

Interim Guidance on the Prevention of COVID-19 for Employees and Persons Who Use Services in Licensed Group Homes¹

The Minnesota Department of Health (MDH) and Department of Human Services (DHS) are working together to monitor and respond to the developing COVID-19 situation. Together, the agencies provide guidance for DHS-licensed residential service providers who deliver 245D licensed services in a licensed community residential setting and for MDH-licensed intermediate care facilities (ICF/DD), referred to collectively in this document as “group homes.”

Guidance for group homes must balance workforce challenges and uphold individual rights while preventing spread of the virus that causes COVID-19 in these settings. Residential providers who deliver 245D licensed services and ICFs are settings where rapid spread of COVID-19 can occur among employees and persons who use services.

This document provides guidance for persons who use services, their staff, and administrators on how to best prevent the introduction of COVID-19 in a group home setting. For more information on the management of COVID-19 cases in group home settings, please visit the links to additional MDH resources at the end of this document. This guidance is intended to advise providers on best practice recommendations in these settings and does not mandate specific actions.

¹ In this document, the term group home refers to providers delivering 245D licensed residential supports and services in adult foster care homes, community residential settings, supervised living facilities, and intermediate care facilities (ICF/DD).

Preventing COVID-19 among persons who use services

As in other congregate living settings that have daily movement of staff in and out of the building or unit, the implementation of universal source control and the use of interventions to limit virus spread among persons who use services are paramount. MDH recommends that the following general measures be implemented in group homes. Outside of these guidelines, group home providers need to stay updated on current state and federal requirements based on their license type.²

Monitoring for symptoms

Staff should educate persons who use services to make them aware of symptoms associated with COVID-19 or underlying conditions that require emergency care. Serious symptoms may include, but are not limited to: severe difficulty breathing, persistent chest pain or pressure, or new confusion or inability to rouse. Ensure persons who use services and their staff know who to ask for help or how to call 911.

Staff should monitor all residents at least daily for symptoms of COVID-19 (e.g., fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or new loss of taste or smell). Other less common symptoms could include gastrointestinal symptoms like nausea, vomiting, or diarrhea.³

- If a pulse oximeter is available, staff should monitor pulse oxygenation status at least once a day. If a resident has oxygenation saturation less than or equal to 94%, refer them for further evaluation and possible treatment.⁴
- Persons who use services with a fever or symptoms of COVID-19 are a high priority for testing. Because of the potential for rapid spread of COVID-19 in congregate settings, testing is strongly encouraged for those living in these settings. Staff and administrators having difficulty identifying a testing site can contact their local public health department or MDH to identify testing resources in their area.⁵

² Please refer to updated guidance from the Centers for Medicare & Medicaid Service (CMS) at [CMS: Policy & Memos to States and Regions \(www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions\)](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions) and [DHS: Latest information about COVID-19 from Licensing \(mn.gov/dhs/partners-and-providers/licensing/licensing-covid/\)](https://mn.gov/dhs/partners-and-providers/licensing/licensing-covid/).

³ Symptoms of COVID-19 can be found on [CDC: Symptoms of Coronavirus \(www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html\)](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

⁴ [Pulse Oximetry and COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/pulseoximetry.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/pulseoximetry.pdf)

⁵ [Minnesota COVID-19 Response: Find Testing Locations \(mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp\)](https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp)

Persons who use services with COVID-19

For guidance on ways to support persons who use services with suspected or confirmed COVID-19, please refer to [MDH: Interim Guidance on the Management of COVID-19 for Employees and Persons Who Use Services in Licensed Group Homes \(www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf).

Considerations to reduce disease transmission

Gatherings of persons who use services and their staff in the home (e.g., meal times, entertainment) should be carefully considered and redesigned, as necessary, to reduce prolonged⁶ close contact⁷ in the home.

- Non-direct care or support activities that require close contact are not recommended.
- Consider staggering schedules and arranging tables and chairs to be at least 6 feet apart for group activities and meals.
- In order to protect themselves and others, persons who use services should be encouraged and reminded to practice diligent hand hygiene and practice social distancing (staying at least 6 feet apart, or as far apart as able).
- Encourage persons who use services to wear a face covering for source control when in shared spaces or when close contact with other individuals in the home is likely to occur.

For additional suggestions on ways to reduce disease transmission in group homes, visit [CDC: Guidance for Group Homes for Individuals with Disabilities \(www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html).

