

Strategies to Mitigate Resource Constraints During COVID-19 Surges in Shelter and Correctional Settings

3/3/2022

Overview

- When COVID-19 community transmission rates are high or when facilities experience an outbreak, normal facility operations may be impacted by staffing shortages. Maintaining appropriate staffing is critical to providing a safe working and living environment for staff and residents.
- The number of residents who test positive for COVID-19 may exceed the capacity of quarantine and isolation spaces.
- Modifications to COVID-19 prevention strategies may be needed when resources are limited, and particularly in situations where limited staffing resources may impact the safety and security of residents and staff.
- This document describes modifications to COVID-19 protocols during a COVID-19 surge when crisis situations are encountered. These modifications are offered for situations where resources for additional staffing or space have been explored and are exhausted.
- The primary goals of this guidance are to ensure continuity of operations and to limit severe disease and death from COVID-19 or other causes when resources are strained.

Modified COVID-19 mitigation practices

Determine if modifying mitigation or prevention practices is necessary

Facilities should consider modifying COVID-19 mitigation practices only when resources to implement best practices are exhausted and modifications are necessary to maintain continuity of operations and to protect the health, safety, and security of staff and residents. Any modification to recommended mitigation practices will increase the risk of COVID-19 transmission in the facility. Therefore, facilities should carefully evaluate their existing resources to identify specific resource constraints and alternative solutions before modifying recommended COVID-19 mitigation practices.

Consider alternative solutions for addressing resource constraints

Explore and consider all options for addressing specific resource constraints and alternative solutions before relaxing any recommended COVID-19 mitigation practices. Examples include the options listed below:

Staffing contingencies

- Reassign staff in nonessential roles to cover essential duties.
- Ask existing staff to work extra shifts.
- Offer hazard pay or enhanced wages for employees who may be reluctant to work.
 - Shelters and congregate living facilities serving people experiencing homelessness may be eligible for [Minnesota Heading Home Alliance: Federal Fiscal Recovery Funds for Shelters \(headinghomealliance.com/fiscal-recovery-funds/\)](https://headinghomealliance.com/fiscal-recovery-funds/).
- Request emergency staffing assistance.
 - Contact your [Homeland Security and Emergency Management: county emergency manager \(dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx\)](https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx) to explore options, such as volunteers from the Medical Reserve Corps (MRC) or Minnesota Voluntary Organizations Active in Disaster (MN-VOAD).
 - Contact other nearby health care facilities, first responders, partners, or local university/college health career centers for volunteers.
 - Contact the MDH Congregate Living Settings Team at Health.R-Congregate@state.mn.us to request medical staffing to support isolation of patients in shelter settings, on site.
 - Shelters and congregate living facilities serving people experiencing homelessness may be eligible for the [Minnesota Heading Home Alliance: Minnesota Shelter Emergency Staffing Pool \(headinghomealliance.com/minnesota-shelter-emergency-staffing-pool/\)](https://headinghomealliance.com/minnesota-shelter-emergency-staffing-pool/).

Space contingencies

- For facilities with private rooms/cells, consider moving all residents with COVID-19 to one congregate isolation area to free up private rooms and to help monitor the COVID-19 positive patients.
- For facilities with open, dorm-style rooms, consider separating residents into zones of movement. Refer to [Shelter-in-place Guidance During COVID-19 Surges in Homeless Shelters \(www.health.state.mn.us/diseases/coronavirus/shelterinplace.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/shelterinplace.pdf) for details.
- For community-based programs (like group homes or shelters), consider temporarily renting hotel rooms for people needing isolation if you have staff or volunteers available to perform regular monitoring.
 - Shelters and congregate living facilities serving people experiencing homelessness may be eligible for [Minnesota Heading Home Alliance: Federal Fiscal Recovery Funds for Shelters \(headinghomealliance.com/fiscal-recovery-funds/\)](https://headinghomealliance.com/fiscal-recovery-funds/).

Testing contingencies

- If testing is not immediately available, treat symptomatic residents as suspected patients and isolate in a single room or cell until testing is available (do not house with people confirmed to have COVID-19, because some symptomatic people may have a non-COVID-19 illness). Refer to [Shelter-in-place Guidance During COVID-19 Surges in Homeless Shelters \(www.health.state.mn.us/diseases/coronavirus/shelterinplace.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/shelterinplace.pdf) for additional guidance.
- Contact the MDH Congregate Living Settings team at Health.R-Congregate@state.mn.us for help arranging on-site testing.

