

# Jails and Correctional Settings: Interim Guidance for Responding to Cases of Confirmed or Suspected COVID-19

Coronavirus Disease 2019 (COVID-19) is thought to spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet). Spread occurs when an infected person coughs, sneezes, or speaks and produces respiratory droplets. COVID-19 may also spread when a person touches a contaminated surface or object, and then touches their own mouth, nose, or eyes but this is not thought to be the main way the virus spreads.

COVID-19 appears to cause more serious illness in older persons and those with underlying health conditions. Symptoms of COVID-19 can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, fatigue, congestion, or loss of taste or smell. Other less common symptoms include nausea, vomiting or diarrhea. Not everyone with COVID-19 has all of these symptoms, and some people may not have any symptoms.

This interim guidance is based on what is currently known about the transmission and severity of COVID-19. Local conditions will influence the recommendations that the Minnesota Department of Health (MDH) and local public health may make regarding community-level strategies to lessen the impact of COVID-19. The recommendations in this guidance represent best practices. Facilities should consult with their licensing agencies to ensure that they are following all licensing requirements. Continue to monitor the MDH COVID-19 webpage for the latest updates in Minnesota: [Coronavirus Disease 2019 \(COVID-19\) \(www.health.state.mn.us/diseases/coronavirus/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/index.html).

Contact MDH with questions at 651-201-5414 or 1-877-676-5414.

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## COVID-19 preparedness, prevention, and mitigation strategies

- Correctional facilities should provide COVID-19 health information to inmates, including symptoms and how to notify the medical team, and inform them of facility-specific mitigation strategies.

- Refer to the following MDH link for COVID-19 fact sheets, posters, and other resources available in a variety of languages that can be shared with inmates: [Materials and Resources for COVID-19 Response \(www.health.state.mn.us/diseases/coronavirus/materials/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/materials/index.html).
- For further guidance on COVID-19 preparedness, prevention, and mitigation strategies in correctional settings, refer to and monitor the CDC guidance: [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).
- As of July 25, 2020, per the Governor's [Executive Order 20-81 \(www.leg.state.mn.us/archive/execorders/20-81.pdf\)](http://www.leg.state.mn.us/archive/execorders/20-81.pdf), people in Minnesota are required to wear a face covering in all indoor businesses and public indoor spaces, unless alone.

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## Visitors

### General

- Provide access to handwashing or alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas.
- Display signage outside visiting areas explaining your facility's policy on COVID-19 symptom screening and temperature check process. Ensure that materials are understandable for non-English speakers and those with low literacy.
- Ensure that visitors from different households are able to maintain a physical distance of at least 6 feet from each other as they move through different checkpoints in the facility.

### Communicate with potential visitors about the expectations during their visit

- Instruct visitors to postpone their visit if they have COVID-19 symptoms. COVID-19 symptoms, including fever (>100°F or subjective), cough, shortness of breath, chills, muscle aches, sore throat, headache, congestion or runny nose, new loss of taste or smell, nausea, vomiting, or diarrhea.
- Inform potential visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19 (including a temperature check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening.
- Inform potential visitors of changes to, or suspension of, visitation programs.
- Inform visitors that they will be required to wear a cloth face covering while in the correctional facility. Per [Executive Order 20-81 \(www.leg.state.mn.us/archive/execorders/20-81.pdf\)](http://www.leg.state.mn.us/archive/execorders/20-81.pdf), all persons in Minnesota are required to wear face coverings in indoor businesses and indoor public spaces. The requirement to wear a face covering applies to visitors in correctional facilities. For more information about Executive 20-81 and its requirements, refer to [Face Covering Requirements and Recommendations under Executive Order 20-81 \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](http://www.health.state.mn.us/diseases/coronavirus/facecover.html) and [Frequently Asked Questions About the Requirement to Wear Face Coverings \(www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html\)](http://www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html).

## During in-person visits

- Require visitors to wear cloth face coverings unless exempt due to age (5 years old or younger), disability, or medical or mental health condition.
- Perform verbal screening and temperature checks for all visitors and volunteers on entry.
  - Exclude visitors and volunteers who do not clear the screening process or who decline screening.
- Visitors should perform hand hygiene when entering the facility.
- Individuals in the visiting room should maintain a distance of at least 6 feet apart, with the exception of visitors from the same household.
- If possible, organize visits so inmates from the same unit or cohort are visiting at the same time.

