

# UPDATED 1/17/23

## VERMONT DEPARTMENT OF CORRECTIONS COVID-19 ENDEMIC GUIDELINES - Facility

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

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## Memo from Commissioner

To: All DOC Staff

From: Nicholas J. Deml, Commissioner

Re: COVID-19 Guidelines

Date: September 30, 2022

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More than two and a half years into our pandemic response, much has changed. We continue to modify our approach based on current health recommendations, our operational needs, and a recognition of the impact mitigation measures have on our staff and the individuals in our care and custody. At this stage, our focus is on normalizing operations as much as possible, while still protecting health and safety.

It remains necessary to use COVID-19 Guidelines to provide staff with clear, up-to-date direction regarding this response. It remains infeasible to update post orders or directives rapidly enough to support the nimble response required of us.

These guidelines are intended to give you clear and focused procedures which incorporate recognized best practices for your daily interactions with incarcerated individuals, coworkers, and other persons at the workplace. **These guidelines should be implemented immediately, regardless of any inconsistency with prior practices, post orders, or procedures.** We will continue to update the guidelines as we move toward endemic operations. We will do our absolute best to keep you informed, supported, and supplied with what you need.

Thank you for your continued assistance in this unprecedented event. You have demonstrated the unbridled effectiveness of our Department, the professionalism and compassion of our team, and the steadfastness that ensured our success over the last two and half years.

## Definitions

- a. **Medical Isolation:** The physical separation of individuals confirmed to be COVID positive (positive Covid-19 test) from those who are not ill in order to prevent the spread of disease-causing germs. Isolation is a medical decision.
- b. **Medical Quarantine:** The physical separation of persons who have been exposed (had close contact) to assess whether they subsequently test positive for COVID.
- c. **Cohorting:** incarcerated individuals on the same status (e.g., two incarcerated individuals both designated for Isolation) may be housed together
- d. **Immunocompromised:** Having an impaired immune system as diagnosed by a medical provider.
- e. **PPE- Personal Protective Equipment:** equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. (Gloves, masks, eye protection, gowns)
- f. **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.
- g. **Eye Protection:** Goggles or disposable face shield that fully covers the front and sides of the face). This does not include personal eyeglasses.
- h. **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.**
- i. **Surgical Mask:** A disposable mask covering the user's nose and mouth and providing a physical barrier to fluids and particulate materials.
- j. **Contracted Staff-** Any person employed through risk intervention services, BGS or VitalCore who are assigned to a specific site.
- k. **Antigen test:** A rapid COVID-19 antigen detects the presence of SARS-CoV-2 virus proteins in the sample, allowing early detection of the infection within 15-30 minutes. The test should be performed after the onset of symptoms.

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

## Section 1 – COVID Response Team

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

## Section 2: General Precautions

### A. Entrance into Facilities

1. Anyone entering the site will be required to self-screen using Attachment 10.
2. Attachment 10 is to be displayed on every public and staff entrance in each site.
3. Individuals with symptoms may not enter the facility.

### B. Attorney Entrance into Facilities

Attorney visits are not affected by this protocol except that they must comply with PPE requirements at the facility based on current status.

### C. Environmental Cleaning

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

### D. Face Masks

1. Masks offer various levels of protection; with the below list moving from the most to the least protective:
  - i. N-95
  - ii. KN-95
  - iii. Surgical Mask
  - iv. No Mask
2. At any point, a more protective mask than required may be substituted at the discretion of the wearer. At no point may a less protective mask than required be used.
3. Masks are optional for facility staff, incarcerated individuals, and professional visitors except as required below:
  - a) Any staff, incarcerated individual, volunteer or other facility visitor may choose to wear a mask in any area where masking is not required (except as provided for in E. Masking and Medication Pass below.)
  - b) The Facility Superintendent or CRT may require masking at any time based on current situations/conditions.
  - c) Masking will be reinstated for any Facility in Phase I.
  - d) Masks are required in the following situations/areas:
    - i. Charlie Unit in SSCF- Staff will wear N-95s while working this unit. Incarcerated individuals who reside in this unit will wear N-95s whenever leaving the unit
    - ii. Intake – Both staff and incarcerated individuals – N-95
    - iii. Isolation - Both staff and incarcerated individuals (when out of cell) – N-95

