

COVID-19 Guidance and Resources for Congregate Residential Settings

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A. Introduction

1. Overview

This document provides guidance for congregate residential settings in New York City (NYC), such as adult care facilities, shelters, correctional facilities, group homes, residential substance abuse treatment centers, congregate supportive housing and other settings, to support continued COVID-19 prevention and response activities. It includes information on:

- Implementing measures required by regulatory and licensing agencies in NYC and New York State (NYS)
- Implementing infection prevention and control measures
- Implementing procedures to identify and isolate residents or staff with suspected or confirmed COVID-19, and to identify, monitor and quarantine close contacts
- Training staff to safely care for residents with suspected or confirmed COVID-19 and people who may have been exposed to COVID-19
- Establishing mechanisms for residents and staff to be screened and tested for COVID-19
- Promoting COVID-19 vaccination among residents and staff
- Supporting access to COVID-19 treatment

Many congregate residential settings in NYC are subject to COVID-19-related regulations and guidelines from other city, state and/or federal oversight agencies, including those listed below. Organizations should review guidance for their setting types as provided by their accreditation or licensing authorities.

- Centers for Medicare and Medicaid Services (CMS) guidance: [cms.gov/nursing-homes/providers-partners/covid-19](https://www.cms.gov/nursing-homes/providers-partners/covid-19)
- United States (U.S.) Office of Refugee Resettlement Unaccompanied Children Program: [acf.hhs.gov/orr/policy-guidance/unaccompanied-children-program](https://www.acf.hhs.gov/orr/policy-guidance/unaccompanied-children-program)
- NYS Department of Health (NYSDOH) guidance and requirements for long-term care facilities (nursing homes and adult care facilities): [coronavirus.health.ny.gov/long-term-care-facilities](https://www.coronavirus.health.ny.gov/long-term-care-facilities)
- NYS Office of Mental Health (OMH) guidance for funded, licensed and operated facilities: [omh.ny.gov/omhweb/guidance/](https://www.omh.ny.gov/omhweb/guidance/)
- NYS Office of Addiction Services and Supports (OASAS) guidance for funded, licensed and operated facilities: [oasas.ny.gov/covid-19-guidance](https://www.oasas.ny.gov/covid-19-guidance)
- NYS Office for People with Developmental Disabilities (OPWDD) guidance for certified residential facilities: [opwdd.ny.gov/coronavirus-guidance](https://www.opwdd.ny.gov/coronavirus-guidance)
- NYS Office of Temporary and Disability Assistance (OTDA) guidance for operators of facilities providing shelter to individuals who are homeless: [otda.ny.gov/COVID-19/#for-providers](https://www.otda.ny.gov/COVID-19/#for-providers)
- NYS Office of Children and Family Services (OCFS) guidance: [ocfs.ny.gov/main/news/covid-19/guidance.php](https://www.ocfs.ny.gov/main/news/covid-19/guidance.php)
- NYC Department of Correction
- NYC Department of Social Services (DSS), including NYC Department of Homeless Services (DHS) and NYC Human Resources Association (HRA)

- NYC Department of Youth and Community Development (DYCD)
- NYC Administration for Child Services (ACS)

For questions about the information included in this document, or for technical assistance from the NYC Department of Health and Mental Hygiene (Health Department), email csiru@health.nyc.gov.

2. COVID-19 Transmission

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

A person can spread COVID-19 before they develop symptoms (pre-symptomatic).

People with COVID-19 can have a wide range of symptoms, from mild to severe. Common COVID-19 symptoms include fever, chills, shortness of breath, cough, fatigue, headache, muscle or body aches, loss of taste or smell, sore throat, congestion or runny nose, and nausea or vomiting, and diarrhea. Some people who have COVID-19 never develop symptoms (asymptomatic). People who have COVID-19 but do not have symptoms can still spread the virus to others.

The time between a person's exposure to a virus and when symptoms begin is called the **incubation period**. The incubation period for COVID-19 is two to 14 days.

The days when a person can spread COVID-19 to others is called the **infectious period**. The infectious period for most people who have mild to moderate COVID-19 extends two days before symptoms start to 10 days after symptoms start. The infectious period for an asymptomatic person diagnosed with COVID-19 is between two days before they got tested (the day the specimen was collected) and 10 days after the specimen was collected unless the person is moderately or severely immunocompromised (meaning they have a weakened immune system). Some people who have severe COVID-19 or are moderately or severely immunocompromised may be infectious for more than 10 days after symptoms start. The CDC recommends that moderately or severely immunocompromised people isolate for at least 10 days and up to 20 days. For more information, visit cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html.

COVID-19 occurs in all age groups. The risk for severe COVID-19 increases with age and in people with certain underlying health conditions. People with regular and long close contact with people who have suspected or confirmed COVID-19 are at higher risk of becoming infected, such as those who live in the same home as, are intimate partners of, or work closely with people who have COVID-19. Visit nyc.gov/health/preventcovid to learn more.

3. COVID-19 Vaccination

Regardless of age or underlying health conditions, COVID-19 can lead to hospitalization, long-term health issues and death. COVID-19 vaccines are critical to protecting people from severe COVID-19 illness and death. COVID-19 vaccines are now available for children ages 6 months and older.

The three main vaccines available in the United States are the Pfizer and Moderna messenger RNA (mRNA) vaccines, and the Johnson & Johnson adenovirus vector vaccine. The mRNA vaccines are preferred over the Johnson & Johnson vaccine. Recommendations related to vaccine schedule vary by vaccine, age and underlying conditions. For the most current recommendations, visit [cdc.gov/covid19](https://www.cdc.gov/covid19) and search [stay up to date](#).

People are considered **fully vaccinated** when it has been two weeks after they complete their primary series. People are considered **up to date** with vaccination when they have received all recommended primary series and booster doses. At least one vaccine booster shot is recommended for everyone ages 5 and older who is fully vaccinated in order to be up to date on their COVID-19 vaccines. These shots boost immunity from a primary series. Some people should get an additional booster shot. In the future, additional boosters may be required in order to be considered up to date on COVID-19 vaccination.

