

Interim Guidance for Hotel Managers and Owners

All businesses, organizations, and venues for gathering are required to develop and implement a COVID19 Preparedness Plan in accordance with applicable guidance on the Stay Safe Minnesota website (staysafe.mn.gov).

As of July 25, 2020, people in Minnesota are required to wear a face covering in all indoor businesses and public indoor spaces, per Executive Order 20-81. Additionally, the Executive Order requires workers to wear a face covering when working outdoors in situations where social distancing cannot be maintained. The Executive Order includes exemptions for people who are unable to wear or tolerate a face covering due to medical or mental health conditions or other reasons. There are also situations in which a face covering may be temporarily removed, such as when swimming, eating, or drinking, provided that social distancing is maintained between members of different parties. Businesses and venues may choose to have more protective requirements than those in the Executive Order.

More information about face covering requirements and exemptions is available on the MDH website at [Masks and face coverings \(www.health.state.mn.us/diseases/coronavirus/prevention.html#masks\)](https://www.health.state.mn.us/diseases/coronavirus/prevention.html#masks).

Proper cleaning and disinfection of lodging rooms at hotels, motels, and similar facilities is critical to prevent the spread of COVID-19. This document provides guidance for operators of lodging facilities that are either:

- Open for regular business, or
- Being used as temporary housing for people who have been infected with or exposed to COVID-19, as well as people needing temporary non-congregate housing as a precautionary measure.

Use of Hotels as Isolation Sites and Alternative Housing

A local surge in the need for medical care and safe housing may require jurisdictions to establish sites where people can remain for the duration of their isolation period or until safe housing can be secured. These sites are typically established in nontraditional environments, such as converted hotels or mobile field medical units. The people using these sites may be:

- COVID-positive
- Exposed to COVID, but not requiring hospitalization

- At high risk (for example, 65 years and older; have chronic health conditions or respiratory issues; unsheltered with chronic health conditions)
- Living in congregate settings (for example, homeless shelters, group homes, long-term care facilities, behavioral treatment centers)

For people requiring isolation, isolation sites are locations for patients who do not require medical care, while alternate care sites (ACS) are locations for patients who require some degree of medical care. For more information, see [CDC: Considerations for Alternate Care Sites \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html). The necessary isolation duration is outlined in [CDC: Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings \(Interim Guidance\) \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html).

For people experiencing homelessness, local health authorities seek to identify temporary shelter or housing locations for those awaiting test results and those without symptoms or known exposure who would otherwise be in a setting with greater risk of adverse COVID-19 morbidity or mortality. For more information, see [CDC: People Experiencing Homelessness and COVID-19 \(https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/unsheltered-homelessness.html).

Immediate Steps to Prevent the Spread of COVID-19

All hotels, whether isolation sites or not, should follow these mitigation strategies to prevent the spread of COVID-19:

- Encourage hotel staff, including custodians and food handlers, to protect their personal health and the health of others.
 - Frequent handwashing with soap and water for at least 20 seconds or using alcohol-based hand sanitizer if hands are not visibly dirty. Handwashing is necessary when preparing food.
 - Coughing or sneezing into a tissue, or their sleeve if a tissue is not available, and cleaning their hands immediately afterward.
 - Avoiding touching their mouth, nose, and eyes.
 - Wear a mask or face covering.
- Keep a distance of 6 feet between themselves and others, including between staff and guests.
- Post the signs and symptoms of COVID-19.
- Clean and disinfect high-touch surfaces and shared spaces.
- Use physical barriers to protect staff who will have interactions with guests. For example, physical barriers might include a sneeze guard or placement of a sufficiently large table to maintain 6 feet of distance between staff and guests.

These steps can help protect hotel staff and guests from COVID-19 exposure while minimizing disruption to important hotel services. Be prepared to change practices as needed to maintain critical operations. Refer to [CDC: Interim Guidance for Businesses and Employers \(https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html) for more information on planning for and responding to COVID-19.

Hotel Preparation

What physical changes should be made?

