The Minnesota Department of Health (MDH) and Department of Human Services (DHS) are committed to promoting disease mitigation strategies that use a lens of health equity as described in CDC: Using a Health Equity Lens (www.cdc.gov/healthcommunication/Health_Equity_Lens.html). Through this lens, MDH and DHS recognize both the personal and environmental factors that impact a person’s ability to protect themselves and others from infectious diseases, such as COVID-19. In an effort to promote health equity for people in DHS-licensed settings, many of whom may identify as a person with a disability, MDH has updated the guidance in this document by using a social-model of disability, NIH: Rethinking disability: the social model of disability and chronic disease (www.ncbi.nlm.nih.gov/pmc/articles/PMC4596173/), in combination with the CDC National Institute for Occupational Safety and Health (NIOSH) Hierarchy of Controls (www.cdc.gov/niosh/topics/hierarchy/default.html). Both models recognize that the most effective social, functional, and infection prevention and control supports for people are those that focus on building a healthy environment.

The Centers for Disease Control and Prevention (CDC) reports that adults with disabilities are three times more likely than adults without disabilities to have serious underlying medical conditions, placing them at higher risk for serious illness from COVID-19 similar to those who are of advanced age; have been diagnosed with a substance use disorder; suffer from mental health conditions; or have other underlying medical conditions. CDC provides more information on high-risk conditions at CDC: COVID-19 Information for Specific Groups of People (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html).

This document outlines recommendations for protective actions that settings licensed by DHS can take in response to COVID-19. The recommended protective actions include regularly assessing county COVID-19 transmission and levels, promoting immunity to COVID-19 through vaccination, modifying the immediate environment, and guiding the staff who support people with disabilities in these settings.

DHS-licensed settings that this guidance applies to include: adult foster care; chemical dependency residential treatment facilities; children’s residential facilities; children’s residential facilities with a mental health certification and/or chemical dependency certification; community residential settings; intensive residential treatment services; mental health residential treatment facilities; withdrawal management and detox services facilities; adult day centers; and day service facilities.
Assess the level of COVID-19 in the county and surrounding counties and consider risk of severe disease

As part of designing and implementing a responsive and appropriate infection control plan, MDH recommends DHS settings regularly, and at a minimum once a week, assess the level of COVID-19 in the county and neighboring counties where the setting is located. Additionally, DHS settings should consider the risk of severe illness among people who receive services in the setting and determine if their setting warrants a conservative approach.

Assessing COVID-19 levels and transmission

CDC offers two different tools for assessing the level of COVID-19 in the county. The tool recommended for the general population and those who are served in DHS-licensed settings is the CDC: COVID-19 Community Levels (www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html). For settings that serve people at increased risk for severity of illness (refer to list below), MDH recommends using CDC: COVID Data Tracker (covid.cdc.gov/covid-data-tracker/#county-view) to determine whether additional infection prevention and control measures are needed among staff.

Risk factors for severe disease

For a list of risk factors that put a person at increased risk for severe disease refer to CDC: Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals (www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html). COVID-19 community levels or community transmission, along with the assessment of risk factors specific to the people who are served, should be used as a way of determining the risk that COVID-19 could enter and impact the people served within the facility or home. The sections included in this guidance document that address screening, source control, eye protection, and personal protective equipment (PPE) suggest ways to use COVID-19 community levels or community transmission to implement or scale up infection prevention and control measures.

Promote vaccination

COVID-19 prevention and protection measures remain critical to minimize harm to individuals and their communities. If possible, implementing prevention measures, such as vaccination, always reduces risk more than protective actions alone, such as screening and personal protective equipment.

Vaccination continues to be the leading public health prevention strategy to prevent severe disease, hospitalization, and deaths from COVID-19. DHS-licensed settings are encouraged to educate and support staff and people they serve to get vaccinated and to stay up to date on their recommended COVID-19 vaccines. For more information on COVID-19 vaccine recommendations, visit CDC: Stay Up to Date with Your Vaccines (www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html).
Design the environment to keep out COVID-19

Well-designed engineering controls can be highly effective in reducing the potential harm from a disease, as they typically provide environmental protection that is not reliant on a person’s own knowledge, training, or ability to keep themselves or others safe.

Ventilation


If possible, especially if there are concerns about poor ventilation or air quality, consult an HVAC professional to ensure the home or facility has optimal ventilation and air quality.

