UPDATED March 16th, 2022

VERMONT DEPARTMENT OF CORRECTIONS

COVID-19 ENDEMIC GUIDELINES - Facility

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

Contents

Definitions 4

Section 1: General Precautions 6

A. Entrance into Facilities 6

B. Environmental Cleaning 7

C. Face Masks 7

D. Personal Protective Equipment (PPE) 8

E. N95 Respirator Conservation 9

F. Laundry 9

G. Social Distancing 9

Section 2: COVID Testing 10

A. Initial - Staff 10

B. Surveillance Staff 10

C. Unattested Staff 11

D. COVID-19 LAMP – Staff Symptomatic 11

Home Antigen Results 12

Symptomatic but Prior Positive Staff 13

E. Incarcerated Individual Intake Testing 13

F. Incarcerated Individuals Post Transport Testing 13
G. Symptomatic Incarcerated Individuals 14
H. Release/Pre-Appointment Incarcerated Individual Testing 14
I. Response Testing 15
Section 3: Staff 15
A. Immunocompromised Staff 15
B. Staff Close Contact 15
C. Staff Diagnosed with COVID-19 16
Section 4: Intake Process 16
A. New Intake Screening 16
Section 5: Quarantine & Isolation Units 18
A. Assignment to Quarantine or Isolation 18
B. Quarantine Unit 19
C. Medical Isolation 21
D. Removal from Isolation 22
E. Release 22
F. Cleaning 23
Section 6: Movement 23
A. Scheduled Off-site Appointments 24
B. Emergency Off Site Appointments 24
C. Managing Appointment Refusals 24
D. Transport of COVID Infected/Suspected Incarcerated individual 25
Section 7: Response to Confirmed Positive 26
A. Contact Tracing 26
B. Incarcerated Individual Close Contact 27

C. Local Surge Units 27
Section 9: Endemic Phases 29
A. General 29
Phase 1 – Emergency Operations/COVID-19 Protocols 32
Phase 2 – Modified Activities – Cohort 33
Phase 3 – Mingled Operations 35
Phase 4 – Endemic Operations 36
In Person Social Visiting 37
Section 10 – COVID Response Team 38
Attachment 1. COVID-19 New Intake Screening Form 39
Attachment 2. Isolation Room Sign 40
Attachment 3. Quarantine Room Sign 42
Attachment 6 – Vaccine Attestation 43
Attachment 8 – Informational Links 44
Attachment 9 – Return to Work Following a COVID-19 Positive 45
Attachment 10 Screening Poster 47
Attachment 11 PPE Chart 48
Attachment 13 –External Attachment: Contact Tracing Forms 52
Attachment 14 – What Test to Do I Use 52
Attachment 15 - Broad Lab – Instructions for Support Staff 53
Attachment 16 – Waiver Form 56
Attachment 26 – Medical Release 59
Attachment 29 – Notice of Placement 59
Contact Information

Chief of Operations

Alan.cormier@vermont.gov- 603-631-5926

Central Office Operations:

David.turner@vermont.gov- 802-999-0759

Matthew.nault@vermont.gov 802-272-9285

Cheryl.Elovirta@vermont.gov 802-505-5822

Joshua.rutherford@vermont.gov 802-798-2319

Travis.denton@vermont.gov 802-595-4435

Logistical Support

Bob.Arnell@vermont.gov- 802-522-8031

Kory.Stone@vermont.gov- 802-338-0706

Protocol Updates

Tanya.Barber@vermont.gov – 802-272-1369

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. **Fully Vaccinated**: 2 weeks have passed since the second dose of the Pfiszer or Moderna vaccine series OR 2 weeks have passed since a single dose of the Johnson & Johnson vaccine.

n. **Unattested-** Staff who have chosen not to fully execute the attestation form as provided by the State of Vermont

o. **TNP**: Test not performed.

p. **Contracted Staff-** Any person employed through risk intervention services, BGS or VitalCore who are assigned to a specific site.

q. **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.

r. **Lamp test:** LAMP is similar to the PCR lab tests, also known as Lucira. It amplifies the SARS-CoV-2 virus's genetic material while the test is running. Lucira's accuracy is comparable to one of the highest sensitivity lab PCR tests.

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. Individuals with symptoms may not enter the facility.
4. Superintendents may approve entrance for contractors, visitors and others in accordance with Section 9.
5. A log-book for contractors will be maintained on the locations, specific dates, specific contractors, and any DOC staff assigned to construction work.

B. Environmental Cleaning

1. Frequent cleaning will occur, especially of high touch surfaces such as doorknobs, keys, handrails, and telephones.
2. Cleaning may be done using EPA-certified disinfecting wipes such as the "Red-capped PDI Sani Cloth Germicidal Wipes" or equivalent as available.

C. Face Masks

1. Masks offer various levels of protection; with the below list moving from the most to the least protective:
    i. N-95
    ii. KN-95
    iii. Surgical Mask
    iv. Microfiber
    v. Cloth Face Covering
    vi. No Mask
2. At any point, a more protective mask than required may be substituted (as available and preferred.) At no point may a less protective mask than required be used.
3. All staff must wear a surgical mask.
4. Incarcerated individuals in facilities must wear cloth face coverings or microfiber masks.
5. Anyone visiting a site who does not participate in bi-weekly site testing (as described in Section 2.A. below) must wear a N-95/KN-95 provided by the facility for one time use.
6. Masking for specific situations in included in Attachment 11.
7. Masks will be exchanged if they become wet or soiled.

8. Cloth face coverings and microfiber masks for incarcerated individuals will be put into the laundry and treated like laundry coming from medical Isolation.
9. If staff are provided microfiber masks, they will be responsible for laundering and maintaining these.
10. The facility will be responsible for replacing N-95/KN-95s as needed.

