

# Infection Prevention and Control and Environmental Health and Safety for COVID-19 Isolation and Quarantine Hotels

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*Tailoring Existing Recommendations and Implementing Innovative Strategies  
Within the Hotel Setting*

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# I. Introduction

## Overview

During a public health disaster or medical emergency, alternate sites may be established to care for a sudden or projected influx of patients. In order to transform a non-traditional space into a safe area for refuge or outpatient needs, traditional methods of patient care may need to be modified based on the population cared for and the available space and resources.

Several types of alternate care sites, such as schools, sports arenas, or hotels, may be established to relieve strained healthcare facilities. In the context of infectious disease emergencies, such as the COVID-19 pandemic, innovative strategies may need to be implemented in these settings to reduce the risk of infection transmission. It is essential to ensure that routine and standard infection prevention and control (IPC) principles and practices for alternate care settings fit the needs of the population, space, staff, and clinical activities.

Several guidance documents offer general recommendations for alternate care sites in the context of disasters or health emergencies, including basic IPC guidance.<sup>1</sup> However, there is a gap of knowledge and experience in environmental health and safety and IPC practices specifically for the hotel environment. In this document, we provide an overview of the environmental health and safety and IPC measures implemented in the New York City COVID-19 isolation and quarantine hotel programs. **Our experience and recommendations reflect lessons learned during the early months of the COVID-19 pandemic in New York City, when many health care facilities were operating under crisis capacity and alternate care settings such as hotels were opened to serve low acuity, ambulatory individuals who were unable to safely isolate or quarantine in their homes.** Several months into the pandemic, isolation and quarantine hotels continued to be used as part of the [NYC Test and Trace Corps](#) to provide a space for those who were unable to safely separate at home.

This document provides a resource for infection preventionists, healthcare worker safety officers, emergency managers, public health professionals, social workers and those involved in initial selection and set up of COVID-19 isolation or quarantine hotels.

**This document should not be used in place of any local emergency management or infection prevention plan.** As with any disaster or emergency, guidance and recommendations continually evolve. **As the global community of infection prevention specialists learns and shares more of its best practices, this document should serve as one of many different tools to be supplemented by the most current COVID-19 guidance.** Sources for additional guidance include the Centers for Disease Control and Prevention (CDC), local and state health departments, and other emergency preparedness, environmental health and safety, and infection prevention organizations.<sup>2,3</sup>

### NYC COVID-19 Hotel Program

The NYC Hotel program consisted of a number of hotels throughout the five boroughs. It was supported by a coordinated effort from multiple NYC agencies working in concert with the overall COVID-19 response with the following objectives: (1) provide space for physical distancing to reduce COVID-19 transmission, (2) support and expand health system capacity to limit morbidity and mortality and (3) mitigate challenges faced by those unable to safely physically distance at home by providing equitable access to safe isolation and quarantine.

Hotels alleviated the burden on hospitals by providing additional space and healthcare services. Clients were assessed for eligibility to be placed in hotels based on their mortality risk, ability to care for themselves and isolate at home, independence with activities of daily living, and other mental and behavioral health and social criteria.

## Definitions

**Client:** An individual who resides in an isolation or quarantine hotel.

**Isolation:** Separates sick people with a contagious disease from people who are not sick.<sup>4</sup>

**Quarantine:** Separates and restricts the movement of asymptomatic persons who were exposed to a contagious disease to see if they become sick.<sup>4</sup>

**Crisis capacity:** Strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known resource shortages.<sup>5</sup> The adaptive spaces, staff and supplies provide sufficiency of care in the setting of a catastrophic disaster (i.e., provide the best possible care to patients given the circumstances and resources available).

**Isolation and Quarantine Hotels:** Utilized for laboratory-confirmed positive COVID-19 individuals regardless of symptoms (including asymptomatic or pre-symptomatic), individuals exhibiting COVID-19 symptoms, and their exposed contacts. These individuals either do not warrant care within a hospital setting or are recovering and no longer need care in the hospital. Isolation and quarantine hotel rooms can be provided either in separate hotels or in the same hotel on different floors to separate individuals that are either confirmed to be positive for COVID-19 or have been exposed to or have symptoms of COVID-19 from those that are contacts.

**Risk Reduction Hotels:** Utilized for people who do not have COVID-19 or symptoms of COVID-19 but are at risk due to their living or employment situation. Two major goals of risk reduction hotels are: **(1)** Reduce density in congregate settings (e.g., supportive housing, correctional institutions, homeless shelters) **or** in hospitals when additional space is needed due to a surge in COVID-19 inpatients by moving individuals to a hotel who no longer require care in the hospital but still need to complete the course of isolation **(2)** Provide temporary housing for front-line essential workers in traditional health care settings. (e.g., nurses, doctors, community-based health workers, housekeeping, environmental, administrative, and transportation staff) to reduce the risk of exposure for members of their household.

## II. Preparation and Planning for a Hotel Program

### A. Defining the Objective and Eligibility Criteria

When planning for hotels to serve as alternate care sites (ACS), it is critical to establish eligibility and exclusion criteria for the population that will be served. Potential clients may include confirmed COVID-19 positive clients with mild or moderate symptoms, clients with CLI, contacts of COVID-19 cases, and asymptomatic individuals who need to move from a high-risk environment such as congregate care settings, prisons, and group homes, to a lower risk environment (see section on risk reduction hotels). The hotel program should define its population during early planning stages. Eligibility and exclusion criteria should specify age restrictions, level of clinical acuity such as oxygen requirements, co-morbidities, level of mobility, and independence with activities of daily living (ADLs).

Simultaneously, the hotel program must establish pathways for clients to access its services. For New York City Health and Hospitals (H+H) hotels, clients could access services directly through self-referral, or they could be referred by a care provider. Community outreach and messages in the media were essential to the success of the hotel program in NYC, to raise awareness amongst medical providers and the public. Public messaging on the hotels can be found on the NYC Department of Health and Mental Hygiene (DOHMH) [website](#) as well as on the NYC Health + Hospitals [website](#).

### B. Developing a Team

The selection of a hotel, protection of environmental health and safety, and continuous monitoring of IPC practices requires a multi-disciplinary approach. Ideally, each hotel should consider designating individuals to serve on a team that consists of:

1. Team lead – Provides oversight and direction for hotel operations. Updated and implements plans, troubleshoots challenges and monitors progress.

2. Infection prevention and control (IPC) specialist - Serves as subject matter expert on standards and best practices of IPC and the use of personal protective equipment (PPE) within the hotel environment. Trains hotel staff, monitors adherence to best practices and tracks exposures and new cases of infection.
3. Environmental health and safety specialist – Perform risk assessments to mitigate environmental health and safety risks and implements standards and best practices to ensure client and staff safety. The environmental health and safety specialist should be well-versed in principles of worker safety and environment of care.
4. Hotel manager – An employee of the hotel who serves as the liaison with the agency responsible for providing isolation and quarantine services. The hotel manager should understand the basic principles of public health and IPC to ensure these are systematically implemented within the hotel environment.
5. Supply and logistics – Manage procurement, delivery, storage/warehouse of supplies and monitors stocks including burn rates and outages.
6. Partner agencies (e.g., contractors for social services and client management) – Provide direct care or support of clients, such as health wellness checks and social services (support for housing, childcare, financial and other support needs). Leadership of the agencies should understand and implement the basic principles of public health and IPC and support the training and monitoring of staff under their supervision.
7. Hotel maintenance and security – Implement and monitor recommendations made by the team lead and the IPC and environmental health and safety specialists.
8. Wraparound services (meal delivery, laundry, environmental services) - Implement and monitor the recommendations of the IPC and environmental health and safety specialists.

This team should be in close coordination with local public health and emergency response and have direct channels of communication with key leaders of the response who are setting the standards for IPC and environmental health and safety.

## III. Choosing a Hotel

### A. Location Considerations

The specific intentions of a hotel program play an important role when considering the location of the hotel. If the hotel program will serve to decant a sudden actual or projected influx of patients from healthcare facilities, it would be optimal for the hotel to be near the overburdened facilities. If the hotel will be used for isolation and quarantine, it may be ideal to have it located in communities that are most impacted or where there is a high demand for isolation and quarantine services. The hotel should not be in any potential evacuation zones, especially during the hurricane season when hotels may be needed as general population disaster shelters.<sup>6</sup>

### B. Interior Specifications

When choosing a hotel for COVID-19 isolation or quarantine there are many factors to consider; however, a top priority is client safety by ensuring a safe environment for care. The first step is to perform a walk-through of the hotel to assess for the following physical specifications:

#### i. Main Entrance and Floor Plan

The width of the entrance doors should be wide enough to fit a stretcher in the event emergency services are required. Straight corridors with a clear line of site of guest doors are ideal for staff to have an unobstructed visual of all room doors at-a-glance. The width of the guest floor corridors should be wide enough to fit a stretcher and equipment without compromising fire safety by being able to place permissible equipment, such as supply carts and hand hygiene stations, to one side of the corridor. Consider the total number of rooms on each floor, and of those, the number of rooms that would be used for clients based on safe client to staff ratios; in addition, consider the number of rooms that would be used for other purposes such as clean and soiled utility rooms. The number of client rooms per floor should be manageable and

make efficient use of staff to provide a safe environment of care. Consider the of rooms with full roll-in showers to comply with the Americans with Disabilities Act (ADA).

Additionally, the number of elevator banks for guests and service, and up to date inspection records, should be accounted for to ensure efficient process flow. The hotel should also have meeting rooms or conference spaces for administrative usage and storage of supplies.

