible;

If possible encourage outdoor activities at the residence or local outdoor spaces;

A plastic screen can be used in places where there may be closer interactions with residents (e.g. giving out medications, security desks, etc.);

Elevator use:
• It will be difficult to enforce limiting occupancy in elevators, however providers are trying to educate residents on social distancing as well as encouraging use of stairs to reach lower floors;
• If possible designate one set of stairs for going up and another set for going down;
• NY Forward is recommending that organizations place signs near elevators that state only one person at a time, unless all individuals in such space at the same time are wearing acceptable face coverings. However, even when face coverings in use, occupancy must never exceed 50% of the maximum capacity of the space unless it is designed for a single occupant. Mark spaces on floor for people to stand 6 feet apart while waiting for elevator;

Remove objects in common areas;

Enforce mask/face covering use in all public/common areas;

Be prepared to re-instate common space restrictions and suspension of group activities if local authorities determine that social intermingling must decrease due to increased community transmission of COVID-19.

ADDITIONAL GUIDANCE FOR OFFICE SPACE *(Additional NY Forward Requirements not covered above)*

NYS is requiring organizations to limit the number of occupants in office spaces to no more than 50% of the maximum occupancy, as set by the certificate of occupancy;

Nonprofits should consider closing any common indoor areas within their office space (e.g. reception areas). If it remains open, providers must modify seating arrangements to ensure that individuals are at least 6 feet apart in all directions;

Offices may modify or reconfigure the use and/or restrict the number of workstations, employee seating areas, and desks so that employees are at least six feet apart in all directions and are not sharing workstations without cleaning and disinfection between uses;

When social distancing is not feasible at workstations, organizations must provide and require the use of face coverings or physical barriers. Physical barrier options may include strip curtains, cubicle walls, plexi-glass or similar materials or other impermeable dividers or partitions.

ADDITIONAL GUIDANCE FOR DINING/ FOOD PROVISION

Kitchen staff should take every precaution to practice social distancing and always wear face coverings.

Stagger tenants picking up their food (if possible, no one should eat dinner in the dining area, clients should take their food to their apartments).

Remove coffee pots, salt and pepper shakers, water coolers, creamers.

Assign kitchen staff to one workstation per shift and modify space to keep staff 6 feet apart.

Clearly indicate on the outside of any type of closed container — including cabinets and refrigerators — what is inside the container so kitchen staff can avoid opening cabinets unnecessarily.

Encourage kitchen staff to place items on the counter for the next person to pick up, rather than passing items from hand to hand.

VENTILATION

Keep windows and doors open as much as possible to facilitate air circulation;

A/C units are OK;

Organizations should get guidance from their local health department and/or engineer about ceiling fans as there is conflicting guidance:
- DWB suggests not using fans, as they can spread droplets;
- CDC recommends using fans, to help with air circulation.

Consider working with HVAC vendor to assess the ability to:
- Increase outdoor air ventilation ratio;
- Improve central air handler filtration;
- Continuous operation of units 24/7;
- Increase air change rates;
- Implement pressure control;
- Optimize air flow patterns;
- Control humidity – keep between 40% and 60%;
- Increase total airflow supply to occupied spaces, if possible;
- Disable demand-control ventilation controls that reduce air based on temperature or occupancy;
- Improve central air filtration as high as possible (MERV 13 or 14) without significantly diminishing design airflow (inspect filter housing and racks to ensure appropriate filter fit and checking for ways to minimize filter bypass);
- Ensure exhaust fans in restroom facilities are functional and operating at full capacity when the workplace is occupied.

Consider:
- Directing air vents and fans to circulate air upwards from source;
- Positioning employees and customers so that they are not directly in front of air flow.

Keep **windows and doors** open as much as possible to facilitate **air circulation.**

TENANT/STAFF INTERACTIONS

Providers are using their best clinical judgement to determine the correct mix of face-to-face and telehealth case management on a tenant by tenant basis. If a tenant is not responding to telehealth support, it's critical to support that tenant directly. In addition, there is a general concern about unit conditions particularly for tenants who pre-COVID struggled with hoarding, general cleanliness and accessing units to make repairs.