D. Personal Protective Equipment (PPE)

1. Staff anticipated to wear PPE should be trained on its use.
2. Facilities will be responsible for maintaining a current inventory of PPE and a supply chain for this equipment.
3. The designated Facility Operations Manager will be responsible for maintaining reserve supplies of PPE
4. Correctional staff will use universal precautions. The additional PPE as indicated in Attachments 2, 3, and 11 is required in the following situations:
   i. When entering any Isolation or Quarantine area.
   ii. When transporting incarcerated individuals from, or to, an Isolation or Quarantine area.
   iii. When duties will bring staff in close contact with incarcerated individuals on an Isolation or Quarantine status.
   iv. Where a Use of Force appears likely
5. Staff will wear N95 masks and eye protection while conducting mouth checks during medication pass.
6. 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.
7. Each facility will ensure appropriate receptacles (Red Bags/Biohazard) are present in these locations.

E. N95 Respirator Conservation

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 can be followed.

F. Laundry

1. Each facility will create a local protocol for laundry collection in accordance with the below.
2. Laundry should be done by unit only.
3. Anyone handling laundry from isolation and quarantine will use PPE as specified in Attachment 11.
4. Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
5. 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.
6. Laundry is to be washed at the highest temperature and be completely dried.

G. Social Distancing

1. Facilities may employ social distancing where this is feasible; especially in lower Phases.

2. This may be done by limiting group size, removing (or marking as unavailable) chairs, floor markings, or other methods as available.

Section 2: COVID Testing

A. Initial - Staff

1. New staff (to include contracted staff assigned to a facility) starting at a facility must test with either a LAMP or PCR test prior to beginning work.
2. Staff will report their results to their designated supervisor.

B. Surveillance Staff

1. Mandatory Staff surveillance testing at each facility will be conducted every other week, on alternating Tuesdays.
2. If staff miss a scheduled testing day or were identified as a Test Not Performed (TNP), they must complete PCR or LAMP testing within 24 hours of that scheduled testing day.
3. If staff are returning to the facility following extended leave; they are required to test the first day upon return with a LAMP test.
4. Staff should access their own PCR results by creating an account directly in **Broad** once they receive their initial set up email from them**.**
5. Staff who have tested positive for COVID-19 within the previous 90 days will not test as part of surveillance testing. Each facility will be responsible for identifying and tracking such staff.

C. Unattested Staff

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.
    i. For staff with access to VTHR, this form is to be completed electronically in VTHR.
    ii. For all other staff, a paper copy (Attachment 6) shall be completed to be kept on file with the superintendent.
2. Those who choose not to execute an attestation form will be required to test for COVID-19 weekly regardless of their vaccination status.
3. On weeks surveillance testing (see above) is conducted, this shall count as the weekly test.
4. On weeks surveillance testing is not conducted, each non attested staff person shall test, using a LAMP test on-site.
5. Each facility shall establish a schedule providing for this testing in a manner that does not require any staff to report for testing on a regularly scheduled day off.
6. Each facility shall report such testing, and the results for all unattested staff, weekly to the CRT alias.
7. Superintendents shall include the name of any staff testing outside the above requirements to the CRT alias as part of the weekly report.
8. Staff who have tested positive for COVID-19 within the previous 90 days will not test. Each facility will be responsible for identifying and tracking such staff.

D. COVID-19 LAMP – Staff Symptomatic

1. Each facility shall secure LAMP and antigen test kits in a location with limited access granted only to those staff approved to by SOS or above.

2. LAMP tests are available to any DOC or contract staff working out of a facility at the approval of the SOS/CFSS or above for staff who become symptomatic when reporting to the facility or who report symptoms during their shift.
3. LAMP tests should not be used for anyone who has previously been identified as positive within the past 90 days. Please see alternate instructions for those circumstances at #16
4. Staff will conduct the test in an isolated area avoiding close contact with others.
5. Staff will show the results to the CFSS (or above.)
6. For any initial positive COVID 19 result, staff will complete the VDH Report form and return to the CFSS.
7. The CFSS will then forward the VDH form to the CRT alias AHS.DOCCOVIDResponseTeam@vermont.gov.
8. Negative LAMP results do not require a VDH Report Form and are NOT required to be sent to the COVID team alias.
9. The SOS/CFSS or above will immediately report any positive LAMP test to the superintendent (or designee) who may elect to lock down and begin contact tracing.
10. No PCR test is required following a LAMP positive or negative test.

Home Antigen Results

11. 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)
12. Staff who are symptomatic and positive on a home antigen will be considered COVID + and will be excluded from work until eligible to return to work as provided for in Attachment 9.
13. Staff who are symptomatic and negative on a home antigen will be administered a LAMP test prior to working.

14. If negative on the LAMP test, they are deemed COVID negative and may return to work. (Staff who wish to use sick leave because they are unwell may do so using normal processes.)

Symptomatic but Prior Positive Staff

15. Staff who have been confirmed as COVID+ within the past 90 days should not be tested with a LAMP test.
16. Such staff should complete an antigen test; this will be conducted in an isolated area avoiding close contact with others.
17. If this test is positive, they will be excluded from work and follow the guidance in Attachment 9.
18. If the test is negative, the staff member is deemed COVID negative and may return to work. (Staff who wish to use sick leave because they are unwell may do so using normal processes.)

E. Incarcerated Individual Intake Testing

1. Incarcerated individuals being newly lodged at (or self-admitted to) a correctional facility will be tested as below.
   i. Day 1 (Entry)
   ii. Day 7
   iii. Day 14
2. They will follow the intake quarantine process provided in Section 5

F. Incarcerated Individuals Post Transport Testing

1. Unvaccinated Incarcerated individuals will be placed in quarantine following any offsite transport and tested on
   a. Day 7
   b. Day 14

2. Vaccinated incarcerated individuals will not be placed in quarantine following an off-site transport except as directed by a medical provider or CRT. They will be tested on
   a. Day 3
   b. Day 7
   c. Day 14
3. Individuals who have been COVID+ within the past 90 days, irrespective of vaccine status, will not test and will not be placed in quarantine unless they develop symptoms consistent with COVID-19.

