Managing COVID-19 in Licensed Group Homes

1/8/2021

The Minnesota Department of Health (MDH) and Department of Human Services (DHS) are watching and responding to the developing COVID-19 situation. Working together, the agencies give guidance to residential service providers that are licensed by DHS that deliver 245D licensed services to licensed community residential settings and to MDH-licensed intermediate care facilities, referred to collectively in this document as “group homes.”

Guidance for group homes must balance workforce challenges and uphold people’s rights while preventing spread of COVID-19. Residential providers deliver 245D licensed services and intermediate care facilities are settings where COVID-19 can spread fast among employees and the people who use the services.

This document has information about how best to manage and reduce the spread of COVID-19 in a group home once a staff member or person who uses 245D services tests positive. This information is for those who use the services and for group home staff and administrators. This guidance is meant to advise providers on best-practice recommendations. It does not mandate specific actions. For more information about preventing COVID-19 and handling staffing shortages in group home settings, please visit the links to other MDH resources at the end of this document.

Recommendations for people who use services

Everyone who uses services should get checked at least once a day for fever or symptoms of COVID-19. Keep a low threshold for testing people who have even slight changes in their health. Older adults and people with disabilities may not have the usual symptoms of illness. Less common symptoms could be low levels of oxygen in their blood or gastrointestinal problems, such as nausea, vomiting, or diarrhea.

Anyone who tests positive for COVID-19 is considered to have a confirmed infection. People who are not tested but who have COVID-19 symptoms are considered to have a suspected infection.
RESOURCES

Symptoms currently associated with COVID-19 can be found at CDC: Symptoms of Coronavirus (www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

More information about blood oxygen levels can be found at Pulse Oximetry and COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/pulseoximetry.pdf).

Diagnostic testing of people who use services

Testing people with COVID-19 symptoms who use services is a high priority and strongly encouraged because of the potential for COVID-19 disease to spread fast in group settings.

- Everyone with symptoms who uses services should be tested for COVID-19 and for other causes of respiratory illness.
- People who use services who are waiting for test results should be told to stay in their rooms or to stay at least 6 feet away from others in the home as much as possible.
- People in intermediate care facilities who use services should be kept away from others if they have or may have been exposed to COVID-19, or if they show symptoms. If because of behavioral or mental health issues it is not possible to keep them away from others, the facility should take the steps needed in common areas to lower the spread of the disease: Use facemasks, use good hand hygiene, follow social distancing, and disinfect areas to protect other residents in the home. Policies should reflect these practices.

Staff and administrators should coordinate testing for people who use services. The person’s primary care doctor may be able to do COVID-19 testing or may need to send the resident to a different testing site. People can find testing sites at Minnesota COVID-19 Response: Find Testing Locations (https://mn.gov/covid19/get-tested/testing-locations/index.jsp).

COVID-19 tests can tell only if someone has COVID-19 at the time they are tested. People who test negative one day can still develop illness or test positive later. Testing people who do not have symptoms is recommended five to seven days after they have contact with the disease and if they are at high risk of getting sick.

- Testing all staff and all the people who use services is one way to limit the spread of COVID-19 after one or more infected people are identified. As part of this testing, administrators and staff should have plans to cover staffing shortages in case some staff without symptoms test positive for COVID-19. These plans should include ways to increase infection prevention and use of other personal protective equipment, and to communicate with residents, families, and staff.
- For more information about testing people who are not showing symptoms, see Evaluating and Testing: COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/eval.html).
Please note: People who previously tested positive for COVID-19 and have recovered and who are then identified as a contact of someone who just tested positive should follow the most up-to-date CDC guidance for quarantine and testing. Recommendations will likely differ from those that apply to people who have not previously tested positive. More information on this topic can be found at CDC: Duration of Isolation and Precautions for Adults with COVID-19 (www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html).

**Care of people with COVID-19 who use services**

Staff should monitor ill people who use services. Document their temperature, symptoms, and the level of oxygen in their blood at least three times daily to quickly identify those who require transfer to a higher level of care. For people who use services who need nebulizer treatments or open suctioning, providers should follow MDH guidance on Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf).

**DEFINITIONS**

**Prolonged exposure:** We do not have enough data yet to define this exact length of time. Until more is known about when and how COVID-19 spreads, MDH recommends that group homes consider prolonged exposure as spending a total of 15 minutes or more in a 24-hour period within 6 feet of someone with COVID-19.

**Close contact** is defined as being within 6 feet of a person with confirmed COVID-19 or having unprotected, direct contact with contaminated surfaces that contain urine, blood, stool, saliva, or mucus of the person with confirmed COVID-19.

