DEPARTMENT OF HEALTH

COVID-19 Recommendations for Employees and Residents of Group Homes

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The Minnesota Department of Health (MDH) and the health care community must balance workforce challenges with the need to prevent further spread of the virus that causes COVID-19 in health care settings. Group homes are settings where rapid spread of COVID-19 can occur among employees and residents. Employees can be an inadvertent source of the COVID-19 virus introduced into group homes and cause its subsequent spread. Alternatively, resident activities might play an important role of spread in the group home and the community.

General Recommendations for Group Homes Where COVID-19 is Widespread in the Community

As is the case in other congregate settings (e.g., long-term care facilities), source control and limiting opportunities for spread among residents are paramount. MDH recommends the following general measures be enforced in group homes.

Recommendations for management of residents

- Health care workers (HCWs) should monitor temperature and respiratory symptoms in all residents at least once a day.
- Residents should remain isolated in their rooms whenever it is not necessary to leave it.
- Source control is vital to prevent introduction and spread of COVID-19 in the group home. Residents should practice diligent hand hygiene and wear a facemask at all times when they leave their room.
- All group activities should be cancelled.
- Only essential care should be provided to residents, to limit employee and resident interaction.
- For residents who receive nebulizer treatments, health care workers should follow health department guidance on administering the treatments and consider changing them to metered-dose inhalers to reduce risk of disease transmission.

Recommendations for management of staff

- All non-essential staff and visitors should not be allowed in the group home.
- Staff and other essential professionals (home care, hospice, etc.) should be screened for COVID-19 symptoms before entering the home.
- Body temperature and respiratory symptoms should be determined and documented to identify and exclude symptomatic workers.

- As personal protective equipment (PPE) supply permits, all staff should wear masks to maintain source control and limit spread of COVID-19 among other staff who do not yet display symptoms or who may begin to develop symptoms during their shift.
- Washable homemade masks may be a preferable option when there is a limited supply of disposable masks.
- Use of N95s is not permitted for the group home settings unless they have a respiratory program that complies with regulations of the Occupational Safety and Health Administration (OSHA).
- Staff should be instructed on proper procedures for donning and doffing PPE for residents that require transmission-based precautions.
- Staff should be directed to regularly clean and disinfect the home, especially in usually shared areas and on frequently touched surfaces.
- Staff who are household contacts or intimate partners of someone with confirmed or suspected COVID-19 infection should quarantine at home for 14 days after preventive self-isolation measures are put into place for the contact.

Diagnostic Testing of Employees and Residents for COVID-19

Group home employees and residents with fever and/or symptoms of COVID-19 are a high priority for testing at the MDH Public Health Laboratory. Because of the severe potential for COVID-19 spread in congregate settings, testing is strongly encouraged for those working and living in these settings.

Guidance for Ill Employees with Confirmed or Suspected COVID-19

As recommended above, any employee of a group home who becomes ill with respiratory symptoms OR fever (≥100˚F) should notify their supervisor immediately and stay away from work. Any staff expressing symptoms compatible with COVID-19 are considered to have a suspect diagnosis (even with no laboratory testing) or confirmed diagnosis (even with no positive laboratory test) and should stay away from work.

If insufficient staffing is an issue for the group home, administrators should contact the local emergency preparedness coordinator to arrange for emergency replacement staff.

The CDC has provided criteria for return of employees having confirmed or suspected COVID-19 to the workplace. MDH recommends use of the non-test-based strategy outlined in that guidance, where employees can return to work if:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND

- At least 7 days have passed since symptoms first appeared.

If employees were not tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis. If symptomatic HCWs test negative for COVID-19, return to work should be guided by their employer's standard guidance for ill HCWs (at least 24 hours after fever resolution). If staff who are suspected or confirmed to have COVID-19 return to work after resolution of fever and improvement of symptoms per the above guidance, they should wear a facemask at all times until it has been 14 days since symptom onset.

During this time, employees should:

- Practice diligent hand hygiene. Administrators should ensure that employees are trained and comfortable with appropriate facemask use, hygiene, and cleaning protocols for infection prevention and control of COVID-19. If PPE is in short supply, non-medical-grade masks can be used for source control when direct resident care is not being provided.
- Be assigned activities involving non-direct resident care, when possible.
- Avoid providing care to or interacting directly with high-risk residents (e.g., elderly and immunocompromised people and those with co-morbidities).
- If there is an extensive outbreak among staff and residents within the group home, and staffing is insufficient, administrators should contact MDH to review the situation and discuss options.

Recommendations for Group Home Employees Living with People Having Confirmed or Suspected COVID-19

The following recommendations are intended for employees who work in group homes and who have household contacts or intimate partners suspected to have COVID-19.

- The employee should separate themselves 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/intimate contacts of people with suspected COVID-19 are advised to stay away from work and limit interactions with the public as much as possible for 14 days after last known exposure with the ill household contact or after preventive self-isolation measures are put into place.
- If these limitations to social interaction and exclusion from work are not possible, the employee should take on a non-direct resident care role (e.g., telemedicine, phone triage) in the group home whenever feasible.
- If it remains necessary for the employee to continue providing direct resident care during this 14-day 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 facemask at all times.
- Monitor themselves closely for any new respiratory symptoms associated with COVID-19 (i.e., measured or subjective fever, cough, shortness of breath, OR sore throat), 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 body temperature of ≥100˚F.
- If at work when fever or respiratory symptoms develop, the employee should immediately notify their supervisor and go home.
- An employee should notify their supervisor of other symptoms (e.g., fever <100˚F, muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) because medical evaluation might be recommended. COVID-19 infections have been associated with these symptoms as well as the respiratory symptoms mentioned above.

Resources

- CDC: If You Are Sick or Caring for Someone (www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)
- CDC: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) (www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
- CDC: Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance) (www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)
- MDH: Interim Statement on Infection Prevention and Control for the Administration of Nebulized Medication to Patients with Suspected or Confirmed COVID-19 (PDF) (www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf)

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