



Interim Guidance and FAQ: Congregate Housing Where Residents have Private Rooms

Updated May 19, 2020

What's changed:

- Combines the previous "congregate housing" guidance (5/3/20) and FAQ (4/18/20) into one document
- Updates information about how to get COVID-19 testing and what to do if residents have COVID-19

AUDIENCE: This document refers to congregate housing settings where individuals have their own rooms or living quarters but share bathrooms or cooking areas with others who are not in their household. Such as:

- Single resident occupancy hotels (SROs)
- Permanent supportive housing (PSH)
- Transitional housing with private rooms

For other types of facilities:

Shelters or navigation centers (see www.sfcddp.org/covid19 under *People Experiencing Homelessness*)

Senior care facilities, residential mental health or substance use disorder treatment programs, medical respite, and skilled nursing facilities (see www.sfcddp.org/covid19hcp under *Long Term and Senior Care*).

Multifamily residential buildings such as apartment buildings and condominiums (see www.sfcddp.org/covid19 under *Multifamily Residences*)

BACKGROUND:

COVID-19 spreads most easily between people who are in close contact with one another (within about 6 feet), through respiratory droplets produced when an infected person coughs, sneezes, or talks. It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it, and then touching their own mouth, nose, or possibly their eyes. This document guides residents and staff in how to prevent spread of COVID-19 within congregate housing settings where residents have private rooms.

GUIDANCE FOR RESIDENTS

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

- Stay home when you are sick, except to get medical care.
- If you leave your home, even within your building:
 - Wear a face covering. Face coverings should cover the nose and mouth and may be made from a variety of materials, such as bandanas, scarves, t-shirts, sweatshirts or towels. Always wash



our hands, or use hand sanitizer, before and after touching your face or face coverings. Wash cloth face coverings frequently with detergent and hot water and dry on hot temp cycle.

- Practice social distancing. Remain at least 6 feet away from other people.
- Avoid close contact with people who are sick.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use a hand sanitizer that contains at least 60% ethanol. Always wash your hands with soap and water if your hands are visibly dirty.
- Cover your coughs and sneezes with a tissue, under the neck of your shirt, or into your elbow
- Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water.

Prepare for possible disruptions caused by an outbreak:

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

Limit your interactions with others:

- Stay at home and in your room as much as possible.
- Avoid spending time in community lounges and other common spaces in your building.
- Maintain social distance of 6 feet.
- It is discouraged for tenants to visit with others, even if they reside within the same building.
- Avoid going to public places where close contact with others might occur and avoid using public transportation if possible. If you need to take public transportation, wear a mask or face covering and frequently wash your hands.

If you are feeling sick, isolate yourself as best as possible in your room:

- If you think you might have COVID-19, check with your healthcare provider about testing, or visit <https://sf.gov/find-out-how-get-tested-coronavirus> for other testing options in SF.
- If you have a private bedroom and bathroom you can isolate at home and do not need a hotel room.
- If you cannot isolate at home, ask your social service or healthcare provider to request a City-sponsored isolation room. Placement depends on availability and whether your needs can be met. If you have suspected or confirmed COVID-19 and require food support to safely self-isolate at home, you or your social service or healthcare provider can email jqfeedingunit@sfgov.org.



GUIDANCE FOR FACILITY MANAGEMENT AND STAFF

Provide education for staff and clients:

- Place signs that advise cough and sneeze etiquette, hand hygiene, and staying home when sick hygiene (English) (Simplified Chinese) (Spanish) at the entrance to your building and in other areas where they are likely to be seen such as:
 - Gathering areas
 - Dining areas
 - Bathrooms
 - Staff lounges
- Train employees and residents to clean their hands often with an ethanol-based hand sanitizer that contains at least 60% ethanol or wash their hands with soap and water for at least 20 seconds. Soap and water are preferred if hands are visibly dirty.

Provide hygiene and prevention materials:

- Provide easy access to soap, water, hand drying resources, and ethanol-based hand rubs at:
 - All entries
 - Dining areas
 - Shared bathrooms
 - Kitchen areas
 - Public phones
 - Computer stations
 - Elevators
 - By the doors of community rooms
- Advise the use of barrier masks or face coverings by all residents and staff, regardless of whether or not they have symptoms. Face coverings should cover the nose and mouth and may be made from 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.

