



Commonwealth of Massachusetts  
**DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lieutenant Governor ♦ Jennifer D. Maddox, Undersecretary

**PHN 2020-13**

**Preparing for and Responding to COVID-19 Case in Public Housing**

To: LHA Executive Directors  
From: Ben Stone, Associate Director, Division of Public Housing  
Subject: Preparing for and Responding to COVID-19 Case in Public Housing  
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As the COVID-19 pandemic continues, more Local Housing Authorities (LHAs) and other affordable housing managers will experience cases of COVID-19 among their residents, staff, and service providers. This guidance, building on [PHNs 2020-07](#) and [PHN 2020-11](#), draws on new information from MA Department of Public Health (DPH), Center for Disease Control (CDC), and the experience of housing providers on how to prepare for and respond to a COVID-19 infection in their development.

**A. Preparation**

- 1) **Establish contact and a working relationship with your Local Board of Health (LBOH), Emergency Responders, and Community Partners:** Under Massachusetts law, the LBOHs have the primary responsibility for responding to epidemics. LHAs should establish contact **NOW** with their LBOH to ensure ease of communication in the event of a positive case. LHAs should take measures including:
  - a) Scheduling a kick off virtual meeting and weekly check-in calls with LBOH, first responders, and other affordable and multi-family housing providers in your community.
  - b) Requesting that LBOH inform LHAs when there is a positive case affecting their development, whether staffer, resident, or visitor.
  - c) Working with LBOH to issue order restricting non-essential visitors to Housing Authority property, especially senior housing.
  - d) Establishing contingency plans, including for the situation when the LBOH would issue an emergency quarantine order in event of an outbreak in a development.
  
- 2) **Establish Protocols for Expedited Resident Communication:** LHAs need to enlist residents as partners in stopping the spread of COVID-19. LHAs should check in-with and communicate frequently with their residents. Measures can include:
  - a) Posting signage in common areas about hygiene, social distancing (limiting unnecessary guests and in-person socializing with our residents), and directions on what to do if experiencing symptoms of COVID-19. Ask residents to report their own, suspected COVID-19 symptoms and those of any visitor or service provider.
  - b) Implementing a phone tree or reverse 911 (robocall) or text message system to quickly get out important messages and send regular reminders.
  - c) Phone surveying all residents about current health, daily living needs, and essential visitors (required service providers and caretakers). LHA may also recommend that elderly residents establish a “buddy system” to check on and communicate with each other.

- d) Requesting each resident’s permission over phone or email to allow their medical provider and LBOH to inform the LHA and all service providers of their COVID-19 status in the event of testing positive or presumed positive for COVID-19. LHAs may also consider requesting that resident disclose their service providers, if any, to speed disclosure. Document that permission was or was not granted for each resident via the phone or email and document on a log maintained by the LHA. (see Attachment A COVID-19 Disclosure Permission Log).
- 3) **Maintain Close Communication with Resident Service Providers and Caretakers:** LHAs should work with their residents and service partners to ensure that all residents have access to critical services in the building and can receive them with the minimum amount of exiting the building, congregating, and person-to-person contact. These measures can include:
- a) Creating a list of service providers and other caretakers (e.g. personal care attendants and family caretakers) with contact information. This way the LHA will have a clear idea of who is entering the development and which units and know how to contact them in event of positive case. Ensure that all of these essential visitors are following LHA operations procedures (sign-in, maintaining social distance, etc.).
  - b) Moving food pantries to operating by appointment.
  - c) Replacing meal services with “take-out” or “door drop” model.
  - d) Considering LHA staff or service partners doing grocery shopping or other necessary errands on behalf of residents.
- 4) **Ensure LHA Staff Communication and Safety Needs are Met:** While LHAs are focused on meeting the extraordinary needs of their residents during this time, the LHA should also ensure its staff are cared for as well. These measures should include:
- a) Making sure staff know the chain of command to follow in an emergency.
  - b) Ensuring staff know what to do if they feel symptoms and who to report it to. Staff should also be instructed to inform any medical or screening contacts that they work with health vulnerable populations in a congregate residential setting to establish a need for COVID-19 testing if they are experiencing symptoms.
  - c) Giving staff instructions on protocol for reporting to one designated person at the LHA if they believe they had an exposure to COVID-19, such as by close-personal contact with a resident, fellow staff member, or family member.
  - d) Providing staff with resources that can help if they need support with emotional wellbeing, whether through an employee assistance program, or by dialing a support number such as the SAMSA Disaster Distress Hotline at 1-800-985-5990 or by texting TalkWithUs to 66746. The DPH has further support resources for staff or residents available online at <https://www.mass.gov/info-details/maintaining-emotional-health-well-being-during-the-covid-19-outbreak>.
- 5) **In certain cases, hold units vacant for quarantine and isolation:** In certain cases, a LHA may repurpose a vacant unit for the purpose of allowing a resident who has tested positive for or is suspected of having COVID-19 to isolate or quarantine. The LHA may consider this if the resident lives in a development such as a c.667 elevated high-rise or a congregate living building that offers many opportunities to spread infection through common spaces. LHAs may also offer an adult resident of a family unit who has tested positive where this resident is not assigned their own bedroom the opportunity to move to an empty unit to reduce risk of transmission to family members. Units designated for this isolation purpose should have an exterior entrance without a common hallway or stairwell to minimize chances of further transmission.

If an LHA is interested in designating a temporary isolation/quarantine unit it should discuss their proposed plan with Local Board of Health. If the Local Board of Health agrees this is a warranted action, next contact its Housing Management Specialist to discuss logistics such as timing of move, cleaning/disinfecting, assuring residents daily living needs are met during the move, staffing requirements, notifications, and vacant unit waiver.