- Post signs throughout the hotel to teach proper hand hygiene (washing hands and using hand sanitizer), respiratory etiquette (cover your cough and sneeze), and avoidance of face touching.
 - Print materials about hand hygiene are available in several languages on [MDH: Hand Hygiene Print Materials \(www.health.state.mn.us/people/handhygiene/materials.html\)](http://www.health.state.mn.us/people/handhygiene/materials.html), and handwashing posters are available on [CDC: Posters | Handwashing \(www.cdc.gov/handwashing/posters.html\)](http://www.cdc.gov/handwashing/posters.html).
 - Additional COVID-19 print materials are available on the CDC and MDH websites.
- Put alcohol-based hand sanitizer at all entry points and key points in the hotel. If that is not possible, put up signs directing people to the nearest sink to wash hands with soap and water.
- Make sure soap, disposable paper towels, and running water are available in bathrooms and that toilets are in good working order.
- Put waste baskets throughout the facility and regularly empty them. Use disposable liners in wastebaskets if possible. Use a no-touch disposal receptacle if possible.
- Regularly clean all frequently touched surfaces such as doorknobs, handrails, bathroom fixtures (sink handles, toilets), countertops, work stations, tables, chairs, and elevator buttons.
 - Use the cleaning products that you usually use in these areas and follow the directions on the label.
 - Provide disposable wipes so staff can frequently wipe down commonly used surfaces like doorknobs, keyboards, remote controls, and desks.
 - Staff should wash hands, preferably with soap and water or, alternatively, with alcohol-based hand sanitizer after any cleaning activities.
 - Clean all shared equipment after each use.
- Develop or review your facility's plans for infection control and response to infectious disease.

What should management do?

- Develop or review your business-continuity plan so you can continue providing critical services even if staffing levels drop due to illness, caring for sick family members or friends, or because children may be temporarily out of childcare or school.
- Develop a plan to monitor staff absenteeism.

- If possible, cross-train personnel to perform essential functions so the facility is able to operate even if key staff are absent.
- Staff who are at high risk of severe COVID-19 should check with their health care provider about restrictions on their activities when COVID-19 is present in the community. Do not have high-risk staff interact with hotel guests if at all possible.
- During times when COVID-19 is present in the community, make sure your sick leave and other absence policies are flexible and non-punitive so staff can stay home if they are sick or if they need to care for a sick family member or friend.
- Make sure your staff are aware of sick leave and other absence policies. Do not require a health care provider's note to validate illness or return to work, as health care provider offices and medical facilities may be extremely busy and unable to provide this documentation.
- Employers should work with their local and state health departments to ensure appropriate local protocols and guidelines, such as updated/additional guidance for cleaning and disinfection, are followed, including for identification of new potential cases of COVID-19.
- Employers should educate staff and workers performing cleaning, laundry, and trash pick-up activities to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms (see [CDC's Symptoms of Coronavirus \[https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html\]](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)) within 14 days after their last possible exposure to the virus. At a minimum, any staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.
- Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include when to use personal protective equipment (PPE), what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with [OSHA Standard 1910.1200 - Hazard Communication \(https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1200\)](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1200).
- Employers must comply with [OSHA Standard 1910.1030 - Bloodborne pathogens \(https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030\)](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030), including proper disposal of regulated waste, and [OSHA Standard 1910.132 - General requirements \(https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.132\)](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.132) on PPE.

When can a sick staff member return to work?

Both lab-confirmed and clinically diagnosed staff should stay home and not come to work until **all of these are true**:

- Symptoms have improved, and
- At least 10 days have passed since illness onset, and
- At least 24 hours have passed since a fever was gone (without fever-reducing medicine).

How can cleaning staff safely perform their job?

The risk of exposure to cleaning staff is low.

Wear personal protective equipment (PPE)

Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

- If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reusable (washable) clothing and gowns should be laundered at the end of the shift. Wash hands after handling dirty laundry.
- Gloves should be removed after cleaning a room or area occupied by sick people. Wash hands immediately after gloves are removed.

