Interim Guidance:
Congregate Housing Where Residents have Private Rooms
Updated January 27, 2021

AUDIENCE: This Guidance refers to congregate housing settings where individuals have their own rooms or living quarters but share bathrooms or cooking areas with others outside of their household. This includes:

- Single resident occupancy hotels (SROs) and Transitional housing with private rooms

Summary of Revisions since the May 19, 2020 version

- **Face Covering Mandate**: All residents and personnel are **required to wear masks when outside of their private rooms/personal residences**, as specified in the updated Face Covering Order. Public space where this applies includes all hallways, kitchens, common areas, lobbies, courtyards, laundry rooms, etc.

- **Ventilation Recommendations**: Run mechanical ventilation systems or keep all windows and doors in common spaces and hallways open whenever possible, to increase ventilation. Please refer to the Ventilation section of this document for details.

- Cleaning protocols: Continue to observe the Official Cleaning Protocols and only use Approved Disinfectants.

- COVID-19 vaccine is here

- CA Notify – use your smartphone to stop the spread

- Advises people to get tested if they have COVID-19 symptoms.

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Please check the CDC’s Guidance for Shared or Congregate Housing frequently for updates.

### COVID-19 BASICS

#### How Does Covid-19 Spread?

Our current understanding is that COVID-19 is mostly spread from person-to-person in the air through virus-containing droplets in the breath of someone with COVID-19. These droplets enter the air when a person breathes. Even more droplets can get in the air when infected people talk, sing, cough, or sneeze. People with COVID-19 may have no symptoms and can still be breathing out virus-containing droplets that can infect others. Transmission can occur through:

- Larger droplets. These larger droplets are sometimes called “ballistic droplets” because they travel in straight lines and are pulled down by gravity. People nearby, usually within 6 feet, are infected when they breathe in these droplets or if the droplets land in their eyes, nose, or mouth.

- Smaller droplets or infectious particles. These can float in the air for a period of time and/or travel beyond 6 feet on indoor air currents, especially in enclosed spaces with poor ventilation. People sharing the same space are infected when they breathe in these smaller droplets and particles or the droplets or particles land on their eyes, nose, or mouth – even if they are further than 6 feet away. These droplets are sometimes referred to as “aerosols” or “bioaerosols”.

COVID-19 can also spread if a person touches their eyes, nose or mouth after touching a contaminated surface (also known as a fomite), however this is less common.

#### Prevention

- **Wear a Face Covering.** Cover your mouth and nose with a face covering in all public settings and when you are around people who don’t live in your household.

- **Wash your hands often with soap and water.** If soap and water are not available, use a hand sanitizer that contains at least 60% ethanol or 70 % isopropanol.

- **Avoid Close Contact.** To the greatest extent, maintain at least six feet of social distancing between yourself and any people who don’t live in your household.

- **Routinely clean and disinfect frequently touched surfaces.**

- **Monitor Your Health Daily.** Be alert of symptoms such as fever, cough, shortness of breath, or other symptoms. If you are experiencing any of these symptoms, stay home, and get tested.

#### COVID-19 vaccine is here

- The vaccine is one of the most important ways to end the pandemic. The FDA, CDC as well as California’s own Scientific Safety Review Workgroup have reviewed all data from clinical trials to ensure the safety and effectiveness of all COVID-19 vaccines. **When the vaccine is available to you, step up for your health, the health of your loved ones, the health of your community, and get vaccinated.** While the vaccine may prevent you from getting sick, we still do not know if people who have been vaccinated can still get the virus and spread COVID-19 to others. Therefore it is still very important for those who are vaccinated, and for the rest of the population who waits for their vaccines, **to continue using all the tools** available to help stop this pandemic: **wearing a mask that covers your mouth and nose** when outside your home, **avoiding gatherings**, **avoiding being indoors with people you don't live with**, staying at least 6 feet away from others, and **washing your hands often**. Find out more about the vaccine, including where and when to get it at: sf.gov/covidvax
CA Notify – another way for us to stop the spread

- CA Notify (canotify.ca.gov) is an app you can add on your smartphone. It uses Bluetooth technology to recognize when you and your phone have been in close proximity to others infected with COVID-19 to help stop the spread of the virus in our community.

