

DOCR VISITATION PLAN

The following document serves as reopening guidance of visitation at North Dakota DOCR facilities. This document is based on the guidance for long-term care facilities, which along with correctional settings, are identified as congregate housing facilities as established in the [Vulnerable Population Protection Plan \(VP3\)](#), but also individualized to ensure a safe, resident-centered, and data-driven decision governs the reopening of facilities where some of our state's most vulnerable population resides.

Given the critical importance of limiting COVID-19 exposure within correctional facilities across the state, decisions on relaxing restrictions will be made with careful review of a number of facility-level, community, and State factors/orders. Since the pandemic is affecting communities in different ways, the DOCR will monitor the factors for reopening and adjust plans uniquely for each facility in accordance with the [state COVID-19 designated risk level for the county](#) and local restrictions made by county and city officials.

Core Principles of COVID-19 Infection Prevention

The following core principles are consistent with the [Centers for Disease Control and Prevention \(CDC\) guidance for congregate living settings](#) and should always be adhered to. These core principles reflect best practices that have been shown to effectively reduce the risk of COVID-19 transmission:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g. temperature checks, questionnaire about signs or symptoms, etc.), as well as questions regarding close contact with COVID-19 positive person or named a close contact in the past 14 days. All visitors will be denied entry if they have signs or symptoms, ask to be tested and to wait for a minimum of 10 days prior to scheduling another visit.
- Hand hygiene (use of alcohol-based hand sanitizer is preferred).
- Clean face covering or mask (covering both the mouth and nose). ND DOCR will provide an approved mask.
- Social distancing of at least six feet between persons.
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g. use of clean face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
- Appropriate staff use of Personal Protective Equipment (PPE).
- Effective cohorting of residents (e.g. partitioned care area with a separate entrance and dedicated staff).
- Resident and staff testing conducted as required via the associated facility testing structure algorithm (see below).

Key Factors to Evaluate

Case status in the county: Based on weekly COVID-19 county positivity rate (**Red, Yellow, Green or Blue**) on the statewide testing map that is updated every Monday. Refer to the [statewide map](#) for your county's current designation.

Case status in the facility: There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.

Adequate staffing: The facility is not currently under a contingency staffing plan.

Adequate ability to screen: Implementation of screening protocols for all staff, each resident, and all persons entering the facility, such as vendors, volunteers, and/or visitors.

Access to COVID-19 vaccine: Staff and residents have access to COVID-19 vaccine.

Universal source control: ND DOCR will provide an approved mask for visitors. Staff will wear an approved DOCR face mask, social distancing, and perform appropriate hand hygiene upon entrance to the facility. If a visitor is unable or unwilling to maintain these precautions (such as young children), their ability to enter the facility will be restricted.

Access to adequate Personal Protective Equipment (PPE): All staff and visitors will wear appropriate PPE when indicated and have facility defined par levels on-hand to appropriately care for COVID-19 residents.

Local hospital capacity: Ability for the local hospital to accept transfers from facilities, if medically indicated.

Facility Visitation Plan: Each facility will also be given the flexibility and discretion to adopt more stringent guidelines if they so choose. Easing of visitation restrictions will require collaboration and approval from the State Correctional Health Authority, Director of Facility Operations, Wardens, and Chief Nursing Officer. Residents and staff will be notified by the facility Warden when criteria have been met and provided with corresponding dates for when changes will be occurring to their facility visitation plan.

Outdoor Visits: Are always preferred when weather permits.

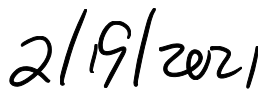
This plan becomes effective when signed by the Correctional Health Authority and the DOCR Director of Facility Operations.

