

To: Zoning Adjustments Board  
From: Toni Mester  
RE: 2435 San Pablo Avenue, meeting of August 27  
August 24, 2020

The changes to this group living accommodation are minor and do not respond to the fundamental objections and suggestions posed by ZAB last December: the unprecedented large bedroom to kitchen ratio, the lack of on-site management, the risks to personal safety in the open floor plan, and the insecurity of personal food stored in the kitchens and the potential for food contamination. But these concerns pale in the light of the COVID-19 pandemic, which raises these structural inadequacies to the level of health and safety dangers.

Sans the pandemic, there would be sufficient grounds to deny on health and safety under the Housing Accountability Act, but COVID demands this action, not only for the welfare of future tenants but the safety of the community, especially the surrounding densely populated neighborhood. ZAB can use the CDC guidelines for congregate housing as the authority for this action as well as recent Berkeley and Alameda County health directives to maintain at least six feet social distance and to self-quarantine with a positive test result.

In addition to the denial of this project, ZAB should refer the matter of regulations for co-living and residential hotels to the City Council and Planning Commission. The BEZO lacks standards for these two types of housing, which have a legitimate niche in the inventory and should be developed through a thoughtful and inclusive public process.

The CDC guidelines for congregate housing cannot be implemented in this project as proposed (see appendix). Social distancing and quarantine of infected residents cannot be achieved in this spatial arrangement, due to overcrowding in the kitchen and common areas, and therefore the project should be denied. The applicant can return with a project that allows for CDC guidelines to be achieved such as a smaller bedroom to kitchen ratio per co-living pod (up to six bedrooms per kitchen as approved for 3000 Shattuck Avenue and 2720 Shattuck Avenue), more locked doors for social isolation if required as well as greater privacy, and on-site management in residence for better supervision of behavior and sanitation. These are just the basics.

COVID changes everything. Contrary to what President Trump has proclaimed, this virus is not going to disappear, and we do not know when or if the housing market will ever return to pre-COVID realities.

**1. As a residential hotel, the project is exempt from the inclusionary housing requirement (23C.12.020.B) and therefore the affordable housing mitigation fee but is not “affordable by design.”**

Staff has settled on a definition of the project as a residential hotel so that the applicant will be exempt from paying the affordable housing mitigation fee, which is not found in 21.28.080 as stated in the staff report, in case you looked for the exemption there. In a roundabout way, that section of code refers to the resolution that established the fee, which in turn refers to the exemptions in 23C.12.020.B. This project is NOT a dormitory, which is defined in the BEZO as having “separate sleeping rooms without individual kitchen facilities....” A residential hotel by contrast is defined in state law as providing permanent residence and is allowed to have “efficiency units” with a partial kitchen, as opposed to a transient hotel, which is a temporary abode.

Since the BEZO does not include requirements for residential hotels, staff should present applicable state code so that the ZAB can evaluate the proposed project in light of existing relevant law.

COVID has changed the rental market by dramatic population and economic shifts. These trends include mass unemployment, more employees working from home and needing larger living quarters, tenants breaking leases and relocating, re-negotiation of leases, and reductions in rents up to 20%. Staff has not presented a summary of these market changes. It is not true to say that \$2,000 for a mini-studio is an affordable choice compared to the current rent for an existing studio with a full kitchen. These rooms are not “affordable by design”, and the rent projections do not conform to the realities of the current housing market caused by the pandemic.

Staff is bending over backwards to help the applicant avoid paying the affordable housing mitigation fee rather than working to make this a safe and functional building that would appeal to a wider market. It’s a disgrace.

**2. The target population for this project is ambiguous.**

The staff report states that the occupancy of the 42 rooms will now be one person, which makes this an SRO property. Does the City expect that this will house the formerly homeless in subsidized housing like UA homes

and Harris Courts? Is the building design in general and the rooms in particular wheelchair accessible? Will there be supportive services for this vulnerable population? The applicant stated at the December public hearing that he wanted to “do something for the homeless”, but there is no indication that the project is designed as transitional housing. And where would a homeless person find \$2,000 a month for lodging? The average monthly SSI (disability) payment is \$800.