Alternative activities

Staff and residents in the group home should work together to identify ways to help residents have meaningful activities during the day within the bounds of these infection control recommendations. Examples may include interacting with friends and family via remote communication or electronic media, working on independent living skills, and other forms of remote participation in community events.

⁶ Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged.

⁷ Close contact is defined as being within 6 feet of a person with confirmed COVID-19 or having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.

Considerations for visitors

Persons who use services retain their rights to associate with other persons of their choice in the community and to choose their visitors and time of visits. Be mindful that restricting these rights without a rights restriction in place may violate licensing standards. During the peacetime emergency, all Minnesotans have had to limit visitors who would normally come into their homes. Providers should help persons who use services make informed decisions about visits that take into account the risks and benefits to the person who uses services and to others whom they interact with.

In order to best protect all persons in the group home, consider the following when planning visits to the home:

- Consider screening of visitors and essential volunteers, for fever and other symptoms associated with COVID-19 before they enter the home and exclude those who are ill
- Consider limiting non-essential visitation to one visitor per resident per day
 - Group home providers should communicate with persons who use services in the home to identify friends or family that are essential to preserving their physical or mental health.
- If a household member is in isolation or quarantine because of a known infection or exposure, make agreements to postpone visitation to the home until individuals have been cleared of infection or have completed their quarantine period.
- When possible, restrict visits to private rooms to avoid visiting in common areas
 - Outdoor visits should be encouraged as conditions allow.

If you have concerns that the rights of a person who uses services have been violated, these concerns may be reported to DHS Licensing Intake at 651-431-6600 or by filing a complaint with the Minnesota Adult Abuse Reporting Center (MAARC) at 1-844-880-1574. For general questions about rights in 245D licensed settings, call the Home and Community-Based Services (HCBS) Helpdesk at 651-431-6624. For more information about supporting persons who use services to make informed decisions, see [DHS: Guide to encouraging informed choice and discussing risk \(www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelecti onMethod=LatestReleased&dDocName=dhs-293178\)](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelecti onMethod=LatestReleased&dDocName=dhs-293178).

Considerations for Nebulizers and other Aerosol-Generating Procedures

For nebulizer treatments, open suctioning, or other procedures that may generate aerosols, providers should refer to MDH guidance on [Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf). To reduce risk of disease transmission, consider switching from nebulizer treatment to metered-dose inhalers, if available and if the person who uses services can tolerate it.

Situations in which exposures cannot be ruled out

If a person who uses services plans to visit or stay with a family member or engage in activities for which exposure cannot be ruled out (e.g., day program participation, vacation), staff should discuss the following with the person who uses services and/or their guardian prior to the visit or activity:

- The risk of exposure for the planned visit or activity,
- The need for social distancing during the visit,
- Additional steps will need to be taken when the person who uses services returns to ensure other residents and staff remain safe.

It is important to educate persons who use services, families, guardians, and staff who are leaving the home on ways to further reduce the risk of disease transmission when they return to the group home. More information regarding informed choice through person-centered conversations and activities can be found at the following websites:

- [DHS: Person-Centered, Informed Choice and Transition Protocol \(mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/person-centered-practices/pc-ic-tp-faq/\)](https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/person-centered-practices/pc-ic-tp-faq/)
- [Disability Hub MN: Informed Choice \(disabilityhubmn.org/hub-partners/work-toolkit/policy-and-practice/informed-choice\)](https://disabilityhubmn.org/hub-partners/work-toolkit/policy-and-practice/informed-choice)

Since COVID-19 could develop within 14 days of an exposure, the risk of disease transmission following activities for which exposure cannot be ruled out is also 14 days. Examples of steps to further reduce the risk of disease transmission include:

- Eating meals in a private room or in common areas at least 6 feet apart
- Having a dedicated bathroom or cleaning and sanitizing the bathroom after each use
- Wearing a face mask when in communal areas
- Performing frequent hand hygiene

As personal protective equipment (PPE) supply allows, best practices would also include the use of eye protection,⁸ medical-grade face masks,⁹ and if possible, gowns and gloves by staff for all care

⁸ CDC has reported that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays. For more information see [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access).

⁹ Please note cloth or alternative masks are acceptable means for source control in limiting exposures to other staff; however, for staff providing direct resident care, cloth masks are not considered PPE.

provided to persons who use services in the group home and who have engaged in an activity for which exposures cannot be ruled out in the past 14 days.

