UPDATED December 30th, 2020

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 recommendations. Please ensure you are using the most current document.

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Contact Information

Incident Commander

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

Central Office Operations Section:

Shannon.Marcoux@vermont.gov- 802-535-8658

Heidi.Fox@vermont.gov RN, MSN 802-798-2682

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

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

Incident Command Auditor

Mariah.Almy@vermont.gov (802)- 798-9264

Logistics Section:

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

Sarah.Turcotte@vermont.gov – 802-760-8761

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

Planning Section:

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

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

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.

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 inmates returning from an ER transport.

d. **Close contact:** For the purpose of this protocol, close contact is defined as 6 feet or less from another person or in an area contaminated by their respirations.

e. **Cohorting**: inmates on the same status (e.g., two inmates both designated for Isolation) may be housed together. Inmates on different statuses (e.g., one designated for Quarantine and one for Isolation) should not be housed together.

f. **Vulnerable:** Vulnerable will be used as defined by the CDC as, "at higher risk." Those currently listed are: adults over the age of 65; pregnant women; and those with heart disease, lung disease, or diabetes. Please check the CDC link as these groups may change as new medical information becomes available. https://www.cdc.gov/coronavirus/2019-

ncov/specific-groups/high-risk-complications.html Staff designated as vulnerable will not be used to work Isolation or Quarantine units, nor will they be assigned to transport inmates designated for Isolation. It is the staff's responsibility to notify their supervisor of this information and, if requested, to provide documentation from their healthcare provider.

g. **Tyvek Suit:** Protection for workers who deal with hazardous materials and small hazardous particles while performing daily job duties. Tyvek suits have protection built into their fabric.

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).

   i. This does not include personal eyeglasses.

   ii. If reusable eye protection is used it should be cleaned and disinfected in accordance with manufacturer's instructions.

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. **COVID-19 Test –** Any test approved by the Vermont Department of Health for the identification and diagnosis of an individual person as infected with the COVID-19 virus.

l. **Cloth Face Covering –** mask made of cloth consisting of multiple layers to cover the nose and mouth. Not a microfiber or N95 mask. Often handmade. Intended to help prevent spread of virus *from the wearer.* **If you can see through the mask when held up to the light it is not to be worn inside the facility.**

m. **Microfiber Mask-** Four-ply microfiber cloth. Intended for inmates in isolation and inmates and staff in Quarantine.

n. **Hot Zone:** An area used to house inmates on quarantine or isolation statuses. Full PPE is required.

o. **Warm Zone:** A dedicated transition point between a cold and hot zone. Used for donning or doffing of PPE.

p. **Cold Zone:** An area not being used to house inmates on quarantine or isolation status. Cloth face coverings are required

q. **Surge Unit:** A unit designed to provide additional capacity for provision of safe and appropriate medical care in response to a notable increase in COVID-19 positive patients.

****Please note, surgical masks are being replaced with microfiber masks. This decision is based on the research done by the military found in the link below:**
https://www.military.com/daily-news/2020/04/28/army-says-it-has-found-best-fabric-face-masks.html

Section 1: General Precautions

Throughout the duration of the COVID-19 pandemic the following general prevention measures should be implemented to interrupt viral infection transmission.

A. Good Health Habits

1. Each facility should ensure that adequate supplies and facilities are available for hand washing for both incarcerated individuals and employees.

2. Provisions should be made for employees and visitors and new intakes to wash their hands when they enter the facility.
3. Regular handwashing should be encouraged.
4. All persons should avoid touching their face, practice respiratory etiquette (covering cough with tissue/elbow.)
5. Non-contact greetings (i.e. no handshakes, hugs, high fives) will be used.
6. Good health habits should be promoted in various ways (e.g., educational programs, posters, campaigns, assessing adherence with hand hygiene).
7. This CDC website has helpful educational posters: https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html

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 inmate labor may be utilized. Attention should also be given to the cleaning schedule for areas where inmates are prohibited.
3. Superintendents will ensure continual cleaning is occurring at all times – 24/7.
4. Cleaning may be done using EPA-certified disinfecting wipes such as the "Red-capped PDI Sani Cloth Germicidal Wipes" or equivalent as available.
5. The CDC indicates that most common EPA-registered household disinfectants are effective for cleaning. Use disinfectants appropriate for the surface.
6. Bleach Solution is a good cleaning solution that is readily available. **It should be used within 24 hours of mixing.**
    - Bleach solution is 5 (five) tablespoons (1/3rd cup) bleach per gallon of water OR

- 4 (four) teaspoons bleach per quart of water.

7. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date.

8. Never mix bleach with ammonia or any other cleanser.

9. Each facility has been provided with a sprayer. This may be used as part of the cleaning and disinfecting plan.

10. Bleach solution should be used in the sprayer.

11. Bleach solution may be applied to hard surfaces suitable for cleaning with bleach.

12. Staff should be aware of the need for proper air circulation and ventilation.

13. Staff should wear gloves and eye protection while using the sprayer.

14. After application, bleach solution should be allowed to stand for a minimum of one minute prior to cleaning.

C. Cloth Face Coverings

1. Cloth Face Coverings should—
    a. fit snugly but comfortably against the side of the face,
    b. be secured with ties or ear loops,
    c. include multiple layers of fabric,
    d. allow for breathing without restriction,
    e. be able to be laundered and machine dried without damage or change to shape.
2. Individuals should be careful not to touch their eyes, nose, and mouth when removing their Face Covering and wash hands immediately after removing.
3. Cloth Face Coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated (unless under direct observation) or otherwise unable to remove the Covering without assistance.
4. Coverings should be routinely washed. A standard washing machine will wash

these appropriately.

i. Wearing of Cloth Face Coverings - Staff

1. In accordance with the current State of Vermont mandate, as of August 1, 2020 all persons in the State of Vermont are required to wear masks or cloth face coverings over their nose and mouth any time where it is not possible to maintain a physical distance of at least six feet.
2. Staff who are outside and are able to socially distance do not need to wear a cloth face covering, however, staff must be prepared to don a cloth face covering immediately if social distancing is not able to be followed.
3. A Cloth Face Covering is not a substitute for microfiber masks or N95 masks when these are required.
4. Staff should familiarize themselves with requirements for use of PPE provided in Field and Facility Protocols.
5. In any situation that requires either a Microfiber mask or N95 mask, the Cloth Face Covering is to be removed and the appropriate mask applied.
7. Cloth Face Coverings 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. Staff will be provided with clean cloth face coverings and will be responsible for laundering and maintaining these.
10. Wherever Cloth Face Coverings are specified, a Microfiber mask may be substituted if preferred by the wearer (staff or inmate.)
11. Where the protocol specifies Microfiber mask, a Cloth Face Covering **MAY NOT** be used as a substitute.

ii. Wearing of Cloth Face Coverings - Inmates

1. All inmates are required to wear a Cloth Face Covering when outside of their cells.

2. In accordance with the current State of Vermont mandate, as of Saturday, August 1, 2020, all persons in Vermont are required to wear masks or cloth face coverings over their nose and mouth any time they are indoors or outdoors, where they come in contact with others from outside their households, especially in congregate settings, and where it is not possible to maintain a physical distance of at least six feet.
3. Inmates must remove the covering if directed to by staff (e.g., for identification purposes or other security needs).
4. A Cloth Face Covering is not a substitute for microfiber masks or other required PPE when these are required for completion of laundry, Biohazard Cleaning, or other tasks where PPE is specialized.
5. Staff should familiarize themselves with requirements for use of PPE provide in Field and Facility Guidance and ensure inmates cleaning are in compliance.
6. Cloth Face Coverings will be removed if they become wet or soiled.
7. Used Cloth Face Coverings will be kept in the cell in a mesh bag until laundry is Collected.
8. Cloth face covering are to be laundered in compliance with criteria set out in Section 1(G) of this protocol.
9. Each facility will establish a process for re-issuing coverings to inmates.
12. Disciplinary Reports **WILL NOT** be issued for wearing a Cloth Face Covering worn in the manner prescribed in this protocol.
13. Each facility will ensure information regarding Cloth Face Coverings is communicated to the inmate population.
14. Wherever 'Cloth Face Coverings' are specified, a 'Microfiber Mask' may be substituted if preferred by the wearer (staff or inmate.)

15. Where the protocol specifies 'Microfiber Mask', a 'Cloth Face Covering **MAY NOT** be used as a substitute.
16. Prior to the release of any inmate, staff must verify the identity of the inmate being released.
17. This may include having the inmate stand 6 feet away from the staff member and being directed to remove their cloth face covering so a positive visual verification can be made.

D. Social Distancing

1. Administrative measures have been implemented to reduce contact between people and the chance of spreading viruses.
2. In-person social visits have been suspended indefinitely.
3. GTL will provide one free video visit per inmate per week.
4. The restriction on the number of allowable purchased video visits per week has been temporarily lifted.
5. Volunteer activities have been suspended indefinitely, except as provided for in Step-Down Parameters.
6. 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.
7. Each superintendent will review how to group inmates for medication and meals. There should be a time gap between groups. During that time gap, the area will be cleaned and disinfected.
8. At this time outdoor recreation will continue to be offered. Inmates will be encouraged to maintain a distance of 6 feet between each other. Indoor recreation (e.g., gym) will occur only by unit with disinfection in between uses.

9. Library books that have been in the possession of any inmate will, upon collection, be stored separately from other books for a period of 24 hours prior to being placed back into circulation.
10. All mail from outside the institution will be held for 24 hours before staff sort it. Each superintendent will be responsible for identifying a location for this to occur. After the 24-hour period, mail may be sorted and delivered according to normal protocols.
11. Each superintendent will implement methods to reduce movement of staff between units/buildings to the extent reasonably possible.

E. Inmate Surveillance Testing

1. DOC and CIC will coordinate surveillance testing of each facility.
2. Facility logistics chief is responsible for ordering inmate testing supplies through CIC Broad and maintaining inventory.
3. Inmates will be tested on separate days, one facility a week in a 6-week cycle, as scheduled by Incident Command.
4. The week prior to a scheduled inmate testing date, a planning meeting will be held.
5. The meeting will be attended by the Operation Section Chief, DOC DON, Facility Group supervisor, Facility superintendent, and representatives of Garnet (Sub Contractor for sample Collections.)
6. The meeting will review logistical decisions for the upcoming testing.
7. The superintendent, or designee, will identify inmates who have previously tested positive. Individuals who have previously tested positive will not be included in surveillance 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. The day of the testing, the Garnet Team will enter the facility and conduct testing.

8. The facility will provide all printed labels for inmate testing.
9. The superintendent will create the inmate participant spreadsheet, which includes name, date of birth and jacket number.
10. This spreadsheet will reflect those actually tested and will be submitted to the Operations Section Chief immediately upon completion of testing.
11. Any inmate refusals are to be listed on the email to the Operations Sections Chief together with the spreadsheet.
12. Once it is verified that all test results have been received, the Operations Section Chief will brief the Incident Commander and publish the results.
13. The testing schedule may be altered by Incident Command in response to the need for outbreak testing or other operational needs.

F. Personal Protective Equipment (PPE)

1. PPE will be used when any person comes into contact with any person with suspected, or confirmed, COVID-19.
2. N95 Mask/Respirator: See Attachment 4 for information regarding how to conserve N95 masks.
    a. N95 respirators should not be worn with facial hair that interferes with the respirator seal.
3. Gown.
    a. If gowns are in short supply they can be reserved for times when direct, close contact with a patient is anticipated.
4. Gloves.
5. Eye Protection (goggles or disposable face shield that fully covers the front and sides of the face).
    a. This does not include personal eyeglasses.
    b. If reusable eye protection is used it should be cleaned and disinfected in accordance with manufacturer's instructions.

