

UPDATED April 13, 2020

VERMONT DEPARTMENT OF CORRECTIONS

COVID-19 GUIDELINES - Facility

Operational Guidelines for COVID-19 Response will be updated frequently to incorporate the latest scientific, medical, and governmental recommendations. Please ensure you are using the most current document.

Contents

Definitions.....	3
Section 1: General Precautions	4
1. General Precautions	4
2. Exclusion of Sick and Exposed Staff.....	6
3. Social Distancing	7
Section 2: Intake Screening	8
1. New Intake Screening.....	8
2. Personal Protective Equipment (PPE)	9
3. Medical and Intake Quarantine.....	10
4. Transport of COVID Infected/Suspected Inmate	11
5. Medical Isolation	13
Section 3 – Internal Screening	15
1. Ongoing Internal Screening – Inmate Directed	15
2. Ongoing Internal Screening – Correctional Staff Directed.....	15
3. Ongoing Internal Screening – Peer Directed	16
4. Ongoing Internal Screening – Medical Staff Directed	16
5. Ongoing Internal Screening – Temperature Checks.....	16
6. Movement of Symptomatic Inmates to Medical/Isolation.....	17
Section 4 – Operation of Designated Medical Isolation Units	17
1. Males - NWCF/SSCF	18

2. Females - CRCF.....	19
3. Med Surge – NECC	20
Section 5 – Releases.....	20
1. Screening.....	20
Attachment 1. COVID-19 New Intake Screening Form.....	23
Attachment 2. Isolation Room Sign.....	24
Attachment 3. Quarantine Room Sign.....	25
Attachment 4 – N95 Respirator Use	25
Attachment 5 – PPE Sequence.....	27
Attachment 6 How can I Protect Myself.....	28
Attachment 7 – What to Do if Diagnosed.....	29
Attachment 8 - INFORMATIONAL LINKS	30
Attachment 9 – Reserved for future use.	31
Attachment 10 Facility Staff Screening Tool	32
Attachment 11 PPE Chart	33
Attachment 12 – Testing Addendum	36
Testing.....	36
Test Sample Transportation Process	36
NSCF- Test Sample Transportation Process.....	36
CRCF- Test Sample Transportation Process.....	37
MVCF- Test Sample Transportation Process.....	37
NECF- Test Sample Transportation Process.....	37
NWSCF- Test Sample Transportation Process	38
SSCF- Test Sample Transportation Process.....	38

Definitions

- a. Medical Isolation:** The physical separation of ill persons (positive Covid-19 test and/or the presence of symptoms: fever, cough, or respiratory distress) from those who are not ill in order to prevent the spread of disease-causing germs.
- b. Medical Quarantine:** The physical separation of persons who have been exposed (had close contact but have no symptoms) to assess whether they develop viral symptoms.
- c. Intake Quarantine:** The physical separation of the persons lodged from the community and current inmates returning from an ER transport.
- d. Close contact:** For the purpose of this protocol, close contact is defined as 6 feet or less from another person or in an area contaminated by their respirations.
- e. Cohorting:** inmates on the same status (e.g., two inmates both designated for Isolation) may be housed together. Inmates on different statuses (e.g., one designated for Quarantine and one for Isolation) should not be housed together.
- f. Vulnerable:** Vulnerable will be used as defined by the CDC as, “at higher risk.” Those currently listed are: adults over the age of 65; pregnant women; and those with heart disease, lung disease, or diabetes. Please check the CDC link as these groups may change as new medical information becomes available.
<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> Staff designated as vulnerable will not be used to work Isolation or Quarantine units, nor will they be assigned to transport inmates designated for Isolation. It is the staff’s responsibility to notify their supervisor of this information and, if requested, to provide documentation from their health care provider.
- g. Tyvek Suit:** Protection for workers who deal with hazardous materials and small hazardous particles while performing daily job duties. Tyvek suits have protection built into their fabric.
- h. Mask:** Mask refers to a standard surgical mask. Masks issued to inmates must have the metal nose bridge removed.
- i. N95 Mask:** An **N95 mask** (also called a respirator) is a **mask** that is worn over the face to prevent the inhalation of airborne particles. The **N95** designation means that the **mask** will filter at least 95% of particles 0.3 microns in size.

- j. **Goggles:** Goggles or disposable face shield that fully covers the front and sides of the face).
 - i. This does not include personal eyeglasses.
 - ii. If reusable eye protection is used it should be cleaned and disinfected in accordance with manufacturer’s instructions.
- k. **Bleach Solution:** 5 (five) Tablespoons of bleach to 1 (one) gallon of water or 4 (four) teaspoons of bleach to 1 Quart. This should be used within 24 hours of mixing.
- l. **COVID-19 Test** – Any test approved by the Vermont Department of Health for the identification and diagnosis of an individual person as infected with the COVID-19 virus

Section 1: General Precautions

1. General Precautions

Throughout the duration of the COVID-19 pandemic the following general prevention measures should be implemented to interrupt viral infection transmission. These are listed in *Table 1* below.

Table 1. General Prevention Measures
<p>a. Promote good health habits among employees and incarcerated individuals:</p> <ol style="list-style-type: none"> 1) Avoid close contact with persons who are sick. 2) Avoid touching your eyes, nose, or mouth. 3) Wash your hands often with soap and water for at least 20 seconds. 4) Cover your sneeze or cough with a tissue (or into a sleeve). Then throw the tissue in the trash. 5) Greet without handshakes (or other touching). <p>b. Conduct frequent environmental cleaning of “high touch” surfaces.</p> <p>c. Institute social distancing measures to prevent spread of germs (e.g., minimize self-serve foods and group activities).</p> <p>d. Employees stay at home if they are sick.</p> <p>e. Influenza (flu) vaccine is recommended for persons not previously vaccinated.</p>

1. Good Health Habits

- a. Good health habits should be promoted in various ways (e.g., educational programs, posters, campaigns, assessing adherence with hand hygiene).
- b. This CDC website has helpful educational posters:
<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
- c. Each facility should ensure that adequate supplies and facilities are available for hand washing for both incarcerated individuals and employees.
- d. Provisions should be made for employees and visitors and new intakes to wash their hands when they enter the facility.

