Interim Guidance on the Prevention of COVID-19 for Employees and Residents of Licensed Group Homes

GUIDANCE AS OF MAY 12, 2020

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 upholding rights with the need to prevent spread of the virus that causes COVID-19 in these settings. 245-D licensed providers and ICFs are settings where rapid spread of COVID-19 can occur among employees and residents. This guidance is intended to advise providers on best practice recommendations in these settings and does not mandate specific actions.

Recommendations for the prevention of COVID-19 among residents

As in other congregate living settings (e.g., long-term care facilities), the implementation of universal source control and the use of interventions to limit virus spread among residents are paramount. MDH recommends that the following general measures be implemented in group homes.

Monitoring for symptoms

Staff should educate residents to make them aware of symptoms associated with COVID-19 or underlying conditions that require emergency care. Serious symptoms may include, but are not limited to: severe difficulty breathing, persistent chest pain or pressure, or new confusion or inability to rouse. Ensure staff and residents know who to ask for help or how to call 911.

Staff should monitor all residents at least daily for symptoms of COVID-19 (e.g., fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or new loss of taste or smell). Other less common symptoms could include gastrointestinal symptoms like nausea, vomiting, or diarrhea. If a pulse oximeter is available, staff should monitor pulse oxygenation status at least once a day. If a resident has oxygenation saturation less than or equal to 90%, refer them for further evaluation and possible treatment.

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).


3 More information can be found at Pulse Oximetry and COVID-19 (PDF) (www.health.state.mn.us/diseases/coronavirus/hcp/pulseoximetry.pdf).
Group home residents with fever or symptoms of COVID-19 are a high priority for testing. Because of the severe potential for COVID-19 spread in congregate settings, testing is strongly encouraged for those living in these settings. 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.

Administration of nebulizer treatments

For residents who receive nebulizer treatments, providers should refer to MDH guidance on Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 (PDF) (www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf). To reduce risk of disease transmission, consider switching from nebulizer treatment to metered-dose inhalers, if available and if resident can tolerate.

Considerations to reduce disease transmission

Gatherings of residents and staff in the home (e.g., meal times, entertainment) should be carefully considered and redesigned, as necessary, to reduce close contact4 among staff and residents.

- Non-direct care or support activities that require close contact are not recommended.
- Consider staggering schedules and arranging tables and chairs to be at least 6 feet apart.
- In order to protect themselves and others, residents should practice diligent hand hygiene and practice social distancing (staying at least 6 feet apart, or as far apart as able).
- Encourage residents to wear a face covering for source control when in shared spaces or when close contact with other individuals in the home is likely to occur.

Limit visitors to the home to only those who provide an essential service (e.g., home care, hospice).

- Alternative visitation options could include connecting to other people through electronic media, driving to see friends or family but staying within the vehicle, or meeting outside and staying at least 6 feet apart.
- If a resident or household member is in isolation or quarantine because of a known infection or exposure, postpone visitation to the home until individuals have been cleared of infection or have completed their quarantine period.

Situations in which exposures cannot be ruled out

If a resident plans to visit or stay with a family member or engage in activities for which exposure cannot be ruled out (e.g., day program participation), staff should talk with the resident before the visit about the risk of exposure, the need for social distancing during the visit, and what additional steps will need to be taken when the person returns to ensure other residents and staff remain safe. It is important to educate both residents and staff who are leaving the home on ways to further reduce the risk of disease transmission when they return to the home.

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4 Close contact is any non-direct care encounter that lasts longer than 10 minutes with the individuals less than 6 feet apart within a 24-hour period.
Since COVID-19 could develop within 14 days of an exposure event, the risk of disease transmission following activities for which exposure cannot be ruled out is also 14 days.

Examples of steps to further reduce the risk of disease transmission include:

▪ Eating meals in a private room.
▪ Having a dedicated bathroom.
▪ Wearing a facemask when in communal areas.
▪ Performing hand hygiene.

As personal protective equipment (PPE) supply allows, best practices would also include the use of eye protection, medical-grade facemasks, and if possible, gowns and gloves for all care provided to these residents.

▪ Consider use of PPE in this situation carefully in order to assure sufficient supply for staff caring for any residents that could display symptoms of COVID-19 in the future.

Alternative activities

Staff and residents in the group home should work together to identify ways to help residents have meaningful activities during the day within the bounds of these infection control recommendations. Examples may include interacting with friends and family via remote communication or electronic media, working on independent living skills, and other forms of remote participation in community events.

Recommendations for the prevention of COVID-19 among staff

For staff working in the group home

The following recommendations are intended for employees who work in licensed residential settings. Staff and other essential professionals (e.g., home care, hospice) should be screened for fever or new respiratory symptoms associated with COVID-19 before entering the group home. Non-essential staff should not be allowed in the group home.