- iv. Quarantine - Both staff and incarcerated individuals (when out of cell) – N-95
  - v. Visitation – Visitors or community members participation in visitation, staff and incarcerated individuals – N-95
  - vi. Transports - Both staff and incarcerated individuals – N-95
  - vii. Infirmary - Both staff and incarcerated individuals – N-95
  - viii. Upon suspicion of symptomatic incarcerated individuals – Both staff and incarcerated individual - N-95
- e) Masks will be exchanged if they become wet or soiled.
  - f) The facility will be responsible for replacing masks as needed.

### E. Masking and Medication Pass

1. Incarcerated individuals attending medication pass may choose to wear a mask until they reach the medication window (or cart.)
2. Upon reaching this point, the incarcerated individual must remove the mask.
3. After the medication has been received, taken, and a mouth check completed, the individual may choose to don a mask.
4. For individuals receiving Medication Assisted Treatment (MAT) medication, the mask may be donned after any waiting period has been completed and a final mouth check is completed.
5. Based on facility status, supply, and other considerations, facilities may choose to replace some or all masks at medication pass.

### F. Personal Protective Equipment (PPE)

1. Staff anticipated to wear PPE should be trained on its use.
2. Facilities will be responsible for maintaining a current inventory of PPE and a supply chain for this equipment.
3. The designated Facility Operations Manager will be responsible for maintaining reserve supplies of PPE
4. Correctional staff will use universal precautions. Additional PPE is required in the following situations:
  - i. When entering any Isolation or Quarantine area.
  - ii. When transporting incarcerated individuals from, or to, an Isolation or Quarantine area.



- iii. When duties will bring staff in close contact with incarcerated individuals on Isolation or Quarantine status.
- iv. Where a Use of Force appears likely
5. Staff will wear N95 masks and eye protection while conducting mouth checks during medication pass.
6. Each facility will identify location(s) where donning/doffing of PPE will take place. This should be as close as reasonably possible to where the PPE will be used. [Attachment 5](#)
7. Each facility will ensure appropriate receptacles (Red Bags/Biohazard) are present in these locations.

## F. Laundry

1. Each facility will create a local protocol for laundry collection in accordance with the below.
2. Laundry should be done by unit only.
3. Anyone handling laundry from isolation and quarantine will wear a surgical mask, gloves, eye protection, and gown.
4. Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
5. When laundry is collected from isolation and quarantine it will be placed in a mesh bag and then a plastic bag for transporting to the laundry.
6. Laundry is to be washed at the highest temperature and be completely dried.

## G. Social Distancing

1. Facilities may employ social distancing where this is feasible; especially in lower Phases.
2. This may be done by limiting group size, removing (or marking as unavailable) chairs, floor markings, or other methods as available.

## Section 3: COVID Testing

## A. COVID-19 LAMP – Staff Symptomatic

1. Each facility shall secure LAMP and antigen test kits in a location with limited access granted only to those staff approved by SOS or above.
2. LAMP tests are available to any DOC or contract staff working out of a facility at the approval of the SOS/CFSS or above for staff who become symptomatic when reporting to the facility or who report symptoms during their shift.
3. LAMP tests should not be used for anyone who has previously been identified as positive within the past 90 days. Please see alternate instructions for those circumstances at #16
4. Staff will conduct the test in an isolated area avoiding close contact with others.
5. Staff will show the results to the CFSS (or above.)
6. For any initial positive COVID 19 result from any **test taken ONSITE**, staff will complete the [VDH Report form](#) and return to the CFSS.
7. The CFSS will then forward the VDH form to the CRT alias [AHS.DOCCOVIDResponseTeam@vermont.gov](mailto:AHS.DOCCOVIDResponseTeam@vermont.gov).
8. For any initial positive COVID 19 results taken **OFFSITE**, staff do NOT need to submit the VDH form. They do however need to follow the process listed in #9 below.
9. When a positive staff is identified, the superintendent or designee must notify the COVID response alias [AHS.DOCCOVIDResponseTeam@vermont.gov](mailto:AHS.DOCCOVIDResponseTeam@vermont.gov) as directed in [Section 8](#) below.
10. Negative LAMP results do not require a VDH Report Form and are NOT required to be sent to the COVID team alias.
11. The SOS/CFSS or above will immediately report any positive LAMP test to the superintendent (or designee) who may elect to lock down and begin contact tracing.
12. No PCR test is required following a LAMP positive or negative test.

