COVID-19 Guidance for Homeless Shelters

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Key Information

• **There is widespread community transmission of coronavirus disease 2019 (COVID-19) in New York City.** If someone has COVID-19-like illness (CLI), assume they have COVID-19. To help protect health care workers and preserve medical supplies that are critically in low supply, testing should only be used for people who need to be hospitalized for severe illness such as pneumonia. For people with mild to moderate symptoms, a positive test result will not change what a doctor tells the person to do to get better.

• Individuals with CLI or confirmed COVID-19 with mild to moderate symptoms should not be sent to the hospital. They should be isolated and can self-monitor; if symptoms worsen or do not improve after three to four days, they should talk to a doctor.

• Shelter providers for the NYC Department of Homeless Services (DHS) should follow DHS guidance. DHS guidance is consistent with this document but contains some implementation details specific to DHS.

• **Note:** Effective April 15, 2020 at 8 p.m., all employees must wear face coverings when customers (including residents, clients, or program participants) are present. Employers must provide face coverings for employees at no cost to employees. For more information, please review the [State order](https://coronavirus.health.ny.gov/executive-order-202.16) and see below for additional guidance. Read the State order by visiting [coronavirus.health.ny.gov](https://coronavirus.health.ny.gov) and searching for **executive order 202.16**.
Information About COVID-19

For general information about COVID-19, including how to guard against stigma, visit nyc.gov/health/coronavirus or cdc.gov/covid19. For real-time updates, text “COVID” to 692-692. Message and data rates may apply.

Most people with COVID-19 have mild to moderate symptoms and recover on their own without needing medical attention. Less commonly, COVID-19 may lead to pneumonia and other complications, including hospitalization or death.

- Commonly reported symptoms include:
  - Fever (temperature of 100.4 degrees F or 38.0 degrees C or greater)
  - Cough
  - Shortness of breath (trouble breathing)
  - Sore throat
- Some patients also report:
  - Loss of a sense of taste or smell
  - Feeling achy
  - Headache
  - Diarrhea

Most people with CLI have not been tested for COVID-19. People with CLI should be considered as if they have COVID-19 and as if they are contagious.

Most people with COVID-19 can tolerate the illness without medical intervention, as long as they receive support for all of their immediate needs. People who develop more severe disease requiring medical intervention, including hospitalization, have often been older adults, people with underlying medical conditions, or people with disabilities.

Background and Overview

Introduction

A homeless shelter can be a congregate-setting facility or have separate rooms or distinct self-contained units. Families are placed in their own units, which can be entirely self-contained, or may share bathrooms and meals, while single adults are in congregate facilities, an environment where a number of people sleep in a dormitory and share bathrooms and cafeterias. This guidance can assist homeless shelters in NYC to reduce the introduction of COVID-19 and other respiratory diseases, manage known or potential exposures to COVID-19, and reduce the risk of transmission of COVID-19 within the facility.

Homeless shelters pose many challenges due to their unique environment. Particular challenges include vulnerable populations, restrictions on client or resident movement, and alternative work schedules for staff.
Special considerations should be taken to prevent COVID-19 transmission when considering the movement of clients or residents, visitors, and staff into and within the facilities. Strategies to reduce risk should include elimination or reduction of face-to-face meetings such as case management and staff meetings. When in-person meetings must occur, practice physical distancing (keeping 6 feet or greater between people).

**Responding to COVID-19 and Implementing Guidance**

With widespread community transmission occurring in NYC, this document’s guidance can assist homeless shelters in NYC to reduce the introduction of COVID-19 and other respiratory diseases and reduce the spread of COVID-19 within their facility.

The goal of this document is to help homeless shelter operators:

- Respond to widespread community transmission of COVID-19 in NYC:
  - Reduce the introduction and/or spread of COVID-19 and other respiratory illnesses into the facility.
  - Rapidly identify people with respiratory illness.
  - Manage and isolate people with suspected or confirmed COVID-19.
  - Be familiar with infection control guidance.

- Implement detailed guidance:
  - Appendix 1: Physical Distancing to Limit Further Spread of COVID-19
  - Appendix 2: Rooming, Isolation and Monitoring Symptoms of Residents with CLI
  - Appendix 3: Instructions for Staff or Family Members Caring for Individuals With CLI

**Community Transmission of COVID-19 in NYC**

During widespread community transmission, COVID-19 will be introduced into congregate settings such as schools, workplaces, homeless shelters and nursing homes. As community transmission of COVID-19 increases, more and more of these settings will have people with CLI or confirmed COVID-19 in their facilities.

