

COVID-19

Considerations for Owners and Operators of Multifamily Housing Including Populations at Increased Risk for Complications from COVID-19

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[Print](#)

Multifamily housing (e.g., apartments, condominiums, townhouses, duplexes, and quadruplexes) pose a challenge during the COVID-19 pandemic due to potential for increased risk of exposure for residents and staff. The following guidance is provided to help owners, administrators, and operators of multifamily housing work together with residents, staff, and public health officials to create a safe living environment and prevent the spread of COVID-19. Public health actions needed to reduce the spread of COVID-19, such as social distancing, can lead some people to feel isolated and lonely or can increase stress and anxiety. This page provides guidance in assessing and reducing exposure risks and resources for [coping with stress in healthy ways](#).

These considerations are especially important for multifamily housing for older adults, residents living in settings that incorporate congregate or supportive services (e.g., multifamily housing that caters to older adults, low-income families, people with disabilities, etc.), and other [populations who are at increased risk for acquiring COVID-19 and having complications](#). Other examples include individuals and families served through programs such as the U.S. Department of Housing and Urban Development's Public Housing [Section 202 Supportive Housing for the Elderly](#), [Section 811 Supportive Housing for Persons with Disabilities](#) [↗](#), and [Project-Based Rental Assistance](#) [↗](#), the U.S. Department of Agriculture's [Multifamily Housing Rental Assistance Program](#) [↗](#), or properties funded through the [Low-Income Housing Tax Credit](#) [↗](#) program.

Guiding principles

Older adults and groups experiencing disproportionate impacts of COVID-19 are at increased risk for severe illness from COVID-19

- Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die.
- Other factors may increase an individual's risk for severe illness, such as [underlying medical conditions](#).
- Although older adults and people with underlying conditions face particular risks, everyone should take [steps to protect themselves](#) from exposure to the virus causing COVID-19.

Communal spaces, community activities, and close living quarters in multifamily housing increase the risk of getting and spreading the virus

COVID-19 is mostly [spread](#) person-to-person through respiratory droplets released when people cough, sneeze, or talk. Less commonly, COVID-19 may also be acquired when someone touches a surface or object that has the virus on it and then touches their nose, mouth, or eyes. COVID-19 may be spread by people who are not showing symptoms. Therefore, personal prevention practices such as [social distancing](#), using [masks](#), frequent [handwashing with soap and water or hand sanitizing when handwashing with soap and water is not possible](#), [cough etiquette](#), and [staying home when sick](#), are important to reduce COVID-19. Other environmental prevention practices, such as [environmental cleaning and disinfection](#), are also important. Administrators can take clear-cut actions to help lower the risk of COVID-19 exposure and spread in their communities and at their facilities.

Develop a plan

During an infectious disease outbreak, such as the current outbreak of COVID-19, property owners, administrators, and operators should

prepare to identify residents at increased risk of severe COVID-19 illness, collaborate with their local health departments, and protect their employees' health and safety.

See CDC's guidance for preparing businesses and employees for the effects of COVID-19.

Consider the unique needs of your residents, such as disabilities, cognitive decline, or lack of access to technology. This guidance does not address infection prevention and control in healthcare settings. If your facility offers healthcare services, consult CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).

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

Promote behaviors that reduce spread

Encourage residents and staff to practice behaviors that reduce the spread of COVID-19. An individualized approach for COVID-19 may be needed for people with physical or intellectual disabilities or who have difficulty accessing information. Some residents require close contact with direct service providers, (e.g., home care nurses, therapists, social workers, etc.), have trouble understanding information, have difficulties with changes in routines, or have other concerns related to their disability.

Self-isolate or quarantine when appropriate

Educate residents on when they should [stay home or self-isolate](#) in their living quarters (e.g. during mandatory shelter-in-place orders, after possible exposure to COVID-19, or if showing symptoms of COVID-19).

Actively encourage those who have [symptoms](#) of COVID-19 or who are otherwise [sick](#) to stay home or in their living quarters unless seeking medical care.

Encourage adherence to recommendations for [animals](#), including [pets](#) or [service animals](#) present in the household or facility.

Consider circumstances in which social distancing and self-isolating may be difficult for many people with disabilities.

Anyone who has had [close contact](#) with a person with COVID-19 should [stay home and monitor for symptoms for 14 days](#).

