

Interim Guidance for the Prevention of COVID-19 in DHS-Licensed Residential and Non-Residential Settings with At-Risk Persons

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The Minnesota Department of Health (MDH) and Department of Human Services (DHS) continue to monitor the developing COVID-19 situation closely. MDH and DHS are collaborating to ensure that guidance is available for DHS-licensed programs. This guidance is directed at residential and non-residential settings in which individuals at higher risk of COVID-19 illness reside or receive services.

Who is this guidance for?

This guidance is to expand recommendations to DHS-licensed programs that provide residential or non-residential services in congregate settings. A congregate setting is an environment where a number of people reside, meet, or gather in close proximity for either a limited or an extended period.

Persons receiving services at these programs are at the highest risk of being affected by COVID-19 because they may be older adults and/or have one or more serious chronic medical condition. They also may be at higher risk of getting and spreading the virus because of community characteristics, such as frequent social activities, group therapy, shared dining facilities, and communal spaces.

These settings include, but are not limited to, the following programs licensed/certified by DHS:

- Adult foster care programs
- Child foster residence settings
- Children’s residential facilities
- Community residential settings
- Mental health centers/clinics
- Residential settings for adults with mental illness
- Substance use disorder treatment programs – residential and non-residential

Recommendations for Visitors and Non-Essential Health Care Personnel

1. The Centers for Disease Control and Prevention (CDC) and MDH currently recommend that facilities restrict all visitors and non-essential health care personnel, except for special circumstances unique to the provider population. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, emails, etc.).
 - a. For visitors entering the facility under special circumstances (including clergy, bereavement counselors, etc.), facilities should require visitors to perform hand hygiene and use personal protective equipment (PPE), such as facemasks. Decisions about

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- visitation during special circumstances should be made on a case-by-case basis, which should include careful screening of the visitor for fever or respiratory symptoms.
- b. Those with symptoms of a respiratory infection (e.g., fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time even in special circumstances.
 - c. When possible, permitted visitors should wear a facemask while in the building and restrict their visit to the person's room or other location designated by the facility.
 - d. Permitted visitors should be reminded to frequently perform hand hygiene.
 - e. Permitted visitors should refrain from physical contact with persons and others while in the facility. For example, practice social distancing with no hand-shaking or hugging and remain six feet apart.
 - f. If possible, create dedicated visiting areas near the entrance to the facility where the person can meet with visitors in a sanitized environment. These areas must be cleaned and disinfected after every visit. Guidance about cleaning can be found on CDC's COVID-19 website.
2. In lieu of visits, facilities should consider:
 - a. Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
 - b. Creating/increasing listserv communication to update families, such as advising to not visit.
 - c. Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.
 - d. Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.
 3. As an additional effort to eliminate risk, families are encouraged NOT to take their loved ones out of the building for any non-essential outings. Facilities should include this message in their recommendations to visitors through signage, calls, letters, emails, etc.
 4. CDC guidance for health care workers in facilities also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, who provide care to people receiving services. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers.
 5. Facilities should review and revise how they interact with vendors when receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking persons to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.

6. People still have the right to access their Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations); however, facilities may review this on a case-by-case basis. If in-person access is not available due to infection control concerns, facilities need to continue to allow communication (by phone or other format) with the Ombudsman program or other advocates.
7. Advise persons who enter the facility to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their health care provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

Social Distancing and Mitigation Strategies

1. Persons receiving services licensed by DHS often access community services, activities, and resources as the general population. Therefore, the same precautions or requirements for the general population apply to these persons unless contraindicated by an emerging health condition or by the services they receive.
2. Cancel or alter communal dining and group activities, such as internal and external group activities, to better practice social distances. For essential group activities that cannot be canceled, implementing the following social distancing measures can help:
 - a. Alter schedules to reduce mixing (e.g., stagger meal, activity, and arrival/departure times).
 - b. Limit the number of attendees at a given time to fewer than ten people and ask participants to maintain a distance of at least six feet from one another.
 - c. Place chairs and tables at least six feet apart during communal dining or similar events.
 - d. Because canceling social interaction may increase risk of adverse mental health outcomes, particularly during a stressful event of a disease outbreak, administrators can provide information to help support people in managing stress and anxiety during this COVID-19 outbreak. Resources can be found on [CDC: Stress and Coping \(https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html\)](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html).
3. Implement active screening of staff for fever and respiratory symptoms. Screen all staff at the beginning of their shift for fever (≥ 100.0) and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, sore throat, or muscle aches. If they are ill, have them put on a facemask and self-isolate at home. Note that individuals infected with COVID-19 may have symptoms such as cough or muscle aches **without** a fever.
 - a. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.

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- b. Facilities should review and revise how they interact with vendors when receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking persons to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock).
4. Remind people to practice social distancing and perform frequent hand hygiene.
5. Clean and disinfect all common areas and shared facilities daily, giving special attention to high-touch surfaces, including, but not limited to, door handles, faucets, toilet handles, light switches, elevator buttons, handrails, countertops, chairs, tables, remote controls, shared electronic equipment, and shared exercise equipment.
6. License holders should take this opportunity to educate people receiving services about the most up-to-date recommendations regarding social engagement and mitigation activities. This activity should continue to be supported as some persons may require more assistance and time to understand the implications of the COVID-19 pandemic.
7. License holders should explore options to reduce the type and frequency of social interactions. Per the Governor's [Emergency Executive Order 20-20 Directing Minnesotans to Stay at Home \(PDF\)](https://mn.gov/governor/assets/3a.%20EO%2020-20%20FINAL%20SIGNED%20Filed_tcm1055-425020.pdf) (https://mn.gov/governor/assets/3a.%20EO%2020-20%20FINAL%20SIGNED%20Filed_tcm1055-425020.pdf), beginning Friday, March 27, 2020, through Friday, April 10, 2020, all persons currently living within the State of Minnesota are ordered to stay at home or in their place of residence. Certain activities and Critical Sector work are exempt from the order.
8. Social distancing and isolation related to exposure or prevention of COVID-19 is not considered a violation of a person's right. Rather, this is a point-in-time allowable response to a pandemic following the direction of public health and personal health care providers.
9. License holders that have a person receiving services or staff test positive for COVID-19 or have symptoms of COVID-19 should follow the directives of MDH, CDC, or the personal health care provider.

NOTE: On March 16, 2020, the Health Regulation Division (HRD) of MDH provided similar guidance for all providers licensed by MDH where individuals at risk receive services, such as:

- Housing With Services Establishments and their Arranged Home Care Providers
- Residential Hospices
- Licensed only Nursing Homes
- Licensed Supervised Living Facilities including Intermediate Care Facilities and PRTFs
- Licensed only (not certified) Boarding care homes
- Board and Lodge with Special Services providers

To view this guidance, visit [Community Settings: COVID-19](https://www.health.state.mn.us/diseases/coronavirus/communities.html#licensed) (<https://www.health.state.mn.us/diseases/coronavirus/communities.html#licensed>).

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Programs should contact their local health department for questions, and frequently review [CDC: Information for Healthcare Professionals \(https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

References

- [CDC: Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States \(https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html\)](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html)
- [CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings \(https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#infection_control\)](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#infection_control)
- [CDC: Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)

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To obtain this information in a different format, call: 651-201-4101.