2. Environmental Cleaning

- a. The frequency of routine cleaning of surfaces that are frequently touched should be increased. These can include doorknobs, keys, handrails, telephones, computer keyboards, elevator buttons, cell bars, etc..
- b. Each Superintendent will ensure their local cleaning schedule is reviewed and increased for the duration of this pandemic. Additional inmate labor may be utilized to accomplish this. Attention should also be given to the cleaning schedule for those areas where inmates are prohibited.
- c. Superintendents should ensure continual cleaning is occurring at all times – 24/7.
- d. Cleaning may be done using EPA-certified disinfecting wipes such as the “Red-capped PDI Sani Cloth Germicidal Wipes” or equivalent as available.
- e. The CDC also indicates that most common EPA-registered household disinfectants are effective for cleaning. Use disinfectants appropriate for the surface.
- f. Bleach Solution is a good cleaning solution and a good alternative that is readily available. **It should be used with 24 hours of mixing.**
 - 1. Bleach solution is 5 (five) tablespoons (1/3rd cup) bleach per gallon of water OR
 - 2. 4 (four) teaspoons bleach per quart of water.
- g. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date.
- h. Never mix bleach with ammonia or any other cleanser.

2. Exclusion of Sick and Exposed Staff

1. COVID-19 could gain entrance to a facility via infected employees. Staff should be instructed to stay home if they have fever and respiratory symptoms.
2. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.
3. Employees should be advised to consult their health care provider by telephone.
4. If employees have been exposed to a known COVID-19 case as defined by the VTDOH, and if they have symptoms of fever, cough or difficulty breathing, they should call their health care provider.
5. Each Superintendent will ensure information is tracked regarding any employee that is sick or in-home quarantine.
6. The Superintendent will review this information with the Central Operations Section to determine if a sick staff member had close contact with others and if any additional steps need to be taken to address this.
7. During the COVID-19 outbreak (as at all times), staff are required to follow usual reporting rules for notifying their chain of command when they will be away from work due to illness or potential exposure.
8. Upon arrival on-site, all staff and **all other personnel (including visitors, vendors, contractors)** entering the facility will be screened using Attachment 10.
9. Each Superintendent will determine where such screening will take place and will assign staff to perform the screening.
10. The screener will wear PPE as follows: Gloves, goggles, and face mask. (Face masks will be provided by NSCF)
11. Screening should take place as close to the entrance as reasonably possible and as soon as the staff member arrives.
12. Staff who answer “yes” to any question will be sent home.
13. All staff will be screened for fever with an infrared thermometer.
14. Staff with temperatures at or above 100.4 will be sent home.
15. Anyone who refuses to comply with the screening, including temperature check, will not be allowed entrance into the facility.
16. A re-screening will not need to be done for staff exiting and re-entering the building on the same continuous shift.

3. Social Distancing

1. Various administrative measures will be implemented to reduce contact between people and the chance of spreading viruses.
2. In-person social visits have been suspended indefinitely. Ongoing review will be conducted to determine when reinstatement is appropriate.
3. GTL will provide one free video visit per inmate per week.
4. The restriction on the number of allowable purchased video visits per week has been temporarily lifted.
5. Volunteer activities have been suspended indefinitely. Ongoing review will be conducted to determine when reinstatement is appropriate.
6. RRP/CHSVT and other group activities have been canceled indefinitely. Further review will be conducted at that time to determine if reinstatement is appropriate.
7. Attorney Visits: Attorneys will be screened for illness and exposure. Attorneys who report symptoms or exposure will not be afforded entry at this time. Alternate means of communication (e.g., attorney lines) may be utilized to ensure lawyer-client contact.
8. Each Superintendent will review how to group inmates for medication and meals. There should be a time gap between groups. During that time gap, the area will be cleaned and disinfected.
9. At this time outdoor recreation will continue to be offered. Inmates will be encouraged to maintain a distance of 6 feet between each other. Indoor recreation (e.g., gym) will occur only by unit with disinfection in between uses.
10. Library books that have been in the possession of any inmate will, upon collection, be stored separately from other books for a period of 30 hours prior to being placed back into circulation.
11. All mail from outside the institution will be held for 24 hours before staff sort it. Each Superintendent will be responsible for identifying a location for this to occur. After the 24-hour period, mail may be sorted and delivered according to normal protocols.
12. Each Superintendent will implement methods to reduce movement of staff between units/buildings to the extent reasonably possible.

Section 2: Intake Screening

1. New Intake Screening

1. At this time, the State of Vermont, as well as all surrounding states, have ongoing community transmission of the virus. As a result, inmates coming into a facility from the community may have been exposed but not symptomatic.
2. All new intakes to a Correctional Facility will be placed on intake quarantine for a period of 14 days.
3. Any inmate who is brought outside the institution to a hospital ER will be put on intake Quarantine. This is due to the inmate having had physical contact with health care professionals.
4. Any inmate who is brought outside the institution for a pre-scheduled appointment that does not involve the emergency room will not require quarantine; this would include the COGs clinic, dialysis, an urgent dental trip etc.. This may be reviewed by Dr. Fisher on a case by case basis if the medical staff have concerns about potential exposure during the planned trip.
5. When a new intake enters the sallyport, security staff will place a surgical mask on them. Security will wear gloves when greeting new intakes.
6. Security Staff will complete Attachment 1.
7. Any positive result on this screening tool security staff will don PPE (N95 mask and goggles.)
8. Security staff will perform necessary searches (pat or strip in accordance with existing directive.).
9. All new intakes will be directed to wash their hands as a general health precaution.
10. Intakes who did not screen positive on Attachment 1 will be processed in accordance with Quarantine guidance below.
11. For any intake who has screened positive on Attachment 1, they will then be placed in a cell by themselves until medical staff can complete their screening. Any time the cell door opens, the intake must wear their mask and staff who will be in contact must don PPE (gloves, N95 mask and goggles).
12. Medical will complete a second screening and consult with the on-call medical provider with regard to placement.
13. The medical provider will determine if placement on Isolation is appropriate.

14. Immediately upon confirmation of a positive screen by medical, the Incident Command System will be activated, and the **Central Office Operations Section will be notified.**

2. Personal Protective Equipment (PPE)

1. PPE will be used when any person comes into contact with any person with suspected, or confirmed, COVID-19.
2. N95 Face Mask/Respirator: See Attachment 4 for information regarding how to conserve N95 masks.
 - a. N95 respirators should not be worn with facial hair that interferes with the respirator seal.
3. Gown.
 - a. If gowns are in short supply they can be reserved for times when direct, close contact with a patient is anticipated.
4. Gloves.
5. Eye Protection (goggles or disposable face shield that fully covers the front and sides of the face).
 - a. This does not include personal eyeglasses.
 - b. If reusable eye protection is used it should be cleaned and disinfected in accordance with manufacturer's instructions.
6. It is strongly emphasized that hand washing occur before and after donning and doffing PPE.
7. Staff anticipated to wear PPE should be trained on its use. CDC instructions are attached as Attachment 5.
8. The Logistics Section Chief will be responsible for maintaining a current inventory of PPE and making arrangements to maintain a supply chain for this equipment.
9. Correctional staff are encouraged to use universal precautions in accordance with standard practice. The additional PPE as indicated in Attachments 2, 3, and 11 is required in the following situations:
 - a. **When entering any area designated as an Isolation or Quarantine area.**
 - b. **When transporting inmates from, or to, an Isolation or Quarantine area.**
 - c. **When duties will bring staff in close contact with inmates on an Isolation or Quarantine status.**
 - d. **Where a Use of Force appears likely (wear Gowns or Tyvek suits)**

