

# UPDATED January 10<sup>th</sup>, 2022

## 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 <sup>1</sup>recommendations. Please ensure you are using the most current document.

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**Protocol Updates**

## 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. Isolation is a medical decision.
- 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 incarcerated individuals returning from an ER transport.
- d. Close contact:** Suspected exposure through close contact per VDH guidance to [someone with COVID-19](#) outside of the workplace. Close contact as defined:
  - 1. You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
  - 2. You provided care at home to someone who is sick with COVID-19
  - 3. You had direct physical contact with a person with COVID-19 (hugged or kissed them)
  - 4. You shared eating or drinking utensils with a person with COVID-19
  - 5. A person with COVID-19 sneezed, coughed, or somehow got respiratory droplets on you.
- e. Cohorting:** incarcerated individuals on the same status (e.g., two incarcerated individuals both designated for Isolation) may be housed together
- f. Immunocompromised:** Having an impaired immune system as diagnosed by a medical provider.
- g. PPE- Personal Protective Equipment:** equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. (Gloves, masks, eye protection, gowns)

- h. 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.
- i. Eye Protection:** Goggles or disposable face shield that fully covers the front and sides of the face). This does not include personal eyeglasses.
- j. 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.**
- k. Microfiber Mask:** Four-ply microfiber cloth
- l. Surgical Mask:** A disposable mask covering the user's nose and mouth and providing a physical barrier to fluids and particulate materials.
- m. Hot Zone:** An area used to house incarcerated individuals on quarantine or isolation statuses. Full PPE is required.
- n. Warm Zone:** A dedicated transition point between a cold and hot zone. Used for donning or doffing of PPE.
- o. Cold Zone:** An area not being used to house incarcerated individuals on quarantine or isolation status. Cloth face coverings are required
- p. Fully Vaccinated:** 2 weeks have passed since the second dose of the Pfizer or Moderna vaccine series OR 2 weeks have passed since a single dose of the Johnson & Johnson vaccine.
- q. Unattested-** Staff who have chosen not to fully execute the attestation form as provided by the State of Vermont
- r. TNP:** Test not performed.
- s. Contracted Staff-** Any person employed through risk intervention services, BGS or VitalCore who are assigned to a specific site.

- t. **Antigen test:** A rapid COVID-19 antigen detects the presence of SARS-CoV-2 virus proteins in the sample, allowing early detection of the infection within 15-30 minutes. The test should be performed after the onset of symptoms.

## Section 1: General Precautions

### A. Entrance into Facilities

1. Anyone entering the site will be required to self-screen using Attachment 10
2. Attachment 10 is to be displayed on every public and staff entrance in each site.
3. Superintendents may approve entrance for contractors who fall outside DOC contracted staff.
4. Those subject to approvals will need to self-screen using attachment 10 and wear a surgical mask while in the facility.
5. A log-book for contractors will be maintained on the locations, specific dates, specific contractors, and any DOC staff assigned to construction work.
6. If you have had any of the symptoms listed in Attachment 10 in the last 48 hours DO NOT enter the building and contact your supervisor or reschedule your visit.
7. If you have a chronic medical condition that causes COVID 19 like symptoms, please discuss with a medical provider prior to entering the building.
8. Fully vaccinated individuals should not enter the building if they are currently experiencing any of the listed COVID 19 symptoms.
9. If you develop any of these symptoms while at work notify your supervisor.
10. Staff will be allowed to return to work following the guidance described in attachment 9. If symptoms persist or worsen, they should follow up with a health care provider.



## B. Environmental Cleaning

1. 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.
2. Each superintendent will ensure their local cleaning schedule is increased for the duration of this pandemic. Additional incarcerated individual labor may be utilized. Attention should also be given to the cleaning schedule for areas where incarcerated individuals are prohibited.
3. Cleaning may be done using EPA-certified disinfecting wipes such as the “Red-capped PDI Sani Cloth Germicidal Wipes” or equivalent as available.

### i. Wearing of Face Masks-

#### 1. All staff and incarcerated individuals in facilities MUST WEAR MASKS AS FOLLOWS:

a) Incarcerated individuals must wear microfiber masks.

b) Facilities shall require Department staff to wear an N-95 or KN-95 mask, which will be provided by the Department, while inside a facility or any instance where a Department staff member is interacting with an individual in the care, custody, or supervision of the Department of Corrections.

**\*\*This mask direction supersedes Attachment # 11 on Page 98 until further notice.\*\***

#### **Exceptions are as follows:**

- a) Staff and incarcerated individuals that are in quarantine or isolation ARE required to wear PPE as directed in the PPE Chart, [Attachment 11](#) whether they are fully vaccinated or not.
- b) All incarcerated individual and incarcerated individual visitors are required to wear surgical masks during visitation with the exception of children under 2 years of age.
2. In any situation that requires either a surgical mask or N95 mask, the microfiber mask is to be removed and the appropriate mask applied.
7. Microfiber masks will be removed if they become wet or soiled.

8. They will be put into the laundry and treated like laundry coming from medical Isolation.
9. If staff are provided clean microfiber and will be responsible for laundering and maintaining these.
10. Where the protocol specifies surgical mask, microfiber **MAY NOT** be used as a substitute.

### C. Social Distancing

1. GTL will provide one free video visit per incarcerated individual per week.
2. The restriction on the number of allowable purchased video visits per week has been temporarily lifted.
3. Volunteer activities have been suspended indefinitely, except as provided for in Step-Down Parameters.
4. 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 used to ensure lawyer-client contact.
4. Each superintendent will review how to group incarcerated individuals for medication and meals. There should be a time gap between groups.- During that time gap, the area will be cleaned and disinfected.
6. At this time outdoor recreation will continue to be offered. Indoor recreation (e.g., gym) will occur only by unit with disinfection in between uses.
7. Each superintendent will implement methods to reduce movement of staff between units/buildings to the extent reasonably possible.

#### D. COVID-19 Testing

1. Staff, to include all new hires, contractors, and medical staff, and BGS staff working in a facility are required to review and if they choose to, execute a [self-attestation form \(Attachment 6\)](#) relating to vaccine status to be kept on file with the superintendent. In addition, staff are required to go into VTHR and execute the self-attestation form electronically. (This is only required for people who those have access to VTHR.)
2. Those who choose not to execute an attestation form will be required to test for COVID-19 twice weekly and provide results to the superintendent if test is not conducted on site.
3. Any unattested staff who are required to quarantine from work due to exposure or a positive COVID result will be required to use their own leave time.
4. Surveillance testing may be counted as one of the 2 days required for testing.
5. There must be 3-4 days between each testing day.
6. Each facility will offer daily testing for unattested staff only.
7. Superintendents may approve testing outside of the above requirements on a case by case basis.
8. Superintendents will provide the name of any staff testing outside the above requirements daily to the covid response team at the email alias provide.
9. Mandatory Staff surveillance testing at each facility will be conducted every other week, on alternating Tuesdays.
10. All staff are required to test at the facility during outbreak testing.
11. Fully vaccinated staff will continue to test every other week on alternating Tuesdays.
12. If staff miss a scheduled testing day, or was identified as a TNP, they must provide proof of PCR testing from another source within 48 hours of that scheduled testing day.
13. If staff are returning to the facility following extended leave they are required to test the first day upon return and then follow the above process for testing.

14. Staff should access their own results by creating an account directly in **Broad** once they receive their initial set up email from them.
15. If the test is positive, staff will use the guidance provided in [Attachment 9](#).
16. Incarcerated individuals will be tested one facility a week in a 6-week cycle, as scheduled by the COVID Response Team.
17. The superintendent, or designee, will identify staff and incarcerated individuals who have previously tested positive. Individuals who have previously tested positive will not be included in testing if their previous positive test occurred within the past 90 days. If more than 90 days has passed, the individual will be tested but the past positive test, and date of testing, will be indicated on the spreadsheet.
18. When a positive C19 case is identified in a facility, the identifier is to send an email immediately to the COVID response team CRT) at [AHS.DOCCOVIDResponseTeam@vermont.gov](mailto:AHS.DOCCOVIDResponseTeam@vermont.gov).
19. The CRT will provide direction to the affected facility.
20. Once contact tracing has been completed, the Rapid Response Team will meet and determine next steps.
21. Incarcerated individuals on intake quarantine will receive COVID-19 tests at the following intervals.
  - 1 Days (entry)
  - 7 Days
  - 13 Days
22. Unvaccinated Incarcerated individuals in quarantine following any offsite trip
  - a. 7 Days
  - b. 13 days

## E. COVID-19 Antigen Testing- Staff

1. Each facility shall dedicate specific SOS/CFSS or above to secure the antigen test kits in their offices with access limited to those dedicated SOS/CFSS staff.
2. Antigen tests are available to any DOC or contract staff working out of a facility at the approval of the SOS/CFSS or above if staff who become symptomatic when reporting to the facility or who report symptoms during their shift.
3. Superintendents may approve use of an antigen test outside the above parameters but only for symptomatic staff.
4. Once the SOS/CFSS or above determines the need for an antigen test the CFSS will be notified and will supply the test.
5. Staff will conduct the test in an isolated area avoiding close contact with others. (Preferably in their vehicle)
  - <https://youtu.be/baQQfoX-JXo>
  - [OTC COVID Test Instructions](#)
6. Staff will show the results to the CFSS.
7. Staff will complete the [VDH Report form](#) and return to the CFSS.
8. The CFSS will then forward the VDH form to the COVID team alias. [AHS.DOCCOVIDResponseTeam@vermont.gov](mailto:AHS.DOCCOVIDResponseTeam@vermont.gov).
9. The SOS/CFSS will immediately report any positive antigen test to the superintendent or designee and lock down and begin contact tracing.