Staff screening

Active screening for, and documentation of, body temperature and respiratory symptoms should be used to identify and exclude symptomatic workers. Workers with measured or subjective fever or new respiratory symptoms as above should not be allowed to enter the group home and should be prioritized for testing.

5 Please note cloth or alternative masks are acceptable means for source control in limiting exposures to other staff; however, for staff providing direct resident care, cloth masks are not considered PPE.
PPE considerations

As PPE supply allows, all staff should wear masks for source control to prevent potential transmission of COVID-19 from infected individuals who may not have symptoms.

- Washable homemade masks are an alternative option when there is a limited supply of disposable surgical facemasks; however, these are not considered PPE.
- 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). However, the majority of group homes do not have respiratory protection programs, nor have they fit-tested their staff, making use of respirators currently unachievable.

All staff should use eye protection (e.g., face shield, goggles, safety glasses with side shields) during all resident care encounters requiring close contact.

Reuse of PPE by staff should be guided by CDC: Strategies to Optimize the Supply of PPE and Equipment (www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).

Instruct staff on proper procedures and assure proficiency in procedures for putting PPE on (don) and taking PPE off (doff), including when caring for residents who require transmission-based precautions. You can find short videos at Donning and Doffing Video Vignettes (www.health.state.mn.us/diseases/hcid/videos.html).

Keeping the environment clean

Direct staff to regularly clean and disinfect the home, especially shared areas and frequently touched surfaces, using EPA-registered disinfectants more than once daily, if possible. Clean shared bathrooms at least twice daily and stock them with hand soap and paper towels or automated hand dryers.

Group home providers should keep the following items in common areas for use by residents and staff:

- Soap or alcohol-based hand sanitizers that contain at least 60% alcohol.
- Tissues.
- Trash baskets.
- If possible, cloth face coverings that are washed or discarded after each use.

Staff should limit entering residents’ rooms as much as possible, to reduce potential for cross-contamination.

Planning for staffing shortages

Staffing shortages are likely to occur if residents or staff develop COVID-19. Group homes should plan for emergency staffing prior to having a positive COVID-19 case. Possible staffing options might include recruiting former or retired employees, using temporary staffing agencies, using furloughed staff from day program providers, using emergency respite and/or other service modifications, and working with local public health to identify any other local staffing resources.
For staff living with people who have confirmed or suspected COVID-19

The following recommendations are intended for employees who work in licensed residential settings and who, outside of the group home setting, have household contacts or intimate partners with a confirmed or suspected case of COVID-19.

The employee should separate himself or herself from the ill household member within the home as much as possible. The employee might consider temporarily moving into an alternative accommodation, if available, to maintain distance from the ill household member. Given family and caregiver responsibilities, this will not be feasible for many employees.

Employees who are household or intimate contacts of people with a confirmed or suspected case of COVID-19 are advised to stay away from work and limit interactions with the public for 14 days after the last known exposure with the ill household contact or after preventive self-isolation measures are put into place.

If it remains necessary for the employee to continue providing direct resident care during this 14-day quarantine period, they should:

▪ Avoid providing care to or interacting directly with high-risk residents (e.g., elderly and immunocompromised persons, and those with co-morbidities).

▪ Practice diligent hand hygiene and wear a medical-grade facemask at all times when in the worksite during the 14-day period. They must keep the mask on at all times when providing care to a resident and when within 6 feet of any other person. Wearing a medical-grade facemask is preferred over a cloth or fabric face covering during this 14-day period, but if none are available, a cloth or fabric face covering must be worn.

▪ Monitor themselves closely for symptoms associated with COVID-19 and measure their temperature daily before going to work.

▪ Remain at home and notify their supervisor if they develop respiratory symptoms or have a measured or subjective fever.

▪ Immediately notify their supervisor if at work when fever or symptoms of illness develop.

Group home employees who may have COVID-19 are a high priority for testing. Because of the severe potential for COVID-19 spread in congregate settings, testing is strongly encouraged for those working in these settings. 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.

Resources


▪ CDC: If You Are Sick or Caring for Someone (www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)
COVID-19 RECOMMENDATIONS FOR EMPLOYEES AND RESIDENTS OF GROUP HOMES


▪ MDH: Donning and Doffing Video Vignettes (www.health.state.mn.us/diseases/hcid/videos.html)

▪ MDH: Health Care Coalitions (www.health.state.mn.us/communities/ep/coalitions/index.html)

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

▪ Minnesota Responds Medical Reserve Corps (https://mnresponds.org/)

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