- e. **Staff will wear N95 masks while conducting mouth checks during medication pass.**
- 10. Each facility will identify location(s) where doffing of PPE will take place. This should be as close as reasonably possible to where the PPE will be used.**
- 11. Each facility will ensure appropriate receptacles (Red Bags/Biohazard) are present in these locations.**

3. Medical and Intake Quarantine

1. The purpose of medical quarantine is to ensure that incarcerated individuals who are known to have been exposed to the virus are kept separate from other incarcerated individuals to assess whether they develop viral infection symptoms.
 - a. Staff designated as vulnerable will not be used to work Isolation or Quarantine units, nor will they be assigned to transport inmates designated for Isolation or Quarantine. It is the staff's responsibility to notify their supervisor of this information and, if requested, to provide documentation from their health care provider.
2. As the precautions for medical and Intake quarantine are identical, the same location will be used.
3. Each Superintendent will identify a location for Medical/Intake Quarantine. At this time, there is not a designated statewide Medical Quarantine location.
4. The door to the Quarantine Room/Unit should remain closed. A sign should be placed on the door of the room indicating that it is a Quarantine Room/Unit which lists recommended personal protective equipment (PPE) (see Attachment 3).
5. To minimize the likelihood of disease transmission to fellow quarantined persons, those who are placed in quarantine should be required to wear surgical masks while in quarantine. Face masks should be replaced as needed, if they become soiled or dirty, or at least every 8 hours.
6. Quarantined incarcerated individuals should be restricted from being transferred to, or otherwise interpersonally interacting with, the general population.
7. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
8. Meals will be served with disposable service. Nothing coming out of the quarantine area will be returned to the Kitchen.

9. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (use red bag) and treated accordingly.
10. Laundry should be placed in a mesh laundry bag and remain in the cell until it is ready to be washed. It will not be collected until it is ready to be washed. It will be picked up by an inmate in full PPE wearing a face mask. The same inmate that picks up the laundry will put it in the washer. Quarantine laundry should be completed during 3rd shift due to inmate wearing PPE.
11. Laundry will be placed in a plastic bag. Anyone handling it will use Full PPE.
12. The Laundry Worker will wear full PPE, which includes wearing a face mask. It should be washed at the highest available temperature and should be completely dried.
13. Dedicated medical equipment (e.g., blood pressure cuffs) should be reserved and isolated from routine use equipment. When this is not possible, equipment will be decontaminated in accordance with manufacturer's instructions prior to use with other patients.
14. Each site will determine how showers and recreation will be offered to these inmates.
15. Such must be offered in a way that does not bring them into contact with any other inmates.
16. Any space used for this must be cleaned with a hospital-grade disinfectant prior to its use by any other population.
17. A face mask will be worn by staff who are in direct, close contact (within 6 feet) of quarantined incarcerated individuals.
18. Three times daily, medical staff will assess whether inmates in quarantine should be screened for symptoms including subjective fever and a temperature. Symptomatic patients need to be isolated or cohorted.
19. The duration of medical for COVID-19 is the 14-day incubation period.

4. Transport of COVID Infected/Suspected Inmate

1. The standards listed below will be utilized for transport in addition to normal transport protocols.
2. No inmate will be moved without notification and approval by **Central Office Operations Section**. Permission must be granted by **Central Office Operations Section** by the contact information provided.
3. Patient wears a face mask and washes their hands.
4. Correctional officer wears N95 mask and goggles. Wear gloves, gown, and eye protection if in close contact with inmate prior to transport.
5. Prior to transporting, all PPE (except N-95 respirator) is removed and hand hygiene (washing or thorough application of hand sanitizer with at least 60% alcohol) is performed. This is to prevent contaminating the driving compartment.
6. Ventilation system should bring in as much outdoor air as possible. Set fan to high.
7. DO NOT place air on recirculation mode.
8. Weather permitting, drive with the windows down.
9. Following the transport, if close contact with the patient is anticipated, put on new set of PPE. Wash hands after PPE is removed.
10. The vehicle must be cleaned in accordance with the below steps immediately after transport and prior to its use for any other transport.
11. After transporting a patient, air out the vehicle for one hour before using it without a N95 respirator.
12. When cleaning the vehicle, wear a disposable gown and gloves. A face shield or face mask and goggles should be worn if splashes or sprays during cleaning are anticipated.
13. Clean and disinfect the vehicle after the transport utilizing a hospital-grade disinfectant

14. If a decision is made to transport a patient with signs and symptoms of severe respiratory illness to a health care facility, the sending facility will notify the receiving health care facility of the pending transport of a potentially infectious patient. Each Superintendent will be responsible for establishing contact with the local hospital in advance to identify any special instructions they currently have for receipt of patients requiring a higher level of care.

5. Medical Isolation

1. **Placing a mask on potentially infectious persons is critically important.** If individuals are identified with symptoms, *immediately place a face mask on the patient* and have them wash their hands.
 - a. Staff designated as vulnerable will not be used to work Medical Isolation or Medical Quarantine units, nor will they be assigned to transport inmates designated for Isolation. It is the staff's responsibility to notify their supervisor of this information and, if requested, to provide documentation from their health care provider.
2. Each Superintendent will designate an area for initial Medical Isolation.
3. This should allow for as much separation from staff and inmates as possible. This will ideally be a single cell located a physical distance from other cells.
4. Northwest State Correctional Facility and Southern State Correctional Facility are the primary isolation cells because they have negative pressure cells for a capacity of 10.
5. Northeast Correctional Complex (Building 2) is the secondary Medical Isolation unit for an additional 69 beds.
6. Chittenden Regional Correctional Facility, Alpha Unit is dedicated for female Medical Isolation with a total capacity of 15 beds.
7. The inmate will be issued a surgical mask.
8. Any inmate in isolation will not leave the cell unless there is a critical health related event. Hygiene will be practiced using a cloth and basin.
9. To the extent possible, all services (meals, medication, medical care, etc.) will be delivered in the cell.
10. Meals will be served with disposable service. Nothing coming out of the Isolation area will be returned to the Kitchen.
11. The facility will ensure measures are in place to support adequate hydration by the inmate(s.)

12. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (use red bag) and treated accordingly.
13. Laundry should be placed in a mesh laundry bag and remain in the cell until it is ready to be washed. It will not be collected until it is ready to be washed. Inmate in full PPE wearing a face mask. Same inmate that picks up the laundry will put it in the washer. Isolation laundry should be completed during 3rd shift due to inmate wearing PPE.
14. Laundry will be placed in a plastic bag. (Anyone handling it will use Full PPE.)
15. The Laundry Worker will wear full PPE which includes wearing a face mask. It should be washed at the highest available temperature and should be completely dried.
16. Laundry, sheets, blankets will not be shaken prior to washing.
17. Any time the cell door is opened, the inmate must wash their hands and don their mask.
18. If a phone call is allowed, it must be done from within the Isolation Area; this may require use of a portable phone/phone on a cord stretched into the area. At the conclusion of the call, the inmate will disinfect the phone and return it to staff. Staff will then re-disinfect the phone.
19. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
20. Any time contact is anticipated, staff will don PPE (gloves, gown, N95 respirator, and goggles).
21. The door to the Respiratory Infection Medical Isolation Room/Cell should remain closed. A sign should be placed on the door of the room indicating that it is a Respiratory Infection Isolation Room/Unit and lists recommended personal protective equipment (PPE) (see Attachment 2).
22. Dedicated medical equipment (e.g., blood pressure cuffs) should be reserved and isolated from routine use equipment. Where this is not possible, equipment will be decontaminated in accordance with manufacturer's instructions prior to use with other patients.
23. The facility will contact the Facility Group Supervisor and notify them that they have an inmate designated for Isolation.
24. Central Office will coordinate transport to one of the designated Isolation locations.
25. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
26. When cleaning, wear a disposable gown and gloves and N95 respirator and goggles.
27. Clean and disinfect the area utilizing a hospital-grade disinfectant.
28. Management of laundry, food service utensils, and medical waste should also be

performed in accordance with routine procedures.

29. Determination for ending the isolation is a medical decision that will be made by the medical provider.

Section 3 – Internal Screening

1. Ongoing Internal Screening – Inmate Directed

1. Regular communication will be provided to the inmates encouraging them to report symptoms.
2. Inmates who experience coughing, shortness of breath, or believe they have a fever are to report this directly to the unit officer.
3. The officer will immediately issue a surgical mask to the inmate (and cellmate) and direct both to lock in.
4. The officer will contact Medical.
5. The officer will notify the CFSS.
6. Medical staff will determine whether to see the inmate where they are or whether the inmate should be brought to Medical or directly to Isolation.
7. If staff directly observe the symptoms, they shall treat the situation as if the inmate self-reported and follow the same protocol.

2. Ongoing Internal Screening – Correctional Staff Directed

1. At each cell inspection (1st and 2nd shift), the unit officer will ask each inmate if s/he is experiencing coughing, shortness of breath, or fever.
2. The unit officer will immediately provide a surgical mask to any inmate (and their cellmate) reporting symptoms.
3. At the conclusion of cell inspection, and prior to releasing the unit, the officer will report any positive responses to medical.
4. The officer will notify the CFSS.
5. The cell(s) will stay locked in until medical screening takes place.

6. Medical staff will determine whether to see the inmate where they are or whether the inmate should be brought to medical or directly to Isolation.

3. Ongoing Internal Screening – Peer Directed

1. If another inmate reports a peer is experiencing symptoms, staff shall treat the report as positive, as delineated in Part 1.
2. The affected inmate and cellmate will be issued masks and restricted to their cell.
3. The officer will contact medical.
4. The officer will notify the CFSS.
5. Medical staff will determine whether to see the inmate where they are or whether the inmate should be brought to medical or directly to Isolation.
6. Any abuse of this peer report system: intentionally false reporting to harass staff or peers will be dealt with as a disciplinary issue.

4. Ongoing Internal Screening – Medical Staff Directed

1. Medical Staff will collect and review all sick call slips at least twice daily.
2. Medical will also continue Ongoing inmate education especially regarding good health practices.

5. Ongoing Internal Screening – Temperature Checks

1. Each facility will establish a process to take the temperature of all inmates daily.
2. An infrared thermometer will be used when available
3. If such is not available, the thermometer must be sanitized between use.
4. The staff member taking the temperatures will wear PPE as follows: Gloves, goggles, face mask, and gown. (Face masks will be provided by NSCF)
5. Any temperature exceeding 100.4F/38C will be treated as a positive result.

6. The officer will immediately issue a surgical mask to the inmate (and cellmate) and direct both to lock in.
7. The officer will contact Medical.
8. The officer will notify the CFSS.
9. Medical staff will determine whether to see the inmate where they are or whether the inmate should be brought to Medical or directly to Isolation.

6. Movement of Symptomatic Inmates to Medical/Isolation.

1. **Placing a mask on potentially infectious persons is critically important.** If individuals are identified with symptoms, *immediately place a face mask on the patient* and have them wash their hands.
 - a. Staff designated as vulnerable will not be used to work Medical Isolation or Medical Quarantine units, nor will they be assigned to transport inmates designated for Isolation. It is the staff's responsibility to notify their supervisor of this information and, if requested, to provide documentation from their health care provider.
2. Each Superintendent will designate an area for initial Medical Isolation.
3. The inmate will perform hand hygiene (either wash hands or use of alcohol-based sanitizer.)
4. The inmate will be directed to sit in a wheelchair. A clean sheet will be placed over them from the neck down to cover the clothes.
5. They will be escorted by staff; staff will wear gloves and a N95 Mask. A gown will be added if they expect to come into physical contact with the inmate.
6. Staff will open all doors.
7. The inmate will be escorted to the area designated by medical.
8. Medical will complete their screening and provide further directions regarding next steps.
9. If it is determined that the inmate is to be placed on Medical Isolation, Facility Administration will assist medical in determining if there are other individuals who have had close contact who require quarantine.

Section 4 – Operation of Designated Medical Isolation Units

1. Males - NWCF/SSCF

1. **Placing a mask on potentially infectious persons is critically important.** If individuals are identified with symptoms, *immediately place a face mask on the patient* and have them wash their hands.
2. The negative pressure cells will be utilized.
3. The inmate will be issued a surgical mask.
4. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
5. Meals will be served with disposable service. Nothing coming out of the Isolation area will be returned to the Kitchen.
6. The facility will ensure measures are in place to support adequate hydration by the inmate(s.)
7. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (use red bag) and treated accordingly.
8. Laundry should be placed in a mesh laundry bag and remain in the cell until it is ready to be washed. It will not be collected until it is ready to be washed. It will be collected by an inmate in full PPE, which includes wearing a face mask. The same inmate that picks up the laundry will put it in the washer. Isolation laundry should be completed during 3rd shift due to inmate wearing PPE.
9. Laundry will be placed in a plastic bag. (Anyone handling it will use Full PPE.)
10. The Laundry Worker will wear full PPE, which includes wearing a face mask. It should be washed at the highest available temperature and should be completely dried.
11. Any time the cell door is opened, the inmate must wash their hands and don their mask
12. If a phone call is allowed, it must be done from within the Isolation Area; this may require use of a portable phone/phone on a cord stretched into the area.
13. At the conclusion of the call, the inmate will disinfect the phone and return it to staff.
14. Staff will then re-disinfect the phone.
15. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
16. Any time contact is anticipated, staff will don PPE (gloves, gown, N95 mask, and goggles).
17. The door to the Respiratory Infection Isolation Room/Cell should remain closed. A sign should be placed on the door of the room indicating that it is a Respiratory Infection Isolation Room/Unit and lists recommended personal protective equipment (PPE) (see Attachment [2](#)).