10. If staff receive a positive result from an at home antigen test the results must be reported to their superintendent and the staff member must report their results on the VDH web site. [Vermont COVID-19 Self-Test Result Reporting Form \(alchemer.com\)](https://www.vermont.gov/health/COVID-19/Self-Test-Result-Reporting-Form)
11. Staff who are symptomatic, but test negative on Antigen, are still excluded from work pending a PCR test.
12. A PCR test can be administered at the facility at the discretion of the superintendent or designee submitted with daily testing.
13. The above process follows VDH guidance. [COVID-19 Testing Decision Guide \(healthvermont.gov\)](https://www.vermont.gov/health/COVID-19/Testing-Decision-Guide)

## E. Contact Tracing

1. When a positive staff or an incarcerated individual in GP is identified the facility will immediately lock down and commence contact tracing which includes completing the coordinating forms. [Attachment 13, a, b & c.](#)
2. If the positive incarcerated individual is identified on intake, the facility is to immediately commence contact tracing and has the discretion to lock down.
3. If an attested staff or fully vaccinated incarcerated individual is identified as a close contact, there is no need to do a video review of that staff member or that incarcerated individual.
4. Although no tracing is conducted in #3 above, the line list on the must be completed. [COVID - 19 Protocols and Guidelines | Department of Corrections \(vermont.gov\)](#)
5. That attested staff or fully vaccinated incarcerated individual identified in #3 must take a PCR test at **day 5** after exposure.
6. All documents must be submitted to the RRT alias.

## F. Personal Protective Equipment (PPE)

7. Staff anticipated to wear PPE should be trained on its use. CDC instructions are attached as [Attachment 5](#).
8. The designated Operations Manager will be responsible for maintaining a current inventory of PPE and making arrangements to maintain a supply chain for this equipment.
9. Correctional staff will 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 incarcerated individuals from, or to, an Isolation or Quarantine area.
  - c. When duties will bring staff in close contact with incarcerated individuals on an Isolation or Quarantine status.
  - d. Where a Use of Force appears likely (wear Gowns in isolation or quarantine only)
  - e. Staff will wear N95 masks and eye protection while conducting mouth checks during medication pass.
10. Each facility will identify location(s) where donning/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.

## N95 Respirator Use

Strategies for conserving N95 respirators in accordance with CDC guidance.

1. Staff should always use hand hygiene before and after touching or adjusting their mask,
2. Masks may be re-used by the same officer throughout a shift.
3. If officer leaves unit for bathroom or break, remove the N95 without shaking it and put it into a paper bag with their name on it, and wash hands.
4. Use clean gloves when donning a used N95 and performing a user seal check. Discard gloves, wash hands. [Donning a used N-95](#).
5. One time use for N95 is preferred, but if supply is an issue, the reusable process pursuant to #6 below can be followed.
6. At the conclusion of the shift, the mask may be saved, in a paper bag, labeled with the name of the officer, and re-used up to a maximum of 5 times. Maximum use should not exceed 8-12 hours.
7. Masks should be discarded if they are contaminated with bodily fluids, damp, or soiled. They should be discarded if stretched out, deformed, become difficult to breathe through, or otherwise no longer provide an appropriate seal.

## G. Laundry

Each facility will create a local protocol for laundry collection in each unit, general population, intake quarantine and medial/isolation. Each protocol will be in compliance with the coordinating criteria:

- Laundry should be done by unit only.
- Anyone handling laundry from isolation and quarantine will use full PPE which includes microfiber mask.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- When laundry is collected from isolation and quarantine it will be placed in a mesh bag and then a plastic bag for transporting to the laundry.
- Laundry is to be washed at the highest temperature and be completely dried.



## Section 2 – Staff

### A. Immunocompromised Staff

1. If any staff feel they are immunocompromised, it is their responsibility to pursue accommodations through human resources.
2. If you believe you are disabled in accordance with the Americans with Disabilities Act and can still perform the essential functions of your position, with or without a reasonable accommodation, you may request an accommodation in accordance with State of Vermont Policy 3.2 – Reasonable Accommodation: [Number 3.2 REASONABLE ACCOMMODATION.pdf \(vermont.gov\)](#)

### B. Inter-Facility Travel

1. Anyone not assigned to a specific facility who plans to enter must be tested within the previous two weeks.
2. These personnel can coordinate with the Superintendent and be tested in a facility in accordance with their bi-weekly schedules.

### C. Staff Close Contact

1. Staff who are fully vaccinated with no symptoms will not be excluded from work.
2. Staff who have been fully vaccinated and are exhibiting symptoms consistent with COVID WILL BE excluded from work and required to test as soon as possible.
3. Staff who are fully vaccinated and continue to exhibit symptoms following a negative COVID test should follow up with their medical provider to receive return to work guidance.
4. If it is determined that a work-related exposure has occurred, the involved staff are to be prepared to speak with a contract tracer and provide their vaccine status and a copy of their vaccination card if requested.
5. Staff who are **NOT FULLY** vaccinated and have had contact with *one or more known SARS-CoV-2 cases* for a cumulative time of 15 minutes or more within 24 hours will be considered a close contact and must quarantine.

6. Staff who are not fully vaccinated, will be excluded from work pending review by RRT.
7. Staff who are unattested and determined to be a close contact and are asymptomatic can return to work after a PCR test which has been taken on day 7 and negative results received.

#### D. Staff Diagnosed with COVID-19

1. Staff who have confirmed COVID-19 should refer to [Attachment 9](#) for specific return to work criteria.
2. They should contact their medical provider and may not return to work while symptomatic.
3. Each superintendent will ensure information is tracked regarding any employee that is sick or in-home quarantine.

## Section 3: Intake

### A. New Intake Screening

1. All new intakes to a Correctional Facility will be placed on Intake Quarantine.
2. When a new intake enters the sallyport, security staff will place a microfiber mask on them. Security will wear gloves, surgical mask and a gown when greeting new intakes.
3. Security Staff will complete [Attachment 1](#).
4. For any new intake providing a positive result on this screening tool, security staff will don PPE (N95 mask and eye protection)
5. Security staff will perform necessary searches (pat or strip in accordance with existing directive).
6. All new intakes will be directed to wash their hands as a general health precaution.
7. Intakes who did not screen positive on [Attachment 1](#) will be processed in accordance with Quarantine guidance below.
8. Any intake who has screened positive on [Attachment 1](#) will 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 eye protection).

9. Medical will complete a second screening and consult with the on-call medical provider with regard to placement.
10. Medical will review the vaccine registry of all intakes to determine vaccine status and enter the status into OMS and EHR (to include name and date of vaccine).
11. Medical will review incarcerated individuals past COVID -19 history on intake.
12. Verified prior positives will be entered into OMS.
13. If at intake it is determined that the incarcerated individual has not been vaccinated, medical will offer the vaccine.
14. The medical provider will determine if placement on Isolation is appropriate.
15. Immediately upon confirmation of a positive screen by medical, **the Facilities Director will be notified**
16. Each facility will maintain a separate logbook regarding Incapacitated Persons. Such log will include the following:
  - a) Legal name/Assigned ICP number
  - b) DOB
  - c) Date/time of lodging and release
  - d) Cell # they are housed and other ICPs if any are housed with
17. Such log will be maintained, and the information may be provided, upon request, to the Vermont Department of Health. The log will otherwise remain confidential.

#### **B. Authorization to Disclose Personal Health Information- Specific to COVID-19**

1. The assigned CSS will meet with each incarcerated individual upon intake to complete the [Authorization to Disclose Confidential Health Information](#).
2. Each completed Authorization to Disclose Confidential Health Information will be scanned and uploaded into the DocImage tab within the Medical Tab of OMS using the Document Category

“Releases of Information” and the Document Name “Authorization to Disclose Confidential Health Information.”

3. If the incarcerated individual declines/refuses to complete an authorization or indicates they have no one they want contacted, the CSS will fill out the top portion of the Authorization to Disclose Confidential Health Information, write refused/declined on the signature line, and then scan/upload the document into the DocImage tab.

## Section 4: Movement

### A. Off-site Appointments

\*Any incarcerated individual going off-site who will be returning must don an N95 and wear until they return. Such mask will be collected upon return by staff and disposed of.

#### Scheduled Off Site Appointments-

- a) The **medical doctor(MD), nurse practitioner(NP), or physicians assistant(PA)** will make the decision upon referral and medical will notify the facility during the morning meeting to add incarcerated individual to the transfer list and whether quarantine is needed upon return.
- b) Prior to a court trip, medical will check with the **MD, NP or PA** prior transport and notify the facility once it has been determined whether quarantine is needed upon return.
- c) See testing requirements below

#### Emergency Off Site Appointments

- a) Medical will check with the **MD, NP or PA** as to whether an incarcerated individual needs to be quarantined upon return and will notify DOC site leadership.
- b) If an incarcerated individual requires an emergent court trip before 5pm medical will check with the **MD, NP or PA** and notify DOC leadership of the decision to quarantine or not upon return.
- c) If the incarcerated individual’s emergent court or emergent medical off-site trip is after 5pm, they will be placed in quarantine until the **MD, NP or PA** is able to determine quarantine requirement.
- d) See testing requirements below

#### Testing Requirements

- a. Anyone who is fully vaccinated or has not been positive within the last 90 days returning from an off-site appointment who has been off site **less than 24 hours** will return to general population and test on day 3, day 7 and day 12 all the while being monitored for symptoms for 14 days.
  - b. Anyone who is fully vaccinated or has not been positive within the last 90 days returning from an off-site appointment who have been off site **more than 24 hours** will return to general population and test on day 0, 3, day 7 and day 12 all the while being monitored for symptoms for 14 days.
  - c. If not fully vaccinated or if they are immunocompromised the incarcerated individual must quarantine per usual protocol.
1. When GP incarcerated individuals are being transported to and from off-site medical appointments, the incarcerated individuals will be issued surgical mask and be instructed to wear it.
  2. When an unvaccinated incarcerated individual or a fully vaccinated incarcerated individual found to be immunocompromised by the medical provider refuses to go to an offsite medical appointment, their case will be reviewed during the morning's meeting to ascertain the reason for the refusal.
  3. If the barrier driving the refusal cannot be resolved, their case will be reviewed by the medical directors of VitalCore and DOC collaboratively.
  4. Any cases determined to present a serious threat to the incarcerated individual's well-being will be identified.
  5. For those cases identified as a serious threat to the incarcerated individual's well-being, an appointment will be scheduled immediately, and the Operations Section will be notified of the name, date, time, and facility.

