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COVID-19 Testing Guidance for Minnesota Correctional Facilities and Work Exclusion Guidance for Law Enforcement Personnel

Minnesota Department of Health

June 3, 2020

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- COVID-19 Testing Guidance
- Guidance for Work Exclusion of Law Enforcement Personnel Exposed to a Suspected or Confirmed COVID-19 Case
- Questions

Testing Guidance

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- [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)
- All materials related to COVID-19 in jails and correctional facilities available on: [Community Settings: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/communities.html\)](http://www.health.state.mn.us/diseases/coronavirus/communities.html)

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COVID-19 Testing Recommendations for Jails, Prisons, and Detention Facilities

INTERIM GUIDANCE | JUNE 2, 2020

As congregate living facilities, jails, prisons, and detention facilities provide an environment that can lead to rapid and widespread transmission of COVID-19. Additionally, widespread community transmission and movement of staff and inmates in and out of a facility result in a continuous risk of introduction.

Reverse transcription polymerase chain reaction (RT-PCR) testing is used to detect SARS-CoV-2, the virus that causes COVID-19. This testing is a priority to determine the scope and magnitude of COVID-19 outbreaks and to inform outbreak response interventions designed to further limit transmission. This document refers only to RT-PCR testing, which detects the nucleic acid from SARS-CoV-2 virus, not other antigen tests or antibody tests.

Reports from jails and prisons in other states suggest that when symptomatic staff or inmates with confirmed COVID-19 are identified, asymptomatic inmates and staff often test positive as well.² Nursing homes, also a type of congregate living setting, have reported similar findings.² Testing is one component of a broad-based response plan that includes implementing various mitigation strategies, infection prevention and control measures, plans for isolation and quarantine of inmates, inmate and staff health screening, exclusion of ill staff, and planning for staffing surge capacity in case of staff shortages. All of these other considerations must be in place for effectively applying testing to reduce transmission.

COVID-19 Testing Key Points

- All symptomatic inmates should be isolated and symptomatic staff should be promptly excluded from work, and all should be tested for SARS-CoV-2 by RT-PCR. Testing of asymptomatic inmates and staff is recommended in specific circumstances.
- Facilities should initiate response actions when inmates or staff members receive a SARS-CoV-2-positive RT-PCR result, such as isolation of inmates and quarantine of their close

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Background- Why Test?

- Congregate living facilities provide an environment that can lead to rapid and widespread transmission of COVID-19
- Widespread community transmission and movement of staff and inmates in and out of a facility result in a continuous risk of introduction
- Asymptomatic individuals can perpetuate outbreaks

- **Testing alone is not an effective strategy for COVID-19 control**
 - Isolation/quarantine and work exclusion
 - Mitigation and infection control strategies
 - Response planning (e.g., staffing shortages, cohorting cases)
- **Reverse transcription polymerase chain reaction (RT-PCR) testing**
 - Detects SARS-CoV-2 virus, causative agent of COVID-19
 - Guidance does not cover antibody or antigen testing
- **Point-in-time testing (a “snap shot” in time)**
 - A negative result indicates the absence of viral material at the time of testing
 - Repeat testing is often necessary

- For specimen collection and handling, refer to:
 - [CDC: Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19 \(www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html)
 - [MDH: Coronavirus Disease 2019 \(COVID-19\) Laboratory Guidance \(www.health.state.mn.us/diseases/idlab/labcovid19.html\)](http://www.health.state.mn.us/diseases/idlab/labcovid19.html)
- Specimen type: nasopharyngeal (NP) swab or nasal swab
- PPE use during specimen collection: Surgical facemask (or N95, if available), eye protection, gloves, and gown

Testing of Individual Inmates

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- **Symptomatic inmates**
- **Asymptomatic inmates under 14-day quarantine**
 - Individual quarantine: test on day 12 after exposure
 - Cohort quarantine: test on day 7 and day 12 after exposure
- **Isolation/quarantine: follow MDH guidance**
 - [Jails and Correctional Settings: Interim Guidance for Responding to Cases of Confirmed or Suspected COVID-19](https://www.health.state.mn.us/diseases/coronavirus/guidejail.pdf)
(www.health.state.mn.us/diseases/coronavirus/guidejail.pdf)

Testing of Individual Staff

- **Symptomatic staff**
- **Asymptomatic staff exposed to a COVID-19 case**
 - If excluded from work for 14 days, test on day 12 after exposure
 - If not excluded from work, staff should wear a facemask and be tested on day 7 and day 12 after exposure
- **Work exclusion for confirmed COVID-19 cases**
 - Asymptomatic: 10 days from specimen collection
 - Symptomatic: Follow MDH return to work guidance