## ii. Fire Safety Management

When touring or assessing a hotel, fire safety measures should be assessed and documented. Each of the following measures should be reviewed and verified in order for a hotel to be considered a suitable site:

- Fire alarm system is fully operational and maintenance records are up to date
- Fire safety features and equipment are clearly labeled and fully operational
  - Fire and smoke doors
  - Patient room doors are self-closing and have positive latching
  - Fire extinguishers are readily available and accessible
    - Monthly inspections should not have any gaps
- Egress paths are clearly labeled and obstruction free
- The building has a sprinkler system
  - Depending on age of building, some hotels may not be fully sprinklered. This is acceptable if the fire safety plan was approved based on existing conditions and in compliance with Department of Building Certificate of Occupancy.
- Smoke and carbon monoxide alarms are present in each sleeping room
  - Preventative maintenance schedule for battery changes
- Fire Safety Director is on site at each shift
- Hotel's fire safety and evacuation plans were reviewed by the Safety Officer

## iii. Other Features

### Other features that may be assessed include:

- Cooling tower for the HVAC system <sup>7</sup>: Are cleaning and disinfection records up to date and compliant per state or local requirements?
- Generator: Which utility systems does it support (elevators, emergency lighting)?
- Kitchen: Ideal for the hotel program staff to have access to kitchen to address client dietary restrictions, preferences, and specific requests.
- Loading dock: Is this access point secured at all times?
- Roof access: Who has the ability to access the roof? It is restricted and/or monitored to prevent clients from accessing the area?
- Parking: Is there enough available self-parking with easy access?
- Ventilation: Ensure the building ventilation systems are working properly and maintained per standard protocols for optimal indoor air quality. Avoid using fans.

## IV. Physical and Environmental Health and Safety Considerations

The following environment of care standards may be considered when planning and creating a safe environment of care for the hotel program: Physical Safety and Security Management, Hazardous Materials and Waste, and Fire Safety Management. Depending on the level of clinical acuity of clients, medical equipment and utilities management may need to be explored if more advanced services such as life support, medical gas or emergency power supply systems need to be

provided. Under those circumstances, planning and operational considerations must be discussed with clinical providers and other subject matter experts within the hotel program team.

## A. Safety and Security Management

To ensure safety and security, it is recommended for staff entering the hotel to wear and properly display their identification.

Room door locks and locking mechanisms (deadbolt) may be removed in case immediate medical intervention is necessary. To further protect client security, cameras may be installed on each floor, and designated staff members may be stationed in each hallway to monitor and report all activities on the floor, such as unauthorized individuals entering and exiting each client room, 24-hours a day.

Within the client room, openable windows must be assessed to ensure regulation of permissible openings per local jurisdiction requirements, for example less than 4.5 inches in New York City.<sup>8</sup> Any objects that could easily break and become a sharp, such as glasses, should also be removed. Furthermore, tripping hazards must be assessed inside the room, hallways, and throughout the hotel. Any defects or incompliance must be reported to the hotel management for immediate correction.

## B. Hazardous Materials and Medical Waste Management

Since isolation and quarantine hotels are facilities for low acuity clients, there should be little to no hazardous materials or regulated medical waste to manage, with the exception of alcohol-based hand sanitizers, which is a highly flammable item.<sup>9</sup> To ensure safety, consider separating alcohol-based hand sanitizers from the other supplies and place it in an area with little to no combustible materials in a fire rated room. Depending on the total quantity, flammable storage cabinets may be preferred.

## C. Fire Safety

Hotels are in the business of housing and providing sleeping accommodations; therefore, in general, fire safety management is usually well maintained by the hotel management. However, it is important to assess and adhere diligently to fire safety performance standards to ensure continuous readiness for fire and life safety systems and equipment. This can be done by meeting with the hotel management and ensuring that all required and applicable inspections are up-to-date and in accordance with state and local requirements. It is equally important to provide employees with fire safety training and have them review the fire safety plan for the hotel. The plan should include:

- What specific roles the staff must perform if/and when there is a smoke or fire condition
- When and how to activate the fire alarm
- How to contain smoke and fire
- How to use a fire extinguisher
- How to assist and relocate clients
- How to evacuate to areas of refuse

## V. Infection Prevention and Control Considerations: Floor Plan

Safety and IPC practices should be optimized throughout the hotel. All locations within the hotel should be assessed and monitored to reduce risks of exposure and promote hand hygiene, physical distancing, use of masks, and environmental cleaning and disinfection.

## A. Entrance and Screening

Screening staff and visitors for signs and symptoms of COVID-19 upon entering the hotel is a key step in preventing exposure to disease within the hotel environment. Consider limiting, as well as designating, points of entry for specific groups or vendors. Visitor restrictions should also be considered; if visitors are allowed, they should be documented in a log of daily visitors with temperature and symptom screening.

A screening station at the entrance of the hotel or just within the lobby serves to monitor entry and exit from the hotel, both from a physical safety and infection control standpoint. Clients in isolation or quarantine typically remain in their rooms throughout their stay to reduce the risk of transmitting COVID-19. Therefore, most of the daily traffic into and out of hotels is expected to be from hotel staff.

Screening consists of symptom checks and temperature monitoring at every entry. Standard screening questions may include the following<sup>10</sup>:

1. Have you recently tested positive for COVID-19?
2. Have you been advised to self-quarantine because of exposure to someone who has tested positive for COVID-19, or have you been in close contact with a COVID-19 positive person without wearing PPE?
3. Do you have new fever, cough, shortness of breath or other symptoms of illness?
4. Have you recently travelled to an area subject to travel quarantine?

If the individual answers “Yes” to any of the screening questions, then entry into the hotel may be denied. If the individual is a hotel staff member, a supervisor or manager should be notified to guide and facilitate established protocols (e.g., relief from duty; self-isolation). If the individual answers “No” to the questions, a temperature check may be conducted. If the temperature is above the established threshold, then entry to the hotel should not be permitted. All individuals entering the hotel should wear a facemask and be reminded about physical distancing.

Staff who perform entry screening must receive training on basic principles of IPC, the PPE protocol, the screening protocol, and how to check temperatures without exposing themselves to unnecessary risks.<sup>11</sup> For example, during screening, staff could stand behind a physical barrier, such as a glass or plastic partition.

No-touch infrared thermometers should be considered; however, it is important to note that supply chain and inventory may fluctuate, leading to different models and manufacturers of thermometers. Ensure an [EPA-approved](#) disinfectant is available to clean and disinfect thermometers following manufactures recommendations if the thermometer requires direct contact. Additionally, it is recommended to maintain appropriate distance between the screening station and individual to conform to physical distancing measures. Floor markers or decals may be used to encourage physical distancing awareness.

In addition to thermometers and [EPA-approved](#) disinfectant wipes, the screening stations should be equipped with respiratory hygiene supplies consisting of tissues, facemasks, hand sanitizer and a waste bin. Staff at the screening station must remind individuals to sanitize their hands and provide a facemask to anyone entering the hotel if not already wearing one as a method of source control.

## B. Lobby

The lobby space in any hotel is often a space for communal gathering. However, in an isolation or quarantine hotel, clients should remain in their rooms as much as possible and not gather in the lobby. The lobby space should be used only by hotel staff for specific tasks. To encourage physical distancing throughout the lobby or lounge spaced, seating may be removed or sectioned off. If seating remains in place, ensure all seating is spaced out at least 6 feet apart and consider establishing a routine schedule for cleaning and disinfecting any seating if used. Bar and dining areas within the hotel lobby may also be sectioned off, unless used by hotel staff for specific tasks. If used, seating should be spaced at least 6 feet apart. Restrooms should be restricted for staff use only.



To promote hand hygiene, alcohol-based hand sanitizer should be placed throughout the lobby or lounge areas, if used. High-touch surfaces should be minimized as much as possible, including payment consoles, ATM machines, touch screens and writing utensils. If used, these surfaces should be routinely cleaned and disinfected using an EPA-approved disinfectant.

Culturally appropriate signage should be placed throughout all areas within the lobby that reinforce key messages about COVID-19, physical distancing, hand hygiene, and mask use in different languages as needed. Non-essential common areas should be marked as closed, including shops, business centers, activity rooms, gyms, pools, and guest lounges. Appendix C contains a complete list and examples of signs to promote best practices for COVID-19 IPC in hotels.

## C. Elevators

The small, enclosed space of an elevator is an area within hotels that presents a higher risk of SARS-CoV-2 transmission. While elevator traffic should be limited in hotels where clients are expected to remain in their rooms as much as possible, there remains a sizeable amount of traffic from staff and/or wrap-around services. The number of passengers in an elevator at one time should be limited to ensure physical distancing, with ideally 6 feet of separation between passengers. Elevator floors can be marked to indicate where each person should stand. Signs on every elevator bank and inside the elevators should indicate the maximum number of passengers allowed and should reinforce the requirement to wear facemasks. The panel of buttons and handrails inside the elevator are high-touch surfaces which require routine cleaning and disinfection, and passengers should be reminded to perform hand hygiene after every elevator ride; alcohol-based hand sanitizer should be available by all elevator doors.

## D. Adapting a Hotel Floor and Designating Key Areas

Adapting a hotel floor to fit the needs to care for isolated and quarantined individuals requires strategic planning to ensure basic IPC and patient safety measures are in place. The floor plan, number of available rooms, and rooms that may be decommissioned for uses other than housing individuals must be evaluated to fit the basic standards of IPC and environmental health and safety. An important consideration when assessing the hotel floor plan is how it compares to a healthcare facility floorplan and what features important for IPC can be replicated in the hotel.

### i. Clean Utility Room

Ideally, each floor that will be used for clients should have dedicated utility rooms for safe storage of clean supplies, equipment, soiled linen, and other items. All nonessential furniture and other items within the hotels rooms that will be decommissioned for utility rooms should be removed to allow for adequate space to be utilized while limiting cross contamination. This may include bed frames, mattresses, pillows, televisions, iron and ironing boards.

The clean utility room may be used for storage of clean and unused PPE and various medical supplies and equipment based on patient acuity levels and care activities determined by care providers. Medical supply and equipment should be stored appropriately. Consider storing items at least 6 inches above the floor, similar to the healthcare environment.<sup>12</sup> Corrugated boxes should not be stored in the clean utility room.<sup>13</sup> Supply should be well organized, spaced appropriately, and labelled. If tables are used to hold supply, ensure supply is not stacked or placed in any manner that may damage the physical integrity. If drawers or bins are used to hold supply, ensure supply is not overstuffed and bins are routinely cleaned. A dedicated cart with a protective cover should be considered for linen storage, if applicable.<sup>14</sup> Access to and use of PPE and supply should be closely monitored or locked, especially during times of crisis capacity.