Information about how to get vaccinated in NYC and related resources can be found at [nyc.gov/covidvaccine](https://www.nyc.gov/covidvaccine) and in [Section C.2](#) below.

4. COVID-19 Outpatient Treatment

Treatment for COVID-19 is available to help improve symptoms and lower the risk of hospitalization and death. These treatments work best when started as soon as possible after symptoms start. Every patient who tests positive for COVID-19 who is age 12 and older, weighs at least 88 pounds, has mild to moderate symptoms of COVID-19, and have at least one factor placing them at high risk for progression to severe disease should be offered treatment. There are currently two types of treatment for people with mild to moderate COVID-19; both can be administered regardless of vaccination status:

Oral antiviral pills: Oral antiviral pills — taken daily for five days — reduces the amount of virus in an individual's body. The U.S. Food and Drug Administration (FDA) has authorized two pills to treat COVID-19: Paxlovid and molnupiravir. Paxlovid is the preferred oral antiviral. An individual must have had symptoms for five days or less to qualify for use of an antiviral pill.

Monoclonal antibody treatment: Monoclonal antibody treatment is a one-time intravenous (IV) treatment to help give protection while an individual's body works to produce its own antibodies. There is currently one monoclonal antibody available for COVID-19 treatment, bebtelovimab. In addition to the above eligibility criteria, an individual must have had symptoms for seven days or less to qualify for use of this monoclonal antibody.

More information on eligibility, clinical considerations, referral processes and other resources related to COVID-19 treatment, can be found at nyc.gov/health/covidprovidertreatments and in [Section C.4](#) below.

B. General Guidance

This section describes infection prevention and control guidance for congregate residential sites. Organizations should also review guidance for their setting type as provided by their accreditation or licensing authorities (see [Section A.1](#)).

1. Preventing COVID-19 Infection

To reduce the spread of COVID-19 and prevent outbreaks, the following key messages should be prioritized:

- **Isolate from others if sick:** Ensure that your site has a system in place to detect COVID-19 symptoms among residents and staff (see [Section B.8](#)). Regardless of vaccination status, residents who are sick should remain in their rooms/units (if they have a single, private enclosed unit) unless they are leaving for essential medical care, including testing. Residents in shared dorms and who have COVID-like symptoms should be separated from others. Regardless of vaccination status, staff should stay home if they are sick.
- **Wear a face mask:** While in common spaces indoors, wear an appropriate mask that fits properly over the nose and mouth.
 - Health care personnel should wear a National Institute of Occupational Safety and Health (NIOSH)-approved N95 respirator (or equivalent or higher-level respirator) when caring for residents in health care settings.
 - Other residential congregate setting staff should wear a well-fitting face mask unless caring for residents who have COVID-19, in which case a higher-grade mask is recommended (see [Section B.10](#)).
 - Residents should wear a mask with two or three layers of material to better prevent unfiltered air from passing through, particularly in indoor settings. Residents may consider upgrading to a higher-quality mask such as a KN95, KF94, or N95, or wearing a cloth mask on top of a surgical mask, especially if they are age 65 or older, are immunocompromised, unvaccinated, or have an underlying medical condition that increases their risk of severe COVID-19.
- **Keep physical distance:** Keep at least 6 feet of distance between people in common spaces whenever possible.
- **Wash hands:** Staff, residents and visitors should wash and sanitize their hands properly and regularly.
 - Use soap and water (preferred) or an alcohol-based hand sanitizer made of at least 60% alcohol for 20 seconds or longer.
 - Do not touch eyes, nose, mouth or face with unwashed hands.
- **Increase ventilation:** Efforts should be made to increase ventilation naturally and through ventilation systems compliant with American Society of Heating Refrigerating and Air-Conditioning Engineers (ASHRAE) standards, NYC Department of Building (NYCDOB) building codes and all other applicable laws. See [Section B.6](#).

- **Ensure access to vaccination:** Vaccines are critical in protecting people from severe COVID-19 illness. Information about how to get vaccinated in NYC can be found at nyc.gov/covidvaccine and in [Section C.2](#).

2. COVID-19 Education for Staff, Residents, Family Members and Caregivers

- Educate staff, residents and visitors on current COVID-19 prevention policies and procedures for your site.
- Provide staff, residents and visitors information on the symptoms of COVID-19 and how to report when they or others show the first signs of illness.
- Inform residents to tell site management, case managers or caregivers when they have COVID-19 symptoms or have tested positive for COVID-19.
- Educate staff, residents, family members and caregivers on infection prevention and control practices, such as hand hygiene, proper mask and personal protective equipment (PPE) use, cleaning and disinfection, and covering coughs and sneezes.
- Educate staff, residents, family members and caregivers about vaccination and COVID-19 treatment options.
- Inform staff, residents, family members and caregivers when situations or policies have changed, such as when a COVID-19 exposure is confirmed at the site or physical interactions need to be restricted.

3. Cleaning and Disinfecting

- Routinely clean and disinfect high-touch surfaces. **High-touch surfaces** are surfaces that are touched or handled frequently throughout the day by different people. Examples include doorknobs, light switches, handrails, kitchen appliances, counters, drawer pulls, tables, sinks, faucet handles, toilet handles, drinking fountains and elevator buttons.
- Clean surfaces by removing visible dirt and grime with soap and water before using disinfectants.
- Use a cleaning product that is Environmental Protection Agency (EPA)-registered for use against SARS-CoV-2, such as hydrogen peroxide, isopropyl alcohol and quaternary ammonium.
 - Carefully review how to use cleaning and disinfecting products safely. Always read and follow the manufacturer's directions on how to apply the product, contact time (how long the product should be visibly wet on a surface) and how to protect yourself. For more information, visit epa.gov and search for [Six Steps for Safe & Effective Disinfectant Use](#).
- If EPA-registered products are unavailable, alternatives include household bleach containing 5.25 to 8.25% sodium hypochlorite or 70% alcohol, diluted with 5 tablespoons (one-third of a cup) per gallon of room temperature water or 4 teaspoons per quart of room-temperature water.
 - Label the spray bottle with the name of the solution and date the product was mixed. Discard mixed bleach solutions after 24 hours.
- Appropriate PPE, including gloves, should be used while cleaning. Gloves should be removed carefully, followed by handwashing and disinfection.