## Suspend visitation in facilities with outbreaks

- If suspending in-person visits, provide alternate means (e.g., phone or video visitation) for incarcerated/detained individuals to engage with legal representatives, clergy, and other individuals with whom they have legal right to consult.

## Community spread and in-person visits

- Consider case activity level in community when planning for in-person visitation. Facilities should monitor the 14-day case rate in their county and use this information to determine whether in-person visitation can continue safely.
  - Facilities can determine the 14-day case rate using the reports at [COVID-19 Weekly Report \(www.health.state.mn.us/diseases/coronavirus/stats/index.html\)](https://www.health.state.mn.us/diseases/coronavirus/stats/index.html). Select the Weekly Case Rate by the County of Residence link and download the Weekly Case Rate by County of Residence (CSV) file. Add the numbers of the two most recent weeks in your county to determine the 14-day case rate.
  - If the two week case rate is greater than 10 per 10,000, this suggests that the county is at an elevated risk of disease transmission. Consider whether alternatives to in person visiting would work for your facility. If a facility draws a large number of visitors from other counties, also assess those counties' case incidence.

## Offer alternatives to in-person visits

- Provide options for virtual visits
- Increase telephone privileges

## New intake procedures

### New intake screening

#### All new intakes should be screened for the following:

- COVID-19 symptoms, including fever (>100°F or subjective), cough, shortness of breath, chills, muscle aches, sore throat, headache, congestion or runny nose, new loss of taste or smell, nausea, vomiting, or diarrhea. Symptomatic inmates should be immediately masked and transported to isolation. Follow isolation guidance below.
- Exposure to a confirmed or suspected COVID-19 case in past 14 days. Inmates reporting an exposure should be transported to a quarantine space dedicated to inmates with exposure to COVID-19. Inmates placed on quarantine due to exposure should be held separately from those who are on intake quarantine or quarantine due to public exposure (see discussion in the section on “Managing Inmates with public exposure” below )

#### Quarantine for asymptomatic new intakes without a known COVID-19 exposure

New intakes who are asymptomatic and without a known COVID-19 exposure can still introduce COVID-19 into a facility if they had an unidentified/unknown exposure to a COVID-19 case prior to arrival. The COVID-19 incubation period (the time from disease exposure to symptom onset or positive test if asymptomatic) ranges from 2-14 days, with a median of 5-7 days. Asymptomatic individuals at intake could be currently infectious or could become infectious at any point in the 14 days after intake. Implementing routine quarantine of new intakes before they enter the general population can reduce the risk of COVID-19 introduction from asymptomatic individuals without a known COVID-19 exposure.

MDH recommends that facilities consider implementing routine new intake quarantine, which can be one strategy in a layered approach for preventing spread of COVID-19. The method of intake quarantine and specific processes will vary from facility to facility, as these will depend on the facility’s physical space, census, and population dynamics. Consider the following concepts when implementing routine new intake quarantine:

- Quarantine new intakes separately from inmates quarantined due to exposure to a confirmed or suspected case of COVID-19.
- Routinely monitor new intakes for the development of COVID-19 symptoms. Symptomatic inmates should be immediately isolated and tested for COVID-19.
- COVID-19 testing is an important part of the intake quarantine protocol. Frequency of testing may depend on the structure of your intake quarantine but would minimally consist of testing prior to release into general population, which would detect asymptomatic cases and reduce the risk of COVID-19 spread facility-wide. For recommendations on testing new intakes, refer to [COVID-19 Testing Recommendations for Jails, Prisons, and Detention Facilities \(www.health.state.mn.us/diseases/coronavirus/testingjail.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/testingjail.pdf).
- Housing new intakes in single cells separate from general population for 14 days will minimize potential COVID-19 exposures to other inmates for the duration of the 14-day COVID-19 incubation

period. This method has the greatest potential to reduce the risk of COVID-19 introduction and spread from new intakes. If physical space or resource constraints present barriers to 14-day individual quarantine, consider the following alternative methods and potential risks:

- House new intakes in single cells for as long as possible, followed by intake quarantine multi-person cells or cohorts through 14 days from the intake date. This is the next best method but increases the risk of COVID-19 exposures and potential spread, as housing new intakes in multi-person cells or mixing during out of cell time could result in transmission to a larger number of contacts. The longer new intakes are housed in single cells, the greater the risk reduction.
- House new intakes in multi-person cells or cohorts for 14 days from the intake date. This method carries the highest level of risk for COVID-19 exposures and potential spread. Housing new intakes in multi-person cells could result in transmission from asymptomatic infectious individuals.
- Time that inmates spend outside of their cells should be in small, consistent groups and mitigation strategies such as wearing cloth face coverings and maintaining physical distance should be adhered to.
- The prevalence of COVID-19 in the community will influence the likelihood that a new intake presents with COVID-19 or was exposed to COVID-19. Consider local COVID-19 prevalence rates when developing intake quarantine protocols, and be prepared to adapt should prevalence rates change.
- Use the following guidance when implementing intake quarantine cohorts to reduce the risk of COVID-19 spread:
  - Cohorts should include the smallest number of inmates possible. This will reduce the number of exposures if a new intake has COVID-19 or develops COVID-19.
  - Inmates should be cohorted according to the date they entered the facility as much as possible.
  - If an inmate within a cohort develops COVID-19 symptoms or tests positive, isolate the case, and reset the quarantine clock to day 0 for the other inmates in the cohort and follow the instructions below for quarantine of COVID-19 case contacts.
  - Prioritize individual quarantine cells for those at higher risk of COVID-19 complications, including:
    - People aged 65 and older.
    - People with underlying pulmonary, cardiovascular, immunocompromising, and other conditions. Examples include heart disease, chronic lung disease, moderate-to-severe asthma, current cancer treatment, severe obesity, diabetes, renal failure, and liver disease.
  - Require the use of barrier masks for source control except when eating, showering, sleeping or when medically contraindicated.
- Consult with MDH on strategies to reduce the spread of COVID-19 from new intakes if space constraints or other barriers do not allow for new intake quarantine as described above.

## Responding to cases of confirmed or suspected COVID-19

### Identify cases of confirmed or suspected COVID-19 among inmates

- Contact MDH at 651-201-5414 or [Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us) to report cases and with questions about cases of confirmed or suspected COVID-19 in your facility.
- Inmates presenting with any of the following symptoms should be immediately isolated: fever (>100.0), cough, shortness of breath, chills, headache, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting, or diarrhea. Follow the isolation guidance below.
- If you suspect an inmate has COVID-19, follow MDH testing guidance found at [Evaluating and Testing: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/eval.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html).
  - MDH recommends testing all symptomatic inmates for COVID-19.
  - If COVID-19 is confirmed in your facility, MDH will work with you to identify any asymptomatic inmates for testing.
  - Refer to MDH guidance for COVID-19 testing in jails and correctional facilities found at [COVID-19 Testing Recommendations for Jails, Prisons, and Detention Facilities \(www.health.state.mn.us/diseases/coronavirus/testingjail.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/testingjail.pdf).

### Isolation guidelines for cases of confirmed or suspected COVID-19 among inmates

- Mask the inmate, if not already masked, for movement to isolation or during transfer to a medical facility if hospital care is needed.
- Follow CDC guidance for staff personal protective equipment recommendations: [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).
- Isolate inmates in a single cell with solid walls and solid doors. If single isolation cells are unavailable, confirmed cases of COVID-19 can be cohorted in a well-ventilated room with solid walls and a solid door that closes fully.
  - Do NOT cohort confirmed COVID-19 cases with suspected COVID-19 cases.
  - Do NOT cohort suspected COVID-19 cases together.
  - Staff assignments to isolation spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility as much as possible. These staff should wear recommended PPE.
  - Consult with a building engineer to optimize ventilation and air exchange.
  - Contact MDH for isolation guidance.
- Immunocompetent patients with confirmed or suspected COVID-19 should remain in isolation until:

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- At least 10 days have passed since symptom onset and
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and
- Other symptoms have improved.
- Patients with severe to critical illness or who are severely immunocompromised:
  - At least 20 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
- Symptomatic patients who are being evaluated for COVID-19 and have one negative COVID-19 RT-PCR test should remain in isolation. If a symptomatic patient has two negative COVID-19 RT-PCR test  $\geq 24$  hours apart and there is no evidence of transmission among their quarantined contacts, the patient can be released from COVID-19 isolation and their contacts can be release from quarantine. Rapid tests should not be used to inform release from isolation.
  - If the patient remains symptomatic, isolation for non-COVID-19 reasons may still be indicated according to the facility's policy for respiratory illness.
- Asymptomatic or symptomatic confirmed COVID-19 cases should remain in isolation for 10 days since specimen collection with twice daily symptom monitoring, including pulse oximetry and temperature checks. If symptoms develop, follow above isolation guidance for symptomatic cases.
- MDH does not recommend retesting confirmed cases of COVID-19 to discontinue isolation.
- If a person is confirmed or suspected to have COVID-19 but does not require a higher level of care (such as hospitalization), be sure that correctional health care workers are using appropriate personal protective equipment (PPE) when providing care. For more information about required PPE and providing health care, please refer to the following CDC guidance:
  - [CDC: Information for Healthcare Professionals about Coronavirus \(COVID-19\) \(www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html)
  - [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-nCoV/community/correction-detention/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/community/correction-detention/index.html)

### Identification of exposed contacts

- Close contacts are defined as inmates or staff who have been within 6 feet of a suspected or confirmed case for a prolonged period of time (15 minutes or more), or who had direct contact with infectious secretions, such as being sneezed at or coughed on. Close contacts would include:
  - Cellmates.
  - Other inmates who share out of cell time (living unit/recreation time, education, work, transport) and who had close contact with the case. If close contact cannot be reliably assessed consider the entire unit or group exposed.

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- Staff or other inmates who had close contact/direct contact with secretions of the infected inmate. These potentially could be identified through incident reports or surveillance video review.
- The time period of interest for exposure assessment is 48 hours prior to symptom onset through the date the case was placed in medical isolation.
  - If a confirmed case was asymptomatic, investigate close contacts during the 48 hours prior to specimen collection through the date the case was placed in medical isolation.
- If PPE is commonly used either by staff or inmates (e.g. cleaning crew), assess exposure according to the table below.
  - Consider breaches in PPE or unreliable use of source control.
  - If there is concern over adherence to use of PPE or source control err on the side of exclusion/quarantine if contact is within 6 feet for 15 minutes or more.
  - While cloth face coverings may limit spread of COVID-19 at the facility level, use of cloth face covering alone does not prevent exclusion/quarantine after being within 6 feet for 15 minutes or more of a suspected or confirmed case.

**Table. Exposure Assessment for Correctional Settings:**

If the close contact was wearing:	If the COVID-19 case was masked (surgical or cloth)	If the COVID-19 case was not masked
N95 or Surgical facemask, eye protection, gown and gloves	No public health action	No public health action
N95 or Surgical facemask and eye protection	No public health action	No public health action
N95 or Surgical facemask	No public health action	<i>Quarantine/Exclude</i>
Cloth face covering	<i>Quarantine/Exclude</i>	<i>Quarantine/Exclude</i>
No cloth face covering or PPE	<i>Quarantine/Exclude</i>	<i>Quarantine/Exclude</i>

**General quarantine guidelines for inmate contacts of confirmed or suspected cases of COVID-19**

- Close contacts of confirmed or suspected cases should be quarantined for 14 days from the date of last exposure to the case.
- A close contact with a history of test-confirmed COVID-19 infection in the 3 months before their exposure does not need to be quarantined or retested.
  - However, if a close contact with a history of test-confirmed COVID-19 infection is exposed to a confirmed case 3 months or more after onset of their initial illness, quarantine is recommended.

- Inmates should wear cloth face coverings or surgical masks as much as possible except when showering, eating, sleeping, or if medically contraindicated. Inmates do not need to wear a cloth face covering or surgical mask when alone in a cell with a solid door.
- Quarantine units who have out of cell time in groups should consider the following:
  - Groups should be as small as is feasible.
  - Out of cell time should be with the same small group through the quarantine period. This minimizes the number of contacts should additional cases be identified.
  - Mitigation strategies should be maintained during out of cell time. The space should be large enough for inmates to physically distance and cloth face coverings or surgical masks should be worn at all times except when showering or if medically contraindicated.
  - When transmission is identified within the group, the quarantine period will be restarted for another 14 days.
- Inmates on quarantine should receive meals in their cell.
- Inmates on quarantine should be excluded from in-person work, indoor recreation, and education. Additionally, any meetings should be held through video conferencing if they cannot be delayed.
- If medical care is needed, mask the inmate, if not already masked, for transfer to a medical facility. Non-emergency transport guidance is available at [Interim Guidance for Facilities Providing Non-Emergency Transportation Services during COVID-19](https://www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf) ([www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf](https://www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf)).