Clean utility rooms should not be used as staff break rooms. Food and drink should not be allowed into the clean utility rooms. Ideally, personal belongings such as backpacks, purses, coats and umbrellas, should be stored in a separate and dedicated room or area. If staff belongings must be stored in the clean utility room due to lack of easily accessible, dedicated and secure areas, strict processes must be put in place to protect personal belongings and to limit cross contamination.

## ii. Soiled Utility Room

The soiled utility room may be used for storage of soiled linen, PPE that has already been worn and will be re-used due to crisis capacities and supply chain shortages, and other equipment that must undergo cleaning and disinfection such as supply carts or meal carts. In healthcare facilities, soiled utility rooms are typically negative pressure rooms, however establishing negative pressure in a hotel room may be challenging. Therefore, the room door should remain closed and, if possible, locked.<sup>15</sup>

All non-essential items should be removed from soiled utility rooms to maximize space. If space is still limited, then areas within the soiled utility room should be designated and utilized for particular tasks or storage of specific items by adapting the given space to minimize contamination.

If operating under crisis capacity, PPE for extended use and re-use may be stored in a dedicated area within the soiled utility room or a separate designated room for reuse, if available.

## iii. Donning and Doffing Areas

In healthcare facilities, PPE is usually donned and doffed in designated areas inside or outside a patient's room. However, the hotel environment may have limitations in space thus requiring adaptations to donning and doffing areas on a hotel floor. Furthermore, the hotel environment may lack equipment (e.g., separate hands washing sinks or large waste bins) found in healthcare facilities. Therefore, it is recommended that specific separated areas are dedicated for donning and doffing areas. If possible, they should be positioned to ensure a unidirectional flow of traffic to minimize the potential for cross contamination. Signage can reinforce the separation of spaces and the unidirectional flow by indicating where PPE is allowed and not allowed upon entry. See Appendix C for examples of signage.

To mimic a healthcare environment, donning PPE should be done in a clean, dedicated area away from clients. There should be enough space in the room to adhere to physical distancing, appropriate storage of clean PPE and signage to guide staff through the steps of donning correctly. A section of the clean utility room may be dedicated for donning clean PPE, if a separate donning room is not available. Entry into the area for donning PPE should be strictly limited to clinical staff. If operating under crisis capacity, access to and usage of PPE should be closely monitored.

Particular attention must be paid to assigning a designated area for doffing on every floor with individuals in isolation or quarantine. Doffing involves the removal of PPE that may be contaminated and therefore must always be handled with utmost care and attention. Soiled gloves should be doffed after providing care and before exiting the client's room. Staff should doff all other PPE in a separate room designated for doffing before entering any shared spaces, such as elevators and stairwells and public hallways, to reduce the risk of exposure for others.

If a separate room for doffing is not available, a section of the soiled utility room may be dedicated for doffing PPE. The section of the room for doffing may be marked by tape on the floor and signs on the walls. There should be ample room to adhere to physical distancing, and signage to guide staff through each step of doffing correctly. Hand sanitizer should be readily available, and hands-free trash bins should be large enough to hold disposable PPE from one shift. If operating under crisis capacity and re-using PPE, disinfectant and tools for labeling and storing PPE must be provided and handled with care to limit the risk of cross-contamination. PPE for extended use and re-use may be stored in a dedicated area within the soiled utility or a separate designated room for reuse.

If space is severely limited on hotel floors and it is not possible to designate a soiled utility or doffing area on every floor, hotel staff should design a unidirectional flow of traffic between floors to reduce the risk of cross-contamination. Ideally, staff should doff PPE before leaving any isolation or quarantine floor. However, if that is not possible, then dedicated stairwells or elevators may be considered to reduce cross contamination between floors.

## iv Break Areas and Documentation Areas

Areas for staff to complete administrative work and take breaks, including meals, should be separated from areas of client traffic. Ideally, staff spaces should be on a separate "staff only" floor, where only facemasks are worn (with the exception

of staff from environmental services). Trash bins should be hands-free and hand hygiene stations should be plentiful. Mask use and physical distancing should be reinforced through the spacing of seats and workstations at least 6 feet apart. Food and drink may be consumed in dedicated break areas.

## VI. Infection Prevention and Control Considerations: Clinical Operations

### A. Placement of Individuals in Isolation or Quarantine

Clients in isolation should be separated from clients in quarantine. In some settings, entire hotels have been dedicated to either category. In other settings, hotels designate floors for isolation and other floors for quarantine. Factors to consider in floor assignments include proximity to PPE supply and donning and doffing spaces. Isolation floors require staff to wear all recommended PPE for COVID-19, whereas quarantine floors may require limited PPE, such as a facemask and eye protection. Furthermore, clinical acuity and proximity to medical staff should be considered when assigning rooms and floors to clients isolated for known or suspected COVID-19. Hotel programs can triage clients and place those at higher risk of complications in areas of the hotel that can be quickly accessed by medical staff and that has a simple exit route in case of the need to transfer to a facility that provides higher level care.

### B. Clinical Management and Services

On-site wellness checks and clinical services may be provided to hotel clients according to the client need, acuity level, and health risk stratification (e.g., age and chronic diseases).

Clinical services provided at the hotel may range from provider phone calls, telemedicine, in-person wellness checks, more in-depth clinical services and health maintenance, medication management and management of medical emergencies. Hotel programs should establish a relationship with nearby healthcare facilities or mobile testing units so that all clients have access to COVID-19 testing and rapid turn-around of test results, if and when needed.

To reduce transmission of COVID-19 in the hotel setting, IPC practices should minimize chance of exposure, promote standard infection control principles, and be adjusted according to level of care and transmission risk. Considerations include:

- Enforce infection control standards in the transport vehicle to and from the hotel to reduce exposure to front line transport workers according to public health and IPC standards in transport services.<sup>16</sup>
- Provide initial triage with clinical screening and entry screening to admit clients who require minimal medical and personal attention, including for assisted daily living (ADL) requiring less intensive care. If a higher level of care is needed based on initial screening, transfer to a healthcare facility may be required.
- Outline clear expectations for clients so they are aware of clinical services provided and the IPC standards including telemedicine, self-quarantine, self-monitoring and reporting of symptoms and self-administration of medicines. This may include signing a document laying out the expectations of clients and enforcement of personal and broader IPC measures during their stay in the hotel.
- Assign hallway monitors who remain seated in client hallways to address client needs immediately and limit unnecessary movement outside of rooms.
- Limit face-to-face interaction while providing daily medical and wellness checks and use appropriate PPE and public health practices (see PPE sections below) through teleservices (calls and video), remaining outside the client's door with appropriate distancing, allowing for the client to check their own vitals (e.g., pulse oximetry) and self-administration and observed management of medicines.
- Limit face-to-face interaction with medical or mental health providers through the use of telemedicine services, and if on-site services are required attempt to support with wellness checks.

- Establish clear protocols for escalation of a newly symptomatic or diagnosed client (contacts in quarantine or in risk reduction hotels) to quickly put in place source control through the use of masks, isolation of client, environmental cleaning and use of appropriate PPE and public health measures by staff and providers.
- Establish clear protocols for escalation for emergency management and transfer to a hospital or other care facility including patient flow out of the hotel, transport, use of appropriate PPE for close contact with the patient and environmental cleaning.

## C. Discontinuation of Isolation and Quarantine

It is imperative to monitor public health recommendations for discontinuing isolation or quarantine. Recommendations for individuals with mild to moderate symptoms are typically applicable to a hotel setting, however, additional consideration for a longer time of isolation for severe, critical and immunocompromised clients should be reviewed according to the latest public health recommendations.<sup>17</sup> Support services, such as case management, should be engaged early to identify discharge options for clients who may have more challenging dispositions.

# VII. Infection Prevention and Control Considerations: Personal Protective Equipment (PPE) and Supply

## A. PPE and Transmission-based Precautions

Staff working in isolation or quarantine hotels must adhere to standard and transmission-based precautions when interacting or caring for clients with suspected or confirmed COVID-19. The level of client interaction and activity may impact the type of PPE used. The following are considerations that may be adapted based on supply availability and/or level of interaction:

- All staff should wear a facemask while in any area of the hotel. Cloth masks are not a replacement for PPE, such as medical or procedural masks or respiratory protection, when required.<sup>18</sup>
- Gloves should be worn when in direct contact with clients, their belongings or environment.
- Based on CDC guidance at the time of publishing this document, staff working in client care areas should wear at a minimum a mask and eye protection; this would include hall monitors or “wellness coordinators” who check on the well-being of clients without providing hands-on care.<sup>19</sup>
- Fit tested respirators are preferred over facemasks for all staff working in the client care area; however, if in short supply, respirators should be prioritized for aerosol generating procedures, although unlikely to occur in the hotel setting.
- Gowns should be worn when providing care that requires direct client contact to prevent the transfer of pathogens to their hand and clothing. Staff who remain outside the client’s room and thereby limit their exposure to pathogens may not need to wear a gown. If in short supply, gowns should be prioritized for aerosol generating procedures and high-contact care activities.<sup>20</sup> Refer to Appendix C for COVID-19 PPE Recommendations for Hotel Staff for a complete description of the PPE used for each cadre.

## B. Extended Use and Reuse of PPE

When healthcare facilities are operating under contingency and crisis capacity, isolation and quarantine hotels are also likely to be operating under conditions in which PPE supplies are stressed, running low, or absent. The extended use and reuse of PPE may be appropriate in settings such as isolation and quarantine hotels where clients all have the same infectious disease (COVID-19). Extended use and reuse must be carefully managed and monitored for each type of PPE. The table below summarizes considerations for minimal PPE requirements and incorporates key recommendations to

optimize PPE during shortages from the CDC.<sup>15</sup> As discussed above, PPE that is being re-used should be doffed and stored in a designated space away from clean or new PPE, in a manner that limits the risk of cross-contamination as well as self-contamination during re-donning.

