Interim Guidance for Correctional Settings Based on Community and Facility Transmission Levels of COVID-19

6/30/2021


This document provides guidance to correctional facilities for creating plans to reduce the spread of COVID-19 based on the number of positive tests in the community and the facility. When staff and inmates move between a facility and the community, the risk of COVID-19 increases.

COVID-19 can spread rapidly within correctional facilities. The actions described here are intended to prevent COVID-19 introductions from the community and help limit the spread of COVID-19 in facilities where there have been positive tests. The Center for Disease Control and Prevention (CDC) reports that in more than half of all prison outbreaks, the first cases detected were among staff.1 Many of the recommended actions in this document are intended to prevent the spread of COVID-19 between staff to help reduce facility-wide outbreaks.

This guidance applies to both vaccinated and unvaccinated people in correctional settings and may be refined as we learn more about the impact of vaccines on the spread of COVID-19.

How to use this document

Based on a facility’s COVID-19 transmission level, identify the applicable guidance below. Facilities may need to consider case rates in multiple counties when determining the COVID-19 community transmission level. They may also need to consider other indicators of community-level spread, such as test positivity rates or knowledge of local spreading.
Transmission level definitions

Community

- MDH-defined community transmission levels: Community COVID-19 transmission levels are determined based on the county-level 14-day COVID-19 case rate per 10,000 people, published weekly at Data for K-12 Schools (www.health.state.mn.us/diseases/coronavirus/stats/wschool.pdf).
  - Minimal to moderate transmission: <30 cases per 10,000 over a 14-day period in the relevant county.
  - Moderate to substantial transmission: ≥30 cases per 10,000 over a 14-day period in the relevant county.

- CDC description of community transmission levels:
  - Minimal transmission: Isolated cases or limited community transmission, case investigations under way, no evidence of exposure in large communal setting.
  - Moderate transmission: Sustained transmission that is not large-scale but with high likelihood or confirmed exposure in communal settings and potential for rapid increase in cases.
  - Substantial transmission: Large-scale, uncontrolled, or controlled community transmission, including in communal settings.

Facility

- No cases: In the past 28 days, the facility has not identified confirmed COVID-19 cases (staff or incarcerated or detained people [IDP]) that were in the facility during their exposure or infectious period.

- Sporadic transmission: Infrequent introductions of cases (zero to one case in the prior four weeks among staff and/or incarcerated or detained people (IDP) with a known source, e.g., new intake into facility with community exposure, staff with household exposure). Isolation and quarantine procedures took place according to recommendations and spread is unlikely to have occurred beyond close contacts.

- Moderate transmission: Evidence that transmission is occurring beyond identified close contacts, but cases are limited to one or two units or program areas based on point prevalence survey testing.

- Widespread transmission: Cases identified in many or all units/buildings, with spread happening outside of identified close contacts.

Other relevant guidance

Facilities should use this document in conjunction with other COVID-19 guidance for correctional facilities detailed in the following MDH and CDC documents:

Recommendations based on transmission levels

<table>
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**Source control***
- (well-fitting cloth mask)
  - Wear at all times when indoors in communal spaces, or outdoors when physical distancing (6 feet or more) is not possible, unless a medical facemask is indicated.

**Eye protection for staff***
  - Wear when in quarantine or isolation spaces.
  - Wear when in close contact with IDP in isolation or quarantine.

