

Interim Guidance on the Management 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 245-D 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 people’s rights while preventing spread of the virus that causes COVID-19 in these settings. Residential providers who deliver 245-D 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, staff, and administrators on how to best manage and reduce the spread of COVID-19 in a group home once a staff member or person who uses services tests positive. For more information on the prevention of COVID-19 and mitigation of staffing shortages 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 245-D licensed residential supports and services in adult foster care homes, community residential settings, supervised living facilities, and Intermediate Care Facilities (ICF-DD).

Recommendations for Persons Who Use Services

Staff should monitor all persons who use services at least once a day for fever or symptoms of COVID-19² and maintain a low threshold to test persons with even slight changes in their health status. Older adults and persons with disabilities may not display typical symptoms of illness. Less common symptoms could include gastrointestinal symptoms like nausea, vomiting, diarrhea, or low pulse oxygenation.³

Anyone who tests positive for COVID-19 is considered to have a confirmed diagnosis while persons experiencing symptoms compatible with COVID-19 are considered to have a suspect diagnosis, even with no laboratory testing.

Diagnostic Testing of Symptomatic Persons Who Use Services

Testing of symptomatic persons who use services is a high priority and strongly encouraged because of the potential for COVID-19 disease to rapidly spread in congregate settings. All persons who use services with symptoms should be tested for COVID-19 and other causes of respiratory illness. While awaiting test results, persons who use services should be advised to stay in their room or at least 6 feet away from others in the home as much as possible.

Staff and administrators should assist persons who use services to coordinate testing. The person's primary care physician may be able to provide COVID-19 testing or may need to refer the resident to an alternative testing site. Persons who use services, staff, or administrators having difficulty identifying a testing site can contact their local public health department or MDH to identify testing resources in their area.⁴

The type of test currently used for clinical decision-making is the Reverse Transcription Polymerase Chain Reaction (RT-PCR) test. This test is used to identify whether someone has detectable viral material present at the moment the specimen was collected. People who test negative on one day could still develop illness or eventually test positive. Testing of people who do not have symptoms is recommended when the following criteria are met:

² Symptoms currently associated with 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).

³ More information can be found at [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).

⁴ [Minnesota COVID-19 Response: Find Testing Locations \(mn.gov/covid19/for-minnesotans/if-sick/testing-locations/\)](https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/)

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- There is a comprehensive strategy in place to physically separate COVID-19-positive persons who uses services together (cohorting) while also identifying and dedicating a subset of staff to work with them, AND
- The person who uses services is informed of, and agrees to, COVID-19 testing and the potential consequences of positive test results (e.g., cohorting and the need to separate from others during the infectious period).

Testing of persons who use services and staff throughout a home can be considered as a strategy to limit COVID-19 transmission when one or more infected people are identified. As part of this testing strategy, administrators and staff should have plans in place for additional staff (as some staff without symptoms may be found to be positive for COVID-19), implement enhanced infection prevention measures, increase appropriate use of PPE, and communicate with residents, families, and staff.

- For more information on appropriate testing strategies for people who are not showing symptoms, see [Evaluating and Testing: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/eval.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html).
- For more information on COVID-19 testing in group homes, see [COVID-19 Testing in Group Homes: Frequently Asked Questions \(www.health.state.mn.us/diseases/coronavirus/groupfaq.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/groupfaq.pdf).

Please note, people who were previously identified as a positive case, have clinically recovered from COVID-19, and then are identified as a contact of a new case should follow the most up-to-date CDC guidance for quarantine and testing recommendations as these recommendations will likely differ from 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 \(www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html).

Care of Persons Who Use Services with COVID-19

Staff should monitor ill persons who use services, including documentation of temperature, symptoms, and pulse oximetry results at least three times daily to quickly identify persons who require transfer to a higher level of care. For persons who use services who require nebulizer treatments or open suctioning, providers should follow MDH guidance on [Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf).