Colby Braun, DOCR Director of Facility Operations

Date



Dr. John Hagan, Correctional Health Authority

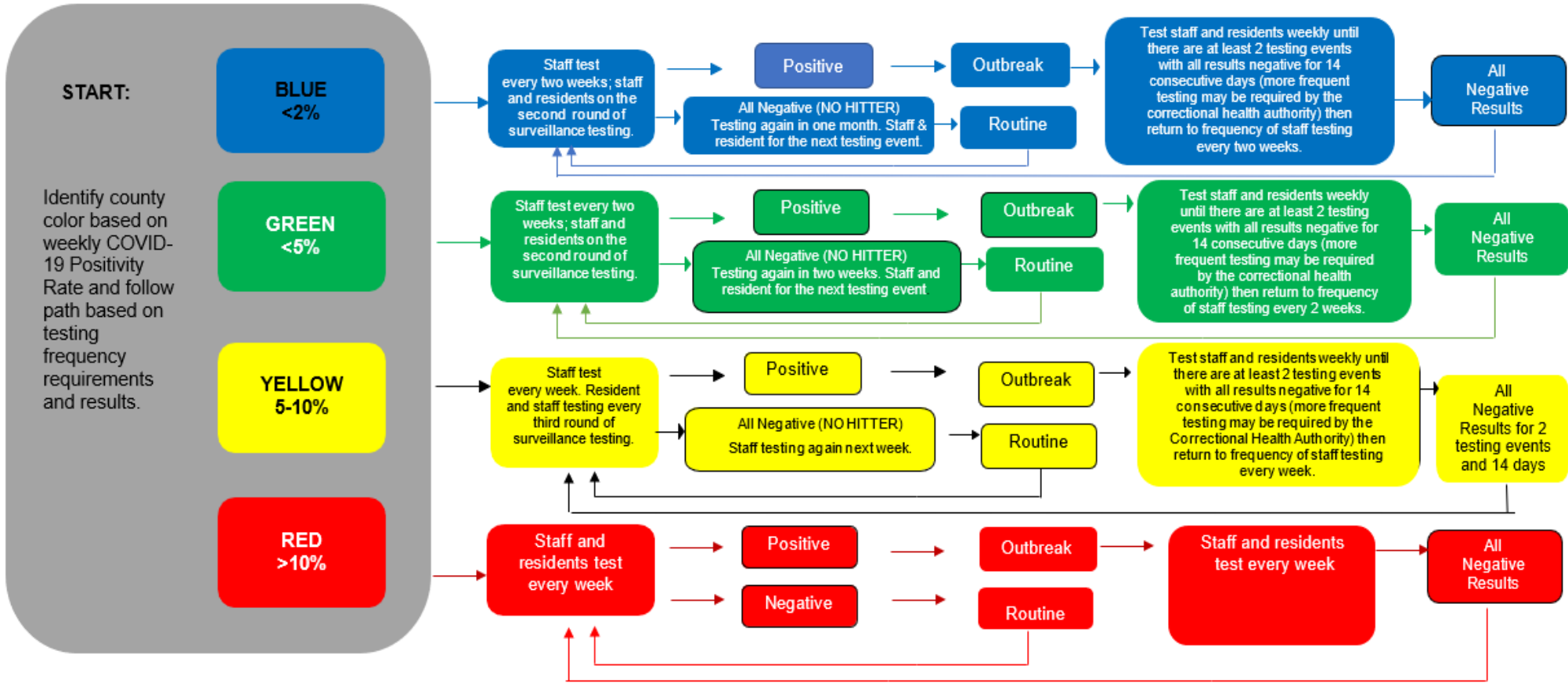


Date

Step 1 Identify County Weekly COVID Positivity Rate	Step 2 Identify Facility Status: Routine or Outbreak	Step 3 Access to Vaccine	Step 4 Visitor Tests Negative for COVID-19 Upon Entry to the Facility
BLUE <2%	Routine	Regular indoor visitation if: 70% of residents have been vaccinated and two weeks have elapsed since the last vaccination.	Visitor tests negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). Seating may continue to be limited. Up to two visitors per person. (Other restrictions may apply).
	Routine	Limited indoor visitation if: Some residents have been vaccinated, but not 70% of residents. Resident requesting scheduled visit may have a visit if he has been vaccinated and two weeks have elapsed since the second dose of vaccine.	Visitor tests negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). Seating may continue to be limited. Up to two visitors per person. (Other restrictions may apply).
	Outbreak – Indoor visitation is cancelled, but weather permitting, outdoor visitation may continue based on the following criteria:	Limited outdoor visitation if: 70% of residents have been vaccinated and two weeks has elapsed since the second dose of vaccine.	Visitor tests negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). Seating may continue to be limited. Up to two visitors per person. (Other restrictions may apply).
GREEN <5%	Routine	Regular indoor visitation if: 70% of residents have been vaccinated and two weeks have elapsed since the last vaccination.	Visitor tests negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). Seating may continue to be limited. One visitor per person. (Other restrictions may apply).
	Routine	Limited indoor visitation if: Some residents have been vaccinated, but not 70% of residents. Resident requesting scheduled visit may have a visit if he has been vaccinated and two weeks have elapsed since the second dose of vaccine.	Visitor tests negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). Seating may continue to be limited. One visitor per person. (Other restrictions may apply).
	Outbreak - Indoor visitation is cancelled, but weather permitting, outdoor visitation may continue based on the following criteria:	Limited outdoor visitation if: 70% of residents have been vaccinated and two weeks have elapsed since the second dose of vaccine.	Visitor tests negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). Seating may continue to be limited. One visitor per person. (Other restrictions may apply).

Step 1 Identify County Weekly COVID Positivity Rate	Step 2 Identify Facility Status: Routine or Outbreak	Step 3 Access to Vaccine	Step 4 Visitor Tests Negative for COVID-19 Upon Entry to the Facility
YELLOW 5-10%	Routine	Regular indoor visitation if: 70% of residents have been vaccinated and two weeks have elapsed since the last vaccination.	Visitor tests negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). Seating may continue to be limited. One visitor per person. (Other restrictions may apply).
	Routine	Limited outdoor visitation if: Some residents have been vaccinated, but not 70% of residents. Indoor visitation is cancelled, but weather permitting, outdoor visitation may continue based on the following criteria: Resident requesting scheduled visit may have an outdoor visit if he has been vaccinated and two weeks has elapsed since the second dose of vaccine.	Visitor tests negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). Seating may continue to be limited. One visitor per person. (Other restrictions may apply).
	Outbreak - No on-site visitation, except for end-of-life situations. In those limited situations, visitors need to adhere to universal source control guidance. Visitor must test negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). DOCR will provide one virtual visit per resident per month.		
RED >10%	No on-site visitation, except for end-of-life situations. In those limited situations, visitors need to adhere to universal source control guidance. Visitor must test negative for COVID-19 upon entry (administered at the DOCR facility prior to entry). DOCR will provide one virtual visit per resident per month.		

DOCR SURVEILLANCE TESTING GUIDANCE



NOTES:

*If county positivity rate increases to a higher level of activity, IMMEDIATELY begin testing at the higher level of activity.

*If county positivity rate decreases to a lower level of activity, CONTINUE testing at the previous level of activity until positivity rates remain at the lower level for at least 2 weeks.

***TESTING OF SYMPTOMATIC RESIDENTS OR STAFF SHOULD OCCUR AT ANY TIME** - if positive results, continue at “Outbreak” and follow required testing frequency.

“OUTBREAK” is defined as any positive staff or resident in the facility – exceptions need to be staffed with State Correctional Health Authority, Director of Facility Operations, Wardens, and Chief Nursing Officer.