- If you are using CA Notify and you test positive, your diagnosis will not be shared with others. However, if other people in close contact with you are also enrolled in the app, they will be told they had an exposure. They will be told the date of the exposure, but not the time, location or identity.

- If you are using CA Notify and you were exposed to someone who tested positive and they entered their result into the app, you will be told the date of the exposure, but not the time, location or identity.

- CA Notify is available through Apple and Google. See canotify.ca.gov for more information.

GUIDANCE FOR FACILITY MANAGEMENT, STAFF, AND RESIDENTS

Require Face Coverings

All staff and residents MUST wear masks or cloth face coverings outside their place of residence.

- A face covering covers both the nose and mouth and may be made from a variety of materials, such as bandanas, scarves, t-shirts, sweatshirts or towels.

- Always wash your hands, or use hand sanitizer, before and after touching your face or face coverings.

- Cloth face coverings should be washed frequently with detergent and hot water and dried on a hot cycle.

- Gloves and gown are not required except where otherwise indicated (e.g. contact with refuse or bodily fluids), but staff should wash their hands often with soap and water.

In the Event of Cases of Suspected or Confirmed COVID-19

If staff feel sick or develop COVID-19 symptoms:

- Ensure sick leave policies allow employees to stay home.
  - Staff getting sick while at work should immediately don a facemask, notify management, and leave work.

- Do not require a healthcare provider’s note for sick employees to return to work.

- Educate staff on returning-to-work policies.
  - Please refer to “Leaving Isolation and Returning to Work after COVID-19” for details at www.sfcdcp.org/covid19 under “Home Isolation and Returning to Work.”

If residents develop COVID-19 symptoms:

- Self-quarantine as best as possible in their room.
  - If an isolation room is needed, please call 415-554-2830 or complete a form at https://covid19isorequest.getcare.com/referral. Placement will depend on room availability and whether client needs can be met in these spaces.

- If food support is needed to safely self-isolate, please call 3-1-1.

- Follow the steps laid out on the CDC’s Guidance for Shared or Congregate Housing.

- Residents are not required to notify administrators if they think they may have COVID-19 or have a confirmed case of COVID-19. If you do receive information that someone in your facility has COVID-19,
you should work with the local health department to notify anyone in the building who may have been exposed (had close contact with the sick person) while maintaining the confidentiality of the sick person as required by the Americans with Disabilities Act (ADA) and, if applicable, the Health Insurance Portability and Accountability Act (HIPAA).

**Update Master Cleaning Schedule and Instructions**

- Request cleaning and hygiene supplies using the online form at [https://sf.civichub.us/](https://sf.civichub.us/).
- Train staff and residents on following cleaning/disinfecting/prevention protocols.
  - Review the updated cleaning safety guidance and follow all label instructions.
  - Use damp cleaning methods. Dry dusting or sweeping can cause airborne virus droplets.
  - Change mop heads, rags, and other cleaning items frequently.
  - Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with COVID-19 symptoms to as-needed cleaning (e.g., soiled items and surfaces).
  - Clean commonly used surfaces (e.g. doorknobs, keyboards, remote controls, desks).
  - Clean all common areas at least once daily; clean heavily used surfaces more frequently (e.g. doorknobs, elevator buttons, public phones, banisters, tabletops, handrails, workstations, laundry rooms, and countertops).
  - Empty trash receptacles frequently.
  - Clean air vents and replace filters, especially with air purifiers such as HEPA filters.
- Post signs that advise masking guidance, cough and sneeze etiquette, hand hygiene, and distancing/shelter-in-place guidance at the entrance of your building and in other visible areas. Printable signs are available online in multiple languages at [https://sf.gov/outreach-toolkit-coronavirus-covid-19](https://sf.gov/outreach-toolkit-coronavirus-covid-19). Suggested areas for signage include:
- Provide residents and staff access to adequate supplies.
  - Gloves for cleaning.
  - Hot and cold running water. Hot water should be maintained at 100°F. If temperature control is automatic, ensure that it does not exceed 120°F.
  - Liquid hand soap and/or Ethanol-based hand sanitizer that contains at least 60% ethanol.
  - Drying materials.
  - Facial tissues – place at entrances and community areas.
  - Plastic-lined wastebaskets – place at entrances and community areas.
  - Disposable face masks, if possible.
- Encourage all staff and clients to get the influenza vaccine to prevent illness that is similar to COVID-19. Flu vaccines are critical in the fight against COVID-19 by (1) keeping workers and communities healthy and (2) reducing strain on our healthcare and testing systems that are responding to COVID-19. **Those over the age of 6 months are strongly encouraged to get a flu shot.** Find out how to get one at [www.sfcdcp.org/flu](http://www.sfcdcp.org/flu).
Facilitate Social Distancing to Reduce the Likelihood of COVID-19 Cases