- Consider use of PPE in these situations carefully in order to assure sufficient supply for staff caring for any persons who use services who could display symptoms of COVID-19 in the future.

Admission or re-admission of persons who use services with no clinical concern for COVID-19

Persons who use services with no clinical concern for COVID-19 can be admitted or re-admitted to HCBS-CRS or HCBS-RS licensed group homes following the provider's normal procedures. ICF/DD facilities should continue to follow admission guidance as directed by the Centers for Medicaid and Medicare Services (CMS). Additional considerations that group homes may consider to reduce the risk of asymptomatic transmission among newly admitted persons who use services include:

- A pre or post-admission self-quarantine for 14 days (if the person who uses services agrees)
- Testing asymptomatic persons who use services (with the person's or their legal representative's consent) either prior to admission or immediately upon admission, and if available at day 7 and 14
 - Test results should not be used as the only criteria for admission since a negative test does not guarantee a person who uses services won't develop symptoms
- Within the first 14 days after admission, as PPE supply allows, staff could use eye protection,¹⁰ medical-grade face masks,¹¹ and if possible, gowns and gloves for all care provided to the person who uses services
- Redesign the common areas, such as dining and living rooms, to encourage social distancing

Preventing COVID-19 among staff

For staff working in the group home

¹⁰ CDC has reported that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays. For more information see [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access).

¹¹ Please note cloth or alternative masks are acceptable means for source control in limiting exposures to other staff; however, for staff providing direct personal care, cloth masks are not considered PPE.

COVID-19 PREVENTION RECOMMENDATIONS FOR GROUP HOMES

The following recommendations are intended for employees who work in licensed residential settings. Staff and other essential professionals (e.g., home care, hospice) should be screened for fever or other symptoms associated with COVID-19 before entering the group home. Non-essential staff should not be allowed in the group home. In situations where it becomes necessary for staff in non-direct care roles to enter the building (e.g. building maintenance), these staff members need to follow the same screening and infection control measures as essential staff.

Staff screening

Active screening for, and documentation of, body temperature and symptoms should be used to identify and exclude symptomatic staff. Staff with measured or subjective fever or new symptoms as described previously should not be allowed to enter the group home and should be prioritized for testing. A template form for screening staff can be adapted from appendices of the [MDH COVID-19 Toolkit: Information for Long-term Care Facilities](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf) (www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf).

PPE considerations

To keep the risk of exposure low for staff, all staff should wear surgical face masks and eye protection (e.g., goggles or face shield) throughout their shift for all close contact encounters with persons who use services.¹²

- Washable homemade masks are an alternative option when there is a limited supply of disposable surgical face masks; however, cloth masks are not considered PPE.
- Use of N95 or higher-level respirators are only recommended for staff who have been medically cleared, trained, and fit-tested, in the context of an employer's respiratory protection program as defined by the Occupational Safety and Health Administration (OSHA). Group home providers should document their efforts to comply with OSHA standards for N95 use. During times of extreme supply constraints, when there may be limited availability of respirators or fit test kits, employers may face challenges in fit testing staff. For additional guidance in these circumstances, group home providers should refer to [CDC NIOSH Science Blog: Proper N95 Respirator Use for Respiratory Protection Preparedness](https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/) (blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/).

Reuse of PPE by staff should be guided by [CDC: Strategies to Optimize the Supply of PPE and Equipment](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html) (www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).

¹² For more information see [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access) (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#manage_access).

COVID-19 PREVENTION RECOMMENDATIONS FOR GROUP HOMES

Instruct staff on proper procedures and assure proficiency in procedures for putting PPE on (don) and taking PPE off (doff), including when caring for persons who use services who require PPE to reduce disease transmission. You can find short videos at [Donning and Doffing Video Vignettes \(www.health.state.mn.us/diseases/hcid/videos.html\)](http://www.health.state.mn.us/diseases/hcid/videos.html).

Keeping the environment clean

Direct staff to regularly clean and disinfect the home, especially shared areas and frequently touched surfaces, using EPA-registered disinfectants more than once daily, if possible. Clean shared bathrooms at least twice daily and stock them with hand soap and paper towels. Staff should limit entering the bedroom of persons who uses services as much as possible, to reduce potential for cross-contamination.