Are students expected to be tenants, as in new downtown developments? Are the common spaces adequate for quiet study areas?

Or does the “Common” management team foresee the tenants as the usual co-living digital nomads who look to such adult dormitories for temporary lodging to fulfill business contracts or personal needs? The remote management plan suggests highly functional adult, college-educated elite tenants who can organize themselves in kitchen rotations and team building exercises like yoga classes on the roof.

A mix of these populations is potentially explosive, as they have vastly different needs and lifestyles. It also excludes couples, who would provide some social stability to the commons.

To attract a range of tenants, which is desirable in the current economy, the building should be re-designed for smaller co-living pods to ensure that tenants can choose their roommates or move to a different pod if necessary. The current approved maximum in Berkeley is a ratio of 6 bedrooms to one full kitchen at 2720 San Pablo Avenue and 3000 Shattuck Avenue, where the majority of pods are smaller: 3, 4, and 5 bedrooms per kitchen. 5 and 6 bedrooms to one full kitchen is stretching the potential for harmonious cohabitation pretty thin whereas young adults have been sharing 3 and 4 bedroom apartments for generations including our current Mayor. Such an arrangement provides greater flexibility and tenant control of their environment as well as smaller self-managed COVID “bubbles”.

### **3. The commons and kitchens are potential infectious spaces**

The zoning code defines a kitchen as “A habitable space used for preparation of food that contains at least a sink, a refrigerator of no less than 10 cubic feet, and either a cook-top and an oven, or a range.” These minimum requirements are referred to as “a full kitchen” in the zoning code to differentiate a full kitchen from a lesser variety that may include a hot plate/and or microwave, small refrigerator, and sink in “an efficiency unit” (CA health and safety code Section 17958.1).

The 2435 San Pablo project includes both kinds of kitchens, not fully functional in either case, which means they are not fully functional in

combination. In the bedroom, tellingly called a “mini-studio”, food and liquids could be heated in a microwave and/or a hotplate but not cooked or baked from basic and fresh ingredients. Prepared take-out foods could be heated, but there isn’t room enough for the storage of dishes, pots, pans, utensils or a sit-down dining space with table and chairs. The common kitchen also appears to be inadequate in size and equipment to serve 12-14 people or more, since residents can freely migrate from other floors. The additional appliances cannot compensate for the lack of social distance space in the kitchen and common rooms, and the high number of bedrooms would make a kitchen rotation impractical even with highly functional and cooperative tenants, which is wishful thinking.

The setup implies that there will be harmonious common cooking and dining for the entire floor and that all tenants will pitch in to keep the place clean, which is an unrealistic assumption. Tenants will cook for themselves or a smaller group according to personal affinities, diets, and schedules, with all the potential conflicts inherent in such variations. Anybody who has ever shared a house or apartment with roommates knows that the kitchen can be a problem: dirty dishes, spoiled food, confined space for food preparation, different diets, etc.

As presented to ZAB, the project at 2435 San Pablo Avenue contains both types of kitchens – the full and the efficiency– doubling potential problems of spoilage, contamination, and infestation. The more food consumed in the bedrooms, the less likely waste will be recycled and the more likely regular cleaning will be needed. A large communal refrigerator begets theft, taking other’s food by mistake, contamination of spoiled food, and conflicts inherent in mingling various diets such as meat eaters and vegans. There must also be adequate counter space for food preparation by several individuals and groups to work safely at the same time, which is not apparent in the plans.

Cooking from scratch in one’s own kitchen is the most economical and healthy way to eat. A recent article in Forbes magazine discovered that restaurant food is five times more expensive than preparing food at home. And so it may appear that the cost of a “co-living” bedroom is cheaper than a studio, but there are hidden costs to losing control over one’s kitchen, not to mention the social stress of losing privacy.

