COVID-19 Investigational Toolkit for Correctional Settings

4/4/2022

This toolkit is intended for correctional facilities responding to COVID-19 case(s) in staff or in people who are incarcerated or detained (“residents”) and provides an overview of investigative steps. Recommendations in this document are based on the Centers for Disease Control and Prevention’s (CDC) guidelines. Facilities should review all CDC guidance (Appendix H: Resources) for more detail.

For questions related to implementation or to report outbreaks, please contact the Minnesota Department of Health (Health.R-Congregate@state.mn.us).

Investigative steps after COVID-19 is identified in a staff or resident

Identify close contacts of a case [Appendices A, B]

- Determine who was in close contact with the infectious COVID-19 case. The period of interest (the “infectious period”) is from two days prior to the date the person’s symptoms started (or test date if the person did not have symptoms) through the time that the person was no longer in the facility or was placed in isolation.

- A close contact is defined as:
  - A person who was within 6 feet of the infectious case for 15 minutes or more (cumulative time of 15 minutes or more over a 24-hour period).
  - A person who had direct contact with the respiratory secretions of an infectious person for any amount of time.

- If there is difficulty identifying close contacts through contact tracing, it may be necessary to identify groups likely to have been exposed (e.g., a unit where there was a case), and to proceed with evaluating needs for quarantine and expanded testing for the group.

Quarantine of close contacts

- Contacts should quarantine for 10 days, regardless of vaccination status.

- Contacts who have had laboratory-confirmed COVID-19 within the previous 90 days do not need to quarantine.

- Quarantine recommendations may be modified for staff depending upon the proper use of personal protective equipment (PPE). It is important that PPE is considered in this step only if the staff person using PPE has received training and is using employer-supplied PPE in the appropriate manner. [Appendix C]
During crisis situations (i.e., staffing shortages that threaten the continuity of essential operations), correctional facilities may consult with the MDH congregate settings team (Health.R-Congregate@state.mn.us), or with their local public health contact if they typically work with local public health on their COVID-19 response, to consider options for shortening the duration of quarantine or isolation for staff.


### Testing [Appendix C]

Facilities should test for COVID-19 according to the below scenarios, which depend on the exposure, number of cases, and the facility’s ability to identify all close contacts. If the facility can perform contact tracing, testing in Scenario 1 is recommended, AND, testing in Scenario 2 may be indicated. If the facility is unable to gather reliable information on exposed contacts, Scenario 2 is indicated. Facilities should make every attempt to perform contact tracing to inform quarantine and testing recommendations.

- **Scenario 1:** Test asymptomatic contacts after an exposure, **regardless of vaccination status.** Note that testing is not recommended for an asymptomatic close contact with laboratory-confirmed COVID-19 infection within the previous 90 days. If someone with infection in the prior 90 days becomes symptomatic, an antigen test is recommended.
  - Test as soon as the exposure is identified. If the test is negative, test again five days after exposure. Test immediately if symptoms develop.

- **Scenario 2:** Broad-based testing should occur (unit-wide, building-wide, facility-wide) when there are or could be unrecognized exposures, e.g., a single resident case arises from the general population and their exposure source is unknown, or a staff person works many days while infectious. Staff and residents should be included in this broad-based testing, regardless of vaccination status.
  - Test as soon as the exposure is identified and then repeat testing every three to seven days.
  - Testing may be limited to a unit or may involve the entire facility, depending on the scope of the exposure.
  - If in a quarantine cohort, any person testing positive should be removed from the cohort and placed in medical isolation, and the 10-day quarantine period should restart for the remainder of the cohort.
  - Testing should continue every three to seven days until there are no positive COVID-19 tests for 10 days past the last exposure.
  - Symptomatic residents should be isolated and tested immediately, regardless of vaccination status or COVID-19 infection history.
  - Interpretation of testing may depend on the type of test and reason for testing.
    - Antigen testing: See Appendix D.
    - Other testing: If a facility has a patient with discrepant testing results or has concerns that a patient is falsely positive, keep the patient in individual isolation and contact MDH for additional guidance (Health.R-Congregate@state.mn.us).

### Symptom monitoring

- Symptomatic staff should be excluded from work and testing is recommended, regardless of vaccination status or prior history of infection. [Appendix E, F]
Ensure that symptomatic residents are moved to individual isolation that is separate from people who have tested positive; are tested; and receive twice daily monitoring and treatment (if indicated) by a clinician. [Appendix G]

Residents who are placed in quarantine should be monitored once daily for symptoms.

If the facility already has cases or an outbreak, have a low threshold for identifying, excluding, isolating, and testing symptomatic people.

**Isolation**

- Symptomatic residents should be isolated individually while testing is pending; isolation for symptomatic residents should be separate from those who are laboratory-confirmed.