6. The COVID Response Team will notify the superintendent that quarantine placement has been overridden and they are to follow housing placement recommendations, to the best of their ability, to minimize or eliminate risk of infection as outlined in the VDH **Strategies for Incarcerated Individuals Returning from Medical Appointments**, [Attachment 32](#).

#### B. Transport of COVID Infected/Suspected Incarcerated individual

1. All transports of anyone in quarantine/isolation will be conducted using vans with the security insert.
2. Incarcerated individual wears a surgical mask and washes their hands regardless of vaccination status.
3. Correctional officer wears N95 mask, eye protection, gloves, gown, should be fully vaccinated and not immunocompromised.
4. 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.
5. Ventilation system should bring in as much outdoor air as possible. Set fan to high.
6. DO NOT place air on recirculation mode.
7. Weather permitting, drive with the windows down.
8. Following the transport, if close contact with the patient is anticipated, put on new set of PPE. Wash hands after PPE is removed.
9. The vehicle must be cleaned in accordance with the below steps immediately after transport and prior to its use for any other transport.
10. After transporting a patient, air out the vehicle for one hour before using it without a N95 respirator.
11. When cleaning the vehicle, wear a disposable gown and gloves. A N95 and eye protection (or face shield) should be worn if splashes or sprays during cleaning are anticipated.

12. Clean and disinfect the vehicle after the transport utilizing a hospital-grade disinfectant.

## Section 5-Incarcerated Individual Close Contact

1. Incarcerated individuals who are identified as close contacts who are fully vaccinated or have been COVID positive within the last 90 days do not need to quarantine unless they are symptomatic.
2. These incarcerated individuals must be monitored for symptoms for 14 days.

## Section 6 –Quarantine & Isolation Units

### A. Assignment to Quarantine or Isolation

1. Staff who believe they are immunocompromised should discuss this with their medical provider and work with their supervisor and human resources if requesting accommodations.
2. Whenever feasible a staff member should not be responsible for both a Quarantine and an Isolation Unit. If this must occur particular attention must be paid to PPE.
3. Any incarcerated individual on Medical Isolation, or Quarantine, *for any reason*, will be maintained on 15-minute special observation checks for the entire time they are on Medical Isolation or Quarantine.
4. An Incident Report in OMS, using the category code medical, will be created for each incarcerated individual placed in Medical Isolation or Quarantine *for any reason*.
5. The Notice of Placement, [Attachment 29](#), will be scanned into OMS as an attachment in the incident.
6. Incarcerated individuals with a confirmed COVID-19 positive test result will be housed in Isolation. If an incarcerated individual with a confirmed positive is in Isolation no incarcerated individual without a confirmed positive may be housed in Isolation.
7. Incarcerated individuals on intake quarantine or medical quarantine will be housed in the quarantine unit.

- a. If double-celling is necessary, incarcerated individuals on day 10 (or later) of quarantine, with the same date of Admission, who have had a negative day 7 test may be housed together.
8. Any incarcerated individual deemed by medical to be immunocompromised (Per CDC guidance) may be considered for a single cell if available.
9. Incarcerated individuals who refuse to participate in DOC mitigation strategies (COVID testing, etc), will be placed in a location by themselves that is neither with incarcerated individuals on Isolation or Quarantine *if such space is available*.
10. If such a space is not available, they may be housed in Quarantine.
  - a. They will be restricted to their cell and offered regular opportunities to participate in COVID testing.
  - b. Incarcerated individuals who continued to refuse will remain in quarantine for a period of 25 days.
  - c. During this time they should be celled with other incarcerated individuals who are refusing to participate in DOC mitigation strategies and whose date of refusal was the same (or within two days.)
  - d. They shall not be celled with incarcerated individuals who are in quarantine for any other reason.
11. Staff PPE requirements for both quarantine and isolation are required in accordance with attachment 2 and 3.
12. Incarcerated individuals in quarantine and isolation are required to wear a surgical mask whenever the cell doors are open or they are in close contact with others.



## B. Quarantine Unit

1. The designated Facility Operations Manager will be responsible for tracking the time periods in this section, coordinating results with the RDOM, and notifying facilities when incarcerated individuals may be moved out of quarantine
2. Incarcerated individuals may be removed from Intake quarantine after they meet all of the following:
  - 14 days
  - A negative Day 13 test
  - Asymptomatic
3. Incarcerated individuals who refuse their scheduled testing will remain in quarantine for a period of 25 days
4. Recreation/Out of Cell time will be by cell. All areas where incarcerated individuals on quarantine recreate must be cleaned and disinfected before the next cell comes out.
5. The facilities will provide a “Welcome to Quarantine” packet to each incarcerated individual upon entering the quarantine unit based on a 2-week quarantine period. The packet will provide the following:
  - a. Notice of Placement, [Attachment 29](#)
  - b. Schedule for required COVID-19 testing while in quarantine
  - c. Daily schedules, (showers, chow, Rec time)
  - d. The Facility Rec Department will be responsible for providing the rec materials. (Coloring supplies, playing cards, tablets, puzzles, Sudoku, crosswords, etc.)
  - e. Instructions as to how they will communicate with their caseworker while in the unit
  - f. Instructions on how to submit their phone sheet
  - g. How to access commissary
  - h. Details on roles of the caseworker and mental health services

6. 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](#)).
7. All services (meals, medication, etc.) will be delivered in the cell.
8. Laundry is to be done in compliance with the criteria set out in Section 1(G) of this protocol.
9. 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.
10. A gown is not required when there is no direct contact with an incarcerated individual.
11. If a cell door or food chute will be opened, then a gown will be worn.

### C. Medical Isolation

1. Incarcerated individuals will be placed in medical isolation and screened at the direction of the **MD, NP or PA**. Placement will be based on physical symptoms or a COVID -19 positive test result.
2. If individuals are identified with symptoms, they will be provided a surgical mask and instructed to don it.
3. 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 incarcerated individual.
4. If it is determined that the incarcerated individual 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.
5. All services (meals, medication, etc.) will be delivered in the cell.
6. Meals will be served with disposable food service items. Nothing coming out of the Isolation area will be returned to the Kitchen.
7. Laundry from medical isolation should be done in accordance with criteria set out in Section 1(G) of this protocol.

8. If a phone call is allowed, it must be done from within the Isolation Area and disinfected following use.
9. Once the incarcerated individual is in possession of a tablet, any social calls can be made using the tablet.
10. 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](#)).
11. 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.
12. Any incarcerated individual in Medical Isolation will not leave the cell unless there is a critical health-related event or as directed below. ~~Hygiene will be practiced using a cloth and basin except for those areas where a shower is built into the cell.~~
13. Incarcerated individuals will be granted access to showers while in isolation one cell at a time with sanitation in-between individuals using the shower facilities.
14. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.

#### D. Cleaning – Isolation & Quarantine Spaces

1. Incarcerated individuals within a Quarantine unit may be used to clean common areas of the unit, using the PPE specified in [Attachment 11](#).
2. Wearing full PPE spray the cell with EPA- registered cleaners using the sprayer.
3. Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces
4. **Hard (non-porous) surface cleaning and disinfection**

- a. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- b. For disinfection, use EPA- registered cleaners/ES-64. Oxivir wipes may also be used for frequently touched or difficult to clean surfaces.

#### 5. Soft (porous) surface cleaning and disinfection

- a. For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - i. If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
  - ii. Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19 and are suitable for porous surfaces.](#)

### Section 7 - Local Surge Units

1. The size of a local Surge unit will be driven by the number of positive tests at a site. It is, therefore, impractical to pre-designate these spaces. The superintendent, in consultation with the **Facilities Director**, is expected to make real-time decisions on location based on the number and location of positive tests.
2. The below provides the essential parameters to meet in opening a local Surge unit, while preserving flexibility to meet the specific needs of a situation.
3. The facility will be placed in full lock-down while the unit is being established.
4. PPE issuance and use will be initiated per the COVID-19 Facility Guidelines.
5. Incarcerated individuals will be cohorted based on COVID-19 test results and separation needs. This separation requires housing incarcerated individuals of like statuses in separate areas/zones in the following ways:

- a. Medical Isolation of COVID-19 positive incarcerated individuals.
  - b. Medical Isolation of suspected COVID-19 incarcerated individuals due to symptoms and/or screening.
  - c. Quarantine of incarcerated individuals that had close contact with COVID-19 positive incarcerated individuals.
  - d. General housing of incarcerated individuals with negative COVID-19 test results.
6. Individuals grouped according to the statuses listed above in # 5 must be cohorted separately from one another.
  7. The areas/zones shall be designated pursuant to test results and may include using the most impacted unit for medical isolation housing.
  8. **Limit the movement of COVID-19 positive incarcerated individuals as much as possible.**
  9. Visual aids such as posters, signage and barriers shall be put into place clearly marking the areas/zones as Cold, Warm, Hot. This will enhance staff knowledge of PPE requirements before entering these areas/zones.

Please note that the [attachments](#) provided are intended to be printed on colored paper for visual distinction. The color of each is noted at the top.
  10. Identify staff and incarcerated individual movement strategies in/out of the areas/zones.
  11. Consideration must be given to:
    - a. Delivery of Meals, Medications, & Medical Care
    - b. Disposal of Refuse
    - c. Laundry
  12. PPE donning & doffing areas will be established as close to the Hot areas/zones as possible.
  13. Stage decontamination crews and sanitizing equipment, as required. It is advisable to pre-stage full PPE set-up reserved and marked for emergency response.
  14. Remain in lockdown until further guidance is received from VDH and DOC Incident Command.