When possible, staff should provide daily telehealth phone/zoom calls regarding the tenant's health and wellness (including mask education, cleaning protocols, social distance protocols and any other questions regarding safety precautions);

When in-person consultation is required:
- Encourage tenants to schedule appointments via phone or email to minimize traffic, etc.;
- Limit tenant meetings to one tenant in a private office at a time;
- When possible meet with tenants in a conference room using only two chairs placed at opposite ends of the table, (no coffee or snacks offered);
- Shorten duration of in-person meetings;
- When possible, meet in an outdoor space.

Re-focus of services in this new paradigm:
- Assess competences and comfort with virtual services (especially primary care);
- Determine tenant IT needs;
- Focus tenant engagement around loneliness, isolation and suicide (suicidality screening).

Educate tenants on proper cleaning methods/use of PPE:
- Encourage tenants to have Clorox wipes and keep their homes clean, e.g. wiping down door knobs, surfaces and bathrooms regularly;
- Teach proper use of using face coverings, gloves, hand sanitizer, washing hands, etc.;
- Remind smokers to wash their hands as they exit and enter the building and before they touch their face to smoke.

Conduct regular health and wellness check-in assessments:
- Wellness check can be verbal (how are you feeling? do you have a fever? a cough? etc.) and may include checking temperatures. Consider recording in a monitoring sheet;
- Use **CDC list of symptoms**.

Visiting tenants in apartments:
- Use iPads/tablets, FaceTime, smart phones etc. to do virtual visits, but if tenant is not responsive then visit in person with proper PPE;
- If conducting a unit inspection or doing repair work, ask tenant to step outside of apartment (if tenant is able and willing);
- Educate tenants as to the option of calling staff instead of visiting staff in offices.

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> **Limit tenant meetings to one client in a private office at a time;**
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> **When possible meet with tenants in a conference room using only two chairs placed at opposite ends of the table, (no coffee or snacks offered);**
>
> **Shorten duration of in-person meetings;**
>
> **When possible, meet in an outdoor space.**

GROUP ACTIVITIES/OUTINGS

In the short term, cancel/modify public or non-essential group activities and events.

For essential group activities that cannot be canceled now or when further re-opening occurs, implement the following measures:

- Alter schedules to reduce mixing (e.g., stagger activity, arrival/departure times);
- Seek to maintain stable groups of residents;
- Limit programs with external organizations;
- Limit the number of attendees to groups of 5 or less to accommodate social distancing;
- Consider dividing large groups into smaller groups. Follow local health department guidelines for group gatherings as applicable;
- Hold activities outdoors as much as possible.

VISITOR POLICIES

According to OMH guidance:

- Programs should prevent non-residents from visiting residences unless it is deemed necessary to the direct support of a resident's health and wellness.
- All visitors should be asked if they have any CLI symptoms prior to entering the residence. If any of these are present, the visitor should not be allowed into the residence. If the program has a thermometer, then the visitor's temperature should be checked at the door;
- All visitors should be asked to wear a cloth face covering or surgical mask while in the residence;
- Physical distancing should be practiced during visits to the extent possible;
- Visits should be conducted outdoors as much as possible; if the visit occurs indoors, only well-ventilated locations should be utilized.

SCREENING VISITORS

NYS requires employers to document that they have screened visitors entering residences and offices. NYC DOHMH has a helpful **screening tool** for this.

NOTE: Providers should not be recording the actual screening results. Employers need only attest to the fact that they are screening.

For group activities that cannot be canceled:

Alter schedules to reduce mixing

Limit programs with external organizations

Limit the number of attendees to accommodate social distancing

Consider dividing large groups into smaller groups

Hold activities outdoors as much as possible.

Organizations should consider appointing a **COVID-19 Health & Safety Coordinator/Team** to oversee the implementation of strategies to reduce the spread, and implement workplace safety measures.

STAFFING DURING PHASE-IN

The best way to protect your employees and prevent the spread of COVID-19 is to continue remote work policies as long as possible.

If social distancing is not possible, continue to hold staff meetings virtually.