Ensure that adequate supplies are present and maintained:

- Hot and cold running water. Hot water should be maintained at 100°F. If temperature control is automatic, ensure that it does not exceed 120°F
- Liquid hand soap
- Drying materials
- Ethanol-based hand sanitizer that contains at least 60% ethanol
- Facial tissues— place at entrances and community areas
- Plastic-lined wastebaskets— place at entrances and community areas
- Disposable face masks, if possible



- Gloves in a variety of sizes (for staff)
- Signs addressing hygiene ([English](#)) ([Simplified Chinese](#)) ([Spanish](#))
- Cleaning supplies for staff to clean surfaces

Facilitate social distancing to reduce the likelihood of COVID-19 cases:

- **Restrict non-essential visitors.**
 - Advise residents to have only essential visitors (to care for basic needs)
 - Post signs at the entrance instructing visitors not to visit if they have symptoms of cold or flu (such as fever, cough, sore throat, runny nose, sneezing, new shortness of breath, or muscle aches).
- **Mealtimes**
 - Stagger mealtimes if possible to reduce crowding in shared eating facilities.
 - Stagger the schedule for use of kitchens
 - People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 should eat or be fed in their room, if possible.
- **Food and Cooking Facilities:**
 - Clean shared cooking facilities at least weekly.
 - To the extent possible that is legally allowed by your building codes, allow residents to have in-unit cooking devices such as microwaves and hot plates.
 - Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher.
- **Bathrooms**
 - If possible, designate a separate bathroom for residents with symptoms that could be COVID-19.
 - Clean shared bathrooms used by residents not known to have COVID-19 at least daily.
 - If feasible, stagger bathroom schedule to reduce the number of people using the facilities at the same time.
 - Sinks could be an infection source; 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.
 - Revise the community room occupancy limits to promote social distancing. People should maintain social distance (a distance of 6 feet from one another and avoiding groups of people) at all times.
 - Schedule use of the common rooms to limit the number of people in the room at any one time.



- Recommend tenants wear mask or cloth face covering that covers the nose and mouth when in community rooms, in addition to social distancing and frequent hand washing.
- Disinfect the frequently-touched surfaces before/after each use.

- **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 and the patient should wear a facemask whenever they are within 6 feet of others.

- **Staff activities**

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

Update your master cleaning schedule and instructions:

- **For detailed mandated cleaning instructions**, see "Order of the Health Officer No. C19-04" which sets forth "Minimum Environmental Cleaning Standards for Business, Schools, and SRO Settings" that Residential Hotels must fully and immediately comply with. See the following:
 - <https://www.sfdph.org/dph/alerts/files/OrderC19-04-signed.pdf>
 - "[Minimum Environmental Cleaning Standards for Business, Schools, and SRO Settings](#)" referenced above and posted at: <https://www.sfdph.org/dph/alerts/files/CoVid-19-Business-and-SROs.pdf>
- Building managers of SROs or any owner/operator with (1) authority on the property, and (2) a knowledge of what actual items are required onsite, can communicate your cleaning supplies and janitorial service needs to email: CleaningServicesEOC@sfgov.org
- Train staff in how to mix and use disinfectants and sanitizer solutions.
 - 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
- Provide staff with gloves for cleaning
- Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with COVID-19 symptoms to as-needed cleaning (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill persons.
- Clean commonly used surfaces (e.g. doorknobs, keyboards, remote controls, desks) before each use



- Clean all common areas at least daily; clean heavily used surfaces more frequently (e.g. doorknobs, elevator buttons, public phones, banisters, tabletops, handrails, workstations, and countertops)
- Empty trash receptacles frequently
- Clean toys daily, and discourage sharing of plush toys (such as teddy bears) between children
- Regularly clean air vents and replace filters, especially with air purifiers such as HEPA filters
- No special disinfection products are required.
- Encourage all staff and clients to get the influenza vaccine to prevent illness that is similar to COVID-19.

Offer masks or face coverings to all residents

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

Require masks or cloth face coverings for staff

- All staff should wear masks or cloth face coverings when within 6 feet of other people (staff or tenants) to limit the spread of germs.
 - Face coverings should cover the nose and mouth and may be made from a variety of materials, such as bandanas, scarves, t-shirts, sweatshirts or towels. Always wash your hands, or use hand sanitizer, before and after touching your face or face coverings. Cloth face coverings should be washed 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 frequently often with soap and water.

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

- Ensure sick leave policies allow employees to stay home if they have symptoms of infection.



- Do not require a healthcare provider's note for employees who are sick with cold or flu-like illness to return to work, as healthcare provider offices may not be able to provide such documentation in a timely way.
- Staff developing cold or flu-like symptoms while at work should immediately don a facemask, notify management, and leave work.
- For information on returning to work, please see the document on Leaving Isolation and Returning to Work after COVID-19 posted at www.sfgdcp.org/covid19 under "Home Isolation and Returning to Work."