G. Symptomatic Incarcerated Individuals

1. Incarcerated individuals experiencing symptoms will be seen by medical.
2. The doctor may choose to order an antigen test.
3. Any symptomatic individual will be placed in medical isolation until a PCR test is completed and results received.
4. Medical isolation is required irrespective of the results of any antigen test.

H. Release/Pre-Appointment Incarcerated Individual Testing

1. When testing is required for release to transitional testing, congregate living facility, or prior to extradition the assigned CSS will email the Director of Classification and designated Operations Manager requesting this.
2. When testing is required prior to an outside medical appointment at the request of the health care provider, the Vitalcore staff scheduling this appointment will email the Director of Classification and designated Operations Manager requesting this.
3. The Director of Classification and designated Operations Manager will be responsible for scheduling these tests and notifying the requestor of the result.

I. Response Testing

1. The COVID Response Team (CRT), in coordination with the facility Superintendent, will assess the need for testing after potential exposures within the facility.
2. Response testing will use PCR tests and may be targeted to staff and/or incarcerated individuals.
3. It may be targeted to a specific group, unit, or facility depending on the type and significance of exposure.

Section 3: Staff

A. Immunocompromised Staff

1. If any staff believe they are immunocompromised, it is their responsibility to pursue accommodations through human resources.
2. If staff believe they are disabled in accordance with the Americans with Disabilities Act and can still perform the essential functions of their position, with or without a reasonable accommodation, they may request an accommodation in accordance with State of Vermont Policy 3.2 – Reasonable Accommodation: Number_3.2_REASONABLE_ACCOMMODATION.pdf (vermont.gov)

B. Staff Close Contact

1. Staff who are fully vaccinated with no symptoms will not be excluded from work.
    a. A LAMP or PCR test on Day 5 is recommended.
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. They may return following a negative test.
3. Staff who are unattested and determined to be a close contact will be excluded from work.

4. They may return if asymptomatic and after a LAMP test which has been taken on day 7 and negative results received.

C. Staff Diagnosed with COVID-19

1. Staff who have confirmed COVID-19 should refer to Attachment 9 for specific return to work criteria.

Section 4: Intake Process

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 the EHR (to include name and date of vaccine).
11. Health Services Division will enter the vaccine status into OMS.
12. Medical will review incarcerated individuals' past COVID -19 history on intake.
13. Verified prior positives will be entered into OMS by DOC Health Services.
14. If at intake it is determined that the incarcerated individual has not been vaccinated, medical will offer the vaccine.
15. The medical provider will determine if placement on Isolation is appropriate for symptomatic intakes.
16. Upon confirmation of a positive screen by medical, CRT will be notified by email.
17. Each facility will maintain a separate logbook regarding Incapacitated Persons. Such log will include the following:
    i. Legal name/Assigned ICP number
    ii. DOB
    iii. Date/time of lodging and release
    iv. Cell # they are housed
    v. Contact information
    vi. Lodging Agency
    vii. Any other ICPs they were housed with
18. 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.

Section 5: Quarantine & Isolation Units

A. Assignment to Quarantine or Isolation

1. If any staff believe they are immunocompromised, it is their responsibility to pursue accommodations through human resources.
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.
    i. 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. 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.*
9. If such a space is not available, they may be housed in Quarantine.

i. They will be restricted to their cell and offered regular opportunities to participate in COVID testing.
ii. Incarcerated individuals from GP who continued to refuse will remain in quarantine for a period of 10 days.
iii. 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.)
iv. They shall not be celled with incarcerated individuals who are in quarantine for any other reason.

10. Staff PPE requirements for both quarantine and isolation are required in accordance with attachment 2 and 3.
11. 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 Director of Classification will be responsible for tracking the time periods in this section, coordinating results with the Regional Director of Medicine, 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:
    i. 14 day negative PCR test
    ii. Asymptomatic
3. Incarcerated individuals who refuse their scheduled intake testing will remain in quarantine for an additional 10 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. The packet will provide the following:
    i. Notice of Placement, Attachment 29
    ii. Schedule for required COVID-19 testing while in quarantine
    iii. Daily schedules, (showers, chow, Rec time)
    iv. Rec Material (Coloring supplies, playing cards, tablets, puzzles, Sudoku, crosswords, etc.) provided by the Facility Rec Department
    v. Instructions as to how they will communicate with their caseworker while in the unit
    vi. Instructions on how to submit their phone sheet
    vii. How to access commissary
    viii. 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(F) 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.
12. After any designated quarantine area is vacated, it shall be thoroughly cleaned

C. Medical Isolation

1. Incarcerated individuals will be placed in medical isolation and screened at the direction of a Qualified Health Care Provider (QHCP.)
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, eye protection 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 1of 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.
13. Incarcerated individuals will be granted daily access to showers while in isolation one cell at a time with sanitation in-between individuals using the shower facilities.
14. After any designated isolation area is vacated, it shall be thoroughly cleaned.

D. Removal from Isolation

Incarcerated individuals with Pending COVID-19 PCR Test

1. If this test returns as negative, the medical doctor (MD) will review and determine when to remove the incarcerated individual from Medical Isolation and return to general population or quarantine.
2. The MD will be responsible for notifying the COVID Response Team and the facility superintendent of the removal.

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 COVID Response Team and the facility superintendent of the removal.

E. Release

1. For any individual on quarantine or isolation who is being released from the facility, contracted medical staff will take appropriate steps to ensure continuity of care for their specific medical situation (recognizing that some releases may have little to no advance warning.)

F. Cleaning

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**
   - **i.** If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
   - **ii.** 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**
   - **i.** 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:
   - **ii.** 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.
   - **iii.** Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and are suitable for porous surfaces.

Section 6: Movement

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.

A. Scheduled Off-site Appointments

1. A QHCP **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.
2. 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.

B. Emergency Off Site Appointments

1. 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.
2. 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.
3. 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.