The best way to protect yourself and others is to [stay home for 14 days if you think you've been exposed to someone who has COVID-19](#). Check your [local health department's website](#) for information about options in your area to possibly shorten this quarantine period.

Encourage mask wearing

Encourage use of CDC-recommended [masks](#) among residents, workers, and visitors in common areas and in public.

Advise residents to avoid others who are not wearing masks or to ask others around them to wear masks.

Some residents may not be able to wear masks or are recommended not to wear masks:

Wearing masks may be difficult for people with sensory, cognitive, or behavioral issues.

Masks should not be worn by children under age 2 or anyone who has trouble breathing, is unconscious, or is incapacitated or otherwise unable to remove the mask without assistance.

[Adaptations and alternatives](#) should be considered whenever possible to increase the feasibility of wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one.

Encourage social distancing

In general, interacting with more people, especially closely and for longer times, increases risk of getting and spreading COVID-19.

Avoid gatherings of 10 or more people.

Encourage social distancing by asking workers and residents who are not from the same household and visitors to stay at least 6 feet (2 meters) apart whenever possible.

Social distancing may be difficult for many people with disabilities.

Avoid close contact with visitors. For example, don't shake hands, elbow bump or hug. Instead consider waving and verbal greetings.

Ensure adequate supplies in common areas

Support healthy hygiene behaviors by providing supplies, including soap, hand sanitizer containing at least 60% alcohol, a way to dry

hands, tissues, disinfectant wipes, masks (as feasible), and no-touch/foot pedal trash cans.

Display relevant signs and messages

Post signs in highly visible locations (e.g., building entrances, stairways, elevators) that promote everyday protective measures and describe how to stop the spread of germs (such as social distancing, by properly washing hands, proper cough etiquette, and properly wearing a mask).

Include messages (for example, videos, posters) about behaviors that prevent the spread of COVID-19 when communicating with residents, workers, volunteers, and visitors (such as on websites, in emails, in facility newsletters, and on social media accounts).

Find free CDC print and digital resources on CDC's communications resources main page.

Identify and address potential language, cultural, and environmental barriers associated with communicating COVID-19 information. Consider developing communication materials in alternative formats (e.g., large print, braille, ASL) for people who have low vision or are blind or people who are deaf or hard of hearing.

Consider developing communication materials for people with low literacy and using plain or easy to understand language or visuals.

Communications may need to be framed or adapted so they are culturally appropriate for your audience and easy to understand. CDC has communication resources available in many [languages](#).

Maintain healthy environments in common areas

Multifamily housing complexes may consider several strategies to maintain healthy environments.

Ensure adequate ventilation

Consider conducting ventilation system upgrades or other steps to increase the delivery of clean air and dilute potential contaminants in the building. Obtain consultation from experienced Heating, Ventilation and Air Conditioning (HVAC) professionals when making changes to HVAC systems and equipment. Some of the recommendations below are based on the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) [Guidance for Building Operations During the COVID-19 Pandemic](#) [\[1\]](#). Review additional [ASHRAE guidelines for multifamily buildings](#) [\[2\]](#) for further information on ventilation recommendations for different types of building and building readiness for occupancy. Not all steps are applicable for all scenarios.

Improvement steps may include some or all of the following activities:

Increase outdoor air ventilation, using caution in highly polluted areas.

Increase outdoor air by opening windows and doors, when weather conditions allow. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to persons using the facility.

Use fans to increase the effectiveness of open windows. Position fans securely and carefully in or near windows to avoid potentially contaminated air flowing from one person to another. Strategic window fan placement in exhaust mode can help draw fresh air into room via other open windows and doors without generating strong room air currents.

Decrease occupancy in common areas where outdoor ventilation cannot be increased.

Ensure ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.

Increase total airflow supply to occupied spaces, when possible.

Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours.

Further open minimum outdoor air dampers to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity; however, this may be difficult to do in cold, hot, or humid weather.

Improve central air filtration:

[Increase air filtration](#) [\[3\]](#) to as high as possible without significantly diminishing design airflow.

Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.

Check filters to ensure they are within service life and appropriately installed.

Consider running the HVAC system at maximum outside airflow for 2 hours before and after the space is occupied.

Ensure restroom exhaust fans are functional and operating at full capacity when the space is occupied.

Inspect and maintain local exhaust ventilation in areas such as restrooms, kitchens, cooking areas, or other areas of high occupancy.