6. It is strongly emphasized that hand washing occur before and after donning and doffing PPE.
7. Staff anticipated to wear PPE should be trained on its use. CDC instructions are attached as Attachment 5.
8. The Logistics Section Chief 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 inmates from, or to, an Isolation or Quarantine area.
    c. When duties will bring staff in close contact with inmates on an Isolation or Quarantine status.
    d. Where a Use of Force appears likely (wear Gowns or Tyvek suits).
    e. Staff will wear N95 masks and eye protection while conducting mouth checks during medication pass.
10. When conducting CPR on any inmate, the following additional precautions will be taken:
    a. Limit the number of staff in the room to essential (no more than 3)
    b. Wear PPE – Gloves, eye protection, N95 Mask, & Gown.
    c. Use of Bag-mask ventilation preferred over mouth to mouth.
11. Each facility will identify location(s) where doffing of PPE will take place. This should be as close as reasonably possible to where the PPE will be used.
12. Each facility will ensure appropriate receptacles (Red Bags/Biohazard) are present in these locations.

i. Preservation of N-95 Masks

1. Each facility will ensure used N-95 masks are collected and saved for sterilization and reuse.
2. Only used N-95s in good condition will be saved.

3. N-95 masks will not be worn with make-up or lipstick as this prevents re-use of the mask, staff will be directed not to wear such products.
4. N-95 masks used during aerosol generating procedures or which have been contaminated with bodily fluids will be disposed of and will not be re-used.
5. N-95 masks which are visibly damaged will be disposed of and will not be re-used.
6. Used N-95 masks should be considered infectious and should not be handled without PPE.
7. Used N-95 masks stored together should not be re-used prior to disinfection.
8. Put used N-95 masks 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, point of contact, and the number of masks.
9. These will be stored in a secure place until the Logistic Section directs.
    a. See attachments 22 for further information.

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. Staff Testing

1. Staff must be tested for COVID-19 prior to working in a Correctional Facility or entering the Vermont Correctional Academy.
2. All new DOC hires and new full-time medical staff, as well as any staff returning following an extended absence (e.g. FMLA), must arrange for a COVID-19 test.
3. This test should be completed within a reasonable time prior to beginning or returning to work at a facility or entering the Academy.
4. If the test is positive, staff will use the guidance provided in Attachment 9.

B. Staff Surveillance Self Testing – Broad Test

1. Each facility office will assign their logistics chief to receive, store and manage the Broad Testing kits for staff testing through Incident Command Sections Chief.
2. Each facility office will assign support staff to manage staff testing.
3. Each site will be the keeper of their own **Vermont Specific Event System** (TVRS)spreadsheet that will be provided to the support staff the day of testing.
4. Staff testing at facilities will be conducted bi-weekly, 3 facilities a week, on Tuesdays and Thursdays Section 2 pursuant to the following schedule:
    a. Week 1- NECC, CRCF, NSCF
    b. Week 2 -NWCF, MVCF, SSCF
5. Staff will be tested in 2 separate groups established by the individual facility, with one group tested on Tuesday and the other Thursday.
6. Staff must be tested for COVID-19 in compliance with the established testing schedules.
7. Academy cadets and staff will also be included in this testing plan as scheduled by Incident Command.
8. The academy will need to provide a CAREEVOLVE spreadsheet to the Operations Sections Chief the day before testing.

9. Upon completion of the day's testing, each superintendent will provide a completed TVRS spreadsheet to the Operations Section Chief.
10. Each site will designate space for self-testing to take place.
11. The designated space will allow for staff to conduct the test in private if requested, and will have access to a sink for handwashing or the use of hand sanitizer, waste disposal, and tissues.
12. The test is to be conducted pursuant to instructions provided in the test kits.
13. Once the test is completed, staff are to hand the testing packet to the administrative support staff.

C. Administrative Testing Support Staff

1. Education will provide dedicated support staff for each facility.
2. Field sites will provide back up support staff to facilities if needed.
3. Support staff will coordinate testing schedules with their assigned facility on Tuesdays and Thursdays bi-weekly.
4. When handling test kits, support staff will don full PPE which includes N95 mask, face shield or goggles, gown and gloves unless otherwise instructed.
5. Support staff will document all staff submitting a test in the TVRS spread sheet, Attachment 15, as instructed.
6. Support staff will follow instructions outlined by Broad for administering the test, documentation and shipping. *See* link.
7. At the close of the day, each test will be packaged and made ready for shipping.
8. Support staff will coordinate with each facility administrative staff for end-of-day testing package pickup for shipping.
9. Academy support staff will pick up test kits from the facility for the academy and process the tests.

D. Staff Travel

1. Any staff member who travels out of state pursuant to Vermont Department of Health Guidance must quarantine for 14 days. https://accd.vermont.gov/covid-19/restart/cross-state-travel. Nowhere out of state is currently designated as safe for travel without quarantine upon return.
2. This does NOT include staff who live in another state and cross borders as a matter of their normal commute.
3. This also does not include people traveling for essential purposes, including work. Essential travel includes travel for personal safety, medical care, care of others, parental shared custody, for food, beverage or medicine, or to perform work for businesses that are currently allowed to operate.

E. On-Site Screening

1. COVID-19 could gain entrance to a facility via infected employees. Staff should stay home if they have fever and/or respiratory symptoms.

2. Upon arrival on-site, all staff and **all other personnel (including visitors, vendors, contractors)** entering the facility will be screened using Attachment 10.

3. Each Superintendent will determine where such screening will take place and will assign staff to perform the screening.

4. The screener will wear PPE as follows: Gloves, goggles, and microfiber mask.

5. Screening should take place as close to the entrance as reasonably possible and as soon as the staff member arrives.

6. Staff who answer "yes" to any question will be sent home.

7. All staff will be screened for fever with an infrared thermometer.

8. Staff with temperatures at or above 100.4 will be sent home.

9. Anyone who refuses to comply with the screening, including temperature check, will not be allowed entrance to the facility.
10. A re-screening will not need to be done for staff exiting and re-entering the building on the same continuous shift.
11. Staff who continue to exhibit symptoms listed on Attachment 10 following a negative COVID-19 test may return to work provided they have been fever free for at least 24 hours without the use of fever reducing medications.
12. Medical clearance may, but is not required to be, in writing.
13. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.
14. Employees should be advised to consult their healthcare provider by telephone.
15. Staff use of sick leave for other illnesses or injuries will continue to follow the normal process and will not require a medical clearance, (except if such is requested under CBA Article 35.)

F. Staff Suspected Exposure

1. Any staff member who has had a close contact exposure outside the work environment, or through unexpected work-related exposure, as defined by the Vermont Department of Health must quarantine for 14 days.
2. No test-out after 7 days is permitted per new VDH guidance for staff working in congregate environments including correctional facilities.
3. Suspected exposure through close contact per VDH guidance to someone with COVID-19 outside of the workplace. Close contact as defined:
    a. You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
    b. You provided care at home to someone who is sick with COVID-19
    c. You had direct physical contact with a person with COVID-19 (hugged or kissed them)
    d. You shared eating or drinking utensils with a person with COVID-19

e. A person with COVID-19 sneezed, coughed, or somehow got respiratory droplets on you.

4. This is regardless of whether the person with COVID-19 or the contact was wearing a mask or whether the contact was wearing respiratory personal protective equipment (PPE)
5. If employees have been exposed to a known COVID-19 case as defined by the VTDOH, and if they have symptoms of fever, cough or difficulty breathing, they should call their healthcare provider.
6. If an employee becomes symptomatic at any time during the 14-day quarantine they should contact their medical provider and may not return to work while symptomatic.
7. The employee may use their sick leave to cover this absence.
8. 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.
9. 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.

G. 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. Staff who have been diagnosed with COVID 19 and have completed transmission-based precautions and have returned to work but subsequently exhibit symptoms must quarantine from work. Staff who have subsequent symptoms must follow return to work criteria in Attachment 9.
4. Each superintendent will ensure information is tracked regarding any employee that is sick or in-home quarantine.

5. The superintendent will review this information with the Central Operations Section to determine if a sick staff member had close contact with others and if any additional steps need to be taken to address this.
6. During the COVID-19 outbreak (as at all times), staff are required to follow usual reporting rules for notifying their chain of command when they will be away from work due to illness or potential exposure.

Section 3: Intake

A. New Intake Screening

1. At this time, the State of Vermont, as well as all surrounding states, have ongoing community transmission of the virus. As a result, inmates coming into a facility from the community may have been exposed but not be symptomatic.
2. All new intakes to a Correctional Facility will be placed on Intake Quarantine.
3. When a new intake enters the sallyport, security staff will place a microfiber mask on them. Security will wear gloves, microfiber mask and a gown when greeting new intakes.
4. Security Staff will complete Attachment 1.
5. For any new intake providing a positive result on this screening tool, security staff will don PPE (N95 mask and eye protection)
6. Security staff will perform necessary searches (pat or strip in accordance with existing directive).
7. All new intakes will be directed to wash their hands as a general health precaution.
8. Intakes who did not screen positive on Attachment 1 will be processed in accordance with Quarantine guidance below.
9. 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).

10. Medical will complete a second screening and consult with the on-call medical provider with regard to placement.
11. The medical provider will determine if placement on Isolation is appropriate.
12. Immediately upon confirmation of a positive screen by medical, **Central Office Operations Section will be notified.**

B. MVRCF Intake

1. Marble Valley Regional Correctional Facility (MVRCF) will continue to accept Incapacitated Persons from Rutland and Addison Counties. All other intakes will be transported to Southern State Correctional Facility (SSCF) pursuant to the procedure below.
2. Field CCOs or designated staff from RUPP have established a Transport Team to conduct transports from MVRCF to SSCF on an on-call basis. This will include any law enforcement intake outside the hours referenced in #5 below.
3. The RUPP Transport Team will use a RUPP vehicle for transports of 1-2 inmates. If more than 2 inmates need to be transported, the team will use a MVRCF facility transport vehicle.
4. RUPP has established a Transport Team schedule. This Team is composed of CCOs (and if necessary other RUPP staff). This schedule provides for on-call coverage from 0600 – 2200 each day. Staff on the Team are eligible for Stand-by pay during their non-working hours when they are scheduled for coverage.
5. Local Law Enforcement will conduct transports directly to SSCF or CRCF during the period from 2200 – 0600.
6. Bennington Probation and Parole, Vermont State Police Shaftsbury Barracks, Bennington County Sheriff's Department, and police departments located in Bennington County (Bennington, Manchester, and Winhall) will be responsible for conducting their own transports to SSCF.

7. Agencies in Rutland and Addison Counties have been asked to notify the institution as soon as they identify that a lodging will be necessary.
8. Upon receipt of such a notification, the Transport Team will be activated according to the schedule and will report to MVRCF. The facility will notify RUPP by contacting the on-call supervisor. The DM or designee will activate the Transport Team.
9. The lodging of the inmate will occur in the garage at MVRCF. The inmate will NOT pass the S-16 door.
10. The inmate will be pat-searched by DOC staff according to standard practice.
11. The inmate will remain on constant observation from the time of arrival until the transport departs.
12. The CFSS will receive proper lodging paperwork from the lodging agency and will be responsible for reviewing consistent with standard practice. The lodging paperwork will be delivered to the Admissions Officer inside the facility who will complete the Booking Slip via OMS.
13. Attachment 1 will be completed in the garage.

Transports

1. Transports will be conducted as specified in Field and Facility Guidelines.
2. DOC restraints will be applied to replace law enforcement restraints.
3. The Transport Team will proceed to SSCF. Full intake and booking process will occur at SSCF. The inmate will be housed in Quarantine at SSCF.
4. Federal intakes will NOT be transported by the RUPP Transport Team. MVRCF will be responsible for transporting federal intakes utilizing appropriately trained and authorized staff.
5. Female intakes being returned by RUPP on a NOS will be transported by RUPP directly to CRCF.

6. Female intakes being returned by BEPP on a NOS will be transported by BEPP directly to CRCF.
7. Rutland County Sheriff's Department (RDCS) will transport their lodgings, during normal business hours, directly to SSCF or CRCF.

