
Minnesota Department of Health
Brittany Pattee (VonBank)
April 28, 2020

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS
COVID-19 background and situation update

Preparation and prevention strategies for correctional facilities

Managing confirmed or suspected COVID-19 cases

Personal protective equipment (PPE)

Facility transfers and releases

Questions
COVID-19 Information Changes Rapidly

• Visit the Coronavirus Disease in Minnesota website for up-to-date data: Coronavirus Disease in Minnesota (mn.gov/covid19)

• Visit the CDC’s website for national and global up-to-date data: Centers for Disease Control and Prevention (https://www.cdc.gov/)
About Coronavirus Disease 2019 (COVID-19)

- Mild to severe respiratory illness with symptoms of:
  - Fever
  - Chills
  - Cough
  - Shortness of breath
  - Muscle aches
  - Headache
  - Sore throat
  - New loss of taste or smell
- Symptoms believed to start 2 to 14 days after exposure

✓ COVID-19 is a viral respiratory illness caused by a coronavirus that has not been found in people before

✓ Because this is a new virus, there are many things we are learning about it
Outcomes and At-Risk Populations

- About 80% of cases are mild (no pneumonia or mild pneumonia)
  - 14% of cases are severe (difficulty breathing, need urgent medical help)
  - 5% of patients admitted to ICU
  - Estimated mortality rate of 2.3%
- Higher risk for severe illness: older age, health problems (heart or lung disease, immunocompromising conditions, diabetes, obesity, renal failure, and liver disease.)
How COVID-19 Is Spread

**Person-to-person spread:**

- Close contact (within about 6 feet)
- Respiratory droplets produced when an infected person coughs or sneezes

It may be possible to spread COVID-19 by touching a surface that has the virus and then touching your own mouth, nose, or eyes, but this is probably not the main way the virus spreads.
What To Do To Prevent The Spread

• Stay away from other people as much as possible when sick with cold or flu-like symptoms
• Cover your cough
• Wash your hands well
• Don’t touch your face – especially eyes, nose and mouth
• Wear a cloth face covering

Protecting Yourself and Your Family (https://www.health.state.mn.us/diseases/coronavirus/prevention.html)
The first case in Minnesota was reported on March 6, 2020

By April 28, 2020 - Positive Cases: 4,181* | Number of Deaths: 301

*The number of positive cases likely greatly underestimates the true number of cases due to a shortage in testing.
Call MDH With Questions

Interpreters are available for anyone calling who does not speak English.

- Public Hotline: 651-201-3920
COVID-19 Preparation and Prevention Strategies for Correctional Facilities

Updated version coming soon

Prepare for Cases of COVID-19

- Identify separate medical isolation and quarantine spaces
- Communicate sick leave policies and plan for staff absences
- Post information about COVID-19 around the facility
- Check supply stocks and have a plan to replenish supplies
  - Cleaning
  - Hand washing
  - Medical
  - Personal protective equipment (PPE)
Prevent the Spread of COVID-19

- Enhance cleaning efforts
  - Clean/disinfect frequently touched surfaces and items several times per day
  - Use household cleaners and disinfectants effective against the virus: [List N: Disinfectants for Use Against SARS-CoV-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
- Screen everyone coming in for symptoms
- Implement social distancing
- Educate on COVID-19 symptoms and how to report them
- Suspend visitation
- Limit staff onsite to essential personnel
Social Distancing: Maintain 6 feet apart, sick or not!

<table>
<thead>
<tr>
<th>Common areas</th>
<th>Recreation</th>
<th>Meals</th>
<th>Medical</th>
<th>CDC Guidance on Management of COVID-19 in Correctional and Detention Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enforce increased space between people in</td>
<td>• Choose spaces where people can spread out</td>
<td>• Stagger meals</td>
<td>• Designate a room near each housing unit to evaluate people with COVID-19 symptoms</td>
<td><a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/managing-COVID19-in-correctional-detention.pdf">Link</a></td>
</tr>
<tr>
<td>• Holding cells</td>
<td>• Stagger time in recreation spaces</td>
<td>• Rearrange seating in the dining hall (e.g., remove every other chair and use only one side of the table)</td>
<td>• Stagger sick call</td>
<td></td>
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<tr>
<td>• Lines</td>
<td>• Assign each housing unit a dedicated recreation space to avoid mixing and cross-contamination</td>
<td>• Provide meals inside housing units or cells</td>
<td>• Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process</td>
<td></td>
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<tr>
<td>• Waiting areas such as intake (e.g., remove every other chair in a waiting area)</td>
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</tbody>
</table>

Group activities
- Limit their size
- Increase space between people
- Suspend group programs where people will be in closer contact than in their housing environment
- Choose outdoor areas or other areas where people can spread out