15. Employ the operational standards outlined in the COVID-19 Facility Guidelines.
16. In cases where superintendents have identified the inability to operationalize these guidelines the EOC must be notified for additional guidance or actions.
17. If medical requirements are not able to be met with available on-site resources, or resources currently within the Department, the COVID Response Team will request the necessary additional resources through the State EOC.

## Section 8 – Removal from Medical Isolation

### A. Incarcerated individuals with Pending COVID-19 Test

1. If this test returns as negative, the medical doctor will review and determine when to remove the incarcerated individual from Medical Isolation and return to general population.
2. The MD will be responsible for notifying the Central Office Operations Section and the facility superintendent of the removal.

### B. Incarcerated individuals with Laboratory-Confirmed COVID-19

1. Removal from medical isolation is a medical decision and the MD will review and determine when to remove the incarcerated individual from Medical Isolation and return to general population.
2. The MD will be responsible for notifying the Facilities Director or designated Operations Manager and the facility superintendent of the removal.

## Section 9 –De-escalation-

### A. General

Superintendents need to individualize step-down plans to meet the needs of the institution.

It is equally important that step-down is handled in a measured and consistent way to manage risk level in accordance with the latest medical and scientific data; mostly notably direction and guidance from the Vermont Department of Health (VDH).

Specific step-down plans must be submitted to COVID Response Team and approved prior to implementation.

- At this time, the following parameters are in place for step-down plans. *These parameters will continue to be modified in accordance with VDH guidance.* Plans will be reviewed by the COVID Response Team weekly to determine if further loosening/restricting activities is needed based on the evidence.
- 1. All activities should be unit specific. If this is not feasible, a specific plan can be submitted to COVID Response Team for approval.
- 2. Cleaning and disinfecting of areas must occur between groups. Particular attention should be given to objects likely to be touched by multiple people (i.e. body resistance machines)

The below activities should be considered for re-opening **after the completion and approval of a written plan for them. The approved plans are to be saved in the “S” drive under the file labeled, IC Approved Facility Local Protocols.**

Outdoor Recreation

Dayroom Access

Communal Eating

Incarcerated individual Employment (on a limited basis)

Law Library

Open Ears (without close contact between the coach and recipient)

Barbering

Medication Pass

Recreational activities

Programming (Virtual)

Restart MAT HUB Referrals

Programming (In Person)

NECC work crew

Social Visits

**Volunteer Services- In facilities where there are COVID-19 positive cases it is at the discretion of the superintendent to approve any service.**

## B. Barbering

1. Each Facility superintendent will create a facility plan for barbering.
2. Such plan will include, at minimum:
  - a. A requirement that UNVACCINATED incarcerated individual barber and UNVACCINATED incarcerated individuals receiving the haircut wear surgical mask.
  - b. No barber may work if sick or symptomatic (with fever, cough, or shortness of breath).
  - c. No incarcerated individual may receive a haircut if sick or symptomatic (with fever, cough, or shortness of breath).
  - d. Maintain a list of incarcerated individuals who received a haircut, including the date and the name of the barber.
3. All other normal sanitation processes will be maintained.

## C. Corrections Barbering Program

In accordance with Facilities Protocol Section 12 Barbering Facility Superintendents will develop a plan for barbering to include minimum standards. The following standards are required to safely execute a Barber Program.

1. Contracted Barber will be COVID-19 tested (negative) prior to arrival at Facility.

Contracted Barber and Unit Barbers

- a) No barber may work if sick or symptomatic (with fever, cough, or shortness of breath).



- b) The contracted barber (Marsha), will maintain a list of each incarcerated individual who received a haircut, including the date and the name of the incarcerated individual barber.
2. Facility POC will identify Barbers to be trained.
    - a) Training of Barbers is unit specific<sup>2</sup>, class participants will be of the same cohort per unit.
    - b) The incarcerated individual getting the haircuts must be from same unit as barber being trained.
    - c) Some units may not have a barber available to be trained, and therefore that unit will not have any haircuts through this program.
  3. The barber space may include 3-6 participants at a time. Seating arrangement should be spaced.
  4. All participants who are not FULLY VACCINATED are required to wear surgical mask which will be provided by the contracted barber.
    - a) No incarcerated individual may receive a haircut if sick or symptomatic (with fever, cough, or shortness of breath).

#### D. NECC Work Crew

All off groundwork crew teams will be subject to the following COVID-19 mitigation strategies:

1. Any previous positive incarcerated individual within the past 90 days is not eligible for work crew.

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<sup>2</sup> Unit Specific: Barbers to be trained will only train and cut hair on members of their own unit. Incarcerated individuals from other units may not get haircuts if they do not have an available barber to be trained.

2. Only incarcerated individuals who are FULLY VACCINATED and not found to be immunocompromised by medical may participate in work crew and DO NOT need to be quarantined for 14 days upon return to the facility.
3. Any incarcerated individual going out on crew will be screened using [Attachment 1. COVID-19 New Intake Screening Form](#) prior to leaving and upon return from the worksite.
4. Any fully vaccinated incarcerated individual returning from work crew must be monitored for symptoms for 14 days.
5. While on work sites incarcerated individuals will have as little contact with the community as possible.
6. Community members will not have contact with incarcerated individual crew.
7. Work crew leaders will maintain visual supervision on all incarcerated individuals on the work crew when possible while on the work site.
8. Masks will be always worn in the van during transports by UNVACCINATED STAFF. Masks can be removed once outside the vehicle.
9. Transport capacity will not exceed 6 incarcerated individuals during a single trip.
10. If an incarcerated individual becomes symptomatic while on a work site, the team leader will contact the facility to arrange return of the incarcerated individual.
11. If transporting a symptomatic offender, proper protocols will be followed.

#### E. Women's Services-

1. All UNVACCINATED incarcerated individuals and contractors must wear surgical masks.
2. Services will be delivered in spaces designate by the facility.

3. Providers will begin with individual updated assessments and intakes to prioritize current participant needs.
4. Groups will be scheduled from one living unit per day (1/2 day) i.e Monday – House 1; Tuesday – House 2.
5. All group activities will be scheduled from one living unit per day with all contractors. KAPP; DIVAS; VWW; Mercy Connections will meet any small groups of women by the same living unit – House 1 for all group activities on Monday.
6. Where space allows, small groups may be offered to general population units not currently on quarantine or isolation due to COVID-19.
7. Space permitting, groups will include 1 staff group facilitator, and 3-6 participants at a given time.
8. Individual Treatment, as space and time allow, and as clinically indicated, will be resumed maintaining above protocols.

#### F. Behavioral Health Services to include MAT: Resume Normal Activities

##### A. General Population:

1. Where space allows, Behavioral Health Groups can be offered to general population units not currently on quarantine or isolation.
2. Group participants will be of the same cohort per unit.
3. Space permitting, groups can include 1 staff group facilitator, and 3-6 patients at a time.
4. Individual Treatment, as space and time allowed, and as clinically indicated, can be resumed maintaining above protocols.
5. Women's Substance small groups of 3-6 patients within the same cohort unit.

##### B. COVID-19 Quarantine Units:

1. Cell side engagements will occur at least 1x per day (when Behavioral Health staff are in the Facility) by BH staff; and at least 2x daily/7 days a week by medical staff.

2. Each engagement will entail at least a brief conversation/observation as to patient's mood with any concerns regarding patient safety being referred to BH staff on same day.
3. BH staff will coordinate with Recreation Staff for delivery of recreational/leisure time activities such as art or cognitive activity therapy items (puzzles, word games, etc.)
4. Psychoeducational materials will be considered as clinically indicated.
5. In facilities where dedicated meeting space in the quarantine units is not available, BH staff at each site will engage Facility Administration (Superintendent or Acting) regarding "decommissioning" a cell in these units for one-on-one BH engagements with provider as clinically appropriate. Required social distancing of Provider and incarcerated person will be maintained; both individuals will be masked; and the cell will be clean/disinfected with approved cleaning solutions in accordance with CDC/VDH standards before and after each contact. Security will be available outside of the cell as required/needed.
6. White noise machine should be utilized in order to maintain confidentiality if available.
7. Alternate options will be evaluated on a case by case basis.

#### C. COVID-19 Isolation Units

1. If phone use is allowed in lieu of removing the patient from cell, a portable phone/phone on a cord stretched into the area may be utilized.
2. At the conclusion of the call, the patient will disinfect the phone and return it to staff.
3. Staff will then re-disinfect the phone.

#### G. In Person Social Visiting

**Effectively immediately any facility that has a positive COVID-19 case is SUSPENDED until further notice.**

In advance of opening visits, it is critical that the importance of health measures be communicated to incarcerated individuals. Introduction of COVID-19 through a visitor could require a return to more stringent measures to limit spread. Incarcerated individuals should be strongly encouraged to tell visitors who may be ill to stay home.

Each facility will establish a local procedure for visitation which incorporates the following criteria:

1. A plexiglass shield will be installed between the tables extended to a height of **2 feet** from the table-top.
2. No visitation for any incarcerated individual in isolation or quarantine units.
3. Visiting schedule will allow for 6 feet social distancing between visitors. Visitors of the same incarcerated individual can sit together.
4. Each incarcerated individual will be limited to a maximum of 2 visitors.
5. Visitation time frames will be determined once all local facility protocols have been reviewed by COVID Response Team.
6. Only verified fully vaccinated incarcerated individuals will be allowed visitors.
7. Physical contact will not be allowed at any time during the visit.
8. Particular attention shall be given to the entrance and waiting area to allow for social distancing between waiting visitors.
9. Each visitor and incarcerated individuals will be required to wear a surgical mask. (Each facility will have surgical masks on hand if needed). With the exception of children under 2 years of age.
10. Visitors will be screened using attachment 10 (Screening Poster).
11. Any positive on this instrument (attachment 10) will result in the visitor being denied entrance. Anyone refusing to comply with the screening will not be permitted entrance.
12. Any staff who observes any COVID related symptoms in visitors will deny entrance or terminate visit.
13. All incarcerated individuals entering the visitor room will be screened using attachment 1 (COVID-19 New Intake Screening Form). Any positive result on this instrument will result in the denial of the visit.
14. Thorough sanitizing shall occur in between each visiting session in accordance with DOC COVID protocols.