Staff who provide direct care should use all appropriate personal protective equipment, as follows:

- At a minimum, Executive Order 20-81 requires staff to wear a face covering indoors at all times, as well as outdoors when social distancing cannot be maintained.
- For prolonged close contact, staff should wear a surgical facemask or respirator and eye protection (e.g., face shield, goggles, or safety glasses with side shields).
- As supply allows, staff should wear medical-grade facemasks and eye protection throughout their entire shifts, including in breakrooms or other areas around co-workers.
- Staff should be trained how to properly put on and take off their personal protective equipment and to avoid touching their facemask or eye protection, to reduce the risk of contamination.
- Gowns and gloves should be worn when contact with contaminated surfaces that contain urine, blood, stool, saliva, or mucus is expected. They should also be worn during extensive body contact, such as rolling or toileting.
- Washable, homemade cloth face coverings are not considered personal protective equipment. Staff should wear a surgical facemask or respirator during any prolonged close contact with people who use services and are suspected of having or confirmed to have COVID-19.
Use of N95 or higher-level respirators is recommended only for staff who have been medically cleared, trained, and fit-tested as part of an employer’s respiratory protection program, as defined by the Occupational Safety and Health Administration (OSHA). Group home providers should document their good-faith efforts to comply with OSHA standards for N95 use. During times when the supply of respirators or fit-test kits is limited, employers may face challenges in fit-testing workers. For more guidance, group home providers should refer to CDC NIOSH Science Blog: Proper N95 Respirator Use for Respiratory Protection Preparedness (blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/).

When doing a procedure that will produce an aerosol, staff should wear a gown, gloves, eye protection, and a respirator. For more information, see Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf).

CDC: Strategies to Optimize the Supply of PPE and Equipment (www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html) should also be put into place.

People with confirmed or suspected COVID-19 who use services should have a single-person room with a private bathroom and a door that closes. If a private bathroom is not possible, a group home should dedicate a separate bathroom for those who have tested positive. Staff should clean and disinfect frequently used areas of the bathroom after each use by someone who has COVID-19 and clean and disinfect the entire bathroom at least twice a day, or more often during times of heavy use.

If possible, adopt a plan to form groups of residents so as to use dedicated space, with dedicated staff, for those with COVID-19 who use services. Those with confirmed or suspected COVID-19 (symptomatic or asymptomatic) should stay in their rooms as much as possible. If they must leave their rooms, increase cleaning and disinfection in common areas of the home and be sure they:

- Wear a surgical facemask, if available. At a minimum, non-medical face coverings (e.g., a cloth covering) are required when someone who uses services is not in their assigned room, consistent with Executive Order 20-81. For more information, including exemptions, see Face Covering Requirements and Recommendations under Executive Order 20-81 and 20-103 (www.health.state.mn.us/diseases/coronavirus/facecover.html).
- Wash or sanitize their hands immediately before or after leaving their room.
- Stay at least 6 feet away from others.

Considerations for visitors

Staff, other people who use services, or visitors (e.g., outreach workers or family) who can provide essential supports should not be restricted from visiting people with COVID-19. Group home managers and staff should help people who use services make informed decisions about visits that consider the risks and benefits to the person who uses services and to the people who interact with them.

People who use services keep their rights to associate with others 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.
If you have concerns that the rights of someone who uses services have been violated, you may report them 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 people 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&RevisionSelectionMethod=LatestReleased&dDocName=dhs-293178).

Virtual visits are the safest way for people who have tested positive for COVID-19 to visit with family and friends. Group homes should strongly encourage people with COVID-19 to hold virtual visits when possible. If in-person visits are necessary, encourage holding these visits outside, where the risk of spreading COVID-19 is likely lower.

More information to help visitors prevent spreading the virus can be found at:

- [CDC: Caring for Someone Sick at Home](www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html)
- [MDH: Contingency Standards of Care for COVID-19 Personal Protective Equipment for Congregate Care Settings](www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf)

### Ending the use of personal protective equipment during care

Staff who provide direct care to people with confirmed or suspected COVID-19 should use all appropriate personal protective equipment, as it applies to the periods of time listed below. It is important that staff continue to wear surgical facemasks and eye protection during all close contact with people who are suspected to have COVID-19 and with those who have tested positive.

The length of time that people shed the virus and can give it to others varies by person. Deciding when to stop using personal protective equipment is generally based on whether the person shows symptoms. It is also based on whether the person has a severely weakened immune system (e.g., getting medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV).