## Quarantine housing for inmate contacts of confirmed or suspected cases of COVID-19

- Cellmates of COVID-19 cases are at highest risk of developing illness. It is recommended to quarantine the cellmate of a case in a single cell with a solid door and provide individual out of cell time.
- Quarantine other close contacts in single cells with solid walls and solid doors. If single quarantine cells are unavailable, cohort contacts in the following spaces (in order of preference):
  - In a large, well-ventilated cell with solid walls and doors that allows inmates to maintain at least 6 feet of physical distance between each other.
  - In separate quarantine area with single, barred cells (with empty cell between occupied cells).
  - In separate quarantine area with multi-person barred cells (with empty cell between occupied cells) that allow inmates to maintain at least 6 feet of physical distance between each other.
- Prioritize individual quarantine cells for those at higher risk of COVID-19 complications, including:
  - People aged 65 and older.
  - People with underlying pulmonary, cardiovascular, immunocompromising, and other conditions. See [CDC: People with Certain Medical Conditions \(www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html\)](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).

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- Monitor symptoms twice daily including temperature checks.
  - Place inmates who express symptoms or test positive for COVID-19 in isolation immediately.
  - Restart the 14-day quarantine period if an inmate expresses symptoms or an asymptomatic inmate tests positive for COVID-19 within a cohort.
- Refer to CDC guidance for full details and suggestions to put quarantine measures into place for contacts of confirmed and suspected COVID-19 cases at [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).
- MDH may recommend different quarantine strategies than those recommended by CDC in certain circumstances. Please contact MDH at 651-201-5414 for quarantine guidance as situations arise.

### Cases of confirmed or suspected COVID-19 among staff

- If an employee or volunteer becomes ill while at the facility, they should be sent home as soon as possible.
- Symptomatic staff should be tested for COVID-19.
  - See MDH testing guidance found at [Evaluating and Testing COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/eval.htm\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.htm).
  - Testing locations across Minnesota can be found at [Find Testing Locations \(https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/\)](https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/).
- Staff with confirmed or suspected COVID-19 who are immunocompetent should not come to work and should practice home isolation until:
  - At least 10 days have passed since symptom onset and
  - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and
  - Other symptoms have improved.
- Staff with severe to critical illness or who are severely immunocompromised should not come to work and should practice home isolation until:
  - At least 20 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
- If a symptomatic staff tests negative for COVID-19 by RT-PCR consider the situation before allowing the staff member to return to work:
  - If the staff member had close contact with a confirmed COVID case the staff member should continue isolation for COVID-19.
  - If there is an outbreak in a facility where the staff member works including outside employment, the staff member should continue isolation for COVID-19.

- If neither of the above are true or the staff member has two had negative RT-PCR tests  $\geq$  24 hours apart, the staff member can follow the facility's general sick leave exclusion policy.
- MDH does not recommend retesting confirmed cases of COVID-19 to permit return to work.

## **Work exclusion for staff with exposure to confirmed or suspected case of COVID-19**

- Identify staff with close contact exposure at work as outlined above.
- Encourage staff to report close contact community exposure (for example, household or intimate contacts).
- Staff who had close contact with a confirmed or suspected case of COVID-19 should not come to work for 14 days from the date of their last exposure.
  - Includes contacts identified through workplace contact investigations as well as close contacts through community exposures (for example, household and intimate contacts).
- Staff who had close contact with a suspected case who tests negative for COVID-19, consider the situation before allowing the contact to return to work.
  - If the suspected case that the staff member had contact with was a household or other community contact and there is no known COVID-19 exposure, the employee can return to work.
  - If the suspected case that the staff member had contact with was an inmate or other employee and COVID-19 has been identified in your facility, continue work exclusion for 14 days.
  - If the suspected case has two negative RT-PCR tests  $\geq$  24 hours apart the contact can return to work.
    - Staff who had close contact with a suspected case who tests positive should continue to be excluded from work for the remainder of the 14-day period and practice the appropriate self-quarantine and self-monitoring measures as directed by MDH. The 14-day quarantine period applies regardless of whether or not the staff member who is a close contact tests negative for COVID-19.
    - For guidance on testing staff, refer to MDH guidance for COVID-19 testing in jails and correctional facilities found at [COVID-19 Testing Recommendations for Jails, Prisons, and Detention Facilities \(www.health.state.mn.us/diseases/coronavirus/testingjail.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/testingjail.pdf).

