



Coronavirus Disease 2019 (COVID-19)

COVID-19 Guidance for Shared or Congregate Housing

The following guidance was created to help owners, administrators, or operators of shared (also called “congregate”) housing facilities – working together with residents, staff, and public health officials – prevent the spread of COVID-19.

For this guidance, shared housing includes a broad range of settings, such as apartments, condominiums, student or faculty housing, national and state park staff housing, transitional housing, and domestic violence and abuse shelters. Special considerations exist for the prevention of COVID-19 in shared housing situations, and some of the following guidance might not apply to your specific shared housing situation.

People living and working in this type of housing may have challenges with [social distancing](#) to prevent the spread of COVID-19. Shared housing residents often gather together closely for social, leisure, and recreational activities, shared dining, and/or use of shared equipment, such as kitchen appliances, laundry facilities, stairwells, and elevators.

Be sure to consider the unique needs of your residents, such as people with disabilities, cognitive decline, or no access to technology. This guidance does not address infection prevention and control in healthcare settings. If your facility offers healthcare services, please consult CDC [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

[There may also be specific guidance for certain types of shared housing, such as homeless shelters, that may apply to your facility.](#)

State, territorial, local, and tribal public health departments can give you specific information on COVID-19 transmission and policies in your community, which can help you decide when and if you need to scale up or loosen prevention measures.

To maintain safe operations

- Review the CDC [guidance for businesses and employers](#) to identify strategies to maintain operations and a healthy working and living environment.
- Develop flexible sick leave policies. Require staff to stay home when sick, even without documentation from doctors. Use flexibility, when possible, to allow staff to stay home to care for sick family or household members or to care for children in the event of school or childcare dismissals. Make sure that employees are aware of and understand these policies.
- Create plans to protect the staff and residents from spread of COVID-19 and help them put in place [personal preventive measures](#).
- [Clean and disinfect](#) shared areas (such as exercise room, laundry facilities, shared bathrooms, and elevators) and frequently touched surfaces using [EPA-registered disinfectants](#) [↗](#) more than once a day if possible.

- Identify services and activities (such as meal programs, religious services, and exercise rooms and programs) that might need to be limited or temporarily discontinued. Consider alternative solutions (e.g., virtual services) that will help programs continue while being safe for residents.
- Identify a list of healthcare facilities and [alternative care sites](#) where residents with COVID-19 can receive appropriate care, if needed.

Encourage staff and residents to prepare and take [action to protect themselves and others](#)

- Follow the guidance and directives on community gatherings from your [state](#) and [local](#) [link icon](#)
- Encourage [social distancing](#) by asking staff and residents to stay at least 6 feet (2 meters) apart from others and wear [cloth face coverings](#) in any shared spaces, including spaces restricted to staff only.
- Consider any special needs or accommodations for those who [need to take extra precautions](#), such as older adults, people with disabilities, and people of any age who have serious underlying medical conditions.
- Limit staff entering residents' rooms or living quarters unless it is necessary. Use virtual communications and check ins (phone or video chat), as appropriate.
- Limit the presence of non-essential volunteers and visitors in shared areas, when possible.
- Use physical barriers, such as sneeze guards, or extra tables or chairs, to protect front desk/check-in staff who will have interactions with residents, visitors, and the public.
- Provide COVID-19 prevention supplies for staff and residents in common areas at your facility, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and, if possible, [cloth face coverings](#) that are washed or discarded after each use.
- Consider any special communications and assistance needs of your staff and residents, including [persons with disabilities](#).
- Suggest that residents keep up-to-date lists of medical conditions and medications, and periodically check to ensure they have a sufficient supply of their prescription and over-the-counter medications.
- If possible, help residents understand they can contact their healthcare provider to ask about getting extra necessary medications to have on hand for a longer period of time, or to consider using a mail-order option for medications.
- Make sure that residents are aware of serious symptoms of their underlying conditions and of [COVID-19 symptoms that require emergency care](#), and that they know who to ask for help and call 911.
- Encourage residents who live alone to seek out a "buddy" in the facility who will check on and help care for them and safely make sure they are getting basic necessities, including food and household essentials.