PPE	Extended and Reuse *
<p><b>Facemask</b> All staff to wear facemask (surgical or procedure)</p>	<p>Facemask can be extended use as needed.<sup>21</sup></p>
<p><b>N95 Respirator</b> Staff performing or in the area of aerosol generating procedures (AGPs) must wear a fit tested N95 respirator or higher.</p>	<p>N95 should be discarded after AGPs unless a barrier was used to extend the use of the N95. If no AGPs were performed, the N95 may be worn for extended use and stored in breathable paper bags for limited reuse.</p>
<p><b>Eye Protection</b> Staff caring for clients or otherwise within 6 feet to wear eye protection (e.g., goggles or face shield).</p>	<p>Eye protection can be extended use and reused as needed. For reuse, eye protection must be cleaned and disinfected.<sup>22</sup></p>
<p><b>Gloves</b> Gloves to be used when interacting or caring for clients or client environment (e.g., while inside client room or handling belongings).</p>	<p>Avoid extending the use and reusing gloves. Refer to latest public health PPE guidance if operating under crisis capacity.</p>
<p><b>Gown</b> Gowns should be prioritized for AGPs, high-contact client care activities or activities where splashes and sprays are anticipated.</p>	<p>Gowns should be discarded after AGPs or activities with splashes or sprays. In the absence of AGPs, splashes or sprays, and if operating under crisis capacity, gowns may be worn for extended use and limited re-use; they should be hung up for storage (e.g., wall hooks, hangers on coat racks or shower bars); they should not be bundled or folded and they should maintain some degree of separation from other gowns or items.</p>

**\*Any PPE that has been damaged, visibly soiled or otherwise has its integrity or fit compromised must be disposed of and not be extended or reused.**

## c. Other Supply and Equipment

### i. Hallway Supply Cart

Similar to isolation carts within a healthcare facility, supply carts may be placed within a hotel hallway, if needed. The goal of the supply cart is to adapt the standard stationary isolation cart found in healthcare settings to fit the needs of low acuity patient care such as temperature checks or wellness monitoring. The supplies needed for each supply cart should be discussed with other team members to ensure appropriate processes are in place to ensure safety and adherence to IPC practices. Examples of items stored within supply carts include:

- PPE (clean gloves and gowns, to replace those that may get dirty)
- Hand sanitizer
- Disinfectant wipes
- Single-use disposable patient care equipment (such as stethoscopes, if used)

Trash bins and hand sanitizer may be placed adjacent to each supply cart to facilitate prompt glove removal and hand hygiene between clients.

Supply carts may stay in one location on the floor or may have wheels and move with care providers as they complete wellness checks or patient rounds. If supply carts move from one floor to another, all outer facing surfaces of the cart should be cleaned and disinfected before it leaves the floor and enters any shared spaces, such as elevators or public hallways. Supply carts should be considered a high-touch surface that requires routine, frequent disinfection, even if they do not move off the floor. Mobile supply carts can be stored in the soiled utility room before disinfection, or in the clean utility room after all surfaces and contents have been disinfected.

## ii. Hand Hygiene Stations

Frequent handwashing is a core practice of IPC. Sinks throughout the hotel must be routinely checked and resupplied with soap and paper towels. Hand sanitizing stations should be visible and easily accessible in high traffic areas throughout the hotel, including the front lobby and by elevator banks. Hand sanitizer with at least 60% alcohol should be readily available. Disinfectant wipes should be strategically placed to facilitate continuous disinfection of high touch areas (e.g., at the client intake area in case pens need to be shared at sign-in, or on the supply cart for disinfecting re-usable medical equipment).

# VIII. Infection Prevention and Control Considerations: Housekeeping, Linen Management, and Food Services

## A. Selection of Cleaning and Disinfection Products

The use of EPA-approved disinfectants for use against SARS-CoV-2 for cleaning surfaces can reduce the risk of exposure to SARS-CoV-2.<sup>23</sup> Many products recommend keeping the surface wet for a period of time to be effective against SARS-CoV-2; users should follow the instructions on the product label.

If disinfectants are in short supply, then alternative solutions with at least 70% alcohol or a mixture of water and bleach may be used.<sup>24</sup> Hotel staff should be trained on the safe use of disinfectants, including any necessary use of PPE.

## B. Cleaning and Disinfection Protocols

The frequency of cleaning and disinfection of high touch surfaces in common areas (e.g., lobby, floor corridor, or meeting/break rooms) should be correlated with the level of use and frequency of potential contamination. Cleaning staff should follow written protocols to ensure standard and consistent practices. Examples of high touch surfaces include, but are not limited to, doorknobs, elevator buttons, phones, touch screens, tables, countertops, handrails, desks, keyboards, faucets, and sinks. Frequency of cleaning and disinfection may vary. For example, certain high touch surfaces such as doorknobs, phones and touchscreens may require cleaning and disinfection numerous times per day, whereas other surfaces, such as floors, may require cleaning and disinfection at least daily.<sup>25</sup> A comprehensive cleaning and disinfection plan that is tailored to fit the needs of the hotel program and include cleaning frequencies and persons responsible, should be developed in consultation with subject matter experts within the hotel team.

## C. Daily Cleaning, Terminal Cleaning, and Linen Management of Client Rooms

In order to limit potential COVID-19 exposure, hotel staff should consider developing a protocol for routine cleaning and linen management, thereby limiting entry into client rooms for specific scheduled purposes, medical emergencies, or for providing repair services. Alternatively, clients can be encouraged to clean their own rooms daily. The hotel team should consider developing a trash collection plan and schedule to determine best practices for trash collection while limiting the number of times staff enter the client room. Consider notifying clients of trash collection schedule and asking them to place trash by their doorway for easy collection.

Terminal cleaning of a room should be performed after the client has been discharged. Ideally, wait at least 24 hours after the client's departure before cleaning. If 24 hours is not feasible, wait as long as possible.<sup>17</sup> It is critical that cleaning staff or vendors are appropriately trained and adhere to PPE and IPC standards while performing their duties.

Terminal cleaning is typically performed in two stages: cleaning, which involves the use of soap and water or a cleaning detergent to reduce the number of germs and impurities, followed by the use of disinfection. Soft surfaces such as carpets or rugs, and electronics such as TVs and remote controls, require special consideration, consultation with hotel staff, and referencing to manufacturers recommendations.

Refer to Appendix B for an example of terminal cleaning protocol for hotel rooms, based on CDC guidance for cleaning the home.

Staff entering the client room and handling client linens or laundry should be trained on how to safely collect and handle items and on the appropriate use of PPE. Frequency of collection of linens (and/or client laundry) should be determined by the hotel team in consultation with the agency providing the service. The hotel team may consider instructing clients to collect their linens and laundry and place in a washable cloth bag outside of their rooms on collection days. Linens should be laundered according to manufacturer's instructions. At a minimum, launder items using the warmest water setting appropriate for the items, and dry items completely. Impermeable covers for mattresses and pillows may be considered to ensure proper cleaning and to prevent the mattress or pillows from becoming contaminated.<sup>26</sup>

## D. Food Services

The hotel team must determine the responsible entity for meal preparation, assembly, and distribution. Staff designated for these tasks must receive education on the basic principles of IPC and food safety. Specific dietary needs for clients may be evaluated in consultation with external partners.

Pre-prepared meal boxes may be considered for clients in isolation or quarantine hotels, as it allows for enhanced IPC processes to be in place. All food (pre-assembled meal boxes, snacks, and beverages) should be stored in a dedicated, secure, temperature-controlled room away from client floors.

When delivering food or meal boxes to clients, consider the following:

- Use a dedicated meal delivery cart to transport meals from the food service area to the client floor.
- Consider a hand-off of the meal delivery cart from food service staff to staff who are stationed on the client floors. This will help limit traffic on client floors and the need for additional staff to don PPE.
- Limit entry into the client room. Consider either handing the meal box to the client at the door or placing the meal box on top of the cart (ensuring nothing else is placed on the top shelf of cart) and ask the client to retrieve it at the door.
- Once all meals are delivered, the meal cart should be cleaned and disinfected and then either returned to the food services area or temporarily placed in the clean utility room.

# IX. Infection Prevention and Control Considerations: Signage and In-service Training

## A. Signage

Posting signage throughout the hotel is an effective way to convey essential IPC strategies. Consider posting signage in public areas regarding:

- Key facts about COVID-19

- Hand hygiene (including instructions on hand sanitizing and hand washing with soap and water)
- Respiratory etiquette
- Physical distancing
- Do's and don'ts of wearing facemasks

Additionally, specific signage and job action posters may be posted throughout patient care floors for healthcare workers as it relates to services and processes performed. Examples include:

- Clean and soiled utility rooms (with key instructions)
- Transmission based isolation precautions
- Donning and doffing procedures and photo guides
- PPE extended use and reuse procedures or photo guides
- Preventing cross contamination and standard precautions

Please see Appendix C for examples of signs that have been adapted for the hotel setting.

## B. In-service Training for Hotel Staff

Retrofitting the hotel environment to fit the needs of specific populations requires planning and development of appropriate processes. As these processes are developed, it is essential to routinely provide education and training to ensure staff are familiar with them. Additionally, it is important that staff know how to keep themselves safe and what the hotel program is doing to keep them safe. All staff should be encouraged to self-monitor for COVID-19 symptoms and be instructed not to come to work if they test positive for COVID-19, develop symptoms, had recent exposure to someone diagnosed with COVID-19, or recently travelled to an area subject to travel quarantine. Non-punitive leave policies should be established to ensure that hotel staff feel comfortable staying home when sick or required to quarantine.<sup>27</sup> Examples of training topics include:

- COVID-19 symptoms, transmission, and how to keep safe
- PPE guidance, based on location and care activities provided
- Extended PPE use and reuse protocols (if operating under contingency or crisis capacities)
- Basic principles of IPC (hand hygiene, strategies to prevent cross contamination, standard and transmission-based isolation precautions)
- Approaches to reinforce best practices among hotel clients
- Environmental and fire safety

In-service trainings should be led by qualified IPC experts. The content of the training should be consistent with the IPC and safety guidance instituted at the hotel. For example, if higher acuity clients are isolated within the hotel, then the training and resources should cover IPC processes relevant to the clinical services provided on site.