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Staff who provide direct care should use all appropriate PPE as follows: For prolonged⁵ close-contact⁶ encounters, staff should wear a surgical face mask or respirator and eye protection (e.g., face shield, goggles, or safety glasses with side shields).

- Protective eyewear with gaps between the glasses and face likely do not protect eyes from all splashes and sprays.
- Gowns and gloves should also be worn when contact with secretions or bodily fluids is anticipated or for any encounters that require extensive body contact (e.g., rolling, toileting).
- Washable homemade cloth face coverings are not considered PPE, so staff should wear a surgical face mask or respirator for any prolonged close-contact encounters with persons who use services and are suspected or confirmed to have COVID-19.
- 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 good faith 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 (blogs.cdc.gov/niosh-scienceblog/2020/03/16/n95-preparedness/).
- If performing an aerosol-generating procedure,⁷ staff should wear gown, gloves, eye protection, and respirator.

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

Persons who use services with confirmed or suspected COVID-19 should have a single-person room with a private bathroom and a door that closes. If a private bathroom is not possible, an alternative option would be to dedicate a separate bathroom in the home for those who are positive. Staff should clean and disinfect the frequently used areas of the bathroom after each use by the person who is

⁵ 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.

⁶ 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.

⁷ MDH: Aerosol Generating Procedures and Patients with Suspected or Confirmed COVID-19 (www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf)

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COVID-19 positive and clean and disinfect the entire bathroom at least twice per day, or more frequently after times of heavy use.

If possible, a cohorting plan should be adopted to allow dedicated space, with dedicated staff, for persons who use services who are COVID-19-positive. Those with confirmed or suspected COVID-19 (symptomatic or asymptomatic) should remain in their room as much as possible. If it is essential to leave their room, they should:

- Wear a surgical face mask (preferable if available) or alternative face covering, such as tissues, to cover their mouth and nose.
- Perform hand hygiene immediately before or after leaving their room.
- Practice social distancing to remain at least 6 feet from others.

Considerations for visitors

Staff, other persons 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 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 who they interact with. 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. 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).

Further information to help visitors prevent the virus's spread can be found at:

- [CDC: Caring for Someone Sick at Home \(www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html\)](http://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 \(www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf\)](http://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf).

Discontinuing use of PPE for the Care of Persons who Use Services who Have COVID-19

Staff who provide direct care to persons with confirmed or suspected COVID-19 should use all appropriate PPE for a recommended period of time. It is important that staff continue to wear surgical face masks and eye protection for all encounters requiring close contact, whether or not they are confirmed or suspected to have COVID-19. Since the duration of viral shedding can vary from person to person due to differing circumstances, determining when to discontinue use of PPE is generally based on whether or not the person displayed symptoms or is severely immunocompromised (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV).

- **For persons who displayed no symptoms and who are not severely immunocompromised, follow CDC’s time-based strategy**, which recommends using PPE until at least 10 days have passed since the date of the first positive test.
 - If a person displayed no symptoms at the time of the positive test result but then developed symptoms during the 10 day isolation period, the isolation period will need to be “reset” based on the symptom onset date and meet the criteria for persons who displayed symptoms as described below.
- **For persons who displayed symptoms and who are not severely immunocompromised, follow CDC’s symptom-based strategy:**
 - At least 10 days have passed since symptoms first appeared **and**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
 - Symptoms (e.g., cough, shortness of breath) have improved.
- **For persons with severe to critical illness or who are severely immunocompromised, MDH recommends that PPE be used for care of these persons until:**
 - At least 20 days have passed since symptoms first appeared (or 20 days since the date of the first positive test, if asymptomatic) **and**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
 - Symptoms (e.g., cough, shortness of breath) have improved.
- In some rare circumstances, depending on the nature of immunosuppression and concern about continued use of PPE, persons with immunocompromising conditions could undergo a test-based strategy to discontinue PPE use. In this case, consultation with an expert in infectious diseases may help interpret test results.

- For additional information see [CDC: Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html).