### Home COVID 19 Test Results

13. Staff who are symptomatic and positive on a home test will be considered COVID + and will be excluded from work until eligible to return to work as provided for in [Attachment 9](#).
14. Staff testing positive on a home test will be responsible for entering this information into the [VDH website](#).

15. Staff who are symptomatic and negative on a home **antigen** will be administered a LAMP test prior to working. (See section immediately below for prior positive staff.)
16. If negative on the LAMP test, they are deemed COVID negative and may return to work. (Staff who wish to use sick leave because they are unwell may do so using normal processes.)

### **Symptomatic but Prior Positive Staff**

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

### **B. Incarcerated Individual Intake Testing**

Incarcerated individuals being newly lodged at (or self-admitted to) a correctional facility will be tested by **ANTIGEN TEST** upon entering the facility.

### **C. Symptomatic Incarcerated Individuals**

1. Incarcerated individuals experiencing symptoms will be seen by medical.
2. Any symptomatic individual will be placed in medical isolation until a test is completed and results received.

### **D. Release/Pre-Appointment Incarcerated Individual Testing**

1. When testing is required prior to an outside medical appointment at the request of the health care provider, the Vitalcore staff will administer a LAMP test.

## E. Response Testing

1. The COVID Response Team (CRT), in coordination with the facility Superintendent, will assess the need for testing after potential exposures within the facility.
2. CRT will determine which tests will be used and who will be tested
  - a. Incarcerated individual outbreak testing will generally be completed with antigen tests.
  - b. LAMP tests may be used where an individual is symptomatic, is vulnerable (or has exposure to a vulnerable group), or where otherwise determined appropriate.
3. It may be targeted to a specific group, unit, or facility depending on the type and significance of exposure.
4. For individuals who refuse testing and have no observed symptoms, quarantine will be for a period of 10 days.
5. In order to release a unit from Response Monitoring, CRT will assess the following:
  - a. 10 days since the last positive in that unit

## Section 4: Staff

### A. Immunocompromised Staff

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

### B. Staff Close Contact

1. Staff who are deemed a close contact will not be excluded from work but are required to symptom monitor for 10 days.
2. Staff who do become symptomatic will follow section 2 above.

### C. Staff Diagnosed with COVID-19

1. Staff who have confirmed COVID-19 should refer to [Attachment 9](#) for specific return to work criteria.

## Section 5: Intake Process

### A. New Intake

1. When a new intake enters the sallyport, security staff will place a KN95 or N95 mask on them. Security will wear gloves, N-95 and a gown when greeting new intakes.
2. Security Staff will complete [Attachment 1](#).
3. For any new intake providing a positive result on this screening tool, security staff will don eye protection.
4. Security staff will perform necessary searches (pat or strip in accordance with existing directive).
5. All new intakes will be directed to wash their hands as a general health precaution.
6. Any intake who has screened positive on [Attachment 1](#) will be placed in a cell by themselves until medical staff can conduct a COVID test. 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) until the test is complete.
7. Medical will review the vaccine registry of all intakes to determine vaccine status and enter the status into the EHR (to include name and date of vaccine).
8. DOC Health Services Division will enter the vaccine status into OMS.
9. Medical will review incarcerated individuals' past COVID -19 history on intake.
10. Verified prior positives will be entered into OMS by DOC Health Services.
11. If at intake it is determined that the incarcerated individual has not been vaccinated, medical will offer the vaccine.
12. Upon confirmation of a positive test by medical, the CFSS will notify CRT by email.
13. Each facility will maintain a separate logbook regarding Incapacitated Persons. Such log will include the following:

- i. Legal name/Assigned ICP number
  - ii. DOB
  - iii. Date/time of lodging and release
  - iv. Cell # they are housed
  - v. Contact information
  - vi. Lodging Agency
  - vii. Any other ICPs they were housed with
14. 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 6: Isolation and Quarantine Statuses

### A. Placement on Isolation or Quarantine Status

1. Any incarcerated individual on Medical Isolation or Quarantine, *for any reason*, will be maintained on 15-minute special observation checks for the entire time they are on Medical Isolation or Quarantine.
  - i. When these individuals are out of their cell for recreation, observation checks can be paused – the officer will document the beginning of recreation and then the end of recreation and resumption of observation checks on the Observation Monitoring Sheet.
2. An Incident Report in OMS, using the category code medical, will be created for each incarcerated individual placed in Medical Isolation or Quarantine *for any reason*.
3. The Notice of Placement, [Attachment 29](#), will be scanned into OMS as an attachment in the incident.
4. Incarcerated individuals with a confirmed COVID-19 positive test result will be placed on Isolation Status.
5. Incarcerated individuals who refuse to participate in DOC mitigation strategies (COVID testing, etc.), will be placed on Quarantine Status.

6. During this time they should be celled with other incarcerated individuals who are refusing to participate in DOC mitigation strategies and whose date of refusal was the same (or within two days.)
7. Incarcerated individuals will be placed on quarantine if they were a cellmate of a confirmed positive or otherwise had contact deemed medically significant.

## B. Location of Isolation or Quarantine Spaces

1. The specific location(s) where incarcerated individuals on Isolation or Quarantine will be housed will be determined by the Superintendent in concert with the CRT.
2. Among the factors to be considered in making such a decision are the following:
  - a. Numbers of individuals requiring isolation or quarantine
  - b. Amount of exposure that has occurred
  - c. Size of the unit affected
  - d. Type of cells (wet/dry)
  - e. Unit Layout (Tiers, ventilation, etc.)
3. When multiple statuses are housed in the same unit, delivery of services and scheduling of out of cell time shall always proceed in the following order:
  - a. Standard Housing
  - b. Quarantine Status
  - c. Isolation Status
4. Door markers or other clear visual identifiers for staff will be used.

## C. Operation of Quarantine & Isolation Spaces

1. Individuals on quarantine or isolation status will be double-celled (with someone on the same status) whenever feasible.
2. They will be restricted from direct contact with any other incarcerated individual who is not on the same status.
3. They will be afforded out of cell time; the specific amount and type of out of cell time will be determined by the superintendent based on operational needs.
4. Meals and Medications are to be delivered.

- a. Meals will be delivered on disposable trays and with disposable utensils/cups, etc.
5. Incarcerated individuals on isolation status be required to wear a N-95 whenever their cell door is open or they are out of their cell.
6. Incarcerated individuals on quarantine status will be required to wear an N-95 whenever their cell door is open or they are out of their cell.
7. Staff working in areas with quarantine or isolation status individuals will wear PPE as follows:
  - a. N-95 – at all times
  - b. Eye protection and gloves – when delivering services (meals/meds)
  - c. Gown, gloves, eye protection – when direct contact with the individual is anticipated

#### D. Removal from Isolation or Quarantine Status

1. Individuals on Isolation status as a confirmed positive will be removed by a medical provider after an evaluation of symptoms (symptoms improving and fever-free for 24 hours) and in accordance with the below time frames.
2. Individuals on Isolation Status may be removed:
  - a. On the 7<sup>th</sup> day following exposure (date of exposure is counted as Day Zero) **AND**
  - b. With a negative test conducted on Days 5 and 7 **OR**
  - c. After 10 days
3. Individuals on Quarantine status due to refusal to comply with COVID precautions may be removed after 10 days provided no symptoms are observed.
4. Individuals on Quarantine Status may be removed:
  - a. On the 7<sup>th</sup> day following exposure (date of exposure is counted as Day Zero) **AND**
  - b. With a negative test conducted on Day 7.