Remove PPE properly

PPE must be properly removed to reduce the risk of self-contamination. Carefully remove gloves, gowns, aprons, etc. to avoid contaminating the wearer and the surrounding area. Remove gloves first, then wash hands using soap and water for at least 20 seconds. Cleaning staff should immediately report breaches in PPE or any other potential exposure to their supervisor.

Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.

Follow the guidance for cleaning and disinfecting

It is unknown how long the air inside a room occupied by someone with confirmed COVID-19 remains potentially infectious. Facilities will need to consider factors such as the size of the room and the ventilation system design (including flowrate [air changes per hour] and location of supply and exhaust vents) when deciding how long to close off rooms or areas used by sick people before beginning disinfection.

To minimize your risk, take these steps if a sick person has recently occupied your space:

- Close off communal areas visited by the sick people (if they have left the hotel, this applies to their hotel room as well).
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Wait 24 hours or as long as practical before beginning cleaning and disinfection.

If you are housing sick people for isolation, follow [CDC: Cleaning and Disinfection for Households \(https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html\)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html). This guidance emphasizes the importance of regularly cleaning and disinfecting common areas where staff and others are providing services or coming into contact with sick people. While, reducing cleaning and disinfecting of bedrooms and bathrooms used by sick people to as-needed.

If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

Cleaning hard (non-porous) surfaces

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

For disinfection, most common EPA-registered household disinfectants should be effective.

- A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\) \(https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2\)](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2). Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
- Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

Cleaning soft (porous) surfaces

For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.

After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise, use products that are EPA-approved and that are suitable for porous surfaces: [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\) \(https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2\)](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).

Cleaning electronics

For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.

- Follow the manufacturer's instructions for all cleaning and disinfection products.
- Consider use of wipeable covers for electronics.

If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Cleaning linens, clothing, and other items that go in the laundry

In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.

Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with a sick person can be washed with other people's items.

Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

Additional Guidance for Isolation Hotels

The use of hotels as isolation spaces should be determined in coordination with your local health authorities, which may include your public health department, local emergency managers, and housing authorities. Local public health and local emergency managers will determine staffing, provision of essential services, and monitoring and support of guests who are in the hotel.

Hotel staff are required to wear face masks or coverings while indoors: [CDC: Use of Masks to Help Slow the Spread of COVID-19 \(https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html\)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html).

Your local public health department will work with you to:

- Identify who (from an external organization or agency; not hotel staff) will bring food, hydration, provide laundry service, and check in on guests who are sick.
 - Note: Limit the number of staff who have face-to-face interactions with guests who are sick. Staff in these roles may be from departments and organizations outside of your hotel.
- Post signs instructing guests to notify their local public health department if they feel sick: [STOP: Prevent the Spread of COVID-19 \(www.health.state.mn.us/diseases/coronavirus/materials/clinicdoor.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/materials/clinicdoor.pdf). The local public health department will provide hotel staff and guests with contact information.
- Train staff in the appropriate use of PPE like masks and gloves.
- Develop a transportation plan for guests who may need to see a health care provider for evaluation and COVID-19 testing.
- Develop a procedure for referring guests with severe symptoms to a designated health care provider. Resources to find low-cost health care or to get health insurance can be found at [MDH: Resources to Find Low-Cost Health Care or Get Health Insurance \(www.health.state.mn.us/diseases/coronavirus/materials/lowcost.html\)](http://www.health.state.mn.us/diseases/coronavirus/materials/lowcost.html).

Guidance for Local Health Authorities

Behavioral health teams should be involved in the planning for isolation sites to facilitate continued access to support for people with substance abuse or mental health disorders. In some situations, for example due to severe untreated mental illness, a person may not be able to comply with isolation recommendations. In these cases, community leaders should consult local health authorities to determine alternative options.

This interim guidance will be updated as needed and as additional information is available. For the latest information, please regularly check [MDH: Businesses and Employers: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/businesses.html\)](https://www.health.state.mn.us/diseases/coronavirus/businesses.html).



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.

08/18/2020