Facilities are advised to continue to adapt response plans as the outbreak evolves. They should engage with their local and State partners to learn about the evolving situation and communicate needed resources. Given the multiple potential points of access of COVID-19-infected people into congregate settings, facilities should plan to identify CLI in a client, visitor or resident. DHS facilities need to follow DHS guidance and reach out to DHS for questions and assistance.
During community transmission, the NYC Health Department recommends that facilities continually revisit the following checklist:

**Communicate with staff and residents to keep everyone informed.**
- Describe what actions the facility is taking to protect them, including answering their questions and explaining what they can do to protect themselves and their fellow residents.
- Provide educational materials and information to residents and visitors in a way that can be understood by non-English speakers. When evaluating and treating people who may have COVID-19, provide an interpreter if possible. Visit nyc.gov/health/coronavirus for materials and information in multiple languages.

**Protect your workforce, residents and clients.**
- Provide face coverings for all staff. All staff must wear a face covering when clients, residents, or program participants are present or at any time they cannot maintain at least six feet of distance from others.
- Inform staff about sick leave policies and encourage them to stay home if they have CLI.
- Advise staff to check for any signs of CLI before reporting to work each day and to promptly notify their supervisor if they become ill when at work.
- Do not require a doctor’s note for staff to be able to use sick days or for staff to return to work after being sick — DHS staff should follow their agency’s guidance for sick leave. Remind staff they should not see a doctor or seek a test if they do not have chronic health conditions and their symptoms are mild.
- Incentivize protective behaviors by compensating staff for staying home if they have CLI.
- Eliminate face-to-face meetings or activities that are not absolutely necessary. If a face-to-face or group meeting or activity is necessary, practice physical distancing. This includes:
  - Maintaining at least 6 feet of distance between all people
  - Avoiding meeting clients in small, enclosed spaces
  - Conducting case management by phone or video
- Stagger staff work hours, where feasible.

**Keep your facility clean and reduce the spread of COVID-19.**
- Clean facilities routinely and thoroughly.
- Clean frequently touched surfaces such as doorknobs, door handles, handrails and telephones, as well as nonporous surfaces in bathrooms, sleeping areas, cafeterias and offices (such as floors), using an Environmental Protection Agency (EPA) registered hospital disinfectant that is active against viruses. For more specific cleaning guidance, visit nyc.gov/health/coronavirus and look for “General Cleaning/Disinfection Guidance for Non-Health Care Settings” under the “Businesses and Other Facilities” section.
• Place waste baskets in visible locations and empty them regularly; provide residents with access to tissues and plastic bags for disposal of tissues.
• Close all common areas. If that is not, possible, enhance ventilation in common areas such as waiting areas, TV rooms and reading rooms and ensure residents maintain at least 6 feet of physical distance from each other.
• Linens, eating utensils and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared until after being washed thoroughly.
  • Instruct cleaning staff to avoid “hugging” laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water for at least 20 seconds, or to use an alcohol-based hand sanitizer immediately after handling laundry.

Reduce the Spread of COVID-19 in the Facility

• Put signs in locations where they are visible to all visitors, staff and residents.
  • Put signs at all entrances instructing visitors not to visit if they are sick. Signs in multiple languages can be found at nyc.gov/health/coronavirus. To find posters that encourage behaviors to prevent virus transmission, click on “Posters and Flyers” on the left side of the page. This includes Cover Your Cough and Wash Your Hands materials in multiple languages.
• Make sure staff and residents are familiar with the symptoms of CLI.
  • Screen visitors, staff, residents and all others entering the facility for symptoms of CLI at all entrances to the facility.
    • To screen people, ask them if they have any of the following symptoms:
      ▪ Feeling feverish or have a fever (100.4 degrees Fahrenheit or 38 degrees Celsius or greater)
      ▪ Cough
      ▪ Shortness of breath (difficulty breathing)
      ▪ Sore throat
    • Consider anyone who answers “yes” to any of these symptoms to have CLI. Then, have a plan to immediately isolate any resident with CLI and make arrangements for appropriate isolation (including giving them a face covering and placing them in a room with a closed door; for DHS shelters, follow DHS guidance). A face covering is any well-secured paper or cloth (like a bandana or scarf) that covers the nose and mouth.
  • Visitors and staff with CLI should not enter the shelter. Inform prospective visitors that they will not be allowed to enter the facility if they have CLI.
    • See “Reduce the Spread of COVID-19 in the Facility” for information on screening.
    • When possible, facilities should use their usual communication channels to tell prospective visitors the rules before they travel to the facility.
- Instruct residents and staff to report CLI at the first signs of illness.
- Develop plans and procedures for management of residents and clients for CLI upon admission to the facility, including admission to a dedicated location within the facility for management of CLI, or to a pre-identified facility where residents and clients with CLI will be isolated during the course of their illness.