18. Dedicated medical equipment (e.g., blood pressure cuffs) should be reserved and isolated from routine use equipment. When this is not possible, equipment will be decontaminated in accordance with manufacturer's instructions prior to use with other patients.
19. Any inmate in medical isolation will not leave the cell unless there is a critical health-related event. Hygiene will be practiced using a cloth and basin except for those areas where a shower is built into the cell.
20. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
21. When cleaning, wear a disposable gown and gloves and a face mask or respirator and goggles.
22. Clean and disinfect the area utilizing a hospital-grade disinfectant.

2. Females - CRCF

1. **Placing a mask on potentially infectious persons is critically important.** If individuals are identified with symptoms, *immediately place a face mask on the patient* and have them wash their hands.
2. Alpha Unit will be used. When possible, only a single side of the unit will be used.
3. The inmate will be issued a surgical mask.
4. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
5. Meals will be served with disposable service. Nothing coming out of the Isolation area will be returned to the Kitchen.
6. The facility will ensure measures are in place to support adequate hydration by the inmate(s.)
7. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (use red bag) and treated accordingly.
8. Laundry should be placed in a mesh laundry bag and remain in the cell until it is ready to be washed. It will not be collected until it is ready to be washed.
9. Laundry will be placed in a plastic bag. (Anyone handling it will use gloves.)
10. The Laundry Worker will wear full PPE, which includes wearing a face mask. It should be washed at the highest available temperature and should be completely dried.
11. Any time the cell door is opened, the inmate must wash their hands and don their mask
12. If a phone call is allowed, it must be done from within the Isolation Area; this may require use of a portable phone/phone on a cord stretched into the area. At the

conclusion of the call, the inmate will disinfect the phone and return it to staff. Staff will then re-disinfect the phone.

13. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
14. Any inmate in medical isolation will not leave the cell unless there is a critical health related event. Hygiene will be practiced using a cloth and basin.
15. Any time contact is anticipated, staff will don PPE (gloves, gown, N95 mask, and goggles).
16. The door to Alpha Unit should remain closed. A sign should be placed on the door of the room indicating that it is a Respiratory Infection Isolation Unit and lists recommended personal protective equipment (PPE) (see Attachment [2](#)).
17. Dedicated medical equipment (e.g., blood pressure cuffs) should be reserved and isolated from routine use equipment. When this is not possible, equipment will be decontaminated in accordance with manufacturer's instructions prior to use with other patients.
18. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
19. When cleaning wear a disposable gown and gloves and N95 respirator and goggles.
20. Clean and disinfect the area utilizing a hospital-grade disinfectant.

3. Med Surge – NECC

1. Additional Isolation Housing capacity will be at the Medical Surge site located at NECC.
2. Operations there will be guided by the NECC Action Plan.

Section 5 – Releases

1. Screening

1. All normal release processes must still be followed. The below directions are steps to be taken above and beyond, not in lieu of, normal release processes.
2. This is to explicitly include steps taken in regard to Victim Notification and coordination with Victims' Services.

3. All inmates will be screened upon release using Attachment 1 to include a temperature check.
4. Inmates who do not score on this instrument will be given Attachment 6 and released according to normal protocols.
5. Inmates who screen as positive will be given a face mask and directed to don it. They will be isolated until their release and will be evaluated for possible COVID testing (when the nature of the release allows for this delay).
6. The inmate will be given both Attachments 6 & 7 upon release and will be directed to contact their primary care provider for follow-up.
7. The CSS will work with the inmate to ensure they have safe transport, continued shelter and access to medical care. A notification will be made to the Vermont Department of Health: Infectious Disease Epidemiology by calling 802-863-7240 (24/7).
8. Before releasing an incarcerated/detained individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation, or contact local public health to explore alternate housing options.
9. At the direction of the Vermont Department of Health (VDH), as soon as Department of Corrections (DOC) is aware that a COVID-19 positive inmate is scheduled for release:
 - a. Tyler Prue, or designee will send an email to:
covid19.healthcarecontacttracing@vermont.gov with the subject line "COVID-19 Positive Inmate Scheduled for Release." (Or notify designated VDH Point of Contact once identified)
 - b. In the email, provide:
 - i. Name
 - ii. Date of birth
 - iii. Contact information for inmate
 - iv. Contact information for emergency contacts
 - v. Permanent address
 - vi. Address where they will be going after release
 - vii. Date of release
10. At the request of VDH, Medical staff who perform medical screening before release will:

- a. Review with the inmate how to determine when they have recovered from COVID-19 and are considered non-infectious:
 - i. Recovery is when *all three* of the following have occurred:
 - 1. It has been three full days of no fever without the use of fever-reducing medication
 - 2. Other symptoms have improved, and
 - 3. At least seven days have passed since any symptoms appeared.
 - b. Review with the inmate guidance for isolation until they have recovered from COVID-19
 - i. Use the document provided by VDH titled [Isolation Criteria to review what activities are restricted during isolation.](#)
 - ii. Provide the inmate with printed copies of materials provided by VDH:
 - 1. [What to do when sick with COVID-19](#)
 - 2. [What to do when diagnosed with COVID-19](#)
 - 3. [Isolation Criteria](#)
 - c. DOC Caseworker will discuss and develop with the inmate a safe plan for housing during recovery to include
 - i. A determination of where the inmate will go after release that will allow them to self-isolate.
 - ii. If the inmate does not have a safe housing option, [insert SEOC resources here]
 - d. Discuss a safe plan for transport to housing
 - i. If a safe plan does not exist, [insert SEOC resources here]
 - ii. Provide the inmate with a surgical mask to wear during transport
11. VDH will initiate contact with the inmate after discharge to:
- a. Emphasize isolation criteria.
 - b. Review criteria for recovery and non-infectiousness.
 - c. Conduct contact tracing for close contacts during infectious period; and
 - d. Verify that the inmate is in a living situation that enables isolation.