## Section 10 - Mental Health and Substance Abuse Disorder Supplemental Support

A variety of Mental Health and Substance Abuse Disorder worksheets will be made available to incarcerated individuals for supplemental support during the COVID-19 pandemic.

These will be made available in 4 ways.

### A. General Provision

1. MH and SUD staff may identify ([from the attached 2 indexes](#)) the worksheets that are likely to have the widest applicability.
2. These can be provided in bulk to units for any incarcerated individual requesting.
3. Unit Officers will be responsible for notifying the designated person at each site when supply runs low.

### B. In Response to Medical Slips

When an incarcerated individual submits a medical slip where a worksheet is deemed an appropriate response (either in its entirety or supplemental to other care), the responding Vitalcore employee will provide a worksheet.

### C. By Request

1. Each superintendent will work with the Health Services Administrator (HSA) to determine the most effective way to make these available by request.
2. Use the index as an order sheet.
3. Publicly post the index and have incarcerated individuals submit a Request form to a designated staff member for copies.
4. Other methods as determined locally.
5. Any method must allow for private request and return of sheets.

#### D. Targeted intervention

1. MH and SUD staff are encouraged to use proactive targeted distribution of these worksheets to specific incarcerated individuals with whom they are familiar and believe may benefit.
2. Particular attention should be paid to incarcerated individuals designated SFI and worksheets relevant to their specific situation may be provided.

#### E. Communication with Incarcerated individuals

1. The superintendent will ensure that these worksheets are available and that the request methods for them are clearly communicated to the incarcerated individual population.
2. It is recommended that multiple methods of communication are utilized.

### Section 11 - Modified Operations for Risk Intervention Services (RIS)

The below describes methods for providing Risk Intervention Services during the current COVID-19 pandemic.

#### A. RRP (Risk Reduction Programming) and CHSVT (Community High School of Vermont)

##### A. General Population:

1. Where space allows, Risk Intervention Service classes and/or groups can be offered to general population units not currently on quarantine or isolation.
2. Group/class participants will be of the same cohort per unit.
3. Education/security will ensure groups from different units will not come in contact with each other during class time.
4. Space permitting, groups/classes can include 1 class/group facilitator, and 3-6 participants at a time.
5. All UNVACCINATED participants will be required to wear microfiber or-surgical masks.
6. Individual Treatment, as space and time allowed, and as indicated, can be resumed maintaining above protocols.

## B. VCI (Vermont Correctional Industries)

1. Where work demand exists, VCI will continue to operate.
2. VCI will require UNVACCINATED incarcerated individuals to wear microfiber or surgical masks.

# Section 12 – Non-COVID Medical Care

## A. Dental Care

1. Dental procedures will be performed following the most current guidance from the CDC, VDH, and ADA.

### v. Dental Transport

#### General Population Incarcerated individuals (i.e., not medical isolation or quarantine)

1. Dental transports will be limited to how many incarcerated individuals the receiving site has the capacity to receiving.
2. Dental transports will be conducted using vans with the security insert.
3. UNVACCINATED incarcerated individuals being transported will wear surgical masks.
4. Intake Screening, (Attachment 1), will be completed immediately prior to transport.
5. Any positive response on this questionnaire will result in that incarcerated individual being removed from the transport list, and medically isolated, pending further evaluation by medical staff.
6. Arrival time must be coordinated with the receiving facility and the dentist. Arrival time should be coordinated to ensure the transported incarcerated individuals will be seen by the dentist without delay.
7. Upon arrival, one incarcerated individual is to be escorted directly to Dental. The others are to be secured in cells, incarcerated individuals who were on the same side of the van, may be celled together. Incarcerated individuals from opposite sides of the van may NOT be celled together.



8. When the first incarcerated individual has completed dental work. Dental staff should wait at least 15 minutes after the completion of dental treatment and departure of the patient to begin the room-cleaning and disinfection process.
9. Facilities with dental services will identify cell locations based on operational needs.
10. Significant care must be taken to ensure that incarcerated individuals transported have no contact with the receiving facility's incarcerated individuals.
11. Transporting staff must ensure they are maintaining proper social distancing from Facility Staff.
12. Once dental work is completed on both incarcerated individuals, the transport will depart.
13. Upon transport completion, the physical restraints must be cleaned and disinfected.
14. The van will be cleaned and disinfected prior to its use for any other transport.
15. After the departure of the transport, the receiving facility will ensure any cells or spaces occupied by the dental incarcerated individuals are cleaned and disinfected.

## Section 14 – Rapid Response Team

A Rapid Response Team (RRT) has been established to review the case of any incarcerated individual who tests positive for COVID-19 and to provide formal recommendations to the Commissioners of Corrections and Health regarding follow-up COVID-19 testing and other mitigation efforts.

### **Notification and Initial Steps**

1. Any member of the COVID Response Team who is notified of a positive COVID-19 test will ensure that, at minimum, the Facilities Director, Director of Nursing and designated Operations Manager are notified.
2. The Facilities Director will take the following actions:
  - Place the affected facility on lockdown.
  - Ensure that the identified positive incarcerated individual is placed in Medical Isolation.

- Ensure that any currently identified close contacts of the positive incarcerated individual are placed in Quarantine.
  - Initiate Contact Tracing
  - Notify the RRT.
3. The facility will remain in a lockdown status.

### **Rapid Response Team**

1. The RRT will be composed of
  - DOC: Director of Nursing, Facilities Director, designated Operations Manager, Contact Tracing Specialist, and a representative from the affected institution.
  - Outbreak Prevention and Response (OPR) Team
  - Superintendent or DM from affected facility or field office.
2. RRT will review the risk posed to the facility.
3. This review will include consideration of but no limited to the following risk factors:
  - a. Vaccination status
  - b. Onset and presentation of COVID-19 related symptoms
  - c. Level of exposure, direct or indirect
  - d. Duration of exposure
  - e. Area in which exposure took place.
4. RRT will determine whether facility testing (targeted or general) or other mitigation steps are recommended.
5. RRT will communicate the joint recommendation through their chains of command to the Secretary of AHS.

## **Section 15 – Releases**

The directions below are steps to be taken in addition to, not in lieu of, normal release processes. This is to include victim services notifications. All standard release procedures must still be followed. The Facility is currently conducting multiple daily screenings by using Attachment 1 pursuant to the Facility COVID-19 Guidelines.

**A. Release from General Population with Negative Screen:**

Incarcerated individuals with a negative screen will be released following standard release procedures and provided the handouts listed at the end of this section.

**B. Release from General Population if COVID screen is positive, follow steps 1-4:**

1. Incarcerated individuals who screen as positive will be given a surgical-mask and directed to don it. Medical will review the screening results with the provider for further instructions.

**C. Release from Quarantine or Isolation, follow steps 3-5**

1. At the direction of the Vermont Department of Health (VDH), as soon as Department of Corrections (DOC) is aware that a COVID-19 positive incarcerated individual is scheduled for release:
2. The caseworker will send an email to the address below, the designated Operations Manager and the assigned probation officer: [COVID19.OutbreakPreventionResponse@vermont.gov](mailto:COVID19.OutbreakPreventionResponse@vermont.gov) with the subject line “Positive or quarantined COVID-19 Incarcerated individual Scheduled for Release.” (Or notify designated VDH Point of Contact once identified)
3. In the email, provide:
  - a. Name
  - b. Date of birth
  - c. Contact information for incarcerated individual
  - d. Contact information for emergency contacts
  - e. Permanent address, confirming if the residence is a DCF housing voucher

- f. Address where they will be going after release
  - g. Date of release
  - h. Reason incarcerated individual was in quarantine/isolation.
  - i. If testing cannot be conducted prior to release, VDH staff will assist in the arrangement for testing through the Vermont Department of Health,  
<https://www.healthvermont.gov/covid-19/testing/where-get-tested>
4. Directions in #3 above will also be followed for incarcerated individuals releasing from quarantine **due to close contact who have not been fully vaccinated**. Notifications **do not** need to be made for incarcerated individuals who were on standard intake quarantined following an off-site medical appointment or who have been identified as a close contact and fully vaccinated and this has been verified.
5. Once an incarcerated individual who has a current positive COVID19 diagnosis is scheduled to be released, the caseworker will contact VDH and assist with connecting the incarcerated individual with VDH for further instructions
6. DOC Caseworker will discuss and develop with the incarcerated individual a safe plan for housing during recovery to include:
- a. A determination of where the incarcerated individual will go after release that will allow them to self-isolate.
7. If a safe plan does not exist, please refer to resources provided by AHS for housing. Please check the attached website for the most current information and any required forms.  
<https://humanservices.vermont.gov/help-and-resources/covid-19-information>
8. Provide the incarcerated individual with a surgical mask to wear during transport
9. VDH will initiate contact with the incarcerated individual after discharge to:
- a. Emphasize isolation criteria;
  - b. Review criteria for recovery and non-infectiousness;

- c. Verify that the incarcerated individual is in a living situation that enables isolation.

#### D. All Incarcerated individuals

Upon Release all Incarcerated individuals will Receive the Following Handouts Provided by DOC and VDH:

1. [What to do if you're a close contact of someone with COVID-19 \(link is external\)](#)
2. [What to do when sick with COVID-19](#)
3. [What to do when diagnosed with COVID-19](#)
4. [Isolation Criteria](#)
5. DOC Care Package- which includes hand sanitizer, gloves, face covering

#### E. Release to Transitional Housing

1. Once it has been determined that the incarcerated individual has been accepted to transitional housing, the caseworker will require a medical release specific to COVIDS-19 testing be executed by the incarcerated individual. (Attachment 26)
2. The caseworker will notify the Director of Classification and Movement of the anticipated date of release to the transitional housing program. The Director will add that incarcerated individual's name to the daily COVID-19 testing list 7 days prior to release.
3. The Director will place an asterisk on the incarcerated individual's name on the testing list which will indicate their transitional housing release status.
4. Once the test results are received, the Director will communicate those results with the requesting caseworker.
5. The caseworker will update the previously executed release with the date of the test and the results and scan into OMS.
6. The caseworker will then communicate the results with the re-entry probation officer and continue the release process if the results are negative.
7. If the results are positive for COVID-19, the current notification protocol will be followed.