#### E. Release

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



## F. Cleaning

1. Incarcerated individuals within an isolation unit may be used to clean common areas of the unit.
2. Wearing full PPE spray the cell with EPA- registered cleaners using the sprayer.
3. Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the positive individual, focusing especially on frequently touched surfaces.
4. **Hard (non-porous) surface cleaning and disinfection**
  - i. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  - ii. For disinfection, use EPA- registered cleaners/ES-64. Oxivir wipes may also be used for frequently touched or difficult to clean surfaces.
5. **Soft (porous) surface cleaning and disinfection**
  - i. For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - ii. Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19 and are suitable for porous surfaces.](#)

## Section 7: Movement

**Any incarcerated individual going off-site who will be returning must don an N95 and wear until they return. Such mask will be collected upon return by staff and disposed of.**

**Unless specifically directed, N-95s are not required for transport between facilities.**

### A. Transports

1. Any incarcerated individual transferring from one site to another will complete an antigen test prior to transfer.
  - a. This does not include new female admissions being transferred to CRCF.
  - b. If individuals refuse, the facility shall notify the Director of Classification so a determination can be made as to appropriate next steps.

## B. Scheduled Off-site Appointments-

1. If a medical provider requests a COVID-19 test prior to an offsite medical appointment, a LAMP test will be administered.

## C. Transport of COVID Infected Incarcerated individual

1. All transports of anyone in isolation will be conducted using vans with the security insert.
2. Incarcerated individual wears an N-95 mask and washes their hands regardless of vaccination status.
3. Correctional officer wears N95 mask, eye protection, gloves, gown, should be fully vaccinated and not immunocompromised.
4. Prior to transporting, all PPE (except N-95 respirator) is removed and hand hygiene is performed.
5. Ventilation system should bring in as much outdoor air as possible. Set fan to high.
6. DO NOT place air on recirculation mode.
7. Weather permitting, drive with the windows down.
8. Following the transport, if close contact with the individual is anticipated, put on new set of PPE. Wash hands after PPE is removed.
9. The vehicle must be cleaned in accordance with the below steps immediately after transport and prior to its use for any other transport.
10. After transporting a patient, air out the vehicle for one hour before using it without a N95 respirator.
11. When cleaning the vehicle, wear a disposable gown and gloves. A N95 and eye protection (or face shield) should be worn if splashes or sprays during cleaning are anticipated.
12. Clean and disinfect the vehicle after the transport utilizing an EPA-registered disinfectant.

## Section 8: Response to Confirmed Positive

## A. Contact Tracing

1. When a positive staff or an incarcerated individual in GP is identified, the facility will determine if lock down is necessary and identify level of exposure.
2. When a positive incarcerated individual or staff is identified, the superintendent or designee must notify the COVID response alias and include the following information:
  - ii. Name
  - iii. DOB
  - iv. Date of Testing
  - v. Location
  - vi. Work site, to include specific location worked in facility (Staff)
  - vii. Unit (Incarcerated individual)
  - viii. Last day worked (staff)
  - viii. Lodging agency if applicable
3. Facility can request to meet with the CRT.

## Section 9: Endemic Phases

### A. General

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

# Endemic Operations Phase Progression

## Phase 1 - Emergency Operations:

- Lockdown with narrow, limited and highly restricted movement.

## Phase 2 - Modified Operations:

- Cohort-style, controlled population movement with emphasis on containment.

## Phase 3 - Mingled Operations:

- Regulated Community Member Access to Facilities
- Open population movement.

## Phase 4 - Endemic Operations:

- Long-term, generally unrestricted operations mode.

# Phase Transitions



## Phase 1 – Emergency Operations/COVID-19 Protocols

### Activities

1. Remote learning, entertainment and correspondence via GTL tablets.
2. In-Cell Meals and Medication pass.
3. Daily Shower access.
4. In-Person access to Medical as approved by Vital Core.
5. In-Person Programs, Education and Facility Employment suspended during the Emergency mode.
6. During a prolonged Emergency Mode some limited Facility Employment may be utilized based on facility needs. *I.e., Kitchen, Laundry and Facility Cleaning Crews.*

### Mitigation Efforts

1. Intake quarantine and Testing

2. Targeted Response Testing
3. N95 masking for Staff and Incarcerated Population
4. Outbreak response and Emergency reviewed by Vermont Department of Health Epidemiologist Team (VDH), DOC Covid Response Team (CRT) and Facility Leadership prior to phase clearance.

