



OFFICE OF PUBLIC & INDIAN HOUSING

COVID-19 PHA Quick Guide

Background

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the Coronavirus Disease (COVID-19) outbreak a “public health emergency of international concern.” On January 31, U.S. Department of Health and Human Services Secretary Alex M. Azar II declared a public health emergency to aid the nation’s healthcare community to respond.

This document provides public housing agencies (PHAs) and tribally designated housing entities (TDHEs) with considerations as they develop strategies to address the impact of the pandemic on their staff, residents, communities, and stakeholders. It is not an exhaustive or exclusive list of recommendations or resources. Authorities should consider strategies like the ones provided to prepare and safeguard their employees and residents through their own policies and procedures. Authorities are encouraged to continue to seek guidance from health agencies, including the Centers for Disease Control (CDC) as well as local emergency management entities and government officials for a comprehensive and timely view of the current situations that are affecting their housing agencies.

Engaging Partners in Emergency Planning

Emergency planning efforts should include potential partner organizations that may have a role in the preparedness, response, or recovery from COVID-19 complications at your housing authority. These partners can often help address unmet needs that may arise, help your PHA source critical supply and/or vendors, or help develop strategies that address those gaps.

Health departments often develop and/or share educational materials with partners and the public. Emergency management agencies can often provide technical assistance. You can also receive updates and notifications by asking your local health department and emergency management agencies to add your PHA to their electronic distribution lists or alert systems.

In the middle of this public health emergency, you may only be able to engage your staff when addressing an emerging issue involving the administration of your program. Despite the difficulties presented by this emergency, please consider trying to consult with relevant stakeholders, including residents; people with disabilities; trusted representatives from cultural communities that you serve; as well as senior and families with young children.

Vital COVID-19 partner organizations, at a minimum, should include your local:

- Health department
- Emergency management agency
- City and state governments
- Disability and aging organizations
- Public, charter, and private schools
- Food banks and other emergency assistance organizations

Planning Considerations

PHA leaders should carefully and continually assess changing conditions and consider staff and resident concerns and wellbeing. New directives are emerging almost daily – from stay-at-home orders to shifting social distancing guidelines to state and local officials reopening their economies. It is critical for a PHA to be well-informed with reliable information and the flexibility to adjust your planning accordingly.

- Identify a planning coordinator and/or team with defined roles and responsibilities for COVID-19 preparedness, response, and recovery efforts.
- Find and continue to monitor up-to-date information from local governments, HUD, Centers for Disease Control and Prevention, community public health organizations, emergency management organizations, and other reliable sources.
- Establish contact with public health and emergency management organizations to have your PHA incorporated into their plans and maintain frequent contact.
- Maintain contact with local labor representatives, industry groups, nonprofits, houses of worship, and other PHA stakeholders.
- Engage traditional and non-traditional partners. If you have Resident Services programs, you likely already have a network of local service providers and partners. The Family Self-Sufficiency Program Coordinating Committee, Resident Opportunities and Self-Sufficiency Program partners, and Jobs Plus local networks, among others, can be valuable resources.
- Set up triggers and thresholds for actionable items related to assigned tasks.
- Identify key contacts/decision-makers, and alternate ways to reach them. Identify and authorize secondary and tertiary contacts if the key contact is not available.
- Identify and engage alternate suppliers for critical resources as needed, bearing in mind procurement requirements and any waivers thereof.
- Assess current remote communication strategies and identify additional enhancements, e.g., free to low-cost Wi-Fi and computing equipment for residents to ensure communication.
- Champion wellness, including mental health. Learn more about a trauma-informed approach: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>.

Determining the Business and Operational Impact

As significant numbers of the population are affected by direct and potential exposure to COVID-19, PHAs should prepare for increased employee absenteeism due to staff and their family members becoming sick. PHAs may face local government-ordered reduction in staffing, mandatory public facing office shutdowns, or other restrictions.