LHAs may also, if they have large number of residents in congregate or elderly high-rise buildings, hold a small number of units in family developments or others with exterior entrances *intentionally vacant* to prepare for the likelihood of positive cases. DHCD suggests a rule-of-thumb of maximum of 1 unit with exterior entrances held open for quarantining for every 20 units in the above “high-risk” building types. LHAs should ensure that these units have a working refrigerator and other appliances and are furnished with basics (bed, table, chair, television, etc) so that the LHA does not need to engage a moving company to move potentially infected possessions. LHAs should discuss this measure with housing management specialist for DHCD approval. The designation of temporary isolation/quarantine units should not entail a complete elimination of lease-up activity, with the limited exception that LHAs and service providers should consider **ceasing** lease-ups in **congregate** units during the emergency, as social distancing is difficult in these settings.

## **B. When Facing a Positive or Suspected Positive Case of COVID-19**

- 1) **Work closely with LBOH and MA DPH:** Immediately contact LBOH in event of positive case of COVID-19. LBOH will be the lead in tracing exposure and communicating to potentially exposed parties. Using visitor log, LHA should identify units visited/serviced and give all available information to LBOH for contact tracing. LHA should seek permission from LBOH to notify all potentially affected residents, staff, service providers, and registered visitors of positive case. In addition, immediately notify your DHCD Housing Management Specialist (HMS).
- 2) **Notify relevant parties:** If LHA is told by DPH to proceed with notification, take the following steps:
  - a) **Residents:** Notify via phone, flyers, and posted notices in common areas. When posting a notification, do not specify unit where case occurred and do not identify person in situation where staff or service provider is presumed or tested positive. Let residents know that the LHA is working with the LBOH and that they should continue practicing social distancing, good hygiene, and, where there are common hallways, remain in their units for their own safety and the safety of other residents to the maximum extent possible.

Request that all residents self-monitor for 14 days: Self-monitoring means a person takes his/her temperature twice a day and pays attention to cough or difficulty breathing. If a resident feels feverish or their temperature is 100.4°F/38°C or higher, they have a cough, or difficulty breathing during the self-monitoring period, the following actions will help prevent spreading further illness:

For residents of family units, request that ill family member isolate in one bedroom, and provide cleaning products and PPE to family members if needed to help avoid further transmission.

- b) **Staff, service provider and caretakers:** Call all staff, service providers, caretakers, and registered visitors who routinely enter the building so they can take needed precautions. If

LBOH approves, you may post signage notifying visitors of the COVID-19 case and further discouraging unnecessary visits.

- 3) **Clean and Dis-infect:** Hire specialized contractors or use maintenance staff with appropriate protection to do a deep clean of common spaces. Your HMS can provide a list of contractors.
- 4) **Maintain Operations:** Operations should not change much if LHA has already implemented recommended operating practices referenced below and in [PHN 2020-11](#). LHA should prioritize limited PPE supplies for Maintenance staff who need to service emergency work orders in units occupied by ill residents, this may mean some routine work requiring PPE will need to be deferred.
- 5) **In situation of Quarantine, follow direction of LBOH lead:** If there is a cluster of suspected or positive cases, LBOH may issue an emergency quarantine order asking residents to remain in their units or rooms. In this event, LHA needs to educate residents and staff and seek to staff building to enforce it as far as possible. LHAs must additionally coordinate closely with service providers to ensure that all residents are still receiving necessary services they receive pertaining to food, medicine, and home health care.

### C. Notification Policy

It is DHCD's understanding that the LBOH will be responsible for immediately notifying all parties (manager, residents, and service providers) in the event of a positive or suspected COVID-19 case in a resident, staffer, or visiting service provider in a multi-family development. That said, LBOH practices may vary from community to community and the LBOH may allow LHAs or others to send notifications. It is therefore imperative that LHAs work closely with their LBOH, residents, and service partners to ensure that all relevant parties agree on a communication plan so that appropriate people get notified in a timely manner.

- 1) Ask local medical providers and LBOH to notify your LHA in resident case.
- 2) Ask service providers to notify your LHA of any resident case and of any staff provider case.
- 3) And, LHA should also agree to provide reciprocal notifications to service providers of any resident or LHA staff case, while ensuring privacy if there is not specific permission to personally identify the person who tested positive.

### D. Preventative Operational Steps

[PHN 2020-11](#) gives detailed information about how to modify LHA operations to best proactively prevent COVID-19 spread and infection. The key is to implement social distancing protocols across your operations, **assuming that any resident, staff, or visitor** could be a potential carrier and should thus take all *possible* steps to reduce human-human contact. These include, but are not limited to:

- 1) Maintenance staff only going into occupied units for emergency work orders.
- 2) If possible, obtaining personal protective equipment (PPE) for staff who need to interact with residents. Note that at this time MEMA recommends that surgical or construction masks and gloves are sufficient for brief interactions with suspected positive cases outside of a medical setting.
- 3) Cleaning all common areas and common touch points frequently.
- 4) Closing community rooms.

- 5) Limiting office hours or closing to public (while remaining available by phone and email), staggering shifts in office to reduce crowding, and going to a remote work model for administrative staff.
- 6) Communicating to staff that they should not report to work if sick, and reminding them of need to quarantine for 14 days or until a negative test if they have had close personal contact with a suspected carrier or experience COVID-19-like symptoms.
- 7) Discouraging visitors with signage and posting visitor logs to promote contact tracing.
- 8) Establishing contingency plans in the event of a suspected or positive case amongst residents and staff.