## Phase 2 – Modified Activities – Cohort

1. Limited pedestrian traffic and activities resume within the facility, ***no intermingling*** of living units.
2. Any approved movement outside of a living unit is ***Cohort*** style to contain possible unknown C19 transmission.
3. Facility access is still restricted.

### Activities

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

### Mitigation

1. Intake Quarantine & Isolation Protocol and Targeted Response Testing remain in place.
2. Possible masking for Staff and Incarcerated population.
3. COVID Response Team (CRT) continues to provide ongoing assessment, mitigation measures, VDH consultation and facility/field support.

## Phase 3 – Mingled Operations

1. Incorporates Phase 2 with less restrictions and increased activities, to include a tolerance for ***intermingling*** of living units at shared activities and during periods of facility pedestrian traffic.
2. Multi-Unit participation in programs, groups and activities within the facility resume.

### Activities

1. Resumed In-Person Visitation
2. Communal Meals in the Facility Dining Hall, as resources allow.
3. In-Person Education Services.
4. Out of Unit Medication Pass.
5. Resumed In-Person Programming:
  - i. Risk Reduction Programming (RRP)
  - ii. Vermont Treatment Program for Sexual Abusers (VTPSA)
6. In-Person Law Library Access.
7. Resumption of Full Facility Employment Opportunities, including Community Work Crews.
8. Volunteer-led Activities
9. Contracted Barbering Service
10. Full Outdoor Recreation, as resources allow.

### Mitigation

1. Intake Quarantine & Isolation Protocol and Targeted Response Testing remain in place.
2. Mitigation efforts remain in place for units serving Medically vulnerable Incarcerated Individuals.
3. ***Targeted*** N95/KN95 masking option as a mitigation tool for predesignated areas and activities or due to community conditions.

4. CRT continues to provide ongoing assessment, mitigation measures, VDH consultation and facility/field support.

## Phase 4 – Endemic Operations

1. General tolerance for manageable C19 cases is reflected in the ability to continue facility operations with little interruption when responding to new cases among Staff and incarcerated individuals.
2. COVID-19 Protocols are largely deactivated; however, Intake Screening will continue.
3. CRT is present in a reduced capacity but maintains the ability to be fully activated in a rapid manner.

### In Person Social Visiting

1. Incarcerated individuals should be strongly encouraged to tell visitors who may be ill to stay home.
2. A plexiglass shield is in place between the tables extended to a height of at least 2 feet from the table-top.
3. No visitation will be allowed for any incarcerated individual in quarantine or isolation.
4. ~~Physical contact will not be allowed at any time during the visit.~~
5. A brief embrace will be allowed at the beginning of contact visits.
6. Each visitor (with the exception of those under 3 years of age) staff and incarcerated individual will be required to wear a N-95/KN-95. These will be provided by the facility.
7. Visitors will be screened using [Attachment 10](#).
8. Visitors screening positive on this instrument (attachment 10) will not be permitted entrance.
9. Any staff who observe any COVID related symptoms will deny entrance or terminate visitation.
10. Thorough sanitizing shall occur between each visiting period.



Attachment 1. COVID-19 New Intake Screening Form

1. Assess for Signs or Symptoms of Illness		Date of Onset:
<ul style="list-style-type: none"> <li>Persons with symptoms of illness or cough should be immediately separated from others.</li> </ul> <p><b>Today, or in the past 24 hours have you had any of the following symptoms?</b></p>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fever (100.4°F) // Record temperature: ___°F/ ___°C or felt feverish</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Cough abnormal to you?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shortness of Breath or Difficulty Breathing</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Chills</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Muscle Pain</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sore Throat</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>New Loss of Taste or Smell</b>	
<input type="checkbox"/> yes <input type="checkbox"/> No	<b>Fatigue abnormal for you</b>	
<input type="checkbox"/> yes <input type="checkbox"/> No	<b>Headache unusual for you or unexpected</b>	
<p><b>3. If YES to ANY question, isolate individual until a test is completed.</b></p>		