- **For people who show no symptoms and do not have weakened immune systems, follow CDC’s time-based strategy**, which recommends using personal protective equipment until at least 10 days have passed since the date of the first positive test.
  - If a person shows no symptoms at the time of the positive test result, but then develops symptoms during the 10-day isolation period, the isolation period must be “reset.” The reset is based on the date symptoms started, and the person must now meet the criteria for people who show symptoms, as described below.
- **For people who show symptoms and who do not have weakened immune systems, follow CDC’s symptom-based strategy**, which recommends using personal protective equipment until the following criteria have been met:
At least 10 days have passed since symptoms first appeared and
At least 24 hours have passed since their last fever, without using fever-reducing medications and
Symptoms (e.g., cough, shortness of breath) have improved.

For people with severe to critical illness or who have weakened immune systems, MDH recommends using personal protective equipment to care for them until:

- At least 20 days have passed since symptoms first appeared (or 20 days since the date of the first positive test, if no symptoms) and
- At least 24 hours have passed since their last fever, without using fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved.

Rarely, depending on the nature of someone’s weakened immune system and concern about continued use of personal protective equipment, people with conditions that have weakened their immune systems can undergo a test-based strategy to discontinue the need for staff to wear personal protective equipment. In this case, consultation with an expert in infectious diseases may help interpret test results.


### Admission or readmission of people with COVID-19

- Group homes may accept people recently diagnosed with COVID-19 as long as the home can follow CDC and MDH guidance and use all appropriate personal protective equipment to provide care.
- If a group home provider is not able to follow MDH or CDC personal protective equipment recommendations, it should wait to admit the person until it can follow the recommendations or until requirements for personal protective equipment are no longer needed to provide safe care.
- For information about appropriate infection control when people who recently had COVID-19 symptoms plan to return or to be admitted to a group home, please see:
  - [MDH: Interim Guidance for Discharge to Home or New/Re-Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions](www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf)
  - [CDC: Transmission-Based Precautions](www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html)

- For guidance on people being admitted or returning to a group home with no clinical concern for COVID-19 (including people discharged from hospitals where a case of COVID-19 was present, but the person had no known exposure), please see [MDH: Interim Guidance on the Prevention of COVID-19 for Employees and Persons Who Use Services in Licensed Group Homes](www.health.state.mn.us/diseases/coronavirus/guidegroup.pdf).
Recommendations for employees

Similar to people who use services, any staff member who tests positive for COVID-19 is considered to have a confirmed diagnosis, while any staff member who is experiencing symptoms of COVID-19 is considered to have a suspected diagnosis, even with no laboratory testing. Employees of a group home who become ill with fever or who are feeling feverish, or who have other symptoms compatible with COVID-19 should notify their supervisor immediately and stay away from work.

Diagnostic testing of staff with symptoms

Testing group home staff who have symptoms is a high priority and strongly encouraged because of the potential for COVID-19 disease to spread fast in group settings.

- Staff with symptoms of COVID-19 should contact their primary care physician to be evaluated and appropriately tested for COVID-19 and other causes of respiratory illness. Employers may also develop their own plans to coordinate testing of their employees.

Return to work guidelines

Staff who have symptoms or have tested positive for COVID-19 may return to work when they meet certain established criteria.

If employees were not tested or if they had an initial negative test for COVID-19 AND have an alternate diagnosis:

- Criteria for returning to work should be based on that diagnosis (e.g., tested positive for influenza).
- If staff are hospitalized for an issue not related to COVID-19, returning to work should be based on the hospital’s discharge diagnosis and on the employer’s standard guidance for ill employees.

If staff test negative, but they have symptoms of COVID-19 and do not have an alternate diagnosis:

- If test results are negative and symptoms have not improved and are consistent with an established chronic health condition, the staff may return to work after talking with their manager and occupational health department. Evaluation of acute symptoms by the staff’s health care provider may also be indicated.

- If persistent symptoms are not consistent with a known chronic health condition, the staff member should be evaluated by a health care provider.
  - If the health care provider gives an alternate diagnosis, criteria for return to work should be based on that diagnosis.
  - If the health care provider does not provide an alternate diagnosis and the staff person does not have a known high-risk exposure to a person with confirmed COVID-19, the staff person should remain isolated and not return to work until at least 24 hours have passed since recovery.
Recovery is defined as no fever, without the use of fever-reducing medications, and improvement in symptoms (e.g., cough, shortness of breath).