Hotels may employ new staff with regular frequency. Further, IPC and practice guidelines may change. Therefore, it is important to plan for frequent, recurrent trainings to keep all staff up to date on the latest guidance and best practices. In-service trainings may be conducted either on-site or virtually through video platforms. Virtual trainings ensure physical distancing and have the added advantage of being able to share the video with staff who could not attend the live session. Each training session should allow time for staff to ask the trainers questions and to voice concerns related to IPC in their setting. Outside of training sessions, daily staff huddles should be used as opportunities to share updates on guidance and to reinforce key safety and infection control practices.



## C. Protocols and Registers

Standard operating procedures and protocols can help achieve standardization of practices and processes in hotel programs. Hotel programs often involve collaboration across multiple agencies and partners. Therefore, written policies help ensure consistency and transparency across all members of the hotel team. Protocols should document consensus on a universal approach to one operational aspect of the program; for example, management of a client in quarantine who needs isolation, or a protocol for disinfection of high-touch surfaces in common areas. Refer to Appendix A for list of suggested protocols included in the IPC Checklist for Isolation and Quarantine Hotels.

It is possible that staff from different agencies or partners are expected to follow the protocol of their individual employers, especially in the instance of suspected or confirmed COVID-19. The hotel team may decide that staff should follow protocols of their employers if it directly reflects the responsibility of the employers. The hotel team may consider maintaining a list of staff who develop symptoms or test positive for COVID-19 to ensure prompt communication and collaboration with agencies, individual employers, and local health departments, and in effort to evaluate, inform, and document current and future interventions to control further spread of infection among staff at the hotel. The IPC Checklist for Isolation and Quarantine Hotels (refer to Appendix A) lists registers or logs for consideration.

## X. Special Considerations for Risk Reduction Hotels

Risk reduction hotels offer a lower risk environment for SARS-CoV-2 infection for residents of high-risk environments, such as congregate care settings, shelters and prisons.<sup>28</sup> Congregate care settings often feature common kitchens, and shared dining spaces and bathrooms, increasing the risk of person-to-person COVID-19 transmission. For these reasons, city agencies along with community partners may establish risk reduction hotels to transfer clients to more optimal settings for effective IPC.

In contrast to isolation and quarantine hotels, risk reduction hotels serve individuals who are not known or suspected to be COVID-19 positive. The mission of these hotels is to prevent new COVID-19 cases by optimizing IPC protocols and best practices. If a client is exposed to COVID-19 and develops symptoms or tests positive, the hotel must be prepared to immediately isolate the known or suspected case.

Most of the IPC policies and practices of isolation and quarantine hotels apply to risk reduction hotels; however, there are a few important differences. While clients should be educated on the importance of mask use, physical distancing and hand hygiene, clients should be free to leave their rooms as long as they have not recently had a known exposure to or developed symptoms of COVID-19. Consider how to determine COVID-19 status prior to transfer to hotel. For example, some hotel programs may require documentation of a negative COVID-19 test result within a specific time period prior to accepting a client, whereas other hotel programs may use screening questions to rule out an exposure to or symptoms of COVID-19.

Clients should be encouraged to report symptoms or exposures to someone diagnosed with COVID-19 to a member of the hotel team. Expectations for keeping themselves and others safe should be incorporated into the “Rules and Regulations” that clients sign at the time of transfer to a hotel. Hotel programs must decide on the frequency of screening clients for symptoms or exposures if they believe clients are not likely to volunteer this information themselves.

Visitors should be discouraged. If visitors are allowed in the hotel they should be screened upon entry and denied entrance if the screening or temperature check is positive. All visitors and staff must wear masks and adhere to physical distancing. Signs reinforcing best practices should be posted throughout the hotel, in multiple languages as needed, and designed to capture the attention of clients who will be leaving their rooms, using the elevators, and entering and exiting the lobby frequently. Additional PPE such as eye protection may not be necessary as long as the risk reduction hotel remains COVID-19 free and does not transform into a clinical care site. A small supply of PPE should be safely stored in the event that a client develops symptoms or tests positive and needs to be isolated.

Finally, risk reduction hotels should be closely tied to the local public health system and healthcare facilities. Most risk reduction hotels in NYC were staffed with nurses on-site, to ensure that clients can immediately address health concerns. Clients should have access to healthcare providers and COVID-19 testing with rapid turn-around times of test results. Protocols should clearly delineate steps to take if a client develops COVID-19 symptoms or tests positive, for example, isolate in place versus transfer to an isolation hotel (see Appendix D for an example protocol for isolation in place). All positive tests should be reported to the local health department to immediately initiate contact tracing. A local healthcare facility should be identified as the default provider for emergency care.

Refer to Appendix A for an example of an IPC checklist specifically for risk reduction hotels and Appendix D for guidance for management of clients with COVID-19 or symptoms of COVID-19 in risk reduction hotels.

## Appendix A: Example Infection Prevention and Control and Environmental Health and Safety Hotel Checklists

### Infection Prevention and Control Checklist for COVID-19 Isolation and Quarantine Hotels

Name of hotel:	Date of review:		
Location of hotel:	Agencies associated with hotel:		
Client census:	Client capacity:		
Number of staff who have direct contact with clients:			
	Y	N	Comments
<b>Front desk/Registration/Lobby</b>			
Entry and exit of clients, staff and essential personnel is monitored			
All staff and visitors are required to wear masks while in the hotel			
Staff working in the lobby are wearing masks			
Hand sanitizer that contains at least 60% alcohol is available in lobby			
Signs reinforcing physical distancing, use of masks and hand hygiene are posted in lobby			
Multi-user surfaces are minimized (no shared pens, no public phones)			
High-touch surfaces are cleaned after every use (payment consoles, ATM machines, touch screens)			
Non-essential common areas are closed with appropriate signage (activity rooms, pools, lounges, computer rooms, shops, ice machines)			If communal areas cannot be closed, mark the seats that are available and space apart
<b>Elevators</b>			
Elevator banks on every hotel floor have signage that limit the number of passengers and reinforce physical distancing, hand hygiene and use of masks			
Elevators have signs or markings to indicate how many people can be in the elevator at once and where each person should stand			
<b>Staff Spaces</b>			
All entry points have signage indicating masks must be worn while in hotel			
Staff space for administrative work, breaks, and food/drink are separated from client traffic			
Staff workspaces (keyboards, computer mouse, desk phones) are disinfected prior to each shift			

Signs reinforcing social distancing, use of masks, hand hygiene, and safe habits are posted in staff work and break areas			
Staff are wearing facemasks			
Hand sanitizer that contains at least 60% alcohol and/or handwashing sinks are available in staff spaces			
Doors are kept open, where permitted			
Fans are not being used			
Hands-free trash bins are available			
Signs on the inside of bathroom doors remind staff to wash hands and then use a paper towel to the open door, or to use hand hygiene after opening bathroom door			
<b>Staff Training and Practices</b>			
Staff share information with clients on COVID-19 symptoms and transmission, rules for isolation/quarantine, how to keep themselves safe and what the hotel is doing to keep them safe			
All staff (hotel and health care providers) have been educated on the basic principles of infection prevention and control, COVID-19 transmission, how to keep themselves safe and what the hotel is doing to keep them safe			
All staff have been informed to self-monitor for signs and symptoms of COVID-19 and not come to work if they develop symptoms or have been exposed to someone with COVID-19 (family member, partner, roommate)			
Staff are utilizing available technology (telephone or video conferences) to check in on clients and limiting direct contact, when appropriate			Clients in isolation with confirmed or suspected COVID-19 should be prioritized for in-person assessments
Staff who interact with clients have received training on PPE requirements and how to correctly don and doff PPE			
At least one staff member is available and responsible during each shift for monitoring correct PPE donning and doffing			
Staff have access to just-in-time resources and ongoing/refresher trainings			
<b>PPE Donning and Doffing (Try to observe donning and doffing, if possible)</b>			
PPE protocols have been adapted based on conventional, contingency or crisis standards			

PPE donning and doffing spaces have appropriate signage and are separated from client traffic and staff break rooms			
PPE doffing space is separate from PPE donning and PPE re-use storage space			
PPE doffing space has hands-free waste bins, hand sanitizer and/or handwashing sink			
Process and storage of PPE for extended use and re-use follows current local guidance			
Staff don and doff PPE correctly, according to current guidance			
Visual aids for each step of donning and doffing are posted on walls			
Spaces where PPE is required are clearly marked and separated from spaces where PPE is not permitted (also marked with signage)			
Staff doff PPE after interacting with clients and before entering common areas, such as elevators or other spaces that are shared with non-clients			
<b>Client Spaces (Try to directly observe as many items below as possible)</b>			
All staff and essential visitors wear masks and eye protection whenever they are within 6 feet of a client			
Staff wear masks, eye protection and gloves during wellness checks. Long-sleeved gowns and N95 respirators are prioritized for high-contact care activities or when splashes and sprays are anticipated.			Gowns are preferred over coveralls, if available
Staff wear N95 respirators, eye protection, long-sleeved gowns and gloves when cleaning client spaces			Gowns are preferred over coveralls, if available
Staff change gloves and perform hand hygiene between tasks, such as after touching client, client belongings or their environment			
Common areas are closed or restricted (no shared bathrooms, ice and water machines are taped off)			
Signs remind clients to remain in their rooms, wear masks if they must leave room, practice hand hygiene, and maintain physical distancing			
Food/drink for staff is prohibited in client spaces, including clean and soiled utility rooms			
Hand sanitizer is available and contains at least 60% alcohol			
<b>Equipment and Supplies</b>			

