



## Control of COVID-19 for Multi-Resident Buildings

As part of the response to the public health emergency due to COVID-19, the Boston Public Health Commission has created the following gold standard guidance for multi-resident buildings to prevent the spread of COVID-19 among residents. It is very important that buildings where most residents are older adults (senior living, nursing homes, assisted living communities, etc.) follow these protocols because older adults are at higher risk for serious illness from COVID-19. Any other apartment building, condominium complex, or other multi-resident setting should follow this guidance as well.

### Case Reporting

Building managers or businesses do not need to report suspected or confirmed COVID-19 cases to the Boston Public Health Commission because all such data is reported through the medical system. Contact the Mayor's Health Line at (617) 534-5050 if you have questions.

### 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](mailto:Environment@bphc.org)

### Limit Facility Access

- There should be a policy and protocol of limited access to the facility. Only residents, essential employees, and essential service providers wearing face masks should be allowed into the building.
- Where possible, delivery and pick-up service providers (laundry services, food delivery, etc.) should use a single common location instead of having permission to go to a resident's individual unit.
- Only building staff should be allowed to make deliveries to the door of a resident within the building.

### Social Distancing

- Non-essential inside and outdoor common areas (lounges, fitness areas, pools, gardens) should be closed. The rooms or gates should be locked to prevent access.
- In those common areas that cannot be closed, such as laundry rooms and lobbies, building occupants from different households should keep a minimum distance of 6 feet from each other and building staff.
- Building staff should use signage and conduct regular checks to ensure that the social distancing (6-feet) rule is observed in common areas.
- Elevators should be limited to 1 person at a time with the exception of individuals needing assistance or members of the same household residing together.
- Packages, including mail where possible, should be left outside the residents' doors.



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## Staff and Resident Precautions

- The facility should have a formal policy stating that all staff, service providers and residents must wear a face covering or mask when in common areas or other public spaces.
- Facility 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.
  - Non-essential 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 for a minimum of 2 weeks.
- Staff critical to health, safety, and infrastructure may be permitted to continue working after potential exposure to COVID-19 following CDC guidelines found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
- 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 facility must be prominently posted reminding staff, residents, and visitors to wash hands. Example signage and information on COVID-19 can be found at the BPHC website at [bphc.org/coronavirus](http://bphc.org/coronavirus).

## Infection Control Cleaning Policies

- Facility should have a written cleaning protocol that includes specific COVID-19 considerations and the Facility Sanitation Practices listed below.
- A copy of the facility's written cleaning protocol must be readily available to all staff for review during work shifts.
- Facility must have a formal cleaning and personal protective equipment (PPE) training program including:
  - Review of safe cleaning – proper dilution, no mixing of chemicals, etc.
  - Discussion of required contact times for disinfectants
  - Hands-on training in donning and doffing PPE
- A daily log of cleaning and disinfection should be kept on site.
- The facility should have a process for monitoring supply levels of PPE and disinfectants and reordering before the stock levels fall below the quantity needed to last 4 weeks.

## Facility Sanitation Practices

- All sinks in the facility must be well-stocked with soap and paper towels for handwashing and checked/restocked at least 3 times a day.
- All common area floors must be mopped using an EPA approved disinfectant at least twice a day.
- Alcohol-based hand sanitizer must be available at all key common areas such as all entrances, dining area, staff work areas, and common rooms.
- All high touch areas must be cleaned and disinfected with an EPA-approved disinfectant at least 3 times a day. Examples of high touch areas include:
  - Doorknobs, handles, and bars at entrances/exits and in common rooms or bathrooms
  - Elevator buttons
  - Light switches
  - Banisters in stairways or grab bars in hallways and bathrooms
  - Sink faucets and knobs
  - Toilet seats and handles
  - Stall door handles in common/public bathrooms
  - Reception desks, counter tops and similar surfaces
  - Common area wall phones
  - Controls and doors on laundry machines in common areas
- No-touch (foot pedal operated, mechanical, open top) trash receptacles should be available at all entrances and in all common areas.

## Additional Guidance for Nursing Care Facilities

- Alcohol-based hand sanitizer should be available in every resident room in nursing care facilities.
- Individuals displaying COVID-19 symptoms or testing positive for the virus should be isolated from general population by either single room quarantine precautions or establishment of dedicated areas of the facility for quarantining cohorts of patients.
- Nursing care facility staff critical to health, safety, and infrastructure may need to report to work despite concerns of potential exposure to COVID-19. In such cases, the facility should follow CDC guidance for screening, PPE, disinfection, and other precautions found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>.
- Additional guidance for healthcare facilities can also be found on the CDC website at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>