C. Managing Appointment Refusals

1. 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.
2. If the barrier driving the refusal cannot be resolved, their case will be reviewed by the medical directors of VitalCore and DOC collaboratively.

3. Any cases determined to present a serious threat to the incarcerated individual's well-being will be identified.
4. For those cases identified as a serious threat to the incarcerated individual's well-being, an appointment will be scheduled immediately, and the CRT will be notified of the name, date, time, and facility.
5. 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.

D. 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 individual 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 an EPA-registered disinfectant.

Section 7: Response to Confirmed Positive

A. Contact Tracing

1. When a positive staff or an incarcerated individual in GP is identified, the facility will determine if lock down is necessary and commence contact tracing.
2. If the positive incarcerated individual is identified on intake, the facility is to immediately commence contact tracing.
3. When a positive incarcerated individual or staff is identified, the superintendent or designee must notify the COVID response alias and include the following information:
   i. Name
   ii. DOB
   iii. Date of Testing
   iv. Location
   v. Work site (Staff)
   vi. Unit (Incarcerated individual)
   vii. Last day worked (staff)
   viii. Lodging agency if applicable
4. 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.

5. That attested staff or fully vaccinated incarcerated individual identified in #3 must take a PCR (incarcerated individual) or LAMP (staff) test at **day 5** after exposure.
6. Facility can request to meet with the CRT.

B. 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. Incarcerated individuals who are identified as a close contact who are NOT fully vaccinated and have NOT been COVID positive within the last 90 days are REQUIRED to quarantine for 10 days.
3. These incarcerated individuals must be monitored for symptoms while quarantined.

C. 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.

6. This separation requires housing incarcerated individuals of like statuses in separate areas/zones in the following ways:
   i. Medical Isolation of COVID-19 positive incarcerated individuals.
   ii. Medical Isolation of suspected COVID-19 incarcerated individuals due to symptoms and/or screening.
   iii. Quarantine of incarcerated individuals that had close contact with COVID-19 positive incarcerated individuals.
   iv. General housing of incarcerated individuals with negative COVID-19 test results.
7. Individuals grouped according to the statuses listed above in # 5 must be cohorted separately from one another. (This may be in the same unit, if necessary, with cohorting by cell.)
8. The areas/zones shall be designated pursuant to test results and may include using the most impacted unit for medical isolation housing.
9. **Limit the movement of COVID-19 positive incarcerated individuals as much as possible.**
10. 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.
11. Identify staff and incarcerated individual movement strategies in/out of the areas/zones.
12. Consideration must be given to:
    i. Delivery of Meals, Medications, & Medical Care
    ii. Disposal of Refuse
    iii. Laundry
13. PPE donning & doffing areas will be established as close to the Hot areas/zones as possible.
14. Stage decontamination crews and sanitizing equipment, as required. It is advisable to pre-stage full PPE set-up reserved and marked for emergency response.

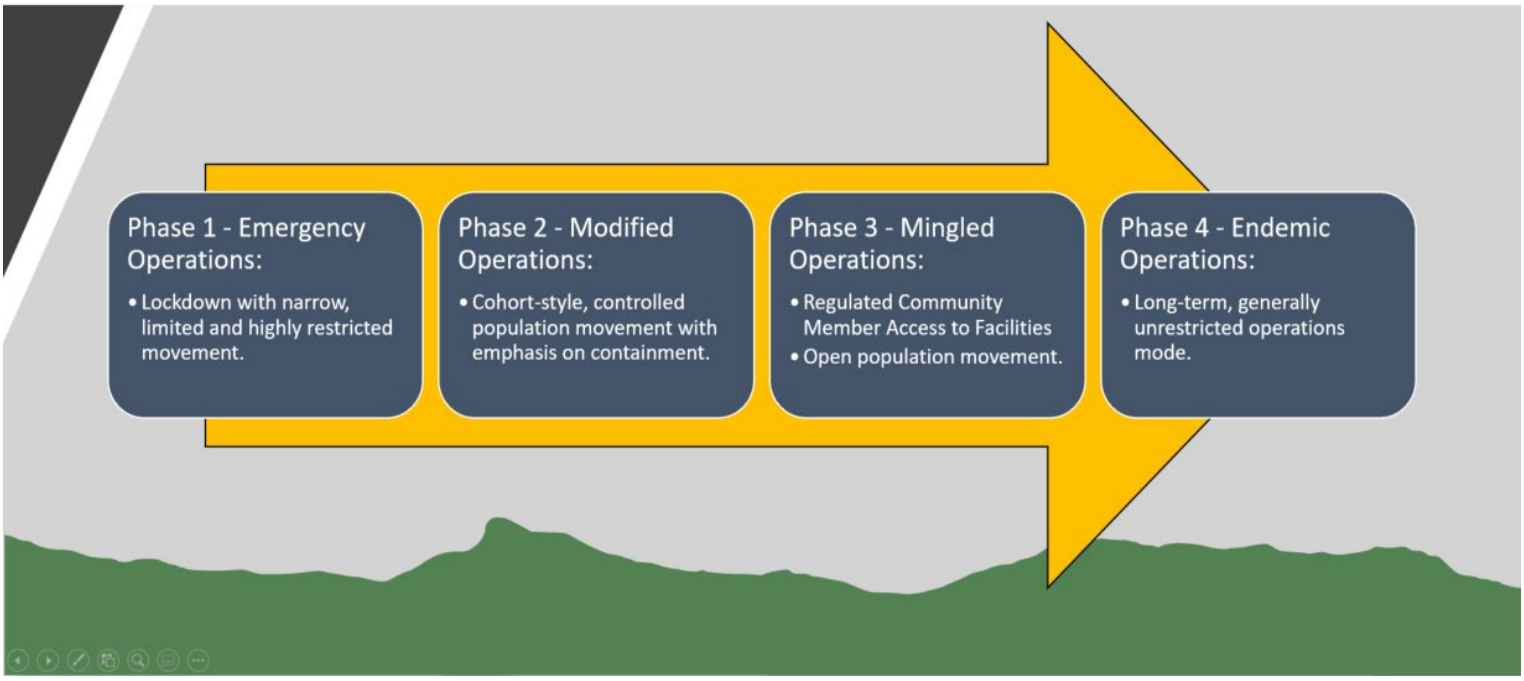
15. In cases where superintendents have identified the inability to operationalize these guidelines the CRT must be notified for additional guidance or actions.
16. If medical requirements are not able to be met with available on-site resources, or resources currently within the Department, the COVID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