PPE and supplies are stored 18 inches from ceiling and 6 inches from floor in a room that is guarded or locked at all times			
PPE is available and enough stock is on hand to meet future needs			
Hand sanitizer is available and contains at least 60% alcohol			
All sinks have liquid soap and paper towels; protocol is in place to restock regularly			
Disinfection wipes are available and accessible			
Cleaning products are considered effective against SARS-CoV-2 by the EPA			
Supply carts for wellness checks are routinely checked, restocked and decontaminated, with documentation (refer to supply cart content list and decontamination protocol)			
Clean Utility areas are identified with appropriate signage in locations that can safely store clean carts and supplies			
Soiled Utility areas are identified with appropriate signage in locations where carts and supplies can be safely disinfected			
Clean and Soiled Utility areas have signage indicating required PPE and hand hygiene			
Non-essential items are removed from Clean and Soiled Utility areas (e.g., chairs, linens, TV, etc.)			
A clean meal cart (with shelves) is available and stored in Clean Utility area when not in use and is disinfected after use			
<b>Decontamination of High-Touch Surfaces</b>			
Elevator buttons are wiped with a disinfectant as often as possible, preferably every hour			
Door handles, light switches, wall phones, remote controls and bathroom fixtures in staff spaces are wiped with a disinfectant as often as possible, preferably every hour			
All other high-touch surfaces are cleaned as often as possible, preferably every hour (countertops, stairwell doors, handrails)			
<b>Protocols (Ask to see written protocols/algorithms)</b>			
PPE requirements for every cadre			
Management of clients in quarantine who need to be isolated			

Management of staff with high-risk exposure to COVID-19			
Management of staff with suspected or confirmed SARS-CoV-2 infection			
Testing staff for COVID-19			
Contact tracing of new COVID-19 cases, in collaboration with local agencies and health department protocols			
Return to work criteria for staff			
Processing of clean and dirty client linens and laundry			
Disinfection of carts and reusable equipment			
Food delivery to clients			
Discharge criteria for clients			
Daily and terminal cleaning of client rooms			
<b>Registers/Logs</b>			
Maintain a secure list of staff with symptoms of COVID-19, how long they are out of work, if they have been tested for COVID-19, and test results			
Maintain a secure list of staff with close exposures to COVID-19, how long they are out of work, if they develop symptoms, if they have been tested for COVID-19, and test results			

**Infection Prevention and Control Checklist for COVID-19  
Risk Reduction Hotels**

Name of hotel:	Date of review:		
Location of hotel:	Agencies associated with hotel:		
Client census:	Client capacity:		
Number of staff who have direct contact with clients:			
	Y	N	Comments
<b>Front desk/Registration/Lobby</b>			
Entry and exit of clients, staff and essential personnel is monitored			
All staff and visitors are required to wear masks while in the hotel			
Staff working in the lobby are wearing masks			
Hand sanitizer that contains 60% alcohol is available in lobby			
Signs reinforcing social distancing, use of masks and hand hygiene are posted in lobby			
Multi-user surfaces are minimized (no shared pens, no public phones)			
High-touch surfaces are cleaned after every use (payment consoles, ATM machines, touch screens)			
Non-essential common areas are closed with appropriate signage (activity rooms, pools, lounges, computer rooms, shops, ice machines)			If communal areas cannot be closed, mark the seats that are available space apart
<b>Elevators</b>			
Elevator banks on every hotel floor have signage that limit number of passengers and reinforce social distancing, hand hygiene and use of masks			
Elevators have signs or markings to indicate how many people can be in the elevator at once and where each person should stand			
<b>Staff Spaces</b>			
All entry points have signage indicating masks must be worn while in hotel			
Staff space for administrative work, breaks, and food/drink are separated from client traffic			
Staff workspaces (keyboards, computer mouse, desk phones) are disinfected prior to each shift			
Signs reinforcing physical distancing, use of masks, hand hygiene, and safe habits are posted in staff work and break areas			
Staff are wearing masks			
Hand sanitizer that contains at least 60% alcohol and/or handwashing sinks are available in staff spaces			
Doors are kept open, where permitted			



Fans are not being used			
Hands-free trash bins are available			
Signs on the inside of bathroom doors remind staff to wash hands and then use a paper towel to open door, or to perform hand hygiene after opening bathroom door			
<b>Clients and Staff Training</b>			
Clients have been educated on COVID-19 symptoms and transmission, how to keep themselves safe and what the hotel is doing to keep them safe			
All staff (hotel and health care providers) have been educated on the basic principles of infection prevention and control, COVID-19 transmission, how to keep themselves safe and what the hotel is doing to keep them safe			
All staff have been informed to self-monitor for signs and symptoms of COVID-19 and not come to work if they develop symptoms or have been exposure to someone diagnosed with COVID-19 (family member, partner, roommate)			
Staff are utilizing available technology (telephone or video conferences) to check in on clients and limiting direct contact			
If direct physical contact with a client is necessary, staff are wearing appropriate PPE			
Cleaning staff have received PPE training and are wearing masks, eye protection, long-sleeved gowns and gloves while cleaning client and common spaces			
PPE doffing occurs in a respace separate from all other activities with appropriate signage, hand-free waste bins, and hand sanitizer and/or sinks			
<b>Client Spaces (Try to directly observe as many items below as possible)</b>			
Staff, essential visitors and clients are wearing masks anytime they are within 6 feet of a another individual			
Common areas are closed or restricted (no shared bathrooms, ice and water machines are taped off)			
Signs remind clients to wear masks when they leave room, perform hand hygiene, and maintain physical distancing			
Signs encourage clients to self-monitor for COVID-19 signs and symptoms and to call client supervisor if they feel unwell or develop symptoms			
Hand sanitizer is available and contains at least 60% alcohol			
<b>Equipment and supplies</b>			
PPE and supplies are stored 18 inches from ceiling and 6 inches from floor in a Clean Utility room that is guarded or locked at all times			

PPE is available and enough stock is on hand to meet future needs			
Hand sanitizer is available and contains at least 60% alcohol			
All sinks have liquid soap and paper towels; protocol is in place to restock regularly			
Disinfection wipes are available and accessible			
Cleaning products are considered effective against SARS-CoV-2 by the EPA			
<b>Decontamination of High Touch Surfaces</b>			
Elevator buttons are wiped with a disinfectant as often as possible, preferably every hour			
Door handles, light switches, wall phones, remote controls and bathroom fixtures in staff spaces are disinfected as often as possible, preferably every hour			
All other high-touch surfaces are cleaned as often as possible, preferably every hour (countertops, stairwell doors, handrails)			
<b>Protocols (Ask to see written protocols/algorithms)</b>			
PPE requirements for every cadre			
Protocol to guide staff on what to do if a client needs isolation (COVID-19 test positive, or person under investigation)			
Protocol to guide staff on what to do if a client needs quarantine (exposure to a COVID-19 case)			
Management of staff with high-risk exposure to COVID-19			
Management of staff with suspected or confirmed COVID-19			
Testing clients and/or staff for COVID-19			
Contact tracing of new COVID-19 cases, in collaboration with local agencies and health department protocols			
Return to work criteria for staff			
Processing client linens and laundry			
Food delivery to clients			
Discharge criteria for clients			
Daily and terminal cleaning of client rooms			
<b>Registers/Logs (ask to see each register)</b>			
Maintain a secure list of clients who develop symptoms of COVID-19, date of symptom onset, if they have been tested, and test results			
Maintain a secure list of staff with symptoms of COVID-19, how long they are out of work, if they have been tested for COVID-19, and test results			
Maintain a secure list of staff with exposures to COVID-19, how long they are out of work, if they			

develop symptoms, if they have been tested for COVID-19, and test results

### Environmental Health and Safety Readiness Checklist for COVID-19 Hotels

Safety and Security		Yes	No	N/A	Comments
1.	Are the bedroom door locks disabled and deadbolts/locks (digital, reinforcement locks, swing bar) removed? (Doors must continue to have positive latching)				
2.	Perform test: Able to open door from the outside of the room once the door is closed from inside the room				
3.	Is there adequate lighting in all areas of operation				
4.	Are open spaces (meeting, convention, ballrooms) and other open areas restricted for access?				
5.	Are emergency exits and egress paths clear of obstructions and accessible?				
6.	Is roof accessible to clients? If yes, is it restricted?				
7.	Does the site director or security staff have a master key to client rooms?				
8.	Are all fire/smoke doors, including guest room doors, properly latching and functioning? Each door must be checked.				
9.	Is there camera access to all client care areas and common areas?				
10.	Are radios available for use, if needed?				
Staff Safety		Yes	No	N/A	Comments
11.	Is fire safety in-service performed?				
12.	Is infection control in-service performed?				
13.	Is security escalation contact in-service performed?				
14.	Are there staff workstations on every floor where there are clients?				

15.	Is site service contact information available for Security, Engineering, Housekeeping and AOD (Administer on Duty)?				
<b>Patient Safety and Readiness</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
16.	Do client room windows open? If yes, not more than the local requirement? Each window must be checked.				
17.	Removal of sharps (glasses or other breakable items- such as coffee pots)				Consider removing items that can be easily broken or used as a sharp object if clients have behavioral health risks
18.	Removal of hotel items- iron, hair dryer, hangers				
<b>Infection Control</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
19.	Is there a designated elevator for COVID positive clients?				
20.	If question #19 is yes, is there staff dedicated to operating the elevator?				
21.	Is there a designated elevator for COVID negative clients and staff?				
22.	Is there designated elevator for staff services such as food, housekeeping and engineering?				
23.	Are hand hygiene stations with 60% alcohol-based hand sanitizers available on all floors?				
24.	Is liquid soap is available in all staff bathrooms?				
25.	Are proper and designated infection prevention and control signs placed in client care areas?				
<b>Space Allocation</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
26.	Is there a dedicated clean utility room that only contains only clean supplies and no food/drinks and/or personal belongings?				
27.	Is there a dedicated soiled utility room that contains no food/drinks and/or personal belongings?				
28.	Is kitchen preparation or a storage area for patient and staff food available?				
29.	Is the clean linen in the clean supply and linen storage area covered?				
<b>Information Technology</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>

30.	Is Wi-Fi available throughout each floor?				
31.	Capacity- write the number of current users under "Comments"				
32.	Bandwidth- write the approximate number under "Comments"				
33.	Can the hotel's IT support open up Wi-Fi for the hospital's purposes? Can the service set identifier be configured for a password and not force users to web page to click "accept"?				
34.	Can WIFI be made to not timeout for users?				