- Laboratory-confirmed COVID-19 cases among residents may be isolated in a cohort.

- Laboratory-confirmed COVID-19 cases should isolate for 10 days, as well as have improved symptoms and be fever free for 24-hours (without the use of fever-reducing medication).
  - Day 0 (zero) is the date of first symptoms. If the patient is asymptomatic, then day 0 is the date of the positive test.


**Managing outbreaks**


- Core strategies, such as symptom monitoring; testing; isolation; quarantine; and use of basic infection control, including PPE, should always be maintained. Facilities should take steps to improve ventilation (CDC: Ventilation in Buildings [www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html]). Additionally, use of a well-fitting mask for source control is recommended in correctional settings, regardless of vaccination status.
  - Note: All staff and residents should wear well-fitting masks comprised of at least two layers of material while indoors in the facility, and if they cannot physically distance outdoors. If supplies allow, the facility can consider providing high-quality face masks to those who have been exposed, to be worn through their 10-day quarantine period: Recommendations for Wearing Masks (www.health.state.mn.us/diseases/coronavirus/facecover.html).

- CDC: Table 1. Recommended Personal Protective Equipment (PPE) and Source Control for Residents and Staff in a Correctional or Detention Facility (www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Table1)


**Understanding COVID-19 therapeutics**

Several therapies are approved for use in treating COVID-19 including Paxlovid and molnupiravir. Remdesivir is also now authorized for use in non-hospitalized patients. More detailed information on therapeutics can be found at Therapeutic Options for COVID-19 Patients (www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html).
Appendix A: Sample COVID-19 contact tracing tool

Instructions: This risk assessment tool is meant to guide interviews of potential contacts who self-identify as having an exposure. Keep this information confidential and do not share it.

Potential contact name:

Interview conducted by:

Date of interview:

1. Have you had any contact or were you present in the room with a person diagnosed with confirmed COVID-19 infection? ☐ Yes ☐ No
   Describe contact:
2. Dates of exposure:
3. Did you wear the following personal protective equipment (PPE) or source control?
   - Eye protection ☐ Yes ☐ No
   - Goggles ☐ Yes ☐ No
   - Face shield ☐ Yes ☐ No
   - Mask ☐ Yes ☐ No
   - N95/KN95 respirator ☐ Yes ☐ No
   - Medical/surgical mask ☐ Yes ☐ No
   - Cloth face covering ☐ Yes ☐ No
4. At any point, did you remove your personal protective equipment or source control? ☐ Yes ☐ No
   Describe:
5. Were you within 6 feet of the person for 15 minutes or longer (cumulative over 24 hours)? ☐ Yes ☐ No
6. Did you have direct contact with the person’s secretions? Extensive body contact or strenuous physical interaction with a person with COVID-19 may generate higher concentration of respiratory secretions or aerosols; no time minimum established. ☐ Yes ☐ No
7. Was the person diagnosed with COVID-19 wearing a mask (any type)? ☐ Yes ☐ No
   a. At any point was the person’s mask removed? ☐ Yes ☐ No
8. Are you vaccinated (including booster, if indicated)? ☐ Yes ☐ No
   a. Vaccine manufacturer (e.g., Janssen or J&J, Moderna, Pfizer):
   b. Vaccination dates:

Quarantine/work exclusion: ☐ No quarantine/work exclusion ☐ Quarantine/exclude for 10 days
Appendix B: Sample COVID-19 contact tracing tool

Instructions: This risk assessment tool is meant to guide interviews of a COVID-19 case to identify possible contacts. Keep this information confidential.

Interviewee name: ______________________________  Interview conducted by:  __________________________ Date of interview:  __________________

1. What date did your symptoms begin (or test date if no symptoms)?
   *Infectious period starts two days prior to the start of symptoms (or test date if no symptoms).*

2. Were you on-site during your infectious period? ☐ Yes ☐ No (If no, end interview)
   a. If yes, what dates/times?

3. During your infectious period, were you within 6 feet for 15 minutes (cumulative over infectious period) with anyone? ☐ Yes ☐ No