Use **portable high-efficiency particulate air (HEPA) fan/filtration systems** to help enhance air cleaning, especially in higher risk areas

such as common spaces.

Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers or dampers, especially in higher-risk areas such as common spaces.

Consider using [ultraviolet germicidal irradiation](#) (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited.

*Note: The ventilation intervention considerations listed above come with a range of initial costs and operating costs. There are also risk assessment parameters to consider, such as community incidence rates, face mask compliance expectations, and common room density. These factors may affect which interventions are implemented.

Ensure safe water systems

To minimize the risk of lead or copper exposure, [Legionnaires' disease](#), and other diseases associated with water, take [steps](#) to ensure that all water systems and features (e.g., sink faucets, common area drinking fountains, decorative fountains) are [safe](#) to use after a prolonged facility shutdown.

These include plumbing flushing and [following EPA's 3Ts, \(Training, Testing, and Taking Action\) for reducing lead in drinking water](#).

It may be necessary to conduct ongoing regular flushing after reopening. For additional resources, refer to EPA's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#).

Drinking fountains should be [cleaned and sanitized](#), but encourage residents, workers, volunteers, and visitors to bring their own water to common areas to minimize use and touching of water fountains.

Promote cleaning and disinfection

[Clean and disinfect](#) frequently touched surfaces (e.g., door handles, handicap door access switches, sink handles, grab bars, hand railings,) within common areas of facilities at least daily or between use as much as possible.

Advise residents with sensory or respiratory issues to avoid these areas during and immediately after cleaning.

Limit use of shared objects in common areas (e.g., computer equipment, remote controls, print materials) when possible, and clean and disinfect shared objects between use.

Develop a schedule for increased, routine cleaning and disinfection.

Provide staff with training about the [safe and correct use](#) and storage of cleaners and disinfectants.

Use products from [EPA's List N: Disinfectants for Coronavirus \(COVID-19\)](#). Use products according to the manufacturer's labeled directions.

Encourage residents, workers, volunteers, and visitors to keep personal items (e.g., cell phones, other electronics), and personal work and living spaces clean.

Offer assistance with cleaning and disinfecting for residents with disabilities who may require supervision

Encourage residents, workers, volunteers, and visitors to use disinfectant wipes to wipe down objects and surfaces before and after use.

Ensure safe congregate spaces

Modified layouts

Social distancing may be difficult for many people with disabilities.

Alter schedules to reduce mixing and close contact, such as staggering activity times and forming small groups that regularly participate at the same times and do not mix with individuals in other groups.

Arrange seating of chairs and tables to be at least 6 feet apart during events.

Minimize traffic in enclosed spaces, such as mailrooms, elevators, and stairwells.

Consider limiting the number of individuals in an elevator at one time and designating one-directional stairwells and hallways, if possible.

Ensure that social distancing can be maintained in communal spaces.

Physical barriers and guides

Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception areas).

Provide physical guides, such as tape on floors or sidewalks and signs on walls to ensure that individuals remain at least 6 feet apart. Use

formats that are accessible to residents, including for those with visual impairments.

Safe communal spaces

Social distancing may be difficult for many people with disabilities.

Close indoor shared spaces such as game rooms, computer rooms, exercise rooms, and lounges if needed to ensure safety of the residents.

Otherwise, stagger use and restrict the number of people allowed in at one time to ensure everyone can stay at least 6 feet apart, and [clean and disinfect](#) between use.

Prioritize outdoor activities where possible.

Limit the presence of non-essential volunteers and visitors in shared areas, when possible.

Clean common-area bathrooms regularly (e.g., in the morning and evening, after times of heavy use) and disinfect using products from [EPA's List N: Disinfectants for Coronavirus \(COVID-19\)](#) [🔗](#) following the manufacturer's labeled directions.

Maintain access and adequate supplies to laundry facilities. Restrict the number of people allowed in laundry rooms at one time to ensure everyone can stay at least 6 feet apart.

Consider closing exercise rooms. Alternatively, stagger use, increase air flow by opening windows where possible, and [clean and disinfect](#) between use.

Consider closing pools and hot tubs or limiting access to pools for essential activities only, such as water therapy. Consider additional [prevention activities for public pools, hot tubs, and water playgrounds during COVID-19](#) for those that remain open.

Conduct maintenance and inspection visits

To the extent allowed by law or regulation consider:

Deferring maintenance inside units for non-critical or non-life-threatening problems.