Section 9: Endemic Phases

A. General

1. Superintendents need to individualize movement to endemic operations to meet the needs of the institution.
2. It is important that this movement is handled in a measured and consistent way to manage risk level in accordance with the latest medical and scientific data; most notably direction and guidance from the Vermont Department of Health (VDH).
3. The below phased system will be used to guide DOC's movement from an emergent pandemic response to endemic operations.

Endemic Operations Phase Progression



Phase Reset and Triggers Forward:

PHASE 1

- Emergency Lockdown and Response Phase. Highly Restricted internal facility movement. Restrictive mitigation efforts implemented.
- This is the ***"Base Reset Phase" upon occurrence of an "Outbreak"*** as defined by CRT as: ***Three or more, uncontained and concurrent C19+ cases***.
- Reset Phase is cleared after targeted mitigation efforts have been implemented and measured for effectiveness by CRT and Facility Leadership.

PHASE 2

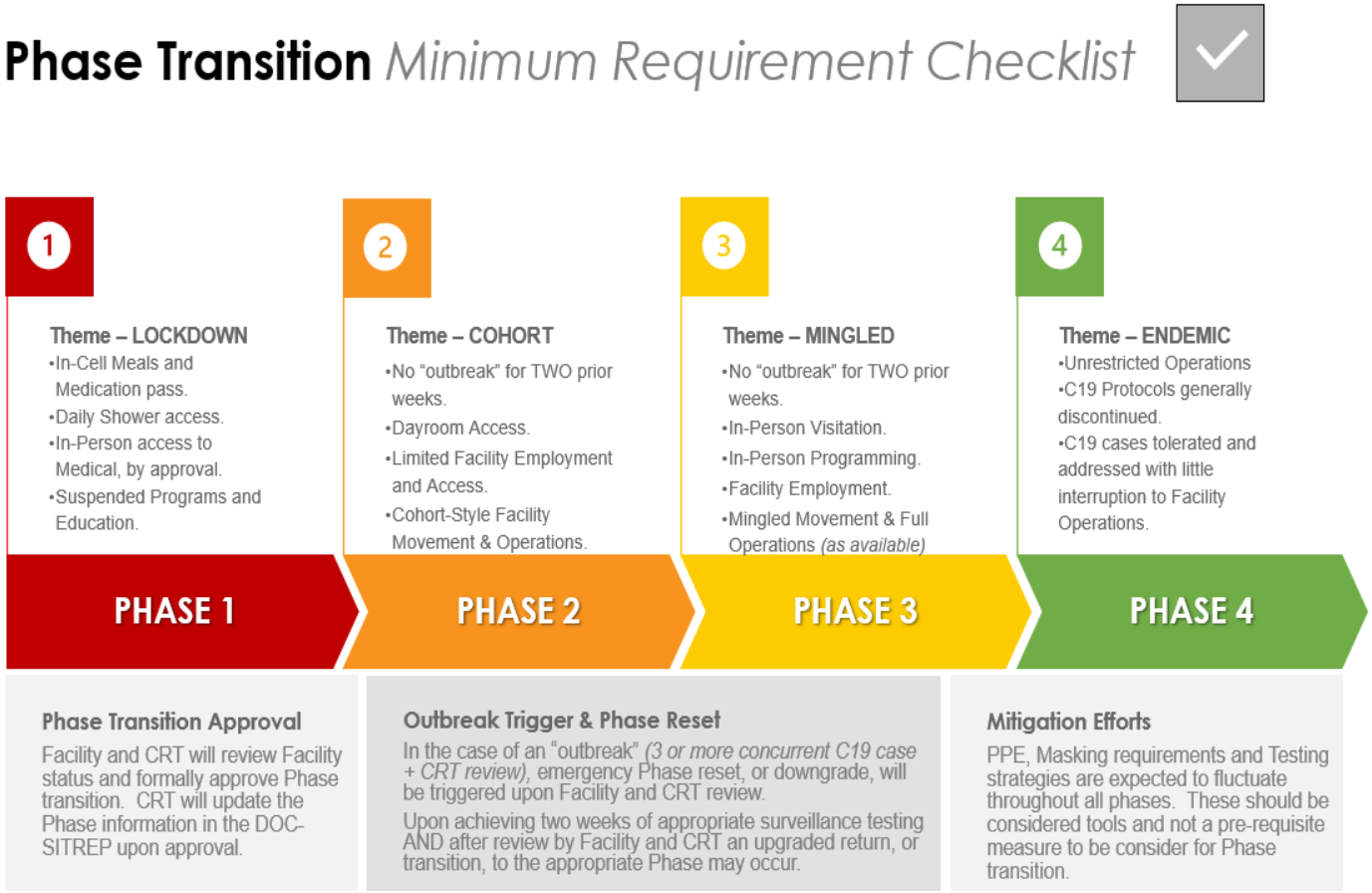
- No active outbreak, defined by CRT review as: ***Three or more, uncontained and concurrent C19+ cases***
- Surveillance testing occurs without outbreak for ***2 consecutive testing periods***.
- All activities defined in Phase 1 have been implemented and ***Phase 2 minimum requirements are met***. Phase transition approved via CRT review.

PHASE 3

- No active outbreak, defined by CRT review as: ***Three or more, uncontained and concurrent C19+ cases***
- Surveillance testing occurs without outbreak for ***2 consecutive testing periods***.
- All activities defined in Phase 2 have been implemented and ***Phase 3 minimum requirements are met***. Phase transition approved via CRT review.