**Respiratory protection for staff***
  - Wear when in quarantine or isolation spaces.
  - Wear when in close contact with IDP in isolation or quarantine.
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| **Staff meetings, trainings, and assignments** | • Consider the use of virtual platforms.  
• If in-person trainings or meetings continue, limit the number of attendees such that physical distancing (6 feet or more) can occur and adhere to the use of cloth masks.  
• Minimize mixing of staff across different areas of the facility. | • Use virtual platforms for meetings or trainings.  
• If in-person training or meeting is deemed critical, limit the number of attendees such that physical distancing (6 feet or more) can occur and adhere to the use of cloth masks.  
• Minimize mixing of staff across different areas of the facility. | • Use virtual platforms for meetings or trainings.  
• If in-person training or meeting is deemed critical, limit the number of attendees such that physical distancing (6 feet or more) can occur and adhere to the use of cloth masks or PPE, whichever is indicated.  
• Minimize mixing of staff across different areas of the facility. | • Use virtual platforms for meetings or trainings.  
• Postpone in-person staff trainings or meetings.  
• Assign staff to units or buildings to the extent possible. |
| **Programming, education, IDP worker programs** | • Limit the number of attendees such that physical distancing (6 feet or more) can occur and adhere to the use of cloth masks.  
• Use virtual platforms if available.  
• If in-person programming is deemed critical, limit the number of attendees such that physical distancing (6 feet or more) can occur and adhere to the use of cloth masks.  
• IDP from impacted units should be excluded from programming, education, or work assignments. | • Use virtual platforms if available.  
• If in-person programming is deemed critical, limit the number of attendees such that physical distancing (6 feet or more) can occur and adhere to the use of source control.*  
• IDP from impacted units should be excluded from programming, education, or work assignments. | • Use virtual platforms if available.  
• If in-person programming is deemed critical, limit the number of attendees such that physical distancing (6 feet or more) can occur and adhere to the use of source control.*  
• IDP from impacted units should be excluded from programming, education, or work assignments. | • Discontinue all non-essential programming.  
• To the extent possible, offer specific services online or remotely.  
• IDP from impacted units should be excluded from programming, education, or work assignments.  
• Ensure that IDP workers can physically distance (6 feet or more) and adhere to the use of cloth masks while working. If they are unable to maintain physical distance then use of PPE (facemask, eye protection, gloves) is recommended. |
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### Congregate areas within the facility

- Review congregate spaces (e.g., gyms, break rooms, TV rooms) and implement practices to ensure physical distancing (6 feet or more) and adherence to use of cloth facemasks.
- Audit congregate spaces (e.g., gyms, break rooms, TV rooms) to ensure physical distancing (6 feet or more) and adherence to use of cloth facemasks.
- Consider closing non-essential congregate spaces used by staff or IDP (e.g., gyms, TV rooms) where the physical space would make implementing mitigation measures a challenge.
- Audit congregate spaces (e.g., gyms, break rooms, TV rooms) to ensure physical distancing (6 feet or more) and adherence to the use of source control or PPE, whichever is indicated.
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- Close non-essential congregate spaces used by staff or IDP (e.g., gyms, TV rooms).
- Audit essential congregate spaces to ensure physical distancing and adherence to use of source control or PPE, whichever is indicated.

### Visitors

- Consider discontinuing in-person visits and offer virtual alternatives if facility transmission is widespread.
- Visitation can still occur during an outbreak if there is evidence that the spread of COVID-19 is contained to a single area (e.g., unit or building) of the facility as evidenced by full facility testing including staff and IDP.**
- If possible, provide virtual alternatives for IDP in isolated or quarantined units.
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### Meals

- Consider staff meal schedules and arrangements that allow for physical distancing (6 feet or more).
- Limit and indicate the capacity per break room or eating area.
- IDP dining should allow for physical distancing (6 feet or more).
- Provide support for physical distancing by marking chairs and spaces that are 6 feet apart.
- Provide non-congregate dining to IDP in exposure quarantine.

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- Limit and indicate the capacity per break room or eating area.
- Offer specific services in-unit or cell to reduce IDP movement from impacted units to other areas of the facility (e.g., meals, medication delivery, health service visits).
- Provide non-congregate dining to impacted units and floors; this may include the entire facility depending on the degree of transmission in the facility.


** Facilities need to use discretion with how they define a single unit. An outbreak is when a new facility-onset case of COVID-19 occurs among residents or staff.

### References