**Rapid Detection and Management of People With CLI or Confirmed COVID-19**

Currently, COVID-19 is widespread in NYC and introductions to congregate settings such as homeless shelters is inevitable — transmission will occur within these facilities and there will be increasing staff absenteeism. Maintaining physical distance through cancelling or drastically reducing in-person meetings (including between clients and staff), having telephone meetings instead, and staggering activities such as check-ins, can help reduce transmission of COVID-19.

- Given current recommendations for physical distancing, suspend all day trips, visits and group activities in common areas. In addition:
  - Practice physical distancing at mealtimes through delivery of all meals to rooms or apartments, staggered mealtimes, and other strategies as possible, including sitting residents at least 6 feet apart in cafeterias, maintaining the same distance between staff serving the food and residents in line.
  - Suspend all group programs including day programs.
  - Strongly discourage residents from leaving the facility. Residents dependent on nicotine or other substances will need to leave the facility to smoke or use. Programs should counsel residents on how to do this safely as possibly (maintain physical distancing; do not share equipment).
  - Congregate homeless shelters will have unique challenges. Depending on how they are set up and the residents they serve, shelters may need shelter-specific plans that limit COVID-19 transmission in common areas, including hallways if they are used for social interactions.
  - People who are homeless and who live on NYC streets are also at risk. NYC agencies and partner organizations need to promote physical distancing, identify CLI in this population, and transport those with CLI to isolation facilities where they can be supported until they no longer require isolation.
- Implement daily screening of all clients, residents and staff for CLI by asking them if they have any symptoms associated with CLI, where feasible and in particular in sites that had a COVID case. See “Reduce the Spread of COVID-19 in the Facility” for information on screening and how to manage people with COVID symptoms.
- Implement plans for managing staff, residents and clients with CLI.
  - **Staff:**
    - Staff should practice physical distancing with all clients and between each other, keeping a distance of at least 6 feet between themselves and others.
    - Any staff who develops CLI at the facility must return home for the full course of their illness until they no longer need isolation. They should be instructed to wear a face covering and avoid being within 6 feet of others while in route home. They should stay home until all of the following are true:
- It has been at least seven days since their symptoms started.
- They never had fever or have not had a fever for the prior three days without the use of fever-reducing drugs such as Tylenol or ibuprofen.
- Their overall illness has improved.
  - Clients of day programs: If a client develops CLI when at a congregate day program they should be transported back to their residential facility, with a face covering. For information on face coverings, visit nyc.gov/health/coronavirus. They should be isolated in a private room or other location pre-designated by the residential facility and provided with all necessary support by the residential facility. If symptoms are mild and the client does not have any chronic health conditions, efforts should be made to manage the client’s illness in the residential facility rather than in a hospital for the full course of their illness.
  - Residents: Transfer clients to the pre-designated location where residents with CLI will be provided shelter. Call ahead before transferring.

Management and Isolation of People with CLI or Confirmed COVID-19

The terms “isolation” and “quarantine” are not interchangeable.
- Isolation refers to the separation of people who are sick with a contagious disease from people who are not sick.
- Quarantine refers to the separation of people who are asymptomatic (not experiencing symptoms) who were exposed to a contagious disease to see if they become sick. Quarantine per se is no longer practiced or generally recommended in NYC given the widespread nature of the disease at this time. However, everyone should practice physical distancing, wear a face covering and stay inside except for critical needs.

Testing:
- At this time, COVID-19 testing is not recommended for people with mild or moderate symptoms and should be reserved for hospitalized patients when testing is needed to make clinical decisions. This will let New Yorkers who are more sick access the care that they need, protect our health care workers and others from infection, and protect people from getting COVID-19 if they don’t already have it.
- This recommendation may be subject to change based on testing availability and the course of the COVID-19 outbreak.
- There is no need to transfer a patient to an emergency department for evaluation for mild or moderate illness for testing or supportive care.

