Background

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 or sneezes, 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.

COVID-19 appears to cause more serious illness in older persons and those with underlying health conditions. Symptoms of COVID-19 include fever, cough, shortness of breath, muscle aches, sore throat, and headache. A COVID-19 viral infection can also exacerbate underlying health conditions like congestive heart failure.

Jails and correctional facilities play an important role in preparing to respond to COVID-19, and in responding if COVID-19 spreads in their communities.

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. Continue to monitor the MDH COVID-19 webpage for the latest updates in Minnesota: MDH: Coronavirus Disease 2019 (COVID-19) (www.health.state.mn.us/diseases/coronavirus/index.html).

With questions, contact MDH at 651-201-5414 or toll-free at 1-877-676-5414.

COVID-19 Preparedness, Prevention, and Mitigation Strategies


Responding to Respiratory Illness

Managing Cases of Respiratory Illness among Inmates (Confirmed or Suspected COVID-19)

▪ Contact MDH at 651-201-5414 with questions about cases of confirmed or suspected COVID-19 in your facility.

▪ Patients presenting with fever (>100.0), cough, or shortness of breath should be immediately isolated. Mask the inmate 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: Resources for Correctional and Detention Facilities (www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).
If you suspect a person has COVID-19, follow guidance found at Evaluating and Testing for Coronavirus Disease 2019 (COVID-19) (www.health.state.mn.us/diseases/coronavirus/hcp/eval.html).

Patients with confirmed or suspected COVID-19 should remain in isolation until:
- At least 3 days (72 hours) have passed since recovery, defined as having no fever without the use of fever-reducing medications and improvement in respiratory symptoms (for example, cough, shortness of breath), and,
- At least 7 days have passed since symptoms first appeared.
- MDH does not recommend retesting confirmed cases of COVID-19 to discontinue isolation of a person.

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:

If several people at the facility have respiratory symptoms consistent with COVID-19, it is recommended that a sampling of 2 to 5 specimens be taken from people who have been recently ill for COVID-19 testing. Contact MDH at 651-201-5414 to discuss the details with an epidemiologist and identify the people for testing.

Inmate Contacts of Confirmed or Suspected Cases of COVID-19

Close contacts of confirmed cases:
- Quarantine for 14 days from the date of last exposure to a confirmed case.
- Includes cell mates and others who have been within 6 feet of a confirmed case for a prolonged period of time, or who had direct contact with infectious secretions, such as being sneezed at or coughed on.

Close contacts of suspected cases:
- Quarantine for 14 days from the date of last exposure to a suspected case.
- Quarantine includes cell mates and others who have been within 6 feet of a suspected case for a prolonged period of time, or who had direct contact with infectious secretions, such as being sneezed at or coughed on.
- If the suspected case tests negative for COVID-19, quarantine can be discontinued. If the suspected case tests positive for COVID-19 or is not tested, continue quarantine for the 14-day period.
It is preferred to individually quarantine close contacts of confirmed or suspected cases. Cohorting close contacts should be done only if there are no other options. Use the following guidance when cohorting close contacts of confirmed or suspected cases:

- Prioritize individual quarantine 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.

- Monitor symptoms closely and place inmates who express symptoms in isolation immediately.

- Restart the 14-day quarantine period if an inmate expresses symptoms 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. [CDC: Resources for Correctional and Detention Facilities](www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).

MDH may recommend different quarantine strategies than those provided by CDC in certain circumstances. Please contact MDH at 651-201-5414 for quarantine guidance as situations arise.

Managing Cases of Respiratory Illness among Staff (Confirmed or Suspected COVID-19)

- If an employee or volunteer becomes ill while at the facility, they should be sent home as soon as possible.

- Employees and volunteers with confirmed or suspected COVID-19 should not come to work and should practice home isolation until:
  - At least 3 days (72 hours) have passed since recovery, defined as having no fever without the use of fever-reducing medications and having improvement in their respiratory symptoms (for example, cough, shortness of breath), and
  - At least 7 days have passed since symptoms first appeared.

- 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

- Staff with a high risk or medium risk exposure to a confirmed case of COVID-19 should not come to work for 14 days from the date of their last exposure. They should practice appropriate self-quarantine and self-monitoring, as directed by MDH.
  - High risk exposure includes household and intimate contacts of confirmed COVID-19 cases.
  - Medium risk exposure includes close contact (within 6 feet for a prolonged period of time) or direct contact with infectious secretions, such as being coughed on, with a person in the workplace or elsewhere who has confirmed COVID-19.

- Staff with a high risk exposure to a suspected case of COVID-19 should not come to work but should self-monitor for symptoms and limit their activities in public for 14 days from the date of their last exposure.
  - High risk exposure includes household or intimate contacts of a suspected case of COVID-19.
If the suspected case tests negative for COVID-19, the staff member can return to work and resume normal public activities.

If the suspected case tests positive for COVID-19, the staff member should continue to from work for the remainder of the 14-day period and practice the appropriate self-quarantine and self-monitoring measures as directed by MDH.

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 updated information pertaining to work exclusion for health care workers with respiratory illness or exposure to a confirmed or suspected case of COVID-19. MDH: Health Care: Coronavirus Disease 2019 (COVID-19) (www.health.state.mn.us/diseases/coronavirus/hcp/index.html).

Other Guidance to Review