

Guidance for Work Exclusion of Homeless Service Providers Exposed to a Suspected or Confirmed COVID-19 Case

Introduction

This guidance is intended for homeless service providers, local public health, tribal health, and others who need to assess exposure to COVID-19 within a homeless setting.

This guidance should not be used to assess exposures for health care workers.

General guidance on assessing exposure

- The criteria for prolonged close contact (within 6 feet for > 15 minutes) is meant to serve as a guide to identify exposures that need to be evaluated more closely. Many factors should be considered when determining whether someone is exposed, for example:
 - The length of the interaction.
 - If barriers (plexiglass) were used to reduce contact.
 - The likelihood of contact with secretions (e.g., saliva or cough droplets).
- If the COVID-19 patient is a person experiencing homelessness, be sure to assess from the initial interaction with homeless service providers.
- If the COVID-19 patient is another homeless service provider, assess risk for both work-related and social contacts at work (e.g., contacts who may have eaten lunch or taken breaks with the patient).
- **Source control** is a term used to describe measures intended to prevent infected individuals from spreading disease. Facemasks worn by an infected individual as source control can be manufactured or homemade.
- Homemade masks are not considered personal protective equipment (PPE) and should not be used in place of an N95 (or surgical mask) when these are indicated.

No work exclusions

Risk Assessment Criteria

Prolonged close contact occurred while:

- COVID-19 case was masked and homeless service provider wore an N95 (or surgical mask).
- COVID-19 case was not masked, but homeless service provider wore an N95 (or surgical mask) and eye protection.

Exclude due to exposure

Risk Assessment Criteria

Prolonged close contact occurred while:

- COVID-19 case was masked, but homeless service provider did not wear N95 (or surgical mask).
- COVID-19 case was not masked and homeless service provider did not wear N95 (or surgical mask) and eye protection.

Prolonged close contact did not occur, but:

- Homeless service provider had direct contact with respiratory secretions* from the COVID-19 patient and was not wearing an N95 (or surgical mask) and eye protection.

Work restrictions:

- Exclude exposed staff from work for 14 days after last exposure. Staff should self-monitor for symptoms and conduct twice-daily temperature checks during exclusion. If symptoms develop, seek health care.

*Extensive body contact or strenuous physical interaction with a COVID-19 positive patient may generate higher concentration of respiratory secretions or aerosols; no time minimum established.

Other exposures that are not well-defined

Some exposures may not meet the threshold for work exclusion but could still be concerning. In these situations, the homeless service provider may consider altering the contact's work duties or location to reduce the number of contacts and recommend the use of a surgical mask for the 14 days post-exposure.

Exclusion and staffing resources

The Minnesota Department of Health (MDH) recommends exclusion of exposed staff for the full 14-day quarantine period beginning from the date of last exposure, or for as long as staff resources allow. The benefit of excluding exposed staff is to prevent future exposures from persons who are exposed and go on to develop infection. More detailed information can be found at [Interim Recommendations for Critical Infrastructure Workers Who Have Had Exposure to a Person with Suspected or Confirmed COVID-19](https://www.health.state.mn.us/diseases/coronavirus/guidebusiessential.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/guidebusiessential.pdf>).

If staffing shortages become a concern and work exclusion of exposed staff is not possible, please consult with MDH.

All homeless service providers

All homeless service providers should keep in mind that working in or with a congregate living setting increases risks for exposures to COVID-19. Ongoing use of designated PPE is critical to preventing exposures. PPE usage, along with social distancing and frequent hand washing are vital. All homeless service providers should:

- Self-monitor for symptoms and leave work immediately/stay home if any symptoms of COVID-19 develop. Symptoms of COVID can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell. Other less common symptoms include gastrointestinal symptoms like nausea, vomiting, or diarrhea.
- Perform hand hygiene regularly and always after contact with a suspected or confirmed COVID case; if soap and water are not available use alcohol based hand sanitizer with at least 60% alcohol.
- Use appropriate PPE when in close contact with a confirmed or suspected COVID-19 case.



Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

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