

COVID-19 Quick Reference Guidance for Correctional Facilities and Homeless Service Sites

This guidance answers some of the most common questions when responding to suspected or confirmed COVID-19 cases in correctional and detention settings and homeless service sites.

Comprehensive guidance is available on CDC's [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html).

This guidance applies to:

- Correctional, detention, and reentry facilities, including youth and adult facilities.
- Community-based facilities that offer shelter or other services to people experiencing homelessness or people with temporary or transitional housing needs. Examples include emergency shelters; domestic violence shelters; youth shelters; transitional housing; permanent supportive housing; unlicensed sober homes; halfway houses; board and lodges; and agencies offering outreach or other services to encampments.

This guidance **does not apply** to:

- Residential health care settings like skilled nursing homes.
- Health care personnel who work in dedicated patient areas within homeless service sites and correctional and detention facilities. Health care personnel should follow CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).

Testing for COVID-19

Whom to test for COVID-19

1. Test staff and clients **with symptoms** of COVID-19 **immediately**.
2. Test staff and clients who were **exposed** to someone with COVID-19 **five days after exposure** (day of exposure is day zero).

If someone tests negative

People **with symptoms** who test negative should consider that they may have another viral infection or illness and follow routine sick policies. If someone **with symptoms** tests negative with an **antigen test**:

- Test again 48 hours after the first test. Wear a mask.
- If still negative, follow routine sick policies.

If someone tests positive

Step 1. Isolate

People that test positive should:

Isolate (stay away) from others and wear a mask for **10 days** (return to normal activities on day 11).

In some cases, isolation can be shortened to seven days with a negative test (return to normal activities on day eight).

- Negative test can be a negative PCR test on day seven or negative rapid antigen tests on days five and seven.
- When ending isolation before 10 days, patients should have improving symptoms, no fever for 24 hours, and not be immunocompromised.

Step 2. Treat

Offer COVID-19 medication to people who are:

- Within five days of symptom onset; and
- having mild or moderate symptoms; and
- at increased risk of severe COVID-19 due to age or other health conditions.

No-cost telehealth appointments for treatment and medication delivery are available to all people in Minnesota (includes delivery to shelter addresses). To get started:

- Visit the website for [Cue Health \(care.cuehealth.com/mn\)](https://care.cuehealth.com/mn), OR
- download the free Cue Health mobile app on your smartphone or tablet, OR
- call 1-844-609-2415 (toll-free) to speak to a health care professional.



Step 3. Report

Report positive test results to the Minnesota Department of Health (MDH).

Facility-administered tests must be reported to MDH within one working day. Report tests at [SimpleReport \(www.simplereport.gov\)](https://www.simplereport.gov).

If the test was collected by an MDH contracted vendor or sent to a laboratory for processing (e.g., PCR test), work with the contracting lab or testing vendor to make sure results get reported to MDH.

Step 4. Test close contacts

Test close contacts five days after exposure (or right away if they develop symptoms). People that have had close contact with a COVID-19-positive case should wear a mask for 10 days.

Everyday versus enhanced mitigation measures

Everyday prevention strategies should be **in place at all times**.

Enhanced prevention strategies **should be added to everyday prevention strategies** when the COVID-19 hospital admission level is high, there has been transmission within the facility, or because of increased facility-specific risks.

COVID-19 testing

Everyday prevention strategies

- Test symptomatic residents and staff for COVID-19.
- Test residents and staff who were exposed to someone with COVID-19.

Enhanced prevention strategies

- Consider routine screening testing in consultation with state, local, or tribal health department.

Intake testing (correctional facilities)

Everyday prevention strategies

- Not routinely recommended.

Enhanced prevention strategies

- Test all new residents at intake.

Transfer and release testing (correctional facilities)

Everyday prevention strategies

- Not routinely recommended.

Enhanced prevention strategies

- Consider testing residents during transfer and/or release.

Personal protective equipment (PPE)

Everyday prevention strategies

- Maintain a stock of PPE and offer high-quality masks/respirators to all residents and staff.