8. The incarcerated individual will be placed in isolation and the RRT will meet per protocol regarding release.

[Attachment 1. COVID-19 New Intake Screening Form](#)

<b>1. Assess for Signs or Symptoms of Illness</b>		<b>Date of Onset:</b>
<ul style="list-style-type: none"> <li>Persons with symptoms of illness or cough should be masked immediately and separated from others.</li> </ul> <p><b>Today, or in the past 24 hours have you had any of the following symptoms?</b></p>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fever (100.4°F) // Record temperature: ___°F/ ___°C or felt feverish</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cough abnormal to you?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shortness of Breath or Difficulty Breathing</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Chills</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Muscle Pain</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sore Throat</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>New Loss of Taste or Smell</b>	
<input type="checkbox"/> yes <input type="checkbox"/> No	<b>Fatigue abnormal for you</b>	
<input type="checkbox"/> yes <input type="checkbox"/> No	<b>Headache unusual for you or unexpected</b>	

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**.

Incarcerated individual Name: \_\_\_\_\_ Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Employee Signature: \_\_\_\_\_

Attachment 2. Isolation Room Sign



## Respiratory Infection Isolation Room Precautions

*PRECAUCIONES de sala de aislamiento de infección respiratoria*

TO PREVENT THE SPREAD OF INFECTION,  
**ANYONE ENTERING THIS ROOM SHOULD USE:**

*Para prevenir el esparcimiento de infecciones,  
todas las personas que entren a esta habitación tienen que:*



### HAND HYGIENE

*Hygiene De Las Manos*



### N-95 Respirator

*Mascara Facial o Respirador N95*



### Gloves

*Guantes*



### GOWN

*Bata*



### Eye Protection

*Protección para los ojos*







Ensure that the door to this room  
remains closed at all times.

*Asegurese de mantener la puerta de esta  
habitación cerrada todo el tiempo.*



### Attachment 3. Quarantine Room Sign

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

## Attachment 4 – Reserved for Future use

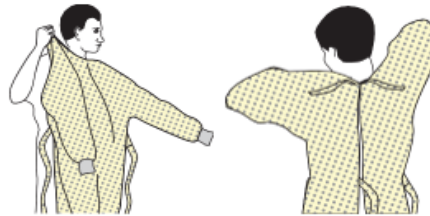
## Attachment 5 – PPE Sequence

### 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



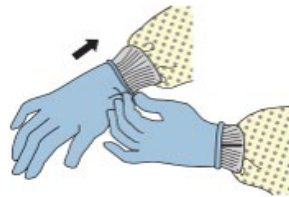
### 3. GOGGLES OR FACE SHIELD

- 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

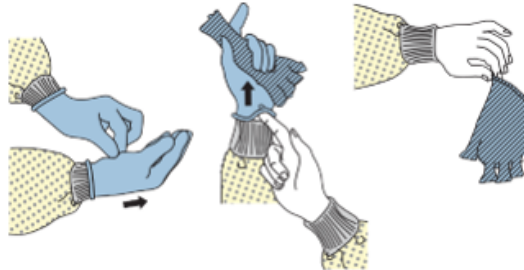


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

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



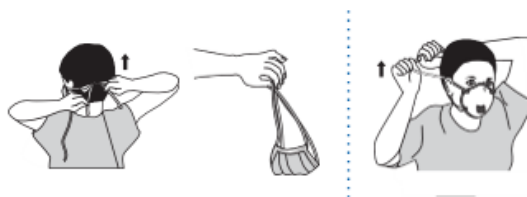
### 2. GOGGLES OR FACE SHIELD

- 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

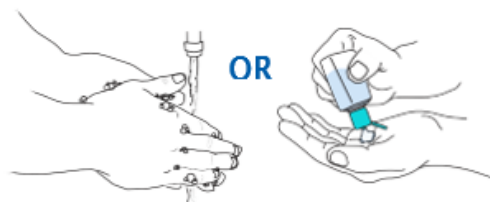


### 3. MASK OR RESPIRATOR

- 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





## Attachment 6 – Vaccine Attestation



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**State of Vermont**

*Agency of Administration*

**Department of Human Resources**

120 State Street, 5<sup>th</sup> Floor Montpelier, VT  
05620-3001 [humanresources.vermont.gov](http://humanresources.vermont.gov)

### **COVID-19 Vaccine Attestation**

Beginning September 1, 2021, all State of Vermont employees who work in a State-owned or operated facility that operates 24 hours/day, 7 days a week must attest to being fully vaccinated against the COVID-19 virus or be subject to regular COVID-19 testing and masking requirements. **As of the above date, all such employees must either complete this Attestation or complete all required COVID-19 testing prior to the commencement of work.**

Only employees who have met the following requirements may attest to being fully vaccinated. To be fully vaccinated, 14 days must have passed since the employee has completed a single-dose vaccine or completed the second dose of a two-dose series vaccine. Employees who have only received the first dose of a two-dose vaccine or who have not had 14 days pass since the completion of a single-dose or two-dose series are not considered fully vaccinated.

The information employees provide in this Attestation must be truthful and complete. By signing below, **I understand that answering incompletely or answering untruthfully is considered gross misconduct for which I may be subject to disciplinary action, up to and including dismissal from my position.** I further acknowledge that I have read the above disclosure pertaining to my obligations prior to the commencement of work. I understand that I may be required to furnish proof of any representation made in this Attestation upon request.

Notwithstanding the above, I understand that should my Agency/Department, State and/or Federal regulations require more stringent mitigation measures I must comply with those measures.

Having reviewed the above information and understanding its content, I hereby attest that I am fully vaccinated against COVID-19 (i.e., 14 days have passed since receiving a single-dose vaccine or the second dose of a two-dose vaccine series).

Name: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachment 7 – Reserved for Future use

## Attachment 8 – Informational Links

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

[https://youtu.be/8jBr\\_2\\_6p-Y](https://youtu.be/8jBr_2_6p-Y) - Donning and Doffing PPEs

[https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator\\_gown/donning\\_09.html](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](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](https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/doffing_21.html) - Removing Gloves

## Attachment 9 – Return to Work Following a COVID-19 Positive

The health and safety of our staff is our top priority. We understand this is a difficult time for all employees, and we are doing our best to ensure we take the steps necessary to mitigate the spread of COVID-19 and allow staff to return to work. Our goal is to get healthy employees back to work as soon as possible to support our mission.

In order to be cleared to return to work, staff will need to follow the criteria below:

### Return to Work Criteria for Staff with Confirmed COVID-19

In order to be cleared to return to work, staff will need to follow the criteria below:

The Vermont Department of Corrections is following the guidelines issued by the CDC for Healthcare Providers which is supported by the Vermont Department of Health.

***These recommendations are in accordance with the CDC Return to Work Guideline updates as of 6-2-2021.***

[Return-to-Work Criteria for Healthcare Workers | CDC](#)

#### **Symptomatic Staff:**

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

#### **Staff who were asymptomatic throughout their infection:**

At least 10 days have passed since the date of their first positive viral diagnostic test.



**Staff who are immunocompromised or have symptoms that persist for longer than 10 days should seek the advice of a health care provider prior to returning to work.**

## Staff experiencing symptoms but not confirmed COVID 19 positive

**Symptomatic Staff may return to work if they fall under either of the two categories listed below:**

- Staff who are cleared by a medical provider may return to work as directed
- Staff who have received a negative COVID 19 PCR test may return to work

## Return to Work Practices

After returning to work correctional staff are to adhere to the current practices laid out in the current protocols for both field and facility.

[Current Facility Protocol](#)

[Current Field Protocol](#)

It is strongly recommended that staff follow the recommendations issued by the CDC and supported by the Vermont Department of Health to prevent the spread of COVID-19. Attached is the current guidelines for preventing the spread and staying safe.

## Attachment 10 Screening Poster

# STOP

PLEASE READ PRIOR TO ENTRY

FEVER, SHORTNESS OF BREATH, COUGH, NASAL CONGESTION, RUNNY NOSE, SORE THROAT, LOSS OF TASTE OR SMELL, NAUSEA, VOMITING/AND OR DIARRHEA

**MASKS ARE REQUIRED FOR ANYONE ENTERING THE BUILDING**

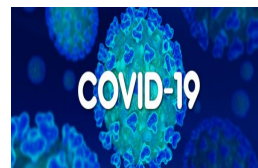
\*IF YOU HAVE HAD ANY OF THE ABOVE SYMPTOMS IN THE LAST 48 HOURS DO NOT ENTER THE BUILDING AND CONTACT YOUR SUPERVISOR OR CANCEL YOUR VISIT.

\*IF YOU HAVE A CHRONIC MEDICAL CONDITION THAT CAUSES COVID-19 LIKE SYMPTOMS PLEASE DISCUSS WITH YOUR PROVIDER PRIOR TO ENTERING THE BUILDING

\* FULLY VACCINATED INDIVIDUALS SHOULD NOT ENTER THE BUILDING IF THEY ARE CURRENTLY EXPERIENCING ANY OF THE LISTED COVID-19 SYMPTOMS

\*IF YOU DEVELOP ANY OF THESE SYMPTOMS WHILE AT WORK NOTIFY YOUR SUPERVISOR.