- If the health care provider does not provide an alternate diagnosis and the staff person does have a known high-risk exposure to a person with confirmed COVID-19, the staff person should get a second SARS-CoV-2 RT-PCR test. The staff person should remain isolated until the test results are known. Minnesota continues to have high levels of community spread, and the potential consequences of working with COVID-19 are serious.
  - If positive, follow the COVID-19 work exclusion and isolation guidance outlined below for staff that test positive for COVID-19.
  - If negative, the health care worker can return to work if at least 24 hours have passed since the fever stopped and symptoms are getting better.

If staff test positive or do not get tested/evaluated for COVID-19:

- If staff have symptoms, follow CDC’s symptom-based criteria to determine when they may return to work. After returning to work, staff should continue to wear a facemask (procedure or surgical mask, not a cloth face covering) for source control at all times until symptoms are completely gone or at baseline, whichever is longer. Staff should self-monitor for symptoms and seek re-evaluation if respiratory symptoms recur or worsen.
- If staff have no symptoms, follow CDC’s time-based strategy to determine when they can return to work: 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).

Recommendations for owners and managers

The following recommendations are for owners, administrators, or directors who manage licensed residential settings that have people who use services or staff with confirmed or suspected COVID-19.

Perform risk assessments for those exposed

Assessing a person’s contact with someone with confirmed or suspected COVID-19 is useful to fighting the spread of the disease. MDH recommends that group home administrators perform individual risk assessments as soon as possible after a confirmed case is recognized.

- Group homes should identify everyone who has had prolonged, close contact with someone who has COVID-19 during a certain period. This period starts 48 hours before the person with COVID-19 showed symptoms, or before the person tested positive if they did not have symptoms, and lasts until one of the following criteria is met:
  - All appropriate measures are put in place to limit spread of the disease (e.g., using all appropriate personal protective equipment and social distancing greater than 6 feet apart).
  - The person is no longer in the building.
  - The person is cleared of infection, per CDC’s symptom-based, test-based, or time-based strategies for discontinuing the use of personal protective equipment or returning to work.
Quarantine recommendations for staff

When a staff member has prolonged close contact with someone who has COVID-19, MDH recommends following 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 recommends that staff stay out of work for 14 days from the date of their last close contact. If staff shortages occur (i.e., the employer has exhausted all other staffing options), employers may ask these staff members to return to work, if they do not have symptoms.

For more information on standards for bringing staff back to work after having high-risk contact, please see guidance found in COVID-19 Recommendations for Health Care Workers (www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf).

Due to the risk of people without symptoms spreading the disease, it is not recommended that staff in group home settings return to work based solely on the CDC: Options to Reduce Quarantine for Contacts to Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing (www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html).

When someone who uses services has prolonged close contact with someone who has COVID-19, MDH recommends following CDC: Public Health Recommendations for Community-Related Exposure (www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html). MDH also recommends encouraging the person to get a COVID-19 test five to seven days after their last close contact, even if they have only mild symptoms.

Quarantine recommendations for people who use services

Group home staff and people who use services should be told about MDH quarantine recommendations explained in this document and in Quarantine Guidance for COVID-19 (www.health.state.mn.us/diseases/coronavirus/quarguide.pdf). People who use services should be told that staying alone and away from others (quarantine) is recommended for people who are not sick but who have had close contact with someone who has COVID-19 while that person may have been able to spread the disease. People who use services who have had high risk close contact should be cared for using all recommended COVID-19 personal protective equipment until 14 days after their last exposure.

People who use services in group homes should be given an informed choice and have the right to make a decision to follow a shorter quarantine timeline, per CDC: Options to Reduce Quarantine for Contacts to Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing (www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html).

Options that group home providers and staff should put in place to help support people who make an informed choice about the length of their quarantine should include:

- Using different areas of the house.
- Designating separate bathrooms.
- Providing personal protective equipment for all staff and people who live in the group home.
MDH recommends that people who live in group homes quarantine for a full 14 days after high-risk close contact if:

- Any people who live in the home have underlying health conditions or are of an age that would increase their risk of getting very sick.
- The group home provider is not able to identify the date the person last had close contact with COVID-19.
- Close contact with another person living in the group home who has COVID-19 cannot be ruled out. This means someone who lives in the home has had COVID-19 within the past 28 days.

Please note: Personal protective equipment has an important role in controlling the disease at the source; however, the level of source control provided is not well-studied, so we cannot say these procedures are 100% effective in every instance. Therefore, people who use services who have had prolonged close contact with a staff member with COVID-19, regardless of the level of personal protective equipment worn, are considered to have been exposed. To keep the risk of exposure low for staff, it is recommended that when staff care for people with high-risk exposure, they wear a medical or surgical facemask, gloves, gown, and eye protection (goggles or face shield that covers all sides of the face) for 14 days following the last date that the person who uses services had close contact with a staff member with COVID-19. As testing resources allow, these people should be prioritized for testing.

