

COVID-19 Prevention and Management in Licensed Group Homes

4/26/2021

The Minnesota Department of Health (MDH) and Department of Human Services (DHS) are working together to respond to COVID-19. Together, the agencies give guidance to DHS-licensed residential service providers that deliver 245D licensed services in licensed community residential settings. The guidance in this document is also for MDH-licensed intermediate care facilities for people with intellectual disabilities. Both types of settings are referred to in this document as “group homes.”

Guidance for group homes must help limit the spread of COVID-19 in these settings, while balancing workforce challenges and upholding the rights of people served.

This guidance is intended to advise group home providers on best practices and does not mandate specific actions. Group home providers must also stay updated on current state and federal requirements for their license type, in addition to relevant [Stay Safe Minnesota \(staysafe.mn.gov\)](https://staysafe.mn.gov) industry guidance requirements and Minnesota [Face Covering Requirements and Recommendations \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecover.html).

COVID-19 prevention

Watch for symptoms

Group home administrators, staff, and people who live there need to be aware of the signs and symptoms of COVID-19. The common COVID-19 symptoms are:

- Fever
- Cough
- Shortness of breath
- Chills
- Headache
- Muscle pain
- Sore throat
- Nausea
- Vomiting
- Diarrhea
- New loss of taste or smell

Group home administrators or managers should know the signs of serious illness that require emergency care. Serious symptoms may include:

- Severe trouble breathing
- Lasting chest pain or pressure
- New confusion
- Unable to wake up or stay awake

Group home administrators and managers should actively check and document body temperature and symptoms of staff and visitors.

Group home administrators and managers should not allow visitors or staff with measured or suspected fever, or with symptoms described above, to enter the group home.

Group home managers may use and adapt the staff screening form in the appendices of the [COVID-19 Toolkit: Information for Long-term Care Facilities](http://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf) (www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf).

Group home managers should make sure staff and people who live in group homes know how to ask for help or how to call 911.

Group home staff should check all people who live in the group home for COVID-19 symptoms at least daily. See the [COVID-19 Management](#) section of this document if someone has symptoms.

If a pulse oximeter is available, MDH recommends that group home staff check people living in the group home at least daily to determine how much oxygen is in their blood. If a person's pulse oxygenation "%SpO2" level on the oximeter is less than 94 percent, staff should contact a medical professional for more evaluation.

Group home managers should make testing a high priority for staff and people who live in the group home. COVID-19 can spread quickly in supervised group home settings, so it is important for staff and people who live in the group home to get tested if they have chills, fever, or other symptoms of COVID-19. See more information about testing locations, at [Minnesota COVID-19 Response: Find Testing Locations](http://mn.gov/covid19/get-tested/testing-locations/index.jsp) (mn.gov/covid19/get-tested/testing-locations/index.jsp).

Universal use of personal protective equipment

If the supply is available, group home staff should wear respirators like N95, or well-fitting medical grade masks and eye protection, during their entire shift. This guidance includes breakrooms and other common areas where staff will be around coworkers.

Additional guidance on using masks, gloves, gowns, etc. to prevent the spread of respiratory droplets while breathing, talking, sneezing, or coughing (source control) can be found at [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 \(COVID-19\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).

If the supply of disposable medical-grade masks is limited, washable homemade masks may be used. For the best protection against COVID-19, a mask should have at least two layers of tightly woven fabric, cover the nose and mouth completely, and fit snugly against the face without gaps. Note: Cloth masks are not considered personal protective equipment.

More information about how to improve the way a mask fits can be found at [CDC: Improve How Your Mask Works for You \(www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html\)](https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html).

Group home managers should make sure staff are trained and able to correctly put on and take off personal protective equipment. There are video instructions available at [Donning and Doffing Video Vignettes \(www.health.state.mn.us/diseases/hcid/videos.html\)](https://www.health.state.mn.us/diseases/hcid/videos.html).

Group home staff who have been medically cleared, trained, and fit-tested should use N95 or higher-level respirators. This guidance is part of an employer's respiratory protection program, as defined by the Occupational Safety and Health Administration (OSHA). More information is available at [CDC NIOSH Science Blog: Proper N95 Respirator Use for Respiratory Protection Preparedness \(https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/\)](https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/).