Deferring routine in-unit inspections, especially for assisted units which may have regular mandatory inspections. Owners and operators of assisted units should be aware that authorities may have issued temporary waivers or guidance regarding inspections during the pandemic.

Maintain healthy operations

Multifamily housing complexes may consider several strategies to maintain healthy operations.

Protections for residents and workers at higher risk for severe illness from COVID-19

Offer options for those at [higher risk for severe illness](#) (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework, modified job responsibilities, virtual participation in community events).

Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.

Regulatory awareness

Be aware of local or state regulatory agency policies related to multifamily housing to determine if events or activities can be held.

Identify strategies to maintain operations and a healthy working and living environment

Review CDC's guidance for [businesses and employers](#).

Identify an onsite coordinator who will be responsible for COVID-19 issues and their impact at the workplace.

Develop flexible sick leave policies for staff. Require staff to stay home when sick, even without documentation from doctors. Use flexibility, when possible, to allow staff to stay home to care for sick family or household members or to care for children in the event of school or childcare dismissals. Make sure that employees are aware of and understand these policies.

Create plans to protect the staff and residents from the spread of COVID-19 and help them put in place [personal preventive measures](#).

Clean shared areas (such as exercise room, laundry facilities, shared bathrooms, and elevators) and frequently touched surfaces and disinfect using products from [EPA's List N: Disinfectants for Coronavirus \(COVID-19\)](#) [🔗](#) more than once a day, if possible.

Identify services and activities (such as meal programs, in-person religious services, and exercise rooms and programs) that might need to be limited or temporarily discontinued. Consider alternative solutions (e.g., virtual services) that will help programs continue while being safe for residents.

Establish policies and practices for [social distancing](#).

Identify a list of healthcare and mental health facilities and [alternative care sites](#) where residents with COVID-19 can receive appropriate care, if needed.

Communication systems

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

Guidance and directives from state and local officials and [state](#) and [local](#)  health departments.

How your facility is helping to prevent the spread of COVID-19.

How additional information will be shared, and where to direct questions.

How to stay healthy, including [videos](#), [fact sheets](#), and [posters](#) with information on [COVID-19 symptoms](#) and how to stop the spread of germs, [how to wash your hands](#), and what to do [if you are sick](#).

How residents can receive services such as food delivery if they are at higher risk for severe illness.

How staff and residents can [cope and manage stress](#) and protect others from [stigma and discrimination](#).

Identify and address potential language, cultural, and disability barriers associated with communicating COVID-19 information.

Communications may need to be framed or adapted so they are culturally appropriate for your audience and easy to understand. CDC has communication resources available in many [languages](#).

Visitors, service providers, and prospective tenants

[Loneliness and social isolation in older adults](#) are serious health risk factors. However, because in-person social interactions are associated with increased risk of infection, owners and operators of multifamily communities are encouraged to promote safe social activities among community residents and their support networks.

Residents should be encouraged to limit visitors to persons essential to maintaining their health, well-being, and safety.

Visitors should **avoid entering the building or community, including common areas and residences**, unless their presence is essential to preserving the health, including mental health, well-being, and safety of residents. This can include a wide array of service providers or even community or family support networks of older adult residents.

Visitors, service providers, and prospective tenants should **follow** [personal protective measures](#) and the recommendations set forth by the facility they are visiting, as well as local and state health directives.

Visitors should also maintain social distance of at least six feet (2 meters) from residents to help reduce transmission.


Visitors, service providers, and prospective tenants should not visit if they recently had contact with someone who had [symptoms](#) of COVID-19.

Visitors should wear a [mask](#) while in the building and restrict their visit to the resident's room or other location designated by the facility. Everyone should be reminded to [wash their hands](#) frequently with soap and water or use hand sanitizer that contains at least 60% alcohol when handwashing with soap and water is not possible.

Unit turnover and move-ins

Follow [CDC's guidance on cleaning and disinfecting your home](#).

Safely clean units and assist with unit turnovers and move-out/ins by learning [how to protect yourself and others](#).

New units (especially high-touch surfaces) should be cleaned and disinfected using a product from [EPA's List N: Disinfectants for Coronavirus \(COVID-19\)](#) . Follow the manufacturer's labeled directions.