Attachment 1. COVID-19 New Intake Screening Form

1. Assess for Signs or Symptoms of Illness <ul style="list-style-type: none"> Persons with symptoms of illness or cough should be masked immediately and separated from others. <p>Do you have a...</p>		Date of Onset:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever (100.4°F/38°C) // Record temperature: ___°F/ ___°C	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath	
3. If YES to ANY question, place in person in ISOLATION.		
4. Contact Dr. Fisher (or designee) for review and determination as to ISOLATION or QUARANTINE.		







Inmate Name: _____ Number: _____

Employee Name: _____ Date: ___/___/___





Employee Signature: _____

Attachment 2. Isolation Room Sign



Respiratory Infection Isolation Room Precautions <i>PRECAUCIONES de sala de aislamiento de infección respiratoria</i>	
TO PREVENT THE SPREAD OF INFECTION, ANYONE ENTERING THIS ROOM SHOULD USE: <i>Para prevenir el esparcimiento de infecciones, todas las personas que entren a esta habitación tienen que:</i>	
	HAND HYGIENE <i>Hygiene De Las Manos</i>
	N-95 Respirator <i>Mascara Facial o Respirador N95</i>
	Gloves <i>Guantes</i>
	GOWN <i>Bata</i>
	Eye Protection <i>Protección para los ojos</i>
	Ensure that the door to this room remains closed <u>at all times</u>. <i>Asegurese de mantener la puerta de esta habitación cerrada <u>todo el tiempo</u>.</i>

Attachment 3. Quarantine Room Sign

<h1>Quarantine Room Precautions</h1> <p><i>PRECAUCIONES de Sala de Cuarentena</i></p>	
<p>TO PREVENT THE SPREAD OF INFECTION, ANYONE ENTERING THIS ROOM SHOULD USE: <i>Para prevenir el esparcimiento de infecciones, todas las personas que entren a esta habitacion tienen que:</i></p>	
	<p>HAND HYGIENE <i>Hygiene De Las Manos</i></p>
	<p>Face Mask <i>Mascara facial</i></p>
	<p>Eye Protection <i>Protección para los ojos si contacto cercano</i></p>
	<p>Gloves <i>Guantes</i></p>
	<p>Ensure that the door to this room remains closed <u>at all times</u>. <i>Asegurese de mantener la puerta de esta habitacion cerrada <u>todo el tiempo</u>.</i></p>

Attachment 4 – N95 Respirator Use

N 95 respirator use, N95 filters at least 95% of airborne particles.

Strategies for conserving N95 respirators as approved by the National Institute for Occupational Safety and Health (NIOSH)

Use hand hygiene before and after touching or adjusting.

Extended use: continuous use for repeated close contact encounters, can function within design specification for 8 hours of continuous or intermittent use.

Reuse: If officer leaves unit for bathroom or break remove the N95 without shaking it and put it into a paper bag with name on it wash hands. Use clean gloves when donning a used N95 and performing a user seal check. Discard gloves, wash hands.

Discard mask if contaminated with any bodily fluids, if obviously damaged or becomes hard to breathe through.

Implement “just-in-time” fit testing. Plan for larger scale evaluations, training and fit testing. Limit respirators during training, allow limited re-use of respirators by individuals for training and then fit testing.

Attachment 5 – PPE Sequence

See separate provided Attachment

Attachment 6 How can I Protect Myself

Vermont is currently under a Stay Home, Stay Safe Executive Order. The Governor's order directs Vermonters to stay at home, leaving only for essential reasons, critical to health and safety. If leaving the home, Vermonters should adhere to social distancing policies, including remaining six feet from others (except for those with whom they share a home) and thoroughly and regularly washing hands.

Take these everyday preventive actions to help stop the spread of germs:

- Stay at least 6 feet away from others.
- Stay home as much as possible.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- If you must go out, practice social distancing.
- Cover your coughs and sneezes with your sleeve or a tissue, then throw the tissue in the trash and wash your hands.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer. Always wash your hands if your hands are visibly dirty.

If you have been in close contact with a person with COVID-19, and develop a fever, cough or have difficulty breathing, contact your health care provider right away.

CLEANING YOUR HANDS

CDC recommends the following for hand hygiene:

Household members should clean their hands often, including immediately after removing gloves and after contact with someone who is ill, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Attachment 7 – What to Do if Diagnosed

See Separate provided attachment

Attachment 8 - INFORMATIONAL LINKS

<https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf> --Face mask with beards infographic

https://youtu.be/8jBr_2_6p-Y - Donning and Doffing PPEs

<https://youtu.be/zLbvQcpfZyQ> - Donning and Doffing a Tyvek Suit

https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/donning_09.html -- Donning an N95 Respirator

https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/doffing_17.html - Doffing an N95 Respirator

https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/doffing_21.html - Removing Gloves

Attachment 9 – Reserved for future use.

Attachment 10 Facility Staff Screening Tool

- It is suggested that this form be laminated. Upon arrival to the facility the employees are asked to respond verbally to these questions and a temperature taken.
- If an answer to one of the questions is YES or a temperature exceeds 100.4, then issue the employee a mask to wear, contact the on-duty CFSS, and send the employee home. Recommend that they call their supervisor and consult with their primary care provider.
- A written copy of this form is NOT required. Any positive results will be reported on the Line List.

Today or in the past 24 hours have you had any of the following symptoms?	
Fever, felt feverish, or had chills?	Yes ____ No ____
Cough that is abnormal for you?	Yes ____ No ____
Difficulty Breathing?	Yes ____ No ____
Temperature	Yes ____ No ____
Current Temperature (Fever 100.4F/38C	Record Temperature F ____ C ____

Attachment 11 PPE Chart

Person	N95 Respirator	Face Mask	Eye Protection	Gloves	Gown/Coveralls/Tyvek Suits
Inmates					
Asymptomatic Inmates Under Quarantine		XX			
Confirmed or Suspected Symptomatic		XX			
Workers handling laundry or used food service items		XX	XX	XX	XX
Workers cleaning an area occupied by someone on quarantine or Medical Isolation		XX	XX	XX	XX
Staff					
Staff having contact with inmates on quarantine (but not performing temperature checks or providing medical care)		XX	XX	XX	
Staff conducting		XX	XX	XX	XX

temperature checks on inmates/intakes OR providing medical care to asymptomatic quarantined persons.					
Staff conducting temperature checks on staff		XX	XX	XX	
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (See CDC Infection Control guidelines)	XX		XX	XX	XX
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols. (See CDC	XX		XX	XX	XX

Infection Control guidelines)					
Staff Handling laundry or used food service items from Medical Isolation/Quarantine	XX		XX	XX	XX
Staff cleaning an area where a COVID-19 case has spent time.	XX		XX	XX	XX

Attachment 12 – Testing Addendum

COVID-19 GUIDELINES – Testing

Testing

1. Any inmate presenting to medical with any symptom indicative of possible COVID-19 infection will be screened by a nurse. The inmate should be wearing a mask, if not one will be provided.
2. A rapid-flu test will be conducted where medically indicated.
3. The nurse will review results of this screening with Centurion’s Regional Medical Director, or designee.
4. The Regional Medical Director or designee will determine the necessity for Medical Isolation, Medical Quarantine, and will order a COVID-19 Test when medically appropriate in accordance with the most current guidance from the VT Department of Health.
5. Such testing will be conducted in accordance with the guidance provided by VDH or local labs and only by appropriately trained medical personnel.