Group home managers should guide staff on reusing personal protective equipment. More information can be found at [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).

Note: Personal protective equipment used in caring for people with suspected or confirmed COVID-19 is covered in a later section of this guidance document.

COVID-19 vaccination

People who live and work in group homes are a priority for getting vaccinated. Group home administrators and managers are strongly encouraged to:

- Identify a place for staff and people who live in group homes to get vaccinated.
- Contact their local public health department to set up a way to get updates about local planning for COVID-19 vaccine. Administrators can learn more about getting vaccinations at: [COVID-19 Vaccine \(www.health.state.mn.us/diseases/coronavirus/vaccine/index.html\)](https://www.health.state.mn.us/diseases/coronavirus/vaccine/index.html).

Group home administrators should refer people who develop symptoms of COVID-19 after getting vaccinated to [CDC: Post Vaccine Considerations for Healthcare Personnel \(www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html).

A person is considered to be fully vaccinated if it has been at least two weeks since they got either their second dose in a two-dose series, or one dose in a one-dose series.

Reduce risks of COVID-19

Follow guidance for gatherings and visitation inside intermediate care facilities. Gatherings in intermediate care facilities will differ from other licensed community settings.

Intermediate care facilities should follow updated principles outlined in federal guidance, which can be found at [CMS: Visitation at Intermediate Care Facilities for Individuals with Intellectual Disabilities \(ICF/IIDs\) and Psychiatric Residential Treatment Facilities \(PRTFs\) - Coronavirus Disease -2019 \(COVID-19\)](https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and-memos-states-and/visitation-intermediate-care-facilities-individuals-intellectual-disabilities-icfiids-and) (www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and-memos-states-and/visitation-intermediate-care-facilities-individuals-intellectual-disabilities-icfiids-and). Currently, people who live in intermediate care facilities are expected to wear a mask and stay 6 feet apart from others when gathering in common areas.

In addition, Executive Order 20-81 requires visitors to wear a face covering in common areas of a multi-unit housing facility. Facilities may provide flexibility (e.g., considering the impact of full vaccination) for visitors to remove face covering requirements in individual living units.

For gatherings in licensed community settings among unvaccinated people

Gatherings of unvaccinated people who live and work in group homes, for example, mealtimes and entertainment, should be carefully planned and directed to reduce the risk of spreading the virus:

- Group home managers and administrators should arrange tables and chairs at least 6 feet apart for group activities and meals.
- Group home managers and administrators should remind everyone living or working in the group home to wash their hands regularly and to stay at least 6 feet apart, or as far apart as possible.
- Group home managers and administrators should encourage people who live or work in the group home to wear masks that fit well when they have close contact with other people in the group home.

Non-direct care or support activities that require close contact are not recommended.

For gathering in licensed community settings among fully vaccinated people

People who live in the same group home who are fully vaccinated and not showing any symptoms of COVID-19 may gather for meals or activities without wearing masks or keeping distance. All group home staff should continue to wear a mask and eye protection throughout their shift. In addition, group home staff must continue to follow face covering requirements in Executive Order 20-81. See [Face Covering Requirements and Recommendations](https://www.health.state.mn.us/diseases/coronavirus/facecover.html) (www.health.state.mn.us/diseases/coronavirus/facecover.html) for more information.

Keep the group home clean and sanitized

Group home administrators, managers, and staff should clean and disinfect the group home regularly, especially rooms and surfaces that are shared and touched a lot:

- Dining areas

- Laundry rooms
- Elevators

Group home administrators, managers, and staff should use disinfectants registered by the Environmental Protection Agency (EPA) multiple times a day. Find more information at [About List N: Disinfectants for Coronavirus \(COVID-19\) \(www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0\)](https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0).

Group home administrators, managers, and staff should clean shared bathrooms at least twice a day.

Group home administrators, managers, and staff should keep bathrooms stocked with hand soap and paper towels.

Group home staff should enter bedrooms of people living in the group home as little as possible to lower the chance of spreading COVID-19 from one room to another.