In the event of cases of suspected or confirmed COVID-19:

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



FREQUENTLY ASKED QUESTIONS -- FOR BUILDING MANAGEMENT AND STAFF

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

- All positive COVID-19 test results are reported by the testing laboratories to SFDPH. SFDPH assigns each individual with a positive COVID-19 test to a Case Investigator, who calls the individual for an interview. If an individual says that they live in an SRO or PSH during the interview, the SRO Community Liaison is alerted.
- In addition, 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. This helps us identify individuals who live in an SRO or PSH site who could not be reached for an interview, as well as those who did not identify their residence as an SRO.
- Once the SRO Community Liaison receives an alert, they then notify building management by phone, followed by a formal notification 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 it can vary due to the time for each step, including the time it takes for the laboratory to process a test and return a result. Once an individual with a new positive test result is assigned to a Case Investigator, the Case Investigator will reach out to that individual within 24 hours. The SRO Community Liaison will 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, SFDPH is working with HSH to develop a more streamlined communication process so that on-site support staff who are already covered by the SFDPH privacy matrix can be notified of specific individuals who test positive for COVID-19, and help these individuals to self-isolate as recommended.

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 may be able to remain in their current housing situation if they do not share a bathroom, are able and willing to self-isolate by staying in their room at all times, and have a way to obtain food and medications during the isolation period (see the SF SFDPH Home Isolation and Quarantine Guidelines at <https://www.sfcdcp.org/Home-Isolation-Quarantine-Guidelines>).



What if a tenant who tested positive for COVID-19 is unable to self-isolate at home, and has not been referred to an Isolation & Quarantine hotel site?

- Depending on the information disclosed during a Case Investigation interview, SFPDH may not be aware that an individual is unable to self-isolate at home. When our SRO Community Liaison notifies building management, we ask about shared spaces and communicate the information back to the Case Investigation team to ensure we are offering I&Q hotel room referrals to all appropriate cases. PSH providers often have a more complete knowledge of the situation, and we appreciate your communication to help identify these situations as they arise.
- In addition, if a PSH provider is aware of a tenant with COVID-19 who has not been referred to an I&Q hotel, they can refer the patient themselves using the online referral form:
<https://covid19isorequest.getcare.com/referral>

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, SFPDH 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 at 628-652-2810 is an additional resource for consultation and assistance daily. 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 not generally be given identifying information because 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 positive does not change this recommendation. Tenants (and staff) should continue to practice everyday preventive actions that can help prevent the spread of germ (see Practice everyday preventive actions that can help prevent the spread of COVID-19, above)

How to 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.sfchcp.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. See **Recreation/Common Areas/Group Activities** above for instructions to limit the spread of infection and protect everyone's health.

What is a close contact?

Close contacts are most often people who share a home with or who are intimate partners of someone with COVID-19. A close contact is also defined as someone who has been within 6 feet of someone with COVID-19 for more than 10 minutes, while the person with COVID-19 was not wearing a facemask, or who has had direct contact with bodily fluids or secretions of someone with COVID-19.

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

While sharing a bathroom or kitchen does not meet the strict definition of close contact, it does 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?

- 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 2 days before their symptoms appears, or 4 days before the date of the test.
- 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 14 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 14 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.

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 Lead can work with building 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 and other factors.

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 already have a healthcare provider call 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.
- CityTestSF also offers free testing. Check <https://sf.gov/get-tested-covid-19-citytestsf> 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).

How can we get masks for all of our tenants?

- You can contact the EOC SRO Taskforce at AffordableHousingEOC@sfgov.org for general questions and requests for supplies.

Can we get assistance with cleaning if we haven't had a case of COVID-19 at our site?

- You can contact CleaningServicesEOC@sfgov.org for help with cleaning supplies and janitorial services.

Additional Resources

Order of the Health Officer NO. C19-07c:

<https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp>

Health Advisory: Expanding COVID-19 Testing to Asymptomatic Frontline or Essential Workers

<https://www.sfdcp.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 <https://sf.gov/stay-home-except-essential-needs>

Isolation and Quarantine Info <https://www.sfdcp.org/Home-Isolation-Quarantine-Guidelines>

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

- Up to date information on COVID-19 in San Francisco: <https://www.sfdph.org>
- Answers to frequently asked questions: <https://www.sfdcp.org/covid19>
- California info: <https://www.cdph.ca.gov/programs/cid/dcdc/pages/immunization/ncov2019.aspx>
 - To communicate with the San Francisco SRO Taskforce regarding affordable housing supports or COVID-19 guidance, please email: AffordableHousingEOC@sfgov.org
 - To communicate with the DPH SRO Hub, please email: srosites@sfdph.org