Updated November 22nd, 2021

VERMONT DEPARTMENT OF CORRECTIONS

Protocol - Field-

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.

Contents

Contact Information	2
Definitions	2
Section 1 – Staff	3
i. Mask Requirement	3
ii. Immunocompromised Staff	3
iii. Staff Close Contact	3
iv. Staff Diagnosed with COVID-19	4
Section 2 – Transports	4
Section 3 - Field Contact Tracing	4
Section 4 - Return to Work Following a COVID-19 Positive	5
Attachment 1 – Field Close Contact Tracing Questionnaire	6
Attachment 2- Reserved for Future use	8
Attachment 3 – Reserved for Future Use	8
Attachment 4 -Reserved for Future Use	8
Attachment 5 – Reserved for Future use	8
Attachment 6 – Reserved for Future use	8
Attachment 7 -Reserved for Future Use	8
Attachment 8 – Reserved for Future Use	8
Attachment 9 – Reserved for Future Use	8
Attachment 10 – Reserved for Future Use	8
Attachment 11 – Reserved for Future Use.	8

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.** 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.
- c. **Close contact:** Suspected exposure through close contact per VDH guidance to <u>someone</u> with COVID-19 outside of the workplace. Close contact as defined:
 - 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

- 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.

Section 1 - Staff

i. Mask Requirement

Pursuant to S.1, An Act Relating to Temporary Municipal Rules in Response to COVID-19, all staff must be in compliance with local municipal mask mandates while on duty.

ii. Immunocompromised Staff

- 1. If any staff feel they are immunocompromised, it is their responsibility to pursue accommodations through human resources.
- 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)

iii. Staff Close Contact

- 2. Staff who are fully vaccinated with no symptoms will not be excluded from work.
- 3. 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.
- 4. 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.
- 5. 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.

- 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 taking on day 7 following the contact and negative results received.

iv. 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.
- 3. Each district manager will ensure information is tracked regarding any employee that is sick or in-home quarantine.

Section 2 – Transports

- **1.** Any offender being transported by field staff must wear a mask.
- **2.** Staff conducting transports will wear masks.

Section 3 - Field Contact Tracing

1. Each field office will have a designated "contact tracer" who has completed the online training listed below:

https://www.coursera.org/learn/covid-19-contact-

tracing?utm_medium=coursera&utm_source=promo

Site	Point of Contact	Phone number
Barre Probation and Parole	Mike Merchant	(802) 793-4274
Bennington Probation and Parole	Ellen Palmer	(802) 760-7869
Brattleboro Probation and Parole	Christina Granger	(802) 579-6451
Burlington Probation and Parole	Alan Monnier	(802) 863-7542
Hartford Probation and Parole	Matt Holden	(802) 296-5513
Morrisville Probation and Parole	Mike Merchant	(802) 793-4274
Newport Probation and Parole	Jason Webster	(802) 334-3312
Rutland Probation and Parole	Nick Daigle	(802) 779-4239
St. Albans Probation and Parole	Lisa Wilson	(802) 524-7966

St. Johnsbury Probation and Parole	Maxwell Maloney	(860) 681-9435
Springfield Probation and Parole	Lisa Brooks	(802)-738-2985 (cell)
		(802) 802-885-2985- home
	(backup)Leona Watts	(802) 885-8994

- 2. Any COVID-19 related questions regarding close contact should be directed to the field office contact tracer.
- 3. When a positive C19 case is identified in a field office, the identifier is to send an email immediately to the COVID response team (CRT) at AHS.DOCCOVIDResponseTeam@vermont.gov.
- 4. CRT will then review and determine if contract tracing will be done.

Section 4 - Return to Work Following a COVID-19 Positive

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 then 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 and are asymptomatic may return to work

Attachment 1 – Field Close Contact Tracing Questionnaire

Name	Date
	CDC defines close contact as anyone who was within 6 feet of an infected person
1.	Using the standard above, at any point were you in <u>close contact</u> 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 hetween you and	7

- 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 <u>close contact</u> 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 <u>close contact</u> 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?

Attachment 2- Reserved for Future use Attachment 3 – Reserved for Future Use Attachment 4 -Reserved for Future Use Attachment 5 – Reserved for Future use. Attachment 6 – Reserved for Future use. Attachment 7 -Reserved for Future Use Attachment 8 – Reserved for Future Use Attachment 9 – Reserved for Future Use

Attachment 10 – Reserved for Future Use Attachment 11 – Reserved for Future Use