Group home administrators and managers should provide:

- Soap
- Hand sanitizers that have at least 60 percent alcohol
- Tissues
- Trash baskets
- Facemasks that are washed or thrown away after use

Group home administrators and managers should encourage staff to wash their hands well, or to use hand sanitizer:

- When they arrive at the group home
- Before and after they spend any time with someone at the group home
- Before putting on, and after taking off, a mask and other personal protective equipment
- Before and after eating
- Before leaving the group home

For more information, visit [CDC: Cleaning and Disinfecting Your Facility \(www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).

Help make things safer for group home visitors

People who live in group home settings have the right to associate with other people in the community. People who live in group homes also have the right to choose their visitors and when visitors are in their home. Restricting these rights without having a rights restriction in place may violate licensing standards.

Group home staff should help people who live in the group home make informed decisions about visits. It is important to talk to people who live in the group home about the benefits and the health risks of spending time with people who visit the group home. Federal providers of intermediate care facilities should also use guidance in the [CMS: QSO-21-14-ICF/IID & PRTF Memorandum \(www.cms.gov/files/document/qso-21-14-icf-iid-prtf.pdf\)](https://www.cms.gov/files/document/qso-21-14-icf-iid-prtf.pdf).

Fully vaccinated visitors in licensed community settings

If people who live in the group home spend time with fully vaccinated people, the visits should be guided by [CDC: Interim Public Health Recommendations for Fully Vaccinated People \(www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html\)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html). Fully vaccinated means it has been at least two weeks since someone got either their second dose in a two-dose series, or one dose in a one-dose series.

The CDC guidance suggests visitation is possible without wearing a mask or keeping 6 feet of distance if:

- One household of fully vaccinated family members or friends visits a group home where everyone living or working in the group home is fully vaccinated.
- One household of fully vaccinated family members or friends visits a group home where not everyone living or working in the group home is fully vaccinated, but no unvaccinated person who lives in the group home has other health issues that could make COVID-19 worse.

A list of health issues that could make COVID-19 worse is available on [CDC: People with Certain Medical Conditions \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).

Unvaccinated or partially vaccinated visitors

People who are not vaccinated cannot be restricted from visiting a group home, but group home administrators or managers should consider ways to limit the spread of COVID-19 between unvaccinated visitors and people who live in the group home.

Ways to limit the spread of COVID-19 include:

- Limiting contact between group home visitors and people that they are not there to visit, especially people with health issues that could make COVID-19 worse.
- Encouraging all people who are visiting a group home to wear a mask that fits well.
- Making sure all people who are visiting a group home stay 6 feet apart from other people during the visit.
- Making sure all group home visits take place outdoors or in a well-ventilated place.

Any visitors in the group home

Best practices for anyone planning visits to a group home:

- Talk with people who live in the group home and decide which family or friends are essential visitors.
- Make sure people who live in the group home limit visits from nonessential family or friends to once a day.
- Encourage virtual visits if anyone living in the group home has COVID-19 or had contact with someone who had COVID-19.
- In-person visits can start again after everyone has stayed home for two weeks or is no longer infectious. See information on staying home or away from others in the [recommendations for staff](#) and [recommendations for people who live in group homes](#) sections.
- Group home administrators or managers should check all visitors for fever and other symptoms of COVID-19 before they enter the group home. Visitors who are ill cannot enter the group home.
- Visitors should follow all rules for infection prevention and control:
 - Washing their hands regularly.
 - Wearing a mask that fits well.
- Group home administrators or managers should make sure all visits occur in private rooms, not in common areas. Outdoor visits should be encouraged, as conditions allow.

If you have concerns that the rights of anyone who lives in a group home have been violated, you can:

- Report concerns to the Minnesota Department of Human Services, licensing intake, at 651-431-6600.
- File a complaint with the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574.
- Call the Medicaid Home and Community-Based Services (HCBS) helpdesk at 651-431-6624.

More information about helping people who live in group homes make informed decisions about visitors: [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).

Carefully consider special situations

Staff living with people with COVID-19

MDH recommends that group home staff who come in contact with someone in the group home who has COVID-19 follow [COVID-19 Recommendations for Health Care Workers](#) (www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf).