Isolating or Placing Together People With CLI or Confirmed COVID-19 in Congregate Facilities:

Facilities where a client with mild illness is already in an individual unit with a private bathroom can remain isolated on-site and have meals and medications delivered by a family member or staff; facilities without capacity to isolate people with mild illness should transfer them to another facility, if available, such as a hotel arranged by the DHS for isolation, by following guidance and algorithm provided by DHS.
• People who have CLI or confirmed COVID-19 should be isolated in a semi-private room (with a bathroom) until all the following are true:
  o It has been at least seven days since their symptoms started.
  o They never had fever or have not had a fever for the prior three days without the use of fever-reducing drugs such as Tylenol or ibuprofen.
  o Their overall illness has improved.
• People with confirmed COVID-19 (that is with a positive test) can be placed together in a small group (two to three people) in an enclosed room with private bathroom.
• People with CLI can be placed together two in a room with a private bathroom. At this stage of the outbreak, with limited COVID-19 testing, patients with CLI are considered to have COVID-19 and can be placed together.
• In situations where a private bathroom is not available, a shared bathroom can be used if proper cleaning occurs after the individual that is ill uses it.
• Do not place anyone with COVID-19 or CLI with a client who is not ill.
• Strongly encourage people with CLI to stay in their room except for necessary medical appointments or for those who must smoke. Provide a face covering to any person with CLI to place on themselves if they must go out to smoke or during transport to a medical appointment.

People at High Risk for Severe illness

People who are at most risk of severe illness are people 50 years of age or older, with highest risk after 65 years of age, and people who have other health conditions including lung disease, moderate to severe asthma, heart disease, a weakened immune system, obesity, diabetes, kidney disease, liver disease, or cancer. People that fit these criteria should be prioritized for accommodations with fewer people, such as private or semi-private spaces with reduced density that allow for maintaining at least 6 feet of distance between clients.

Mental Health Response

Some facilities provide mental health services ranging from full-service, on-site services to evaluation of community clients and referral to off-site providers. A disease outbreak can be stressful for clients, residents, and staff members. It is natural to feel overwhelmed, sad, anxious, and afraid, or to experience other symptoms. Have plans in place for people who regularly receive mental health services, including:
• If a client or resident must be isolated because of CLI or confirmed COVID-19, consider alternative arrangements such as video conferencing for continuity of mental health services.
• Implement procedures to identify and update at least weekly the mental health resources (such as providers, pharmacies) that are available.
• Review and update the following things, as needed:
  o Provider contracts
  o Emergency medical protocols and procedures, including transporting people to inpatient mental health facilities, if necessary
- Evaluation of clients and residents for other medical needs (see section titled “Rapid Detection and Management of People With CLI or Confirmed COVID-19”)

- When transporting a client or resident is necessary, implement procedures to make sure receiving facilities are notified before the transport takes place.

For all clients and staff for whom stress, or other symptoms become overwhelming, NYC Well, a free and confidential mental health support service, can help New Yorkers cope or connect to mental health services.

- NYC Well staff are available 24/7 and can provide brief counseling and referrals to care in over 200 languages.
- For support, call 888-NYC-WELL (888-692-9355), text “WELL” to 65173 or chat online. You can also visit nyc.gov/nycwell and click on their App Library to find apps and online tools to help you manage your health and emotional well-being from home.

**Continuity of Operations**

During the COVID-19 outbreak, anticipate and plan for staffing challenges.

- Expect that many staff will become sick and will need to stay home until they are no longer a risk to others.
- Expect additional staffing shortages due to changes in child care needs since day care programs and schools are closed.
- Anticipate and plan for shortages as supply chains are affected; pre-order essentials to maintain adequate reserves.
- Partners during routine operations will be affected similarly. Facility operations may need to adjust to challenges as they happen across associated programs, organizations and agencies.
Appendix 1: Physical Distancing to Limit further Spread of COVID-19

Limiting the number of people who congregate and interact with one another within a facility and allowing more physical space between people can help to reduce the spread of COVID-19. Depending on specific facility needs and severity of exposure to people with COVID-19, physical distancing can range from decreasing the number of people who can congregate at a time for different activities to suspending all nonessential activities. To avoid stigmatizing those who are affected, explain to clients and staff why people are separated from others.

