

UPDATED August 4th, 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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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. Goggles:** 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 available cloth to cover the nose and mouth. Not a microfiber or N95 mask. Often handmade. Intended to help prevent spread of virus *from the wearer*.
- 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. PPE is not required (except as called for in Guidelines.)
- 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

A. General

Throughout the duration of the COVID-19 pandemic the following general prevention measures should be implemented to interrupt viral infection transmission. These are listed in *Table 1* below.

Table 1. General Prevention Measures
<p>a. Promote good health habits among employees and incarcerated individuals:</p> <ol style="list-style-type: none">1) Avoid close contact with persons who are sick.2) Avoid touching your eyes, nose, or mouth.3) Wash your hands often with soap and water for at least 20 seconds.4) Cover your sneeze or cough with a tissue (or into a sleeve). Then throw the tissue in the trash.5) Greet without handshakes (or other touching). <p>b. Conduct frequent environmental cleaning of “high touch” surfaces.</p> <p>c. Institute social distancing measures to prevent spread of germs (e.g., minimize self-serve foods and group activities).</p> <p>d. Employees stay at home if they are sick.</p> <p>e. Influenza (flu) vaccine is recommended for persons not previously vaccinated.</p>

B. Good Health Habits

1. Good health habits should be promoted in various ways (e.g., educational programs, posters, campaigns, assessing adherence with hand hygiene).
2. This CDC website has helpful educational posters:
<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
3. Each facility should ensure that adequate supplies and facilities are available for hand washing for both incarcerated individuals and employees.
4. Provisions should be made for employees and visitors and new intakes to wash their hands when they enter the facility.

C. 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 reviewed and increased for the duration of this pandemic. Additional inmate labor may be utilized to accomplish this. Attention should also be given to the cleaning schedule for those areas where inmates are prohibited.
3. Superintendents should 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 also 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 and a good alternative that is readily available. **It should be used with 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.

D. Staff Testing

1. Staff must be tested for COVID-19 prior to working in a Correctional Facility.
2. All new DOC hires, new contract hires, and any staff or contractors returning who were not included in prior mass testing must arrange for a COVID-19 test.
3. This test must be completed no more than 7 days prior to beginning work at the facility.
4. Tests can be arranged through the employee/contractor's primary care provider or through a VDH 'Pop-Up' site.
5. Employees/Contractors must notify their relevant Hiring Manager that the test has been completed and is negative. Contracted entities (Vitalcore, etc.) will be responsible for notifying DOC that these tests have been completed.
6. Employees/Contractors with positive results must follow the process in [Attachment 9](#) for Return to Work.
7. [Section 13](#) provides specific direction regarding Construction Contractors.

E. Inmate Testing

1. DOC and VDH will coordinate mass testing of each facility's inmates.

2. One facility will be tested each week, rotating through institutions.

F. Exclusion of Sick and Exposed Staff and Out of State Travel

1. COVID-19 could gain entrance to a facility via infected employees. Staff should be instructed to stay home if they have fever and respiratory symptoms.
2. Any staff member who travels out of state (either on vacation or days off) will be required to quarantine upon their return.
 - This does NOT include staff who live in another state and cross borders as a matter of their normal commute.
 - This also does not include staff that live within Vermont but near a border and conduct routine activities (I.e. grocery shopping) in an adjacent state.
 - This does not include travel to non-quarantine counties as designated by Agency of Commerce and Community Development (ACCD) and completed in accordance with their guidelines. <https://accd.vermont.gov/covid-19/restart/cross-state-travel>
3. This quarantine will be for a period of 14 days.
 - If after 7 days, the staff member does not have symptoms, the staff member can arrange for a COVID test through their primary care provider OR a pop-up testing location if available.
 - If that test is negative, Intake Quarantine may be ended at that time prior to the 14 days.
4. The employee will need to use their discretionary leave (not sick leave) to cover this absence.
5. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.
6. Employees should be advised to consult their healthcare provider by telephone.
7. 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.
8. Each Superintendent will ensure information is tracked regarding any employee that is sick or in-home quarantine.