Releases

1. Rutland/Addison and Bennington County inmates who are bailed out from SSCF or CRCF will be asked to attempt to find someone willing to pick them up.
2. If they are not able to find a ride, SSCF/CRCF will be responsible for transporting them back to their county of origin.
3. Springfield and Hartford Probation and Parole Offices will provide support to SSCF if they are unable to complete the transport. Contact should be made to DM Sampsell if such support is requested.
4. Burlington Probation and Parole will provide support to CRCF if they are unable to complete the transport.
5. Video arraignments for Rutland, Bennington and Addison Counties will be conducted at SSCF and CRCF. DOC will establish a daily transport to return inmates released at arraignment to their county of origin.

C. New Intake Testing

1. All new intakes will be placed in Intake Quarantine
2. New Intakes will receive COVID-19 tests at the following intervals.
    - 1 Days (entry)
    - 7 Days
    - 12 Days
3. Inmates may be removed from Intake quarantine after they meet all of the following:
    - 14 days

- A negative Day 12 test
- Asymptomatic

Section 4 – Court/Transports

A. Federal Court

1. Inmates being transported to Federal Court will have a temperature check prior to departure. Any temperature above 100.4 will be referred to medical for review and the USMS will be notified.
2. Prior to departing for court, the inmate will be issued a microfiber mask and instructed to wear this.
3. Per discussion with the USMS, DOC inmates at Federal Court will be kept separate from other parties.
4. When these inmates return, they will not require placement on Intake Quarantine provided that:
    i. Their release and return were on the same day; and
    ii. They remained in Federal custody while they were out of DOC custody.
5. They will be screened with Attachment 1 upon return. Any positive result will be addressed according to the standard process.
6. If inmates are inadvertently exposed to other populations while in Federal custody, or otherwise exposed to an unanticipated risk of virus infection, the USMS will be responsible for notifying DOC Transport staff.
7. DOC Transport staff will notify the on-duty CFSS who will notify the Facility superintendent.
8. The superintendent, in consultation with Facility Health Services, can determine the need for Intake Quarantine.

B. State/Family Court

1. Inmates being transported to State Court will have a temperature check prior to departure. Any temperature above 100.4 will be referred to medical for review and the Court will be notified.
2. While being transported to and from the courthouse, the inmates will be issued a microfiber mask and be instructed to wear it.
3. When these inmates return, they will require placement on Intake Quarantine.
4. They will be screened with Attachment 1 upon return. Any positive result will be addressed according to the standard process.

C. Off-site Appointments

1. While being transported to and from off-site medical appointments, the inmates will be issued a microfiber mask and be instructed to wear it.
2. All inmates returning from any outside appointment will be quarantined for 14 days.
3. When an inmate 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.
4. If the barrier driving the refusal cannot be resolved, their case will be reviewed by the medical directors of VitalCore and DOC collaboratively.
5. Any cases determined to present a serious threat to the inmate's well-being will be identified.
6. For those cases identified as a serious threat to the inmate's well-being, an appointment will be scheduled immediately, and the Operations Section will be notified of the name, date, time, and facility.
7. Incident Command 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.

D. Transport of COVID Infected/Suspected Inmate

1. The standards listed below will be utilized for transport in addition to normal transport protocols.
2. All transports of anyone in quarantine/isolation will be conducted using vans with the security insert.
3. No inmate will be moved without notification and approval by **Central Office Operations Section**. Permission must be granted by **Central Office Operations Section** by the contact information provided.
4. Patient wears a microfiber mask and washes their hands.
5. Correctional officer wears N95 mask and eye protection. Wear gloves, gown, and eye protection if in close contact with inmate prior to transport.
6. 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. This is to prevent contaminating the driving compartment.
7. Ventilation system should bring in as much outdoor air as possible. Set fan to high.
8. DO NOT place air on recirculation mode.
9. Weather permitting, drive with the windows down.
10. Following the transport, if close contact with the patient is anticipated, put on new set of PPE. Wash hands after PPE is removed.
11. The vehicle must be cleaned in accordance with the below steps immediately after transport and prior to its use for any other transport.
12. After transporting a patient, air out the vehicle for one hour before using it without a N95 respirator.
13. 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.
14. Clean and disinfect the vehicle after the transport utilizing a hospital-grade disinfectant

15. If a decision is made to transport a patient with signs and symptoms of severe respiratory illness to a healthcare facility, the sending facility will notify the receiving healthcare facility of the pending transport of a potentially infectious patient. Each superintendent will be responsible for establishing contact with the local hospital in advance to identify any special instructions they currently have for receipt of patients requiring a higher level of care.

Section 5 – Internal Screening

A. Ongoing Internal Screening – Inmate Directed

1. Regular communication will be provided to the inmates encouraging them to report symptoms.
2. Inmates who experience coughing, shortness of breath, or believe they have a fever are to report this directly to the unit officer.
3. The officer will immediately issue a microfiber mask to the inmate and cellmate and direct both to lock in.
4. The officer will contact Medical and notify the CFSS
5. Medical staff will determine whether to see the inmate where they are or whether the inmate should be brought to Medical or directly to Isolation.
6. If staff directly observe the symptoms, they shall treat the situation as if the inmate self-reported and follow the same protocol.

B. Ongoing Internal Screening – Correctional Staff Directed

1. During both first and second shift, the unit officer will ask each inmate if s/he is experiencing coughing, shortness of breath, or fever.
2. The unit officer will immediately provide a microfiber mask to any inmate and their cellmate reporting symptoms.
3. At the conclusion of cell inspection, and prior to releasing the unit, the officer will report any positive responses to medical.
4. The officer will notify the CFSS.

5. The cell(s) will stay locked in until medical screening takes place.
6. Medical staff will determine whether to see the inmate where they are or whether the inmate should be brought to medical or directly to Isolation.

C. Ongoing Internal Screening – Peer Directed

1. If another inmate reports a peer is experiencing symptoms, staff shall treat the report as positive, as delineated in Part 1.
2. The affected inmate and cellmate will be issued microfiber masks and restricted to their cell.
3. The officer will contact medical.
4. The officer will notify the CFSS.
5. Medical staff will determine whether to see the inmate where they are or whether the inmate should be brought to medical or directly to Isolation.
6. Any abuse of this peer report system (e.g., intentionally false reporting to harass staff or peers) will be dealt with as a disciplinary issue.

D. Ongoing Internal Screening – Medical Staff Directed

1. Medical Staff will collect and review all sick call slips at least twice daily.
2. Medical will also continue ongoing inmate education especially regarding good health practices.

E. Ongoing Internal Screening – Temperature Checks-

Any inmate who refuses to participate in the COVID-19 mitigating process, including refusal to participate in a COVID-19 test, will be removed from General Population. Placement and removal are under the authority of the superintendent.

Return to general population will be predicated on the inmate's compliance with the mitigation process and, absent other indicators, will not require additional testing once compliance is met.

1. Each facility will establish a process to take the temperature of all inmates twice daily.
2. An infrared thermometer will be used when available.
3. If such is not available, the thermometer must be sanitized between use.

4. The staff member taking the temperatures will wear PPE as follows: Gloves, eye protection, microfiber mask, and gown.
5. Any temperature exceeding 100.4 will be treated as a positive result.
6. The officer will immediately issue a microfiber mask to the inmate and cellmate and direct both to lock in.
7. The officer will contact Medical.
8. The officer will notify the CFSS.
9. Medical staff will determine whether to see the inmate where they are or whether the inmate should be brought to Medical or directly to Isolation.

F. Movement of Symptomatic Inmates to Medical/Isolation.

1. **Placing a mask on potentially infectious persons is critical.** If individuals are identified with symptoms, *immediately place a microfiber mask on the patient* and have them wash their hands.
    a. Staff designated as vulnerable will not be used to work Medical Isolation or Medical Quarantine units, nor will they be assigned to transport inmates designated for Isolation. It is the staff's responsibility to notify their supervisor of this information and, if requested, to provide documentation from their healthcare provider.
2. Each superintendent will designate an area for Medical Isolation.
3. The inmate will perform hand hygiene (either wash hands or use of alcohol-based sanitizer).
4. The inmate will be directed to sit in a wheelchair. A clean sheet will be placed over them from the neck down to cover the clothes.
5. 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 inmate.
6. Staff will open all doors.
7. The inmate will be escorted to the area designated by medical.
8. Medical will complete their screening and provide further directions regarding next steps.

9. If it is determined that the inmate 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.

Section 6 –Quarantine & Isolation Units

A. Authorization to Disclose Personal Health information

1. The assigned CSS will meet with any inmate placed in medical quarantine (not intake quarantine) or Medical Isolation, to complete the Authorization to Disclose Confidential Health Information.
2. No inmate shall be obligated to complete an Authorization to Disclose Confidential Health Information, but the CSS will explain that a signed authorization is required to share protected health information with any family or friends.
3. An Authorization to Disclose Confidential Health Information must be completed for each person whom the inmate wishes to share protected health information.
4. 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."
5. If the inmate declines/refuses to complete an authorization or indicates they have no one they have 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 within the Medical tab of OMS using the Document Category "Releases of Information" and the Document Name "Refused/Declined Authorization to Disclose Confidential Medical Information."
6. If the inmate revokes an individual's or entity's authorization, the CSS will print the "Authorization to Disclose Confidential Health Information" from the DocImage tab within the Medical tab of OMS, fill in the "Date Revoked", sign the "DOC Staff Signature" section of the form, and then

scan/upload the document into the DocImage tab within the Medical tab of OMS using the Document Category "Releases of Information" and the Document Name "Revoked Authorization to Disclose Confidential Health Information."

B. Assignment to Quarantine or Isolation

1. Inmates with a confirmed COVID-19 positive test result will be housed in Isolation. If an inmate with a confirmed positive is in Isolation <u>no inmate without a confirmed positive may be housed in Isolation.</u>
2. Inmates who are symptomatic pending test results will be housed in Quarantine **if** Isolation is not available due to #1 above.
    a. They will be single celled and restricted to the cell at all times.
    b. Staff will wear Isolation level PPE if it is necessary to interact with them
    c. When feasible, an empty cell should separate them from other inmates on quarantine.
3. Inmates on Medical/Contact Quarantine will be housed in Quarantine.
    a. They will not interact/have contact with inmates on Intake Quarantine
4. Inmates on Intake Quarantine will be housed in Quarantine.
    a. If double-celling is necessary, inmates 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.
5. Any inmate, aged 65 or older must be housed, and recreate, alone while on quarantine.
6. Any inmate who is extradited or transferred from a correctional/jail facility outside of Vermont must be housed, and recreate, alone while on quarantine.
7. If more space is needed, the superintendent will consult with the Central Office Operations Section.
8. Inmates who refuse to participate in DOC mitigation strategies (temperature check, COVID testing, etc), will be placed in a location by themselves that is neither with inmates on Isolation or Quarantine *if such space is available.*

9. If such a space is not available, they may be housed in Quarantine in a single cell.
    a. They will be restricted to their cell.
    b. If they continue to refuse for over 48 hours, the superintendent will consult with the Facility Group Supervisor to develop a housing plan.
10. All out going paperwork within quarantine and isolation will be held for 24 hours before being sorted. Each superintendent will be responsible for identifying a location for this to occur. After the 24-hour period, it may be sorted and delivered according to normal protocols. Sick slips and inmate grievances are excluded from the 24 hour hold.
11. Whenever practical, facilities are encouraged to use technological solutions (such as scanning and emailing) to facilitate more rapid distribution and reduce the need for any paperwork to leave the unit.

C. PPE Precautions

1. Properly worn PPE protects staff working these units.
2. Care must be taken to ensure this is worn and handled correctly, to reduce risk of infection OR of passing infection from one inmate to another.
3. Visible soiled PPE should always be immediately changed.
4. Physical interaction with inmates should be avoided.
5. Staff should ensure after touching any item exiting a cell, that PPE is changed prior to interacting with a different inmate.
6. To the extent possible, staff should avoid having potentially infectious items touch their gowns. Gowns must be changed after contact with potentially infectious items and before having interaction with any person.
7. PPE worn in Quarantine may be worn into Isolation.
8. PPE worn in Isolation **may not** be worn into Quarantine.

9. In the event of an emergency, the most critical items of potential infectious PPE that must be changed before responding are gloves and gown.