- Determine how disruptions to staff due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures will impact your PHA. Identify strategies or flexibilities to address and mitigate.
- Determine the impact of high absenteeism levels on your ability to continue operations (e.g., leasing, lease enforcement, maintenance, emergency work orders, rent collections, resident supports, and rent re-certifications as needed to respond to residents' loss of income) and develop strategies to address.
- Develop and plan for scenarios likely to result in increased or decreased demand for products/services (e.g., enhanced cleaning after confirmed exposure in a building, additional orders for personal protective equipment, and increased need for rent re-certifications).
- Determine potential impact on PHA business financials using multiple possible scenarios that affect different developments/locations (e.g., cost of disinfecting buildings, elevators, disruption to construction work, emergency transfer requests, and loss of rental income).
- Identify the essential PHA employees or functions required to maintain business operations by location and function in the event of a single case, COVID-19 cluster or quarantine operation.
- Identify other critical inputs (e.g., raw materials, suppliers, sub-contractor services/products, and logistics) required to maintain business operations by location and function, in the event of a single case, COVID-19 cluster, or quarantine operation.

Determining the Impact on People

COVID-19 is placing unique demands and challenges on PHAs that will impact their workforce, residents, and communities. Therefore, PHA leadership should prioritize assessing and addressing the potential risk of COVID-19 to their operations. PHAs are encouraged to consider the following to address the needs of its operations, staff, and residents. While each of us is facing this crisis, it may not impact us all in the same way.

- Provide residents and staff with ways to share their personal situations and challenges if they choose, so you can work with the appropriate officials to help get them the support they may need.
- Domestic violence cases spike in times of prolonged stress and disruption, like financial crises and disasters. Communities under stay-at-home orders may see an increase in the frequency and severity of domestic abuse. Provide resources, such as:

1. The National Domestic Violence Hotline is available 24/7 in more than 170 languages at 1-800-799-7233; all calls are toll-free and confidential. Those who need help but are unable to speak safely can text LOVEIS to 22522 or chat online: <https://www.thehotline.org/what-is-live-chat>.
 2. When someone calls 1-800-656-HOPE, they are connected with a Rape, Abuse, and Incest National Network (RAINN) support specialist or a local center from RAINN's network of more than 1,000 sexual assault service providers throughout the country. Those in need may also chat one-on-one with a trained specialist anytime online: <https://hotline.rainn.org/online>.
 3. The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline is a 24/7 national hotline to provide immediate crisis counseling for people experiencing emotional distress related to any natural or human-caused disaster. Toll-free, multilingual, and confidential crisis support service is available to all U.S. residents by calling 1-800-985-5990 or texting TalkWithUs to 66746.
- Identify employees and residents who may have special needs related to COVID-19 and explore options to support them with local emergency management officials.
 - Collaborate with your Employee Assistance Program (if available) to establish messaging regarding available services relevant to employee needs. (e.g., anxiety and fear of a contaminated workspace).

Determining Policy Adjustment or Creation

PHA day-to-day operations can be significantly impacted due to COVID-19. Pursuant to the Coronavirus Aid, Relief, and Economic Security (CARES) Act, HUD is waiving statutory and regulatory requirements and establishing many alternative requirements to assist with the continued administration of HUD's programs while preventing, preparing for and responding to COVID-19. To respond, PHAs should explore all opportunities to create/update their policy with additional flexibility to fulfill and carry out their mission. Share frequent and easily understood updates on any policy changes to your staff and residents. Below are some topics to review and consider noting when meeting with staff and residents.

- What available waivers and administrative flexibilities are applicable to your agency? Review Notice PIH 2020-05, *COVID-19 Statutory and Regulatory Waivers for the Public Housing, Housing Choice Voucher, Indian Housing Block Grant and Indian Community Development Block Grant programs, Suspension of Public Housing Assessment System and Section Eight Management Assessment Program* (<https://www.hud.gov/sites/dfiles/PIH/documents/PIH2020-05.pdf>) to determine how these waivers provide administrative flexibilities and relief to PHAs, Indian tribes, and TDHEs. Document the changes you make in implementing the waivers, as this will may be requested at a future time from HUD; the notice includes a chart for this purpose.
- Should you consider utilizing flexible worksite (e.g., telecommuting) and flexible work hours (e.g., staggered shifts)? Telework may be a primary strategy, along with social distancing and position reassignments. How will you communicate these options to staff?

