

Emergency regulation for Licensed Congregate Health Care facilities

Keeping congregate health care facilities safe during the COVID-19 pandemic

The Minneapolis Health Department will be reaching out to congregate health care facilities with guidance on the Mayor's Emergency Regulation and other strategies to protect residents during the COVID-19 pandemic. Our goal is to work with you to prevent infection and spread, as well as make sure you have the equipment and resources needed to safely operate facilities and comply with the Mayor's Emergency Regulation.

Emergency Regulation Key points

Facilities should avoid, if possible, using employees who have worked at another facility. However, this may not be possible so:

- Keep records of all staff who work in other facilities, and what those facilities are.
- Ensure all proper symptom and temperature check protocols are followed when they arrive for work.

Limited entry – no visitors

- Only medical staff, essential maintenance workers, and essential service providers are to enter a facility.
- Essential services (e.g. compassionate care, end of life):
 - Limit access to one person at a time.
 - Require the person to wear a surgical mask or clean cloth face covering.
- If for compassionate reasons more people need to be present:
 - Ensure that there is enough space for people to be at least 6 feet apart.
 - Require everyone to wear a clean face covering.
 - Screen all visitors for temperature and symptoms.

Conduct daily symptom checks for staff and patients/residents

- Keep records of symptom checks.
- Everyone must be screened for symptoms before entering the facility, except for first responders. This includes:
 - Residents returning from activities
 - Staff at the start of every shift
 - New residents during admission
- Take temperature with a method that will not cause risk for transmission between employees (e.g. forehead or ear).
- Symptoms of concern include:
 - Fever ($\geq 100^{\circ}\text{F}$ or subjective), new or changed cough, sore throat, shortness of breath, muscle aches, chills, fatigue, new loss of sense of smell or taste.
 - Older adults with COVID-19 may *not* show typical symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea.

Any staff experiencing symptoms should be asked to go home and not allowed to enter the facility.

Identification of any of these symptoms in patients/residents should prompt isolation and further evaluation for COVID-19.

Return to work for ill staff

- Any employee who has tested positive for COVID-19, or who is displaying symptoms associated with COVID-19, must meet return to work criteria before being allowed to enter the facility.

- Return to work criteria are:
 - At least 7 days have passed since the symptoms first appeared **AND**
 - At least 3 days have passed since the resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms.

If Patients/residents can tolerate wearing a clean cloth face covering or a surgical mask (if available), they must wear one when outside of their room

- This includes patients/residents who must regularly leave the facility for care (e.g. dialysis patients).
- Surgical masks are preferred for any resident with symptoms.

All communal dining and activities are to be suspended

- Serve all meals in individual rooms.
- For specific residents who require staff supervision, facilities can use dining rooms if:
 - Residents do not have an active or suspected COVID-19 case
 - serving meals in rooms is not possible due to staffing or shared rooms
- In dining rooms:
 - Ensure a 6-foot distance is kept between residents
 - Practice good hand hygiene between contact with each resident
 - Clean and sanitize the table or surface before and after each resident eats

Separate areas and staff if residents are infected

- Dedicate space in the facility to care for residents with confirmed COVID-19.
 - This could be a dedicated floor, unit, wing, or group of rooms
 - Assign dedicated staff to work only in this area of the facility.
- If staff need to move between dedicated COVID-19 spaces and non-COVID-19 spaces, they must:
 - Change personal protective equipment, and
 - Practice good hand hygiene.

All staff need to wear a face covering at all times while in the facility

- Follow U.S. Centers for Disease Control and Prevention (CDC) guidance for the proper use and wearing of personal protective equipment (PPE)
- While caring for people with suspected or confirmed COVID-19 infections, wear PPE as recommended by the CDC:
 - Surgical mask
 - Gloves
 - Gown
 - Eye protection
- Follow CDC and Minnesota Department of Health guidance on conservation of PPE.

All staff must follow all infection prevention guidance

- Follow guidance provided by
 - The health commissioner
 - Hand hygiene from the CDC
 - Centers for Medicare and Medicaid Services (CMS) infection control guidance checklist

All confirmed or suspected cases should be reported to the Minnesota Department of Health immediately by phone at 651-201-5414 or using the online report form.

For more information about the City's response to COVID-19, visit minneapolismn.gov/coronavirus. This webpage is updated frequently with new information. For questions on these recommendations, please email COVID19@minneapolismn.gov or call 612-673-2301.