## **Health care workers with respiratory illness or exposure to a confirmed or suspected case of COVID-19**

Health care workers providing services in jails and correctional settings should follow the same CDC and MDH guidelines for health care workers in other settings. Review the guidance for the most up-to-date information pertaining to work exclusion for health care workers with respiratory illness or exposure to a confirmed or suspected case of COVID-19. [Health Care: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/index.html).

## Managing inmates with public exposure

Inmates temporarily leaving the facility and having public exposure may be exposed to COVID-19 in the community, which can increase the risk of COVID-19 introduction into the general inmate population. Examples of public exposure include: medical visits or hospitalizations, court appearances, and work release, among others. MDH recommends facilities consider implementing the following measures to the extent possible to reduce the risk of COVID-19 introduction:

- Ensure physical distancing as much as possible while offsite.
- Inmates leaving the facility should wear a cloth face covering. If surgical mask supplies allow, inmates should wear a surgical mask.
- If transporting multiple people offsite, transport in separate vehicles or with as few people in vehicles as possible, and ensure face coverings are worn during transport. Install a physical barrier between the driver and inmates. Increase the amount of outdoor air in the vehicle (e.g. by opening windows). Refer to the MDH transportation guidance, found at [Interim Guidance for Facilities Providing Non-Emergency Transportation Services during COVID-19 \(www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/guidetransport.pdf).
- Create cohorts in the facility that minimize the interaction of those that leave routinely (e.g., work release) and the rest of the general population. If possible, cohort inmates routinely working together with their living units.
- Assess the risk of the public exposure by considering how the inmate is transported to and from the location, who they are in contact with at the facility and whether appropriate mitigation strategies are in place (face coverings, hand washing, physical distancing).
- If space allows, consider quarantining those returning following public exposure for 14 days, especially if the above prevention measures are not taken.
- House inmates returning from public exposure separately from inmates quarantined due to exposure to a confirmed or suspected case.
- For recommendations on testing following public exposure, refer to [COVID-19 Testing Recommendations for Jails, Prisons, and Detention Facilities \(http://www.health.state.mn.us/diseases/coronavirus/testingjail.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/testingjail.pdf).

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## Facility transfers and releases to the community

- Avoid transferring inmates currently in isolation or quarantine until the isolation or quarantine period is over. If the transfer must occur:
  - Communicate inmate's isolation or quarantine status with the receiving facility and ensure that the facility has the physical space and appropriate PPE to maintain the inmate's isolation or quarantine status.
  - Mask the inmate during transportation.

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- Ensure staff involved in transport are wearing appropriate PPE.
- Transport inmates on quarantine with individuals from their same exposure cohort, if possible.
- Correctional facilities should provide the following information to persons upon release, when indicated:
  - Inmates who should still be in isolation after release. See: [What To Do if You Have COVID-19 \(https://www.health.state.mn.us/diseases/coronavirus/case.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/case.pdf).
  - Inmates who should still be in quarantine after release. See: [What to Do if You Have Had Close Contact With a Person With COVID-19 \(www.health.state.mn.us/diseases/coronavirus/contact.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/contact.pdf).

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## Other guidance to review

- [MDH: COVID-19 Testing Recommendations for Jails, Prisons, and Detention Facilities \(www.health.state.mn.us/diseases/coronavirus/testingjail.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/testingjail.pdf)
- [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).
- [CDC: Resources for First Responders and Law Enforcement \(www.cdc.gov/coronavirus/2019-ncov/community/first-responders.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/first-responders.html).



Minnesota Department of Health | [health.mn.gov](http://health.mn.gov) | 651-201-5000  
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.

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