D. Staff Assignments

1. Whenever feasible a staff member should not be responsible for both a Quarantine and an Isolation Unit.
2. If this must occur, particular attention must be paid to the PPE precautions above.
3. To the extent feasible, dedicated staff should be assigned to Isolation and Quarantine. To the greatest extent reasonably possible, these staff should not be assigned to other living units on days they are not working Isolation or Quarantine.
4. Prior to being relieved for a break, the Isolation or Quarantine Unit Officer will make sure pending tasks that require inmate interaction (chow delivery and pick-up, etc) are complete.
5. The Float relieving the unit will complete unit tours as scheduled and any special observation checks.
6. Any non-urgent task that requires inmate interaction in the unit will be delayed until the return of the Unit Officer.
7. The Float will ensure any PPE worn in Quarantine or Isolation is removed prior to leaving the unit.
8. CFSSs or Management Staff touring the units should avoid any physical interactions with inmates unless absolutely necessary.

E. Medical and Intake Quarantine

1. Any inmate 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.
2. An Incident Report in OMS, using the category code medical, will be created for each inmate placed in Medical Isolation or Quarantine *for any reason.*
3. The Incident Report will specify the reason for placement.

4. The Notice of Placement, Attachment 29, will be scanned into OMS as an attachment in the incident.
5. Inmates on quarantine due to an ER/Medical Trip will be tested on:
   a. Day 7
   b. Day 12
6. Inmates on quarantine due to close contact with a positive or suspected COVID-19 person will be tested on:
   a. Day 1
   b. Day 7
   c. Day 14
7. The Director of Classification will be responsible for tracking the time periods in this section, coordinating results with the RDOM, and notifying facilities when inmates may be moved out of quarantine.
8. Inmates who refuse their scheduled testing will remain in quarantine for a period of 25 days at which time they will be eligible for GP release.
9. The purpose of Medical Quarantine is to ensure that incarcerated individuals who are known to have been exposed to the virus are kept separate from other incarcerated individuals to assess whether they develop viral infection symptoms.
   a. Staff designated as vulnerable will not be used to work Isolation or Quarantine units, nor will they be assigned to transport inmates designated for Isolation or Quarantine. It is the staff's responsibility to notify their supervisor of this information and, if requested, to provide documentation from their healthcare provider.
10. Recreation/Out of Cell time will be by cell. All areas where inmates on quarantine recreate must be cleaned and disinfected before the next cell comes out.
11. Each superintendent will identify a location for Medical/Intake Quarantine.

12. Each superintendent will provide a "Welcome to Quarantine" packet to each inmate upon entering the quarantine unit based on a 2 week quarantine period.
13. Each packet will be created by the individual facility and address the individual quarantine unit and include 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
14. 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).
15. To minimize the likelihood of disease transmission to fellow quarantined persons, those who are placed in quarantine will be required to wear microfiber masks while in quarantine. Masks will be replaced as needed, if they become soiled , or at least every 8 hours.
16. Quarantined incarcerated individuals will be restricted from being transferred to, or otherwise interpersonally interacting with, the general population.
17. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
18. Meals will be served with disposable food service items. Nothing coming out of the quarantine area will be returned to the Kitchen.

19. Trash from the cell, to include disposable food service items, will be disposed of in regular trash. It will be double bagged and anyone handling this will wear gloves.
20. Items identified as specifically exposed to aerosols, or identified by medical staff as medical waste, will be treated as biohazard.
21. Laundry is to be done in compliance with the criteria set out in Section 1(G) of this protocol.
22. 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.
23. A microfiber mask will be worn by staff who are in direct, close contact (within 6 feet) of quarantined incarcerated individuals.
24. A gown is not required when there is no direct contact with an inmate.
25. If a cell door or food chute will be opened, then a gown will be worn.
26. Twice daily, medical staff will assess whether inmates in quarantine should be screened for symptoms including subjective fever and a temperature. Symptomatic patients need to be isolated or cohorted.
27. The duration of medical quarantine for COVID-19 is the 14-day incubation period.

F. Medical Isolation

1. Staff designated as vulnerable will not be used to work Medical Isolation or Medical Quarantine units, nor will they be assigned to transport inmates designated for Isolation. It is the staff's responsibility to notify their supervisor of this information and, if requested, to provide documentation from their healthcare provider.
2. Inmates who have been placed on Medical Isolation based on physical symptoms will have a COVID test ordered as deemed appropriate by the medical provider.
3. They will additionally be tested for flu and strep throat.

4. **Placing a mask on potentially infectious persons is critical.** If individuals are identified with symptoms, *immediately place a microfiber mask on the patient* and have them wash their hands.
5. The inmate will be issued a microfiber mask.
6. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
7. Meals will be served with disposable food service items. Nothing coming out of the Isolation area will be returned to the Kitchen.
8. The facility will ensure measures are in place to support adequate hydration by the inmate(s).
9. Trash from the cell, to include disposable food service items, will be disposed of in regular trash. It will be double bagged and anyone handling this will wear gloves.
10. Items identified as specifically exposed to aerosols, or identified by medical staff as medical waste, will be treated as biohazard.
11. Laundry from medical isolation should be done in accordance with criteria set out in Section 1(G) of this protocol.
12. Any time the cell door is opened, the inmate must wash their hands and don their mask.
13. If a phone call is allowed, it must be done from within the Isolation Area; this may require use of a portable phone/phone on a cord stretched into the area.
14. At the conclusion of the call, the inmate will disinfect the phone and return it to staff.
15. Staff will then re-disinfect the phone.
16. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
17. Any time contact is anticipated, staff will don PPE (gloves, gown, N95 mask, and eye protection
18. 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).

19. 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.
20. Any inmate in Medical Isolation will not leave the cell unless there is a critical health-related event. Hygiene will be practiced using a cloth and basin except for those areas where a shower is built into the cell.
21. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
22. When cleaning, wear a disposable gown and gloves and a N95 and eye protection or a face shield.
23. Clean and disinfect the area utilizing a hospital-grade disinfectant. See detailed cleaning process below.

G. Cleaning – Isolation & Quarantine Spaces

1. No inmate from another unit may enter into Quarantine or Isolation for the purpose of cleaning.
2. Inmates within a Quarantine unit may be used to clean common areas of the unit, using the PPE specified in Attachment 11.
3. Inmates may clean their own cells without PPE, however a full cleaning, following the guidelines below, MUST be completed after the inmate vacates the cell and before the cell is re-assigned to any other inmate.
4. Wearing full PPE (Gown/Tyvek Suit, N95, gloves and eye protection), spray the cell with bleach solution using the sprayer.
5. Attention should be paid to ensure the odor of bleach is not overwhelming in any adjacent occupied area.
6. If possible, open outside windows to increase air circulation in the area.
7. Wait at least 4 (four) hours (but up to 24 if possible) before proceeding to the next step.
8. Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces

9. **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 Bleach Solution or ES-64. Oxivir wipes may also be used for frequently touched or difficult to clean surfaces.
10. **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.
11. **Electronics cleaning and disinfection**
    a. For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
        i. Follow the manufacturer's instructions for all cleaning and disinfection products.
        ii. Consider use of wipeable covers for electronics.
        iii. If no manufacturer guidance is available, use alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

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 **Central**

Office Operations Section, 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. Inmates will be cohorted based on COVID-19 test results and separation needs. This separation requires housing inmates of like statuses in separate areas/zones in the following ways:
    a. Medical Isolation of COVID-19 positive inmates.
    b. Medical Isolation of suspected COVID-19 inmates due to symptoms and/or screening.
    c. Quarantine of inmates that had close contact with COVID-19 positive inmates.
    d. General housing of inmates 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 inmates 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 inmate 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. Upon the opening of any local Surge Unit, the **Central Office Operations Unit** will coordinate with Vitalcore's Regional Medical Director and DOC's Director of Nursing to assess the medical staffing and equipment site.
18. If medical requirements are not able to be met with available on-site resources, or resources currently within the Department, the Incident Commander will request the necessary additional resources through the State EOC.

Section 8 – Removal from Medical Isolation

A. Inmates with Pending COVID-19 Test

1. If this test returns as negative, the Regional Medical Director (RMD) or designee will review and determine when to remove the inmate from Medical Isolation.

2. The RMD or designee will be responsible for notifying the Central Office Operations Section of the removal.

3. Central Office Operations Section will notify the superintendent that the inmate can be returned to General Population (GP) without restriction.

B. Inmates with Laboratory-Confirmed COVID-19

1. Removal from medical isolation is a medical decision and will be made only by the RDM or designees and in accordance with the most current VDH and CDC guidance.
2. The Department's medical contractor will use Symptom-Based Strategy as outlined by the CDC and described below in paragraph 3. https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
3. The Physician is to determine when it is appropriate for release from isolation into stepdown recovery in accordance with current CDC guidance. The Physician will notify Operations who will make the determination as to when and where the inmate will be released to.
4. Strategies

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

Patients with mild to moderate illness who are not severely immunocompromised:

- 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

Note: For patients who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with severe to critical illness or who are severely immunocompromised[1]:

- At least 10 days and up to 20 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

Note: For **severely immunocompromised**[1] patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.

5. Following the medically determined period of medical isolation, the RDOM or designee will approve transfer from the acute isolation unit to general population.
6. The RDOM will be responsible for notifying the Central Office Operations Section of the transfer.
7. Central Office Operations Section will notify the superintendent to transfer the inmate to general population.
8. Inmates will receive education from medical regarding COVID-19 recovery (see attachment 21)
9. Any property released from isolation will be sanitized prior to being removed.

C. Recovery

1. VitalCore will maintain a Chronic Illness Clinic (CIC) list for patients in recovery.
2. VitalCore will submit a proposal to track inmates who have previously tested positive.
3. This will include asking during medical intake and verifying tests completed in the community.
4. Verified prior positives will be entered into OMS.
5. Following a verified positive, inmates will not need to be retested within the next 90 days. This includes cases where the inmate develops symptoms within that 90 days.

D. Symptoms in Recovery

1. An inmate may demonstrate new symptoms after being removed from Transmission-Based Precautions.
2. The inmate should be placed in isolation status pending a medical assessment.
3. It is acceptable to house these inmates in the same isolation unit as C19 inmates working through the Transmission-Based Precautions process

Section 9 – Step-Down Parameters

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 Facilities Group Supervisor 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 EOC weekly to determine if further loosening/restricting activities is needed based on the evidence.

1. Cloth face coverings will be worn by all staff and inmates. (Except where specific activities require different PPE.)
2. Enhanced cleaning protocols will continue.
    a. If areas of the facility that had not been used are re-opening, cleaning protocols must be implemented to ensure proper cleaning and disinfecting is occurring in that area. A thorough cleaning and disinfecting of the area must be completed prior to its first use.
    b. Inmates who are hazmat trained should be prioritized to clean areas depending on the need.
3. Groupings of inmates, regardless of activity, should be limited to no more than 10 except as in 3.a below.
    a. Outdoor Recreation may, dependent on yard size, be up to 30. Attention must be given to 'funnel points,' i.e. building doors, gates to recreation yards, to ensure inmates are able to socially distance en-route to these activities
    b. Staff supervising outdoor recreation should continue to support and enforce social distancing.
4. All activities should be unit specific. If this is not feasible, a specific plan can be submitted to incident command for approval.

5. All Facilities should work to ensure groups of 10 are a consistent cohort across activities.
6. Attention should be given to the physical size of the space being used and the ability of inmates to socially distance within this space (remain 6 feet apart).
7. Physical markers should be used to mark spaces to support social distancing. This may include removing (or marking as unavailable) some chairs or use of tape marking on the floor.
8. A given space may be clearly divided into sections to allow for use by more than one group provided the facility can ensure groups do not come into direct contact with each other or co-mingle.
9. 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)
10. Where feasible, facilities may offer religious services remotely via inmate TVs, for instance airing a pre-recorded service or religious message prepared by an approved religious volunteer on a facility channel.