Test Sample Transportation Process

1. Follow these instructions if your site is not listed below with specific instructions.
2. The lab request must be complete by the medical staff and indicate the sample is from an incarcerated person, this will ensure prioritization.
3. The medical staff will prepare the sample for transport.
4. The samples are to go to the hospital local to that facility.

NSCF- Test Sample Transportation Process

1. Ensure all paperwork is complete and it indicates HIGH PRIORITY INCARCERATED INDIVIDUAL.
2. Test samples are to go to North Country Hospital. There is no currier service for this hospital. It will need to be transported by a staff member.

3. Once a test is taken and transport of the sample is needed, medical will call **Orin Martin** at 802-334-3222 and provide him the time the sample will arrive. A minimum of a ½ hour advance notice is required to allow the hospital to plan for an expedited pick up from the staff transporting the sample.
4. Transport staff are to enter the Emergency Entrance with the sample for delivery.

CRCF- Test Sample Transportation Process

1. Be sure the paperwork is complete and indicates HIGH PRIORITY INCARCERATED INDIVIDUAL.
2. Your samples will go via courier so the 3rd bag will need to go into a Styrofoam or hard sided box, the couriers may not take the samples if not in this box.
3. Medical staff will call **847-7754** to arrange a pick-up when/if you need a sample taken to the lab.

MVCF- Test Sample Transportation Process

1. Be sure the paperwork is complete and indicates HIGH PRIORITY INCARCERATED INDIVIDUAL.
2. Monday to Friday, from 0530 to 1800, call x1760
 - a. Inform the lab staff member of a specimen drop off.
 - b. Lab staff member will meet person with specimen at Stratton Rd entrance.
 - c. Lab staff will verify specimen and information and assume control of materials.
3. Monday to Friday, after 1800, call x1771
 - a. Follow same process as above.
4. Samples coming from the DOC have priority for processing to our reference labs for testing the lab.

NECF- Test Sample Transportation Process

1. Be sure the paperwork is complete and indicates HIGH PRIORITY INCARCERATED INDIVIDUAL.
2. Medical personnel will prepare the sample for transport.

3. Samples for COVID 19 testing must be delivered to NERMC Mon-Fri by 3pm, Saturday by 12:00pm, Sunday by 10:00 am.
4. The samples should be delivered to the hospital through the business center office doors.
5. The person delivering will have their temp checked before being allowed to deliver to the lab.
6. Refrigerated samples are stable x 72 hours if you are outside of the delivery hours.
7. Please call the lab in advance if you are sending a COVID 19 sample **748-7458**. The lab manager is **Jeannie McBride**.

NWSCF- Test Sample Transportation Process

1. Be sure the paperwork is complete and indicates HIGH PRIORITY INCARCERATED INDIVIDUAL.
2. Samples will be received Monday-Friday 6am-6pm, Saturday 8am-12pm.
3. Take it to the main medical office building 133 Fairfield St.
4. Expect to answer screening questions and have a temp check.
5. There will be a greeter to direct you to the outpatient lab.
6. Outside of the hours above the sample can be taken to the ER. The lab number is **524-1070**.

SSCF- Test Sample Transportation Process

1. Be sure the paperwork is complete and indicates HIGH PRIORITY INCARCERATED INDIVIDUAL.
2. Samples for testing for CVD19 should be brought into the hospital through the main door, there is a person at the desk who will provide directions to the lab.
3. If after **5pm please call 885-7695** directly to the lab and someone will assist you in delivering the test.

4. For general lab questions call **885-7692**.

What to do if you are diagnosed with COVID-19

Isolate at home:

- Don't leave home, except to get medical care. Call ahead before visiting a health care provider or emergency department.
- Most people with mild illness can recover at home. While there is no specific treatment for COVID-19, you should get plenty of rest, drink plenty of fluids, and take fever-reducing medication if needed.
- As much as possible, stay in a specific room in your home and use a separate bathroom. Stay at least six feet away from others in your home at all times. Don't share household items.
- Have someone else care for your pets. Although no animals have been reported to get sick with COVID-19, people with the virus should limit contact with animals until more information is known. If you do care for your pet, wash your hands before and after.
- Stay connected with others – use technology to communicate with friends and family.

Daily cleaning and washing:

- Clean and disinfect surfaces in your separate room and bathroom. Have someone else clean the other areas of your home.
- Thoroughly wash household items, like utensils, after using.
- Wash your hands often with soap and water for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water aren't available.

When to get medical care immediately:

If you have difficulty breathing, chest pain, confusion, or changes in color on your lips, gums, face, around the eyes, or nails, seek medical care immediately. When you call for medical care, tell the provider or 911 that you have COVID-19 and are isolating at home.

Tell people who you have been in close contact with to quarantine at home – even if they don't have symptoms:

- The Health Department will call you and help you identify people that were in close contact with you during your infectious period, which starts the day before any symptoms began, and continues until you have [recovered](#).
- Advise your close contacts to quarantine at home. Share the [“What to do if you are a close contact of someone who is diagnosed with COVID-19”](#) guide with them.
- Close contacts of your close contacts do not need to follow the guidelines, unless they have symptoms.
- Close contact means being within six feet for a long time. Close contact does not mean being more than six feet away in the same indoor environment for a long period of time, walking by, or briefly being in the same room.

Examples of close contacts	Examples of NOT close contacts
People living in the same home	Cashier at the grocery store
Intimate partners	Pharmacists who gave you medication
People who rode in the same car while you were infectious	The person in front of you in line at the store
Friends who had dinner together while you were infectious	Coworker who briefly walked by to ask a question

It's safe to stop home isolation when you've recovered. This is when **all three things** have happened:

1. It's been three full days of no fever without the use of fever-reducing medication, **and**
2. Other symptoms have improved, **and**
3. At least seven days have passed since your symptoms first appeared.

Difference between isolation and quarantine

	Self-isolation	Self-quarantine
For whom?	People with symptoms of COVID-19 <ul style="list-style-type: none"> • For people with COVID-19 who aren't sick enough to be hospitalized, or • For people who are waiting for test results 	People with no symptoms of COVID19 <ul style="list-style-type: none"> • Close contacts of people with COVID19
For how long?	Until recovery, which happens when all three have happened: <ol style="list-style-type: none"> 1. It's been three full days of no fever without the use of fever-reducing medication, and 2. Other symptoms have improved, and 3. At least seven days have passed since your symptoms first appeared. 	For 14 days since the date of possible exposure. The day of the exposure is Day 0.
What does it mean?	Staying in a separate room in the house, using a separate bathroom, avoiding contact with others.	Staying home 24/7, monitoring for symptoms, and practicing social distancing. If possible, using a separate room and bathroom. If you become symptomatic, your close contacts should also self-quarantine.