Carefully weigh the risks and benefits of modifying mitigation practices

Facilities should carefully weigh the risks and benefits of modified mitigation measures and **acknowledge that any deviation from best practice recommendations may contribute to increased risk of transmission, morbidity, and mortality** among staff and residents in the facility. Facility-level factors that may increase or minimize risk of modifications include, but are not limited to, the proportion of staff and residents at high risk of severe disease from COVID-19, space to isolate and quarantine residents, and physical layout of the facility and housing arrangements (e.g., individual cells/rooms, dorm-style housing). Modifications should only be made when and where necessary and as **short-term** solutions, with the goal of returning to best practice as soon as possible.

Facilities need to consider their local context and resources to decide where they fall in the continuum of operations presented in Table 1, and then determine which modifications are feasible and provide the lowest possible risk to staff and residents. Facilities are advised to consult with public health, risk management, and other relevant partners in their decision-making, as appropriate.

Table 1. Continuum of operations and associated goals of COVID-19 mitigation practices

Continuum of operations	Goal of COVID-19 mitigation practices
Routine operations, implement best practices	<ul style="list-style-type: none"> ▪ Prevent introduction of COVID-19 into the facility ▪ Prevent transmission ▪ Prevent severe illness, hospitalization, and death
Strained, but still able to implement best practices	<ul style="list-style-type: none"> ▪ Contain transmission ▪ Prevent severe illness, hospitalization, and death
Crisis level scenarios, unable to implement best practices	Maintain continuity of operations while preventing severe illness, hospitalization, and death

Guiding principles for modifying COVID-19 mitigation practices

Because of the diverse contexts in which facilities operate, in times of crisis and resource constraints, facilities will need to tailor modifications to COVID-19 prevention practices according to local needs and resources. Facilities should refer to the following principles to guide their decision-making:

- Reduce isolation and quarantine time periods only as much as necessary to get through the crisis (reductions should be minimal, gradual, and short-term).
- Consider modifications for staff and residents independently, based on need (it will not always be necessary to modify practices for both).
- Consider test-based strategies for early release from isolation and quarantine depending on context, available resources, and facility priorities. Refer to [CDC: Isolation \(www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#isolate\)](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#isolate).
- Consider reassigning staff who return to work before completing 10 days of isolation to work on isolation units or on tasks where they have limited contact with others.
- Strengthen existing COVID-19 prevention practices and their enforcement, especially if staff/residents will be returning from isolation and/or quarantine early. This includes encouraging vaccination and booster doses, strengthening masking requirements/enforcement, and maximizing ventilation.
- With any modifications, once the period of crisis operations has passed, implement best practice recommendations as soon as possible.

Options for modifying COVID-19 prevention practices when resources are constrained

Table 2 presents modifications to best practice recommendations for mitigating COVID-19 in the case of severe resource constraints. Modifications are listed in order, from next-best to last resort. Facilities should implement all best practices they are able to before choosing to make modifications. When modifications are necessary, facilities should select modifications sequentially, starting at the top of the list and moving down the list and only as needed. The list of modifications is not exhaustive, and facilities will need to determine which modifications are feasible and acceptable in their unique context.

If a facility elects to shorten the duration of isolation and/or quarantine from the recommended 10 days for staff, any staff member returning from shortened isolation should:

- Stay out of work for at least five days and until they are fever-free for 24 hours without the use of fever-reducing medication, and other symptoms have improved.
- Wear a well-fitting mask at all times in the facility when around others (e.g., N95 or higher-level respirator, or KN95 or surgical mask if respirators are not available or staff are not fit tested). Refer to [CDC: Types of masks and respirators \(www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html\)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html).
- Avoid being around people who are at high risk of severe disease for the full isolation period (10 days).
 - Consider assigning staff to job duties where they will have limited contact with others or where contact will be limited to residents who are confirmed to have COVID-19.
- Self-monitor for COVID-19 symptoms daily and, if symptoms worsen, leave work and isolate for the full 10 days and until fever-free for 24 hours without the use of fever-reducing medication, and other symptoms have improved.