- How will you provide staff and tenants with updates coming out of city hall, the governor's office, HUD, or the Federal Government? Only communicate verified information from federal, state, and local government agencies and other trusted sources to stakeholders.
- Are you ready with hardware (i.e., laptops, hotspots) and systems that are accessible remotely? If not, what can be provided/modified quickly? What systems and policies are in place to ensure confidentiality of resident personally identifiable information (PII)? Could your staff communicate with residents in a way that will not require the sharing of personal information? Consider implementing policies for electronic signatures via email or using an online platform for the electronic execution of documents. Read *HUD's Protecting PII Capacity Building Guidance on Protecting Privacy Information*: https://www.hud.gov/sites/documents/OHC_PII042815.PDF.
- How should you implement guidelines to modify the frequency and type of face-to-face contact (e.g., handshaking, seating in meetings, office layout, and shared workstations) among employees and between employees and tenants? Consider installing new protective measures where applicable, such as plexiglass shields in public facing offices. Explore various social platforms that permit visual engagement via cell phone and/or computer technology.
- Will you implement secondary reminders to employees and residents of policies for preventing infectious spread at the worksite (e.g., promoting respiratory hygiene/cough etiquette and prompt isolation of people with symptoms)?
- Should you establish policies for employee compensation and sick-leave absences unique to a pandemic (e.g., non-punitive and liberal leave), including policies on when a previously-ill person who is no longer infectious can return to work after illness, and communicate to staff? Should residents be informed of return-to-work policies? Consider flexible compensation (e.g., flexible schedules, granting administrative time, and covering childcare costs) for staff taking care of young children at home during mandatory school closures while also working remotely.
- Are you prepared to perform remote recertifications for families who have experienced a loss of income? Remember HUD does not require in-person meetings for recertifications.
- Should you use this event as an opportunity to encourage annual influenza vaccination or champion other public health actions for employees?
- Should your leave policies and procedures include bereavement? Ensure staff have information on any requirements for contacting supervisor(s) to request bereavement leave, including call-in/email procedures and documentation to support such requests.

Communication

A lack of information or misinformation can lead to significant confusion and fear. Share as much information as possible with staff and residents. This may include rationale and policies considered. Be sure your data and guidance is from a reputable source, like your local public health department, emergency management agency, or the CDC. It may be helpful to cite the source and give staff and residents resources for further research.

Overall, consider creating a “message map,” outlining communication content and timing. Identify the internal and external stakeholders you will communicate with. Determine which means of communication (e.g., Internet, Intranet, website posting, instant messaging, mobile devices, email, blast email, mass voice mail, mass faxes, and one-to-one phone) will be most effective for each stakeholder. Then, determine what kinds of information you want to communicate, the ideal frequency, and who will be responsible for the delivery of these communications.

Here are a few things to consider when communicating with:

Staff

- Anticipate employee fear and anxiety, rumors, and misinformation, and craft pre-scripted messages to address.
- Determine processes for communicating and tracking business impact or disruption and employee status (e.g., employee no-shows and workflow disruptions).
- Be sure to collect up-to-date employee information including emergency contacts, phone numbers (mobile and home), and email. You want to ensure they can all get the necessary information they need about your COVID-19 response and protocols.
- Communicate COVID-19 local distancing and safety requirements (e.g., wearing facial masks and other personal hygiene and/or universal precautions) to employees and residents. Remember, you are an amplifier of this already-available information.

Residents

- Anticipate resident fear and anxiety about continued service levels/ability to deliver services and about exposure to COVID-19, especially in common buildings (as opposed to tenant-based vouchers or scattered-site).
- Communicate COVID-19 local distancing and safety requirements (e.g., wearing facial masks and other personal hygiene and/or universal precautions) to employees and residents. Remember, you are an amplifier of this already-available information. Your agency does not have to create new content unless translating for specific underserved populations about which you have some expertise.
- Ensure communications are broadcast in accessible formats as available. Remember that, often, simple translation is not enough to get a message across in a culturally-competent way. See the *HUD Statement on Fair Housing and COVID-19* (<https://www.hud.gov/sites/dfiles/FHEO/documents/secretary%20fh%20statement%20covid-19%204.3.20.pdf>).
- Lead with empathy. Remember your units are your residents’ homes.

Stakeholders

- Anticipate stakeholder (e.g., PHA Board, elected officials, and community leaders) anxiety or special attention, and craft pre-scripted responses. Communicate talking points to executive staff.