Screening

In addition to adequate ventilation, screening can be another engineering control that prevents people who are potentially infectious with COVID-19 from entering the home or facility. If the facility is using the COVID-19 community levels and the county is at medium or high, or if using community transmission and the county is substantial or high, MDH recommends that DHS-licensed settings screen, post signs, or design other methods to assess staff, visitors, and people served in the setting for any of the following:

- Have had a positive viral test in the past 10 days.
- Have any symptoms of COVID-19.
- Have had close contact in the past 10 days (less than 6 feet for longer than 15 minutes) with someone with COVID-19 infection.

Refer to the section below for recommendations to address those who answer yes to any of these screening questions.

Testing, quarantine, and isolation

Change the way staff work in their environment

MDH recommends universal source control and eye protection as described below for all settings located in counties with medium or high COVID-19 community levels or at substantial or high community transmission levels.

Staff who are working in a home or facility where a case of COVID-19 infection has been identified, either in a staff member in the past 10 days or in a person who lives in the home and is currently in recommended isolation, should wear source control and eye protection throughout their shift, regardless of county COVID-19 level or transmission level. If the staff are providing direct care to a person in isolation, additional protective equipment should be used and is described below.

Using masking for source control

Source control is the use of respirators, well-fitting face masks, or cloth masks to cover a person’s mouth and nose to prevent spread of respiratory droplets or aerosols that otherwise escape during breathing, talking, sneezing, or coughing.

MDH recommends that all staff in DHS-licensed settings, regardless of vaccination status, wear a well-fitting face mask for source control throughout their shift DHS-licensed settings located in counties with medium or high COVID-19 community levels or substantial or high community transmission. This includes use of well-fitting face masks when indoors or in a crowded setting outdoors, including during meetings and breaks when not actively eating or drinking. Physical distancing, limiting the number of staff in a break area, or eating lunch outside are other recommended actions administrators of DHS-licensed settings should consider to reduce the risk of transmission. Examples of types of well-fitting face masks can be found at CDC: Types of Masks and Respirators (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html).

Use of eye protection throughout a shift

In addition to the source control recommendations, MDH recommends all staff in DHS-licensed settings wear eye protection for all care encounters in DHS-licensed settings located in counties with medium or high COVID-19 community levels or substantial or high community transmission.

Protect staff with PPE

When masks, eye protection, gowns, or gloves are being used to protect the health of the staff, the equipment is being used as personal protective equipment (PPE).

If staff in congregate settings are expected to provide direct care to people with confirmed or suspected COVID-19 or to perform any aerosol generating procedure (regardless of the person’s COVID-19 status) in a county that is experiencing substantial or high community transmission, they should wear:

- A NIOSH-approved respirator, N95 or equivalent or higher.
- Eye protection, gown, and gloves.

Please note, per CDC guidance for health care, community transmission metrics alone should be used to determine use of PPE when staff are performing aerosol generating procedures.
RECOMMENDED PROTECTIVE ACTIONS IN RESIDENTIAL AND NONRESIDENTIAL SETTINGS LICENSED BY DHS

More information on these and other recommendations can be found at:

- CDC: Guidance for Direct Service Providers (www.cdc.gov/ncbddd/humandevelopment/covid-19/guidance-for-direct-service-providers.html)
- A list of approved respirators can be found at CDC: NIOSH-approved N95 Particulate Filtering Facepiece Respirators (www.cdc.gov/niosh/npptl/topics/respiratorsdisp_part/n95list1-a.html).


For more information on the voluntary use of respirators, visit OSHA Voluntary use of filtering facepiece respirators (N95) for COVID-19 (www.dli.mn.gov/sites/default/files/pdf/fact_voluntary_use_filtering_facepiece_respirators_for_COVID-19.pdf). For questions about OSHA requirements for use of respirators, email osha.compliance@state.mn.us.

People who live, receive services, or visit

People served by or visiting DHS settings should follow the masking and other recommendations for individuals and households at CDC: COVID-19 Community Levels (www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html). The facility should also communicate that any person, especially those at higher risk of severe disease from COVID-19, may choose to wear a mask at any time as an additional precaution to protect themselves and others.

Report all cases of confirmed COVID-19

DHS-licensed settings should use the following tool to report cases of COVID-19: COVID-19 Long-Term Care Report Form (https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=HH47NMERJHJX7DJF). As facilities report a case using this tool, they may be directed to report cases using other types of reporting tools or methods.

For more information on reporting cases of COVID-19, please refer to Reporting COVID-19/SARS-CoV-2 Infections (www.health.state.mn.us/diseases/coronavirus/hcp/report.html).

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.