Housing
- Reassign bunks to provide more space between people
- Sleep head to foot
- Minimize mixing of people from different housing areas

Meals
- Stagger meals
- Rearrange seating in the dining hall (e.g., remove every other chair and use only one side of the table)
- Provide meals inside housing units or cells
Part 1: Detainee Cases
Medical Isolation vs. Quarantine

**Isolation**
- **Who:** Cases of COVID-19 (confirmed or suspected)
- **What:** Mask and separate from others
- **Where:** Individual cell
- **Why:** Prevent exposing others
- **Duration:** It depends

**Quarantine**
- **Who:** Close contacts of cases
- **What:** Separate from others and monitor for symptoms
- **Where:** Individual cell preferred
- **Why:** Prevent exposing others if become infectious
- **Duration:** 14 days
New Intake Processes

- Screen all new intakes for COVID-19 symptoms and exposures
  - Symptoms: fever, cough, shortness of breath, chills, muscle aches, sore throat, headache, new loss of taste or smell
  - Take temperature (fever = >100F)
  - Ask about contact with confirmed or suspected COVID-19 cases in past 14 days

- If symptoms: mask detainee and transport to isolation space

- If contact with case reported: transport to quarantine for case contacts

- Quarantine asymptomatic intakes in a separate area before releasing into the general population for 14 days
  - Separate area than where contacts of cases are quarantined
Medical Isolation of Confirmed or Suspected Cases

- **Isolate** anyone with symptoms of COVID-19
- **Mask** the inmate/detainee for source control during transportation to isolation space or offsite medical care
- **Restrict movement** outside of cell as much as possible
  - Perform and hand hygiene and wear mask if leave cell
- **Clean/disinfect** areas where the individual spent time
- **Limit staff contact** to conserve PPE
- **Evaluate and test for COVID-19** (more details later)
Where to Isolate Confirmed or Suspected COVID-19 Cases

- Preference: single cell with solid walls and solid doors
- Cohorting options for **confirmed cases**:
  - In a large, well-ventilated cell with solid walls and doors
  - In an isolation area with single, barred cells (with empty cell between)
- Do not cohort:
  - Confirmed cases with suspected cases
  - Cases of undiagnosed respiratory illness
- Discuss isolation options with MDH
Ending Medical Isolation: Confirmed & Suspected Cases

- Symptom-based strategy; re-testing of confirmed cases not recommended

- **Immunocompetent patients:** minimum 10 days
  - At least 72 hours since recovery (no fever without fever-reducing medication **and** improvement in respiratory symptoms), **and**,
  - At least 10 days have passed since symptoms onset
  - Consider secondary step down isolation space

- **If immunocompromised:** minimum 21 days
  - Immunosuppressive drugs, transplant recipients, immunodeficiency, poorly controlled HIV
  - At least 72 hours since recovery (no fever without fever-reducing medication **and** improvement in respiratory symptoms), **and**,
  - At least 21 days have passed since symptoms onset
Ending Medical Isolation: Secondary Isolation Step Down

- Applies to immunocompetent, confirmed cases
- Separate housing area before releasing into general population
- Can cohort together
- Duration: The balance of time from release of isolation through 14 days since symptom onset
- Rationale: potential for longer infectious period and correctional setting is higher risk for transmission
Ending Medical Isolation: COVID Symptoms with Negative Test

- Potential for false negative results
- Consider retesting
- Consider symptoms and the situation when deciding whether to end medical isolation or continue per the symptom-based strategy
  - Did the case have contact with someone with COVID-19?
  - Is there an outbreak of COVID-19 in the facility?
  - Are symptoms highly compatible with COVID-19?
Contact Investigation

- Identify individuals who had close contact with a confirmed or suspected case during the 48-hours prior to symptom onset.
  - If the case was asymptomatic, identify close contacts during the 48-hours prior to date of specimen collection

- **Close contacts**: cell mates and others who have been within 6 feet of a case for a prolonged period of time, or who had direct contact with infectious secretions, such as being coughed on

- Identify close contacts among both inmates and staff
Quarantine for Contacts of Confirmed or Suspected COVID-19 Cases

- Place close contacts into quarantine
- **Restrict movement** outside the cell
- **Monitor symptoms** twice daily, including temperature check
- **Duration:** 14 days from date of last exposure to the case

**If suspected case tests negative:**
- Discontinue quarantine if COVID-19 has not yet been confirmed in your facility
- Continue quarantine if COVID-19 has been confirmed in your facility
Where to Quarantine Contacts

- Preference: single cell with solid walls and solid doors
  - Prioritize individual quarantine for those at higher-risk of COVID-19 complications

