



## Guidance for Multi-unit Senior Housing and the Novel Coronavirus (COVID-19)

Older adults may be at higher risk of getting very sick from COVID-19 simply because of their age or because of serious underlying medical conditions such as heart disease, diabetes or lung disease. Additionally, multi-unit housing communities may increase the likelihood of spreading the disease due to close living quarters, frequent physical activities or communal spaces.

Many residents will be relying on family, friends and service providers to help them through this challenging time. It is important for property owners and managers to 1) monitor visitation to make sure residents are protected and continue to receive critical nutritional and medical assistance, and 2) put in place measures to keep residents, staff and essential visitors safe and healthy.

### Protecting yourself, residents and staff

#### Limit non-essential visitors:

- This is particularly the case in multi-unit housing communities that primarily house older adult residents who may depend on outside services for basic needs. Owners and managers must ensure that critical nutritional and medical services and essential assistance with activities of daily living continue for residents. Essential visitors may include personal care attendants, food programs or family members serving as caregivers. Owners cannot bar all visitors unless all essential services are being provided on-site through the facility.
- OHA urges owners to discuss with their Local Public Health Authority (LPHA) potential alternative measures they may need to put in place for residents to receive critical nutritional and medical services and essential assistance with activities of daily living. (LPHA Directory: [www.healthoregon.org/lhddirectory](http://www.healthoregon.org/lhddirectory))
- OHA also urges owners of multi-unit housing communities serving older adult residents to contact their local Area Agencies on Aging (AAA) for additional guidance. To identify your local AAA, visit <https://www.adrcoforegon.org/consite/index.php>.
- Owners and managers can:
  - Advise residents to develop a care plan ([downloadable CDC form](#)), including a list of service providers and caregivers on whom they depend regularly
  - Contact service providers and caregivers to direct them to consider communicating with residents remotely whenever possible, and

- Explore means of providing services without having visitors physically enter the building (for example, having food, meals or medicines dropped off in a lobby area and delivered to residents' apartments).
- Owners should consider alternate ways to assist residents in maintaining contact with people who provide emotional support and connection, such as the following:
  - Provide and support the use of computers or other devices to enable residents to communicate with family through video calling. (Note: People should not share devices that have not been properly cleaned.)
  - Encourage residents to meet visitors outside, provided they can maintain appropriate physical distance of at least six feet.
  - Guide visitors to exterior areas where they may be able to see and talk to residents through open windows, or with cell phones through closed windows. Make sure that the terrain is stable and windows are safe for this purpose.

## Essential visitors

- Owners and managers are urged to create a log system that will enable future contact tracing through the LPHA in the event that a resident, staff or visitor tests positive for COVID-19. This may only be possible in larger multi-unit community; based on staff capacity, logging may be voluntary.
- Owners and managers may want to consider non-invasive health screening for staff and visitors to identify and restrict access by persons who may have been exposed, have a confirmed case or are exhibiting symptoms of COVID-19. Owners who elect to perform such screening must do so in a well-documented, impartial and non-invasive manner.
- Owners and managers should provide information to all visitors on proper hygiene and physical distancing practices.
- Owners and managers may consider installing handwashing stations or providing hand sanitizer in lobby areas that serve multiple housing units, and requiring visitors to use such stations before entering any other portion of the building.

## Signs

- OHA recommends posting signs that encourage proper handwashing and strongly discourage non-essential visitors, especially those who are showing cold or flu-like symptoms. Signs should be posted throughout the multi-unit housing community in high-traffic, highly visible areas.
- Owners and managers should evaluate the need for translating signage into different languages, as appropriate to the resident population. COVID-19 signs in a variety of languages can be found at <https://govstatus.egov.com/OR-OHA-COVID-19>.

## Other protective measures

- All scheduled events should be cancelled.
- Disinfect frequently touched surfaces at entries and common areas with a product sufficient to kill the COVID-19 virus. See [CDC Recommendations for Routine Cleaning and Disinfection](#).

- Consider closing or restricting use of all common areas or implementing a sign-up system for use of essential common spaces, such as laundry areas.
- If residents are not compliant with physical distancing orders, owners may consider removing or rearranging furniture in common areas to promote physical distancing.
- Owners should also discourage group transportation for residents to locations other than grocery stores, pharmacies and medical appointments to avoid opportunities for disease transmission.
- OHA recommends that owners explore and encourage residents to use alternate means (to the extent available in their community) for residents to obtain groceries, medication and medical care to minimize the need for residents to go to locations where they may be exposed to the virus. Such alternatives may include:
  - Shopping and delivery services for groceries
  - Mail order pharmacies and/or delivery service from existing pharmaceutical provider, and
  - Telehealth services from existing medical providers.

## What if a case has been confirmed in your facility?

A person with a confirmed COVID-19 diagnosis is not required to disclose their personal health information. However, if there is a known case of COVID-19 or a resident, staff person or recent visitor is showing symptoms, owners and managers can take the following measures to help prevent or slow further spread of COVID-19:

- Ask the person to self-isolate; contact the LPHA (Directory: [www.healthoregon.org/lhddirectory](http://www.healthoregon.org/lhddirectory)).
- Notify the LPHA about any clusters of residents or workers with respiratory illness (e.g., three or more persons with onset of respiratory symptoms within 72 hours); or about any case of respiratory illness serious enough to lead to hospitalization. Local health officials can help assess risk and advise regarding public health management in the facility or community.
- In coordination with local health officials, communicate possible COVID-19 exposure to all residents, staff and recent visitors. This can be done by placing signs in common, highly visible areas and by sending a letter to all residents. Residents should be advised to inform recent personal visitors of potential exposure. If a log has been established, review it to identify any visitors to the identified resident since 48 hours before the resident's onset of symptoms.
  - Facility administrators must maintain confidentiality as required by the Americans with Disabilities Act (ADA) and Health Insurance Portability and Accountability Act (HIPAA).
  - Health officials confirm that there are no links between COVID-19 infection and a person's race, color, gender, sexual orientation, gender identity, religion, ability or national origin — anyone can get COVID-19. Messages should attempt to counter any potential stereotypes or stigma about who might have COVID-19.
- Ask residents to self-monitor for 14 days and take action, if they have a confirmed case of COVID-19 or are feeling sick with cold or flu-like symptoms. Self-monitoring means a

person takes their temperature twice a day and pays attention to cough or difficulty breathing. If a resident feels feverish or their temperature is 100.4° F/38.0° C or higher, or if they have a cough or difficulty breathing during the self-monitoring period, the following actions can help prevent spreading further illness:

- Stay in their unit.
- Limit contact with others.
- Report their illness to multi-unit housing community administrators.
- Seek advice by telephone from a health care provider or LPHA to determine whether medical evaluation is needed.

Follow [CDC guidance on when to discontinue isolation](#).

**Accessibility:** Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are sign language and spoken language interpreters, written materials in other languages, Braille, large print, audio and other formats. If you need help or have questions, please contact Mavel Morales at 1-844-882-7889, 711 TTY, [OHA.ADAModifications@dhsoha.state.or.us](mailto:OHA.ADAModifications@dhsoha.state.or.us).