



Control of COVID-19 for Single Room Occupancy 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 single room occupancy (SRO) buildings to prevent the spread of COVID-19 among residents. It is very important that buildings where residents share common living areas (kitchens and bathrooms) follow these protocols because those buildings are at higher risk for the spread of COVID-19.

This document is intended for:

- Rooming / boarding / lodging houses
- Sober houses
- Halfway houses
- Residential treatment facilities and detox programs
- Group homes
- Similar group living settings

Case Reporting

Building managers and landlords 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

Limit Facility Access

- There should be a policy of limited access to the building. Only residents, essential employees, and essential service providers wearing face masks should be allowed into the building. Essential service providers are those delivering food or medicine to residents not capable of curbside pickup, professionals providing services necessary for the safety and sanitation of the building or individual units, or professionals providing medical care/support services such as home health aides, visiting nurses, etc.
- Where possible, delivery and pick-up service providers (laundry services, food delivery, etc.) should use a single common location or curbside pick-up instead of going to a resident's individual unit.
- Exception: If a resident is under quarantine, deliveries may be made directly to that resident's door, to reduce that person's interaction with other residents.



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Social Distancing

- Non-essential inside and outdoor common areas (lounges, fitness areas, pools, etc.) 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, kitchens, and lobbies, building occupants should keep a minimum distance of 6 feet from each other and building staff. Signage should be posted reminding residents of this.
- Shared laundry and kitchen space should be used on a schedule so that it is only used by one person at a time.
- 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.
- Residents should be instructed to stay in their units/rooms as much as possible and to limit time spent in essential common areas.

Staff and Resident Precautions

- The building should have and enforce a formal policy stating that all staff, service providers and residents must wear a face covering or mask when leaving their units, in common areas, or in other public spaces.
- Building policy should require all staff to self-monitor daily prior to reporting to work. Self-monitoring should include checking 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 any of the above COVID-19 symptoms.
 - 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-safetypractices.html>
- All staff and residents should wash their hands frequently with soap and water. They may use hand sanitizer when soap and water are not available. At a minimum, hand washing or hand sanitizing should be done:
 - After each interaction with a resident, visitor, staff member, or service provider
 - After using the bathroom
 - Before and after eating or preparing food

- Signs in the building must be prominently posted in bathrooms and common areas 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.
- Residents should be encouraged to self-monitor daily for COVID-19 symptoms as described above for staff. Residents should self-quarantine and seek medical care if symptoms appear or they believe they have had close contact with someone ill with COVID-19.

Quarantine of Confirmed or Suspected Cases

- Building management should identify any potential units in the property or in the owner's portfolio for isolation or quarantine. Suitable units should have private bathrooms, and, if possible, a separate space for food preparation. If a separate unit(s) for quarantine exists, it should be prioritized first for the quarantine of individuals with confirmed COVID-19, and second for the isolation of individuals with suspected COVID-19. If separate units for quarantine are not available, a resident may quarantine in their own unit, but the following issues must be considered and accounted for:
 - Use of shared bathroom facilities – Where possible, residents with confirmed or suspected COVID-19 should not use shared bathroom facilities. If shared bathroom space must be used, will cleaning staff be able to clean and disinfect the bathroom after each use by the quarantined individual? Can use of bathrooms be scheduled such that individuals with confirmed COVID-19 are the last to shower/bathe each day? Cleaning supplies can be left in the bathroom for use by residents to disinfect surfaces before/after use. If there is more than one bathroom, consider designating one for exclusive use of quarantined residents.
 - Use of shared kitchen space – Where possible, residents with confirmed or suspected COVID-19 should not use shared kitchen/food prep space. Building management may assist the individual(s) in accessing public or private charitable meal delivery resources. Or, options to allow the resident(s) to prepare food in their own unit(s) could be explored, if they can be implemented safely and legally. If a quarantined resident must use shared kitchen facilities, it will be critical to keep to a schedule of use, e.g., one person uses the space at a time. Cleaning/disinfection materials must be provided in the space for resident use in cleaning before/after use of the space and/or cleaning staff must clean the space after use by the quarantined resident(s).

Infection Control Cleaning Policies

- The building should have a written cleaning plan readily available to all staff for review during work shifts that includes the following specific COVID-19 considerations:
 - All common area sinks (bathrooms, kitchens, etc.) in the building 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.
 - Essential shared spaces (bathroom, laundry, and kitchen spaces) should be thoroughly cleaned by building staff or professional cleaners no less than two times a day.
 - 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
 - A daily log of cleaning and disinfection should be kept on site.
- The facility should have a formal cleaning and personal protective equipment (PPE) training program that includes:
 - 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
 - Building management 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.
 - Alcohol-based hand sanitizer must be available at all key common areas such as all entrances, dining area, staff work areas, and bathrooms.
 - No-touch (foot pedal operated, mechanical, open top) trash receptacles should be available at all locations where a trash receptacle is provided (bathroom, kitchen, etc.)
 - All residents should be encouraged to clean shared common spaces (kitchen, laundry, bathroom) after their own use as well. Cleaning should include:
 - Wiping down countertops, appliances, fixtures, and high-touch areas (appliance controls, light switches, faucets, handles) with a general cleaner or soap and water followed by application of an EPA-approved disinfectant that is rinsed off after appropriate contact time per manufacture directions. Supplies and

instructions for this should be provided in the space to encourage such cleaning.

- All residents should be encouraged when washing their laundry to:
 - Avoid shaking out garments prior to loading into the washing machine
 - Wash clothes on the highest temperature possible to safely use for the garments
 - Dry clothes at the highest temperature safe to use without damaging the garments

Special Consideration for Group Homes, Residential Treatment, and Halfway Houses

- The building should have a formal policy requiring daily monitoring of all residents for COVID-19 symptoms including fever, body aches, cough, and difficulty breathing.
 - Residents who present with one or more of the above symptoms should be directed to self-quarantine in their room/unit while awaiting physician follow-up. Follow the above guidance for Quarantine of Confirmed or Suspected Cases.