Vacation or non-essential travel

A person living in a group home can make travel plans to stay with a family member or to go on vacation. In these instances, contact with people who may have had COVID-19 may not be avoided. Before a person living in a group home travels, staff should discuss the benefits or risks of travel and

precautions to protect themselves and others. The risks of travel will differ depending on whether or not the person is vaccinated. For more information on considerations for traveling within the United States, visit [CDC: Domestic Travel During COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html). For international travel guidance, visit [CDC: International Travel During COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html).

Intermediate care facilities for people with intellectual disabilities are encouraged to follow [Long-term Care Guidance for Outings \(www.health.state.mn.us/diseases/coronavirus/hcp/ltceoguide.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltceoguide.html).

For updated recommendations for staying home and away from others after nonessential travel, refer to [Quarantine Guidance for COVID-19 \(www.health.state.mn.us/diseases/coronavirus/quarguide.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/quarguide.pdf).

It is important that people living in group homes know how to lower the risk of spreading COVID-19 when they return. This includes people who live in the group home, their families and guardians, and staff. Examples of steps to further reduce the risk of spreading COVID-19 in the 14 days from returning from travel include:

- Group home staff should require people who have returned from travel to eat their meals in a private room or in common areas, while staying at least 6 feet apart from other people in the home.
- Group home staff should designate one bathroom just for people returning from out of state travel.
- Group home staff should clean and sanitize shared bathrooms every time someone who has returned from travel uses the bathroom.
- Group home staff should require a person who has returned from out of state travel to wear a mask that fits well in dining areas, TV rooms, or other common areas.
- Group home administrators or managers should require a person or staff who has returned from out of state travel to wash their hands often.
- Group home administrators or managers should require staff caring for someone who has traveled and come into contact with people who may have had COVID-19 to wear eye protection, masks, gowns, and gloves.

Note: Carefully consider the use of protective equipment and make sure enough masks, gowns, and gloves are available for group home staff caring for people who could show signs of COVID-19 in the future.

More information is available at [DHS: Person-Centered, Informed Choice and Transition Protocol \(mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/person-centered-practices/pc-ic-tp-faq/\)](https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/person-centered-practices/pc-ic-tp-faq/) and [Disability Hub MN: The Informed Choice Standard \(disabilityhubmn.org/for-professionals/informed-choice/the-informed-choice-standard/\)](https://disabilityhubmn.org/for-professionals/informed-choice/the-informed-choice-standard/).

Visits to other households outside the group home

Fully vaccinated people living in group homes can visit with people from other households, if they follow the [CDC: Interim Public Health Recommendations for Fully Vaccinated People \(www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html\)](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html).

Admission or re-admission into DHS-licensed community residential settings

Group homes may accept people with a recent positive test for COVID-19 as long group home administrators, managers, and staff follow CDC and MDH guidance:

- [Interim Guidance for Discharge to Home or New/Re-Admission to Congregate Living Settings and Discontinuing Transmission-Based Precaution \(www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf)
- [CDC: Transmission-Based Precautions \(www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html\)](http://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html)

If a group home is unable to follow MDH or CDC personal protective equipment recommendations, administrators and managers should:

- Wait to admit the person into the group home until the recommendations are followed.
- Wait to admit the person into the group home until personal protective equipment requirements to provide care are no longer needed.

People with disabilities can be admitted or re-admitted into DHS-licensed community residential settings if they:

- Do not have COVID-19 symptoms.
- Have not had contact with or were close to someone with COVID-19.

Intermediate care facilities for people with intellectual disabilities should continue to follow admission guidance, as directed by the Centers for Medicaid and Medicare Services.

It is no longer recommended to require people who are being admitted to a group home to stay away from other people in the home for two weeks, before or after they move in, if:

- The person moving into the group home is fully vaccinated.
- The person moving into the group home has **not** had prolonged close contact with someone with COVID-19 in the last 14 days.