Note: Surgical masks and N-95 respirators are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. All staff and residents should wear a [cloth face covering](#) when in shared areas of the facility and maintain social distancing to slow the spread of the virus.

Communicate to staff and residents

Identify platforms such as email, websites, hotlines, automated text messaging, newsletters, and flyers to help communicate information on:

- Guidance and directives from state and local officials and [state](#) and [local](#) [link icon](#) health departments.
- How your facility is helping to prevent the spread of COVID-19.

- How additional information will be shared, and where to direct questions.
- How to stay healthy, including [videos](#), [fact sheets](#), and [posters](#) with information on [COVID-19 symptoms](#) and how to stop the spread of germs, [how to wash your hands](#), and what to do [if you are sick](#).
- How staff and residents can [cope and manage stress](#) and protect others from [stigma and discrimination](#).
- Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information. Communications may need to be framed or adapted so they are culturally appropriate for your audience and easy to understand. For example, there are resources on the CDC website that are in many [languages](#).

Considerations for common spaces in your facility, to prevent the spread of COVID-19


- Consider how you can use multiple strategies to maintain [social \(physical\) distance](#) between everyone in common spaces of the facility.
- Consider cancelling all public or non-essential group activities and events.
- Offer alternative methods for activities and social interaction such as participation by phone, online, or through recorded sessions.
- Arrange seating of chairs and tables to be least 6 feet (2 meters) apart during shared meals or other events.
- Alter schedules to reduce mixing and close contact, such as staggering meal and activity times and forming small groups that regularly participate at the same times and do not mix.
- Minimize traffic in enclosed spaces, such as elevators and stairwells. Consider limiting the number of individuals in an elevator at one time and designating one directional stairwells, if possible.
- Ensure that social distancing can be maintained in shared rooms, such as television, game, or exercise rooms.
- Make sure that shared rooms in the facility have good air flow from an air conditioner or an opened window.
- Consider working with building maintenance staff to determine if the building ventilation system can be modified to increase ventilation rates or the percentage of outdoor air that circulates into the system.
- [Clean and disinfect](#) shared areas (laundry facilities, elevators, shared kitchens, exercise rooms, dining rooms) and frequently touched surfaces using [EPA-registered disinfectants](#) [↗](#) more than once a day if possible.

Considerations for specific communal rooms in your facility

Shared kitchens and dining rooms

- Restrict the number of people allowed in the kitchen and dining room at one time so that everyone can stay at least 6 feet (2 meters) apart from one another.
 - 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.
- 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. [Wash hands](#) after handling used food service items.
- Use gloves when removing garbage bags and handling and disposing of trash. [Wash hands](#)

Laundry rooms

- Maintain access and adequate supplies to laundry facilities to help prevent spread of COVID-19.
- Restrict the number of people allowed in laundry rooms at one time to ensure everyone can stay at least 6 feet (2 meters) apart.
- Provide disposable gloves, soap for washing hands, and household cleaners and [EPA-registered disinfectants](#)  for residents and staff to clean and disinfect buttons, knobs, and handles of laundry machines, laundry baskets, and shared laundry items.
- Post [guidelines](#) for doing laundry such as washing instructions and handling of dirty [laundry](#).



Recreational areas such as activity rooms and exercise rooms

- Consider closing activity rooms or restricting the number of people allowed in at one time to ensure everyone can stay at least 6 feet (2 meters) apart.
- Consider closing exercise rooms.
- Activities and sports (e.g., ping pong, basketball, chess) that require close contact are not recommended.