4. Dining and Group Activities

- NYC continues to strongly recommend physical distancing in indoor settings, especially when people's vaccination statuses are unknown or if people are unvaccinated.
- Group activities and communal dining may resume if these activities can be done safely given space considerations.
- Individuals should maintain mask use except when actively eating or drinking.
- Residents should not share dishes, drinking glasses, cups, eating utensils or other personal items. After residents use these items, they should be washed thoroughly before they are used by other residents.

5. Sleeping Arrangements

- To the extent possible, beds should be positioned to keep resident's faces at least 6 feet apart. Arrange beds so they are positioned end-to-end or people lie head-to-toe, and create barriers between beds using items such as foot lockers, dressers or curtains.

6. Ventilation

- For buildings that do not have central heating, ventilation and air conditioning (HVAC) systems, efforts must be made to provide natural ventilation through windows:
 - Each habitable room located on an exterior wall should have one or more operable windows to provide natural ventilation.
 - Any habitable room that has a single window with a window unit air conditioner installed must have the air conditioner removed in favor of providing natural ventilation. Alternatively, if the air conditioner has a vent to the outside, it can be run in this mode to provide fresh air.
 - For large spaces (such as dining rooms and recreational areas), provide wall-mounted fans that face upward.
 - Consult your building's mechanical engineer for any additional mechanical ventilation systems that can be installed.
 - All calibration for fans must comply with ASHRAE standards, NYCDOB building codes and all other applicable laws.
- Administrators of buildings with HVAC systems should review the ventilation system. Comply with ASHRAE standards, NYCDOB codes and all other applicable laws and regulations, and take these steps to improve ventilation, as appropriate for your space:
 - Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
 - Use natural ventilation (for example, opening windows if safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow.
 - Set 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 check for ways to minimize filter bypass.
 - Consider running the ventilation system even during unoccupied times to maximize dilution ventilation.

- Ensure exhaust fans in restroom facilities are functional and operating at full capacity when the site is occupied.
- Position employees and residents so they are not directly in front of airflow to prevent droplets from moving longer distances.

7. Visitation

Recommendations regarding visitation are based on guidelines from state or local oversight agencies and may change according to community transmission levels. In general:

- Inform families and caregivers when changes to visitation policies are made.
- All visitors should be screened for fever and other COVID-19 symptoms and recent history of positive COVID-19 test results at all entry points (see [Section B.8](#)).
 - When community transmission levels are high, consider rapid testing among visitors at facility entry.
- All visitors should wear an appropriate mask that fits properly over the nose and mouth while in common spaces indoors.
- All visitors must follow site-specific rules, regulations and policies regarding physical distancing and other COVID-19 prevention measures.

8. Staff, Visitor and Resident Screening

- Staff, residents and visitors should be screened for COVID-19 symptoms, including fever and recent exposure to COVID-19, at all entrances.
 - Taking people’s temperature with a non-contact thermometer is preferred.
 - Any staff or visitor who answers, “yes,” to whether they have COVID-19 symptoms should not be allowed into the facility.
 - Any resident who answers, “yes,” to whether they have COVID-19 symptoms should be isolated immediately and referred for testing and medical evaluation as needed.
- Conduct wellness checks among residents and check for COVID-19 symptoms regularly.
 - Consider using routine interactions with clients/residents while providing other services to ask about how they are doing.
 - Remind clients through verbal reminders and signage to self-identify if they are feeling unwell.
 - Some people (such as older adults, young children, nonverbal individuals) may present with subtle or atypical signs and symptoms of COVID-19.
 - Residents showing or self-identifying with COVID-19 symptoms should be isolated immediately and referred for testing and medical evaluation as needed.
 - If the test result is positive, the resident should remain in isolation for 10 days from the date of symptom onset or, if asymptomatic, from test date (see [Section B.9](#)).
 - If the result of a nucleic acid amplification test (NAAT) such as a polymerase chain reaction (PCR) test is negative, the individual can discontinue isolation.
 - In most congregate residential settings, a negative antigen test result in a symptomatic individual must be confirmed with a NAAT test to discontinue isolation, unless the resident has had COVID-19 in the last three months.

- Instruct staff and caregivers to self-monitor for symptoms daily
 - If COVID-19 symptoms begin when staff or caregivers are at home, they should stay home and get a COVID-19 test.
 - If COVID-19 symptoms begin when staff or caregivers are at the facility, they should return home and get a COVID-19 test.

9. Isolation, Exposure and Quarantine

Definitions:

Isolation is used when people have or are suspected to have a contagious disease. When someone is in isolation, they are separated from those who are not known to be infected to protect others from getting sick.

Quarantine is used when people have been exposed to someone with a contagious disease but are not yet known to be infected or ill. When a person is in quarantine, they are separated from others due to the possibility that they may be infected and may become contagious.

An **exposure** to COVID-19 occurs when a person is within 6 feet of someone confirmed with COVID-19 for at least 15 minutes over 24 hours.

- In facilities with formal respiratory protection training (such as nursing homes and adult care facilities), a staff member who had close contact with a person who has COVID-19 may not be considered exposed if the appropriate respirator (N95 or equivalent face mask) and eye protection was worn. See [Sections C.1](#) and [C.5](#).

Cohorting is an infection control measure that groups together people with the same infectious condition or exposure status and no other infection to prevent ongoing transmission.

The following groupings can be used in residential congregate settings to help prevent the spread of COVID-19 during an outbreak. People within each group (cohort) should be separated from people in other cohorts whenever possible.