PHASE 4

- Phase 3 activities have remained consistent and ongoing.
- Surveillance testing continues without outbreak, defined by CRT review as: ***Three or more, uncontained and concurrent C19+ cases***
- Community C19 guidelines have been significantly reduced, normalized, or eliminated. Phase transition approved via CRT review.



Phase 1 – Emergency Operations/COVID-19 Protocols

Activities

1. Remote learning, entertainment and correspondence via GTL tablets.
2. In-Cell Meals and Medication pass.
3. Daily Shower access.

4. In-Person access to Medical as approved by Vital Core.
5. In-Person Programs, Education and Facility Employment suspended during the Emergency mode.
6. During a prolonged Emergency Mode some limited Facility Employment may be utilized based on facility needs. *I.e., Kitchen, Laundry and Facility Cleaning Crews.*

Mitigation Efforts

1. Intake quarantine and Testing
2. Targeted Response Testing
3. Staff Surveillance Testing
4. Masking for Staff and Incarcerated Population (*in accordance with current public health standards)*
5. Initial detection and "Return-to-Work" scenarios utilize a combination of:
    i. PCR – Polymerase Chain Reaction Tests
    ii. AG – Antigen Diagnostic Tests
    iii. LAMP – Loop-Mediated Isothermal Amplification Test
6. Outbreak response and Emergency reviewed by Vermont Department of Health Epidemiologist Team (VDH), DOC Covid Response Team (CRT) and Facility Leadership prior to phase clearance.

Phase 2 – Modified Activities – Cohort

1. Limited pedestrian traffic and activities resume within the facility, ***no intermingling*** of living units.

2. Any approved movement outside of a living unit is ***Cohort*** style to contain possible unknown C19 transmission.
3. Facility access is still restricted.
4. Community Member Masking Requirement applies to anyone granted access due to emergent needs of the facility.

Activities

1. Regular "Out of Cell" time and living unit dayroom access, including Visiting Kiosk.
2. Outdoor Recreation by Living Unit as available.
3. Enhanced Indoor Recreation by Living Unit, as available.
4. ***Cohort-style*** Facility Employment Opportunities resume:
    i. Unit Barber Service
    ii. VCI Operations
    iii. Kitchen Operations
    iv. Facility Laundry and Cleaning Crews
    v. Facility Grounds Crew

Mitigation

1. Intake Quarantine & Isolation Protocol and Targeted Response Testing remain in place.
2. Staff surveillance testing remains in place based on attestation status.
3. Possible masking for Staff and Incarcerated population. *(Subject to change based on evolving Public Health standards)*
4. Volunteers, Adjunct and Contractors are included in Community Member Masking Requirement.
5. Continued testing strategy for "return-to-work".

6. Three or more ***concurrent, and uncontained*** C19+ cases may trigger a possible Emergency Response and Phase Reset, **upon CRT review.**
7. COVID Response Team (CRT) continues to provide ongoing assessment, contact tracing review, mitigation measures, VDH consultation and facility/field support.
8. Masks, if desired or required, to be provided by DOC.

Phase 3 – Mingled Operations

1. Incorporates Phase 2 with less restrictions and increased activities, to include a tolerance for ***intermingling*** of living units at shared activities and during periods of facility pedestrian traffic.
2. Facility Access permissions being granted to the members of the community attending ***In-Person Visitation,*** with the addition of ***Community Member N95/KN95 Masking requirements***.
3. Multi-Unit participation in programs, groups and activities within the facility resume.

Activities

1. Resumed In-Person Visitation
2. Communal Meals in the Facility Dining Hall, as resources allow.
3. In-Person Education Services.
4. Out of Unit Medication Pass.
5. Resumed In-Person Programming:
   i. Risk Reduction Programming (RRP)
   ii. Vermont Treatment Program for Sexual Abusers (VTPSA)
6. In-Person Law Library Access.

7. Open Ears – Incarcerated Peer Support
8. Resumption of Full Facility Employment Opportunities, including Community Work Crews.
9. Women's Services
10. Volunteer-led Activities
11. Contracted Barbering Service
12. Full Outdoor Recreation, as resources allow.

Mitigation

1. Staff surveillance testing remains in place based on attestation status.
2. Intake Quarantine & Isolation Protocol and Targeted Response Testing remain in place.
3. Likely reductions in masking requirements for Staff and Incarcerated population. *(Subject to change based on evolving Public Health standards)*
4. Volunteers, Adjunct and Contractors are included in Community Member Masking Requirement.
5. Masks, if desired or required, to be provided by DOC.
6. Mitigation efforts remain in place for units serving Medically vulnerable Incarcerated Individuals.
7. ***Targeted*** N95/KN95 masking option as a mitigation tool for predesignated areas and activities or due to community conditions.
8. Three or more ***concurrent and uncontained*** C19+ cases may trigger a possible Emergency Response and Phase Reset, ***upon CRT review.***
9. CRT continues to provide ongoing assessment, contact tracing review, mitigation measures, VDH consultation and facility/field support.

Phase 4 – Endemic Operations

1. General tolerance for manageable C19 cases is reflected in the ability to continue facility operations with little interruption when responding to new cases among Staff and incarcerated individuals.
2. Testing requirement is reduced to only symptomatic Staff, incarcerated individuals and Initial Intake.
3. All surveillance testing is terminated.
4. COVID-19 Protocols are largely deactivated; however, Intake Screening will continue.
5. COVID-19 Protocols are preserved and ready for use in response to a confirmed series of positive cases among symptomatic individuals or during wide-spread community outbreak.
6. CRT is present in a reduced capacity but maintains the ability to be fully activated in a rapid manner.

In Person Social Visiting

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.

1. A plexiglass shield will be installed between the tables extended to a height of at least 2 feet from the table top.
2. No visitation will be allowed for any incarcerated individual in quarantine or medical isolation.
3. The visiting schedule will allow for 6 feet of social distancing between visitors. Visitors of the same incarcerated individual may sit together.
4. Physical contact will not be allowed at any time during the visit.