<table>
<thead>
<tr>
<th>Name of contact</th>
<th>Date(s) of contact</th>
<th>Describe contact</th>
<th>Were you wearing a face mask the entire time?</th>
<th>Was the contact wearing eye protection (goggles or face shield)?</th>
<th>Was the contact wearing a mask?</th>
<th>Do we have your permission to share your name with the contact?</th>
<th>Public health recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Goggles ☐ Face shield ☐ None</td>
<td>☐ N95/KN95 ☐ Surgical mask ☐ Cloth mask ☐ None</td>
<td>☐ Yes ☐ No</td>
<td>☐ No exposure ☐ Quarantine/exclude from work for 10 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Goggles ☐ Face shield ☐ None</td>
<td>☐ N95/KN95 ☐ Surgical mask ☐ Cloth mask ☐ None</td>
<td>☐ Yes ☐ No</td>
<td>☐ No exposure ☐ Quarantine/exclude from work for 10 days</td>
</tr>
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<td></td>
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<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Goggles ☐ Face shield ☐ None</td>
<td>☐ N95/KN95 ☐ Surgical mask ☐ Cloth mask ☐ None</td>
<td>☐ Yes ☐ No</td>
<td>☐ No exposure ☐ Quarantine/exclude from work for 10 days</td>
</tr>
</tbody>
</table>
Appendix C: Public health recommendations for asymptomatic contacts of COVID-19 patients

Instructions: This table offers guidance for public health recommendations based on exposure, use of PPE, and individual factors (vaccination, prior infection). If there is concern over appropriate PPE use or source control adherence or breaches, err on the side of exclusion/quarantine.

<table>
<thead>
<tr>
<th>If the close contact:</th>
<th>Quarantine*</th>
<th>Testing in Response to Exposure**</th>
<th>Timing of Testing After Exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had COVID-19 in the past 90 days</td>
<td>No</td>
<td>No</td>
<td>NA</td>
</tr>
<tr>
<td>Is a staff member who appropriately used a respirator (N95 or PAPR) or surgical face mask (or KN95/KF94) AND the COVID-19 case was wearing a well-fitting mask†</td>
<td>No</td>
<td>Optional</td>
<td>Immediately, 5 days</td>
</tr>
<tr>
<td>Does not meet the above criteria regardless of their vaccination status</td>
<td>Yes</td>
<td>Yes</td>
<td>Immediately, 5 days</td>
</tr>
</tbody>
</table>

*Quarantine duration is 10 days. Quarantine recommendations may vary in exceptional circumstances, such as with circulation of a more infectious variant or when a cluster of vaccine breakthrough cases is observed. Consult with MDH in these circumstances.

**Any person who develops symptoms compatible with COVID-19 should be isolated and tested immediately (diagnostic testing).

†If case was not wearing a well-fitting mask, staff person must also be wearing eye protection to be excluded from the quarantine recommendation.
Appendix D: Antigen testing

Antigen tests for SARS-CoV-2 (the virus that causes COVID-19) detect the presence or absence of viral protein. The antigen tests currently available for diagnosing COVID-19 are faster than RT-PCR and potentially can be conducted on-site in a congregate living facility. To learn more about antigen testing, refer to CDC: Guidance for Antigen Testing for SARS-CoV-2 for Healthcare Providers Testing Individuals in the Community (www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html). In some cases, an antigen test should be confirmed by a laboratory-based nucleic acid amplification test (NAAT) test (e.g., RT-PCR). Refer to the following CDC Antigen Test Algorithm to determine if confirmatory testing is necessary.

Antigen Test Algorithm for Congregate Living Settings

[Diagram of Antigen Test Algorithm]

Source of figure and technical notes: CDC, CDC Antigen Test Algorithm (www.cdc.gov/coronavirus/2019-ncov/lab/resources/Antigen_Testing_Algorithm_2020-12-14_v03_NO_DRAFT_SPW_508.pdf)

Technical Notes

1 Single, multiple, or continuous known exposure to a person with COVID-19 within the last 14 days; perform NAAT first if short turnaround time is available, if person cannot be effectively and safely quarantined, or if there are barriers to possible confirmatory testing.

2 No known exposure to a person with COVID-19 within the last 14 days.

3 If a symptomatic person has a low likelihood of SARS-CoV-2 infection, clinical discretion should determine if this negative antigen test result requires confirmatory testing.

4 In instances of higher pretest probability, such as high incidence of incidence of infection in the community, clinical discretion should determine if this positive antigen result requires confirmation.

5 In certain settings, serial antigen testing could be considered for those with a negative antigen test result; serial testing may not require confirmation of negative results. The role of a negative antigen test result in ending quarantine depends upon when it is performed in the quarantine period. See CDC’s Options to Reduce Quarantine for guidance on use of antigen testing for this purpose and when a negative antigen test result indicates not infected with SARS-CoV-2.

6 If prevalence of infection is not low in the community, clinical discretion should consider whether this negative antigen result requires confirmation.

7 Nucleic acid amplification test; confirm within 48 hours using a NAAT, such as RT-PCR, that has been evaluated against FDA’s reference panel for analytical sensitivity.

8 Known exposure to a person with COVID-19 within the last 14 days; if unsure, clinical discretion should determine whether isolation is necessary.