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 (dependent on ability to support appropriate social distancing)

Inmate 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

The below activities are not authorized at this time and further direction will be provided before re-implementation:

Programming (In Person)

Social Visits

Normal VCI Operations & Work Crews

Volunteer Services

B. Barbering

1. Each Facility superintendent will create a facility plan for barbering.
2. Such plan will include, at minimum:
    a. A requirement that the inmate barber and the inmate receiving the haircut wear cloth face coverings.
    b. A limitation of one inmate at a time in the designated location.
    c. No barber may work if sick or symptomatic (with fever, cough, or shortness of breath).
    d. No inmate may receive a haircut if sick or symptomatic (with fever, cough, or shortness of breath).
    e. Maintain a list of inmates who received a haircut, including the date and the name of the barber.
    f. The barber chair and other high touch surfaces will be disinfected between each haircut, in addition to standard disinfecting of barbering tools.
    g. Soap and water for handwashing or hand sanitizer must be made readily available.
    h. The barber will be required to complete hand hygiene at the start of their shift and regularly throughout, including between inmate haircuts.

i. The inmate receiving the haircut will complete hand hygiene prior to sitting in the barber chair and after completing their haircut.

3. All other normal sanitation processes will be maintained.

C. Women's Services

1. All contractors must wear cloth face coverings.
2. All contractors will sanitize area between individual sessions and will have a minimum of 15 minutes between individual sessions.
3. All contractors will follow the current version of the CDC Interim Guidance and the VT DOC COVID 19 Facility Protocols.
4. All persons will social distance not less than 6 feet.
5. Services will be delivered in spaces designate by the facility.
6. One provider per day from the contractor in the facility.
7. Providers will begin with individual updated assessments and intakes to prioritize current participant needs.
8. Groups will be scheduled from one living unit per day (1/2 day) i.e Monday – House 1; Tuesday – House 2.
9. 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.
10. Where space allows, small groups may be offered to general population units not currently on quarantine or isolation due to COVID-19.
11. Space permitting, groups will include 1 staff group facilitator, and 3-6 participants at a given time.
12. Minimal distancing between participants and group leader will be kept to 6 feet, and group time limited to 20 minutes.
13. All participants will be required to wear cloth face coverings.

14. Individual Treatment, as space and time allow, and as clinically indicated, will be resumed maintaining above protocols.
15. After any encounter – group or individual – encounter space will be disinfected using standard disinfecting agents.

D. Behavioral Health Services to include MAT:

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. Minimal distancing between patients and group leader will be 6 feet, and group time limited to 20 minutes.
5. All participants will be required to wear cloth face coverings.
6. Individual Treatment, as space and time allowed, and as clinically indicated, can be resumed maintaining above protocols.
7. After any encounter – group or individual – encounter space will be disinfected using standard disinfecting agents.
8. 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.

E. DNA Collection:

1. DNA collection will resume in accordance with the current case management directive while abiding by the following COVID 19 protocols:

- **a.** Each superintendent will identify an area for completing DNA. To the extent possible, this should be a larger room with good air flow.
- **b.** Staff will don a microfiber mask and gloves.
- **c.** Staff will follow current DNA collection protocols.
- **d.** Prior to beginning DNA collection, inmate will thoroughly wash and dry hands.

e. While conducting fingerprints, the inmate will be required to wear a cloth face covering. As much as possible, staff should position themselves, so they are standing beside the inmate.

f. The inmate will collect their own DNA sample Staff will not collect offender samples.

g. The staff member will remove their gloves according to the video link which directs the gloves be removed leaving the swab inside the glove. https://youtu.be/AA3AHuAL2ao

h. The inmate and staff member will sign the card. The pen will be sanitized after use.

i. Staff will immediately wash hands and discard PPE according to the doffing of PPE guidelines.

j. The room will be cleaned and disinfected prior to any other use.

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 inmates 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 inmate 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 inmate 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 inmates 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 inmates with whom they are familiar and believe may benefit.
2. Particular attention should be paid to inmates designated SFI and worksheets relevant to their specific situation may be provided.

E. Communication with Inmates

1. The superintendent will ensure that these worksheets are available and that the request methods for them are clearly communicated to the inmate 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

1. Inmates will be identified for RRP via normal process.
2. RRP will be offered to these inmates inclusive of the same curriculums currently in use.
3. RRP staff have created individualized work packets for each inmate participant.
4. CHSVT has identified students who receive Special Education services.
5. Correctional Educators will be developing individualized work packets for each inmate participant; these are also designed to allow students to maintain skills during the COVID-19 pandemic.
6. A Risk Intervention Services (RIS) staff member will be designated to bring these materials to the living units.
7. The RIS staff member will call inmates out one at a time to hand out materials.
8. These work packets are designed to be completed independently.
9. Completed assignments will be returned to facilitators; a designated RIS staff member will call inmates out one at a time to collect their work.
10. Work will be returned in a folder. All work will be collected in a box and held for 24 hours before staff review them.
11. The RIS staff member will also have a list of inmates that may need additional support and be able to communicate directly with them.
12. These work packets may be supplemented by 15-30 minute GTL tablet calls where the Educator or contractor will answer any questions, review submitted work, provide feedback and other support as appropriate to assist in the participant's understanding of concepts.

13. RIS staff may meet with inmates at a designated location for them to sign paperwork required to participate in services. Pens will be disinfected prior to and following each use by the staff member.

B. VCI (Vermont Correctional Industries)

1. Where work demand exists, VCI will continue to operate.
2. VCI will require cloth face coverings to be worn and enforce strict cleaning protocols, hand hygiene, and social distancing.

C. In Person Assessment for Services

The purposes of this proposal is to add a direct contact time and location for one-on-one assessment and services for offenders who are in need of specialized and/or further assessment. The priority group will be those RIS participants who have current 504, IEP or ADA accommodations and Corrective Action Plan (CAP) meetings. This will include those participants who need further assessment and intervention to develop necessary 504 or ADA plans. Quarantine and isolation are excluded from in-person services.

1. All RIS staff must wear cloth face coverings and follow all facility COVID protocols.
2. All offenders will be required to wear cloth face coverings.
3. All RIS staff will sanitize area between individual sessions and will have a minimum of 15 minutes between individual sessions.
4. All RIS staff will follow the current version of the CDC Interim Guidance and the VT DOC COVID 19 Facility Protocols.
5. All persons will social distance not less than 6 ft.
6. Assessment services will be delivered in spaces designate by the facility Superintendent.

7. RIS staff will begin with individual offenders in need of assessments and intakes to prioritize current participant needs.
8. Inmates will be scheduled from by living unit. Disinfecting protocol will take place before inmates from a different unit enter the service area.
9. Inmate movement will be scheduled with the facility operations. RIS staff will follow facility movement protocols.
10. After the last meeting of the day space will be disinfected using standard disinfecting agents.

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.
2. The dentists and staff tending to an inmate will follow the general preventative measures outlined in this protocol in addition to donning the following PPE:
    a. N95 Mask
    b. Gown
    c. Shoe coverings
    d. Eye Protection
    e. Face shield
    f. Gloves
3. N95 and shoe coverings are to be reused.

i. Required Guidelines During and After Dental Care

1. Prior to entering the Dental Office, inmates will be screened using Attachment 1, to include a temperature check.

2. A sheet will be used to cover the inmate's clothes while in the dental chair.
3. The office will have large bio-hazard trash cans appropriately marked for discarded bio-hazard sheets to be laundered pursuant to Facility protocols.
4. The office will have small bio-hazard trash can appropriately marked for trash to be discarded pursuant to Facility protocols.
5. The door to the dental office will remain closed throughout the provision of patient care. After the completion of patient care, the door is to remain closed at least until cleaning and disinfecting of the area is completed.
6. Each dental facility has been provided with a portable HEPA air filter which will be used during provision of patient care and until cleaning and disinfecting of the area are completed.
7. *In between patient visits, dental staff will allow time for droplets to sufficiently fall from the air after a dental procedure. They 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.*

ii. Inmate Initial Screen for Dental Care

1. Inmates will submit Medical slips to request dental care.
2. The Facility Medical Team will prioritize dental care for inmates who have been waiting for an issue to be addressed.
3. Inmates in Marble Valley, Northwest Correctional Facility, and Northeast Correctional Facilities will be transported to another facility for dental care.
4. The Facility Medical Team will be responsible for triaging medical slips relating to dental.
5. The site dentist will determine whether a transport for treatment is needed. Once confirmed, medical will schedule a transport, coordinating this with the Dental Office and facility management.

iii. Inmates Requiring Dental Care

1. Inmates will be brought directly to the Dental Office without delay in the waiting room. They will be brought directly from cell to the dental chair.
2. A sheet will be used to cover the inmate's clothes while in the dental chair.
3. A new sheet will be used for each inmate.

v. Dental Transport

General Population Inmates (i.e., not medical isolation or quarantine)

1. Dental transports will be no more than 4 inmates.
2. Dental transports will be conducted using vans with the security insert.
3. Inmates being transported will wear cloth face coverings.
4. Intake Screening, inclusive of temperature check (Attachment 1), will be completed immediately prior to transport.
5. Any positive response on this questionnaire will result in that inmate being removed from the transport list, and medically isolated, pending further evaluation by medical staff.
6. Two inmates will be placed on each side of the van. The inmates on the same side of the security insert must come from the same unit.
7. Arrival time must be coordinated with the receiving facility and the dentist. Arrival time should be coordinated to ensure the transported inmates will be seen by the dentist without delay.
8. Upon arrival, one inmate is to be escorted directly to Dental. The others are to be secured in cells, inmates who were on the same side of the van, may be celled together. Inmates from opposite sides of the van may NOT be celled together.
9. When the first inmate has completed dental work. *dental staff will allow time for droplets to sufficiently fall from the air after a dental procedure. They 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.*

10. NSCF and SSCF will identify cell locations based on operational needs.
11. Significant care must be taken to ensure that inmates transported have no contact with the receiving facility's inmates.
12. Transporting staff must ensure they are maintaining proper social distancing from Facility Staff.
13. Once dental work is completed on both inmates, the transport will depart.
14. Inmates will be placed in the same set of physical restraints previously used on them.
15. Inmates will be placed on the same side of the van they previously occupied.
16. Upon transport completion, the physical restraints must be cleaned and disinfected.
17. The van will be cleaned and disinfected prior to its use for any other transport.
18. After the departure of the transport, the receiving facility will ensure any cells or spaces occupied by the dental inmates are cleaned and disinfected.

vi. Inmates in Medical Isolation/Quarantine

1. Prior to the transport of any inmate on Medical Isolation or Quarantine, the dentist/provider will review the case and determine appropriate treatment.
2. The status of the inmate(s) being transported must be discussed with the receiving superintendent <u>and</u> the dentist to allow for proper precautions to be engaged.
3. Whenever possible, inmates on Medical Isolation/Quarantine will be transported individually. If more than one inmate at a time must be transported, this may only be done if they are members of the same cohort. Cohorts are listed below and may NOT be mixed.
    a. Intake Quarantine
    b. Contact Quarantine
    c. Medical Isolation Pending Test
    d. Medical Isolation COVID confirmed
4. Transport will be conducted in accordance with Section *Transport of COVID Infected/Suspected Inmate* above.

5. Upon arrival at the receiving facility, the inmate will be escorted directly to Dental or housed in a designated space for Medical Isolation/Quarantine without access to other inmates.
6. If more than one inmate from the same cohort is transported, this will be handled as specified in 9-10 above.
7. Once dental work is completed, the inmate will be returned to the sending facility, again in accordance with Section 2.4 as above.
8. Inmates will be placed in the same set of physical restraints previously used on them.
9. Inmates will be placed on the same side of the van they previously occupied.
10. Upon transport completion, cleaning and disinfecting will be completed consistent with Section 4.D

B. Outside Medical Providers Admittance Into Correctional Facilities

1. Each provider will follow the current DOC COVID-19 Protocol.
2. Each provider will provide their own PPE in accordance with the DOC COVID-19 Protocol.
3. Upon their first visit, the provider will initially demonstrate donning and doffing skill mastery of PPE witnessed by the HSA/DON prior to seeing any patients.
4. A VitalCore training log will be completed and provided to the Director of Nursing Services and Assistant Director of Health Services upon completion of demonstration above.
5. Inmates will only be seen for services one at a time; no waiting area will be used.
6. The provider will be responsible for cleaning the area used for services following each inmate encounter.
7. Services will not be provided to inmates housed in isolation and quarantine units unless deemed a medical emergency by the Regional Director of Medicine.
13. Entrance into a correctional facility may be restricted at any time due to operational interruptions such as a facility lock down; as determined by the facility superintendent.