9. 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.
10. 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.
11. Upon arrival on-site, all staff and **all other personnel (including visitors, vendors, contractors)** entering the facility will be screened using [Attachment 10](#).
12. Each Superintendent will determine where such screening will take place and will assign staff to perform the screening.
13. The screener will wear PPE as follows: Gloves, goggles, and microfiber mask.
14. Screening should take place as close to the entrance as reasonably possible and as soon as the staff member arrives.
15. Staff who answer “yes” to any question will be sent home.
16. All staff will be screened for fever with an infrared thermometer.
17. Staff with temperatures at or above **100.0** will be sent home.
18. Anyone who refuses to comply with the screening, including temperature check, will not be allowed entrance to the facility.
19. A re-screening will not need to be done for staff exiting and re-entering the building on the same continuous shift.

G. [Social Distancing](#)

1. Various administrative measures will be implemented to reduce contact between people and the chance of spreading viruses.
2. In-person social visits have been suspended indefinitely. Ongoing review will be conducted to determine when reinstatement is appropriate.
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. Ongoing review will be conducted to determine when reinstatement is appropriate.
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 utilized 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 30 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.

H. Cloth Face Coverings

a. Wearing of Cloth Face Coverings - Staff

1. All staff, regardless of role, will wear a Cloth Face Covering when on-duty at a physical work site.
2. In accordance with guidance from the Vermont Department of Health, DOC encourages staff to wear these in public when off-duty.
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.
6. Cloth Face Coverings will be removed if they become wet or soiled.
7. They will be put into the laundry and treated like laundry coming from Medical Isolation.
8. Staff will be provided with clean cloth face coverings and will be responsible for laundering and maintaining these.
9. Wherever Cloth Face Coverings are specified, a Microfiber mask may be substituted if preferred by the wearer (staff or inmate.)
10. Where the protocol specifies Microfiber mask, a Cloth Face Covering **MAY NOT** be used as a substitute.

b. **Wearing of Cloth Face Coverings - Inmates**

1. All inmates are required to wear a Cloth Face Covering when outside of their cells.
2. Inmates must remove the covering if directed to by staff (e.g., for identification purposes or other security needs).
3. 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.
4. Staff should familiarize themselves with requirements for use of PPE provide in Field and Facility Guidance and ensure inmates undertaking special cleaning assignments are in compliance.
5. Cloth Face Coverings will be removed if they become wet or soiled.
6. Used Cloth Face Coverings will be kept in the cell in a mesh bag until laundry is Collected.
7. Each facility will have an inmate laundry worker(s) in full PPE (with a microfiber mask) collect these on 3rd shift.
8. When the coverings are picked up, the mesh bag will be placed in a plastic bag.
9. The same inmate that picks up the laundry will put it in the washer. It should be washed at the highest available temperature and should be completely dried.
10. Each facility will establish a process for re-issuing coverings to inmates.
11. VTDOC is actively working to create Cloth Face Coverings for inmates.
12. Until these are provided, inmates will be allowed to use improvised Cloth Face Coverings of their own manufacture provided these are consistent with this protocol.
13. Disciplinary Reports **WILL NOT** be issued for wearing a Cloth Face Covering worn in the manner prescribed in this protocol.
14. Each facility will ensure information regarding Cloth Face Coverings is communicated to the inmate population.
15. Wherever 'Cloth Face Coverings' are specified, a 'Microfiber Mask' may be substituted if preferred by the wearer (staff or inmate.)
16. Where the protocol specifies 'Microfiber Mask', a 'Cloth Face Covering **MAY NOT** be used as a substitute.
17. Prior to the release of any inmate, staff must verify the identity of the inmate being released.
18. 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 of their identity can be made.

c. **How to wear a Cloth Face Covering**



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 or otherwise unable to remove the Covering without assistance.
4. Coverings should be routinely washed. A standard washing machine will wash these appropriately.