Pools and hot tubs

- Consider closing pools and hot tubs or limiting access to pools for essential activities only, such as water therapy.
 - While proper operation, maintenance, and disinfection (with chlorine or bromine) should kill COVID-19 in pools and hot tubs, they may become crowded and could easily exceed recommended guidance for gatherings. It can also be challenging to keep surfaces clean and disinfected.
 - Considerations for shared spaces (maintaining physical distance and [cleaning and disinfecting](#) surfaces) should be addressed for the pool and hot tub area and in locker rooms if they remain open.

Shared bathrooms

- Shared bathrooms should be cleaned regularly using [EPA-registered disinfectants](#) , at least twice per day (e.g., in the morning and evening or after times of heavy use).
- Make sure bathrooms are continuously stocked with soap and paper towels or automated hand dryers. Hand sanitizer could also be made available.
- Make sure trash cans are emptied regularly.
- Provide information on how to wash hands properly. Hang [signs](#)  in bathrooms.
- Residents should be instructed that sinks could be an infection source and should avoid placing toothbrushes directly on counter surfaces. Totes could also be used for personal items to limit their contact with other surfaces in the bathroom.

If a resident in your facility has COVID-19 (suspected or confirmed)

- Have the resident seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.
- If a resident has confirmed COVID-19, immediately notify the [local health department](#)  and communicate with staff and residents about potential exposure. Maintain confidentiality as required by the Americans with Disabilities Act (ADA) and, if applicable, the Health Insurance Portability and Accountability Act (HIPAA), and include messages to counter potential [stigma](#) and discrimination.

- Provide the ill person with information on [how to care for themselves](#) and [when to seek medical attention](#).
- Encourage residents with [COVID-19 symptoms](#) and their roommates and close contacts to self-isolate – limit their use of shared spaces as much as possible.
 - If possible, designate a separate bathroom for residents with COVID-19 symptoms.
 - 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.
 - Follow guidance on [when to stop isolation](#).
- Minimize the number of staff members who have face-to-face interactions with residents who have suspected or confirmed COVID-19.
- Encourage staff, other residents, caregivers such as outreach workers, and others who visit persons with COVID-19 symptoms to follow [recommended precautions](#) to prevent the spread.
- Staff at [higher risk](#) of severe illness from COVID-19 should not have close contact with residents who have suspected or confirmed COVID-19, if possible.
- Those who have been in close contact (i.e., less than 6 feet (2 meters) with a resident who has confirmed or suspected COVID-19 should monitor their health and call their healthcare provider if they develop [symptoms suggestive of COVID-19](#).
- Be prepared for the potential need to transport persons with suspected or confirmed COVID-19 for testing or non-urgent medical care. Avoid using public transportation, ride-sharing, or taxis. Follow [guidelines](#) for cleaning and disinfecting any transport vehicles.

Accepting new residents at facilities that offer support services

First, review and follow the guidance and directives from your state and local officials.

If your situation is not restricted by their guidance and directives, then consider the following guidance:

- At check-in, provide any new or potential resident with a clean [cloth face covering](#) and keep them isolated from others. Shelters can use [this tool](#) to screen for symptoms at entry.
- Medical evaluation may be necessary depending on the symptoms.
- If your facility is full, your facility space is inadequate to maintain physical distancing (such as is recommended in the [guidance for homeless shelters](#)), or you do not have the resources (staff, prevention supplies) to accept additional residents, reach out to community- or faith-based organizations to help meet individuals' needs, including:
 - A safe place to stay
 - Ability to obtain basic necessities, such as food, personal hygiene products, and medicine
 - Access to any needed medical or behavioral health services
 - Access to a phone or a device with internet access to seek out resources and virtual services and support

Additional CDC resources to help prevent spread of COVID-19 in shared or congregate housing settings

More detailed guidance is available for specific types of facilities. Some of the information in these guidance documents is applicable to that specific type of facility only, and some of the information would be applicable to other congregate housing facilities.

- [Assisted living facilities](#)
- [Retirement communities and independent living](#)
- [Homeless shelters](#)
- [Community- and faith-based organizations](#)
- [Colleges and universities](#)
- [Households with suspected or confirmed COVID](#)

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Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)