Point Prevalence Survey (PPS)

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- Testing a group of individuals on a single day to identify infected individuals on the day of testing
- Focus testing in specific units, building, or an entire facility
- Must include both staff and inmates
- Prepare for large numbers positives among both staff and inmates
- Work with MDH on planning the PPS

When a PPS is Indicated

- One or more inmates have COVID-19 and likely acquired the infection in the facility or significant staff and/or inmate exposures occurred
- A staff member tests positive for COVID-19 and worked in the facility while ill or during their infectious period (48 hours prior to developing symptoms, or 48 hours prior to testing if asymptomatic)
- PPS might be warranted in facilities with no known COVID19-positive inmates or staff if the facility is considered at high risk (e.g., shared staff with a COVID19-positive facility, high level of community transmission)

Repeat PPS Testing

- If no cases are identified repeat testing might not be indicated. Ensure quarantine testing on day 12 occurs, if applicable.
- If cases identified, recommended that facilities repeat every 7 days
 - Continue until 2 consecutive rounds return no positive results
 - Repeat testing might be limited to specific units or building

- Isolate cases and quarantine case contacts according to MDH and CDC isolation guidance
- Cohort (group) inmate laboratory-confirmed cases on a single unit if number of single-cell isolation spaces at capacity
 - Unit with dedicated bathroom
 - No mixing of with other units
 - Dedicate staff to the unit
 - Provide appropriate PPE to staff working on the unit

- Contact MDH at Health.R-Congregate@state.mn.us
 - Technical assistance around isolation/quarantine and work exclusion
 - Testing recommendations
 - Testing supplies/resources
- Process may change over time

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COVID-19 Exposure and Work Exclusion Guidance

Minnesota Department of Health

June 3, 2020

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- Guidance will be posted in the next couple days
- All materials related to COVID-19 in jails and correctional facilities available on: [Community Settings: COVID-19](https://www.health.state.mn.us/diseases/coronavirus/communities.html)
(www.health.state.mn.us/diseases/coronavirus/communities.html)

Key Points on Exposure

- Working in or with a congregate living setting like a jail or prison increases risks for exposures to COVID-19.
- Ongoing use of designated PPE is critical to preventing exposures. PPE usage, along with social distancing and frequent hand washing are vital.
- Even with good PPE usage, exposures can still occur. Whenever possible, individuals with an exposure should be excluded from work.

- **Source control** is a term used to describe measures intended to prevent infected individuals from spreading disease. Facemasks worn by an infected individual as source control can be manufactured or homemade.
- Homemade masks are **not** considered personal protective equipment (PPE) and cannot be used in place of an N95 (or surgical mask) when these are indicated.

- Prolonged close contact is defined as: Within 6 feet for >15 minutes.
- Many factors should be considered when determining if an exposure occurred:
 - The length of the interaction
 - If barriers (plexiglass) were used
 - If there was contact with secretions (e.g. saliva or cough droplets)
- Evaluate processes to identify where exposures can be minimized

- If the COVID-19 patient is an inmate, be sure to assess from the initial interaction with law enforcement personnel up until the time of release from incarceration or admission into isolation.
- If the COVID-19 patient is law enforcement personnel, assess risk for both work-related and social contacts at work (e.g., contacts who may have eaten lunch or taken breaks with the patient).
- *This guidance should not be used to assess exposures for health care workers*

- **Prolonged close contact occurred while:**
 - COVID-19 case was masked and law enforcement personnel wore an N95 (or surgical mask).
 - COVID-19 case was not masked, but law enforcement personnel wore an N95 (or surgical mask) and eye protection.

- **Prolonged close contact occurred while:**
 - COVID-19 case was masked, but law enforcement personnel did not wear N95 (or surgical mask).
 - COVID-19 case was not masked and law enforcement personnel did not wear N95 (or surgical mask) and eye protection.
- **Prolonged close contact did not occur, but:**
 - Law enforcement personnel had direct contact with respiratory secretions from the COVID-19 patient and was not wearing an N95 (or surgical mask) and eye protection.

- **Work restrictions:**
 - Exclude exposed staff from work for 14 days after last exposure. Staff should self-monitor for symptoms and conduct twice daily temperature checks during exclusion. If symptoms develop, seek healthcare.
- Some exposures may not meet the threshold for work exclusion but could still be concerning. Consider altering work duties/location and the use of a surgical mask for 14 days post-exposure.
- If staffing shortages become a concern, please consult with MDH.

Thank you!

To contact MDH regarding COVID-19 in correctional settings, or to be added to our email distribution list for future communications, email:

Health.R-Congregate@state.mn.us