



Recommended Protective Actions in Residential and Non-Residential Settings Licensed by DHS

ENHANCED TESTING AND USE OF PROTECTIVE EQUIPMENT

11/8/2021

This document outlines recommendations for additional testing and protective actions that settings licensed by the Department of Human Services (DHS) can take in response to the Delta variant of SARS-CoV-2, the virus that causes COVID-19. This guidance supplements strategies outlined for DHS-licensed settings at [Community Settings: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/communities.html\)](http://www.health.state.mn.us/diseases/coronavirus/communities.html).

DHS-licensed settings that this guidance applies to include adult foster care, chemical dependency residential treatment facilities, children's residential facilities, children's residential facilities with a mental health certification and/or chemical dependency certification, community residential settings, intensive residential treatment services, mental health residential treatment facilities, psychiatric residential treatment facilities, withdrawal management and detox services facilities, adult day centers, and day service facilities.

The Delta variant of SARS-CoV-2 is the dominant strain currently circulating in the U.S. This variant spreads more easily and quickly than the early SARS-CoV-2 virus, leading to more cases of COVID-19, especially among unvaccinated and otherwise vulnerable people. People served in DHS-licensed settings are at particular risk because they live or receive day supports in group environments that put them in close proximity to others, and they may have conditions that make them medically vulnerable.

The Centers for Disease Control and Prevention (CDC) reports that adults with disabilities are three times more likely than adults without disabilities to have serious underlying medical conditions. People with disabilities are at higher risk for serious illness from COVID-19 if they are older adults or have certain underlying medical conditions. CDC provides more information on high-risk conditions at [CDC: Different Groups of People \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html).

Because the Delta variant spreads rapidly among unvaccinated people, settings that provide services to children who are ineligible for vaccine should use enhanced precautions to reduce spread of the disease.

Encourage vaccination

Vaccination is the most important protective measure there is against all variants of COVID-19, and eligible people should get vaccinated. Although there are some cases of COVID-19 in vaccinated people, most cases are occurring in people who are unvaccinated. Fully vaccinated people are less likely to be infected and have a reduced chance of hospitalization and death.

For more information on COVID-19 vaccines, refer to [About COVID-19 Vaccine \(www.health.state.mn.us/diseases/coronavirus/vaccine/basics.html\)](http://www.health.state.mn.us/diseases/coronavirus/vaccine/basics.html).

Testing recommendations

- Everyone who has symptoms of COVID-19, even if fully vaccinated, should stay home and get tested for COVID-19 and other respiratory illness.
 - Following notification of a COVID-19 exposure, all staff and persons who receive services in DHS-licensed settings, regardless of vaccination status, should be tested immediately upon identification of the case (but not earlier than two days after exposure) and five to seven days following the date of exposure, at a minimum. A COVID-19 exposure is being in close contact (i.e., less than 6 feet) with a person who has COVID-19 for 15 minutes or more in a 24-hour period.
 - For staff who are trained on the use of personal protective equipment, the risk of exposure can be determined using [CDC: Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 \(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html).
 - Unvaccinated people should quarantine after having close contact with someone with COVID-19. Fully vaccinated people do not need to quarantine while awaiting their test results if they are not showing symptoms. They should wear a mask indoors in public until they get a negative test result or for 14 days following exposure.
 - In DHS licensed settings, if potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission, these settings should consider a broad-based approach as outlined in [CDC: Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes \(www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html).
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Recommendations for source control and personal protective equipment

MDH recommends that all staff in DHS-licensed settings, vaccinated and unvaccinated, wear a well-fitting facemask for source control throughout their shift when indoors or in a crowded setting outdoors. Staff should wear a facemask during meetings and breaks unless actively eating or drinking. Physical distancing, limiting the number of staff in a break area, or eating lunch outside are other recommended actions administrators of DHS-licensed settings should consider to reduce the risk of transmission.

RECOMMENDED PROTECTIVE ACTIONS IN RESIDENTIAL AND NON-RESIDENTIAL SETTINGS LICENSED BY DHS

While it is safest to implement use of source control for everyone in a congregate setting, there are allowances that could be considered for fully vaccinated individuals in health care and DHS-licensed settings located in counties with low to moderate community transmission. More information on this recommendation can be found at [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).

Masking for source control is particularly important if staff are working with or in frequent contact with someone who is at high risk for severe illness (e.g., more than 65 years old, has an immunocompromising condition, has comorbidities), or who is unvaccinated.

- If COVID-19 illness is not suspected in a person receiving services (based on symptom and exposure history), staff working in counties with substantial or high transmission should be using NIOSH-approved N95 or equivalent or higher-level respirators for all aerosol-generating procedures.

MDH also recommends all DHS-licensed settings' staff wear eye protection for all care encounters in DHS-licensed settings located in counties with substantial or high community transmission.

- In preparation for implementing eye protection for all staff, administrators may find the following video helpful: [CDC Project Firstline Inside Infection Control Episode 10: Why is Eye Protection Recommended for COVID-19 \(www.cdc.gov/infectioncontrol/projectfirstline/videos/EP10-EYE-LowRes-New.mp4\)](https://www.cdc.gov/infectioncontrol/projectfirstline/videos/EP10-EYE-LowRes-New.mp4).

People who live in, receive services in, or visit DHS settings should continue to follow [Recommendations for Wearing Masks \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](https://www.health.state.mn.us/diseases/coronavirus/facecover.html).

Recommendation for use of respirators

When staff in congregate settings are expected to provide direct care to people with confirmed or suspected COVID-19, they should wear:

- A respirator, N95 or equivalent or higher
- Eye protection, gown, and gloves

More information on these and other recommendations can be found at [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).

When performing health care or health care support in a facility, the OSHA Emergency Temporary Standard for Healthcare must be followed, including any personal protective equipment requirements. CDC also provides detailed recommendations for health care settings, which facilities are strongly encouraged to follow.

- Please refer to [OSHA: COVID-19 Healthcare ETS \(www.osha.gov/coronavirus/ets\)](https://www.osha.gov/coronavirus/ets) for more information about the OSHA Emergency Temporary Standard for Healthcare.

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- Please visit [CDC: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) for more detail about CDC health care recommendations.

For all other activities, facilities and staff should consider this guidance along with the recommendations and risk factors identified by the CDC to determine appropriate infection prevention and personal protective equipment standards.

- Please refer to [CDC: Guidance for Direct Service Providers \(www.cdc.gov/ncbddd/humandevelopment/covid-19/guidance-for-direct-service-providers.html\)](https://www.cdc.gov/ncbddd/humandevelopment/covid-19/guidance-for-direct-service-providers.html) for more information.

The above requirements and recommendations may vary based on community transmission levels. Further, in some circumstances, CDC may recommend or OSHA ETS may require staff to wear a respirator. A list of approved respirators can be found at [CDC: NIOSH-approved N95 Particular Filtering Facepiece Respirators \(www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html\)](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html).

Report all cases of confirmed COVID-19

DHS-licensed settings should use the following tool to report cases of COVID-19: [Submitting Clinical Information On Long Term Care and Adult Day COVID-19 Cases and Reporting Discrepant Laboratory Results \(redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD\)](https://www.health.state.mn.us/redcap/surveys/?s=H8MT9TTNCD).

For more information on reporting cases of COVID-19, please refer to [Reporting COVID-19/SARS-CoV-2 Infections \(www.health.state.mn.us/diseases/coronavirus/hcp/report.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/report.html).



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