Incarcerated individual Name: \_\_\_\_\_ Number: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Employee Signature: \_\_\_\_\_

## Attachment 2. Isolation Room Sign



# Respiratory Infection Isolation Room Precautions

**PRECAUCIONES de sala de aislamiento de infección respiratoria**

TO PREVENT THE SPREAD OF INFECTION,  
**ANYONE ENTERING THIS ROOM SHOULD USE:**

*Para prevenir el esparcimiento de infecciones,  
todas las personas que entren a esta habitación tienen que:*



## HAND HYGIENE

*Hygiene De Las Manos*



## 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 at all times.

*Asegurese de mantener la puerta de esta  
habitación cerrada todo el tiempo.*

<b>Quarantine Room Precautions</b> <i>PRECAUCIONES de Sala de Cuarentena</i>	
<b>TO PREVENT THE SPREAD OF INFECTION, ANYONE ENTERING THIS ROOM SHOULD USE:</b> <i>Para prevenir el esparcimiento de infecciones, todas las personas que entren a esta habitacion tienen que:</i>	
	<b>HAND HYGIENE</b> <i>Hygiene De Las Manos</i>
	<b>N-95</b>
	<b>Eye Protection</b> <i>Protección para los ojos si contacto cercano</i>
	<b>Gloves and Gown</b> <i>Guantes</i>
	<b>Ensure that the door to this room remains closed <u>at all times.</u></b> <i>Asegurese de mantener la puerta de esta habitacion cerrada <u>todo el tiempo.</u></i>

## Attachment 4 – RRT Notes

- Facility - Attendees:
  
- Date:
  
- “Phase” preceding the event:
  
- PPE requirement preceding the event:
  
- Quick Summary/Overview of the event (facts bearing upon the situation):
  - # Of New Facility Staff cases:
  - # Of New Facility I/I cases
  - Updated Total of ALL Facility Staff cases:
  - Updated Total of ALL Facility I/I cases:
  - Pertinent details (Date of + test, anticipated RTW date):
  
- Action Steps:
  
- Logistics and Other Support needed:
  
- Updated Phase:
  
- Risk Intervention Services operations:
  
- Updated PPE requirement:

## Attachment 5 – PPE Requirements

- Med Line
  - Staff wear N95 and eye protection while conducting mouth check
- Transports/Infirmary
  - Staff and incarcerated individuals wear N95
- Transport of Covid Positive Individual
  - Incarcerated individual wear N95
  - Staff wear N95, eye protection, gloves and gown
- Visits
  - Staff, incarcerated individuals and visitors wear N95
- Isolation and Quarantine Status – requires donning/doffing station
  - Staff wear N95 at all times
    - Staff wear eye protection and gloves during meals and med pass for isolation and quarantine status
    - Staff wear eye protection, gloves and gown when direct contact is anticipated with isolation and quarantine status
    - Incarcerated individuals on isolation or quarantine status wear N95 when out of cell
- **During** Intakes - requires donning/doffing station
  - II – N95 or KN95
  - Staff – N95, Gloves, Surgical Mask, Gown
    - If II is positive staff add eye protection
- Donning/Doffing stations must include – supplies will be checked and restocked as needed at least once per shift
  - N95
  - Eye Protection (goggles/glasses/face shield)
  - Gloves (various sizes)
  - Gown
  - Hand sanitizer

- Two receptacles with biohazard bags
  - Washable items
  - Garbage

## 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](https://youtu.be/8jBr_2_6p-Y) - Donning and Doffing PPEs

[https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator\\_gown/donning\\_09.html](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](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](https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/doffing_21.html) - Removing Gloves

## Attachment 9 – Return to Work Following a COVID-19 Positive

The health and safety of our staff is our top priority. We understand this is a difficult time for all employees, and we are doing our best to ensure we take the steps necessary to mitigate the spread of COVID-19 and allow staff to return to work. Our goal is to get healthy employees back to work as soon as possible to support our mission.