Group home administrators and managers can reduce the spread of COVID-19 between newly admitted people and people already living in the group home by:

- Encouraging the newly admitted person to stay away from other people in the group home for 14 days before or after they move into the home.
- Requiring group home staff to use eye protection, masks, gowns, and gloves when caring for a newly admitted person for 14 days after they move into the group home, if enough supplies are available.
- Testing people who do not have symptoms, with consent from the person or their legal guardian. Testing should occur right before or after a person moves into the group home, and again on days seven and 14, if testing resources are available.

Note: Test results should not be the only criteria for admission, since a negative test does not guarantee that a person who uses services will not later develop symptoms or test positive.

COVID-19 management

Test people with COVID-19 contact or symptoms

Please note, due to the emergence of variants of COVID-19 that may be able to infect fully vaccinated people, recommendations for testing of both unvaccinated and fully vaccinated people remain the same.

COVID-19 can spread fast in group home settings so people who live in the group home and staff should get tested regularly. It is important to remember:

- 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 get sick or test positive later.
- Everyone who lives in the group home, and has symptoms of COVID-19, should get tested for COVID-19 and other respiratory illness.

People who live in the group home who have symptoms and are waiting for test results should:

- Stay in their rooms or to stay at least 6 feet away from others in the home as much as possible.
- In intermediate care facilities, people who use services should stay at least 6 feet away from others if they have or may have had contact with COVID-19, or if they show symptoms.
- Behavioral or mental health issues may make it impossible to keep people away from others. In that case, facility staff should help lower the spread of COVID-19 in common areas by:
 - Wearing masks.
 - Washing hands often.
 - Staying at least 6 feet away from each other.
 - Disinfecting common areas, like TV rooms and dining areas.

Testing people who do not have symptoms is recommended:

- Five to seven days after they have contact with someone who has COVID-19.
- If they often interact with people from other households.
- If they have traveled or are planning to travel. (This is important because people without symptoms can still spread COVID-19).

Testing all staff and all the people who live in the group home is one way to limit the spread of COVID-19. Group home administrators and staff should have COVID-19 preparedness plans. These plans should include:

- Strategies to cover staffing shortages in case some staff without symptoms test positive for COVID-19.
- Strategies to increase infection prevention.
- Using masks and other personal protective equipment.
- Communicating with residents, families, and staff.

For more information about testing people who are not showing symptoms, see [Evaluating and Testing: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/eval.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html).

For more information on where to find testing sites, see [Minnesota COVID-19 Response: Find Testing Locations \(mn.gov/covid19/get-tested/testing-locations/index.jsp\)](http://mn.gov/covid19/get-tested/testing-locations/index.jsp).

People should follow the most up-to-date CDC guidance for COVID-19 prevention and testing if:

- They tested positive for COVID-19 and recovered.
- They were vaccinated more than two weeks ago.

Recommendations will differ for people who have and those who have not previously had a positive test for COVID-19. Recommendations will also be different for people who have been fully vaccinated. More information:

- [CDC: Interim Guidance on 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)
- [CDC: Interim Clinical Considerations for Use of the mRNA Vaccines Currently Authorized in the United States \(www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html\)](http://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)

Perform COVID-19 risk assessments

MDH recommends that group home administrators complete risk assessments as soon as possible after learning someone in the group home has COVID-19. Assessing a person's contact with someone with a positive test, or who may have COVID-19, can help slow the spread.

People with COVID-19 can spread the virus to others who have close contact with them:

- Two days before they get symptoms or before they test positive.
- Until they are no longer contagious.

Group home administrators or managers should identify everyone, including those who are fully vaccinated, who spent 15 minutes or more in a 24-hour period within 6 feet of the person with COVID-19. This risk assessment needs to start two days before the person felt sick or had a positive test and until one of the following instances:

- All people who live and work in the group home are using appropriate personal protective equipment and are staying more than 6 feet apart.

- The person with COVID-19 is no longer in the home.
- The person is no longer able to give the disease to others.

Follow CDC guidance for ending the use of personal protective equipment or returning to work:

- [CDC: Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings \(www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)
- [CDC: Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection \(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)

Return to work guidelines

Recommendations for fully vaccinated staff

Unless they have an immunocompromising condition, fully vaccinated group home staff do not need to stay away from other people for 14 days after having contact with someone with COVID-19.

More information on quarantine recommendations for fully vaccinated staff can be found at [CDC: Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html).