When people are forced to eat in their bedrooms due to overcrowding in the common area or to quarantine, they will rely on prepared take-out food that can be heated in a microwave. Besides the added expense, take-out food includes packaging, often single-use plastic trays, adding to the waste and recycling burden. In this neighborhood, take-out food and beverages end up in the street. The added vehicle parking overnight means less street sweeping, especially on Dwight Way where debris clogs

the drains, the culverts, and ends up in Aquatic Park and San Francisco Bay.

The best way to resolve the sanitation and social distance problems caused by overcrowding in the kitchen is to vary the unit types, to increase the number of full kitchens and limit the bedrooms per full kitchen to 6 bedrooms or fewer per pod. In smaller co-living pods, there is no need for efficiency kitchens in each room. Traditional studios with full kitchens could be mixed in with the co-living pods to allow for couples that want a kitchen of their own. If the law allows, some studios could be efficiency units. The applicant will have to pay the affordable housing mitigation fee per unit, boo hoo, but the building will be safe, functional, and serve a wider community of tenants, which will ensure its financial viability.

#### **4. Overcrowded and overly dense**

Odors from heating food in the bedrooms will permeate the sleeping area, so it will be impossible to get away from the smell of food, which degrades living conditions and ensures tenant turnover. A vegan doesn't like waking up to the smell of pork sausage from the next room. Noise will be a problem. The floor layout shows a television lounge area right next to the main kitchen table. What happens when a rowdy group of fans gets together on one floor to watch a game when a resident has invited guests for dinner? Who is supposed to police such conflicts? Who supposes that 12-15 people sharing a kitchen and common room are magically going to get along? What happens when a fight breaks out in a kitchen that contains knives?

To ensure safety and increase the utility and comfort of the residence, the number of bedrooms and ratio of bedrooms per kitchen should be reduced with an increase in the size of bedrooms and common space. Although the storage space has been increased since the last iteration, it is still too limited for "permanent residence."

The project bears no relationship to the densities recommended in the general plan. The current SRO submission envisions a tenant population of 42. On a lot of 7,349 square feet or .17 acres, that's a population density of 247 persons per acre for this project while the general plan describes the density of "avenue residential" including San Pablo Avenue as 44 to 88 persons per acre. The density of this project is almost triple that imagined in the general plan.

#### **5. Weak security, little privacy**

Because tenants are packed together with little privacy, the turnover is likely to be high, which is itself a security problem. In a stable population of tenants, residents will recognize each other and be able to pick out an intruder. Security concerns will be complicated by a proposed ordinance

called “Fair Chance” that prohibits searching the criminal record of tenant applicants. Because of shared living spaces and their inherent intimacies, the management of “co-living” habitations elsewhere carefully vets the applicants, not only for the usual income and credit worthiness, but also any criminal convictions. The common spaces on each floor are accessible to all tenants by elevator and stairs, which means anything that can move is likely to be removed to private rooms if not stolen. Are pots, pans, plates, cups, glasses, utensils, and kitchen tools the property of the management or individuals? What will happen when food disappears from the refrigerator of the common kitchen?

Theft is the least of the security problems. When all tenants have access to all the common areas on every floor, the dangers for women are multiplied. If a female resident is the focus of unwanted attentions, she could move to another floor when a room becomes available, but the wide-open access to all floors means there would be no escape. A woman could be stalked within the building without recourse except to stay in her room or break her lease. The potential for COVID infection adds to these dangers

Subdividing the floors into smaller locked units would provide greater security for the residents, their food, and other possessions. Smaller units can also be designated by gender, status or affinities, such as students, vegetarians, etc.

## **6. The unmanageable management plan**

The management plan submitted by Common relies on remote, digital service, not on-site responses, and assumes high functioning, literate, cooperative, generous, and amiable tenants who can work out problems with the help of their cell phones and laptops. This is magical thinking.

What will be the maximum and minimum length of the leases? Will a tenant be able to break the lease if she feels uncomfortable in the building?