Enhanced prevention strategies

- Require universal indoor masking, regardless of vaccination status.

Isolation (for people who test positive)

Everyday prevention strategies

- Isolate staff, volunteers, and residents who test positive for COVID-19 away from other residents or away from the facility.

Enhanced prevention strategies

- Isolate staff, volunteers, and residents who test positive for COVID-19 away from other residents or away from the facility.

Quarantine* (for people who were exposed)

Everyday prevention strategies

- Not routinely recommended.

Enhanced prevention strategies

- Not routinely recommended.

COVID-19 medications

Everyday prevention strategies

- Support timely treatment for those eligible; facilities without onsite health care capacity should plan to ensure timely access to care offsite.

Enhanced prevention strategies

- Support timely treatment for those eligible; facilities without onsite health care capacity should plan to ensure timely access to care offsite.

Physical distancing

Everyday prevention strategies

- Not routinely recommended.

Enhanced prevention strategies

- Create physical distance in congregate areas where possible.
- Reduce movement and contact between different parts of the facility and between the facility and the community (as applicable).

COVID-19 vaccination

Everyday prevention strategies

- Encourage and enable staff, volunteers, and residents to stay up to date on COVID-19 vaccination.

Enhanced prevention strategies

- Encourage and enable staff, volunteers, and residents to stay up to date on COVID-19 vaccination.

Infection control and cleaning

Everyday prevention strategies

- Conduct standard infection control, cleaning, and disinfection at all times.
- Maintain supplies for hand hygiene, cleaning, and disinfection, at no cost to residents or staff.

Enhanced prevention strategies

- Add enhanced cleaning and disinfection.

Ventilation

Everyday prevention strategies

- Ensure HVAC systems operate properly and provide acceptable indoor air quality.

Enhanced prevention strategies

- Consider holding group activities outdoors.
- Increase and improve ventilation as much as possible.

Source: [CDC: Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html)

*Facilities may base their quarantine policy on their risk tolerance, including factors such as the health of their staff and resident populations and the impact of quarantine on mental health and staffing coverage.

Special considerations for outbreaks and surges

When COVID-19 hospital admission levels in your county are high (refer to: [CDC: COVID-19 by County \[www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html\]](https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html)), or when facilities experience outbreaks, normal operations may be impacted by staffing shortages, testing resources, and limited isolation spaces. In these situations, modifications to COVID-19 prevention strategies may be needed, particularly where limited staffing resources may impact the safety and security of clients or staff.

- Consider modifications for staff and residents independently, based on need (it will not always be necessary to modify practices for both).
- Consider test-based strategies for early release from isolation when necessary, depending on context, available resources, and facility priorities.
- For staff members returning to work before completing 10 days of isolation, try to identify places staff could safely work while limiting exposure to others (isolation units, outside, completing tasks in unpopulated areas).
- Strengthen existing COVID-19 mitigation activities and their enforcement, especially if staff/residents will be returning early from isolation. This includes encouraging therapeutics, vaccination, strengthening masking requirements/enforcement, and maximizing ventilation.
- If cases exceed available isolation spaces or if your facility is not designed for individual rooms, consider available local partnerships with other facilities, hotels, or shelters. People who test positive may stay in the same room.
- Once the period of crisis operations has passed, return to best practices as soon as possible.
- Do your best with the space that you have to minimize contact between people who have and have not tested positive for COVID-19. If you encounter a difficult situation, consult with MDH at Health.R-Congregate@state.mn.us.

Additional resources

MDH Highly Impacted Settings Team supports COVID-19 response in correctional facilities and homeless service sites. Email Health.R-Congregate@state.mn.us with questions or to request consultation and support.

MDH COVID-19 webpage for correctional facilities and homeless service sites, [Congregate Settings and Care Facilities: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/communities.html\)](https://www.health.state.mn.us/diseases/coronavirus/communities.html).

CDC COVID-19 guidance for homeless service sites and correctional facilities, [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html).

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To obtain this information in a different format, call: 651-201-5414.