Section 2: 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 symptomatic.
2. All new intakes to a Correctional Facility will be placed on Intake Quarantine.

3. Any inmate who is brought outside the facility to a hospital ER will be put on Intake Quarantine upon return to the facility.
4. Any inmate who is brought outside the facility for a pre-scheduled appointment will be placed on Intake Quarantine upon return to the facility.
5. For any inmate receiving on-going medical treatments outside the facility, the DOC Director of Nursing (DON) will work with the Operations Section and affected Superintendent to create an individual housing and testing plan. The Superintendent will be responsible for notifying the DOC DON and Operations Section.
6. When a new intake enters the sallyport, security staff will place a microfiber mask on them. Security will wear gloves and a microfiber mask when greeting new intakes.
7. Security Staff will complete [Attachment 1](#).
8. For any new intake providing a positive result on this screening tool, security staff will don PPE (N95 mask and goggles.)
9. Security staff will perform necessary searches (pat or strip in accordance with existing directive).
10. All new intakes will be directed to wash their hands as a general health precaution.
11. Intakes who did not screen positive on [Attachment 1](#) will be processed in accordance with Quarantine guidance below.
12. 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 goggles).
13. Medical will complete a second screening and consult with the on-call medical provider with regard to placement.
14. The medical provider will determine if placement on Isolation is appropriate.
15. Immediately upon confirmation of a positive screen by medical, the Incident Command System will be activated and the **Central Office Operations Section will be notified.**

B. Federal Court

1. Inmates being transported to Federal Court will have a temperature check prior to departure. Any temperature above **100.0** 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 United States Marshal Service, 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 was 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.

C. State/Family Court

1. Inmates being transported to State Court will have a temperature check prior to departure. Any temperature above 100.0 will be referred to medical for review and the Court will be notified.
1. While being transported to and from the courthouse, the inmates will wear cloth face coverings.
2. When these inmates return, they will require placement on Intake Quarantine.
3. They will be screened with Attachment 1 upon return. Any positive result will be addressed according to the standard process.

D. MVRFC Intake Transports

1. Marble Valley Regional Correctional Facility (MVRFC) 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. Three currently reassigned CCOs in MVRFC will be assigned back to their Rutland Probation and Parole Office (RUPP) to establish a transport team.

3. Field CCOs or designated staff from RUPP will establish a Transport Team that will conduct transports from MVRCF to SSCF on an on-call basis. This will include any law enforcement intake during the hours referenced in #5 below.
4. 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 coordinate with MVRCF to utilize the facility transport vehicle.
5. RUPP will establish a Transport Team schedule. This Team will be composed of CCOs (and if necessary other RUPP staff). This schedule will provide for on-call coverage from 0600 – 2200 each day. Staff on the Team will be eligible for Stand-by pay during their non-working hours when they are scheduled for coverage.
6. MVRCF will establish a Transport Team schedule. This schedule will provide for on-call coverage from 2200 - 0600 each day. Staff on the Team will be eligible for Stand-by pay during their non-working hours when they are scheduled for coverage.
7. 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.
8. Agencies in Rutland and Addison Counties will be asked to notify the institution as soon as they identify that a lodging will be necessary.
9. Upon receipt of such a notification, the relevant 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 then activate the Transport Team. MVRCF will establish a process to activate the MVRCF Team during the hours of 2200 – 0600.
10. The lodging of the inmate will occur in the garage at MVRCF. The inmate will NOT pass the S-16 door.
11. The inmate will be pat-searched by DOC staff according to standard practice.
12. The inmate will remain on constant observation from the time of arrival until the transport departs.

13. 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.
14. [Attachment 1](#) will be completed in the garage.

a. 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.

b. 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 (i.e. the person who bailed them out).
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.