“Co-living” habitations in other cities generally are furnished and provide weekly change of bedding and towels, like a hotel. What basics will management supply in 2435 San Pablo Avenue? Here are some items that are included in other leases:

Electricity

Wi-Fi in every room

Kitchen wares

Central heating with a thermostat in every room

TV in the rooms

Card keys

Housekeeping including waste removal and recycling Weekly towel and bedding changes, toilet paper

Most leases in “co-living” properties in other cities contain weekly professional cleaning of the common area and sometimes the private rooms. If food were kept in the bedrooms, periodic cleaning of the refrigerators in the private rooms would also be necessary to prevent rot, mold and infestations. Will cleaning of the individual rooms be included?

In other cities, most “co-living” habitations have leases by the month because tenants don’t view these arrangements as long-term. This means turnover that demands careful vetting of new tenants and constant management. What exactly will be the duties of the management team and can these duties be performed without an on-site vehicle parking for the janitor or manager?

The management plan is inadequate and fails to detail what services are provided in the lease. In many new multi- unit buildings, the manager gets a free apartment and is expected to do repairs, but in this case, the manager would need to be more than a handyman but also a counselor and mediator to resolve personal conflicts. But alas, there is no on-site manager, only a remote “team” who may not even live in Berkeley. Where are they located?

## **7. Parking**

In C-W, group living accommodations require one parking space for each 5 residents and one for the manager. That number should not be reduced because some residents will require a vehicle for a variety of reasons: working at night, disabilities, family and other duties. The neighborhood is not safe for women to walk alone at night. In fact, it’s not safe for men either. A man was jumped and robbed earlier this year on Dwight near San Pablo. One of my male tenants had his jaw broken during a cell phone theft nearby. This year, there was gunfire on our block of 2400 Tenth Street, and a man ran onto my porch to take cover.

The parking and traffic study shows parking available on side streets and Dwight Way, which gets cleaned at night. If cars are parked overnight along Dwight, the debris will pile up, and it’s already filthy with discarded take-out food packaging, plastic bottles, and paper. Our block, 2400s Tenth Street, is at capacity, as the study shows. That’s because many of our permanent residents do not have off-street parking, and visitors who work nearby park on the street during the day. At night, patrons of restaurants and cafes take those spaces. We don’t have room for more. This project takes advantage of no residential permit parking in our neighborhood and should provide their fair share.

## **8. Form follows profit**

The real benefit of “co-living” is to the developer; it’s lucrative. Assuming an average of \$2,000 a month rent for 42 rooms, that’s a yearly

revenue stream of \$1,008,000. Let them off the hook to build parking, so more the profit. Call it a residential hotel and allow them to avoid paying the affordable housing mitigation fees to support real affordable housing. Such a deal.

“Co-living” is a niche industry - fancy flop houses for transient gig workers on short stints – that requires better regulation. “Co-living is not permanent housing like a residential hotel. This designation is one big fat lie. This project should have been dead on arrival because the zoning code doesn’t allow this use, but instead staff has given the developer all kinds of breaks at the expense of the future tenants and the neighborhood, and has molded the zoning code to the project rather than the opposite. This is not planning but shameful piecemeal development.



## APPENDIX

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

### COVID-19 Guidance for Shared or Congregate Housing

The following guidance was created to help owners, administrators, or operators of shared (also called “congregate”) housing facilities – working together with residents, staff, and public health officials – prevent the spread of COVID-19. For this guidance, shared housing includes a broad range of settings, such as apartments, condominiums, student or faculty housing, national and state park staff housing, transitional housing, and domestic violence and abuse shelters. Special considerations exist for the prevention of COVID-19 in shared housing situations, and some of the following guidance might not apply to your specific shared housing situation.

People living and working in this type of housing may have challenges with [social distancing](#) to prevent the spread of COVID-19. Shared housing residents often gather together closely for social, leisure, and recreational activities, shared dining, and/or use of shared equipment, such as kitchen appliances, laundry facilities, stairwells, and elevators.