Determine a phase-in approach for having staff back at the office to limit density and promote social distancing while providing the appropriate level of care to tenants:
- Allow staff to work a combination of days from home/office;
- Consider changing staffing to provide coverage over 7 days a week instead of 5, to spread staff out and stagger staffing schedules;
- Consider longer shifts over fewer days (12 hour shifts) to limit travel for staff;
- Have case managers write up case notes at home instead of in the office.

Remind staff to wash hands regularly because they are more mobile than tenants.

Maintenance staff should triage and prioritize repair issues – but remain on call.

Potential policy & procedure changes to consider the following:
- Relax leave policies to encourage staff to stay home until they meet criteria for ending self-isolation;
- Vulnerable staff;
- Continued school closures - impact on staff;
- Screening tools for staff to report or not to report to work (See below "Illness Management");
- Cohort staff so the same groups of staff are working the same days or hours to limit any potential cross-contamination;
- Establish flexible lateness policies to encourage employees to prioritize safety over punctuality in traveling to work.

COVID-19 Health & Safety Coordinators/Teams:
- Organizations should consider appointing either a COVID-19 Health & Safety Coordinator or a team of people to oversee the implementation of strategies to reduce the spread, and implement workplace safety measures and strategies;
- Key qualities of a coordinator include someone who will take action to implement the recommended measures, stay aware of changes to recommendations through the official communication channels on the website, and has the authority to reinforce the need to follow the measures on an ongoing basis throughout the reopening phases;
- If taking a team approach, it's important to have different areas of expertise represented, including, but not limited to IT, Director of Operations, Director of Programs, Maintenance, etc.

NYS **requires** employees to screen employees for **COVID-19 symptoms** before the employee can enter the workplace each day.

ILLNESS MANAGEMENT – STAFF

Screening

NYS requires employers to screen employees for COVID-19 symptoms before the employee can enter the workplace each day. Ideas for screening include:

- Use the **CDC symptoms checklist**;
- Set up an automated phone line that allows employees to indicate yes/no and have someone monitor the line to ensure compliance;
- Issue an auto-generated email or survey that enables a response;
- Designate a screening area and distribute the screening questions on paper to employees when they arrive for work. If written forms are used, they should not identify the employee by name;
- List screening questions at the workplace entry on a bulletin board and ask employees to review before they enter the worksite.
- NYS requires employers to document that they have screened their employees and visitors entering residences and offices. NYC DOHMH has a helpful **screening tool** for this. NOTE: Providers should not be recording the actual screening results. Employers need only attest to the fact that they are screening.

Exhibiting symptoms/COVID+

If a staff member starts to exhibit symptoms, they should not come to work and should follow CDC and NYS guidance;

COVID-19 positive staff can return to work when:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever (greater than or equal to 100) without the use of fever-reducing medications; AND
- Improvement in respiratory symptoms; AND
- At least 10 days have passed since symptoms first appeared. For staff who were asymptomatic at the time of their first positive test and remain asymptomatic, at least 10 days have passed since the first positive test.
- NYC if a staff member cannot self-isolate due to shared kitchen/bathroom or bedroom, they can access the **Hoteling Program** run by H+H.

COVID-19 exposure

If a staff member has prolonged close contact to someone diagnosed with COVID-19 (within 6 feet for 10 minutes or more) and a face covering/face mask was *not* used by either party, that staff member should stay home and quarantine for 14 days. However, for further guidance on essential staff, see **here.**

For futher NYC and NYS guidance, go to:

NYS DOH Interim Guidance for Employees Returning to Work Following COVID-19 Infection or Exposure;

NYS OMH COVID-19 Infection Control in Public Mental Health Sites;

NYC DOHMH Summary of Current NYC COVID-19 Guidance for Quarantine, Isolation and Transmission-Based Precautions.

Guidance is continually changing, please consult your local health department for the most current guidance.

PLATFORMS FOR TELEBEHAVIORAL HEALTH AND TELEHEALTH

Many providers are using **VSee** (IMT Teams) or **Doxy.me** (ACT and psychiatrists) for healthcare and case management services

• Both can be used on the phone;
• VSee messenger is a free version;
• Doxy.me has free versions also, with no necessary downloads.

Other platforms providers are using to interface with tenants are: **Zoom, Google platforms, FaceTime,** and **Facebook**.