Any staff member returning from shortened quarantine should:

- Stay out of work for at least five days and remain asymptomatic before returning to work. They should also get tested for COVID-19 on day five after exposure.
 - Consider more frequent testing for staff who return to work without observing a 10-day quarantine period if testing resources are sufficient (e.g., test before each shift or on days one-three and on day five). Refer to CDC strategies to mitigate health care personnel, [Staffing Shortages \(www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html), for additional guidance on testing schedules.
- Wear a well-fitting mask at all times in the facility when around others (e.g., N95 or higher-level respirator, or KN95 or surgical mask if respirators are not available or staff are not fit tested). Refer to [CDC: Types of Masks and Respirators \(www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html\)](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html).
- Check their temperature and self-monitor for COVID-19 symptoms daily.
- **Leave work immediately and get tested if they develop even mild symptoms of COVID-19.**
- Avoid being around people who are at high risk of severe disease for the full quarantine period (10 days).

Note that [Minnesota Statutes, section 144.4196, Employee Protection \(www.revisor.mn.gov/statutes/cite/144.4196\)](https://www.revisor.mn.gov/statutes/cite/144.4196) protects workers from retaliation if they choose to stay home during an isolation or quarantine period recommended by MDH.

Table 2. Modifications to COVID-19 mitigation practices

Mitigation strategy	Best practice	Modifications (Select from top to bottom)
Contact Tracing	Contact tracing for all positive cases.	<ol style="list-style-type: none"> 1. Contact tracing to identify units or groups of people with high-risk exposures (e.g., had prolonged contact with someone with COVID-19). 2. Contact tracing for people who work in the facility and have contact with multiple people and/or housing units. 3. No individual contact tracing, only group level.
Testing	<ul style="list-style-type: none"> ▪ Test anyone with symptoms of COVID-19. ▪ Test asymptomatic close contacts of a case five days after exposure. ▪ Test residents in group quarantine every three to seven days until there are no positives for 10 days past the last exposure. ▪ Conduct weekly screening testing of all residents when community transmission levels are high or if experiencing an outbreak (exclude individuals who recovered from COVID-19 in the previous 90 days). ▪ Conduct weekly screening testing of all staff who are not up to date with COVID-19 vaccinations. Visit CDC: Stay Up to Date with Your Vaccines (www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html). ▪ Conduct movement-based screening testing (for correctional settings). 	<ol style="list-style-type: none"> 1. Only test people with symptoms or exposures (e.g., quarantine cohort, exposed contact). 2. Only test people with symptoms. 3. Only test people with symptoms or exposures if they are at risk of progressing to severe disease (e.g., close contacts who are not up to date with COVID-19 vaccinations, are of advanced age, or have comorbidities. Visit CDC: Stay Up to Date with Your Vaccines (www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html). <p>NOTE: A test-based strategy to end isolation before 10 days, or additional testing as part of shortened quarantine, is covered in the isolation/quarantine sections below. Visit CDC: Isolation (www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#isolate).</p>
Quarantine	<ul style="list-style-type: none"> ▪ Quarantine staff and residents for 10 days after close contact with a case, regardless of vaccination status. ▪ Quarantine residents for 10 days at intake and upon transfer or release, regardless of vaccination status (for correctional settings). 	<p>Staff</p> <ol style="list-style-type: none"> 1. Quarantine staff who are close contacts of someone with COVID-19 for as many days as possible, through 10 days, but no fewer than five full days (consider reducing quarantine for staff who are up to date with COVID-19 vaccinations first). Test on day five. 2. Only quarantine staff who are not up to date with COVID-19 vaccination. Visit CDC: Stay Up to Date with Your Vaccines (www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html). 3. Do not quarantine staff after close contact with someone with COVID-19 if they remain asymptomatic and do not test positive for COVID-19. Recommend close symptom monitoring and testing at day five (test more frequently as resources allow. Refer to note below).

