

VERMONT DEPARTMENT OF CORRECTIONS

Infectious Disease Guidelines

(This document replaces and supersedes existing COVID-19 guidance.)

1. Based on the prevalence and types of infectious disease in the community at any given time, the Health Services Division and/or Vermont Department of Health may provide recommendations regarding infectious disease prevention and outbreak management, such as PPE/masking guidance and testing recommendations. These recommendations may be based on existing disease within a facility or based on elevated levels of an infectious disease in surrounding communities. Any such recommendations will be Centrally reviewed and disseminated via the existing organizational structure.
2. Persons who are, or believe themselves, to be sick with any infectious disease, should not enter facilities, field offices, or Central Office.
3. Persons being admitted to a correctional facility may be screened for infectious disease. Vaccinations for infectious diseases shall be offered in accordance with prevailing medical guidance.
4. Masking is now optional in all facilities, field sites, and Central Office except that:
 - a. Incarcerated individuals may not wear a mask while receiving medication, to include remaining unmasked during any waiting period after a medication is distributed.
 - b. Any mask must be removed to allow for identification when so directed by staff.
 - c. Masking will be required in any area being used for isolation housing.
 - d. Units that house higher-risk populations should consider a lower threshold for masking within these units. A decision to introduce universal masking within these units may not need to be followed in other areas of the facility.
5. Facilities and field sites shall maintain adequate stock of PPE and other disease mitigation and testing supplies regularly in use.
6. Persons experiencing symptoms of any infectious disease should test for such disease. Incarcerated individual testing will be provided by DOC's contracted medical provider as part of comprehensive health care management.
7. Incarcerated individuals diagnosed with an infectious disease may be placed in medical isolation by a qualified health care professional (QHCP.) The terms and duration of such isolation shall be determined by the QHCP in accordance with prevailing medical guidance.
 - a. Correctional facilities shall provide support for the emotional and mental well-being of any individual placed on such a status.
 - b. This shall include placement on 15 minute observation checks for the duration of placement.
 - c. Removal from such status will be at the direction of a QHCP.

- d. Any area being used for medical isolation shall be clearly marked as such along with current direction as to the terms of such medical isolation, to include any PPE required for entry or contact.
 - e. The contracted health care provider shall be responsible for reporting instances of infectious disease among incarcerated individuals to the Vermont Department of Health in accordance with any standards or requirements published by said Department.
8. Staff who have an infectious disease may return to work in accordance with current medical guidance. This may include:
 - a. Resolution of those symptoms that indicate active infection, such as fever.
 - b. Clearance by a health care professional
9. Staff who test positive for COVID-19 but are asymptomatic may
 - a. choose to use their leave in accordance with the Collective Bargaining Agreement or
 - b. may report to work but it is recommended they wear a KN-95/N-95 for five to ten days following the date of their positive test when in close contact with other staff, incarcerated individuals, or visitors, or in areas where others will congregate.
 - c. Facilities are encouraged to employ strategies to reduce exposure from a COVID-19 positive staff member, such as locating them in areas that are less populated, well-ventilated, or out of doors, to the extent that such strategies allow for sufficient staffing for other health and safety considerations.
 - d. When staffing availability allows, staff who are believed to be infectious with COVID-19 or other active infectious disease should not work in close contact with incarcerated individuals who are at high risk of severe outcomes to such illness.