Aging services providers of affordable housing care for a population that has multiple risk factors, including older age, housing instability, and often comorbidities. However, because residents in these settings live relatively independently, providers have less ability to set restrictions in place that may be common in more acute care settings such as skilled nursing units.

In responding to providers’ questions, ECRI emphasizes that all residents should first adhere to the recommendations and orders from state and local health authorities, including quarantine and shelter-in-place orders. In the absence of such orders, housing providers must balance residents’ rights with following recommendations from the Centers for Disease Control and Prevention (CDC).

The U.S. Department of Housing and Urban Development (HUD), through its Office of Multifamily Housing, has published questions and answers for responding to COVID-19. The answers in the documents largely refer to CDC recommendations for hand hygiene, social distancing, and use of personal protective equipment to limit exposure.

One common question relates to housing providers’ ability to limit visitors to the housing units to help enforce social distancing. As summarized by LeadingAge based on a HUD conference call, affordable housing providers cannot infringe on resident rights, even if their goals are to promote health. In the absence of state or local orders limiting social interaction, owners may not limit visitation.

Elsewhere, LeadingAge encourages providers to educate their residents about the pandemic and steps residents can take to protect themselves and their neighbors. This can include posting CDC posters and fact sheets in common areas and encouraging both residents and staff to update their emergency contact documents.

Housing providers may also be seeking guidance for limiting staff exposure, especially regarding whether staff should refrain from entering residents' units. In the conference call, HUD recommends that staff ask residents if it is safe to enter the unit, whether the resident has been sick, and whether the resident has traveled recently. Based on that information, HUD recommends that staff then decide for themselves whether it is safe to enter the unit. In asking those questions, however, staff should avoid asking residents specific medical questions; residents who need medical attention should be directed to their usual providers.

As with all care settings, affordable housing providers should encourage staff to stay home if they are sick, remind staff to practice good hand hygiene and cough and sneeze etiquette, and use enhanced cleaning routines. For more details on staff quarantine, isolation, and return-to-work guidance, see Ask ECRI: Staff Isolation or Quarantine after COVID-19 Exposure.

If a housing community has a confirmed COVID-19 case, HUD encourages providers to follow CDC and local health guidelines.

The recommendations contained in Ask ECRI do not constitute legal advice. Facilities should consult legal counsel for specific guidance and develop clinical guidance in consultation with their clinical staff.

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