Recommendations for unvaccinated staff

A staff member in a supervised group home setting who is not fully vaccinated and has had contact with someone with COVID-19 for 15 minutes or more in a 24-hour period should:

- Stay away from work for 14 days, starting from the most recent date of contact with someone with COVID-19. Unvaccinated staff should not return to work sooner than 14 days after the most recent date of contact with someone with COVID-19.
- Get tested five to seven days after contact with someone with COVID-19.

Sometimes, returning to work sooner than 14 days is the only way to cover staff shortages. Group home administrators or managers may ask unvaccinated staff members to return to work sooner if they do not have symptoms.

If they have not been fully vaccinated, group home staff may not need to stay home from work, or be tested, after they have contact with someone with COVID-19 if they have recovered from COVID-19.

Follow guidance for bringing staff back to work after having contact with someone with COVID-19:

- [COVID-19 Recommendations for Health Care Workers \(www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf)
- [CDC: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 \(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

Care for people with COVID-19 who live in group homes

Group home staff should monitor people who live in the group home who are sick to identify people requiring a higher level of care. Three times daily, document:

- The temperatures of people living in the group home.
- The symptoms.
- Their blood-oxygen level.

When providing direct care for people confirmed with COVID-19, group home staff should wear personal protective equipment:

- A respirator, like N95 or equivalent.
- Eye protection, gown, and gloves.
- A mask that fits well.

Sometimes, a person living in the group home can't wear a mask. In that case, only certain staff can provide that person's direct care:

- Staff who have recovered from COVID-19 in the last 90 days.
- Staff who have been fully vaccinated in the last 90 days.

All group home staff, including staff who have recovered from COVID-19 or who have been vaccinated in the last 90 days, should wear a mask, gown, gloves, and eye protection if they are providing direct care.

Group home accommodations for people with COVID-19

People with confirmed or suspected COVID-19 should:

- Have a room to themselves with a private bathroom and a door that closes. If a private bathroom is not possible:
 - Staff should clean and disinfect all shared sinks, toilets, and other surfaces that are touched a lot.
 - Staff should clean and disinfect the shared bathrooms at least twice a day, or more often during times of heavy use.
 - Staff should encourage those who have a positive test for COVID-19 to use a separate bathroom, if one is available.
- Have dedicated space with dedicated staff.
- Stay in their rooms as much as possible.
 - If people who live in the group home must leave their rooms, staff need to increase cleaning and disinfection in common areas of the home.
- Wear a mask.

- Nonmedical, cloth masks are required when someone living in the group home is not in their assigned room. This guidance is consistent with Executive Order 20-81. For more information, including exemptions, see [Face Covering Requirements and Recommendations \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](http://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.

Recommendations for unvaccinated people who live in the group home

A person living in the group home who is not vaccinated and has spent 15 minutes or more in a 24-hour period within 6 feet of someone with COVID-19 should:

- Stay alone and away from others for 14 days from the date of their last close contact with someone with COVID-19.
- Get tested five to seven days after their last close contact with someone with COVID-19.

Recommendations for vaccinated people who live in the group home

A person living in the group home who is fully vaccinated or recovered from COVID-19 and has close contact with someone with COVID-19 should stay away from others for 14 days.

It is not known yet how effective the vaccine is for people living in group homes. It can be harder to keep people living in group homes 6 feet apart and the risk of severe illness from COVID-19 is higher in group home settings. A full 14-day quarantine is recommended after people in the group home have close contact with COVID-19 if:

- Anyone who lives in the home has other health issues that could make COVID-19 worse.
- Anyone who lives in the home is age 65 and older.
- Group home staff are unable to identify the date that a person living in the group home had close contact with someone who has COVID-19.
- Someone who lives in the home has had COVID-19 within the past 28 days.

People who live in group homes who have been fully vaccinated have the right to not stay away from others for 14 days, if they meet the post-vaccine criteria for the general public, as described in [CDC: Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States \(www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html\)](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html).

People who live in group homes have the right to informed choice, or to decide to stay away from others for a shorter time, after being told what this choice means to them and others, per [CDC: Options to Reduce Quarantine for Contacts to Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing \(www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html\)](https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html).