5. Particular attention shall be given to the entrance and waiting area to allow for social distancing between waiting visitors.
6. Each visitor (with the exception of those under 3 years of age) and incarcerated individual will be required to wear a N-95/KN-95. These will be provided by the facility.
7. Visitors will be screened using Attachment 10.
8. Visitors screening positive on this instrument (attachment 10) will not be permitted entrance.
9. Any staff who observe any COVID related symptoms will deny entrance or terminate visitation.
10. All incarcerated individuals entering the visiting room will be screening using Attachment 1. Any positive result on this instrument will result in the denial of the visit.
11. Thorough sanitizing shall occur between each visiting period in accordance with DOC COVID protocols.

Section 10 – COVID Response Team

1. DOC will continue to operate a COVID Response Team (CRT). This team will be established by the Chief of Operations and overseen by the Facilities Director.
2. The team:
   i. Receives direct communication from DOC sites regarding new cases and initiates rapid and coordinated response.
   ii. Reviews Phase movement in accordance with the milestones and triggers identified above.
   iii. Collects data from affected facilities and reviews for completeness.
   iv. Maintains communication with designated VDH epidemiologists for situational awareness and current medical information
   v. May meet with the Superintendent from the affected facility to review cases, coordinate approved response, outline mitigation strategies and discuss ***Phase changes*** based on current data.

vi. Monitors progress during COVID-19 mitigation period and reconvenes to initiate a ***return to prior Phase*** upon verification of milestones being met.

Attachment 1. COVID-19 New Intake Screening Form

1. Assess for Signs or Symptoms of Illness • Persons with symptoms of illness or cough should be masked immediately and separated from others. **Today, or in the past 24 hours have you had any of the following symptoms?**		**Date of Onset:**
__Yes __No	**Fever (100.4℉) //Record temperature: __℉/__℃or felt feverish**	
__Yes __No	**Cough abnormal to you?**	
__Yes __No	**Shortness of Breath or Difficulty Breathing**	
__Yes __No	**Chills**	
__Yes __No	**Muscle Pain**	
__Yes __No	**Sore Throat**	
__Yes __No	**New Loss of Taste or Smell**	
___yes ___No	**Fatigue abnormal for you**	
___yes ___No	**Headache unusual for you or unexpected**	

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

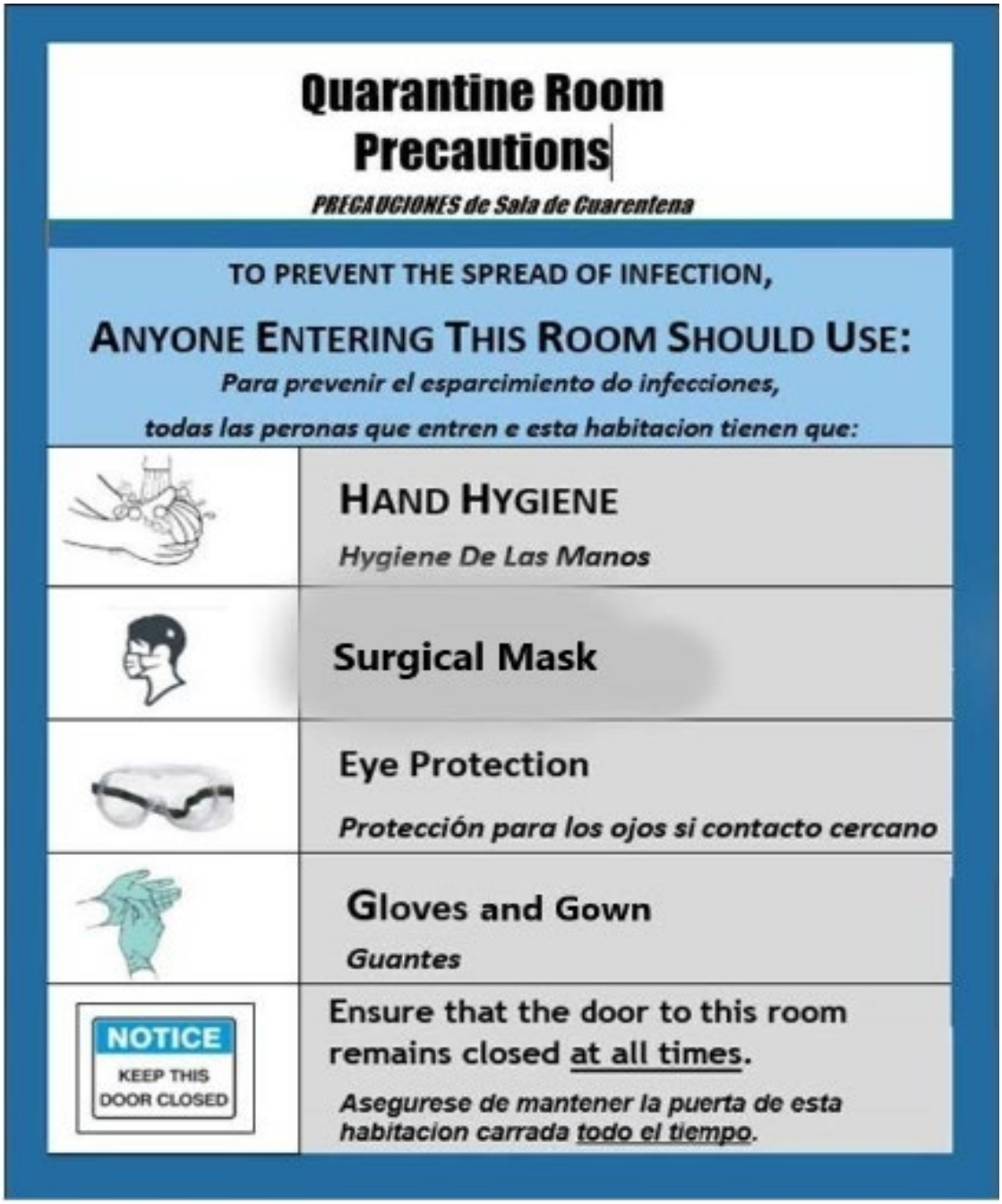
TO PREVENT THE SPREAD OF INFECTION,

ANYONE ENTERING THIS ROOM SHOULD USE:

Para prevenir el esparcimiento do infecciones, todas las peronas que entren e esta habitacion tienen que:

	HAND HYGIENE ***Hygiene De Las Manos***
	[redacted] **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 <u>at all times</u>. ***Asegurese de mantener la puerta de esta habitacion carrada <u>todo el tiempo</u>.***

Attachment 3. Quarantine Room Sign



Attachment 6 – Vaccine Attestation

State of Vermont *Agency of Administration*

Department of Human Resources

120 State Street, 5th Floor Montpelier, VT
05620-3001 humanresources.vermont.gov

COVID-19 Vaccine Attestation

Beginning September 15, 2021, State of Vermont Executive Branch employees must attest to being fully vaccinate against the COVID-19 virus or be subject to regular COVID-19 testing and masking requirements. **As of Septemb 20, 2021, employees must either complete this Attestation or complete all required COVID-19 testing.**

Only employees who have met the following requirements may attest to being fully vaccinated. Currently, 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 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 - Donning and Doffing PPEs

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

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

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

Attachment 9 – 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 which is supported by the Vermont Department of Health.

These recommendations are in accordance with the CDC Return to Work Guideline updates as of 1/9/2022

COVID Positive Staff (Vermont's Guidance: What to do if you test positive)

- Positive staff can return to work after day 5 if:

    i. The person has two negative antigen tests performed at least 24 hours apart beginning no earlier than day 4
    ii. If still antigen positive on day 9, STOP testing and use prior return to work protocols
        1. Return on day 11 if symptoms improved and no fever for 24 hours
    iii. AND The person never had symptoms or symptoms have improved and they feel better
    iv. AND they have had no fever for at least 24 hours without the use of medicine that reduces fevers
    v. AND they can wear a mask around others through day 10.

vi. Subsequent positive antigen testing do not need to be submitted to the alias.
vii. Negative antigen test results DO NOT need to be submitted to the alias,

LAMP or PCR Tests may not be used as a substitute for antigen tests in the return to work process.

- **Unattested staff who are within their 90 day of a positive collection and meet the close contact criteria do not need to be excluded from work so long as they are asymptomatic.**

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/LAMP 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.

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.

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

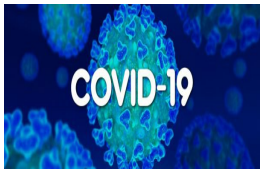
N-95/KN-95 MASKS ARE REQUIRED FOR ANY VISITOR (TO INCLUDE PROFESSIONAL VISITORS) ENTERING THE BUILDING

***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

Person	N95 Respirator	Surgical Mask	Microfiber/ Cloth Face Covering	Eye Protection	Gloves	Gown/Coveralls/Tyvek Suits
Incarcerated individuals			XX			
Asymptomatic Incarcerated individuals Under Quarantine		XX				
Confirmed or Suspected Symptomatic		XX				
Workers handling laundry or used food service items from Quarantine or Isolation areas		XX		XX	XX	XX

Staff	N95 Respirator	Surgical Mask	Microfiber/ Cloth Face Covering	Eye Protection	Gloves	Gown/Coveralls/Tyvek Suits
Staff having contact with incarcerated individuals on quarantine (but not performing temperature checks or providing medical care)	XX			XX	XX	XX
Staff conducting temperature checks on incarcerated individuals/intakes OR providing medical care to asymptomatic	XX			XX	XX	XX

quarantined persons.						
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (See CDC Infection Control guidelines)	XX			XX	XX	XX
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory	XX			XX	XX	XX

aerosols. (See CDC Infection Control guidelines)						
Staff Handling laundry or used food service items from Medical Isolation/Quarantine	XX			XX	XX	XX
Staff cleaning an area where a COVID-19 case has spent time.	XX			XX	XX	XX
Staff performing CPR	XX			XX	XX	XX
Dentist/Staff present in Room During Dental Procedure*	XX			Faceshield	XX	XX

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

Attachment 13 –External Attachment: Contact Tracing Forms

Attachment 14 – What Test to Do I Use

What Test Do I Use?

Staff

Antigen	LAMP	PCR
Return to Work – Day 4 & 5	Symptomatic at Work	Surveillance Testing
Symptomatic at Work – Prior Positive within 90 Days	Symptomatic with a Negative at Home Antigen	Response Testing
Symptomatic Staff – No LAMP Available	Vaccinated Staff – Post Close Contact Monitoring	
Superintendent Discretion	Unattested Staff Excluded from Work due to a Close Contact – Day 7 Return to Work Test	
	Unattested Surveillance Testing	

Incarcerated Individuals

Antigen	LAMP	PCR
Symptomatic – Intake	No Use Available at this Time	Response Testing
Symptomatic from Population		Quarantine & Post Transport Monitoring Testing

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.

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 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. If not using the courier 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

VERMONT
DEPARTMENT OF HEALTH

COVID-19 Specimen Collection Clinic Form

<u>Section A:</u> Demographic Information

NAME (Last)	(First)	(M.I.)
MAILING ADDRESS		

CITY	STATE	ZIP
DATE OF BIRTH _____/ _____ /_____ Month / Day / Year	PHONE NUMBER	
LOCATION OF CLINIC/SPECIMEN COLLECTION:		

<u>Section B:</u> 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.

<u>Section C:</u> 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 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

_____ Date: ___/___/___

Signature

Attachment 26 – Medical Release

See Separate attachment.

Attachment 29 – Notice of Placement

To be printed on facility letterhead

MEMORANDUM

To:

From:

Re:

Date:

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.