- Cohorting options (in order of preference):
  - In a large, well-ventilated cell with solid walls and doors that allows for 6 ft. of personal space
  - In separate quarantine area with single, barred cells (with empty cell between)
  - In separate quarantine area with multi-person barred cells (with empty cell between occupied cells) that allow for 6 ft. of personal space
  - Discuss with MDH
Considerations for Cohorting those in Quarantine

- Mask for source control as resources allow
- Restart the 14-day clock if symptoms develop in any member of the cohort
- Do not add people to an existing cohort
- Do not mix people quarantined due to exposure with people quarantined as part of routine intake or due to public exposure
Residents and workers in congregate living facilities are a priority for testing

Ill staff should contact a medical provider for evaluation/testing

MDH Health Advisory from 4/1/2020

[Health Advisory: Updated SARS-CoV-2 Testing [PDF]](https://www.health.state.mn.us/communities/ep/han/2020/apr1testing.pdf)
Testing Inmates: Specimen Collection

- Specimens should be collected by jail healthcare service staff unless higher level of care required

- If higher level of care required:
  - **Mask** the inmate, **notify** the receiving facility, and **transport** for evaluation/testing

- Ensure staff are wearing appropriate PPE during specimen collection or transport
Required Specimen Collection Materials

- Specimen = nasopharyngeal (NP) swab
  - Collection instructions included with supplies
  - CDC specimen collection video: [Pertussis (Whooping Cough) Specimen Collection](https://www.cdc.gov/pertussis/clinical/diagnostic-testing/specimen-collection.html)
- Acceptable swabs: Any synthetic swab (i.e., nylon, Dacron) with a plastic or wire shaft
- Viral transport medium (VTM)
  - Minimum 500µL required in the vial for the swab to stay wet and keep the virus viable during transport

Specimen collection/handling information:

COVID-19 Laboratory Guidance

Contact MDH for supplies: 651-201-5414
Ask for jails/corrections liaison

Hours:
Mon-Fri, 8am – 5:30pm
Weekend, 8:30am – 4:30pm
If after hours, keep case in isolation and contact MDH first thing in the morning
Labeling the Specimen

- Two unique identifiers must be included on the vial
  - Must match the identifiers on the Infectious Disease Submission Form

- First patient identifier must be:
  - Patient name (last and first) or
  - Patient ID #, which must be a unique identifying number such as medical record number, chart number, etc.

- Second identifier on the sample must be:
  - Patient date of birth (DOB), or
  - Patient age and sex, or
  - Patient ID # (only if the first identifier is the patient name)
Two Submission Forms Required

**Infectious Disease Submission Form**
- Include project number 2618
- Include fax # in comments (for results)

**Patient Testing Form**
- Fax to 651-201-5743 before sending

Access forms here: [Evaluating and Testing for Collecting Specimens Heading](https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html#forms)

Include both forms with specimen
Transportation and Shipping to MDH

- Store and send specimens at 2-8°C
  - Packing according to instructions
  - Ship with ice pack
  - If it will be >72 hours between specimen collection and arrival at MDH, freeze the specimen at -70°C and ship on dry ice. The specimen must arrive frozen or it will be rejected.

- Use your regular courier service, FedEx, or UPS
  - To set up a UPS CampusShip account with MDH contact, contact Cammie at the MDH laboratory (cammie.wadman.baca@state.mn.us)

MDH Courier Address:
601 Robert Street North
St. Paul, MN 55155

Map for drop-off:
Ag/Health Laboratory: Delivery and Visitor Options [PDF](https://www.health.state.mn.us/communities/environment/envlab/flyer.pdf)

Drop-off Hours:
Monday-Friday, 7am – 4:30pm
Saturday/Sunday, 8am – 12pm

MDH Shipping Address:
Minnesota Department of Health
Public Health Laboratory Division
P.O. Box 64899
St. Paul, MN 55164-0899
Positive results will be communicated immediately to the provider

Positive and negative results will be faxed to the facility

Turnaround time: variable, can take up to 3 days
Part 2: Staff Cases
Employee COVID-19 Screening

- Screen staff for COVID-19 symptoms and exposures before each shift
  - Symptoms: fever, cough, shortness of breath, chills, muscle aches, sore throat, headache, new loss of taste or smell
  - Take temperature (fever = >100F)
  - Ask about contact with confirmed or suspected COVID-19 cases in past 14 days
- Symptomatic staff should leave work as soon as possible
Symptomatic staff should be tested for COVID-19

- Testing locations across MN: Find Testing Locations (https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/)

Staff with confirmed or suspected COVID-19 should be excluded from work for a minimum of 10 days:

- At least 72 hours since recovery (no fever without fever-reducing medication and improvement in respiratory symptoms), and,
- At least 10 days have passed since symptom onset
- Upon return to work, staff should wear a face mask until 14 days since symptom onset
Identifying Contacts and Work Exclusion

- Identify individuals who had close contact within 48 hours prior to symptom onset

  - Close contacts: within 6 feet for a prolonged period of time or having direct contact with infectious secretions.
  - Detainees and employees.

