



Controlling COVID-19 in Multi-Unit Housing

Revised April 2021

As part of the response to the public health emergency due to COVID-19, the Boston Public Health Commission has created the following guidance for multi-unit residential buildings to prevent the spread of COVID-19 among residents. Please note that assisted living and long-term care facilities are also advised to follow current specific state guidance.¹

Visitors, Gatherings, and Social Distancing

- Building operators may allow indoor and outdoor visits in designated indoor and outdoor spaces, or inside resident units in accordance with the CDC guidance regarding masks and safe distancing and state COVID-19 [orders related to gatherings](#) and events, as they may be revised. These currently include:
 - Limits on number of participants based on type and size of gathering space
 - All participants must maintain 6 feet of physical distance from each other, except when they are members of the same household.
 - All persons over the age of 5 must wear masks or cloth face coverings over their mouth and nose.
 - Hosts of gatherings must immediately notify BPHC if an attendee or worker has tested positive for COVID-19 to enable contact tracing.
- Everyone, even people who have been fully vaccinated, should adhere to current guidance on gathering limits, as well as sector-specific safety rules. Review the latest guidance for vaccinated individuals [here](#).
- Operators may also consider asking their residents to adhere more restrictive capacity or social distancing standards depending on unique circumstances of the building or population.
- Operators should make efforts, including through signage, to ensure that residents are aware of guidance related to gathering size, distancing, and face coverings.
- Elevator capacity should be limited to three people at one time unless the passengers are members of the same household.
- In certain residential settings offering COVID-19 testing to residents, building management should consider making testing available to visitors, particularly regular visitors.

Staff and Resident Precautions

- Building operators should have a formal policy stating that all staff, visitors, service providers and residents must wear a face covering or mask when in common areas or other public spaces.

¹ <https://www.mass.gov/info-details/long-term-care-covid-19-family-information-center>

- Policy should require all staff to self-monitor daily prior to reporting to work for fever and other COVID-19 symptoms including body aches, cough, and difficulty breathing.
 - Staff should not be allowed to enter the building if they have COVID-19 symptoms such as body ache, fever, and/or cough.
 - If a staff member shows symptoms while at work, they should be sent home to self-isolate and seek medical follow-up immediately.
 - If possible, staff should be screened for fever upon arrival at the building each day.
- Staff with a close contact or household member who is ill with COVID-19 symptoms or has been confirmed as a case should be excluded from the building as required by [state guidance](#).
- All staff must wash their hands frequently with soap and water or use hand sanitizer when soap and water are not available. At a minimum, this should be done after each interaction with a resident, visitor, or service provider; after using the bathroom; and before and after eating.
- Signs in the building must be prominently posted reminding staff, residents, and visitors to wash hands and wear face coverings. Example signage and information on COVID-19 can be found at the BPHC website at www.bphc.org/coronavirus.

Ventilation

- Building operators should review the CDC guidance relative to increased ventilation and consider measures to improve ventilation in their facilities, including:
 - Increasing the introduction of outdoor air.
 - Using fans to increase the effectiveness of open windows.
 - Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
 - Rebalance or adjust HVAC systems to increase total airflow to occupied spaces when possible.
 - Turn off any demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.
 - Improve central air filtration by making sure air filters are properly sized and within their recommended service life, and inspect filter housing and racks to ensure appropriate filter fit and minimize air that flows around, instead of through, the filter.
 - Use the highest Minimum Efficiency Reporting Value (MERV) level filters possible that are appropriate to the HVAC system design specifications
 - Additional CDC ventilation guidance is available here: <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>.

Cleaning and Sanitation Practices

- Building operators should have a written cleaning protocol that is readily available to all staff for review during work shifts and a daily log of cleaning and disinfection should be kept on site.

- Cleaning with products containing soap or detergent reduces germs on surfaces by removing contaminants and may also weaken or damage some of the virus particles, which decreases risk of infection from surfaces.
- When no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning once a day is usually enough to sufficiently remove virus that may be on surfaces and help maintain a healthy building.
- You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces:
 - High transmission of COVID-19 in your community
 - Low number of people wearing masks
 - Infrequent hand hygiene, or
 - The space is occupied by certain populations, such as people at increased risk for severe illness from COVID-19.
- If there has been a sick person or someone who tested positive for COVID-19 in your building within the last 24 hours, you should clean AND disinfect the space.
All sinks in staff and common areas in the building must be well-stocked with soap and paper towels for handwashing and restocked regularly.

Case Reporting

Reporting of cases among staff by operators of facilities required to report cases should report those to the Boston Public Health Commission's Infectious Disease Bureau 617-534-5611.

Technical Assistance

For technical assistance or questions about implementing these guidelines, contact BPHC's Environmental and Occupational Health Division at:

- 617-534-5965
- Environment@bphc.org