- **Group 1:** People who test positive for COVID-19
- **Group 2:** People who are symptomatic but have not tested for COVID-19
- **Group 3:** People who were exposed to COVID-19 but are not symptomatic and have not tested positive
- **Group 4:** Unexposed people

Isolation:

- People with COVID-19 symptoms or confirmed COVID-19 should be isolated from others.
 - Two or more people can isolate in the same room (cohort) **only if** diagnostic tests (e.g., NAAT or antigen) have confirmed they all have COVID-19.
 - People with COVID-19 symptoms but without test results should be prioritized for placement in a single-person room.
 - People who are within 90 days of having had COVID-19 (confirmed by a positive diagnostic test) who subsequently receive a positive NAAT test result after their infectious period ended do not need to continue or restart isolation if they do not have new symptoms.

- A person who is within 90 days of their initial positive test result who becomes symptomatic with an illness that could be COVID-19 should be isolated and consult with a health care provider.
- Per NYS guidance, available at coronavirus.health.ny.gov/isolation-quarantine (see **Updated Isolation & Quarantine Guidance**):
 - People who have COVID-19 and reside in congregate settings can discontinue isolation if all the following are true:
 - At least 10 days have passed since symptoms started or, if asymptomatic, since the date of their first positive test.
 - At least 24 hours have passed since their last fever without the use of fever-reducing drugs, such as Tylenol (acetaminophen), or Advil or Motrin (ibuprofen).
 - If they were symptomatic, their symptoms have improved.
 - For people who are moderately or severely immunocompromised or who have severe or critical illness, **CDC recommends** extending isolation up to 20 or more days (day 0 is the first day of symptoms or a positive viral test). Use a test-based strategy and consult with an infectious disease specialist to determine the appropriate duration of isolation and precautions.
 - Congregate residential facility staff or caregivers diagnosed with COVID-19 should not return to work at the site until all of the following are true:
 - It has been at least 10 days since symptoms started, or if they are asymptomatic, 10 days since the person's first positive test date.
 - They have been fever-free for at least 24 hours without the use of fever-reducing drugs such as Tylenol (acetaminophen), or Advil or Motrin (ibuprofen).
 - Other symptoms have improved.
 - If staffing shortages jeopardize the safe provision of services or resident health and safety, facilities may shorten staff furloughs to 5 days per NYS guidance.
 - Visit coronavirus.health.ny.gov/covid-19-guidance-repository and search **Return to Work**.
 - Recommended isolation timelines for residents and staff may differ across site types. Facility administrators should review guidance for their setting as provided by their accreditation or licensing authorities (see **Section A.1**)

Quarantine:

- People who are exposed to a person with confirmed COVID-19 should quarantine from the last date of known exposure and monitored for symptoms daily.
- Per NYS guidance, available at coronavirus.health.ny.gov/isolation-quarantine (see **Updated Isolation & Quarantine Guidance**):
 - Residents in congregate settings must quarantine for 10 days from the date of last exposure while within the facility regardless of vaccination status.
 - In some settings, residents in quarantine may leave the site after five days as long as they remain asymptomatic, test negative, and wear a well-

fitting face mask while around others. Quarantine precautions must remain in place within the facility for 10 days.

- Congregate residential staff should not return to the facility for 10 days, except in the context of a staffing shortage.
- Recommended quarantine timelines for residents and staff may differ across site types. Facility administrators should review guidance for their setting as provided by their accreditation or licensing authorities (see [Section A.1](#))
- A person who is quarantining should stay in a room that is separate from others and have access to a private bathroom whenever possible.
 - In some situations, it may be necessary to cohort more than one person who was exposed to COVID-19 in the same room until other options are identified.
 - Families with small children as well as people with special needs and their caregivers may need to quarantine together.
 - People in quarantine should be asked to wear a mask if they need to share a room to quarantine with others. People should keep at least 6 feet of distance and ventilation should be improved where possible (see [Section B.6](#)).
 - Placing people in a shared room during their quarantine period increases the risk of exposure and should be considered only on a limited, case-by-case basis.
 - Residents at higher risk for severe COVID-19 illness should be prioritized for single rooms.
- Active symptom monitoring should be done for everyone in quarantine. Isolation should start immediately for anyone who develops COVID-19 symptoms.
- People with close contact to someone with COVID-19 should be tested at least 5 days after the date of last exposure regardless of vaccination status. Quarantine should **not** be discontinued based on a negative COVID-19 test result.
- Exemptions to quarantine:
 - People who have had COVID-19 (confirmed with positive diagnostic test) within the previous 90 days and recovered do not have to quarantine following exposure if they remain asymptomatic.
 - Health care personnel in nursing homes and adult care facilities with developed infection prevention programs and PPE training do not have to quarantine if recommended PPE was worn while interacting with an individual with COVID-19 at work. However, these personnel must continue to participate in serial COVID-19 testing if required by NYSDOH. To learn more about managing COVID-19 exposures among health care personnel, visit [cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).
 - People who are considered up to date with vaccination against COVID-19 (have received a complete primary series and a first booster dose) may not have to quarantine in certain circumstances and settings. Site administrators should consult applicable NYC or NYS oversight agency guidance for their settings for recommendations related to quarantine among vaccinated staff and residents (see [Section A.1](#))

- Quarantine is not required following travel. Domestic and international travelers should follow CDC travel guidance, available at [cdc.gov/covidtravel](https://www.cdc.gov/covidtravel).

Preparing your site for isolation/quarantine:

- Identify rooms or areas that can be dedicated as needed for (1) people with confirmed COVID-19, (2) people with COVID-19 symptoms who are awaiting test results, and (3) people who were exposed to COVID-19 but do not have symptoms and have not tested positive.
- Identify bathroom(s) that can be dedicated to people in isolation.
- Identify opportunities to increase ventilation (see [Section B.6](#)).
- Keep a sufficient stock of PPE, cleaning supplies and other essential items.
- Identify processes for maintaining critical medical, behavioral health and social services for people in isolation or quarantine.
- Identify resources to ensure capacity to provide food, medication and other necessities for people in isolation or quarantine.
- Identify testing resources. More information on COVID-19 testing resources in NYC can be found at [nyc.gov/health/testingtips](https://www.nyc.gov/health/testingtips). For information about onsite diagnostic testing in residential congregate settings, email covidtestingcsiru@health.nyc.gov.

