

November 9th, 2021

VERMONT DEPARTMENT OF CORRECTIONS

Protocol – Central Office

Operational Guidelines for transition back to normal operations from the Department’s 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.

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• **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.** 7

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Definitions

- a. **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.
- b. **Immunocompromised:** Having an impaired immune system as diagnosed by a medical provider.

Section 1 - Staff

i. 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 \(vermont.gov\)](#)

ii. Staff Suspected Exposure

1. If a staff member has been FULLY VACCINATED or was COVID positive in the last 90 days and had a close contact exposure outside the work environment, or through unexpected work-related exposure, as defined by the Vermont Department of Health NO FURTHER ACTION REQUIRED unless they become symptomatic.
2. If a staff member is NOT FULLY VACCINATED and deemed a close contact they must quarantine and if they do not have symptoms after 7 days, the staff member can arrange for a COVID test through a health care provider or VDH.
3. If that test is negative, staff may return to work prior to the 14 days.
4. CO staff who regularly work in a facility CANNOT have been a close contact within the last 14 days prior to going into a facility.
5. If an employee becomes symptomatic at any time during the 7-day quarantine they should contact a medical provider and may not return to work while symptomatic.
6. Staff having close contact with someone else who has been a close contact, but has not themselves been diagnosed with COVID-19, does not require quarantine, unless otherwise directed by the VDH or a medical provider.
7. Staff having contact with someone who is pending a COVID-19 test does not require quarantine unless otherwise directed by the VDH or a medical provider.

iii. Staff Diagnosed with COVID-19

1. Staff who have confirmed COVID-19 should refer to Section 4 for specific return to work criteria.
2. They should contact their medical provider and may not return to work while symptomatic.

Section 2 - Field Contact Tracing

1. Central office contact tracer is Samuel Santos.
2. Any COVID-19 related questions regarding close contact should be directed to the central office contact tracer.

3. In the case of an outbreak staff may be contact by the central office contact tracer.

Section 3 - Return to Work

Symptomatic Staff Returning to work Following COVID 19 Positive Result:

- 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving*

**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation*

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 any of the 3 categories listed below:

- Staff must be symptom free for 48 hours before returning to work
- 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

Attachment 1 – Field Close Contact Tracing Questionnaire

Name _____

Date _____

The CDC defines **close contact** as anyone who was **within 6 feet** of an infected person **for at least 15 consecutive minutes**.

1. Using the standard above, at any point were you in close contact with _____? Y/N
If yes-
When?
How long?
What was the proximity (distance between) to _____?
Were you wearing a mask? What type?
Was _____ wearing a mask? What type?
2. Did you remove your mask at any point in the vicinity of _____?
For how long?
What was the distance between you and _____?
3. Do you have any symptoms? Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea.
4. When did the symptoms start?
5. Have you had any close contact with any DOC staff at or outside of work/office in the two days prior to symptoms starting? If Asymptomatic- have you had any close contact with DOC staff since exposure?
Please advise if masks were worn and what type.

6. Have you had any close contact with offenders in the two days prior to symptoms starting?
If Asymptomatic- have you had any close contact with offenders since exposure?
Please advise if masks were worn and what type.

7. Any recent contact with a confirmed COVID positive person?
When?
What was the distance between you and them?
What was the duration of the contact?

STOP

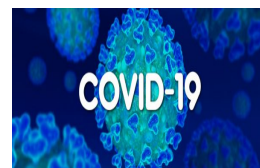
PLEASE READ PRIOR TO ENTRY

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 WHO IS NOT VACCINATED

- **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 3 – Reserved for Future Use
Attachment 4 -Reserved for Future Use