The Health Insurance Portability and Protection Act (HIPPA) rules have been relaxed while using these platforms.

ILLNESS MANAGEMENT – TENANTS

Exhibiting symptoms/COVID+

If a tenant displays COVID-like symptoms, they should be referred to a health care provider for evaluation and testing;

Tenants with COVID-like symptoms should be isolated until test results are known;

If a tenant tests positive for COVID-19, they should be isolated for 14 days from the beginning of their symptoms;

Isolated tenants must be closely monitored for worsening symptoms;

If a tenant's COVID-19 symptoms worsen, they should be transported to an emergency department for evaluation;

In NYC if a tenant cannot self-isolate due to shared kitchen/bathroom or bedroom, they can access the **Hoteling Program** run by H+H;

Tenants may be taken off isolation when:
• The person has had no fever for a least 3 days (72 hours) without the use of fever reducing medications; AND
• There is a significant improvement of cough, sore throat, and difficulty breathing; AND
• At least 14 days have passed since symptoms first appeared.

COVID-19 exposure

If a tenant has prolonged close contact to someone diagnosed with COVID-19 (within 6 feet for 10 minutes or more) and a face covering/face mask was not used by either party, they should stay home and quarantine for 14 days.

For further guidance, please see the
COVID-19 Infection Control in Reopening Public Mental Health System Sites;
NYS DOH Discontinuation of Isolation for Patients with COVID-19;
NYC DOHMH Summary of Current NYC COVID-19 Guidance for Quarantine, Isolation and Transmission Based Precautions

Guidance is continually changing, please consult your local health department for the most current guidance.

ILLNESS MANAGEMENT

■ **CLEANING & DISINFECTING WITH SUSPECTED OR CONFIRMED CASES:**

Follow CDC guidelines on "**Cleaning & Disinfecting Your Facility**" if someone is suspected or confirmed to have COVID-19 including:

- Close off areas used by the person who is sick, suspected or confirmed to have COVID-19;
- Shared building spaces used by the person suspected or confirmed must also be shut down and cleaned and disinfected;
- Open outside doors and windows to increase air circulation in the area;
- Clean and disinfect all areas used by the person such as offices, bathrooms, common areas and shared equipment;
- Once cleaned and disinfected, it can be reopened for use;
- If more than seven days have passed since the person who is suspected or confirmed to have used the area, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.

SUPPORTING GUIDANCE & DOCUMENTS

Doctors Without Borders COVID-19 Recommendations for Supportive Housing Facilities

CDC COVID-19 Employer Information for Office Buildings

CDC Cleaning & Disinfecting Your Facility

CDC PPE Burn Rate Calculator

NYS Interim Guidance for Office-Based Work during the COVID-19 Public Health Emergency

NYS is requiring all nonprofits to have a safety plan in order to open up offices (there is currently no plan for residential sites). All essential and non-essential offices must adhere to this guidance.

NYS DOH Discontinuation of Isolation for Patients with COVID-19

NYS DOH Interim Guidance for Employees Returning to Work Following COVID-19 Infection or Exposure

NYS OMH COVID-19 Infection Control in Reopening Public Mental Health System Sites

NYS OMH and OASAS Ambulatory and Residential Program COVID-19 Testing, Record Keeping, and Notification Instructions

NYC Coronavirus Disease Guidance for Congregate Settings

NYC COVID-19 Congregate Care Checklist

NYC DOHMH Summary of Current New York City COVID-19 Guidance for Quarantine, Isolation and Transmission-Based Precautions

Reopening New York City: Frequently Asked Questions

NYC COVID-19 Employer Health Screen Review Documentation Template

Please see
the Network's COVID-19 Information Page
for further information and updated guidance.

The Network would like to thank **Doctors Without Borders** as well as the organizations participating in our Re-Opening Committee who helped develop these recommendations:

Breaking Ground

CAMBA

Comunilife

Concern for Independent Living

CUCS

Housing & Services, Inc.

Jericho Project

Neighborhood Coalition for Shelter

Project FIND

Samaritan Village

Services for the UnderServed

The Bridge

Urban Pathways

Volunteers of America - Greater NY

West End Residences

West Side Federation for Senior and Supportive Housing