**CORONAVIRUS (COVID-19)**



Attachment 11 PPE Chart

<b>Person</b>	<b>N95 Respirator</b>	<b>Surgical Mask</b>	<b>Microfiber</b>	<b>Eye Protection</b>	<b>Gloves</b>	<b>Gown/Cove ralls/Tyvek Suits</b>
<b>Incarcerate d individuals</b>			XX			
Asymptomati c Incarcerated individuals Under Quarantine		XX				
Confirmed or Suspected Symptomati c		XX				
Workers handling laundry or		XX		XX	XX	XX

used food service items from Quarantine or Isolation areas						
<b>Staff</b>	<b>N95 Respirator</b>	<b>Surgical Mask</b>		<b>Eye Protection</b>	<b>Gloves</b>	<b>Gown/Coveralls/Tyvek Suits</b>
Staff having contact with incarcerated individuals on quarantine (but not performing temperature checks or providing medical care)		XX		XX	XX	XX
Staff conducting temperature		XX		XX	XX	

checks on incarcerated individuals/individuals who do not take OR providing medical care to asymptomatic quarantined persons.						
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (See CDC Infection	XX			XX	XX	XX

Control guidelines)						
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols. (See CDC Infection Control guidelines)	XX			XX	XX	XX
Staff Handling laundry or used food service items from Medical	XX			XX	XX	XX

Isolation/Quarantine						
Staff cleaning an area where a COVID-19 case has spent time.	XX			XX	XX	XX
Staff performing CPR	XX			XX	XX	XX
Dentist/ Staff present in Room During Dental Procedure*	XX			Faceshield	XX	XX

A microfiber mask may be used instead of a surgical mask at the discretion of the wearer (staff or incarcerated individual.)

\*Staff present during dental procedures will also wear shoe coverings.

## Attachment 12- Testing Addendum

### 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 courier 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 3<sup>rd</sup> 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 802-**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 (802) 775-7111 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, (802) 775-7111 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 10:00Am.
4. The samples should be delivered to the hospital through the main entrance.
5. The person delivering will wear a surgical mask and 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 **802-524-1070**.

#### 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 802-885-7695** directly to the lab and someone will assist you in delivering the test.
4. For general lab questions call **802-885-7692**.

## Attachment 13 –External Attachment: Contact Tracing Forms

Attachment 14 – Reserved for Future use

Attachment 15 - Broad Lab – Instructions for Support Staff

### **Broad Lab**

#### **Instructions for Administrative Support Staff**

Please review attached [PDF Instructions for Staff](#) for further detailed instructions.

#### **Testing site set up.**

- Be sure your testing area is clean and hand sanitizer is available.
- Full PPE is required to include, gown, gloves, eye protection and surgical mask which will be provided by the facility and field site.
- Be sure cryobox is secured and away from access by anyone else but the administrative support team.

#### **Staff Waiver of Consent**

Each staff member will have been provided a copy of the COVID-19 Testing Waiver prior to surveillance testing. Each staff member is to be asked the following question:

Have you had an opportunity to review the COVID Testing Waiver? If so, do you consent to the administering of the test under that understanding? If yes, then choose “yes” in the drop-down box of the TVRS spread sheet. If they answer is no, choose no and the staff cannot be tested.

[Link to Waiver Form](#)

#### **Log in to CareEvolve**

- The website is <https://crsp.careevolve.com/>
- Enter your temporary password
- Enter the location which is **CICDOCSTAFF** or **CICDOCINCARCERATED INDIVIDUALS**
- Find your name, click edit and go in and change your password

## To Print labels

- At the top of the screen, click **Patients**
- Under drop down click **Search Patients**
- Choose the name of person who is testing and click the name
- Click **Create New Order**
- Click **Next**
- Click the box **COVID19\_Diagnostic**
- In the **Type of Swab** box click the drop down and choose **AN SWAB**. (It's the only option)
- Click **Next**
- Review screen. Don't make any changes to dates unless you are pre-printing labels. These dates all auto populate
- Click **Complete**
- Click **Print Label**
- **Do not reprint a label. If you have a damaged label you will need to cancel the order and re-request the label. you cannot reprint from an already used order.**

## Adding Staff for Testing

If a staff member shows up on the day of testing and are not in the Broad system you can add them.

- Click **Add Patient** at the top right of your screen
- Complete the areas highlighted in red on the form
- Click **Save**
- Then **Search** them in **patients** search and proceed with the testing process.

A manifest must be completed for each day of testing. It is recommended, that this be done twice throughout the day when testing at the facility. Halfway through the day, go in and print the manifest as described below.

(nothing actually prints) Be sure to do this at the end of the day when the box is prepared to ship and all tests are complete.

- Field Administrative Support staff who are testing at their field site don't need to send the manifest twice as they don't have as many testing as the facility staff. It bogs the system with too many tests being done at the end of the day as the facility will be doing.
- Field Administrative Support staff just need to be sure at the end of the day when all tests are completed, they follow the manifest instructions below.

## **Printing Manifest in Broad**

The Manifest will be printed by the designated facilities and field sites on the day of testing at the direction of COVID Response Team.

- Each superintendent and District Manager will send an email notification to the COVID Response Team, Dave Turner and Tanya Barber upon completion of testing who will then direct the printing of the manifest.
- If a test is performed after the manifest has been printed the individual site must print their own manifest.

Under Order Drop Down-

- New Manifest
- Review patients tested for any errors and correct
- DO NOT EVER update emails. All should be [norplytvrs@vermont.gov](mailto:norplytvrs@vermont.gov)
- If you need to delete an order, click the number at left of the column
- Once satisfied the manifest is complete hit PRINT. This will not actually print. It will be sending the manifest to the lab.
- This should be done halfway through the end of the day and at the completion of the testing for the day prior to box being shipped.

## **Manifest to be completed and included in shipping box**

- Complete the Manifest/Packing slip (Appendix C of the instructions)
- Place the completed manifest/packing list (Appendix C) in the shipping box. If you have multiple shipping boxes, please include a copy on the Manifest/Packing Slip in each shipment.

## **Packaging & Shipping**

1. As test tubes are collected at the designated drop off station, please consolidate the samples in the sample cryobox dividers to make complete racks of 64 tubes per Cryobox.
2. Physically count all the sample tubes and complete the Manifest/Packing Slip (Appendix C.)

3. Seal the Cryobox lid shut with tape or elastic band. Consolidate sealed Cryoboxes into as few shipping kits as possible. Do not use any wet ice for packaging. Dry specimens are stable long term at room temperature.
4. Place the completed manifest/packing list (Appendix C) in the shipping box. If you have multiple shipping boxes, please include a copy on the Manifest/Packing Slip in each shipment.
5. Pack the shipping box with packing materials so the cryoboxes do not shift around during transport.
6. Seal the shipping box shut with tape.
7. Through your shipping service, create your shipping label for expedited delivery to the following address. Shipping Address

CIC Health  
 245 Main Street  
 Cambridge, MA 02142  
 857-270-2707

8. Affix the sender's label to the outside of the shipping box. Ensure that the sender's company name, address, contact name, and contact phone number are included on the label.



9. When shipping with FedEx or UPS, ensure we follow the Category B shipping requirements for packages containing biological substances. Affix a UN 3373 Biological Substance, Category B Air Label to the outside of the shipping box. Per the CDC shipping recommendations, place the label on one side of the box and cover the label completely with clear tape (do not tape just the edges of the label).



10. Ensure your samples are packaged and available for handoff at your arranged UPS pick up time or bring to a UPS drop off location prior to last drop off time. The shipping service should be next day delivery.

## Attachment 16 – Waiver Form



### COVID-19 Specimen Collection Clinic Form

#### Section A: Demographic Information

NAME (Last)	(First)	(M.I.)
-------------	---------	--------

MAILING ADDRESS		
CITY	STATE	ZIP
DATE OF BIRTH  <div style="text-align: center;">       _____ / _____ / _____        Month / Day / Year     </div>	PHONE NUMBER	
LOCATION OF CLINIC/SPECIMEN COLLECTION:		

**Section B: Information about Specimen Collection**

For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing an upper respiratory specimen through anterior nares nasal swab specimen collection.

Anterior nares nasal swab is done by gently inserting a swab into the nostril at least 1 cm (0.5 inch) and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 to 15 seconds. Then gently removing the swab and doing specimen collection in the other nostril with the same swab.

**Section C: Information about Sharing Personal Health Information**

As part of the testing process, I understand and accept, for myself and/or for a minor under 18 and/or legal ward, that my personal health information (my name, date of birth, test sample and test result) will be shared with third parties outside the Vermont Department of Health (CIC Health, CareEvolve and Ellkay) solely for the purposes of processing my sample, evaluation and authorization of tests, if appropriate, and providing me and the Department of Health with the results. The Department of Health and these third parties all comply with the requirements of state and federal privacy laws for the protection of personal health information, including HIPAA, and use will use commercially reasonable best efforts to not disclose any individually identifiable health information, except for the following



circumstances: in case of emergency; for the purposes of contact tracing; to inform others about their risks and otherwise as permitted or required by law.

I also acknowledge that I have been offered information about the State of Vermont’s privacy notice [[Link](#)] and the specific privacy policies of the third parties [[Link](#)]. I further understand agree that my personal health information may be used, in a deidentified format, for any appropriate research purpose to enhance human understanding of SARS-CoV2 and/or COVID19, to develop diagnostics, treatments, and promote scientific or engineering advances, without limitation.

If you have questions, please contact: [margaret.robinson@vermont.gov](mailto:margaret.robinson@vermont.gov) or ask the person who gave you this form.

**Section D: Consent**

By signing below, I agree to the following:

- I have reviewed the information on how a COVID-19 specimen collection is performed and how my health information will be shared and protected.
- I have had the opportunity to ask questions.
- I give my consent for the Vermont Department of Health and associated third-parties (CIC Health) to perform specimen collection and to take necessary steps for the subsequent testing of that specimen for COVID-19.
- I understand and consent to certain necessary sharing of my health information with third parties (CIC Health, ixLayer) for the purposes of medical diagnosis and protecting public health.
- I have had the opportunity to review the privacy notice of the Department of Health and the privacy policies of the third parties and accept their terms.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_

**If Individual to be tested is under 18 years of age:**

**Name of Parent/Legal Guardian:**

\_\_\_\_\_  
\*If minor is in state custody, an authorized representative signature is required.