Admission or Readmission of Persons who use Services with COVID-19

Group homes may accept persons recently diagnosed with COVID-19 as long as the home can follow the CDC guidance and use all appropriate PPE to provide care. If a group home provider is not able to adhere to the CDC recommendations, it must wait until the PPE requirements are no longer needed to provide safe care to the recently diagnosed person. For information on appropriate infection control strategies for persons who recently had COVID-19 symptoms and are planning to return or be admitted to the group home please refer to [MDH: Interim Guidance for Discharge to Home or New/Re-Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions \(www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf).⁸

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

Recommendations for Employees

Similar to persons 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 compatible with COVID-19 are considered to have a suspect diagnosis, even with no laboratory testing. Employees of a group home who become ill with measured or subjective fever, or other symptoms compatible with COVID-19, should notify their supervisor immediately and stay away from work.

Diagnostic Testing of Symptomatic Staff

Testing of symptomatic staff in group homes is a high priority and strongly encouraged because of the severe potential for COVID-19 to spread in congregate settings. Staff with symptoms compatible with COVID-19 should contact their primary care physician to be evaluated and

⁸ “Transmission-Based Precautions” for COVID-19 are infection control practices to be used in addition to standard precautions like frequent hand hygiene and include use of all appropriate PPE (e.g., mask/respirator, eye protection, gown, and gloves), as resources allow. [CDC: Transmission-Based Precautions \(www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html\)](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html).

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appropriately tested for COVID-19 and other causes of respiratory illness. Employers may also develop their own plans to coordinate testing of their employees. 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.

As previously mentioned, the type of test currently used for clinical decision-making is the RT-PCR test. This test is used to identify whether a person has detectable viral material present at the time the specimen was collected. A person who tests negative on one day could still develop illness or eventually test positive. Testing of staff who do not have any symptoms is recommended if there is a comprehensive strategy in place to exclude positive staff for the recommended time period outlined below. Supplemental staff should be available to continue providing adequate care to persons who use services.

Return to Work Guidelines

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

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

- Criteria for return 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, return to work should be based on the discharge diagnosis from the hospital and the employer's standard guidance for ill employees.
- For staff who test negative but have symptoms of COVID-19 and do not have an alternative diagnosis, exclude from work per the CDC symptom-based return to work strategy found at [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).

If staff test positive for COVID-19:

- If symptomatic, follow the CDC's symptom-based to determine when they may return to work. After returning to work, staff should continue to wear a face mask (procedure or surgical mask, not a cloth face covering) for source control at all times until symptoms are completely resolved or 14 days after symptom onset, whichever is longer. Staff should self-monitor for symptoms and seek re-evaluation if respiratory symptoms recur or worsen.
- If asymptomatic, follow the CDC's time-based strategy to determine when they are able to return to work: [CDC: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html).

Recommendations for Owners, Administrators, and Program Directors

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

Perform Risk Assessments for Exposed Staff and Persons

Identification and classification of any exposures for persons who use services and their staff to a person with confirmed or suspected COVID-19 remains a useful tool for disease mitigation. MDH recommends that group home administrators perform individualized risk assessments as soon as possible after a confirmed case is recognized. The window of time for identifying exposures to COVID-19 positive people is 48 hours prior to the positive person's symptom onset date (or test date if asymptomatic) until one of the following criteria is met:

- All appropriate measures were implemented to limit spread of disease (e.g., use of all appropriate PPE and social distancing greater than 6 feet).
- The person was no longer in the building or home.
- The person has been determined to be cleared of infection per the CDC's symptom-based, test-based, or time-based strategies for discontinuation of PPE or return to work.

For classification of staff exposures with prolonged close contact with a person who uses services, visitor, or other staff, follow [CDC: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) (www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html). MDH recommends these employees stay out of work for 14 days from the date of their last exposure. If staffing shortages occur (i.e., the employer has exhausted all other staffing options), employers may ask these staff to return to work if they do not have symptoms. MDH will request the names and contact information of these employees to enroll them in daily symptom monitoring and follow-up directly with them through email.

