



Corrections Staff COVID-19 Notification Toolkit

3/17/2021

This toolkit was created to serve as a resource for local public health and correctional facilities responding to COVID-19 in corrections staff. Recommendations in this document are based on the Centers for Disease Control and Prevention's (CDC) guidelines. This toolkit is intended to help correctional settings:

- Respond to staff cases of COVID-19.
- Identify close contacts of positive COVID-19 cases.
- Provide tools to monitor for symptoms in staff and inmates.

We also recommend local public health and correctional facilities review the following guidance documents:

[MDH: Jails and Correctional Settings: Interim Guidance for Responding to Cases of Confirmed or Suspected COVID-19 \(www.health.state.mn.us/diseases/coronavirus/guidejail.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/guidejail.pdf)

[MDH: 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)

[CDC: Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities \(www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)

Steps to investigate COVID-19 in a correctional facility staff member

When COVID-19 is confirmed in a staff member, we recommend taking the following steps, if you have not taken them already:

- Conduct an exposure assessment that covers the time period starting two days prior to the date the person’s symptoms started (or test date if the person did not have symptoms). Identify any close contacts, meaning people who were within 6 feet of the person for 15 minutes or more (cumulative over infectious period).
 - Inmate close contacts should be moved to exposure quarantine housing.
 - Employee close contacts should be excluded from work.
- Test close contacts five to seven days from the date of exposure. More widespread testing may be warranted, depending on the situation.
- Staff who have barriers to accessing testing may wish to explore the following options:
 - Community testing sites.
[COVID-19 Community Testing Sites \(https://mn.gov/covid19/get-tested/testing-locations/community-testing.jsp\)](https://mn.gov/covid19/get-tested/testing-locations/community-testing.jsp)
 - A “test at home” program is available for everyone who lives in Minnesota, with or without symptoms, at no cost.
[COVID-19 Test at Home \(www.health.state.mn.us/diseases/coronavirus/testsites/athome.html\)](http://www.health.state.mn.us/diseases/coronavirus/testsites/athome.html)
- Continue to conduct active symptom monitoring for both staff and inmates; sample screening logs are included in this toolkit.
 - Additional COVID-19 cases in the facility (both staff and inmates) should be reported to the Minnesota Department of Health (MDH) at:
[COVID-19 Correctional Facility Staff and Inmate/Resident Case Reporting \(https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H43PEJRRR7\)](https://redcap-c19.web.health.state.mn.us/redcap/surveys/?s=H43PEJRRR7).
 - Strategies for reducing spread of COVID-19 in correctional facilities often depend on the situation. For questions about corrections guidance, testing availability, or reporting, please contact the MDH COVID-19 Corrections Team at Health.R-Congregate@state.mn.us.
- Notify MDH immediately at Health.R-Congregate@state.mn.us about any of the following:
 - Severe respiratory infection associated with hospitalization or sudden death of an incarcerated/detained person.
 - Clusters of more than three incarcerated/detained people and/or staff with respiratory symptoms or with known or suspected COVID-19 infection.

Sample risk assessment for corrections staff potentially exposed to COVID-19

Instructions: This risk assessment tool is meant to determine the level of potential risk of staff exposure, as a way to assess the need to participate in a quarantine period. Keep this information confidential and do not share it.

Staff 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. Date of most recent exposure: _____

3. Did you wear the following personal protective equipment (PPE)?

Eye protection Yes No

Goggles/glasses Yes No

Face shield Yes No

Respiratory protection Yes No

N95 respirator Yes No

Surgical facemask Yes No

Cloth face covering Yes No

4. At any point, did you remove your personal protective equipment? 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 facemask? Yes No

8. At any point was the person's facemask removed? Yes No

Describe: _____

Work exclusion determination:

No work exclusion

Exclude from work for 14 days from the last exposure

Sample contact tracing assessment for corrections staff who test positive for COVID-19

Instructions: This contact tracing assessment is meant to help determine individuals in a facility who were potentially exposed to staff who test positive for COVID-19. Keep this information confidential.

Staff 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. Have you worked during your infectious period? Yes No (If no, end interview)

3. If yes, what dates/shifts? _____

4. During your infectious period, were you within 6 feet for 15 minutes (cumulative over infectious period) with anyone from work?

Name of contact	Date(s) of contact	Describe contact	Were you wearing a facemask the entire time?	Was the contact wearing eye protection (goggles or face shield)?	Was the contact wearing respiratory protection (N95, surgical mask, cloth facemask)?	Do we have your permission to share your name with the contact?	Risk assessment of contact (see "Exposure Assessment for Correctional Settings")
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> None	<input type="checkbox"/> N95 <input type="checkbox"/> Surgical mask <input type="checkbox"/> Cloth mask <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No exposure <input type="checkbox"/> Exclude from work for 14 days
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> None	<input type="checkbox"/> N95 <input type="checkbox"/> Surgical mask <input type="checkbox"/> Cloth mask <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No exposure <input type="checkbox"/> Exclude from work for 14 days
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> None	<input type="checkbox"/> N95 <input type="checkbox"/> Surgical mask <input type="checkbox"/> Cloth mask <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No exposure <input type="checkbox"/> Exclude from work for 14 days
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Goggles <input type="checkbox"/> Face shield <input type="checkbox"/> None	<input type="checkbox"/> N95 <input type="checkbox"/> Surgical mask <input type="checkbox"/> Cloth mask <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No exposure <input type="checkbox"/> Exclude from work for 14 days

Exposure assessment for correctional settings

Instructions: This exposure assessment table is meant to determine the level of potential risk of a close contact. If there is concern over adherence to using personal protective equipment or source control, err on the side of exclusion/quarantine if contact is within 6 feet for 15 minutes or more.

If the close contact was wearing:	If the person with COVID-19 was: Masked (Surgical or cloth)	If the person with COVID-19 was: Not Masked
Respirator (N95 or PAPR), eye protection, gown, and gloves	No public health action	No public health action
Surgical facemask, eye protection, gown, and gloves	No public health action	No public health action
Surgical facemask and eye protection	No public health action	No public health action
Surgical facemask	No public health action	<i>Quarantine/Exclude</i>
Cloth face covering	<i>Quarantine/Exclude</i>	<i>Quarantine/Exclude</i>
No cloth face covering or PPE	<i>Quarantine/Exclude</i>	<i>Quarantine/Exclude</i>

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

Date	Staff name	<p>Respiratory symptoms, including fever, cough with shortness of breath, OR two of the following:</p> <p>Fever (temperature greater than 100 degrees Fahrenheit or feeling feverish); sore throat; muscle pain; headache; chills; or new loss of taste or smell.</p> <p>Confirmation that staff has:</p>	Initials of screener
		<input type="checkbox"/> No fever, respiratory, or other COVID-19 symptoms <input type="checkbox"/> No close contact with a COVID-19-positive case in the last 14 days <input type="checkbox"/> Not awaiting COVID-19 test results	
		<input type="checkbox"/> No fever, respiratory, or other COVID-19 symptoms <input type="checkbox"/> No close contact with a COVID-19-positive case in the last 14 days <input type="checkbox"/> Not awaiting COVID-19 test results	
		<input type="checkbox"/> No fever, respiratory, or other COVID-19 symptoms <input type="checkbox"/> No close contact with a COVID-19-positive case in the last 14 days <input type="checkbox"/> Not awaiting COVID-19 test results	
		<input type="checkbox"/> No fever, respiratory, or other COVID-19 symptoms <input type="checkbox"/> No close contact with a COVID-19-positive case in the last 14 days <input type="checkbox"/> Not awaiting COVID-19 test results	
		<input type="checkbox"/> No fever, respiratory, or other COVID-19 symptoms <input type="checkbox"/> No close contact with a COVID-19-positive case in the last 14 days <input type="checkbox"/> Not awaiting COVID-19 test results	



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Contact health.communications@state.mn.us to request an alternate format.