Recommended Protective Actions in Residential and Non-residential Settings Licensed by DHS

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This document outlines recommendations for additional testing and protective actions that settings licensed by the Department of Human Services (DHS) can take in response to SARS-CoV-2, the virus that causes COVID-19.

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; psychiatric residential treatment facilities; withdrawal management and detox services facilities; adult day centers; and day service facilities.

People served in DHS-licensed settings are at particular risk because they live or receive day supports in group environments that put them in close proximity to others. In addition, 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. People with disabilities are at higher risk for serious illness from COVID-19 if they are older adults or have certain underlying medical conditions. CDC provides more information on high-risk conditions at [CDC: COVID-19 Information for Specific Groups of People](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html).

Encourage vaccination

Vaccination is the most important protective measure there is against COVID-19 and eligible people should get vaccinated. People who are up to date on their vaccinations are less likely to be infected and have a reduced chance of hospitalization and death. For more information on COVID-19 vaccine recommendations, visit [CDC: Stay Up to Date with Your Vaccines](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html).

Testing, quarantine, and isolation recommendations

- For determining a person’s return to services or work, or a need to quarantine or isolate, DHS licensed settings should follow [CDC: COVID-19 Quarantine and Isolation](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html).
Everyone who has symptoms of COVID-19, even if they are up to date on vaccinations, should stay home and get tested for COVID-19 and other respiratory illness. Following notification of a COVID-19 exposure, people who receive services in DHS-licensed settings, regardless of vaccination status, should be tested at least five days after the date of exposure. A COVID-19 exposure is being in close contact (i.e., less than 6 feet) with a person who has COVID-19 for 15 minutes or more in a 24-hour period. For staff who are trained on the use of personal protective equipment, the risk of exposure and options for quarantine and isolation can be determined using [CDC: Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html).

**Recommendations 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 secretions when they are breathing, talking, sneezing, or coughing.

**Recommendations for staff**

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 when indoors or in a crowded setting outdoors, including during meetings and breaks, unless 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.

- While it is safest to implement use of source control for everyone in a congregate setting, there are allowances that could be considered for people who are up to date on their vaccinations and in health care and DHS-licensed settings located in counties with low to moderate community transmission.

Masking for source control is particularly important if staff are working with or in frequent contact with someone who is at high risk for severe illness (e.g., more than 65 years old, has an immunocompromising condition, has comorbidities) or who is unvaccinated.

**Recommendations for residents, visitors, and people who receive services**

People who live in, receive services in, or visit DHS settings should continue to follow [Recommendations for Wearing Masks](www.health.state.mn.us/diseases/coronavirus/facecover.html).
Recommendation for staff use of 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).

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


When 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

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/respirators/disp_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.
Report all cases of confirmed COVID-19

DHS-licensed settings should use the following tool to report cases of COVID-19: Submitting Clinical Information on Long Term Care COVID-19 Cases and Reporting Discrepant Laboratory Results (redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD). 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).