## Appendix B: Example Guidance for Terminal Cleaning of Client Rooms

### Terminal Cleaning of Client Rooms in COVID-19 Hotels Adapted from [CDC Guidance for Cleaning and Disinfecting Households](#)

All cleaning staff should wear appropriate PPE: disposable gowns, disposable gloves, eye protection and face masks or N95 respirators


<p><b>Cleaning</b></p>	<ul style="list-style-type: none"> <li>• Wear disposable gloves, a gown, eye protection and a mask while cleaning and disinfecting.</li> <li>• Clean surfaces using soap and water, then use a disinfectant.</li> <li>• Cleaning with soap and water reduces the number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.</li> <li>• Practice routine cleaning of frequently touched surfaces.             <ul style="list-style-type: none"> <li>○ More frequent cleaning and disinfection may be required based on each surface’s level of use.</li> <li>○ Surfaces and objects in public places, should be cleaned and disinfected before each use.</li> </ul> </li> <li>• High-touch surfaces include:             <ul style="list-style-type: none"> <li>○ Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.</li> </ul> </li> </ul>
<p><b>Disinfecting</b></p>	<ul style="list-style-type: none"> <li>• Recommend use of <a href="#">EPA-registered household disinfectants</a>. See the Safety Data Sheet (SDS) for safe handling and first aid instructions.</li> <li>• Follow the instructions on the label to ensure safe and effective use of the product.</li> <li>• Many products recommend:             <ul style="list-style-type: none"> <li>○ Keeping the surface wet for a period of time (see product label).</li> <li>○ Taking precautions, such as wearing gloves and ensuring appropriate ventilation, while using the product.</li> </ul> </li> </ul>
<p><b>Soft Surfaces</b> (e.g., carpeted floor, rugs and drapes)</p>	<ul style="list-style-type: none"> <li>• Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.</li> <li>• Launder items (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely.</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Disinfect with an EPA-registered household disinfectant. <a href="#">These disinfectants</a> meet EPA’s criteria for use against COVID-19.</li> <li>• <a href="#">Vacuum as usual</a>.</li> </ul>
<p><b>Electronics</b></p>	<p>For electronics, such as tablets, touch screens, keyboards, remote controls and TVs, remove visible contamination if present.</p> <ul style="list-style-type: none"> <li>• Consider putting a wipeable cover on electronics.</li> <li>• Follow manufacturer’s instruction for cleaning and disinfecting.</li> </ul> <p>If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry the surface thoroughly.</p>
<p><b>Linens, clothing and other items that must be laundered</b></p>	<ul style="list-style-type: none"> <li>• Wear disposable gloves when handling dirty laundry from someone who is isolating or quarantining then discard after each use. <a href="#">Clean your hands</a> immediately after your gloves are removed.             <ul style="list-style-type: none"> <li>○ If possible, do not shake dirty laundry. This will minimize the possibility of dispersing the virus into the air.</li> <li>○ Launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from someone who has COVID-19 can be washed with other people’s items.</li> </ul> </li> <li>• Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, place a bag liner that is either disposable (can be thrown away) or can be laundered.</li> </ul>

Appendix C: Example Signage


# Stop the Spread of Germs

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>


**Help prevent the spread of respiratory diseases like COVID-19.**




**Stay at least 6 feet (about 2 arm lengths) from other people.**




**Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.**




**When in public, wear a mask over your nose and mouth.**




**Do not touch your eyes, nose, and mouth.**




**Clean and disinfect frequently touched objects and surfaces.**



**Stay home when you are sick, except to get medical care.**



**Wash your hands often with soap and water for at least 20 seconds.**



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>

# Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

19A075.A 02/11/2020

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>



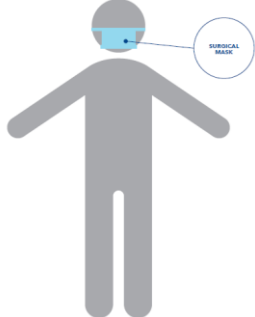
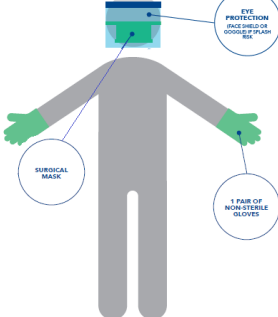
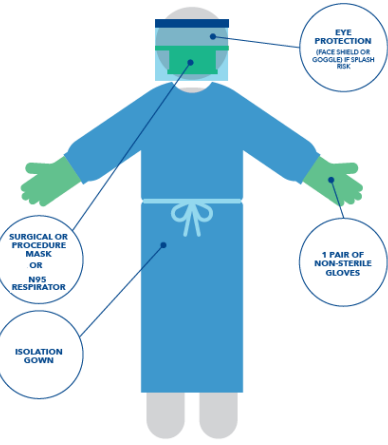
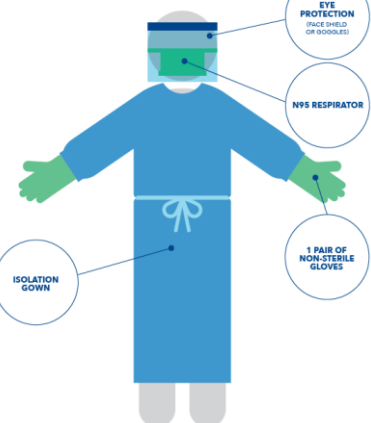
# CLEAN UTILITY ROOM

- DO NOT wear PPE when entering this area, other than a mask and eye protection.
- ALWAYS perform hand hygiene prior to entering.
- This is NOT a break room.  
DO NOT eat or drink in this room.
- Keep room secure at all times.

# SOILED UTILITY ROOM

- DO NOT place personal belongings or clean items in this room.
- Once items are disinfected, immediately move to Clean Utility Room.
- Perform hand hygiene after exiting room.
- Keep room secure at all times.

# COVID-19 Personal Protective Equipment Recommendations for Hotel Staff

Staff	PPE	Comment
Security/Front Desk	 <p>A diagram of a person wearing a surgical mask. A callout bubble points to the mask with the text 'SURGICAL MASK'.</p>	<ul style="list-style-type: none"> <li>• Clean hands before &amp; after touching mask.</li> <li>• Avoid touching outer area of mask.</li> <li>• Store mask safely and in a clean paper bag or container if planned for reuse throughout the shift.</li> <li>• Discard mask if it becomes wet or contaminated.</li> <li>• Gloves as needed if touching client belongings.</li> </ul>
Wellness Coordinators Or Hall Monitors	 <p>A diagram of a person wearing a surgical mask and eye protection. Callout bubbles point to the mask ('SURGICAL MASK'), the eye protection ('EYE PROTECTION (FACE SHIELD OR GOGGLES IF SPLASH RISK)'), and a pair of gloves ('1 PAIR OF NON-STERILE GLOVES').</p>	<p>In addition to the above:</p> <ul style="list-style-type: none"> <li>• <b>Eye protection</b> (face shield or goggles)</li> <li>• Staff should wear gloves for contact with clients or their environment. client belongings.</li> <li>• Always perform hand hygiene after removing gloves.</li> </ul>
Clinical Staff Or Staff Entering Room	 <p>A diagram of a person wearing a full set of PPE: a surgical or procedure mask or N95 respirator, eye protection, a pair of gloves, and an isolation gown. Callout bubbles point to each item: 'SURGICAL OR PROCEDURE MASK OR N95 RESPIRATOR', 'EYE PROTECTION (FACE SHIELD OR GOGGLES IF SPLASH RISK)', '1 PAIR OF NON-STERILE GLOVES', and 'ISOLATION GOWN'.</p>	<ul style="list-style-type: none"> <li>• At a minimum, staff should wear facemask, eye protection and gloves while in the client care area.</li> <li>• <b>N95 Respirators should be prioritized for aerosol generating procedures.</b></li> <li>• <b>Gowns should be prioritized for:</b> <ul style="list-style-type: none"> <li>➢ Aerosol generating procedures</li> <li>➢ Care activities where splashes and sprays are anticipated</li> <li>➢ High-contact client care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP (e.g., dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care)</li> </ul> </li> </ul>
EVS/Housekeeping	 <p>A diagram of a person wearing an N95 respirator, eye protection, and an isolation gown. Callout bubbles point to 'EYE PROTECTION (FACE SHIELD OR GOGGLES)', 'N95 RESPIRATOR', and 'ISOLATION GOWN'. A pair of gloves is also shown but not explicitly labeled with a callout bubble.</p>	<ul style="list-style-type: none"> <li>• Staff should wear gown, gloves, eye protection, and N95 respirator due to the high risk of transfer of pathogens to hands and clothing, and the potential of aerosolization during cleaning and disinfection of environment.</li> </ul>

Adapted from: [cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html)

# DROPLET + CONTACT PRECAUTIONS + EYE PROTECTION

In addition to Standard Precautions

DO NOT ENTER ROOM, please see healthcare staff



## Hand Hygiene

- Wash hands or perform hand hygiene with alcohol-based hand rub frequently
- + Use soap & water if hands are visibly soiled



## Patient Placement:

- Private room
- As is feasible, keep patient room door closed



## Personal Protective Equipment (PPE)

- *Staff:* Surgical mask with eye protection, gown & gloves
- *Visitors:* surgical mask, eye protection, gown & gloves



## Patient Care Equipment and Devices

- Preferential use of single use disposable equipment
- Disinfect shared equipment after use with hospital



## Patient Transport

- Limited to medically essential purposes that cannot otherwise be addressed at the bedside
- Patient must wear a mask throughout the transport
- Notify receiving area prior commencing the transport

Disinfect shared equipment after use with approved disinfectant following manufacturer's recommendations.