- Staff who are contacts of a **confirmed case** of COVID-19 should not come to work for 14 days from the date of their last exposure.

  - If symptoms develop, follow guidance for symptomatic staff
Contacts of Suspected Cases of COVID-19

- If the **suspected case** is **not tested** for COVID-19, exposed staff should be excluded from work for 14 days from the date of their last exposure.

- If the suspected case tests **negative** for COVID-19, consider the situation before allowing return to work.
  - Suspected case is a household or other community contact and there is low suspicion for COVID-19: employee can return to work.
  - Suspected case is an inmate or other employee and COVID-19 has **not yet** been identified in the facility: employee can return to work.
  - Suspected case is an inmate or other employee and COVID-19 **has been** identified in the facility: continue work exclusion for 14 days.
Assessing Exposures for Law Enforcement Personnel Exposed to Confirmed or Suspected COVID-19 Case

- **CDC Guidance:**

- Coming soon - MDH risk assessment guidance based on:
  - Type of contact
  - PPE worn by the case
  - PPE worn by law enforcement personnel
Work Exclusion and Staffing Shortages

- Consult with MDH if staffing shortages arise due to work exclusion
  - Identify ways to allow asymptomatic contacts of cases to return to work while minimizing risk of COVID-19 spread
- See MDH guidance: Interim Recommendations for Critical Infrastructure Workers Who Have Had Exposure to a Person with Suspected or Confirmed COVID-19 [PDF](https://www.health.state.mn.us/diseases/coronavirus/guidebusiessential.pdf)
Personal Protective Equipment (PPE)
Using Facemasks as Source Control

▪ Source control: wearing a facemask to reduce likelihood of transmitting the virus to others

▪ FDA-regulated masks (e.g., surgical mask) or homemade barrier masks
  ▪ Homemade facemasks are NOT considered PPE

▪ Resources
## PPE for Inmates/Detainees

In outbreak situations, also consider universal facemasks for source control.

### Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response

<table>
<thead>
<tr>
<th>Classification of Individual Wearing PPE</th>
<th>N95 respirator</th>
<th>Face mask</th>
<th>Eye Protection</th>
<th>Gloves</th>
<th>Gown/Coveralls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incarcerated/Detained Persons</strong></td>
<td></td>
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<tr>
<td>Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)</td>
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<tr>
<td>Apply face masks for source control as feasible based on local supply, especially if housed as a cohort</td>
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</tr>
<tr>
<td>Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19</td>
<td>−</td>
<td>✓</td>
<td>−</td>
<td>−</td>
<td>−</td>
</tr>
<tr>
<td>Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Additional PPE may be needed based on the product label. See CDC guidelines for more details.</td>
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# PPE for Staff

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</tr>
</thead>
<tbody>
<tr>
<td>Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)</td>
<td>-</td>
<td>-</td>
<td>Face mask, eye protection, and gloves as local supply and scope of duties allow.</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-guidance.html">CDC Infection Control Guidelines</a>)</td>
<td>✓**</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-guidance.html">CDC Infection Control Guidelines</a>)</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Staff handling laundry or used food service items from a COVID-19 case or case contact</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Staff cleaning an area where a COVID-19 case has spent time</td>
<td>Additional PPE may be needed based on the product label. See <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-guidance.html">CDC Guidelines</a> for more details.</td>
<td>✓</td>
<td>✓</td>
<td></td>
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</table>

*In outbreak situations, also consider universal facemasks for source control

Refer to CDC Infection Control Guidelines (linked in table)
Avoid transferring inmates in isolation or quarantine until released. If transfer must occur:

- Communicate inmate’s isolation or quarantine status with receiving facility
- Mask inmate during transportation
- Ensure staff involved in transport are wearing appropriate PPE

If experiencing outbreak but inmate not in isolation or quarantine:

- Notify receiving facility
- Mask inmate during transportation
- Ensure staff involved in transport are wearing appropriate PPE
Release to the Community

- Jails should be in communication with MDH and LPH about discharge planning when releasing inmates to settings other than a private residence.
  - Ensure that the isolation/quarantine status of the patient is considered when arranging transportation
  - Ensure case or contact understands home isolation or quarantine procedures
  - If released to a facility, ensure facility is prepared to manage isolation or quarantine
Thank you!

Questions?

To contact MDH regarding COVID-19 in correctional settings, email:

Health.R-Congregate@state.mn.us