

# Jails and Correctional Settings: Interim Guidance for Responding to Cases of Confirmed or Suspected COVID-19

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## Background

Coronavirus Disease 2019 (COVID-19) is thought to spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet). Spread occurs when an infected person coughs or sneezes, and produces respiratory droplets. COVID-19 may also spread when a person touches a contaminated surface or object, and then touches their own mouth, nose, or eyes.

COVID-19 appears to cause more serious illness in older persons and those with underlying health conditions. Symptoms of COVID-19 can include fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell. Not everyone with COVID-19 has all of these symptoms, and some people may not have any symptoms.

Jails and correctional facilities play an important role in preparing to respond to COVID-19, and in responding if COVID-19 spreads in their communities.

This interim guidance is based on what is currently known about the transmission and severity of COVID-19. Local conditions will influence the recommendations that the Minnesota Department of Health (MDH) and local public health may make regarding community-level strategies to lessen the impact of COVID-19. Continue to monitor the MDH COVID-19 webpage for the latest updates in Minnesota: [Coronavirus Disease 2019 \(COVID-19\) \(www.health.state.mn.us/diseases/coronavirus/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/index.html).

With questions, contact MDH at 651-201-5414 or toll-free at 1-877-676-5414.

## COVID-19 Preparedness, Prevention, and Mitigation Strategies

For guidance on COVID-19 preparedness, prevention, and mitigation strategies in correctional settings, refer to and monitor the CDC guidance: [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).

## Responding to Cases of Confirmed or Suspected COVID-19

### Isolation Guidelines for Cases of Confirmed or Suspected COVID-19 among Inmates

- Contact MDH at 651-201-5414 with questions about cases of confirmed or suspected COVID-19 in your facility.
- Patients presenting with any of the following symptoms should be immediately isolated: fever (>100.0), cough, shortness of breath, chills, headache, muscle pain, sore throat, or new loss of taste or smell.
  - Mask the inmate for movement to isolation or during transfer to a medical facility if hospital care is needed. Follow CDC guidance for staff personal protective equipment recommendations: [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).

- Isolate inmates in a single cell with solid walls and solid doors. If single isolation cells are unavailable, **confirmed** cases of COVID-19 can be cohorted in the following spaces (in order of preference):
  - A large, well-ventilated cell with solid walls and doors.
  - A separate, designated isolation area with single, barred cells (and empty cells in between).
  - Do NOT cohort confirmed COVID-19 cases with suspected COVID-19 cases.
  - Do NOT cohort suspected COVID-19 cases together.
  - Contact MDH for isolation guidance.
- If you suspect a person has COVID-19, follow MDH testing guidance found at [Evaluating and Testing for Coronavirus Disease 2019 \(COVID-19\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html) ([www.health.state.mn.us/diseases/coronavirus/hcp/eval.html](https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html)).
  - MDH recommends testing all symptomatic inmates for COVID-19.
  - If COVID-19 is confirmed in your facility, MDH will work with you to identify asymptomatic inmates for testing.
- Immunocompetent patients with confirmed or suspected COVID-19 should remain in isolation until:
  - At least 3 days (72 hours) have passed since recovery, defined as having no fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (for example, cough, shortness of breath), **and**,
  - At least 10 days have passed *since symptoms first appeared*.
  - Consider designating a secondary isolation space for immunocompetent **confirmed** COVID-19 cases to extend the isolation period to 3 days since recovery and at least 14 days since symptoms first appeared.
    - There is evidence to suggest people with COVID-19 can transmit the virus for longer than 10 days and congregate living settings are high risk environments for disease transmission.
    - If multiple cases of COVID-19 are confirmed they can be cohorted together in secondary isolation.
- Patients with immunocompromising conditions (for example, medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) should remain in isolation until:
  - At least 3 days (72 hours) have passed since recovery, defined as having no fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (for example, cough, shortness of breath), **and**,
  - At least 21 days have passed *since symptoms first appeared*.
- Suspected cases who test negative for COVID-19 should be retested and remain in isolation per the recovery criteria outlined above. When the inmate is released into the general population, MDH encourages the use of barrier masks (for example, surgical mask or cloth mask) for source control until 14 days since symptoms first appeared.

- Asymptomatic confirmed COVID-19 cases should remain in isolation for 10 days since specimen collection with twice daily symptom monitoring and temperature checks. If symptoms develop, follow above isolation guidance for symptomatic cases.
- MDH does not recommend retesting confirmed cases of COVID-19 to discontinue isolation.
- If a person is confirmed or suspected to have COVID-19 but does not require a higher level of care (such as hospitalization), be sure that correctional health care workers are using appropriate personal protective equipment (PPE) when providing care. For more information about required PPE and providing health care, please refer to the following CDC guidance:
  - [CDC: Information for Healthcare Professionals about Coronavirus \(COVID-19\) \(www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html\)](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).
  - [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).

### Quarantine Guidelines for Inmate Contacts of Confirmed or Suspected Cases of COVID-19

- Identify individuals who had close contact with a confirmed or suspected case during the 48 hours prior to symptom onset. If a confirmed case was asymptomatic, investigate close contacts during the 48 hours prior to specimen collection.
  - Close contacts include cell mates and others who have been within 6 feet of a suspected case for a prolonged period of time, or who had direct contact with infectious secretions, such as being sneezed at or coughed on.
  - Identify close contacts among both inmates and staff (follow guidance for staff identified as contacts below).
- Quarantine contacts of confirmed or suspected cases for 14 days from the date of last exposure to the case.
  - If COVID-19 **has not** yet been confirmed in your facility among staff or inmates and the suspected case tests negative for COVID-19, quarantine can be discontinued. If the suspected case tests positive for COVID-19 or is not tested, continue quarantine for the 14-day period.
  - If COVID-19 **has** been confirmed in your facility among staff or inmates continue the 14-day quarantine period regardless of testing results for suspected cases.
- Quarantine inmates in a single cell with solid walls and solid doors. If single quarantine cells are unavailable, cohort contacts in the following spaces (in order of preference):
  - In a large, well-ventilated cell with solid walls and doors that allows for 6 feet 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 feet of personal space.
  - Prioritize individual quarantine cells for those at higher risk of COVID-19 complications, including:
    - People aged 65 and older.

- People with underlying pulmonary, cardiovascular, immunocompromising, and other conditions. Examples include heart disease, chronic lung disease, moderate-to-severe asthma, current cancer treatment, severe obesity, diabetes, renal failure, and liver disease.
- MDH encourages the use of barrier masks (for example, surgical mask or cloth mask) for source control with the cohort.
- Monitor symptoms twice daily including temperature checks.
  - Place inmates who express symptoms or test positive for COVID-19 in isolation immediately.
  - Restart the 14-day quarantine period if an inmate expresses symptoms or an asymptomatic inmate tests positive for COVID-19 within a cohort.
- Refer to CDC guidance for full details and suggestions to put quarantine measures into place for contacts of confirmed and suspected COVID-19 cases: [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).
- MDH may recommend different quarantine strategies than those provided by CDC in certain circumstances. Please contact MDH at 651-201-5414 for quarantine guidance as situations arise.

### Cases of Confirmed or Suspected COVID-19 among Staff

- If an employee or volunteer becomes ill while at the facility, they should be sent home as soon as possible.
- Symptomatic staff should be tested for COVID-19.
  - See MDH testing guidance found at [Evaluating and Testing for Coronavirus Disease 2019 \(COVID-19\) \(www.health.state.mn.us/diseases/coronavirus/hcp/eval.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html).
  - Testing locations across Minnesota can be found at [Find Testing Locations \(https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/\)](https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/).
- Employees with confirmed or suspected COVID-19 should not come to work and should practice home isolation until:
  - At least 3 days (72 hours) have passed *since recovery*, defined as having no fever without the use of fever-reducing medications **and** having improvement in their respiratory symptoms (for example, cough, shortness of breath), **and**
  - At least 10 days have passed *since symptoms first appeared*.
  - MDH does not recommend retesting confirmed cases of COVID-19 to permit return to work.

### Work Exclusion for Staff with Exposure to Confirmed or Suspected Case of COVID-19

- Identify individuals who had close contact with a confirmed or suspected case during the 48 hours prior to symptom onset. If a confirmed case was asymptomatic, investigate close contacts during the 48 hours prior to specimen collection.
  - Close contacts include those who have been within 6 feet of a suspected case for a prolonged period of time, or who had direct contact with infectious secretions, such as being sneezed at or coughed on.
  - Identify close contacts among both inmates and staff.

- Staff who had close contact with a confirmed or suspected case of COVID-19 should not come to work for 14 days from the date of their last exposure.
  - Includes contacts identified through workplace contact investigations as well as close contacts through community exposures (for example, household and intimate contacts).
  - If the suspected case tests negative for COVID-19, consider the situation before allowing return to work.
    - If the suspected case was a household or other community contact and there is low suspicion for COVID-19, the employee can return to work.
    - If the suspected case was an inmate or other employee and COVID-19 has not yet been identified in your facility, the employee can return to work.
    - If the suspected case was an inmate or other employee and COVID-19 has been identified in your facility, continue work exclusion for 14 days.
  - If the suspected case tests positive for COVID-19, the staff member should continue to be excluded from work for the remainder of the 14-day period and practice the appropriate self-quarantine and self-monitoring measures as directed by MDH.
  - For concerns related to critical staffing shortages due to COVID-19, contact MDH to discuss ways to minimize risk of COVID-19 spread while allowing asymptomatic contacts of cases to return to work. More information can be found at [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) (<https://www.health.state.mn.us/diseases/coronavirus/guidebusiessential.pdf>).

## Health Care Workers with Respiratory Illness or Exposure to a Confirmed or Suspected Case of COVID-19

Health care workers providing services in jails and correctional settings should follow the same CDC and MDH guidelines for health care workers in other settings. Review the guidance for the most updated information pertaining to work exclusion for health care workers with respiratory illness or exposure to a confirmed or suspected case of COVID-19. [Health Care: Coronavirus Disease 2019 \(COVID-19\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/index.html) ([www.health.state.mn.us/diseases/coronavirus/hcp/index.html](http://www.health.state.mn.us/diseases/coronavirus/hcp/index.html)).

## Other Guidance to Review

- [CDC: Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html).
- [CDC: Resources for First Responders and Law Enforcement \(www.cdc.gov/coronavirus/2019-ncov/community/first-responders.html\)](http://www.cdc.gov/coronavirus/2019-ncov/community/first-responders.html).

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