



**Interim Guidance for COVID-19 in the  
Maryland Department of Public Safety and Correctional Services  
(Updated August 17, 2022)**

**Background**

This interim guidance describes the recommendations for correctional officials in Maryland regarding SARS-CoV-2 (“COVID-19”) policies within the Department of Public Safety and Correctional Services (DPSCS) in alignment with the the Centers for Disease Control and Prevention’s (CDC) [Guidance on Prevention and Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#) (Guidelines). This guidance replaces and supersedes all previous interim guidance on this subject.

**Strategies for Everyday Operations**

At all times, facilities should practice strategies for everyday operations in place to mitigate the spread of COVID-19 within DPSCS facilities and at intake. Facilities should provide opportunities for vaccinations, testing as appropriate, and maintain access to COVID-19 therapeutics and medical isolation and quarantine. For further information, please see Appendix A which balances everyday operational strategies and enhanced COVID-19 prevention strategies as indicated below.

Each facility should take these recommendations and develop an informational bulletin (IB) to implement on a facility-specific basis.

**A. Vaccination**

Facilities should ensure that staff and residents are up to date with COVID-19 vaccination by offering the opportunity for residents to receive appropriate vaccinations. Staff are encouraged to be up to date with their COVID-19 vaccines through [covidvax.maryland.gov](https://covidvax.maryland.gov). An individual is [up to date](#) with their COVID-19 vaccine when they have received all doses in the primary series and all [recommended boosters](#).

**B. Masking**

Facilities should make well-fitting masks available to any residents and staff who would like to use them based on their personal preference.

## C. Testing

**Reasons for Testing:** The following are different reasons for testing within (DPSCS: (1) Confirm infections in symptomatic individuals (disease diagnosis); (2) confirm transmission for close contacts; (3) identify spread in a population (the main purpose of random testing); (4) test prior to transfer or release (operational testing); and (5) screening for disease in inmates entering the system (intake testing).

### **Recommendations for Testing**

MDH recommends that DPSCS follow the Guidelines with respect to diagnostic, screening, and operational (movement-based) screening testing within DPSCS facilities. Community transmission rates may not always be indicative of transmission rates within the facility (they may be either higher, lower, or similar to the facility rates). MDH also does not distinguish between testing of individuals who are up to date in their vaccination status or not up to date, given the significant rates of infection in vaccinated individuals at this time.

- **Diagnostic Testing:** May be performed for anyone who shows signs or symptoms of COVID-19 and anyone who has been potentially exposed or identified as a close contact of someone with COVID-19 regardless of COVID-19 vaccination status.
- **Routine Screening Testing:** May be performed regardless of COVID-19 vaccination status for all residents at intake.

**Facilities may substitute rapid COVID-19 testing** (using over the counter COVID-19 test kits or point of care test kits) **for PCR testing**. A confirmatory PCR test may be used for positive rapid COVID-19 results. Rapid tests may be requested from [Mdh.testing@maryland.gov](mailto:Mdh.testing@maryland.gov).

Please note: Providers shall follow all required reporting for positive tests as outlined in [MDH Amended Directive and Order Regarding Various Healthcare Matters](#) (No. MDH 2022-06-27-01 or amended).

### **Recommendations for Quarantine**

MDH recommends that DPSCS follow the Guidelines regarding quarantine of exposed individuals.

## D. Staff Considerations

In accordance with the Department of Budget and Management (DBM) policy on [Pandemic Flu and Other Infectious Diseases Attendance and Leave](#) and CDC Guidance, regardless of vaccination status, staff should be excluded from work if they:

- Have symptoms of COVID-19; or
- Have a positive test for COVID-19, with or without symptoms.

CDC recommends maintaining 10-day isolation periods as much as possible for all infected staff in correctional and detention facilities, regardless of their vaccination status. (Please note, staff may use [CDC guidance for the general public](#) for duration of isolation when they are not at work.) During crisis-level operations (e.g, staffing shortages which threaten to compromise the safety or security of the facility), facilities may consider short-term alternatives to the recommended 10-day isolation period. Any modified isolation should only be a short-term, crisis management tool. After the crisis has been mitigated, facilities should return to the 10-day isolation period for staff.

### **Strategies for Enhanced COVID-19 Prevention**

Facilities may consider enhanced COVID-19 prevention strategies when the [COVID-19 Community Level](#) is medium or high, or when facility-level factors indicate increased risk. Because COVID-19 Community Levels do not always reflect the COVID-19 risk in correctional and detention facilities, DPSCS facilities should also assess facility-level factors that reflect its unique characteristics, operations, and populations to guide decisions about when to add or remove additional prevention measures.

These facility-level factors include:

- The facility's vaccination coverage;
- The current level of transmission within the facility;
- The risk of severe health outcomes for facility residents and staff; and
- The facility's structural and operational characteristics.

Enhanced COVID-19 prevention strategies include but are not limited to: enhanced ventilation, increased COVID-19 testing including routine screening testing, universal indoor masking, and physical distancing. DPSCS Facilities can apply any enhanced prevention strategies at any time, even when the CDC COVID-19 Community Level is low.

**Appendix A – COVID-19 Everyday Operations v. Enhanced Prevention**  
 (from [Table 1, CDC Guidance](#))

<b>Prevention Strategy</b>	<b>Everyday Operations</b>	<b>Enhanced Prevention</b>
Up to date COVID-19 Vaccination	✓	
Standard Infection Control	✓	
Enhanced Ventilation		✓
Testing: Symptomatic	✓	
Testing: Close Contacts	✓	
Testing: All Residents at Intake (Or Routine Observation Period)	✓	
Testing: Before Transfer		✓
Testing: Before/After Community Visits		✓
Testing: Before Release		✓
Testing: Routine Screening		✓
Access to COVID-19 Therapeutics	✓	
Medical Isolation & Quarantine	✓	
Well-Fitting Masks/Respirators: Offer to Residents and Staff	✓	
Well-Fitting Masks/Respirators: Universal Indoor Masking		✓
Prepare for Outbreaks	✓	
Routine Observation Periods During Transfer/Release Protocols		✓
Minimize Movement & Contact Across Housing Units & with the Community		✓
Physical Distancing		✓