With the employee's permission, symptom information can be shared with group home management who are responsible for overseeing employee health. Employees will also be provided with a phone number to reach MDH at all times.

For classification of persons who use services' exposures from prolonged close contact with another person who uses services, visitor, or staff, MDH recommends following [CDC: Public Health Recommendations for Community-Related Exposure](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html) (www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html) and maintaining a low threshold for testing if they have any change in health status.

If your PPE supply allows, persons who use services who have had exposures should be cared for using all recommended COVID-19 PPE until 14 days after last exposure. Please note, PPE has an important role in source control; however, the level of source control provided is not well-studied and so we cannot say these protocols are 100% effective in every circumstance. Therefore, persons who have had prolonged, close contact with a positive staff member, regardless of the level of PPE worn, are considered to have been exposed. To keep the risk of exposure low for staff, when caring for these persons it is recommended that staff wear a medical or surgical face mask, gloves, gown, and eye protection (goggles or face shield that covers all sides of the face) for 14 days following the last date of exposure to the positive staff member. As testing resources allow, these persons should be prioritized for testing.

People who have clinically recovered from COVID-19 and then are identified as a contact of a new case within 3 months of symptom onset of their most recent illness do not need to be quarantined or retested for SARS-CoV-2. However, if a person is identified as a contact of a new case 3 months or more after symptom onset, they should follow quarantine recommendations for contacts. For more information on information for people who have previously tested positive and recovered, see [CDC: Duration of Isolation and Precautions for Adults with COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](https://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 congregate settings, including group homes. A representative of the MDH response team will attempt to contact the facility within 24 hours of being notified of a person who uses services or 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 implementation of risk assessments and appropriate staff exclusion prior to 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 Implement Infection Control and Prevention Measures

Having strong infection control measures in place is paramount to reducing the spread of disease. In particular, perform the following:

- If available, licensed nurses play a critical role in the response to COVID-19 in group homes. Identify them as infection preventionists who educate, monitor, and audit all aspects of this guidance.
- As much as possible, limit the number of people allowed in recreational areas as well as the kitchen and dining area at one time, so that everyone can stay at least 6 feet apart from each other.

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- 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 using EPA-registered disinfectants more than once a day, if possible.
- Make sure that shared rooms have good air flow from an air conditioner or an opened window.
- Encourage persons who use services, staff and visitors to perform diligent hand hygiene and wear a cloth barrier for source control throughout the day, if tolerable.
- Ensure protocols requiring staff to wear appropriate PPE, as available, throughout their shift and that staff are trained and comfortable with these PPE protocols.
- Instruct staff to perform hand hygiene on arrival to the group home, before and after person encounters, before putting on PPE, after removing PPE, before and after eating, and prior to leaving the group home. Ensure that staff are trained and comfortable with these hand hygiene measures.
- Conduct end-of-shift assessments with staff to identify PPE breaches and potentially concerning exposures of staff to persons with COVID-19.
- Remain diligent 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 persons who use services or staff develop COVID-19. Facilities should plan for emergency staffing before a positive COVID-19 case occurs. Possible staffing options might include recruiting former or retired employees, using temporary staffing agencies, using furloughed staff from day program providers, establishing alternative care sites for persons needing use of 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 \(www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html).

Communicate to Persons Who Use Services, Families, and Staff

Group home providers should reassure persons who use services, families, and staff how they will keep everyone safe:

- Identify communications such as email, websites, text messaging, and flyers to help convey information on ways to stay healthy, including how staff and persons who use services can manage stress.
- Address potential language or cultural barriers, especially where to direct questions or concerns.

- Make sure that employees understand the organization's sick leave policies and consider implementing 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.

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://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)
- [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: 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)
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- [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: 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)
- [CDC: Duration of Isolation and Precautions for Adults with COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html)



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