Be sure to consider the unique needs of your residents, such as people with disabilities, cognitive decline, or no access to technology. This guidance does not address infection prevention and control in healthcare settings. If your facility offers healthcare services, please consult CDC [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). [There may also be specific guidance for certain types of shared housing, such as homeless shelters, that may apply to your facility.](#)

State, territorial, local, and tribal public health departments can give you 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 loosen prevention measures.

### Plan and prepare

#### Review, update, and implement emergency operations plans (EOPs)

Some shared housing facilities have already experienced an outbreak of COVID-19, others have a handful of cases, and others have not yet had infection introduced. Regardless of the status of a facility, the most important thing is for all facilities to plan **and prepare**. No matter the level of transmission in a community, every shared housing facility should have a plan in place to protect residents, workers, volunteers, and visitors from the spread of COVID-19. This should be done in collaboration with [state and local public health departments](#), housing authorities, local or state regulatory agencies, and other relevant partners. Focus should be on components, or annexes, of already-existing plans that address infectious disease outbreaks. If your shared housing facility does not have an emergency operations plans (EOP), now is the time to develop one.

#### Reference key resources while developing, reviewing, updating, and implementing the EOP

- Multiple federal agencies have developed resources on emergency preparedness, which may be helpful for administrators of shared housing facilities.
  - The [National Multifamily Housing Council \(NHMC\)external icon](#) provides guidance on emergency preparedness and response resources for the apartment industry. HUD also provides guidance for [public health disaster readiness and preparationexternal icon](#).
- CDC has specific consideration for [people with disabilities](#) as they may be at higher risk of getting COVID-19 or having severe illness.
- Additionally, [FEMA's Planning Considerations for Organizations in Reconstituting Operations During the COVID-19 Pandemicexternal icon](#) outlines key considerations for planning to resume operations while protecting the well-being and safety of employees and communities.

#### Planning strategies to include:

- Informing residents, workers, volunteers, and visitors about COVID-19. Develop information-sharing systems that are tailored to the needs of your setting. For instance, administrators can support residents who have no or limited access to the internet by delivering print materials to their residents. Printable materials for community-based settings are available on the [CDC website](#).
- [Promoting healthy behaviors](#) that reduce spread, maintaining healthy environments and operations, and knowing what to do if [someone gets sick](#).
- Taking action to prevent or slow the spread of COVID-19. This includes limiting the number of non-essential visitors to workers, volunteers, and visitors who are essential to preserving the health, including the mental health, well-being, and safety of residents.
- Consider identifying residents who have unique [medical needs](#) and [behavioral health needs](#) and encourage them to develop a plan for if they or their primary caregiver(s) become ill.

### To maintain safe operations

- Review the CDC [guidance for businesses and employers](#) to identify strategies to maintain operations and a healthy working and living environment.
- Develop flexible sick leave policies. 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 spread of COVID-19 and help them put in place [personal preventive measures](#).
- [Clean and disinfect](#) shared areas (such as exercise room, laundry facilities, shared bathrooms, and elevators) and frequently touched surfaces using [EPA-registered disinfectantsexternal icon](#) more than once a day if possible.
- Identify services and activities (such as meal programs, 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.
- Identify a list of healthcare facilities and [alternative care sites](#) where residents with COVID-19 can receive appropriate care, if needed.