Lastly, disseminate information to remote and frontline staff and residents, when appropriate, about COVID-19 planning efforts and provide them with up-to-date, relevant, consistent communications about health and safety, policy updates, and guidance. Communicate how they will receive this information

(e.g., employees will be notified by email and relevant safety updates will be given via staff conference calls, and notices will be posted in buildings for residents).

Developing Prevention and Containment Strategies

- Develop safe distancing strategies that will prevent the spread of COVID-19 to staff and residents, such as contactless receipt of parcels and delivery to office and resident units, performing emergency maintenance only after screening for possible health risks, and limiting resident and staff face-to-face interaction by using remote communication and a drop-box option for rental payments.
- Provide personal protection equipment for all staff and residents when possible.
- Provide enough and accessible infection control supplies (e.g., hand-hygiene products, tissues, and receptacles for their disposal) in all business locations.
- Evaluate employee and resident access to and availability of mental health and social services during a pandemic, including corporate, community, and faith-based resources, and communicate options to employees/residents.
- Review guidance such as the CDC's interim guidance for cleaning and disinfecting community facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>, and steps for cleaning and disinfecting every day and when someone is sick: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.
- The CDC has issued recommended guidance on the extended use and limited re-use of N-95 respirators in situations when N-95 respirator supplies are low. Per the CDC guidance, extended use is favored over reuse because it is expected to involve less touching of the respirator and therefore less risk of contact transmission: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>.
- For areas in crisis, also see the CDC guidance on decontamination and reuse of filtering facepiece respirators: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>.

Coordination with External Organizations

- Collaborate with federal, state, and local public health agencies and/or emergency responders and participate in their planning processes and understand their capabilities and plans.
- Discuss with local or state officials whether non-congregate sheltering is an option. Sheltering alternatives, such as hotels, motels, and dormitories, for persons with no other safe place to who need to quarantine or isolate or are at high-risk for severe illness may be available through coordination with emergency management and health officials.
- Reach out to nonprofit organizations and houses of worship who provide wraparound services that may help ensure residents under quarantine or self-isolated can receive food, medication, transportation to medical appointments, or have other needs met.

- Request written review of all suppliers' special permits or qualifications to handle hazardous materials and appropriate up-to-date valid insurance.
- Ensure visitor policies do not inhibit deliveries of essential resources such as a grocery, meals, medications, direct service professionals, and hygiene supplies.
- Establish redundant communication networks with key stakeholders and test.
- Work with state and local emergency managers to learn about potential FEMA funding (e.g., how it works and how to apply).

Recovering Post-Pandemic

Once the pandemic has subsided and you have begun to resume usual methods of operation, extensive planning will be necessary to ensure that you can return to normal as efficiently and quickly as possible, and to adequately prepare for another such event in the future.

- Consider the *Opening Up America Again* guidelines (<https://www.whitehouse.gov/openingamerica>) along with your state and local guidelines. Consider whether you can place employees who are more at risk (e.g., immunocompromised) in work assignments with non-direct contact and limit workspace entry.
- Work with human resources personnel to determine if you can implement/continue emergency policies that allow for employee compensation during absences due to COVID-19-related matters, such as personal illness, family illness, isolation, quarantines, and/or public transportation closures. Determine when any pandemic-specific policies will expire, and normal policies will resume.
- Social distancing is extremely important for limiting exposure to COVID-19. Determine whether you can implement and/or continue flexible work schedules to help limit the number of staff in the office at the same time and to help your staff balance work, personal, and family responsibilities.
- Continue to assume many items/supplies your agency uses will not be readily available and plan resource usage accordingly, and/or identify replacements or substitutes.
- Create a post-pandemic communication plan to communicate 'return to normal' for resumption of business operations.
- Hold internal discussions to identify the best practices of your planning and response and self-identify areas of improvement to inform future decision making and plans.

Further Information

- <https://www.coronavirus.gov>

- HUD: <https://www.hud.gov/coronavirus>
- PIH: https://www.hud.gov/program_offices/public_indian_housing/covid_19_resources
- Federal Emergency Management Agency Fact Sheet – Disaster Financial Management Guide and COVID-19 Response: <https://www.fema.gov/media-library-data/1586815358427-cc78a4a55abb9437c487ba72b1a57e02/COVID-19-and-Disaster-Financial-Management-Guide.pdf>