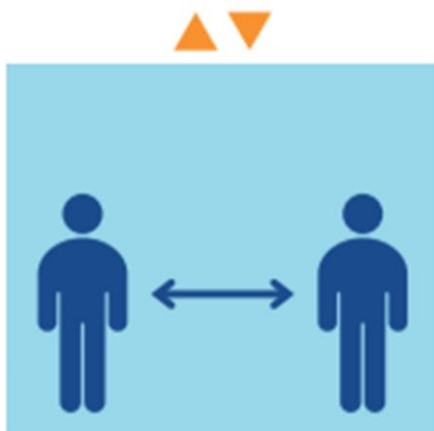
2020 Gotham Health

NYC  
HEALTH+  
HOSPITALS

# Going up? Going down?

## Here are tips for the elevator during COVID-19

- + Do not overcrowd the elevator.
- + Wait for the next elevator if you can.
- + Wear a mask or face covering at all times.
- + Use your elbow to press buttons.
- + Talk later. Even with a mask, COVID-19 can spread in tight spaces.



**NYC**  
**HEALTH+**  
**HOSPITALS**

# HOW TO WEAR A MASK



**Face masks should cover your nose *and* mouth.**

## How to Put On a Face Mask

1. Perform hand hygiene.
2. Hold the mask by the ear loop and place a loop around each ear.
3. Expand mask and ensure it completely covers bottom half of face.
4. Place fingertips from both hands at top of nose area and slide down each side to mold it to the shape of your face.



## How to Take Off a Face Mask

1. Avoid touching outer area of mask.
2. Grasp loops around ears with both hands.
3. Pull forward and away from face.



## Masks with Valves or Vents

These types of masks *do not* prevent the spread of COVID-19 to others, and should *not* be used.



# PREVENTING COVID-19 CROSS-CONTAMINATION

## General Tips



Always perform hand hygiene



Keep hands away from face and limit surfaces touched



Avoid using personal devices in clinical areas



Avoid wearing jewelry under PPE



Do not wear cosmetic makeup if re-using PPE



Do not wear gloves in common areas



Do not compress waste in waste container (could aerosolize contaminants)

## During/After Patient Care Activities



Always perform hand hygiene



Keep a log of all staff entering and exiting rooms



Ensure a tight seal on N95 respirator



Limit touching surfaces in patient care area



Do not readjust PPE in patient care area

## Taking Breaks



Always perform hand hygiene



Disinfect common surfaces with disinfectant wipes



Surgical mask ONLY can be worn inside break areas. Store away from food/drinks.



Do not wear other PPE or bring patient care items to break room



Use disposable equipment/supplies when possible



If re-using equipment, disinfect between each patient



Disinfect with wipe before you type

## Equipment

## Appendix D: Guidance for Management of Clients with COVID-19 or Symptoms of COVID-19 in Risk Reduction Hotels

*Objective:* Clients of risk reduction hotels are vulnerable to COVID-19. Isolation of clients who have COVID-19 is necessary in order to prevent the spread of COVID-19 to hotel staff and other clients. The community-based organization (CBO) at the hotel provides critical case management and social services to the clients. This document offers guidance for the safe isolation of clients with COVID-19 or symptoms of COVID-19 with continuation of critical social services and support in the hotels.

### *I. Clients should be isolated if:*

1. They are diagnosed with COVID-19

OR

2. They have signs or symptoms of COVID-19 (fever, cough, shortness of breath, chills, sore throat, muscle aches, new loss of taste, or new loss of smell)

### *II. Upon identification of need for isolation:*

1. The client should be directed to stay in their room. The client must wear a mask at all times, except when alone in the hotel room.
2. Staff should call the on-site clinical team to conduct an initial in-person assessment that includes vital signs, symptom screening, and documentation of close contacts.
  - a. If there are any emergency clinical concerns (such as trouble breathing), staff should immediately notify an emergency medical technician (EMT) or call 911.
3. The clinical team will confer with the EMT and on-call physician to determine if the client can stay in the hotel for isolation, according to “Considerations during assessment” below.
4. Considerations during assessment:
  - a. Immediately initiate efforts to transfer the client to a health care facility if they:
    - i. Are 65 or older.
    - ii. Have underlying health conditions, that place them at increased risk of developing complications from COVID-19.
    - iii. Have any emergency warning signs (such as trouble breathing, persistent pain or pressure in the chest, bluish lips or face, inability to wake or stay awake, and new confusion).
  - b. If none of the above, then the client may remain in the hotel for isolation under the following conditions:
    - i. EMT services are on-site 24/7.
    - ii. On-site clinical staff have the capacity to conduct two daily checks of vital signs and symptoms through telemedicine, if possible, or in-person if clinically indicated.
    - iii. Clinical or CBO staff can provide critical social support and services.
    - iv. The client does not require medical or supportive care from a health aide or caretaker.
    - v. The client agrees (ideally in writing) to remain in their hotel room 24 hours a day (except during a medical emergency) for as long as isolation is required and follow other isolation hotel rules.
5. The clinical team will arrange to test the client for COVID-19, if that has not already been done.
6. CBO staff will notify hotel operations leadership of the client in need of isolation and the care plan.
7. Clinical and CBO staff will follow local contact tracing protocols for notifying and managing close contacts of the client identified as positive for COVID-19.

### *III. Guidelines for caring for clients in isolation in hotel room:*

1. Client should remain in isolation until all of the following are true (as isolation protocols may change, refer to current protocols from state and local health authorities):



- a. At least 10 days after symptom onset or 10 days from the date of the first positive test if never symptomatic.<sup>29</sup>
  - b. Absence of fever for at least 24 hours without fever-reducing medications (such as Tylenol, ibuprofen, and aspirin).
  - c. Overall improvement of symptoms (such as cough or shortness of breath).
2. Clients should be educated on:
    - a. COVID-19 symptoms and emergency warning signs.
    - b. How to check temperature and pulse oximetry twice daily and report to staff during wellness checks.
    - c. The name and phone number of the clinical team member to call if symptoms worsen or if pulse oximetry saturation falls below 92%.
    - d. How COVID-19 is spread and why it is important to stay in the room to prevent the infection from spreading to others in the hotel.
    - e. How to make arrangements with the clinical team or CBO staff to leave the room only to receive essential medical care.
    - f. Why they must always wear a mask in the presence of other people, even when in their hotel room.
    - g. Who to call if they need to see a health care provider to let the provider know ahead of time they have COVID-19.
    - h. How long they will stay in the room (at least 10 days from start of infectious period).
    - i. What services will be provided to them while in the room.
    - j. What to do if they need to leave room to smoke.
    - k. What to do if they need non-medical assistance or supplies etc. (such as calling the front desk or client supervisor).
  3. Clients should be provided with:
    - a. A mask to be worn whenever they are in the presence of others, including in their hotel room.
    - b. Thermometer and pulse oximeter, if they are capable of self-monitoring.
    - c. Enough soap or hand sanitizer.
    - d. Essential medications.
    - e. Essential clothes, toiletries and personal items.
    - f. Ongoing support, education, and monitoring for the duration of their hotel stay.
    - g. Food delivery to their door for all meals.

#### IV. *Guidelines for clinical staff:*

1. Conduct an initial assessment at a distance if possible (See section II).
2. Provide the client with name and phone number of a nurse or EMT to call if symptoms worsen or oxygen saturation falls below 92%.
3. Educate the client on what to expect and how the staff will care for them (see Section III).
4. Ensure access to COVID-19 testing if the client develops COVID-19 symptoms and has not yet tested positive.
5. Contact clients in isolation at least two times per shift to check on temperature, pulse oximetry and symptoms, using telemedicine if possible.
6. If performing in-person wellness checks, prepare to wear appropriate PPE (at minimum, a mask, eye protection and gloves), doff the PPE before leaving the client space, perform hand hygiene and disinfect any medical equipment that will be re-used.
7. Be prepared with appropriate PPE (mask, eye protection, gloves and gown) to enter the room if a client needs urgent medical support.
8. Be prepared to call security and immediately enter the room if there is no response from the client at the time of wellness checks.
9. Arrange for the safe and immediate transfer of clients to the hospital if needed

V. *Clinical and/or CBO team*

1. Text or call the client at least twice daily.
2. Look for any emergency warning signs that require immediate medical attention.
3. Continue to provide existing social and wellness programs by video.
4. Consider additional wellness and mental health support for clients in isolation. Resources include:
  - a. NYC Well which offers 24/7 well-being and emotional support. For free counseling, call 1-888-NYC-WELL (1-888-692-9355), text “WELL” to 65173, or visit [www.nyc.gov/well](http://www.nyc.gov/well) to chat with a counselor.
  - b. New York State’s COVID-19 Emotional Support Helpline. Call 844-863-9314 to talk to specially trained volunteer professionals. They can listen, offer support and offer referrals to care.
  - c. For additional resources on how to cope, visit the NYC Health Department’s [Coping and Emotional Well-Being](#) page.

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For additional guidance and resources, refer to:

- [Pan American Health Organization \(PAHO\): Infection prevention and control practices for care of patients in nontraditional settings with focus to the novel coronavirus \(COVID-19\). Interim recommendations, 18 May 2020](#)
- [Pan American Health Organization \(PAHO\): Technical Recommendations for the Selection of Alternative Medical Care Sites \(AMCS\)](#)
- [Pan American Health Organization \(PAHO\): Considerations for the Use of Hotels during the COVID-19 Pandemic. Interim technical working document, version 5 \(2 April 2020\)](#)
- [American Industrial Hygiene Association \(AIHA\): Reducing the Risk of COVID-19 Using Engineering Controls](#)
- [American Society for Healthcare Engineering \(ASHE\): Converting Alternate Care Sites to Patient Space Options](#)