Wait at least 24 hours since previous tenants left before cleaning and disinfecting in preparation for a new individual/family moving in. If 24 hours is not feasible, wait as long as possible.

Additional suggestions include

- Frequent cleaning and disinfection of high-touch surfaces, such as doorknobs, light switches, and faucets, during the moving process;

- Limiting the number of family members present during the move-in/out process;

- Maintaining social distancing between household members and movers and other residents;

Requesting the proper use of [masks](#);

Providing [handwashing materials](#) – ideally soap, water and a way to dry hands if water is on in the unit, or hand sanitizer with at least 60% alcohol – and encouraging frequent hand hygiene;

Keeping windows and doors open, if possible, to increase ventilation

Prepare for when someone gets sick

If a resident in your multifamily housing unit has COVID-19 (suspected or confirmed)

Have the resident contact a healthcare provider to determine whether medical evaluation is needed.

Residents are not required to notify administrators if they think they may have or have a confirmed case of COVID-19.

If you do receive information that someone in your housing unit has COVID-19, work with the local health department to notify anyone in the unit who may have been exposed (had close contact with the sick person) while maintaining the confidentiality of the sick person as required by the Americans with Disabilities Act (ADA) and, if applicable, the Fair Housing Act, and the Health Insurance Portability and Accountability Act (HIPAA).

Provide the sick person with information on how to care for themselves and when to seek medical attention.

Help address misunderstandings about why people are being asked for personal information, and why this information is important for stopping spread of COVID-19 among family, friends, and communities.

Encourage residents with COVID-19 symptoms to self-isolate and their roommates and [close contacts](#) to quarantine. This includes limiting contact of residents with COVID-19 symptoms with any pets or service animals in the household or facility to protect them from possible infection.

Those with COVID-19 symptoms and their [close contacts](#) should limit their use of shared spaces as much as possible.

Follow guidance on when to stop isolation and when to end quarantine.

The best way to protect yourself and others is to [stay home for 14 days if you think you've been exposed to someone who has COVID-19](#). Check your [local health department's website](#) for information about options in your area to possibly shorten this quarantine period.

Minimize the number of staff members who have face-to-face interactions with residents who have suspected or confirmed COVID-19.

Encourage staff, other residents, caregivers such as outreach workers, and others who visit people with COVID-19 symptoms to follow recommended precautions to prevent the spread of the virus that causes COVID-19.

Staff at higher risk of severe illness from COVID-19 should not have close contact with residents who have suspected or confirmed COVID-19, if possible.

Those who have been in close contact (less than 6 feet or 2 meters) with a resident for a total of 15 minutes or more who has confirmed or suspected COVID-19 should monitor their health and call their healthcare provider if they develop symptoms suggestive of COVID-19.

Be prepared to provide accessible transportation to people with suspected or confirmed COVID-19 for testing or non-urgent medical care.

Avoid transporting people with suspected or confirmed COVID-19 using public transportation, ride-sharing, or taxis unless it is the only accessible option. Follow guidelines for cleaning and disinfecting any transport vehicles.

If multiple cases are suspected, contact the local public health department to report the cases and to offer to an accessible community testing site, provide a platform for information-sharing, or share community insights.

Clean and disinfect

Close off areas used by someone that has or may have COVID-19 and do not use these areas until after cleaning and disinfecting.

Wait at least 24 hours before cleaning and disinfecting.

If 24 hours is not feasible, wait as long as possible.

Provide staff with training about the safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children and pets.

Watch for symptoms in residents and their family members

People with COVID-19 have reported a wide range of symptoms, from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

Fever or chills
Cough
Shortness of breath or difficulty breathing
Fatigue
Muscle or body aches
Headache
New loss of taste or smell
Sore throat
Congestion or runny nose
Nausea or vomiting
Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. In some cases, older adults and people of any age with underlying health conditions may have symptoms that are not typically seen in others, or they may take longer than others to develop fever and other symptoms.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If a resident is showing any of these signs, **seek emergency medical care immediately**.

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

* This list does not include all possible symptoms. Call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility. Notify the operator that you are seeking care for someone who has or may have COVID-19.

Additional CDC resources to help prevent spread of COVID-19 in multifamily housing

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

[Retirement communities and independent living](#)
[Households with suspected or confirmed COVID-19](#)
[Shared or congregate housing](#)
[Living in close quarters](#)
[Living in shared housing](#)
[People at increased risk for severe illness](#)