9 Isolation is necessary. See CDC’s guidance for Isolation.

10 Quarantine is necessary. See CDC’s guidance for Quarantine; clinical discretion should determine if and when additional testing is necessary.
Appendix E: Guidance on screening and symptomatic staff

Screening should be conducted for all staff when reporting to work. This includes assessment for fever (higher than 100.0 degrees Fahrenheit); acute respiratory symptoms (e.g., cough, shortness of breath, sore throat); loss of taste or smell; muscle aches; and chills. Further evaluation should also be considered for lower temperatures (lower than 100.0 degrees Fahrenheit) or other symptoms not attributable to another diagnosis, including headache; nausea; vomiting; diarrhea; abdominal pain; runny nose; and fatigue. Staff of correctional facilities are a priority group for COVID-19 testing in Minnesota and should be referred for testing immediately.

Staff should not work while sick, even with mild signs or symptoms. If illness develops while at work, staff need to immediately separate themselves from others, alert their supervisor, and leave the workplace. If they become ill at home, they should be advised to report symptoms, get tested, and stay out of work.

- A negative antigen test in staff or residents with signs or symptoms of COVID-19 should be confirmed using a NAAT/PCR test. See Appendix D.
- Refer to CDC: Post-vaccination Considerations for Workplaces (www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html) for guidance on evaluation and work exclusion for staff who experience symptoms following vaccination.
Appendix F: Staff health screening log

This log should be completed every day, through an active process. Identify a trained staff member to complete this health screening form daily by engaging directly with staff when they arrive.

### Screening log

<table>
<thead>
<tr>
<th>Date</th>
<th>Staff name</th>
<th>Confirmation that staff has:</th>
<th>Initials of screener</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>❑ No fever, respiratory, or other COVID-19 symptoms</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>❑ No close contact with a COVID-19-positive case in the last 10 days</td>
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<tr>
<td></td>
<td></td>
<td>❑ Not awaiting COVID-19 test results</td>
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<tr>
<td></td>
<td></td>
<td>❑ No fever, respiratory, or other COVID-19 symptoms</td>
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<td>❑ No close contact with a COVID-19-positive case in the last 10 days</td>
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<td>❑ No fever, respiratory, or other COVID-19 symptoms</td>
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<td>❑ No close contact with a COVID-19-positive case in the last 10 days</td>
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<td>❑ Not awaiting COVID-19 test results</td>
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<td>❑ Not awaiting COVID-19 test results</td>
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Appendix G: Active monitoring for COVID-19 symptoms among incarcerated/detained people

Keep this form in a secure place that is inaccessible to residents and staff who do not need access.

**Symptom Key:**
- F = fever/chills (fever greater than 100.0 degrees Fahrenheit)
- C = cough
- S = shortness of breath
- E = exhaustion/fatigue
- B = body or muscle aches
- H = headache
- L = loss of taste or smell
- T = sore throat
- R = congestion/runny nose
- N = nausea/vomiting
- D = diarrhea

### Monitoring for COVID-19 symptoms in incarcerated/detained people

<table>
<thead>
<tr>
<th>Unit</th>
<th>Date: <em><strong>/</strong></em>/21 Time:</th>
<th>Date: <em><strong>/</strong></em>/21 Time:</th>
<th>Date: <em><strong>/</strong></em>/21 Time:</th>
<th>Date: <em><strong>/</strong></em>/21 Time:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Name</td>
<td>Cell</td>
<td>T</td>
<td>SpO₂</td>
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# symptomatic people:

Notes

T = temperature; SpO₂ = oxygen saturation
Appendix H: Resources

  Website covers quarantine and isolation definitions. Note: MDH does not recommend shortening quarantine in congregate living facilities if receiving a negative test result.

  Website covering a range of topics specific to correctional and detention facilities, including vaccination, investigating cases, testing, quarantine, and isolation.

  Website covering recommended cleaning protocols.

  Website discusses the importance of PPE and explains how to correctly put it on and it off.

  Website covering recommendations for quarantine after traveling domestically or internationally, along with other commonly asked questions about travel and COVID-19.

- **Strategies to Mitigate Resource Constraints During COVID-19 Surges in Shelter and Correctional Settings** (www.health.state.mn.us/diseases/coronavirus/mitigatesurges.pdf)
  This document describes modifications to COVID-19 protocols during a COVID-19 surge when crisis situations are encountered and resources for additional staffing or space have been explored and are exhausted.

- **Therapeutics and treatment:**
  - HHS Office of the Assistant Secretary for Preparedness & Response: COVID-19 Therapeutics
    (www.phe.gov/emergency/events/COVID19/therapeutics/Pages/default.aspx)
  - Therapeutic Options for COVID-19 Patients
    (www.health.state.mn.us/diseases/coronavirus/hcp/therapeutic.html)
  - COVID-19 Medication Options (www.health.state.mn.us/diseases/coronavirus/meds.html)