F. New Intake Testing

1. All new intakes will be placed in Intake Quarantine
 - Those 65 or older will be housed in a single cell for the duration of the quarantine.
 - Those transferred/extradited from Correctional/Jail systems outside Vermont (other than Vermont inmates housed at Tallahatchie County Correctional Facility) will be housed in a single cell for the duration of the 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
4. The Director of Classification will be responsible for tracking the time periods outlined in this section, coordinating results with the RDOM, and notifying facilities when inmates may be moved out of quarantine.

5. 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.

G. 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 are encouraged to 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, Goggles, 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.

a. Preservation of N-95 Masks

- i. Each facility will ensure used N-95 masks are collected and saved for sterilization and reuse.
- ii. Only used N-95s in good condition will be saved.
- iii. 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.
- iv. 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.
- v. N-95 masks which are visibly damaged will be disposed of and will not be re-used.
- vi. Used N-95 masks should be considered infectious and should not be handled without PPE.
- vii. N-95 masks stored together should not be re-used prior to disinfection.
- viii. 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.
- ix. These will be stored in a secure place until pick-up is arranged by the Logistics Team.
- x. See attachments [22](#) for further information.

H. Medical and Intake Quarantine

1. Inmates on Intake Quarantine will be tested as specified in New Intake Testing above (Day 1, 7, 12.)
2. Inmates on quarantine due to an ER/Medical Trip will be tested on:
 - Day 7
 - Day 12

3. Inmates on quarantine due to close contact with a positive or suspected COVID-19 person will be tested on:
 - Day 1
 - Day 7
 - Day 14
4. The Director of Classification will be responsible for tracking the time periods outlined in this section, coordinating results with the RDOM, and notifying facilities when inmates may be moved out of quarantine.
5. 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.
6. 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.
7. As the precautions for Medical and Intake Quarantine are identical, the same location will be used, however inmates on Intake Quarantine may not be celled or recreate with any inmate on Medical (Contact) Quarantine.
8. Each Superintendent will identify a location for Medical/Intake Quarantine. At this time, there is not a designated statewide Medical Quarantine location.
9. Each superintendent will provide a "Welcome to Quarantine" packet to each inmate upon entering the quarantine unit based on a 2 week quarantine period.
10. Each packet will be created by the individual facility and address the individual quarantine unit and include the following:
 - a. Schedule for required COVID-19 testing while in quarantine
 - b. Daily schedules, (showers, chow, Rec time)
 - c. The Facility Rec Department will be responsible for providing the rec materials. (Coloring supplies, playing cards, tablets, puzzles, Sudoku, crosswords, etc.)

- d. Instructions as to how they will communicate with their caseworker while in the unit
 - e. Instructions on how to submit their phone sheet
 - f. How to access commissary
 - g. Details on roles of the caseworker and mental health services
11. 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](#)).
 12. To minimize the likelihood of disease transmission to fellow quarantined persons, those who are placed in quarantine should be required to wear microfiber masks while in quarantine. Masks should be replaced as needed, if they become soiled , or at least every 8 hours.
 13. Quarantined incarcerated individuals should be restricted from being transferred to, or otherwise interpersonally interacting with, the general population.
 14. Any inmate, aged 65 or older must be housed, and recreate, alone while on quarantine.
 15. Any inmate who is extradited or transferred from a correctional/jail facility outside of Vermont must be housed, and recreate, alone while on quarantine.
 16. Whenever possible, all inmates on quarantine will be single-celled.
 17. If cohorting becomes necessary, inmates who have served at least 10 days of quarantine and have had a negative test at Day 7 may be cohorted with other inmates with the same date of Admission.
 18. If more space is needed, the Superintendent will consult with the Central Office Operations Section.
 19. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
 20. Meals will be served with disposable food service items. Nothing coming out of the quarantine area will be returned to the Kitchen.