- **Restrict Non-Essential Visitors**
  - Follow the current Stay Safer At Home Health Order.
  - Advise residents to only allow essential visitors (to care for basic needs such as bringing food or medication).
  - Post signs at the entrance discouraging visitors with COVID-19 symptoms from entering.

- **Mealtimes**
  - Stagger mealtimes if possible, to reduce crowding in facilities with communal eating areas.
  - Stagger the schedule for use of kitchens and limit the number of people allowed in the kitchen area at one time.
  - People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 should eat or be fed in their room, if possible.

- **Food and Cooking Facilities**
  - Clean shared cooking facilities at least once a week.
  - Allow residents to have in-unit cooking devices such as microwaves and hot plates, if possible.
  - Refrain from sharing dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher.

- **Bathrooms**
  - Clean all shared bathrooms at least twice a day.
  - Stagger bathroom schedule to reduce the number of people using the facilities at the same time, if possible.
  - Avoid placing toothbrushes directly on counter surfaces. Totes can be used for personal items so that they do not touch the bathroom countertop.

- **Recreation/Common Areas/Group Activities**
  - Cancel group activities if social distancing cannot be accommodated.
  - Revise the community room occupancy limits to promote social distancing.
  - Schedule the use of common rooms to limit the number of people in the room at a time.
  - Require tenants to follow mask-wearing rules and social distance protocols.

- **Transport**
  - Transport fewer people per trip so passengers don’t sit too close together.
  - Minimize transport by limiting non-essential appointments. If a resident has medically necessary appointments, such as dialysis or chemotherapy, the sending facility should:
    - fill out a Medical Facility Communication Sheet
    - call the receiving facility ahead of time to notify them if the patient has any symptoms
    - Ensure the patient is wearing a face mask whenever they are in a common area or in public
• Laundry Rooms
  o Maintain access and adequate supplies to laundry facilities.
  o Restrict the number of people allowed at one time to ensure social distancing.
  o Provide cleaning supplies for staff and residents to clean and disinfect commonly used areas.
  o Post guidelines for doing laundry such as washing instructions and handling of dirty laundry.

• Staff Activities
  o Use conference calls or videoconferencing instead of in-person meetings.

### VENTILATION

**The Role of Ventilation**

Good ventilation controls droplets and infectious particles to prevent COVID-19 transmission by:

- removing air that contains droplets and particles from the room
- diluting the concentration of droplets and particles by adding fresh, uncontaminated air
- filtering the room air, removing droplets and particles from the air

**Ensure that Indoor Common Spaces are Well-Ventilated**

- Review the San Francisco Department of Public Health (SFDPH) Ventilation Guidance ([https://www.sfcdcp.org/COVID-ventilation](https://www.sfcdcp.org/COVID-ventilation)) and keep an annotated copy available. Ventilation guidance from recognized authorities such as the Centers for Disease Control, ASHRAE, or the State of California may be used instead.
- Post signage at public entrances indicating which of the following systems are used:
  - All available windows and doors accessible to fresh outdoor air are kept open
  - Fully operational HVAC systems
  - Appropriately sized portable air cleaners in each room
  - None of the above

Doors and windows required to be kept closed for fire/life safety purposes are exempt. For example, **fire doors must remain closed**. Make sure open windows do **not create falling hazards especially for children**.