## Encourage staff and residents to prepare and take [action to protect themselves and others](#)

- Follow the guidance and directives on community gatherings from your [state](#) and [localexternal icon](#) health departments.
- Encourage [social distancing](#) by asking staff and residents to stay at least 6 feet (2 meters) apart from others and wear [masks](#) in any shared spaces, including spaces restricted to staff only.
- Consider any special needs or accommodations for those who [need to take extra precautions](#), such as older adults, people with disabilities, and people of any age who have serious underlying medical conditions.
- Limit staff entering residents' rooms or living quarters unless it is necessary. Use virtual communications and check ins (phone or video chat), as appropriate.
- Limit the presence of non-essential volunteers and visitors in shared areas, when possible.
- Use physical barriers, such as sneeze guards, or extra tables or chairs, to protect front desk/check-in staff who will have interactions with residents, visitors, and the public.
- Provide COVID-19 prevention supplies for staff and residents in common areas at your facility, such as soap, alcohol-based hand sanitizers that contain at least 60% alcohol, tissues, trash baskets, and, if possible, [masks](#) that are washed or discarded after each use.
- Consider any special communications and assistance needs of your staff and residents, including [persons with disabilities](#).
- Suggest that residents keep up-to-date lists of medical conditions and medications, and periodically check to ensure they have a sufficient supply of their prescription and over-the-counter medications.
- If possible, help residents understand they can contact their healthcare provider to ask about getting extra necessary medications to have on hand for a longer period of time, or to consider using a mail-order option for medications.
- Make sure that residents are aware of serious symptoms of their underlying conditions and of [COVID-19 symptoms that require emergency care](#), and that they know who to ask for help and call 911.
- Encourage residents who live alone to seek out a "buddy" in the facility who will check on and help care for them and safely make sure they are getting basic necessities, including food and household essentials.

*Note: Surgical masks and N-95 respirators are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. All staff and residents should wear a [mask covering](#) when in shared areas of the facility and maintain social distancing to slow the spread of the virus.*

## Communicate to staff and residents

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 [localexternal icon](#) 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 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. For example, there are resources on the CDC website that are in many [languages](#).

## Considerations for common spaces in your facility, to prevent the spread of COVID-19

- Consider how you can use multiple strategies to maintain [social \(physical\) distance](#) between everyone in common spaces of the facility.

- Consider cancelling all public or non-essential group activities and events.
- Offer alternative methods for activities and social interaction such as participation by phone, online, or through recorded sessions.
- Arrange seating of chairs and tables to be least 6 feet (2 meters) apart during shared meals or other events.
- Alter schedules to reduce mixing and close contact, such as staggering meal and activity times and forming small groups that regularly participate at the same times and do not mix.
- Minimize traffic in enclosed spaces, such as elevators and stairwells. Consider limiting the number of individuals in an elevator at one time and designating one directional stairwells, if possible.
- Ensure that social distancing can be maintained in shared rooms, such as television, game, or exercise rooms.
- Make sure that shared rooms in the facility have good air flow from an air conditioner or an opened window.
- Consider working with building maintenance staff to determine if the building ventilation system can be modified to increase ventilation rates or the percentage of outdoor air that circulates into the system.
- [Clean and disinfect](#) shared areas (laundry facilities, elevators, shared kitchens, exercise rooms, dining rooms) and frequently touched surfaces using [EPA-registered disinfectantsexternal icon](#) more than once a day if possible.

## Considerations for specific communal rooms in your facility

### Shared kitchens and dining rooms

- Restrict the number of people allowed in the kitchen and dining room at one time so that everyone can stay at least 6 feet (2 meters) apart from one another.
  - People who are sick, their roommates, and those who have higher risk of severe illness from COVID-19 should eat or be fed in their room, if possible.
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher. [Wash hands](#) after handling used food service items.
- Use gloves when removing garbage bags and handling and disposing of trash. [Wash hands](#)

### Laundry rooms

- Maintain access and adequate supplies to laundry facilities to help prevent spread of COVID-19.
- Restrict the number of people allowed in laundry rooms at one time to ensure everyone can stay at least 6 feet (2 meters) apart.
- Provide disposable gloves, soap for washing hands, and household cleaners and [EPA-registered disinfectantsexternal icon](#) for residents and staff to clean and disinfect buttons, knobs, and handles of laundry machines, laundry baskets, and shared laundry items.
- Post [guidelines](#) for doing laundry such as washing instructions and handling of dirty [laundry](#).