Section 13 - Construction Work

All standard security requirements will remain in place for any scheduled construction work in a facility during the COVID-19 pandemic. The below describes additional necessary steps.

1. All construction work will be completed in accordance with the most current Agency of Commerce & Community Develop (ACCD) sector-specific guidance.
2. While the contractor will be responsible for their compliance with ACCD guidance, the Facility Management Team will ensure measures are in place to monitor compliance by the contractor. https://accd.vermont.gov/covid-19/business/stay-home-stay-safe-sector-specific-guidance
3. In addition to the standard background check, all Construction Contractors coming from out of state must receive a COVID-19 test no more than 7 days prior to the beginning of work.
4. Instate contractors are not required to receive a COVID-19 test.
5. Contractors will be responsible for notifying DOC that these tests have been completed.
6. This information will be recorded in the log specified in #15 below.
7. Upon arrival at the worksite each day, all Construction Contractors will be screened (including physical temperature check) using Attachment 10.
8. If there is a positive screening on this instrument, the Construction Contractor will not be permitted access to the site.
9. Any Construction Contractor who becomes sick at work will promptly inform their supervisor and go home.
10. The supervisor is responsible for immediately notifying the on-duty CFSS of any illness referenced in #6 above.
11. When entering the facility and en route to and from the work site within the facility, construction staff will wear, at minimum, a cloth face covering.
12. The superintendent will ensure that additional steps are taken to prevent contact between the contractor and any inmate.

13. Any areas constituting contractor work-space will be thoroughly cleaned and disinfected prior to returning to regular use.
14. While working, construction staff will use PPE pursuant to current ACCD guidance for the relevant sector.
15. A log will be maintained on the locations, specific dates, specific contractors, and any DOC staff assigned to construction work.

Emergent/Time Sensitive

1. The superintendent may waive the requirement for COVID-19 testing when repairs are urgent and time sensitive.
2. Any such waiver must be reported to Central Operations Section Chief.

Section 14 – Rapid Response Team

A Rapid Response Team (RRT) has been established to review the case of any inmate 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 Incident Command who is notified of a positive COVID-19 test will ensure that, at minimum, the Operations Section Chief and Incident Commander are notified.
2. The Operations Section will take the following actions:
    - Place the affected facility on lockdown
    - Ensure that the identified positive inmate is placed in Medical Isolation
    - Ensure that any currently identified close contacts of the positive inmate are placed in Quarantine
    - Direct that all new intakes and transfers be diverted from that institution
    - Initiate Contact Tracing
    - Notify the RRT

3. The facility will remain in a lockdown status, not accepting admissions.

Rapid Response Team

1. The RRT will be composed of
    - DOC: Director of Nursing, Operations Section Chief, Facility Group Supervisor, Contact Tracing Specialist, and a representative from the affected institution.
    - Outbreak Prevention and Response (OPR) Team: Dr. Julia Pringle, Dr. Natalie Kwit, and Jillian Leikauskas
    - VDH Lab: Cheryl Achilles, Helen Reid
    - VDH Med Tech Team: Margret Robinson, Deb Wilcox
2. Within one business day of notification of an inmate who has tested positive for COVID-19, the RRT will meet.
3. RRT will examine the risk posed to the facility.
4. This review will include the length of time the inmate has been incarcerated, the area within an institution they were incarcerated in, inmate's presentation (symptoms), and who they had close contact with. The Facility Contact Tracing Team will supply information needed to evaluate the risk.
5. RRT will determine whether facility testing (targeted or general) or other mitigation steps are recommended.
6. RRT will communicate the joint recommendation through their chains of command to the Secretary of AHS.

Guidance

The attached VDH Document, *DOC Communication and Testing Protocol*, contains additional guidance on testing recommendations.

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:

Inmates 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 with Positive Screen, follow steps 1-4:

1. Inmates who screen as positive will be given a microfiber mask and directed to don it. They will be isolated until their release and will be evaluated for possible COVID testing (when the nature of the release allows for this delay).
2. If a test cannot be conducted prior to release, DOC staff will assist in the arrangement for one through the Vermont Department of Health, https://www.healthvermont.gov/covid-19/testing/where-get-tested

C. Release from Quarantine due to Contact Tracing 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 inmate is scheduled for release:
2. The caseworker will send an email to the address below copying ~~Tyler Prue,~~ Samuel Santos, Operations Section Chief, and the assigned probation officer: ~~covid19.healthcarecontacttracing@vermont.gov~~ COVID19.OutbreakPreventionResponse@vermont.gov with the subject line "Possible Positive

COVID-19 Inmate 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 inmate
    d. Contact information for emergency contacts
    e. Permanent address
    f. Address where they will be going after release
    g. Date of release
    h. Reason inmate was in quarantine.
4. Directions in #3 above will also be followed for inmates releasing from quarantine **due to close contact.** Notifications **do not** need to be made for inmates who were on standard intake quarantine.
5. At the request of VDH, **Medical staff** who perform medical screening before release will:
    a. Review with the inmate how to determine when they have recovered from COVID-19 and are considered non-infectious:
6. Recovery is when *all three* of the following have occurred:
    a. It has been three full days of no fever without the use of fever-reducing medication,
    b. Other symptoms have improved, and
    c. At least ten days have passed since any symptoms appeared.
7. Review with the inmate guidance for isolation until they have recovered from COVID-19 by using the document provided by VDH titled Isolation Criteria to review what activities are restricted during isolation

8. If the inmate is confirmed positive and still contagious the Chittenden Recovery Center is to be notified at (802) 241-0457
9. DOC Caseworker will discuss and develop with the inmate a safe plan for housing during recovery to include:
    a. A determination of where the inmate will go after release that will allow them to self-isolate.
10. If the inmate does not have a safe housing option, the case worker will refer to the Chittenden Recovery Center (CRC) Referral Guide.
11. Discuss a safe plan for transport to housing
12. 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
13. Provide the inmate with a microfiber mask to wear during transport
14. VDH will initiate contact with the inmate after discharge to:
    a. Emphasize isolation criteria;
    b. Review criteria for recovery and non-infectiousness;
    c. Conduct contact tracing for close contacts during infectious period; and
    d. Verify that the inmate is in a living situation that enables isolation.

D. All Inmates

Upon Release all Inmates 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, cloth face covering

E. Release to Transitional Housing

1. Once it has been determined that the inmate has been accepted to transitional housing, the caseworker will require a medical release specific to COVIDS-19 testing be executed by the inmate. (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 inmate's name to the daily COVID-19 testing list 7 days prior to release.
3. The Director will place an asterisk on the inmate'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 inmate will be placed in isolation and the RRT will meet per protocol regarding release.

F. ICP Information for COVID Contact Tracing

1. In order to facilitate potential future COVID-19 contact tracing in coordination with VDH, each facility will maintain a separate logbook regarding Incapacitated Persons.
2. Such log will include the legal name of the Incapacitated Person, their DOB, their assigned ICP #, the time/date of their lodging, and the date/time of their release.
3. It will include the cell they are housed in and what other Incapacitated Persons, if any, were housed with them.

4. Such log will specifically be labeled as **Incapacitated Persons Information for COVID Contract Tracing.**
5. 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 16 – Quality Assurance

1. Observation will occur daily during each shift.
2. Each shift the CFSS will select three new areas from the Quality Assurance Review Topics (Attachment 27) to observe during regular building tours to ensure the CFSS observes each area over the course of a week.
3. Each observation will be documented on the form provided and submitted to the SOS for review.
4. The SOS will review/sign and forward to the superintendent for review/sign.
5. The superintendent will forward the previous week's forms to the Facilities Group Supervisor on Monday.
6. Each shift, the assigned CFSS will review video looking for compliance and accuracy of execution in the selected topic area.
7. Facilities are encouraged to use additional methods to raise awareness of the topic area – bulletin boards, roll call, sharing written information or links to relevant video via e-mail, etc.

Section 17 – COVID Protocol Audit

Each facility will be subject to in person audits of the current COVID19 protocol. The audit process will take place as follows:

1. The Incident Command Auditor (ICA) will conduct an in-person audit of each facility.
2. Immediately upon completion of the audit, the ICA will meet with the superintendent to provide a summary of any critical violations that may warrant immediate action.

3. Following the meeting with the superintendent, the ICA will email the Audit Review Team with a brief summary of the audit.
4. The Facility Group Supervisor will meet with the superintendent to discuss immediate actions needed to address issues critical to infection control
5. The ICA will conduct a video audit of relevant practices.
6. The ICA will send any critical violations found as a result of the video audit to the superintendent and the Audit Review Team.
7. The Facility Group Supervisor will meet with the superintendent to discuss immediate actions needed to address issues critical to infection control which was observed during the video audit.
8. The ICA will prepare a formal audit report and submit to the Commissioner with copies to the Audit Review Team.
9. 48 hours after the superintendent receives the formal audit report, the superintendent will submit a corrective action plan to the Facility Group Supervisor to be shared with the Incident Command for review and approval.
10. A follow up audit will take place approximately 2 weeks following approval of the corrective action plan.

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	**Fever (100.4°F) //Record temperature: __°F/__°C or felt feverish**	

___No		
___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.***

Inmate 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 4 – 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. Use clean gloves when donning a used N95 and performing a user seal check. Discard gloves, wash hands.
4. 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.
5. 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.

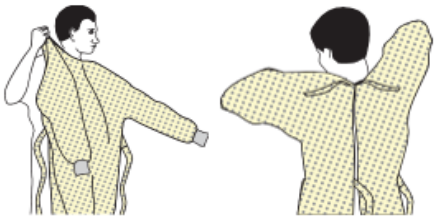
Attachment 5 – PPE Sequence

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

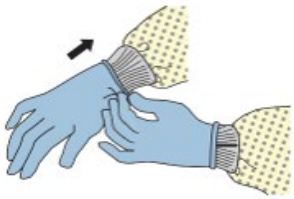
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

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

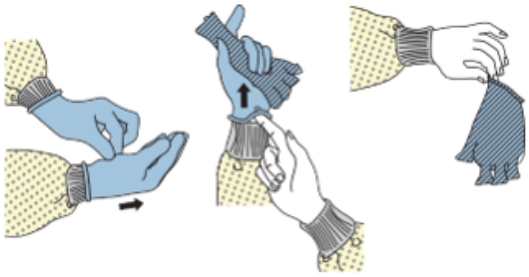
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

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

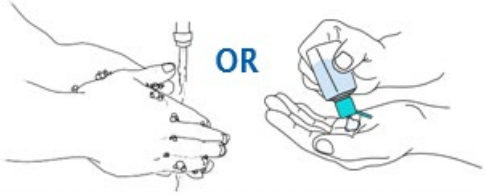
3. GOWN

- 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



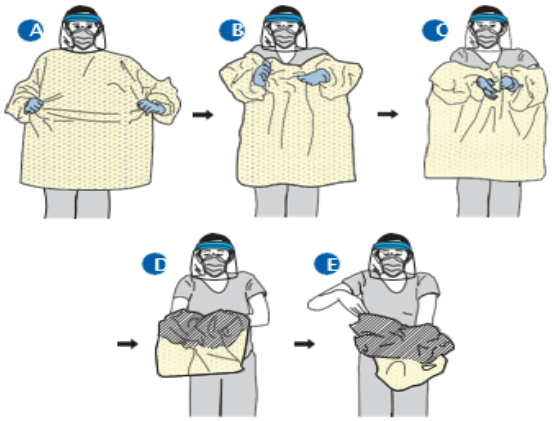
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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

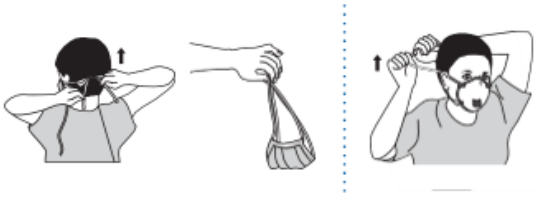


2. GOGGLES OR FACE SHIELD

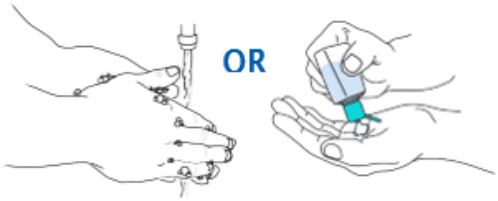
- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles 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



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

Attachment 6 How can I Protect Myself

Vermont is currently under a State of Emergency Executive Order. The Governor's order places limits on business operations, social gatherings, and out of state travel. If leaving the home, Vermonters should adhere to social distancing policies, including remaining six feet from others (except for those with whom they share a home) and thoroughly and regularly washing hands.