The following are examples of physical distancing that can be considered in congregate settings to limit the spread of an infectious respiratory illness:

| Sleeping Arrangements | • Increase spacing so beds are at least 6 feet apart, or 3 feet apart and placed head to toe.  
|                        | • If space allows, put fewer residents within a dorm/unit.  
|                        | • Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds.  
|                        | • Move residents with symptoms into separate semi-private rooms with closed doors and provide a separate bathroom if possible.  
|                        | • Where only shared rooms are available, it is appropriate to place people with CLI or confirmed COVID-19 together.  
|                        | • Patients without COVID or CLI but at high risk for severe illness (such as older age, people with underlying health conditions) should be prioritized for semi-private rooms either on-site or off-site.  
|                        | • Otherwise, house the ill person in a room with the fewest possible number of other residents.  
|                        |   • Avoid housing older adults, people with underlying health conditions, or people with disabilities in the same room as people with COVID-19 or CLI.  
|                        | • In some circumstances, it is better to keep families or other close groups together. If there are accompanying family members (or other personal contacts) of the ill person, it is acceptable to keep them housed together, even if they are not ill, if there previously was an extended opportunity for exposure because they may already be infected. If there is an older family member or a family member with underlying health conditions, consider separating them from the rest of the family members.  
| Mealtimes | • Stagger mealtimes to reduce crowding in shared eating facilities.  
| Bathrooms and Batheing | • Stagger the schedule for use of common and shared kitchens.  
| | • Residents with CLI should have meals delivered to them.  
| | • Create a staggered bathroom schedule to reduce the amount of people using the facilities at the same time. |
| Recreation and Common Areas | • Avoid using common spaces or create a schedule for using common spaces. This schedule should limit the number of people allowed in the space so that each person can keep at least 6 feet of distance between themselves and others.  
• Reduce activities that congregate many residents at once such as “house meetings” and only allow activities where physical distancing of at least 6 feet can be maintained. |
| Transport | • Opt for transporting fewer people per trip and ensure that passengers have more space between one another. Passengers and the driver should wear a face covering. Keep windows open now that it is warmer. |
| Communication | • Reduce the number of face-to-face meetings and other interactions.  
• Consider using the following methods of communication: bulletin boards, signs, posters, brochures, emails, phone, or sliding information under someone’s door or mailbox.  
• Eliminate unnecessary assembly of staff, such as large meetings where information can be communicated using other platforms.  
• Opt for video, web, or audio conference meetings instead of in-person meetings when possible. |
| Staff Activities | • Arrange beds so that individuals lay head-to-toe (or toe-to-toe) or create barriers between beds using items such as foot lockers, dresser or curtains.  
• Avoid housing older adults, people with underlying health conditions or people with disabilities in the same room as people with symptoms.  
• Where possible, keep elderly residents and people with behavioral health conditions in familiar surroundings to minimize confusion and behavioral challenges. |

Appendix 2: Rooming, Isolation and Monitoring Symptoms of Residents with CLI

Create more space in sleeping arrangements for all residents  
• Increase spacing so beds are at least 6 feet apart, or 3 feet apart head to toe.  
• Put fewer residents within a dorm or unit. Convert common spaces to sleeping areas to spread people out.  
• Arrange beds so that individuals lay head-to-toe (or toe-to-toe) or create barriers between beds using items such as foot lockers, dresser or curtains.  
• Avoid housing older adults, people with underlying health conditions or people with disabilities in the same room as people with symptoms.  
• Where possible, keep elderly residents and people with behavioral health conditions in familiar surroundings to minimize confusion and behavioral challenges.
Isolate ill residents. Keep those with CLI apart from those who are not ill.

It is critical to develop and implement plans to isolate (separate) residents with CLI from residents without symptoms.

- Clients with mild illness that are in facilities with an individual unit and a private bathroom, can remain isolated on-site and have meals and medications delivered by a family member or staff; facilities without capacity to isolate people with mild illness should transfer them to another facility, if available, such as a hotel arranged by the DHS for isolation.
- People who are at most risk of severe illness are people 50 years of age or older, with highest risk after 65 years of age, and people who have other health conditions including lung disease, moderate to severe asthma, heart disease, a weakened immune system, obesity, diabetes, kidney disease, liver disease, or cancer. People that fit these criteria should be prioritized for accommodations with fewer people, such as private or semi-private spaces with reduced density that allow for maintaining at least 6 feet of distance between clients.
- People with confirmed COVID-19 (that is with a positive test) can be placed together in small group (two to three people) in an enclosed room with a private bathroom.
- People with CLI can be placed together two to a room with a private bathroom. At this stage of the outbreak, with limited COVID-19 testing, patients with CLI are considered to have COVID-19 and can be placed together. Designate a bathroom for people with CLI and a bathroom for those without symptoms. In situations where a private bathroom is not available, a shared bathroom can be used if proper cleaning occurs after the individual that is ill uses it.
- Monitor resident health and move residents immediately into the areas designated for CLI at first sign of illness.
- Residents with CLI should not be leaving their rooms unless necessary for health reasons such as chemotherapy or dialysis.
- Residents with CLI can be removed from isolation (separation) from other residents when all of the following are true:
  - It has been at least seven days since the resident’s symptoms started.
  - The resident never had fever, or the resident has not had a fever for the prior three days without use of fever-reducing drugs such as Tylenol or ibuprofen.
  - The resident’s overall illness has improved.