Sign templates can be found at: [https://sf.gov/outreach-toolkit-coronavirus-covid-19](https://sf.gov/outreach-toolkit-coronavirus-covid-19)

**Make Necessary Ventilation Improvements**

- Open windows to increase natural ventilation with outdoor air when health and safety allow. When possible, also consider leaving room doors slightly open to promote flow of outdoor air through the indoor space.
  - Do not prop or wedge open fire doors. Continue to follow fire and building safety requirements.
  - If open windows pose a risk of falls for children, use window locks to keep windows from opening more than 4 inches, or other safety devices to prevent falls.
- If your program has an HVAC system (sometimes called mechanical ventilation, forced air, or central air), follow the recommendations in [SFDPH Ventilation Guidance](https://www.sfcdcp.org/COVID-ventilation). Prioritize maximizing the intake of...
outdoor air and minimizing recirculated air during the COVID-19 pandemic. Recommendations include:

- Make sure the HVAC system is checked by a professional and is working properly.
- Open outdoor air dampers and close recirculation dampers (“economizers”). This will maximize the amount of outdoor air that the HVAC system takes in and minimize the amount of indoor air that is recirculated.
- If you can use higher-efficiency air filters without reducing airflow or damaging your HVAC system, use air filters rated MERV13 or better.
- Disable “demand-control ventilation controls” so fans keep running even when a room doesn’t need to be heated or cooled.
- Keep the HVAC system running even when the building is not being used, if you can. If your HVAC system has a timer, set it to run, at a minimum, from 1-2 hours before the building opens until 2-3 hours after everyone has left the building, including custodial staff.

- Consider using portable air cleaners (“HEPA filters”).
- If the establishment uses pedestal fans or hard mounted fans, adjust the direction of fans to minimize air blowing from one individual’s space to another’s space.

For questions regarding ventilation, please send inquiry email to dph.doc.ventilation@sfdph.org.

FREQUENTLY ASKED QUESTIONS

How can we get masks for all our tenants?
You can use the online form at https://sf.civichub.us/ to request masks and hand sanitizer for your residents.

What is the process for notifying building management after a tenant of a PSH site has a positive COVID-19 test result?

- Once a day, all new cases of COVID-19 are matched by their home address to a database of all privately-owned SROs and Homelessness and Supportive Housing (HSH)/PSH sites. If any new cases have a matched address, the SRO Community Liaison is alerted.
- Once the SRO Community Liaison receives an alert, they notify building management by phone in the instance of an initial case in the building, followed by a formal notification email. For subsequent later cases, the SRO Community Liaison sends an email.

How long does it take for building managers to be notified?

- Building management will be notified as soon as possible, varying from within 24 hours to a few days of a tenant testing positive. The amount of time can vary due to the time for each step, including how long it takes for the laboratory to process a test and return a result. Once an individual receives a new positive test result, they are assigned to a Case Investigator who reaches out to the individual within 24 hours. The SRO Community Liaison will most often contact the building manager within 24 hours of being informed of a case.

Will SFDPH provide the name of the tenant with COVID-19 to PSH staff?

- The identity of the tenant who has tested positive for COVID-19 is protected health information, and typically cannot be shared with housing providers. However, on-site support staff of PSH units can be notified of cases who are already covered by the SFDPH privacy matrix to help coordinate care.
What is the difference between isolation and quarantine?

- “Isolation” is the term used for people with COVID-19 infection. “Quarantine” is used for people who have been exposed to COVID-19 through close contact. The main difference is how long they must stay in their unit and away from other people in order to prevent spread of COVID-19 to others.

Do all tenants who have COVID-19 or who are close contacts of someone with COVID-19 need to be sent to an Isolation and Quarantine hotel?

