



Office of Temporary and Disability Assistance

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Interim Guidance for Operators of Congregate Facilities Providing Shelter to Individuals Who are Homeless

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Background

On September 29, 2020, the New York State Office of Temporary and Disability Assistance (OTDA) released a document entitled "[Interim Guidance for Operators of Facilities Providing Housing to Individuals Who are Homeless and Supportive Housing, or Organizations Making Referrals to Such Facilities.](#)" That guidance document is hereby rescinded and replaced with this guidance related to operating congregate facilities providing shelter to individual who are homeless. Since the onset of the COVID-19 pandemic, New York State has made great strides in reducing the spread of COVID-19.

Purpose

This document provides guidance regarding the COVID-19 public health emergency for congregate shelters that provide emergency housing to individuals experiencing homelessness.

Topics Covered by This Guidance

The guidance covers the following areas:

- Facility Signage
- Resident Screening Protocols
- Staff Screening Protocols
- Social Distancing Requirements
- Staff and Resident Hygiene Requirements
- Facility Cleaning and Disinfection Protocols
- Air Ventilation and Filtration
- Shelter Incident Report Requirements

A. Facility Signage

Shelters may post signs and educational materials to encourage and educate residents and staff. Signage may address wearing a mask or other facial covering and observing social distancing requirements. Suggested materials include:

[Protect Yourself from COVID-19 and Stop the Spread of Germs](#)

Note: Alternative languages may be found at [Protect Yourself and Your Family from Coronavirus \(COVID-19\)](#)

What You Should Know About COVID-19 to Protect Yourself and Others

Note: Alternative languages may be found at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet-sp.pdf> and <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet-chinese.pdf>

B. Resident Screening Protocols

Residents may be screened for COVID-19 at the time of intake into shelter. Residents should be asked the following questions:

- 1) Do you have a temperature of 100.4 degrees Fahrenheit or higher?
- 2) Are you currently experiencing ANY of the following symptoms?
 - a. Cough (new or worsening)
 - b. Shortness of breath (new or worsening)
 - c. Trouble breathing (new or worsening)
 - d. Chills
 - e. Muscle Pain (new or worsening)
 - f. Headache (new or worsening)
 - g. Sore throat (new or worsening)
 - h. New loss of taste or smell
- 3) Have you tested positive for COVID-19 through a diagnostic test in the last 10 days?
- 4) Have you had any contact within the last 10 days with anyone who has tested positive for COVID-19 or who has symptoms of COVID-19?
- 5) If you are not fully vaccinated or have not recovered from COVID-19 infection in the past 3 months, have you traveled internationally in the last 14 days? (Please see CDC's guidance set forth in this link : [After Travel Precautions](#))

Residents who answer "yes" to Questions 1 and/or 2 should be referred to medical providers according to the protocol approved by the local health department. In the interim, they must be provided with face coverings and isolated from other residents. Residents who answer "yes" to Questions 1 through 5 should be referred to their local health department to determine if testing and/or quarantining is needed. The following link has the most recent guidance on quarantine for residents of nonhealthcare congregate settings:

https://coronavirus.health.ny.gov/system/files/documents/2021/05/update-advisory-for-residents-of-nonhealthcare-congregate-exposure-quarantine_05.14.2021.pdf. The local health department is also responsible for contact tracing in situations where warranted.

It should be noted that persons cannot be required to test negative for COVID-19 in order to be eligible for shelter. Acceptance of persons who have had a recent positive COVID-19 test should be determined in conjunction with their local health department, which can guide the shelter in making appropriate accommodations for them, as well as arranging for contact tracing as needed.

Shelter operators should facilitate COVID-19 testing of residents so that individuals with symptoms and those seeking testing can effectively obtain a COVID-19 test. The facility should arrange for an agreement with a local hospital or laboratory to ensure that if there is a positive case, testing capacity is readily available with a rapid turnaround for contact-tracing purposes.

C. Staff Screening Protocols

All shelter staff are encouraged to be vaccinated, and if not, may be required to complete a screening. Screening may be completed by signage. Screening or signage should contain the following questions:

- 1) Do you have a temperature of 100.4 degrees Fahrenheit or higher?
- 2) Are you currently experiencing ANY of the following symptoms?
 - a. Cough (new or worsening)
 - b. Shortness of breath (new or worsening)
 - c. Trouble breathing (new or worsening)
 - d. Chills
 - e. Muscle Pain (new or worsening)
 - f. Headache (new or worsening)
 - g. Sore throat (new or worsening)
 - h. New loss of taste or smell
- 3) Have you tested positive for COVID-19 through a diagnostic test in the last 10 days?
- 4) Have you had any contact within the last 10 days with anyone who has tested positive for COVID-19 or who has symptoms of COVID-19?
- 5) If you are not fully vaccinated or have not recovered from COVID-19 infection in the past 3 months, have you traveled internationally in the last 14 days? (Please see CDC's guidance set forth in this link : [After Travel Precautions](#))

Staff who answer "yes" to Questions 1 and/or 2 may be referred to medical providers according to the protocol approved by the local health department. Staff who answer "yes" to questions 1 through 5 may be referred to the local health department to determine if testing and/or quarantining is needed.