Take these everyday preventive actions to help stop the spread of germs:

- Stay at least 6 feet away from others.
- Stay home as much as possible.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- If you must go out, practice social distancing.
- Cover your coughs and sneezes with your sleeve or a tissue, then throw the tissue in the trash and wash your hands.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer. Always wash your hands if your hands are visibly dirty.

If you have been in close contact with a person with COVID-19, and develop a fever, cough or have difficulty breathing, contact your healthcare provider right away.

CLEANING YOUR HANDS

CDC recommends the following for hand hygiene:

Household members should clean their hands often, including immediately after removing gloves and after contact with someone who is ill, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Attachment 7 – What to Do if Diagnosed

See separate attachment.

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://youtu.be/zLbvQcpfZyQ - Donning and Doffing a Tyvek Suit

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 COVID019 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

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 4-30-2020.

Symptomatic Correctional Staff with or confirmed COVID-19 *Symptom-based strategy*.

Exclude from work until:

- At least 24 hours have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*

Correctional Staff with laboratory-confirmed COVID-19 who have not had any symptoms: *Time-based strategy.* Exclude from work until:

- 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* should be used.

If a staff member had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Local logistics chiefs will be conducting regularly scheduled check-ins with staff out of work for issues related to COVID-19. Once staff have met the criteria listed above and scheduled checks have been made, the superintendent or District Manager will determine eligibility and notify staff to 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 Facility Staff Screening Tool

- It is suggested that this form be laminated.
- A written copy of this form is NOT required. Any positive results will be reported on the Line List.

Today or in the past 24 hours have you had any of the following symptoms?	
Fever or felt feverish?	Yes ___ No ___

Cough that is abnormal for you and/or sore throat?	Yes ___ No ___
Shortness of Breath or Difficulty Breathing?	Yes ___ No ___
Chills	Yes ___ No ___
Muscle Pain	Yes ___ No ___
Congestion or runny nose	Yes_____ No_____
Nausea/vomiting or diarrhea?	Yes ___ No ___
New Loss of Taste or Smell	Yes ___ No ___
Headache unusual for you or unexpected	Yes___ No____
Fatigue abnormal to you	Yes____ No____
Current Temperature under 100.4	Yes_____ NO_____

If the answer is YES to any of the above and/or the current temperature is over 100.4 – Individual is not permitted to enter the facility.

Attachment 11 PPE Chart

Person	**N95 Respirator**	**Microfiber Mask**	**Eye Protection**	**Gloves**	**Gown/Coveralls/Tyvek Suits**
Inmates					
Asymptomatic Inmates 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	Microfiber Mask	Eye Protection	Gloves	Gown/Coveralls/Tyvek Suits
Staff having contact with inmates on quarantine (but not performing temperature checks or providing medical care)		XX	XX	XX	XX
Staff conducting temperature checks on inmates/intakes OR providing medical care to asymptomatic		XX	XX	XX	XX

quarantined persons.					
Staff conducting temperature checks on staff		XX	XX	XX	
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	XX		XX	XX	XX

on a confirmed or suspected COVID-19 case that may generate respiratory 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	XX		XX	XX	XX

COVID-19 case has spent time.					
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 cloth face covering at the discretion of the wearer (staff or inmate.)

A cloth face covering **MAY NOT** be used where the guidelines specifically require a microfiber mask.

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

Attachment 12 – Testing Addendum

COVID-19 GUIDELINES – Testing

Testing

1. Any inmate presenting to medical with any symptom indicative of possible COVID-19 infection will be screened by a nurse. The inmate should be wearing a cloth face covering, if not one will be provided.
2. A rapid-flu test will be conducted where medically indicated.
3. The nurse will review results of this screening with Vitalcore's Regional Medical Director, or designee.
4. The Regional Medical Director or designee will determine the necessity for Medical Isolation, Medical Quarantine, and will order a COVID-19 Test when medically appropriate in accordance with the most current guidance from the VT Department of Health.
5. Such testing will be conducted in accordance with the guidance provided by VDH or local labs and only by appropriately trained medical personnel.

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 currier 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 3rd 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 cloth face covering 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 – SMART Recovery

SMART Recovery Toolbox

The SMART Recovery Toolbox provides a variety of methods, worksheets, and exercises to help you self-manage your addiction recovery and your life. This collection of sensible tools is based on developing cognitive thinking skills to support you through addiction recovery.

Quick Reference- Understanding triggers to behaviors and the consequences- Making change:

ABC Crash Course : Understanding our Behaviors: Activating Event-Behavior-Consequence:

CBA Worksheet: 4 Questions About My Addiction: Cost Benefit Analysis:

CBA Worksheet :

ABC Worksheet Understanding our Behaviors: Activating Event-Behavior- Consequence

Change Plan Worksheet :

HOV: Hierarchy of Values Worksheet:

Stages of Change

Stages of Change:

Enhancing the Stages of Change:

Understanding the Stages of Change:

So, What's All This Talk About Change? :

Relapse Prevention

How to Deal with Backsliding:

Forward Steps to Recovery:

Activities You Might Enjoy:

Backward Steps to Addictive:

Behavior:

Trigger Homework Sheet:

Lifestyle Balance Pie:

Encyclopedia of Rational Coping Statements and Disputations

Confidence-Building and Anxiety-Reducing Rational Beliefs:

Putting the Past Behind You:

Coping Statements for Dealing with Anxiety About Anxiety:

Rational Beliefs to Increase Frustration Tolerance:

Decision Making:

10 Rules for Happiness:

Helpful Things to Say to Myself to Overcome Perfectionism:

The Psychology of Depression:

Exchange Vocabulary Tool:

Ingredients of Happy and Healthy Living:

Rational Thinking Continued

Anger: A Disabling Emotion:

Feelings versus Thoughts:

Anti-Awfulizing:

Guilt, Resentment and Blame:

Are You Aware of Your Thoughts? :

Habits and Feelings:

Behaving Well vs Feeling Good:

Irrationalities Related to Low Frustration Tolerance (LFT) :

Being Where You Are and Doing What's Important:

Irrationality Defined:

Break Out from the Vicious Circle of Anxiety:
Looking at Root Problems:
Cognitive Distortions:
Mindfulness:
Common Self-Defeating Attitudes:
Rational and Irrational Beliefs:
Core Beliefs:
Self-Control :
Family Systems:
The Pillars of Irrationality:
Fear:

Self-Acceptance

Enlightened Self:
Tackling Your Dire Need for Approval:
I Am Not My Behavior:
The Trouble with Self-Esteem:
Overcoming the Rating Game:
USA: Unconditional Self-Acceptance:

Other Good Reads

Doing the Dishes… or Procrastinating About It

The Boss Made Me Angry Today:

Who Controls You? :

How to Get Self-Control:

You're a Bad Girl… or Boy:

Additional Homework

Challenging My Unhelpful Idea:

Self-Acceptance:

Finding the ABCs:

Self-Enhancement Possibilities:

Helping or Hurting? :

DISARM (Destructive Imagery; Self-Talk; Awareness; and Refusal Method):

Self-Promotion:

Identifying Underlying Irrational Rules:

Self-Help Recovery Homework Suggestions:

Interpretation or Evaluation? :

Values and Goals Clarification:

Rational vs. Irrational: Three Key Questions About Your Beliefs:

Attachment 14 – Mental Health Self-Help Material

Index to Mental Health Self Help Material

MH Self-Help Manual (this is a small manual with worksheets):

_____

Self-Awareness; Self Care/ Soothing:

ABCDE: (Attention, Believe, Challenge, Discount, Explore) _____

ACE: (Achieve, Connect, Enjoy) _____

ACT: (Acceptance, Choose, Take Action) _____

Action for Happiness- Happiness Action pack: _____

BACES: (Body Care, Achieve, Connect, Enjoy) _____

Battery:(charging your "battery") _____

Emergency Bag Box: (ideas to soothe yourself) _____

Emotion TRB: (Thoughts, Body Reactions, Behaviors) _____

FACE: (Overcoming Avoidance) _____

Nourishing…Replenishing: _____

Steps to Wellbeing: _____

Positive Affirmations: _____

Positive Statements: _____

Self Esteem: _____

Holidays: _____

Pain and Fatigue: _____

Assertiveness & Interpersonal Effectiveness: _____

Compassion: _____

Creating your own Treatment/Wellness Plan: _____

Daily Activity and Rest Diary: _____

Looking at your Thoughts/ Distress Tolerance/ Soothing:

Automatic thoughts: _____

Alternative thoughts and actions: _____

APPLE: Mindful responses to thoughts: _____

APPLE: Tolerating uncertainty: _____

Beyond our Control: _____

Change- Advantages and Disadvantages of Change:_____

Dealing with Distress Worksheet 1: _____

Dealing with Distress Worksheet 2: _____

DRIFT (Getting out of your head and away from your inner demons/thoughts):_____

Fact or Opinion: _____

Finding Meaning: _____

Flexible: _____

Options: _____

Mindful Breathing: _____

Unhelpful thinking habits and alternatives: _____

Vicious Cogs framework - worksheet (cycle of negative thinking patterns):_____

Vicious Cycle (thinking patterns) & Alternatives: _____

Why be Mindful: Mindfulness Rational 2: _____

WISE Mind Worksheet (helps you look at rational side not just emotions/feelings):_____

Help for Attention Deficit Disorder: _____

Help for Feeling Angry

Anger: _____

Vicious Cogs of Anger/Angry cogs: _____

Anger- a Quick Reference Guide: _____

Help for Anorexia: _____

Help for Anxiety

Accepting Anxiety: _____

Anxiety Self Help: _____

Anxiety- a Quick Reference Guide: _____

Help for Bipolar Mood Management: _____

Help for Bulimia: _____

Help for Depression and Negative feelings:

Dealing with Negative Emotions: _____

Diffusion Techniques (cooling down): _____

Depression Self Help: _____

Depression Quick Reference: _____

Depression Thought Record Sheet: _____

Help for Obsessive Compulsive Disorder: _____

Help for Voices and Paranoia

5 Aspects of Hearing Voices: (Situation-Body-Emotions-Behaviors) _____

ABC Voices: (Activating Events, Beliefs, Consequences) _____

5 Aspects of Paranoia: (Situation-Body-Emotions-Behaviors) _____

ABC Paranoia: (Activating Events, Beliefs, Consequences) _____

Psychosis Early Warning Signs: _____

Personal Recovery from Psychosis: _____

Help for Post-Traumatic Stress Disorder & Trauma:

Coping with Flashbacks: _____

PTSD Self Help: _____

Trauma and the Brain: _____

Help for Cravings (Could be cravings for anything -also see Substance use Resource index)

Cravings Diary: _____

Help for Suicidal Thoughts:

Coping with Suicidal Thoughts: _____

Dealing with Suicidal Thoughts: _____

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 microfiber 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 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

Tracking TVRS (Vermont Specific Event System)

This is a Vermont Department of Health system which allows the public to access their own tests status and results. This spread sheet must be completed by the Administrative Support Staff at the time of testing.

