STAY SAFE MN

Interim Guidance on the Prevention of COVID-19 for Employees and Residents of Licensed Group Homes[1]

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 residents.

This document provides guidance for residents, 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 residents

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 residents 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 residents 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 staff and residents 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 90%, refer them for further evaluation and possible treatment.[4]
- Group home residents with 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]

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[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) and DHS: Latest information about COVID-19 from Licensing (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).

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

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

Considerations to reduce disease transmission

Gatherings of residents and staff in the home (e.g., meal times, entertainment) should be carefully considered and redesigned, as necessary, to reduce prolonged[6] close contact[7] among staff and residents.

- 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, residents 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 residents 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.

People who live in group homes have the right to have visitors of their choice. During the peacetime emergency, all Minnesotans have had to limit visitors who would normally come into their homes. Providers should talk with people who live in the group home about the need to restrict visitors and reach agreements about how to manage visitors coming into the home. In order to best protect all residents in the group home, examples of agreements on managing visitors may include:

- 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
  - Providers should talk with individuals in the home to identify those that are essential to preserving their physical or mental health.
- If a resident or 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.

[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.

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).

Considerations for Nebulizers and other Aerosol-Generating Procedures

For residents who require 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 (PDF) (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 resident can tolerate it.

Situations in which exposures cannot be ruled out

If a resident 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), staff should talk with the resident or guardian before the visit about the risk of exposure, the need for social distancing during the visit, and what additional steps will need to be taken when the person returns to ensure other residents and staff remain safe. It is important to educate residents, families, guardians, and staff who are leaving the home on ways to further reduce the risk of disease transmission when they return to the 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 (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 (https://disabilityhubmn.org/hub-partners/work-toolkit/policy-and-practice/informed-choice)

Since COVID-19 could develop within 14 days of an exposure event, 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, medical-grade face masks[8], and if possible, gowns and gloves by staff for all care provided to these residents.

- Consider use of PPE in this situation carefully in order to assure sufficient supply for staff caring for any residents that could display symptoms of COVID-19 in the future.

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.

Preventing COVID-19 among staff

For staff working in the group home

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.

Staff screening

Active screening for, and documentation of, body temperature and symptoms should be used to identify and exclude symptomatic workers. Workers 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 templated form for screening staff can be adapted from appendices of the MDH COVID-19 Toolkit: Information for Long-term Care Facilities (PDF) (www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf).

PPE considerations

As PPE supply allows, all staff should wear masks for source control to prevent potential transmission of COVID-19 from infected individuals who may not have symptoms.

[8] 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.

- Washable homemade masks are an alternative option when there is a limited supply of disposable surgical face masks; however, these 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 workers. 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/).

All staff should use eye protection (e.g., face shield, goggles, or safety glasses with side shields) during all resident care encounters requiring close contact.

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

Instruct staff on proper procedures and assure proficiency in procedures for putting PPE on (don) and taking PPE off (doff), including when caring for residents who require transmission-based precautions. You can find short videos at Donning and Doffing Video Vignettes (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 or automated hand dryers. Staff should limit entering residents' rooms 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 residents 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 face coverings

Planning for staffing shortages

Staffing shortages are likely to occur if residents 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, 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 after the last known exposure with the ill household contact or after preventive self-isolation measures are put into place.

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 residents (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 to a resident 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.

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)
- CDC: Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance) (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)
- CDC: Guidance for Group Homes for Individuals with Disabilities (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)
- MDH: Donning and Doffing Video Vignettes (www.health.state.mn.us/diseases/hcid/videos.html)
- MDH: Health Care Coalitions (www.health.state.mn.us/communities/ep/coalitions/index.html)
- MDH: Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 (PDF) (www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf)
- MDH: Interim Guidance on the Management of COVID-19 for Employees and Residents of Licensed Group Homes (www.health.state.mn.us/diseases/coronavirus/groupmanage.pdf)
- Minnesota Responds Medical Reserve Corps (https://mnresponds.org/)

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