In order to be cleared to return to work, staff will need to follow the criteria below:

### Return to Work Criteria for Staff with Confirmed COVID-19

In order to be cleared to return to work, staff will need to follow the criteria below:

Staff can return to work after day 5 if:

- i. The person never had symptoms or symptoms have improved AND
- ii. they have had no fever for at least 24 hours without the use of fever reducing medication.

**IF staff are returning based on only the two conditions above, they must be assigned to posts with very limited contact with other staff or with the incarcerated individuals (e.g. Perimeter, Main Control, Outside Recreation, 3<sup>rd</sup> shift in secured units, Isolation Units) and wear an N-95 through Day 10.**

- iii. OR the person has two negative antigen tests performed at least 24 hours apart beginning no earlier than day 5 (and meets conditions i and ii above)

**They may be assigned as normal, but must wear an N-95 through Day 10.**

- iv. OR if still antigen positive on day 9, STOP testing and return on day 11 (as long as conditions I and ii above are met)

**They may be assigned as normal and no additional masking is required.**

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

**Staff who are immunocompromised or have symptoms that persist for longer than 10 days should seek the advice of a health care provider prior to returning to work.**



# Staff experiencing symptoms but not confirmed COVID 19 positive

**Symptomatic Staff may return to work if they fall under either of the two categories listed below:**

- Staff who are cleared by a medical provider may return to work as directed
- Staff who have received a negative COVID 19 PCR/LAMP test may return to work

## Return to Work Practices

After returning to work correctional staff are to adhere to the current practices laid out in the current protocols for both field and facility.

It is strongly recommended that staff follow the recommendations issued by the CDC and supported by the Vermont Department of Health to prevent the spread of COVID-19.

# STOP

## PLEASE READ PRIOR TO ENTRY

**FEVER, SHORTNESS OF BREATH, COUGH, NASAL CONGESTION, RUNNY NOSE, SORE THROAT, LOSS OF TASTE OR SMELL, NAUSEA, VOMITING/AND OR DIARRHEA**

**VISITORS ARE REQUIRED TO COMPLY WITH CURRENT MASKING REQUIREMENTS FOR THIS FACILITY.**

**\*IF YOU HAVE HAD ANY OF THE ABOVE SYMPTOMS IN THE LAST 48 HOURS DO NOT ENTER THE BUILDING AND CONTACT YOUR SUPERVISOR OR CANCEL YOUR VISIT.**

**\*IF YOU HAVE A CHRONIC MEDICAL CONDITION THAT CAUSES COVID-19 LIKE SYMPTOMS PLEASE DISCUSS WITH YOUR PROVIDER PRIOR TO ENTERING THE BUILDING**

**\* INDIVIDUALS SHOULD NOT ENTER THE BUILDING IF THEY ARE CURRENTLY EXPERIENCING ANY OF THE LISTED COVID-19 SYMPTOMS**

**\*IF YOU DEVELOP ANY OF THESE SYMPTOMS WHILE AT WORK NOTIFY YOUR SUPERVISOR.**

**CORONAVIRUS (COVID-19)**



## Attachment 14 – What Test to Do I Use

# What Test Do I Use?

## Staff

<b>Antigen</b>	<b>LAMP</b>	<b>PCR</b>
Return to Work – Day 4 & 5	Symptomatic at Work	CRT Discretion
Symptomatic at Work – Prior Positive within 90 Days	Symptomatic with a Negative at Home Antigen	
Symptomatic Staff – No LAMP Available	Response Testing	
Superintendent Discretion		

## Incarcerated Individuals

<b>Antigen</b>	<b>LAMP</b>	<b>PCR</b>
Intake	Physician Discretion	CRT Discretion
Symptomatic from Population	CRT Discretion	
Response Testing		
Intake Testing		

## Attachment 26 – Medical Release

See Separate attachment.

## Attachment 29 – Notice of Placement

*To be printed on facility letterhead*

## MEMORANDUM

To:  
From:  
Re:  
Date:

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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.