



DOC COVID-19 Preparedness and Response

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Contact

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Department of Corrections (“DOC”) is deeply concerned with the health and safety of individuals inside its facilities and in community. Since March 2020, DOC has taken a number of steps toward the prevention and mitigation of COVID-19 infection. DOC’s pandemic response has changed many times to reflect current conditions on the ground at its correctional facilities and current understandings of this novel disease from the scientific and medical communities. All of these steps have been based on guidance the DOC has received from health experts, including the Centers for Disease Prevention and Control (“CDC”) and the Minnesota Department of Health (“MDH”), the expertise of DOC’s Medical Director, and input and expertise of hundreds of DOC professionals working on the ground at its facilities.

DOC’s response has impacted nearly every aspect of how its correctional facilities operate. It cannot be overstated that the DOC’s response to COVID-19 involves countless acts that require DOC to implement response measures to the pandemic in the context of the already complex operations of correctional facilities. Implementation of these measures is done within the confines of the law and involves balancing numerous factors and policy considerations and allocating finite resources.

To date, there have been 10 COVID-related deaths of an incarcerated people in the Minnesota DOC system since the pandemic began.

The recitation of steps contained in this document is in no way intended to be a comprehensive identification of every step DOC has taken to respond to COVID-19. This document is organized first by topic and then by chronology.

Information Sharing

DOC began its COVID-19 preparation efforts early in this pandemic, including issuing information regarding the pandemic to individuals incarcerated within DOC facilities and all staff, detailing the importance of good hygiene and reinforcing the availability of Health Services staff for individuals who were concerned about their health. DOC has subsequently issued a number of memoranda to individuals in our facilities, keeping them informed of our response and relevant policy changes.

Particularly, the DOC issued numerous notices to incarcerated people of their right to apply for a stimulus payment under the CARES Act, including posting information on how to connect with the Mid-Minnesota Legal Aid Low Income Taxpayer Clinic for assistance with filing. DOC waived the 10% cost of confinement fee on federal stimulus payments it processes for incarcerated individuals, though, the waiver does not apply to the 10% deduction for court-ordered restitution.

Additionally, DOC issued a memorandum to the incarcerated population on December 30, 2020, related to COVID-19 vaccinations. In accordance with MDH recommendations, DOC is providing the first COVID-19 vaccinations to healthcare staff and vulnerable incarcerated individuals in specialized units at MCF-Faribault, Shakopee, and Oak Park Heights. The memorandum made clear that vaccine priority order is not decided by the DOC, but instead, is set by MDH and CDC, though DOC is advocating for prioritization of its staff and incarcerated population.

Planning and Population Management

DOC instituted the Incident Management Team (“IMT”) to assist the DOC’s preparation and prevention efforts against COVID-19 and provide an emergency and central command structure to mitigate its spread in every facility. DOC’s central command provides support, guidance, and direction to each facility command post. Each facility, however, adapts its pandemic response to the unique conditions and circumstances that exist there. More information on each facility’s response can be found here and are updated as needed: <https://mn.gov/doc/about/covid-19-updates/facility-specific-covid-19-responses/>.

DOC expanded its work release program. Additionally, DOC has significantly limited the reentry of release violators into DOC prisons.

As a means of protecting those vulnerable to COVID-19 due to underlying health conditions, DOC modified its conditional medical release program to proactively identify those at risk of grave risk of harm should they contract COVID-19 who pose no threat to the public for release into the community.

As of January 4, 2021, these efforts, along with other scheduled releases and a slow-down in admissions from the courts, resulted in a 17% reduction in the Minnesota prison population by 1,532 individuals, bringing the prison population to its lowest level in 15 years. DOC release data can be found on its public website: <https://mn.gov/doc/about/covid-19-updates/>, along with other data on testing and isolation bed availability.

Hygiene and PPE

DOC increased sanitation and disinfecting efforts throughout the facilities and hired more workers to assist with cleaning. Each DOC correctional facility has implemented measures to frequently clean and disinfect its facility and ensure incarcerated persons safely receive appropriate hygiene supplies. DOC facilities are equipped with additional handwashing and hand sanitizing stations, in addition to other

prevention and preparations measures. Additional soap was distributed to individuals incarcerated in DOC facilities. DOC's central command has provided all facilities with backpack sanitizing sprayers that permit each of its correctional facilities to disinfect large surface areas efficiently. DOC's central command further employed an outside firm to conduct air quality assessments of every DOC correctional facility. These assessments are designed to provide individual guidance to correctional facilities on how to better improve facility air quality.

Protocols were revised that required, among other things, the wearing of personal protective equipment by Health Services staff. DOC's Medical Director also developed a PPE matrix to be utilized to determine the type of PPE that should be worn when coming into contact with individuals on isolation status. This PPE matrix is based upon CDC guidance and addresses the type of PPE that should be worn in various circumstances when an individual could be exposed to a potentially infected incarcerated person.

DOC distributed masks to all in-facility staff and individuals detained in DOC facilities and replacement masks have been distributed as needed to prevent spread. Early on, DOC mandated mask use for the incarcerated population and staff throughout all its correctional facilities and this requirement remains in place today. Both incarcerated persons and staff are subject to discipline for noncompliance with masking requirements. Masking requirements have been adapted as necessary to reflect current guidance from MDH and CDC. Depending on the current circumstances at each individual correctional facility, barrier masks, surgical masks, or N95 masks may be required of incarcerated individuals or staff.

Medical Care and Isolation

Throughout the pandemic, each DOC correctional facility has continued to provide health care to incarcerated persons through each facility's Health Services. These services include, among other things, nursing care, medical care, and mental health services. At the outset of the peacetime emergency declared by the Governor, DOC waived the \$5 copay for individuals in need of medical care. Beginning June 17th, medical co-pays were reinstated for most situations: including routine medical, dental, eye and physical exams. Any individual reporting respiratory/cold/cough systems will NOT be charged a copay at this time. All individuals receive medical care needed to manage their symptoms, including medicine to help ease the symptoms, and anyone requiring hospital level of care is transported to an area hospital.

DOC has facility-specific medical clinics that follow CDC and MDH guidelines in managing individuals with symptoms of COVID-19, the same as clinics in the community do. Individuals who report not feeling well with symptoms similar to COVID-19 are evaluated by a medical professional and tested when meeting the criteria outlined by MDH and the CDC.

The procedures for isolation of incarcerated persons have been implemented and changed over the course of the pandemic pursuant to the COVID-19 screening, testing and infection control guidelines

developed by DOC's Medical Director based upon CDC and MDH guidance and with the technical assistance and input of MDH epidemiologists. Areas of isolation and quarantine are identified in each of the facilities should they be needed. Individuals that have been identified as being positive for COVID-19, or presumed positive based upon their exhibited symptoms, have been immediately placed on "isolation status" during the pandemic. These individuals are housed alone and kept apart from others on any other status.

Screening and Testing

On March 16, 2020, MDH appointed an epidemiologist liaison to work exclusively with the DOC and a team of epidemiologists at MDH assigned in early spring. The DOC Medical Director and health services leadership have been and are currently in weekly, if not daily, contact with the epidemiologist to address questions regarding the implementation of CDC and MDH guidelines. Since March 13, 2020, the DOC has issued 23 updates to its MNDOC COVID-19 Screening, Testing, and Infection Control Guidelines policies, each of which the MDH epidemiologist reviewed and approved.

DOC's central command has required all staff entering its correctional facilities to be screened for COVID-19. Every person entering any DOC facility has a mandatory screening for existing symptoms and recent travel. Each correctional facility has strictly enforced these screening measures that require, among other things, a screening questionnaire and temperature check each day. Those who are experiencing certain symptoms identified by health experts are required to go home. They cannot return until they are cleared by a doctor. In particular, the facilities are screening all staff. Additionally, staff must also be sent home if they are experiencing a new, acute condition within the last 14 days such as fever, cough, and/or shortness of breath. Contact tracing also occurs among staff to identify potential close contacts with individuals infected with COVID-19.

DOC's central command developed procedures for screening and quarantining all new incarcerated persons entering one of its correctional facilities. Guidelines were also developed for when offenders are transferred between facilities. Each correctional facility instituted processes for implementing these requirements adapted to that particular facility. DOC implemented processes limiting admissions to only certain facilities and implemented intensified screening, observation, and isolation protocols for new intakes.

The procedures for quarantine of incarcerated persons throughout the pandemic have also occurred pursuant to the COVID-19 screening, testing, and infection control guidelines developed by DOC's Medical Director based upon CDC and MDH guidance and with the technical assistance and input of MDH epidemiologists. Incarcerated individuals that are asymptomatic but are identified as having been in close contact with an individual placed on isolation status, are immediately placed on quarantine status.

DOC implemented a paid COVID-19 leave policy for staff and sent memoranda to staff urging them to stay home if sick. The DOC also provided staff with information on how to protect themselves and their

families and disinfect their vehicles. The DOC also follows the CDC guidelines for essential workers exposed to COVID-19.

DOC implemented and continues to conduct mass testing for COVID-19 of both incarcerated individuals and staff under the direction of MDH. DOC has followed the evolving protocols and guidance of the CDC and MDH and as testing capabilities improved. 100% of the population in Minnesota correctional facilities has been tested. Testing data is made available on DOC's public website: <https://mn.gov/doc/about/covid-19-updates/>

Programming, Communication, and Visitation

Initially, DOC suspended in person visitation but permitted each person two free 5 minutes phone calls each week and one free 15-minute video call, if permissible. Over the summer, DOC re-opened facilities for visitation, where possible. DOC's current policy on visitation is based on the same guidelines used in congregate living settings in the community, based on the direction from MDH. If a facility has two or more current positive COVID-19 cases combined among either staff or those who are incarcerated, in-person visiting will be suspended at that facility until the active cases are below that number. Current information on DOC's visitation policy, the facilities able to allow visiting, and a way to sign up for visitation schedule change text notices can be found here: <https://mn.gov/doc/family-visitor/visiting-information/>.

Given the unique structure and operation of each of DOC's correctional facilities and recognizing (like the CDC and MDH have) that strict application of a "6-feet apart" rule is impossible in certain congregate living, each facility has implemented unique social distancing measures. Among other things, this has included placement of social distancing decals to remind individuals detained in DOC facilities and staff to remain socially distant, placement of sign reminders to remain socially distant throughout correctional facilities, and frequent verbal reminders to detained individuals and staff to remain socially distant. Based on the physical layout of DOC's unique correctional facilities, some facilities have developed intricate individualized social distancing plans for each living unit. Other facilities, as necessary, have developed intricate social distancing plans covering nearly every aspect of scheduling and programming, which balance the need to maintain social distancing as much as possible, while still ensuring that detained individuals are able to access critical resources and programming.

With guidance from MDH, facilities have developed their own individual plans to keep facility programming and other activity operational for as long as possible, while implementing conditions that allow for as much social distancing as possible. This includes education, recreation, flag time, work assignments, treatment, and other programs.

DOC facilities have implemented Stay with Unit procedures that include modified program schedules to allow for social distancing, while providing for phone and video access, recreation, and alternative

delivery of education and therapeutic programming. These are not decisions that are made lightly or without exhausting all possible options.

The goals of the modified program schedules are simple:

- To control spread by increasing the ability to practice social distancing;
- To provide a sense of stability and opportunities for engagement; and
- Containment through the discontinuation of cross living unit programs and activities.

Due to limitations in the ability to social distance with certain programs and need to suspend volunteers from coming into facilities, DOC has discontinued barbering services, religious services, and contact sports. Just as programming, ceremonies, and rituals are canceled outside in the community due to safety concerns, DOC is unable to continue them inside – despite wishing it was not necessary. DOC continues to explore options and ways to providing alternate forms of services. For instance, on Monday, March 30, DOC rolled out an extended learning program for interested/eligible individuals.

Incarcerated workers continue to receive pay for the work hours completed. Current circumstances may result in some temporary changes to work programming and other services. DOC recognizes the current “no work, no pay” policy may create a hardship, and are taking steps to minimize the impact as much as possible. The DOC issued a memo to all adults incarcerated in our facilities detailing the modified programming on April 6, 2020.

Timeline

Beginning in early March, the DOC took the following steps to respond to the threat of COVID-19:

These measures have included the following:

1. On March 6, Commissioner Paul Schnell sent a memorandum to all inmates warning of the dangers of COVID-19 and stressing the importance of proper hygiene, including frequent handwashing and regular cleaning. The Commissioner also encouraged inmates to contact Health Services if they had any concerns.
2. Beginning March 11, the DOC suspended in-person visitation at its facilities and postponed all events involving outsiders entering those facilities. The DOC offered free phone calls and video visits to detained individuals. It also waived medical copays to encourage inmates to report symptoms and began distributing additional bars of soap to all inmates.
3. On March 13, the DOC’s Medical Director, based on guidance from the MDH and CDC, issued COVID-19 screening, testing, and infection control guidelines for all facilities. These guidelines include enhanced hygienic measures, screenings of all inmates presenting COVID-19 symptoms, the screening and quarantining of all new offender intakes, the use of appropriate personal

protective equipment by staff and inmates, the isolation of symptomatic inmates, and the quarantine of inmates who have been in close contact with confirmed or suspected cases of COVID-19. Inmates in isolation or quarantine are to be evaluated by nursing staff multiple times per day, with referral to a doctor where clinically indicated. On March 23, 2020, the CDC issued its Interim Guidance on Management of Coronavirus 2019 in Correctional and Detention Facilities. The DOC Medical Director, in consultation with the MDH epidemiologist, adapted the guidance to each DOC facility. The guidelines have continuously been revised as scientific understanding of the coronavirus has evolved, and they are currently in their twenty-third version.

4. Under the current version of the DOC's guidelines, which have been in place since October 2020, inmates who exhibit COVID-19 symptoms are evaluated by medical staff, tested, and placed in isolation. They can be cleared to leave isolation if they have been fever free for at least 24 hours without the use of fever-reducing medications, their other symptoms have improved, and at least 10 days have passed since their symptoms first appeared. Those who have been exposed to others with COVID-19 are placed in quarantine for 14 days and tested on days 7 and 12 of that period.
5. Inmates who have tested positive for COVID-19, or are presumed positive based on symptoms, are placed in isolation in a dedicated unit. Inmates who have been in close contact with an infected person are placed in quarantine for two weeks. Inmates and staff are also encouraged to practice social distancing and proper hygiene.
6. On March 15, Commissioner Schnell activated an Incident Management Team (IMT) to put in place an emergency command structure to address the prevention and mitigation of COVID-19 at each DOC facility.
7. Beginning on March 16, the DOC implemented a mandatory screening process for all staff and contractors entering any correctional facility. This includes the completion of a COVID-19 screening form and temperature screening prior to entry. Staff who, among other things, exhibit a fever or symptoms of COVID-19 are not allowed into the facility and are placed on paid leave until they have completed a required quarantine period and have been cleared by a doctor to return to work.
8. On March 18, the DOC began installing additional handwashing and hand-sanitizing stations at all correctional facilities in areas such as the lobby of facilities, main hallways, and in each living unit to facilitate frequent use by staff and inmates.
9. On March 26, Commissioner Schnell sent a memorandum to all inmates about the importance of social distancing. To further encourage reporting of symptoms, Commissioner Schnell also informed inmates that they would not lose their work assignments or pay if they could not work due to COVID-19.

10. After the DOC had its first positive COVID-19 test result at the end of March 2020, Commissioner Schnell again encouraged all inmates to practice social distancing, wash their hands frequently, clean all areas, and contact Health Services if they felt sick.
11. Beginning April 1, the DOC distributed masks to all inmates and facility staff. Inmates were initially encouraged to wear the masks, but the DOC later made mask wearing mandatory any time inmates were out of their cells. To promote compliance with the mask mandate, facility staff were informed they might be subject to disciplinary action, and inmates were informed they could be subject to sanctions if they failed to wear a mask outside of their cells. Additional masks have been distributed to inmates and staff throughout the pandemic.
12. In early April, the DOC implemented “Stay with Unit” plans at each facility to promote social distancing and mitigate the potential for COVID-19 spread. Under those plans, inmates from different living units are not allowed to commingle during facility activities, including any programming, recreation, or mealtimes. Inmates who need to leave their living units are screened for COVID-19 symptoms and possible fever before they are allowed to do so, and those who exhibit symptoms or a temperature above 100 degrees are immediately isolated.
13. In late May, the DOC began mass testing of inmates and staff at each of its facilities and the DOC has continued to test inmates and staff at all facilities on a regular basis. Staff who test positive for COVID-19 are placed on paid leave for a period of time recommended by MDH, and inmates who test positive or otherwise exhibit symptoms of COVID-19 are placed in isolation and receive medical care needed to manage their symptoms. As of January 4, 2021, the DOC had administered over 82,000 inmate tests across its facilities. This represents multiple tests for each inmate, as the DOC’s total prison population is currently 7,393. DOC COVID-19 Updates, <https://mn.gov/doc/about/covid-19-updates> (last visited Jan. 4, 2021).
14. On June 16, Commissioner Schnell again encouraged all inmates to maintain social distancing, regularly wash their hands, wear their masks, fully participate in testing, and report any symptoms.
15. Throughout the pandemic, the DOC has limited transfers of inmates between facilities. When an inmate must be transferred, they are tested and screened before the transfer and placed in quarantine upon arrival at the new facility for 14 days.
16. The DOC has also continued to provide health services to inmates throughout the pandemic. In non-emergency situations, inmates can request health services by submitting a written kite to medical personnel or by verbally requesting such services from officers in their living unit.
17. October and November 2020, DOC shared information and resources for incarcerated persons to apply for stimulus payments under the CARES Act and waived the 10% cost of confinement fee, with the exception of restitution payments, for any stimulus deposits.

18. December 30, 2020, DOC issued a memorandum to incarcerated persons addressing vaccination for health services and individuals in units similar to long-term care facilities.
19. On December 31, the DOC began administering its first doses of the COVID-19 vaccine to its healthcare staff and particularly vulnerable inmates housed in specialized medical units, pursuant to the initial vaccine priority order established by MDH. The DOC has advocated for the prioritization of all state inmates, but it has no control over the supply chain for the vaccine or the priority order that will be established by MDH. It will, however, provide vaccines to other inmates as additional doses become available and in accordance with MDH's priority list.
20. Commissioner Schnell has statutory authority to release individuals under some circumstances. He has exercised this authority in a variety of ways.
 - a. On April 16, 2020, the DOC implemented a newly developed COVID-19 Conditional Medical Release program, extending the medical release program to those individuals at higher risk of grave harm from COVID-19 because of their existing medical conditions. All individuals committed to the authority of the commissioner received notice of the program and were offered the opportunity to apply for C-19 Conditional Medical Release.
 - b. The DOC provided information on how to apply for the program and developed an instruction guide.
 - c. The DOC coordinated with local law schools to provide individuals with legal assistance in completing applications.
 - d. By August 2020, the DOC had received 2,397 applications and granted 154. As of January 7, 2021, 153 of those approved have been released.
 - e. On August 24, 2020, DOC returned to the traditional process of Health Services staff identifying those individuals who may be appropriate candidates for conditional medical release rather than using an application process initiated by incarcerated individuals.
 - f. The DOC expanded the work release program. As of January 7, 2021, it approved 175 individuals for early release.
 - g. Regarding individuals on release who violate their conditions of release, the DOC has worked to limit the number of revocations.

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