Group home staff can help people living in the group home make informed choices about being alone and away from others by:

- Using different areas of the house.
- Using separate bathrooms.
- Providing personal protective equipment for all staff and people who live in the group home.

For more information about discussing recommendations with people who live in the group home, see:

- [CDC: Public Health Recommendations for Community-Related Exposure \(www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html)
- [Quarantine Guidance for COVID-19 \(www.health.state.mn.us/diseases/coronavirus/quarguide.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/quarguide.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)

A person who lives in the group home who has recovered from confirmed COVID-19 in the past 90 days has the right not to stay away from others for 14 days or get repeated testing, if:

- It has been 90 days since the person had COVID-19 symptoms or a positive test.
- The person remained asymptomatic since any new contact with someone with COVID-19.

If someone who lives in the group home attends an adult day center and has a positive test, notify any adult day center or day service facility. Notifying these facilities helps identify other people who had close contact with someone with COVID-19.

If someone who lives in the group home has close contact with staff or with people who have had COVID-19, the group home is required to follow DHS guidance before the person returns an adult day center. For more information, see [DHS: Latest information about COVID-19 from Licensing \(mn.gov/dhs/partners-and-providers/licensing/licensing-covid/\)](https://mn.gov/dhs/partners-and-providers/licensing/licensing-covid/).

Masks help control the spread of COVID-19, but there is not enough data to say masks are 100 percent effective in stopping the spread of COVID-19. Even if people who live in the group home wore a mask while spending 15 minutes or more in a 24-hour period within 6 feet of a staff member with COVID-19, they are still considered as having had close contact.

Ending the use of personal protective equipment during care

Staff who provide direct care to people living in the group home with confirmed or suspected COVID-19 should wear masks, gloves, gowns, and eye protection. Follow CDC guidance to determine when wearing personal protective equipment is no longer needed: [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).

COVID-19 control and prevention measures

Having strong infection control measures in place is important to reducing the spread of COVID-19:

- 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.
- Do end-of-shift assessments with staff to identify:
 - Instances where personal protective equipment wasn't used.
 - Instances of potential contact between staff and people with COVID-19.
- Watch closely for the re-introduction of COVID-19 into the group home. It is not yet known how long the immune response offers protection to those who have been vaccinated or who have had a positive test.

Licensed nurses can play a critical role in the COVID-19 response. Identify one or more people (infection preventionists) who can educate and monitor this guidance to make sure everyone living or working in the home are taking all necessary steps to prevent the spread COVID-19.

Follow statewide updates and executive orders

People who live and work in a group home, including staff, visitors, and administrators 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

COVID-19 infection 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 \(https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD\)](https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD).

- [CDC: COVID-19 Clinical Questions about COVID-19: Questions and Answers \(www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html)
- [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: Guidance for Group Homes for Individuals with Disabilities \(www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.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)
- [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)

- [Centers for Medicare and Medicaid Services: Policy and Memos to States and Regions \(www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions\)](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)
- [DHS: Latest information about COVID-19 from Licensing \(mn.gov/dhs/partners-and-providers/licensing/licensing-covid/\)](https://mn.gov/dhs/partners-and-providers/licensing/licensing-covid/)
- [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)
- [Contingency Standards of Care for COVID-19 Personal Protective Equipment for Congregate Care Settings \(www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf\)](https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf)
- [COVID-19 Testing Resources for Residential Programs Licensed by the Department of Human Services \(www.health.state.mn.us/diseases/coronavirus/grouptest.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/grouptest.pdf)
- [Donning and Doffing Video Vignettes \(www.health.state.mn.us/diseases/hcid/videos.html\)](https://www.health.state.mn.us/diseases/hcid/videos.html)
- [Health Care Coalitions \(www.health.state.mn.us/communities/ep/coalitions/index.html\)](https://www.health.state.mn.us/communities/ep/coalitions/index.html)
- [Interim Guidance for Facilities Providing Non-Emergency Transportation Services during COVID-19 \(www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf)
- [Minnesota Responds Medical Reserve Corps \(mnresponds.org/\)](https://mnresponds.org/)



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.