10. Caring for Residents with Suspected or Confirmed COVID-19 Infection

- Monitor symptoms and consult with an individual's health care provider as needed.
 - Support access to COVID-19 treatment (see [Sections A.4](#) and [C.4](#) and [nyc.gov/health/covidprovidertreatments](https://www.nyc.gov/health/covidprovidertreatments)).
 - Monitor oxygen levels using a pulse oximeter.
 - If the person has the following symptoms or other medical emergency, call **911** or arrange for transport to an emergency department for clinical evaluation.
 - Trouble breathing; persistent pain or pressure in the chest or abdomen; new confusion or inability to stay awake; blue lips or face; difficulty speaking; sudden face drooping; numbness in the face, arm or leg; seizure; any sudden and severe pain; uncontrolled bleeding; or severe or persistent vomiting or diarrhea.
- Some individuals may live with certain conditions or experience specific challenges to isolation or quarantine (for example, mental health, behavioral or cognitive conditions, substance use, trauma, violence, and other factors). Identify person-centered solutions that can mitigate potential harms (see [Sections B.12](#), [B.13](#), and [C.6](#)).
 - To the extent possible, ensure continuity of medical, mental health and/or social services.
 - Consider outdoor breaks and other opportunities for movement for individuals in isolation or quarantine.
- Individuals who are isolating should not participate in group activities and should be encouraged not to receive visitors.
- Health care personnel and other staff caring for residents with suspected or confirmed COVID-19 should use a NIOSH-approved N95 respirator (or equivalent or higher-level respirator) along with eye protection (face shield or goggles), gown and gloves.

- If N95 respirators are not available, consider using another NIOSH-approved filtering facepiece respirator. If respirators are not available, health care personnel and other congregate setting staff must use a well-fitting face mask. If staff can complete their tasks and remain at least 6 feet from the resident with suspected or confirmed COVID-19, such as leaving a tray off outside of resident's door, PPE can consist of disposable gloves and a face mask.
- Disposable gloves should be reserved for cleaning and disinfecting areas touched by a person who is sick, when caring for someone who is sick, and when touching and handling any bodily fluids. They should be removed after completion of a task or when leaving a room. Disposable gloves should not be worn continuously. When gloves are not used correctly or with appropriate training regarding removal and disposal, they may be a source of contamination and transmission. Consider reinforcing the importance of frequent handwashing instead of glove use, as appropriate.
- Before leaving the room of an individual with COVID-19, staff should:
 - Carefully remove disposable PPE (such as gloves, mask, gown) and place them in a trash can; washable items (such as a gown) can be placed in a plastic bag and left in a container or receptacle inside the room and by the door until picked up for washing. Visit [cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html) for more information on doffing (taking off) PPE.
 - Wash hands with soap and water for at least 20 seconds or clean hands with an alcohol-based hand sanitizer.
- Clean and disinfect shared bathrooms, including stalls, used by residents with COVID-19 symptoms or confirmed COVID-19 after each use. When possible, encourage residents to clean bathroom stalls and high-touch surfaces after use. If a resident is unable to do so, facility staff or other caregivers should be engaged to clean and disinfect the bathroom stalls and high-touch surfaces.
- Deliver hygiene supplies to residents with COVID-19 symptoms, including hand sanitizer, soap, disposable masks, tissues and plastic bags for the proper disposal of used tissues.
- Put a trash can near the exit inside residents' rooms and areas designated for people with COVID-19 symptoms to make it easy for staff and residents to discard items safely.
- Stock all bathrooms and other sinks with soap and paper towels.
- Provide alcohol-based hand sanitizer that contain at least 60% alcohol.
- When possible, deliver meals, medications and other essentials to the rooms of residents who are isolated or quarantined.
- Combine tasks that require close contact to limit encounters with the isolating resident.

11. Testing

Testing for COVID-19 is an important strategy to rapidly identify individuals needing isolation, medical care and/or treatment, to reduce transmission within facilities, and to reduce hospitalizations and deaths.

- A viral test detects whether a person is infected with the virus that causes COVID-19, usually using samples that come from the nose or mouth. There are two types of viral tests: NAATs and antigen tests.

- NAATs, including PCR tests, are high-sensitivity, high-specificity tests for diagnosing COVID-19. NAATs detect genetic material (nucleic acids). NAATs are the most sensitive tests for detecting SARS-CoV-2 and can also be used to confirm the results of lower sensitivity tests, such as antigen tests. However, people may continue to test positive on an NAAT for weeks or months after infection, even though they are no longer contagious.
- Antigen tests are immunoassays that detect the presence of a specific viral antigen. Antigen tests generally have similar specificity but are less sensitive than most NAATs. Most can be processed at the point of care with results available in minutes; some (such as at-home rapid antigen tests) can be self-administered.
- Any resident or staff with COVID-19 symptoms, regardless of vaccination status, should receive a viral test as soon as possible.
- Residents and staff with close contact to someone with COVID-19 should be tested on or after Day 5 regardless of vaccination status. In some settings, such as nursing homes and correctional facilities, exposed individuals should be tested on Day 1 if possible and again on or after Day 5.
- Scope of testing following an exposure in a congregate residential setting should be assessed on a case-by-case basis.
 - In addition to testing of close contacts, facility-wide or group-level testing (for example, unit, floor or other specific areas of the site) should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.
 - When two or more cases are identified within 14 days in any congregate residential site suggestive of recent intra-facility transmission, or when one case is identified with the possibility of extensive exposure, serial testing (repeat testing every three to seven days until no new positives are detected) is recommended. Serial testing should be discontinued when there are no new COVID-19 cases diagnosed within the facility for 14 days.
- Nursing home staff, residents and visitors are subject to specific guidance from NYS, CDC and CMS.
 - Per CDC, when an exposure occurs in a nursing home, testing should be performed for all residents and health care personnel on the affected unit, regardless of vaccination status.
- Non-nursing home congregate settings may be subject to additional COVID-19 regulations or guidelines from city, state and/or federal oversight agencies. Organizations should review testing guidance for their setting type as provided by their accreditation or licensing authorities.
- Screening (surveillance) testing, regardless of symptoms or known exposure, is a key component of a layered approach to prevent SARS-CoV-2 transmission in congregate settings.
 - Frequency of routine screening testing may be scaled depending on site type, underlying risk among the population within the setting, and community transmission levels.