D. Social Distancing Requirements

As more has been learned about the COVID-19 public health emergency, social distancing continues to be an effective means of preventing the spread of infection. To extent practicable it may be desirable to:

- Prohibit non-essential visitors from entering the building.
- Close all non-essential amenities and communal areas that promote gathering or are high touch (such as water fountains, communal coffee machines) for both employees and residents, unless hygiene supplies can be made available and social distancing can be maintained. If needed, provide beverages that are individually packaged.
- Consider dividing residents into smaller groups within the shelter living space, so that each "pod" of residents shares the same staff, eating times, restrooms, and sleeping space, in order to confine exposure.

- Provide as much separation as possible between beds in congregate areas. In general, in sleeping areas for persons who are not symptomatic, beds should be placed head-to- toe.
- Stagger mealtimes and leisure time reduce density.

Seek guidance from the local health department about how to safely care for persons who are at high risk of infection or are symptomatic. Determine what enhancements are needed in order to allow for sheltering in place if possible. CDC guidance allows for persons with COVID-19 to share living/sleeping space with each other as long as this space is separated from non-infected residents and separate bathrooms from those used by other residents are provided, and all other required precautions are taken.

E. Staff and Resident Hygiene Requirements

CDC requirements must be followed with respect to face coverings. All shelters must require use of face coverings by all staff and residents age or 2 years and over when in common areas of the facility or whenever they are within 6 feet of others except when eating or drinking. Face covering protocols must be enforced and adhered to when appropriate social distancing cannot be maintained.

F. Facility Cleaning and Disinfection Protocols

Routine Cleaning

As part of standard infection control practices, routine cleaning should be continued.

- Cleaning high contact surfaces that are touched by many different people, such as light switches, handrails and doorknobs/handles, chairs, dining areas and kitchens.
- Dust- and wet-mopping or auto-scrubbing floors.
- Vacuuming of entryways and high traffic areas.
- Removing trash.
- Cleaning restrooms.
- Wiping heat and air conditioner vents.
- Spot cleaning walls.
- Spot cleaning carpets.
- Dusting horizontal surfaces and light fixtures.
- Cleaning spills.
- Regular cleaning and laundering of sleeping areas.

Cleaning and Disinfection

Cleaning removes germs, dirt and impurities from surfaces or objects, while disinfecting kills germs on surfaces or objects. Facilities should restrict access to any area where someone with confirmed or

suspected COVID-19 was present until the area is cleaned and disinfected and refer to [CDC guidelines](#) for the cleaning and disinfection procedure. Disinfectants used in NYS must be registered by the NYS Department of Environmental Conservation. NYS registered disinfectants identified as effective against SARS-CoV-2 virus (the virus that causes COVID-19) can be found on this [list of products](#). Facility operators do not necessarily need to close operations, if they can close off the affected areas.

Step 1: Cleaning: Always clean surfaces prior to use of disinfectants in order to reduce soil and remove germs. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.

Step 2: Disinfection: Cleaning of soiled areas must be completed prior to disinfection to ensure the effectiveness of the disinfectant product. NYSDEC has created a [list of products](#) registered in New York State that correspond to a list of products identified by the EPA which can be used against COVID-19.

G. Air Ventilation and Filtration

- Congregate shelter operators should include air filtration and ventilation procedures in their plans that reduce exposure risks to the health and safety of residents, particularly those who are most vulnerable and at risk for severe illness from COVID-19.
- For congregate shelters with mechanical air handling systems, shelter operators should ensure central HVAC system filtration meets the highest rated filtration compatible with the currently installed filter rack and air handling systems, at a minimum MERV-13, or industry equivalent or greater (e.g., HEPA).
- Questions about improving air filtration should be discussed with, and documented by a certified HVAC technician, professional, or company, ASHRAE-certified professional, certified retro-commissioning professional, or New York licensed professional building engineer.
- Shelter operators should also consider adopting additional ventilation and air filtration mitigation protocols per CDC and ASHRAE recommendations including:
 - Performing necessary retro-commissioning of central systems, as well as testing, balancing, and repairs as needed;
 - Increasing ventilation rates and outdoor air ventilation to the extent possible;
 - Keeping systems running for longer hours, especially for several hours daily before and after occupancy;
 - Disabling demand-controlled ventilation, where reasonable, and maintain systems that increase fresh air supply;
 - Operating bathroom ventilation continuously when the building is occupied.
 - Maintaining relative humidity between 40-60% where possible;
 - Opening outdoor air dampers to reduce or eliminate recirculation to the extent possible;
 - Sealing edges of the filter housing to limit bypass;
 - Regularly inspecting systems and filters to ensure they are properly operating, and filters are appropriately installed, serviced and within service life;

- Opening windows to the extent allowable for occupant safety and comfort;
- Installing appropriately designed and deployed ultraviolet germicidal irradiation (UVGI) to deactivate airborne virus particles; and/or
- Using portable air cleaners (e.g., electric HEPA units), consider units that provide highest air change rate at appropriate performance level and do not generate harmful byproducts.

H. Shelter Incident Report Requirements

As a reminder, pursuant to 18 NYCRR § 491.16 and [General Information System \(GIS\) Message 16DC061](#) districts must report positive or suspected COVID-19 cases, as well as COVID-19-related deaths to OTDA as part of the serious incident reporting process.