Monitor symptoms of residents and when to refer for medical care

- Routine outpatient COVID-19 testing is not needed. If a resident has CLI, the resident should be assumed to have COVID-19.
- Do not transfer a resident to the hospital for evaluation for mild illness for testing or treatment. However, if severe symptoms occur, medical care should be sought as they can signal life-threatening illness. Contact a doctor or nurse at the DHS isolation site if symptoms worsen.
- Residents who are able to self-monitor should monitor their own symptoms. In cases where staff must help residents monitor symptoms, they should do so from 6 feet away.
• Visit nyc.gov/health/coronavirus for the list of risk factors that increase risk for severe illness; residents with CLI or risk factors may require closer monitoring.
• Staff should assess whether residents develop more severe illness and consult a doctor or nurse at the DHS isolation site. Staff should refer residents to the hospital or call 911 if they have any of the following:
  o Trouble breathing
  o Persistent pain or pressure in the chest
  o New confusion or inability to stay awake
  o Bluish lips or face
• This list is not all inclusive. If there are any concerns about a medical emergency, clients should be instructed to contact site staff and consult a medical provider immediately (their doctor or the site nurse) or call 911. The caller should tell the 911 dispatcher of the client’s symptoms.

Appendix 3: Instructions for Staff or Family Members Caring for Individuals With CLI

Interacting with a resident with CLI
• All residents with CLI should be isolated.
• Identify and limit the number of staff or family members interacting with isolated residents.
• Maintain physical distancing as much as possible. Complete caregiver tasks from 6 feet away or more. Leave food or medication outside a door or 6 feet away from the ill person.
• All staff must wear a face covering when clients, residents, or program participants are present or at any time they cannot maintain at least six feet of distance from others. (A face covering is any well-secured paper or cloth that covers your nose and mouth.) You should also use disposable gloves as available when you enter the room where the ill individual is isolated. When you have physical contact with the ill individual (for example, helping to bathroom, bathing, changing clothes) cover your clothing with a gown (washable or disposable), if available. Whenever leaving the bedroom, carefully remove the gloves, face covering and gown. Put the disposable items in a trash can and the washable or reusable items in a plastic bag until ready to be washed, and reusable masks in paper bag or other breathable container. Wash your hands with soap and water for at least 20 seconds. You may also use an alcohol-based hand sanitizer.
• If no gloves or face covering are available, limit close contact with the person and if possible, have the individual cover their mouth with a tissue or cloth. Provide a plastic bag for the direct disposal of the tissue after use.
• Bundle tasks that require close contact together to limit encounters with the ill person.

Help with basic needs
• Make sure you can help the person adhere to instructions for medication and care, and provide support for getting groceries, prescriptions and other personal needs.
Limit the resident with CLI to one room

- Only people who are providing care for the resident with CLI should enter the room or designated area.
- Assign a separate bathroom, if available. If the bathroom is shared, clean and disinfect after each use. Focus on frequently touched surfaces (such as door handles, sinks, paper towel dispenser, hand dryer).

Promote frequent hand washing

- All residents and staff should wash hands often and thoroughly with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available. Do not touch eyes, nose or mouth with unwashed hands. Always wash hands before and after going into the residents’ bedrooms.

Avoid sharing common items

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

Monitor the ill individual’s symptoms

- If they are getting sicker, notify someone at the facility or call their health care provider to arrange to have them seen. Make sure the provider is aware the person has or may have COVID-19 so that they can put appropriate infection-control measures in place.

Monitor yourself

- Caregivers and others in close contact with the person should monitor their own health for signs or symptoms of fever, a new cough, new shortness of breath or new sore throat. If that occurs, the caregiver will need to be isolated.

The NYC Health Department may change recommendations as the situation evolves. 4.22.20