- A tenant who tests positive will be offered a place in an Isolation & Quarantine site if they share a bathroom with other residents or are otherwise unable to self-isolate. Tenants who do not share a bathroom and are able and willing to stay in their room for the entire isolation period, will be offered support to help them self-isolate at home. This includes food and medication delivery, pet care support, and other needed resources. For more details, see the SF SFDPH Home Isolation and Quarantine Guidelines at https://www.sfcdcp.org/Home-Isolation-Quarantine-Guidelines.

- Please follow the updated procedures in the guideline on Home Isolation and Quarantine at Home Isolation and Quarantine Instructions Caring for yourself and others during COVID-19 (sfdph.org).

What if a tenant with COVID-19 declines an I&Q hotel referral, and can't or won't isolate in their room as instructed?

- In this event, SFDPH will disclose the identity of the individual with COVID-19 to the PSH provider and work together with PSH/HSH to develop a support plan.

- The COVID-19 Containment Call Center is available daily at 628-652-2810, as an additional resource for consultation and assistance. This call line provides access to a team of social workers who can triage and refer the client or the PSH/HSH staff to existing resources including medicine pickup, pet care and food delivery, cleaning supplies, and counseling and social support.

- If an individual has left the hospital or an Isolation & Quarantine hotel site against medical advice and returned to the SRO, a nurse specialist can help locate them and assist with referring them back to the hospital or I&Q hotel site as needed.

If a resident says they have suspected or confirmed COVID-19, how can we know if that is true?

- Because it is protected health information, there is no way to confirm if a specific resident has COVID-19 without the resident’s consent. Building managers will be notified by the Department of Public Health (DPH) about positive COVID-19 cases within the building but will not generally be given identifying information, as this is protected health information.

What do we tell other tenants if someone in the building is self-isolating or is positive for COVID-19? What health guidance do we need to provide to other tenants?

- Some people who have COVID-19 do not experience any symptoms but are still able to transmit the virus to others. For this reason, tenants should always take steps to prevent being exposed. Knowing that someone in the building is self-isolating or has tested positive does not change this recommendation. Tenants and staff should consistently practice the standard prevention strategies to help prevent transmission. For detailed strategies, see Prevention section above.

How do we clean communal kitchens and bathrooms after someone with COVID-19 has been in our building?

- Please see master cleaning guidance above. For tenants, please refer to recommendations posted at www.sfcdcp.org/covid19 under “Cleaning Recommendations”

Should community rooms be closed if tenants are not social distancing?

- Some community rooms provide an essential function for tenants (i.e. kitchens and food pantries) and these rooms should not be closed.
What is a close contact?

- A close contact is someone who was within 6 feet of a person with COVID-19 for a period of time that adds up to at least 15 minutes in 24 hours, masked or unmasked, when that person was contagious. People with COVID-19 are considered contagious starting 48 hours before their symptoms began until 1) they haven’t had a fever for at least 24 hours, 2) their symptoms have improved, AND 3) at least 10 days have passed since their symptoms began. If the person with COVID-19 never had symptoms, then they are considered contagious starting 48 hours before their test that confirmed they have COVID-19 until 10 days after the date of that test.

Are people in an SRO who share a kitchen or bathroom considered close contacts?

- No. Sharing the same space at different times is not considered close contact. However, although sharing a bathroom or kitchen does not meet the strict definition of close contact, it does likely increase a person’s risk of contracting COVID-19 compared with those who do not share bathrooms.

What is the process for identifying people who may have been close contacts of a tenant with COVID-19?

- The San Francisco Department of Public Health, in partnership with community, helps identify those who have had close contact with anyone who has COVID-19. People can transmit the virus 48 hours before they develop symptoms. Some people never develop symptoms and can still transmit the virus. **We can help prevent COVID-19 transmission by contact tracing which helps identify people who may have been exposed and helping them quarantine so they don’t inadvertently spread the disease.** We do this whenever there is an outbreak of infectious diseases like measles, tuberculosis, and others to protect the community’s health.

- When SFDPH is alerted about an individual with a positive COVID-19 test result, a Case Investigator is assigned to interview that individual. The Case Investigator asks about the individual’s close contacts starting with either 1) two days prior to the positive COVID-19 test results OR 2) two days before symptoms appeared.