Group home providers should also keep the following items in common areas for use by persons who use services and staff:

- Soap or alcohol-based hand sanitizers that contain at least 60% alcohol
- Tissues
- Trash baskets
- Cloth face coverings that are washed after each use or disposable masks

Planning for staffing shortages

Staffing shortages are likely to occur if persons who use services or staff develop COVID-19. Group homes should plan for emergency staffing prior to having a positive COVID-19 case. Possible staffing options might include recruiting former or retired employees, using temporary staffing agencies, using furloughed staff from day program providers, using emergency respite or other service modifications, health care coalitions and working with local public health to identify any other local staffing resources.

For staff living with people with COVID-19

The following recommendations are intended for employees who work in licensed residential settings and who, outside of the group home setting, have household contacts or intimate partners with a confirmed or suspected case of COVID-19.

The employee should separate himself or herself from the ill household member within the home as much as possible. The employee might consider temporarily moving into an alternative accommodation, if available, to maintain distance from the ill household member. Given family and caregiver responsibilities, this will not be feasible for many employees.

Employees who are household or intimate contacts of people with a confirmed or suspected case of COVID-19 are advised to stay away from work and limit interactions with the public for 14 days

COVID-19 PREVENTION RECOMMENDATIONS FOR GROUP HOMES

after the last known exposure with the ill household contact or after preventive self-isolation measures are put into place. MDH recommends that employees with high-risk exposures either in the home, community, or workplace participate in voluntary quarantine for 14 days after the exposure. If the facility is experiencing a staffing shortage that cannot otherwise be resolved, asymptomatic high-risk employees may be asked to return to work during the voluntary quarantine period, provided the employee follows the recommendations described below. High-risk employees can choose not to return with worker protections under Minn. Rule 144.4196.

If it remains necessary for the employee to continue providing direct resident care during this 14-day quarantine period, they should:

- Avoid providing care to or interacting directly with high-risk persons who use services (e.g., elderly and immunocompromised persons, and those with co-morbidities).
- Practice diligent hand hygiene and wear a medical-grade face mask at all times when in the worksite during the 14-day period. They must keep the mask on at all times when providing care and when within 6 feet of any other person. Wearing a medical-grade face mask is preferred over a cloth or fabric face covering during this 14-day period, but if none are available, a cloth or fabric face covering must be worn.
- Monitor themselves closely for symptoms associated with COVID-19 and measure their temperature daily before going to work.
- Remain at home and notify their supervisor if they develop symptoms or have a measured or subjective fever.
- Immediately notify their supervisor if at work when fever or symptoms of illness develop.

Group home employees who may have COVID-19 are a high priority for testing. Because of the potential for rapid spread of COVID-19 in congregate settings, testing is strongly encouraged for those working in these settings. Staff and administrators having difficulty identifying a testing site can contact their local public health department or MDH to identify testing resources in their area.

Follow Statewide Updates and Executive Orders

Staff, visitors, persons who use services, and administrators of group homes must stay in compliance with statewide mandates. More information on current statewide requirements can be found at [Minnesota COVID-19 Response \(mn.gov/covid19/\)](https://www.mn.gov/covid19/).

Resources

- [CDC: COVID-19 Guidance for Shared or Congregate Housing \(www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html)

COVID-19 PREVENTION RECOMMENDATIONS FOR GROUP HOMES

- [CDC: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)
- [CDC: If You Are Sick or Caring for Someone \(www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)
- [CDC: Guidance for Group Homes for Individuals with Disabilities \(www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html)
- [CDC: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
- [MDH: COVID-19 Testing in Group Homes: Frequently Asked Questions \(www.health.state.mn.us/diseases/coronavirus/groupfaq.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/groupfaq.pdf)
- [MDH: Donning and Doffing Video Vignettes \(www.health.state.mn.us/diseases/hcid/videos.html\)](https://www.health.state.mn.us/diseases/hcid/videos.html)
- [MDH: Health Care Coalitions \(www.health.state.mn.us/communities/ep/coalitions/index.html\)](https://www.health.state.mn.us/communities/ep/coalitions/index.html)
- [MDH: Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf)
- [MDH: Interim Guidance on the Management of COVID-19 for Employees and Persons Who Use Services in Licensed Group Homes \(www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf)
- [Minnesota Responds Medical Reserve Corps \(mnresponds.org/\)](https://mnresponds.org/)



Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact health.communications@state.mn.us to request an alternate format.

09/02/2020