- The superintendent or DM will forward the TVRS spreadsheet to the assigned administrative support staff the day of testing.
- During testing, the "Consent" column will need to be filled out with "yes" next to the corresponding name if the staff member agrees to consent in accordance with the attached waiver form.
- Administrative support staff will review the TVRS and be sure each column in red is completed for each staff member tested.
- Please have this completed electronically not printed out and written on.
- If a staff member shows up for testing and their name is not on the TVRS the administrator will need to add that name also filling out all of the columns.
- Once testing is completed, the electronic TVRS sheet is returned to the superintendent or DM who then will forward to the Operations Section Chief.

Log in to CareEvolve

- The website is https://crsp.careevolve.com/
- Enter your temporary password
- Enter the location which is **CICDOCSTAFF or CICDOCINMATES**
- 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 for ALL FIELD AND FACILITIES on the day of testing.

- NSCF- Scott Martin or designee will print the manifest on their rotation
- NWCF- Greg Hale or designee will print on their week's rotation.
- Each superintendent and District Manager will send an email notification to your assigned superintendent who will be printing the manifest confirming your testing has been completed.
- 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**
- 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

VERMONT
DEPARTMENT OF HEALTH

COVID-19 Specimen Collection Clinic Form

Section A: 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:		

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 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 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

- **Cloth Face Covering Required**

Attachment 21- Recovering from COVID-19

What to expect and how to take care of yourself.

- The average recovery time for mild cases is 2 weeks but may be up to 6 weeks for more severe cases.
- Scientists are still looking at how a person's immune system responds to COVID-19 and whether you can catch the virus again after recovery. At this time, it is not clear. There is some evidence that suggests you develop some immunity after being infected, but no evidence about how much immunity and for how long. Keep taking precautions like wearing your cloth face covering, washing your hands, and keeping your surroundings clean.
- Eat if you feel like it but limit sugary foods and make the best choices you can.
- Drink plenty of fluids. Water is always a good choice.
- Rest knowing your body needs to recover and you will feel better eventually.

- Go outside when you can and enjoy the fresh air without expending too much energy.

Things to watch for.

- Exhaustion-If you feel worn out take a break, rest, or nap when you feel tired. Pace your activities and listen to your body.
- Not feeling right- If you have a sudden worrisome problem, let an officer know.
- General concerns- If you would like to speak with the provider or nurse, submit a sick slip.
- Stress- You have endured a difficult illness, and stress is a normal part of having been sick. Talk with other inmates who have been sick too, talk with your family or support person, submit a sick slip, and meet with Mental Health.
- Discolored toes or skin rashes- Some people notice these changes as they recover from COVID-19. Submit a sick slip and have a medical professional check if you have concerns.

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; 802-847-4258
- Southwestern Vermont Medical Center

    - Joy Bull; Joy.Bull@svhealthcare.org; 802-440-8927
    - Tanya Cowder; Tanya.Cowder@svhealthcare.org; 802-442-6361
- Brattleboro Memorial Hospital
    - Mike Geissler; mgeissler@bmhvt.org; 802-257-8288
- **SSCF:** Springfield Hospital
    - Jim Smith; JimSmith@springfieldmed.org; 802-885-7651
- **NECC:** Northeastern Vermont Regional Hospital
    - Pete Tomczyk; p.tomczyk@nvrh.org; 802-748-7348
- **MVRCF:** Rutland Regional Medical Center
    - Brian Olsen; bolsen@rrmc.org 802-747-3647
- **NSCF:** North Country Regional Hospital
    - Michael Sanville; 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 Response by calling the SEOC call takers at 800-347-0488.

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. There are resources for each available locally and through the SEOC during the COVID-19 Response.

Should you have any questions that cannot be answered working locally, please contact the SEOC call takers at 800-347-0488.

Vermont State Emergency Operations Center

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
- Wear cloth face covering while inside CRCF. KAP will be responsible for laundering the cloth face covering.
- 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.

Clients will:

- Wear cloth face coverings 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.
- Client chair positioned six feet from desk.
- 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 – DOC Communication and Testing Protocol

Cases of COVID-19 in correctional facilities might be detected among newly admitted inmates in quarantine, inmates in general purpose unit who are not in quarantine, or staff who work at the facility. The risk of transmission within the facility varies depending upon the individual with COVID-19. Contact tracing is the most effective tool to assess the risk of transmission to others and guide facility testing recommendations.

When a correctional facility staff member or inmate tests positive:

1. DOC will initiate contact tracing
2. Within 1 business day from receipt of the positive test result, the Rapid Response Team will meet:
    a. Outbreak Prevention and Response (OPR) team: Dr. Julia Pringle, Dr. Natalie Kwit and Jillian Leikauskas
    b. DOC: Samuel Santos, Heidi Fox, Shannon Marcoux and David Turner and representative(s) from the facility
    c. VDH Lab: Cheryl Achilles, Helen Reid
    d. VDH Med Tech team: Margaret Robinson, Deb Wilcox

3. OPR and DOC will examine the risk posed to the facility by the individual with a positive COVID19 test result.
4. OPR and DOC will determine whether facility testing or other mitigation steps are recommended.
5. OPR and DOC will communicate the joint recommendation through their chains of command to the Secretary of AHS

Guidance on facility wide testing recommendations:

- Cases among new inmates in a quarantine unit:
  - o New intake inmates are quarantined within a DOC facilities' quarantine unit for 14 days during which they will have limited contact with other inmates and staff within the facility.
  - o Cases identified among this new intake population therefore might pose little risk for transmission within the facility.
  - o Contact tracing will be performed to assess transmission risk before recommending facility wide testing.

- Cases among staff:
  - o Contact tracing will be performed to assess transmission risk within the facility before recommending facility wide testing.
  - o If the staff member did not work while infectious, there is no risk of transmission from this worker and facility testing would likely not be recommended.

- Cases among inmates in a general-purpose unit:
  - o Inmates in a general-purpose unit have been in the facility for > 14 days. Because these inmates have not had exposures outside the facility, the risk of facility-based transmission is higher.
  - o Contact tracing would still be performed and taken into consideration before recommending facility wide testing.

Attachment 26 – Medical Release

See Separate attachment.

Attachment 27 QUALITY ASSURANCE REVIEW TOPICS

Employee Screenings – Temps, Questions being asked, PPE usage

Employee Break Room – Cleaning, Vending Machines, Social Distancing

Main Control – Cleaning, who is cleaning, Phones, Buttons, High touch surfaces

Intake Process/Booking Area – When/What cleaned, PPE Usage, Protocols followed

Isolation/Quarantine Areas – PPE Usage, Cleaning, Trash disposal, Donning/Doffing Areas, Supplies

Transports – PPE Usage, Van Sanitation, Appropriate Paperwork

Rec Yards – Residents wearing facial coverings, social distancing, sanitation

Common Area Facility Cleaning – Who cleaned, when, which common area (S-3, Gym, Law Library)

Handwashing- Staff should be washing for a minimum of 20 seconds with soap

Laundry Room – Cleaned between units, PPE usage, cross contamination

Unit Operation – Cleaning between tiers, PPE usage, facial cloth coverings, trash build up

Med Line - Social Distancing, facial cloth coverings

Facility cleaning- hard surfaces being washed, sprayers being used, frequency

Inmate Services- Barbering, library, kitchen, mail, cleaning of common areas- PPE, cleaning, proper handling

Placement – All cohorts are housed appropriately

IR's – Management will ensure daily that IR's are entered for placement in isolation

Attachment 28 – Quality Assurance Review Form

Date: Facility:

CFSS			
Topics Reviewed			
Time Frame Reviewed			
Observations			

Corrective Action/ Positive Feedback			
Video Observation			

Three different observations areas on three different shifts must be observed daily

SOS Reviewed:

Supt. Reviewed:

- **IR's** – Superintendent will ensure that IR's are entered daily for placement in isolation

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.

Attachment 30 – Reserved for Future Use

Attachment 31 – Reserved for Future Use

Attachment 32- Strategies for Incarcerated Individuals Returning from Medical Appointments

There is community spread of SARS-CoV-2 in Vermont, so any trip outside of a correctional facility poses a risk for exposure to SARS-CoV-2, the virus that causes COVID-19. To the extent possible, trips outside of the correctional facility should be minimized to reduce opportunities for incarcerated individuals to bring SARS-CoV-2 into the facility. Facilities should consider expanding access to tele-health appointments and bringing providers to the correctional facility so that incarcerated individuals do not need to leave.

When an incarcerated individual requires medical care beyond what can be provided in the facility or through tele-health, it is best practice to quarantine the individual for 14 days upon return to prevent introduction of SARS-CoV-2 into the facility. This might not always be feasible because of physical space constraints, mental health considerations, or concerns that incarcerated individuals will refuse health care to avoid a quarantine period.

This document provides risk mitigation guidance when a 14-day quarantine period cannot be completed upon return to the facility. This guidance is only for returning incarcerated individuals; new admissions should always quarantine for the full 14-day period without an option to test out.

Table 1: Risk Mitigation Strategies

Level of Intervention	Hazard: Individual Becoming Infected While at an Appointment	Hazard: SARS-CoV-2 Transmission in the Correctional Facility
Elimination (physically remove the hazard)	• Prevent unnecessary trips outside the facility (this does not include medical visits) • Limit the number of trips outside the facility by scheduling multiple	• Quarantine the individual for 14 days upon return to the facility • **Table 2** provides guidance to assess the risk of different appointment

	appointments on one day rather than across multiple days	types and can be considered when determining whether the individual will quarantine after returning to the facility
Substitution (replace the hazard)	• Implement tele-health visits • Consider whether an outside medical appointment could be replaced by a provider visit to the facility • Bring a dentist to the facility to see multiple individuals at once instead of having people leave for appointments	•
Engineering Controls (isolate people from the hazard)	• Utilize a large vehicle for transportation that enables social distancing • Increase air flow in the vehicle by opening windows • Separate individuals in transport vehicle by physical barriers • Ensure access to hand washing stations or hand sanitizer for the duration of their visit • Prioritize single exam rooms with solid walls and doors	• If cannot be housed on a quarantine unit, house in a single cell on a non-quarantine unit • House on a unit without shared toilets • House individuals who are at high risk for complications (due to age, immune status, or comorbidities) on a separate unit from returning individual(s) • Ensure that seating in shared rooms is spaced at least 6 feet apart • Increase access to hand hygiene stations in units housing returned individuals

Administrative Controls (change the way people behave/work)	• Have the incarcerated individual wait in the vehicle until their appointment begins instead in a waiting room • Avoid riding in an elevator; take the stairs, if available • Limit the number of providers interacting with the inmate • Wash or sanitize hands prior to leaving the exam room and upon return to the transport vehicle	• Reinforce and encourage social distancing and hand hygiene practices • The unit housing a returned individual should not recreate, dine, shower, or otherwise co-mingle with other units in the facility for the 14 days following the individual's return to the facility • The returned individual should not work for 14 days following their return to the facility. Consider offering them pay for any missed shifts • The returned individual should have access to showering individually • Avoid transferring people housed on the unit with the returned individual to other units in the facility during the 14 days following return • Policies that promote social distancing are especially important; implement schedules or socially-distanced lines for taking turns using shared microwaves, tea kettles, or other items where people might congregate

PPE (protect individuals):	• All individuals should wear a cloth face covering for the duration of trips outside the facility • N95s are not recommended for individuals who have not been medically cleared and fit-tested	• Individuals should always wear cloth face covering when outside of their cell • N95s are not recommended for individuals who have not been medically cleared and fit-tested

Table 2: Risk stratification of appointments by type

Appointment Type	**Appointment Risk**	**14-Day Quarantine Recommended Upon Return**
Inpatient admission to a hospital	High	Yes
Emergency Department visit	High	Yes
Dental appointments	Medium	Yes; consider bringing a dentist to the facility to see multiple individuals at once instead of sending people out of the facility for appointments
Outpatient visits	Lower	When possible