- The SFDPH Contact Tracing team then reaches out to close contacts to advise them of their exposure to COVID-19, inform them that they need to self-quarantine for 10 days after their last exposure, and provides resources for medical evaluation and testing. Close contacts receive a daily text to check in about symptoms for 10 days after the date of their last contact with the COVID-19 positive individual. We recognize that daily monitoring by text message is not feasible for many residents in PSH or SROs, particularly for residents without a cell phone, and we can provide technical assistance to on-site support staff around daily symptom monitoring and testing resources. Please refer to [COVID-19 Case Investigation & Contact Tracing](#).

- **Cover your face, test early, and trace!** Find out more at [https://covid19.ca.gov/contact-tracing](https://covid19.ca.gov/contact-tracing)

What if the tenant can’t or won’t give a list of close contacts?

- Since an individual with COVID-19 may not know the names and contact information of close contacts, the Community Liaison can work with PSH services staff to identify close contacts and share their names with the Contact Tracing team for outreach.

What is SFDPH doing to prevent and address clusters of cases in SROs?

- SFDPH monitors COVID-19 cases in SROs to look for clusters of cases. If a cluster is found, SFDPH takes more action, which may include testing everyone in the building (mass testing). The decision about mass testing will depend on the number of cases at the site, other risk factors, and staff capacity.

Where can the other tenants and staff at a site with a positive case of COVID-19 get tested?

- While SFDPH cannot provide testing on-site at every building, SFDPH recommends testing for all close contacts (with or without symptoms).
• Those who have a healthcare provider should call their primary provider or clinic to schedule a test. This is preferred, since their provider will also be able to provide appropriate follow-up care.

• Those without a healthcare provider can call the SFDPH New Patient Appointment Call Center for COVID-19 at 415-682-1740 to make an appointment.

• There are also a few free testing sites available throughout the city. Find more options online at sf.gov/get-tested for the latest information.

• A housing provider can call SFDPH Communicable Disease Control and Prevention at 415-554-2830 to schedule a test for a tenant or staff at one of DPH’s alternate testing sites.

When are tenants allowed to leave the building during Shelter-In-Place?

• Residents who are not in isolation or quarantine may leave their building for tasks essential to health and safety, such as attending an urgent doctor’s appointment or obtaining food or medicine.

What should our visitor policy be?

• SFDPH recommends that buildings restrict visitors to only those who are assisting residents with essential needs (e.g., food or medicine delivery).
• Shelter in Place Health Order, “Order of the Health Officer NO. C19-07q”:
  o https://www.sfdph.org/dph/alerts/files/C19-07-Shelter-in-Place-Health-Order.pdf

• Face Coverings Health Orders, “Order of the Health Officer NO. C19-12d”:
  o https://www.sfdph.org/dph/alerts/files/Order-C19-12-Face-Coverings.pdf

• Health Advisory: Expanding COVID-19 Testing to Asymptomatic Frontline or Essential Workers
  o https://www.sfcdcp.org/health-alerts-emergencies/health-alerts/under: “Health Advisory: Expanding COVID-19 Diagnostic Testing to Asymptomatic Frontline or Essential Workers”

• Stay Safe at Home FAQ:
  o https://sf.gov/stay-home-except-essential-needs

• Isolation and Quarantine Info:
  o https://www.sfcdcp.org/Home-Isolation-Quarantine-Guidelines

• Up-to-date information on COVID-19 in San Francisco:
  o https://www.sfdph.org/dph/alerts/coronavirus.asp
  o https://sf.gov/topics/coronavirus-covid-19

• Answers to frequently asked questions:
  o https://www.sfcdcp.org/covid19

• Information and Guidance documents:

• California info:
  o Cal Notify

• Sign templates can be found at https://sf.gov/outreach-toolkit-coronavirus-covid-19

• Center for Disease Control (CDC)

• To contact the DPH SRO Hub, please email: srosites@sfdph.org or call 415-283-5076