- Screening testing may take the form of point prevalence surveys (testing all or a subset of residents and staff at a specific point in time), routine screening (for example, among staff members), and/or program intake testing among residents/clients.
- Screening testing among visitors may be indicated in certain high-risk congregate settings. Depending on the setting, NAAT or antigen tests are both acceptable. Ensure that tests that are being used have an Emergency Use Authorization (EUA) of full authorization for screening purposes.
- Use of NAAT tests with specimen collection from an upper respiratory source is recommended for diagnostic testing in congregate residential settings, especially among asymptomatic individuals.
 - Nasopharyngeal and anterior nasal specimen collections are preferred. Other methods (such as saliva) may be considered if testing supplies are low or in settings where nasopharyngeal or anterior nasal swabs may not be tolerated. However, these other specimen types have been found to have lower sensitivity in persons who are asymptomatic.
 - U.S. FDA-authorized point-of-care antigen COVID-19 tests may be acceptable in certain circumstances or settings, especially when NAAT testing is not available or anticipated turnaround time for test results is lengthy. In symptomatic individuals, a positive antigen test does not need to be confirmed with a NAAT test. In symptomatic or exposed individuals, a negative antigen test should be confirmed with a NAAT test.

12. Behavioral and Mental Health Considerations

Have plans in place to support residents who regularly receive behavioral health services if isolation, quarantine, or other disruptions to services and routines need to be implemented.

- If a resident has been isolated due to COVID-19 symptoms or confirmed COVID-19, consider telehealth for continuity of behavioral health and/or social services.
- Identify and list behavioral health resources (providers, pharmacies, help lines) available to residents and regularly update this list. Additional information is available at nyc.gov/site/doh/covid/covid-19-mental-health.page.
- Review and update provider contracts, and emergency medical protocols and procedures, including transportation of persons to inpatient behavioral health facilities, if necessary, and evaluation of clients and residents for other medical needs.
- When transportation of a resident with COVID-19 or with symptoms of COVID-19 is necessary, notify all receiving facilities of the resident's COVID-19 status and any additional behavioral health or medical conditions before transport.
- NYC Well staff are available 24/7 and can provide free brief counseling and referrals to care in over 200 languages. Call 888-NYC-WELL (888-692-9355), text "WELL" to 65173 or chat online by visiting nyc.gov/nycwell.

Considerations for individuals with intellectual or developmental disabilities

Individuals living with intellectual and developmental disabilities may have difficulty adhering to COVID-19 prevention recommendations, including routine handwashing, wearing face masks and physical distancing. Individuals may experience increased stress, anxiety, depression or

frustration due to the extended disruption of their routines, activities and ongoing social isolation.

- An individualized approach for COVID-19 may be needed for people with physical and/or intellectual disabilities who have limited mobility and difficulty accessing information, require close contact with direct service providers, have trouble understanding information, have difficulties with changes in routines, or have other concerns related to their disability.
- Supportive techniques can help individuals adjust to changes in routines and practice prevention behaviors. These techniques include modeling and reinforcing desired behaviors, picture schedules, timers, visual cues and using “we” phrases. (See [Section C.1](#) for additional resources.)

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

Residents who use drugs or alcohol and are in isolation due to COVID-19 symptoms or confirmed COVID-19 may be vulnerable to withdrawal, overdose, depression and anxiety.

- Ask residents who use tobacco, drugs, alcohol or other substances what substances they would be uncomfortable without if they needed to be isolated because of COVID-19 or if NYC needed to restrict outdoor movement again.
 - Ask whether they would like support to reduce or stop their use. If residents are not interested in stopping their use, discuss how they would safely manage if in isolation or if they cannot go outside because of movement restrictions.

Considerations for Residents Who Use Tobacco

- Ask residents who use tobacco or e-cigarettes whether they would like to consider a nicotine cessation program. If they are interested in learning more about a nicotine replacement therapy (NRT):
 - Recommend available resources:
 - Visit nysmokefree.com to access the NYS Smokers Quit Line.
 - Visit [youtube.com](https://www.youtube.com) and search [Be Free with NRT](#) to view the NYC Health Department’s video on NRT.
 - Inform their health care provider, behavioral health specialist or case manager.
- Reduce risk of exposure to COVID-19 when smoking or vaping.
 - If available, identify a safe outdoor space where people may smoke.
 - Develop procedures for managing use of space where residents may smoke with adequate physical distance (at least 6 feet) and explain procedures to residents who indicate that they will continue to smoke during isolation or quarantine.
 - Schedule smoke breaks to avoid too many people in the area at once.
 - Determine how to travel safely from resident rooms to the outdoor space.
 - Educate people not to share cigarettes or smoking devices and post signs in the smoking areas to reinforce this message.
 - Educate residents on the importance of hand hygiene before and after smoking. The hand-to-mouth action may increase the chances of contracting the COVID-19 from contaminated hands.

- Learn about strategies and medication options to help people cope with nicotine withdrawal and stay smoke-free when in places or situations when you cannot smoke. Visit nyc.gov/health and search **Coping with Nicotine Withdrawal**.
- Visit nyc.gov/nycquits for additional resources.

Considerations for Residents Who Use Alcohol

People who consume alcohol regularly may be at risk for alcohol withdrawal if they stop consuming alcohol suddenly. Withdrawal from alcohol can be life-threatening in some cases.