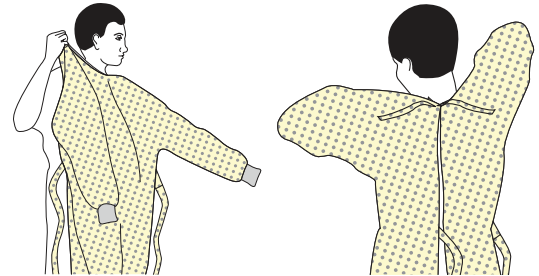
More information is available on our website: www.healthvermont.gov/COVID-19

SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



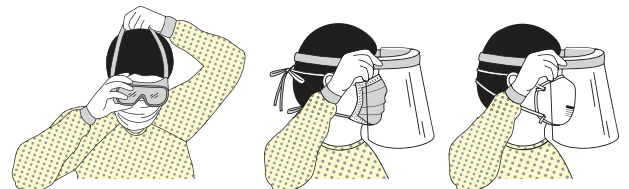
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



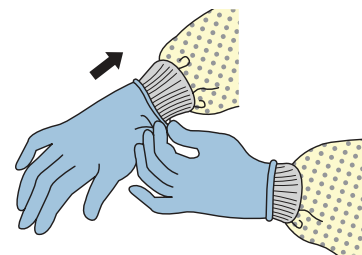
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



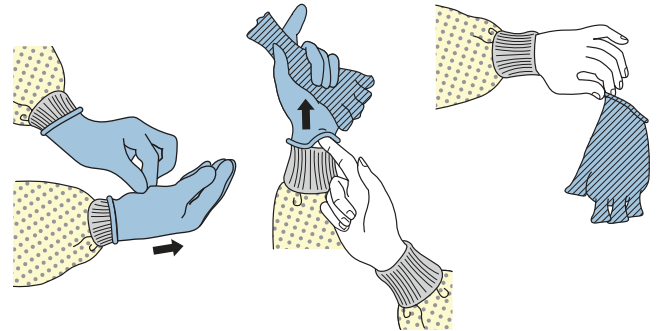
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



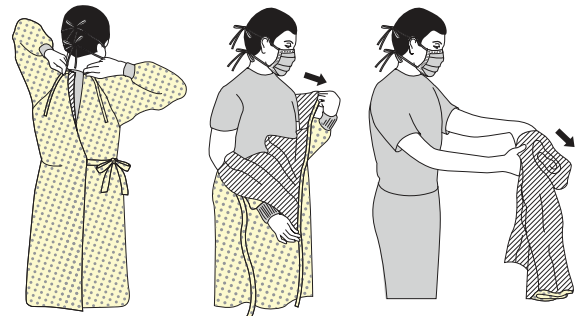
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



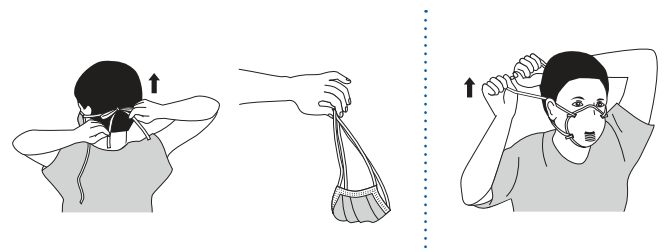
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

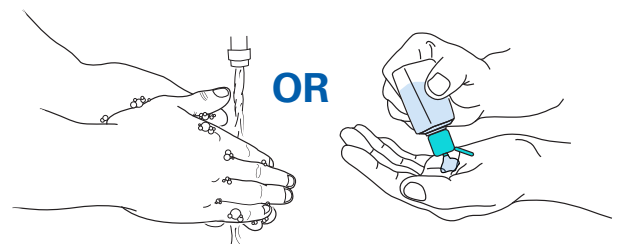


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

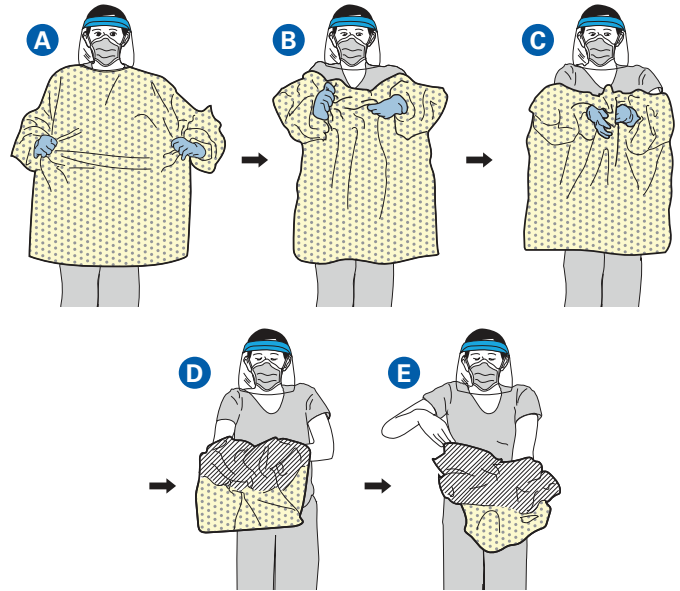


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



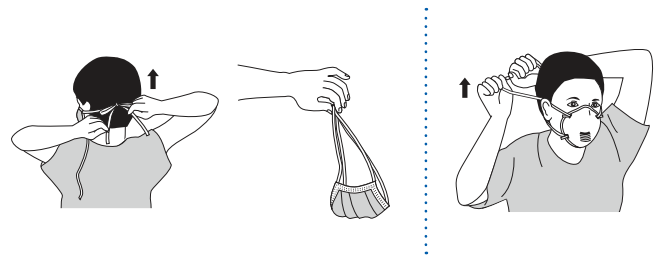
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

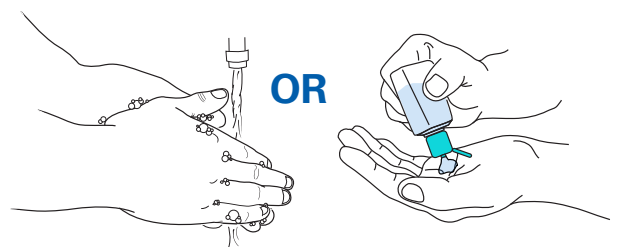


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