**Parent/Legal Guardian Signature:**

**Date:** \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
\*If minor is in state custody, an authorized representative signature is required.

\*\*\*\*\*

Name, Title and Signature of Healthcare Professional Collecting Specimen:

Type of Specimen Collection Performed:     NP     Nasal

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title/Credentials

\_\_\_\_\_  
Signature

Date: \_\_\_/\_\_\_/\_\_\_

Attachment 17 – Reserved for Future use

Attachment 18. HOT Zone sign. – Red

# HOT

# ZONE

**Full PPE Required to enter this zone.**

Attachment 19. Warm Zone sign. **Yellow.**

# WARM

# ZONE

- **This is a transition point, into/out of a HOT Zone.**

Attachment 20. Cold Zone sign. – Green

# COLD

# ZONE

- **Surgical Mask Required**

## Attachment 22—N-95 Mask Sanitation

The State Emergency Operations Center (SEOC) has provided seven hospitals with Steris V-Pro low temperature hydrogen peroxide sterilizing units. These units are typically used for sterilizing other medical devices but were recently granted an Emergency Use Authorization by the U.S. Food and Drug Administration to sterilize certain N-95 respirators.

The seven hospitals in Vermont have received these units and will provide N-95 sterilization services for the department during the COVID-19 Response. The seven hospitals with points of contact are:

- **CRCF/NWSCF:** University of Vermont Medical Center
  - Drew Robinson; [Andrew.Robinson@uvmhealth.org](mailto:Andrew.Robinson@uvmhealth.org); 802-847-4258
- **Southwestern Vermont Medical Center**

○ Joy Bull; [Joy.Bull@svhealthcare.org](mailto:Joy.Bull@svhealthcare.org); 802-440-8927

○ Tanya Cowder; [Tanya.Cowder@svhealthcare.org](mailto:Tanya.Cowder@svhealthcare.org); 802-442-6361

● Brattleboro Memorial Hospital

○ Mike Geissler; [mgeissler@bmhvt.org](mailto:mgeissler@bmhvt.org); 802-257-8288

● SSCF: Springfield Hospital

○ Jim Smith; [JimSmith@springfieldmed.org](mailto:JimSmith@springfieldmed.org); 802-885-7651

● NECC: Northeastern Vermont Regional Hospital

○ Pete Tomczyk; [p.tomczyk@nvrh.org](mailto:p.tomczyk@nvrh.org); 802-748-7348

● MVRCF: Rutland Regional Medical Center

○ Brian Olsen; [bolsen@rrmc.org](mailto:bolsen@rrmc.org); 802-747-3647

● NSCF: North Country Regional Hospital

○ Michael Sanville; [msanville@nchsi.org](mailto:msanville@nchsi.org); 802-334-3270

While other hospitals may have similar sterilizer capabilities, they are not obligated to sterilize outside agency N-95 respirators like this, though they may choose to do so independently.

You should reach out to your region's hospital from the above list soon to discuss. Email may be better to reduce the impact. ***They will have requirements that must be met as you package your respirators for sterilization for you.*** We have asked them to diligently work with you during the COVID-19 Response for N-95 respirator sterilization. After COVID-19 Response ends, this obligation to sterilize for you will end, too.

### Respirator Sterilization Processing

Respirators for sterilization must be very clean—**no writing, no lipstick or other makeup**. Steris states their system can effectively decontaminate compatible N95 or N95-equivalent respirators (those that do not contain cellulose) up to 10 times. The tested and acceptable respirator types to date include the 3M 8000, 8210, 1860, 1860S, 1870P and Moldex 1510Z, 1511, 1512, 1513, 1517, but more models may have been tested as well.

Discard soiled or damaged respirators in accordance with normal procedures—if in doubt, throw it out; **keep only used respirators that are in good condition.** The sterilizing facility may not return all of your respirators if they deem they are too soiled for sterilization or damaged for reuse. N-95 sterilization may occur a finite number of times.

Manage used, unsterilized respirators for disinfection as biohazardous materials. They must be packaged in accordance with OSHA Bloodborne Pathogen Standard and transported in accordance with applicable US DOT regulations. It is hoped that local licensed biosafety transportation in accordance with DOT regulations can be arranged by the you and the hospital, but the State can help with this during COVID-19. Put used respirators together into a biohazard labeled plastic bag, line a box with a large plastic bag and put the bagged respirators into the bag lining the biohazard labeled cardboard box. The box should be labeled with the facility name and point of contact.

Please recall that N-95 respirator usage has three regulatory requirements for each user before use: medical evaluation for safety purposes, respirator training on safe usage, and fit-testing to ensure the size and type respirator affords protection for the individual.

## Attachment 23 - Parole Violation Hearings

Contingency Guidance during COVID-19

Effective August 1, 2020

The purpose of this guidance is to establish a process for the completion of Parole violation hearings where the offender has not been incarcerated based on the behavior. Field offices will adhere to this process until further direction or guidance is given.

1. The District Manager of each Probation and Parole Office will:
  - a. Designate a room within the office where a parole hearing can be heard;
  - b. Ensure that this space has internet access;

- c. Ensure that required computer equipment is in place to hold a remote hearing; and
  - d. Ensure that security staff are available should the Parole Board revoke parole.
2. The assigned Probation and Parole Officer will:
- a. Ensure that the offender is notified of the date, time, and location of the hearing;
  - b. Ensure that the offender is briefed on the video conferencing process; and
  - c. Confirm the location of each hearing with the Parole Board Administrative staff.
3. Violation Hearings at Field locations are restricted to the following offenders:
- a. All cases where an emergency arrest did not occur;
  - b. All cases where the field office is not recommending revocation;
  - c. All cases that have not been accused of engaging in threatening or violent behavior;
  - d. All cases that have been released by the Parole Board pending the hearing except for c. above; or
  - e. All cases where the field office is seeking condition modification.
4. Violation hearings at Facility locations will occur for these offenders:
- a. All cases where an emergency arrest has occurred and the offender continues to be incarcerated;
  - b. All cases where there is significant public sentiment concerning the case;
  - c. All cases in which there is a significant security and/or safety concern; or
  - d. All cases where the field office is recommending revocation.
5. The backlog of cases due to COVID-19 requires additional considerations. All sites will conduct a local case staffing on any parole violation that has been delayed and take one of the below actions:
- a. Withdraw the violation and continue supervision;
  - b. Convert the violation to a graduated sanction; or



c. Schedule the violation to be heard by the Parole Board.

All hearings will be conducted at the direction of the Parole Board and will require the use of video conferencing software. This will likely be via Skype; however, this could change at the Board's direction.

## Attachment 24 – Resumption of KAP

KAP/Lund believes that we can utilize best practice protocols of DOC, VDH, and Lund to provide services through the KAP office. These could include:

- Intakes
- 1:1 support for pregnant women
- Enhanced video visits
- Family court hearings (when resumed)
- Participation in zoom/skype meetings with DCF, schools, and other community-based providers working with client families
- Storybook recordings
- Distribution of program material packets (readings, worksheets, new client's packets, Mom's Mail supplies)

Hours/schedule will vary from week to week depending on scheduled meetings and will be coordinated with the facility point of contact.

KAP staff will:

- Get tested for COVID-19 as recommended for all state employees working on site
- Follow all CRCF/DOC/VDH and Lund protocols for safety during COVID-19

- Stay up to date on DOC and VDH recommendations
- UNVACCINATED staff will wear a surgical mask while inside CRCF.
- Will make sure the KAP area is sanitized prior to each client being escorted.
- KAP will escort client to and from their living unit.
- KAP will offer hand sanitizer to each client.

UNVACCINATED Clients will:

- Wear surgical masks at all times in KAP (including video visits), and follow all other CRCF/DOC/VDH and Lund protocols for safety during COVID-19

Reconfiguration of the KAP office to meet social distance standards to protect both the clients and staff:

- Move desk from small KAP office into the visiting area.
- Add additional monitor to KAP desk to maintain social distance during video meetings.
- Utilize speakerphone system (already in KAP) for all client phone meetings. (has detached speakers which can be placed at a safe distance.)
- KAP office space is 18'x13'=234 sq. ft
- KAP space 2 is 26'x13'=338 sq. ft

Needs:

- Data line to be turned on
- Additional monitor
- Bleach spray bottle

Most admin tasks, which are not client direct, will continue to take place remotely. IE: client notes, monthly reports, prep work for client packets, meetings not attended by clients, etc.

Attachment 25 – Reserved for Future use

Attachment 26 – Medical Release

See Separate attachment.

Attachment 27 – Reserved for Future use

Attachment 28 – Reserved for Future use

Attachment 29 – Notice of Placement

*To be printed on facility letterhead*

**MEMORANDUM**

To:

From:

Re:

Date:

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This memo serves as notification you are being placed on **Medical Isolation/Quarantine** due to your exposure to or infection with the COVID-19 virus. This status is effective \_\_\_\_\_.

As you may be aware, citizens who have been exposed to, or infected with, the virus are being medically isolated or quarantined for public health. The VTDOC has the same obligation to contain the spread of

COVID-19 within Vermont's correctional facilities. The health and safety of those in our custody and of our staff are of paramount concern.

This is a medical decision made solely as a public health measure. Restrictions in place will be determined by medical guidance to reduce the risk of passing this infection to others. A physician will consider your individual medical condition to determine the duration of this status.

Facility Management will review your status with medical each day.

For the benefit of the health of those around you, your full cooperation with any restrictions in place is expected and appreciated. Your adherence to medical advice throughout this time is strongly encouraged to best serve your own health. Please continue to address any concerns or requests with your assigned Caseworker.

[Attachment 30 – Reserved for Future Use](#)

[Attachment 31 – Reserved for Future Use](#)

[Attachment 32- Reserved for Future Use](#)