- Be aware that residents who are isolated or quarantined and unable to consume alcohol may experience life-threatening withdrawal.
- Be aware that residents may seek to prevent withdrawal symptoms by maintaining alcohol use and may seek to exit the facility more often than other residents.
- Understand that people may be consuming alcohol in their rooms more than usual.
- Physical distancing recommendations might increase the chances of a resident's potentially life-threatening alcohol withdrawal symptoms going unnoticed.
- Facility staff should increase safety checks.
- Work with residents to develop a withdrawal safety plan if they use alcohol, including being aware of changes in tolerance, consuming slowly and checking on someone after they have used alcohol and/or other drugs.

Considerations for Residents Who Use Drugs

Physical distancing may prevent those who use drugs from traveling to places where they typically use drugs. As a result, residents might be more likely to use drugs in the facility alone and away from others who could help with overdose reversal, which may increase the risk of fatal overdose.

- Staff should increase safety checks and always carry naloxone.
- Naloxone should be accessible to all residents. Email naloxone@health.nyc.gov to notify the NYC Health Department if naloxone is used or to request additional kits. For information on naloxone, including how to use the medication, visit nyc.gov/naloxone.
 - NYC DHS facilities that receive training and naloxone from DHS should follow DHS overdose prevention guidance.
- Be aware that residents who use drugs are at risk for withdrawal; they may seek to prevent symptoms by maintaining drug use, and they may seek to exit the facility more often than other residents and thereby put themselves at risk of COVID-19.
- Support residents to obtain sterile syringes and other drug use supplies from Syringe Service Programs (SSPs) and pharmacies participating in the expanded syringe access program (ESAP). For information on syringe access, visit health.ny.gov/syringes.
- Work with residents to develop an overdose safety plan including being aware of changes in tolerance, having someone check on them after they have used, using one drug at a time and using a little bit at a time.
- If residents with an opioid use disorder (OUD) are not ready for medical treatment, they will have few options aside from going out and replenishing their drug supply. At a minimum, they should be permitted to receive deliveries to reduce the amount of time they spend outside. Residents should wear a mask when leaving the facility. Visit

health.ny.gov/publications/9895.pdf for NYSDOH guidance to help residents build a safety plan.

- Establish bathroom safety protocols, including:
 - Check bathrooms in common spaces for possible overdoses.
 - Ensure bathrooms are accessible by staff in case of emergency (for example, access to a key or entry code).
 - Install sharps containers for syringe disposal. Sharps containers can be obtained from SSPs. To find your local SSP, visit health.ny.gov/syringes.
- Provide residents who use drugs with information about treatment options. To learn more about medications for addiction treatment via telehealth, visit oasas.ny.gov/medication-assisted-treatment-telehealth or call NYC Health + Hospitals' virtual buprenorphine clinic at 212-562-2665.
 - Residents not receiving treatment for OUD can consider starting buprenorphine.
 - Residents who are currently prescribed sublingual buprenorphine should contact their provider and pharmacy to make sure of continued access to medicine.
 - Residents who are currently prescribed buprenorphine via injection or those receiving naltrexone via injection may need support to transition to an alternative medicine depending on the timing of their last dose.
- Residents who are currently prescribed methadone should contact their program director or clinic to ask about options for home delivery.

C. Resources

1. General COVID-19 Information and Resources

- General COVID-19 information, guidance and resources are available at nyc.gov/health/coronavirus.
- For New York State (NYS) COVID-19 guidance, visit coronavirus.health.ny.gov.
- For guidance from the CDC, visit cdc.gov/covid19.
- For general guidance for providers and health care facilities including Frequently Asked Questions and upcoming webinars, visit nyc.gov/health/covidproviders.
- Call the NYC Provider Access Line at 866-692-3641 for immediate consultation on public health issues. Visit nyc.gov/health and click on the **Providers** tab for more information.
- Subscribe to the Health Alert Network (HAN) for alerts and advisories on COVID-19 and other health issues. Visit nyc.gov/health and search for **Health Alert Network**.
- For guidance and resources to support individuals who identify as deaf, hard of hearing and deafblind, visit on.nyc.gov/deaf-resources.
- For posters, flyers and fact sheets in multiple languages, visit nyc.gov/health/coronavirus and select **Posters and Flyers** on the left sidebar or visit cdc.gov/covid19 and search for **Print Resources**.
- NYC Health Department offers virtual COVID-19 education presentations for congregate residential settings. Please complete the form at forms.office.com/g/GMFVTm1gpB to request a presentation.

2. COVID-19 Vaccines

General Information and Educational Materials

- General information, guidance and resources on COVID-19 vaccines are available at nyc.gov/covidvaccine.
- For NYS guidance and resources, visit covid19vaccine.health.ny.gov.
- For information and resources from the CDC, visit cdc.gov/coronavirus/vaccines.

Getting Vaccinated

- To find a vaccination site near you in NYC or to make an appointment, visit vaccinefinder.nyc.gov or call 877-VAX-4NYC (877-829-4692).
- To learn more about the in-home vaccination program, visit nyc.gov/homebound or call 877-VAX-4NYC.
- For more information about on-site vaccination in residential congregate settings, email csiru@health.nyc.gov.

Resources to Support Building Vaccine Confidence

- For NYC Health Department educational videos in multiple languages, visit youtube.com/nychealth and see [COVID-19 Vaccines](#).
- For more information about the [NYC Vaccine Champions program](#) for congregate residential settings, email vaxchampionsupport@health.nyc.gov.
- For CDC guidance, visit cdc.gov and search for [Talking with Patients About COVID-19 Vaccination](#).
- The Roll Up Your Sleeves Toolkit contains basic information about COVID-19 prevention, frequently asked questions and myths vs. facts about COVID-19 vaccines. The toolkit is available in English, Spanish and French Creole, at rollupyoursleevesny.org.
- The De Beaumont Foundation offers resources to help providers strengthen their messaging when answering vaccine-related questions, available at changingthecovidconversation.org.
- A Kaiser Family Foundation campaign called, "THE CONVERSATION: Between Us, About Us," created a video for Black health care professionals and researchers to have open conversations and provide information about COVID-19 vaccines. Visit youtube.com and search for [Hello Black America! with W. Kamau Bell & Black Health Care Workers](#). They continue the conversation by answering commonly asked questions regarding COVID-19 at greaterthancovid.org/theconversation.