People who have recovered from COVID-19, and then within three months of the start of that illness they are identified as a contact of someone with a new infection, do not need to quarantine or get retested; however, if it has been more than three months, they should follow quarantine recommendations for contacts. For more information about people who have previously tested positive and recovered, see [CDC: Duration of Isolation and Precautions for Adults with COVID-19](www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html).

**MDH assistance with risk assessment and infection control**

MDH has a team dedicated to following up on staff exposures in supervised group living settings, including group homes. A representative of the MDH response team will try to contact the facility within 24 hours of being notified of a person who uses services or a staff member testing positive for COVID-19. The response team will assist the group home in performing the risk assessment process; however, it is recommended that group home managers be familiar with the process and begin risk assessments and appropriate staff exclusion before being contacted by MDH. Following the initial call with the response team, a representative from MDH or DHS will contact the group home management to address any immediate issues in the home and link the management and staff to appropriate resources.

**Continue to apply infection control and prevention measures**

Having strong infection control measures in place is the most important step in reducing the spread of disease. In particular, do the following:
If available, licensed nurses play a critical role in the response to COVID-19 in group homes. Identify one or more people (infection preventionists) to make sure staff and patients do everything they should to prevent infections and who can educate, monitor, and audit all aspects of this guidance.

As much as possible, limit the number of people allowed at one time in recreational areas, kitchens, and dining areas, so everyone can stay at least 6 feet apart from each other.

Provide COVID-19 prevention supplies, such as soap, alcohol-based hand sanitizers containing at least 60% alcohol, tissues, trash baskets, and cloth face coverings that are washed or discarded after each use.

Instruct staff to clean and disinfect shared areas, such as dining areas, laundry rooms, and elevators, and frequently touched surfaces. Use EPA-registered disinfectants more than once a day, if possible.

Encourage people who use services, staff, and visitors to do good hand hygiene and to wear a cloth barrier throughout the day for source control, if tolerable.

Make sure rules that require staff to wear appropriate personal protective equipment throughout their shifts are in place and followed and that staff are trained and comfortable with the rules.

Instruct staff to do hand hygiene on arrival to the group home; before and after person encounters; before putting on personal protective equipment and after removing it; before and after eating; and before leaving the group home. Make sure staff are trained and comfortable with these hand hygiene measures.

Do end-of-shift assessments with staff to identify personal protective equipment breaches and potentially concerning exposures of staff to people with COVID-19.

Watch closely for the potential re-introduction of COVID-19 into your facility. It is not yet known how long the immune response offers protection to those who have been infected.

Plan for potential staffing shortages

Staffing shortages are likely to occur if people who use services or staff get COVID-19. Facilities should plan for emergency staffing before someone tests positive for COVID-19. Possible staffing options may include recruiting former or retired employees; using temporary staffing agencies; using staff on temporary leave from day program providers; establishing alternative care sites for people who need to use an emergency respite service; and working with local public health to identify any other local staffing resources.

For more information, please see [MDH: Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19](www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html).

Communicate with people who use services, families, and staff

Group home providers should tell people who use services, families, and staff how they will keep everyone safe:
Identify communication methods, such as email, websites, text messaging, and flyers to help convey information about ways to stay healthy, including how staff and people who use services can manage stress.

Address potential language or cultural barriers, especially when identifying where to direct questions or concerns.

Make sure that employees understand the organization’s sick leave policies and consider having flexible sick leave policies that encourage staff to stay home when sick, even without documentation from doctors, or to care for sick family or household members.

For people who attend adult day centers or day service facilities

If a person in a group home who uses services tests positive for COVID-19 and they also attend an adult day center or a day service facility, the group home should notify these providers to help them identify potential exposures to the person with COVID-19.

If a person who receives services in a group home has a high-risk exposure, or lives in a home where either staff or residents have tested positive for COVID-19, the group home must follow DHS guidance before the person should return to the adult day center or day service facility. For more information, please see DHS: Latest information about COVID-19 from Licensing (https://mn.gov/dhs/partners-and-providers/licensing/licensing-covid/).

Follow statewide updates and executive orders

Staff, visitors, people 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 (https://mn.gov/covid19/).

Resources

Cases can be reported to the Minnesota Department of Health at: Submitting Clinical Information on Long Term Care and Adult Day COVID-19 Cases and Reporting Discrepant Laboratory Results (https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD).

- CDC: If You Are Sick or Caring for Someone (www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)
- MDH: Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf)