



# Michigan Guidelines for Local and State Correctional Employees

Michigan.gov/Coronavirus

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Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, this guidance will address enhanced protection for Michigan local and state correctional employees. This guidance includes isolation & quarantine recommendations for when *contingency staffing strategies* are necessary in a particular facility. Michigan Department of Corrections (MDOC) leadership, in consultation with their chief medical officer, should determine when *contingency staffing strategies* are necessary and implement these options only for the minimum time and to the minimum extent necessary. In assessing the need for use of these recommendations, MDOC should assess each facility individually, taking into consideration the context and characteristics of each facility in consultation with MDHHS and/or local public health department(s).

At this time, and in the absence of more delineated and specific guidance for corrections facilities, this guidance was informed and based upon CDC guidance for interim infection prevention and control recommendations for healthcare personnel during the COVID-19 pandemic. Guidance will continue to be updated as additional CDC guidance and information becomes available to inform recommended actions in Michigan facilities.

**Strategies to Mitigate Staffing Shortages:** As SARS-CoV-2 variants threaten the capacity and sustainability of critical infrastructure, correctional facilities may mitigate personnel staffing shortages by following [CDC capacity strategies](#) for exposed workers. **Mitigation strategies need to be implemented sequentially.**

- **Conventional staffing strategy:** No anticipated or current staffing shortage.
- **Contingency staffing strategy:** Anticipated staffing shortages. When staffing shortages are anticipated, correctional facilities and employers, in collaboration with human resources and occupational health services, should use contingency capacity strategies to plan and prepare for mitigating this problem.

## **Work Restrictions for Correctional Staff with SARS-CoV-2 Infection and Exposures**

Correctional staff are only considered [up to date with COVID-19 vaccines](#) (“boosted”) if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. For more details, including recommendations for correctional staff who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards)

### Work Restrictions for Correctional Staff with SARS-CoV-2 Infection

Vaccine Status	Conventional	Contingency
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test <sup>†</sup> , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms).

### Work Restrictions for Correctional Staff identified as a Close Contact due to an Exposure

Vaccine Status	Conventional	Contingency
Up to date on Vaccine "Boosted"	No work restrictions, with negative test on days 2 <sup>‡</sup> and 5-7	No work restrictions
Unboosted or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restrictions with negative tests on days 1 <sup>‡</sup> , 2, 3, & 5-7

<sup>†</sup>Negative test result within 48 hours before returning to work

<sup>‡</sup>For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

### Background

This interim guidance is intended to assist with the following:

1. Determining the duration of restriction from the workplace for correctional staff with SARS-CoV-2 infection.
2. Assessment of risk and application of workplace restrictions for asymptomatic correctional staff with exposure to SARS-CoV-2.

Employers should be aware that other local, state, and federal requirements may apply, including those promulgated by the Occupational Safety and Health Administration (OSHA) and the Michigan Occupational Safety Administration (MIOSHA).

### Return to Work Criteria for Correctional Staff Who Were Exposed to Individuals with Confirmed SARS-CoV-2 Infection

For this guidance, close contact, is defined as: a) being within 6 feet of a person with confirmed SARS-CoV-2 infection for a cumulative total of 15 minutes or more over a 24-hour period, or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection. Distances of more than 6 feet can also be of concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation. When close contact occurs, factors that can reduce risk for transmission include, but are not limited to: correct

use of personal protective equipment (PPE) by correctional staff, use of well-fitting source control by the individual with SARS-CoV-2 infection, whether the correctional staff and/or the individual with SARS-CoV-2 infection have received all COVID-19 vaccine doses, including booster dose, as recommended by [CDC](#). All these factors should be considered when evaluating an exposure.

Higher-risk exposures generally involve exposure of correctional staff's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these correctional staff were present in the room for an [aerosol-generating procedure](#). Other exposures classified as lower-risk, including having body contact with the infected individual without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and correctional staff then touch their eyes, nose, or mouth. The specific factors associated with these exposures should be evaluated on a case-by-case basis; interventions, including restriction from work, can be applied if the risk for transmission is deemed substantial. Exposures that might require testing and/or restriction from work can occur both while at work and in the community.

**Contingency strategies are described in the [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#), and may be referenced for definitions and assessment of exposed staff and their risk**

**For additional guidance on evaluating infected or exposed staff, see the following:**

- [CDC Quarantine and Isolation](#)
- [Public Health Recommendations for Community-Related Exposure](#)
- [Post-vaccination Considerations for Workplaces](#)
- [Information for Correctional and Detention Facilities](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)