3. COVID-19 Testing

- Walk-in testing is available at no cost at NYC Health + Hospitals locations. Visit nyhealthandhospitals.org/covid-19-testing-sites.
- COVID Express sites offer free COVID-19 tests to all New Yorkers regardless of immigration status. An appointment is required and can be scheduled at nyc.gov/health/covidexpress.
- Visit nyc.gov/covidtest or text "COVID TEST" to 855-48 to find a local testing site based on address.

- Congregate residential settings may be eligible to procure rapid antigen test kits through the PPE Service Center. Email ppesupport@health.nyc.gov with questions about eligibility and access.
- Visit nyc.gov/health/testingtips for antigen rapid test instructional videos, and at-home testing guidance.
- For more information about onsite diagnostic testing in residential congregate settings in NYC, email covidtestingcsiru@health.nyc.gov.

4. COVID-19 Treatment

- For information on eligibility, evidence behind recommendations, treatment prioritization guidance, and how to access and use therapeutic agents, visit nyc.gov/health/covidprovidertreatments.
 - For a patient-facing fact sheet on available COVID-19 treatments, visit on.nyc.gov/covid-treatments.
- If you test positive, talk to an NYC Health + Hospitals doctor about treatment options by visiting expresscare.nyc and clicking on **Talk to a Provider Now**, or by calling 212-COVID19 (212-268-4319).
- NYC Health and Hospitals offers a monoclonal antibody eligibility screening tool at covid19.nychealthandhospitals.org/mab.
- Find a monoclonal antibody treatment center in NYC by visiting hitesite.org/monoclonalantibody.
- Additional treatment locations can be found at the **Test to Treat locator**.

5. Infection Prevention and Control Resources

- PPE Resources
 - Congregate residential settings may be eligible to procure NIOSH-approved N95 and other respirators and PPE through the PPE Service Center. Email ppesupport@health.nyc.gov with questions about eligibility and access.
 - To locate PPE, visit nyc.gov/health and searching for **Personal Protective Equipment and Medical Supply Companies**.
 - Local and national suppliers of PPE and other reopening products are listed by type of product on NYC PPE + Reopening Supplies Marketplace. Visit maiic.nyc/reopening-supplies for more information.
 - To learn about strategies to conserve PPE, visit nyc.gov/health and search for **PPE**.
 - PPE Donning and Doffing Training, which can be found here: cdc.gov/coronavirus/2019-ncov/hcp/usingppe.html
 - For a tool to plan and optimize the use of PPE in response to COVID-19, visit cdc.gov and search for **PPE Burn Rate Calculator**.
- Cleaning and Disinfecting Facilities
 - CDC Guidance on Disinfecting Facilities: cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html
 - EPA List of Disinfectants for Cleaning Facilities: epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0

- Visit nyc.gov/health/covidproviders and click on the **Facilities Guidance** tab.
 - Expand the Congregate and Residential Facilities drop-down to see **COVID-19 Infection Prevention Competency Tools**, which can be used to evaluate specific infection prevention protocols and processes (PPE use, cleaning and disinfecting).
- For infection control guidance by facility type, visit cdc.gov/covid19, select the **Healthcare Workers** tab, and select **Infection Control Topics**.
- To learn about different infection control topics, visit cdc.gov/infectioncontrol/projectfirstline and select **Learn About Infection Control**.

6. Community Services and Mental Health Resources

- For NYC Health Department resources on mental health and substance use related to COVID-19, visit nyc.gov/health/coronavirus and select **Mental Health and Substance Use**.
- For support with food, health insurance, employment, housing and free COVID-19 testing, visit nyc.gov/coronavirus and click on the **For NYers** tab for more information.
- Individuals who are experiencing stress, depression, anxiety or drug use can use NYC Well for free and confidential counseling. Call 888-NYC-WELL (888-692-9355), text “WELL” to 65173 or chat online at nyc.gov/nycwell. Support is available 24/7 in over 200 languages.
- NY Project Hope: New York’s COVID-19 emotional support helpline – free, confidential and anonymous support from trained crisis counselors. Available 8 a.m. to 10 p.m., seven days a week at 844-863-9314. Visit nyprojecthope.org for more information.
- The Health Information Tool for Empowerment (HITE): Provides an online directory of health and social services available to low-income, uninsured, and underinsured individuals in NYC, Long Island and Westchester. Visit hitesite.org to learn more.
- For a summary of paid sick leave requirements in NYS, see <https://www1.nyc.gov/assets/dca/downloads/pdf/workers/COVID-19-Paid-Sick-Leave-English.pdf>.
- For information on Paid Leave for COVID-19, visit paidfamilyleave.ny.gov/covid19.

7. Racial Competency

Years of racist policies and unjust practices among institutions have led to worse health outcomes in communities of color compared to White communities. The NYC Board of Health declared racism a public health crisis. To see the **Resolution Declaring Racism a Public Health Crisis**, visit nyc.gov/health and search for **Board of Health**. Racial competency is critical in understanding and addressing health inequities caused by racism. Implementing strategies and resources to consciously address racism is necessary to improve health outcomes for all New Yorkers.

- For a NYC Health Department toolkit to help individuals and organizations understand and address racial and social injustices that affect the health of all New Yorkers, visit nyc.gov/health and search for **Race to Justice**.
- For a list of diversity and inclusion resources from the NYS OMH, visit omh.ny.gov and search for **Diversity and Inclusion Resources**.

- To see the CDC’s webpage on racism and health, visit cdc.gov/healthequity and select **Racism and Health**.

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

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