STRATEGIES TO MITIGATE RESOURCE CONSTRAINTS DURING COVID-19 SURGES

Mitigation strategy	Best practice	Modifications (Select from top to bottom)
		<p>Residents</p> <ol style="list-style-type: none"> 1. Quarantine residents who are close contacts of someone with COVID-19 for as many days as possible, up to ten days, but no fewer than five full days (consider reducing quarantine for residents who are up to date with COVID-19 vaccinations first). Test on day five. 2. Only quarantine residents who are not up to date with vaccinations. Visit CDC: Stay Up to Date with Your Vaccines (www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html). 3. Do not quarantine residents after close contact with someone with COVID-19 if they remain asymptomatic. Recommend close symptom monitoring and testing at day five if resident does not quarantine (test more frequently as resources allow. Refer to note below). <p>NOTE: Anyone released from quarantine before 10 days should still: monitor for symptoms ; wear a well-fitting mask; and avoid being around people who are at high risk of severe disease, for the full 10 days. Test staff returning from shortened quarantine on day five and more frequently if they return to work without observing a quarantine period, as resources allow. Refer to CDC strategies to mitigate health care personnel Staffing Shortages (www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html) for guidance on testing frequency. Facilities should ensure that staff or residents who have shortened quarantine are able to distance while their mask is removed (e.g., while eating or drinking).</p>
Isolation	<ul style="list-style-type: none"> ▪ Isolate suspected COVID-19 cases. ▪ Isolate people with confirmed COVID-19 for 10 days and until fever-free for 24 hours, and symptoms are improving. 	<p>Staff</p> <ol style="list-style-type: none"> 1. Isolate (exclude from work) for as many days as possible through ten days, but no fewer than five full days. Test using an antigen test at the end of the shortened isolation period. 2. Allow asymptomatic positive staff to return to work while wearing an N95 mask or other similar respirator at all times. Prioritize returning staff to roles in isolation areas or those with limited contact with others. <p>Residents</p> <ol style="list-style-type: none"> 1. Isolate residents who are positive for COVID-19 in groups (cohorts). 2. Isolate for as many days as possible through ten days, but no fewer than five full days. Test using an antigen test at the end of the shortened isolation period.

STRATEGIES TO MITIGATE RESOURCE CONSTRAINTS DURING COVID-19 SURGES

Mitigation strategy	Best practice	Modifications (Select from top to bottom)
		<p>NOTE: To shorten isolation, the patient must be fever free for 24 hours, and have improving symptoms and a negative antigen test. They should also wear a respirator or well-fitting mask and avoid being around people who are at high risk of severe disease, for the full 10 days. Shortened isolation should not be considered for people who are moderately to severely immunocompromised or who cannot wear a well-fitting mask.</p>
Symptom checks and medical monitoring	<ul style="list-style-type: none"> ▪ Monitor residents in quarantine once daily for symptoms. ▪ Monitor residents with symptoms and residents in isolation twice daily for symptoms and stability. ▪ Check temperature and oxygen saturation of residents in isolation at least twice daily. 	Do not modify. Follow best practices for masking.
Masking	<ul style="list-style-type: none"> ▪ All staff and residents should wear well-fitting masks while indoors and if they cannot physically distance outdoors. ▪ Due to the variety in fit and quality of cloth masks, surgical/medical masks are preferred. KN95s, if available, would offer a higher level of protection, both for the wearer and the community. At a minimum, masks should be well-fitting and constructed of at least two layers or more. ▪ If a staff person is in close contact with a person with suspected or confirmed COVID-19, appropriate PPE should be worn (e.g., eye protection (goggles or face shield), an N95 or higher-level respirator (or KN95 or surgical mask if respirators are not available or staff are not fit tested), disposable gown, and disposable gloves). 	Do not modify. Follow best practices for masking.

Resources

- [COVID-19 Investigational Toolkit for Correctional Settings](http://www.health.state.mn.us/diseases/coronavirus/jailtoolkit.pdf)
(www.health.state.mn.us/diseases/coronavirus/jailtoolkit.pdf)
- [COVID-19 Investigation Toolkit for Homeless and Other Congregate Settings](http://www.health.state.mn.us/diseases/coronavirus/guideshelter.pdf)
(www.health.state.mn.us/diseases/coronavirus/guideshelter.pdf)
- [CDC: Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure](http://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
- [CCD: Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities](http://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)
(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)
- [CDC: Interim Guidance for Homeless Service Providers](http://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html) (www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html)
- [CDC: Quarantine and Isolation: What to do for Isolation](http://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#isolate) (www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html#isolate)
- [Shelter-in-place Guidance During COVID-19 Surges in Homeless Shelters](http://www.health.state.mn.us/diseases/coronavirus/shelterinplace.pdf)
(www.health.state.mn.us/diseases/coronavirus/shelterinplace.pdf)

 **Wear a mask.**  **Wash your hands.**  **Stay 6 feet from others.**  **Stay home if you feel sick.**



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.