### Recreational areas such as activity rooms and exercise rooms

- Consider closing activity rooms or restricting the number of people allowed in at one time to ensure everyone can stay at least 6 feet (2 meters) apart.
- Consider closing exercise rooms.
- Activities and sports (e.g., ping pong, basketball, chess) that require close contact are not recommended.

### Pools and hot tubs

- Consider closing pools and hot tubs or limiting access to pools for essential activities only, such as water therapy.
  - While proper operation, maintenance, and disinfection (with chlorine or bromine) should kill COVID-19 in pools and hot tubs, they may become crowded and could easily exceed recommended guidance for gatherings. It can also be challenging to keep surfaces clean and disinfected.
  - Considerations for shared spaces (maintaining physical distance and [cleaning and disinfecting](#) surfaces) should be addressed for the pool and hot tub area and in locker rooms if they remain open.

### Shared bathrooms

- Shared bathrooms should be cleaned regularly using [EPA-registered disinfectantsexternal icon](#), at least twice per day (e.g., in the morning and evening or after times of heavy use).
- Make sure bathrooms are continuously stocked with soap and paper towels or automated hand dryers. Hand sanitizer could also be made available.
- Make sure trash cans are emptied regularly.
- Provide information on how to wash hands properly. Hang [signspdf icon](#) in bathrooms.
- Residents should be instructed that sinks could be an infection source and should avoid placing toothbrushes directly on counter surfaces. Totes could also be used for personal items to limit their contact with other surfaces in the bathroom.

## If a resident in your facility has COVID-19 (suspected or confirmed)

- Have the resident seek advice by telephone from a healthcare provider to determine whether medical evaluation is needed.
- Residents are not required to notify administrators if they think they may or have a confirmed case of COVID-19. If you do receive information that someone in your facility has COVID-19, you should work with the [local health](#)

[departmentexternal icon](#) to notify anyone in the building 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 Health Insurance Portability and Accountability Act (HIPAA).

- Provide the ill person with information on [how to care for themselves](#) and [when to seek medical attention](#).
- Encourage residents with [COVID-19 symptoms](#) and their roommates and close contacts to self-isolate – limit their use of shared spaces as much as possible.
  - - If possible, designate a separate bathroom for residents with COVID-19 symptoms.
    - Consider reducing cleaning frequency in bedrooms and bathrooms dedicated to persons with COVID-19 symptoms to as-needed cleaning (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill persons.
    - Follow guidance on [when to stop isolation](#).
  - 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 persons with COVID-19 symptoms to follow [recommended precautions](#) to prevent the spread.
  - 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 (i.e., less than 6 feet (2 meters) with a resident 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 for the potential need to transport persons with suspected or confirmed COVID-19 for testing or non-urgent medical care. Avoid using public transportation, ride-sharing, or taxis. Follow [guidelines](#) for cleaning and disinfecting any transport vehicles.

## Accepting new residents at facilities that offer support services

First, review and follow the guidance and directives from your state and local officials.

If your situation is not restricted by their guidance and directives, then consider the following guidance:

- - At check-in, provide any new or potential resident with a clean [mask](#) and keep them isolated from others. Shelters can use [this tool](#) to screen for symptoms at entry.
  - Medical evaluation may be necessary depending on the symptoms.
- If your facility is full, your facility space is inadequate to maintain physical distancing (such as is recommended in the [guidance for homeless shelters](#)), or you do not have the resources (staff, prevention supplies) to accept additional residents, reach out to community- or faith-based organizations to help meet individuals' needs, including:
  - A safe place to stay
  - Ability to obtain basic necessities, such as food, personal hygiene products, and medicine
  - Access to any needed medical or behavioral health services
  - Access to a phone or a device with internet access to seek out resources and virtual services and support

## Additional CDC resources to help prevent spread of COVID-19 in shared or congregate housing settings

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.

- [Assisted living facilities](#)
- [Retirement communities and independent living](#)
- [Homeless shelters](#)
- [Community- and faith-based organizations](#)
- [Colleges and universities](#)
- [Households with suspected or confirmed COVID](#)