21. 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.
22. Items identified as specifically exposed to aerosols, or identified by medical staff as medical waste, will be treated as biohazard.
23. Laundry should be placed in a mesh laundry bag and remain in the cell until it is ready to be washed. It will not be collected until it is ready to be washed. It will be picked up by an inmate in full PPE wearing a microfiber mask. The same inmate that picks up the laundry will put it in the washer. Quarantine laundry should be completed during 3rd shift due to inmate wearing PPE.
24. Laundry will be placed in a plastic bag. Anyone handling it will use Full PPE.
25. The Laundry Worker will wear full PPE, which includes wearing a microfiber mask. It should be washed at the highest available temperature and should be completely dried.
26. 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.
27. Each site will determine how showers and recreation will be offered to these inmates.
16. Such must be offered in a way that does not bring them into contact with any other inmates.
17. Any space used for this must be cleaned with a hospital-grade disinfectant prior to its use by any other population.
18. A microfiber mask will be worn by staff who are in direct, close contact (within 6 feet) of quarantined incarcerated individuals.
19. A gown is not required when there is no direct contact with an inmate.
20. If a cell door or food chute will be opened, then a gown will be worn.

21. 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.

22. The duration of medical for COVID-19 is the 14-day incubation period.

I. Transport of COVID Infected/Suspected Inmate

1. The standards listed below will be utilized for transport in addition to normal transport protocols.
2. 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.
3. Patient wears a microfiber mask and washes their hands.
4. Correctional officer wears N95 mask and goggles. Wear gloves, gown, and eye protection if in close contact with inmate prior to transport.
5. 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.
6. Ventilation system should bring in as much outdoor air as possible. Set fan to high.
7. DO NOT place air on recirculation mode.
8. Weather permitting, drive with the windows down.
9. Following the transport, if close contact with the patient is anticipated, put on new set of PPE. Wash hands after PPE is removed.
10. The vehicle must be cleaned in accordance with the below steps immediately after transport and prior to its use for any other transport.

11. After transporting a patient, air out the vehicle for one hour before using it without a N95 respirator.
12. When cleaning the vehicle, wear a disposable gown and gloves. A N95 and goggles (or face shield) should be worn if splashes or sprays during cleaning are anticipated.
13. Clean and disinfect the vehicle after the transport utilizing a hospital-grade disinfectant
14. 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 3 – 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.
5. The officer will notify the CFSS.
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.
7. 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. At each cell inspection (1st and 2nd 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 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 will be placed in quarantine. Placement and removal are under the authority of the superintendent.

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, goggles, microfiber mask, and gown.
5. Any temperature exceeding 100.0 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 4 – Medical Isolation Units

A. Operation

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 should be placed in a mesh laundry bag and remain in the cell until it is ready to be washed. It will not be collected until it is ready to be washed. It will be collected by an inmate in full PPE, which includes wearing a microfiber mask. The same inmate that picks up the laundry will put it in the washer. Isolation laundry should be completed during 3rd shift due to inmate wearing PPE.
12. Laundry will be placed in a plastic bag. (Anyone handling it will use Full PPE.)
13. The Laundry Worker will wear full PPE, which includes wearing a microfiber mask.. It should be washed at the highest available temperature and should be completely dried.
14. Any time the cell door is opened, the inmate must wash their hands and don their mask.
15. 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.
16. At the conclusion of the call, the inmate will disinfect the phone and return it to staff.
17. Staff will then re-disinfect the phone.
18. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
19. Any time contact is anticipated, staff will don PPE (gloves, gown, N95 mask, and goggles).
20. 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](#)).
21. 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.
22. 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.
23. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.

24. When cleaning, wear a disposable gown and gloves and a N95 and goggles or a face shield.
25. Clean and disinfect the area utilizing a hospital-grade disinfectant. [See detailed cleaning process below.](#)

B. Cleaning – Isolation Spaces

1. Wearing full PPE (Gown/Tyvek Suit, N95, gloves and goggles), spray the cell with bleach solution using the sprayer.
2. Attention should be paid to ensure the odor of bleach is not overwhelming in any adjacent occupied area.
3. If possible, open outside windows to increase air circulation in the area.
4. Wait at least 4 (four) hours (but up to 24 if possible) before proceeding to the next step.
5. Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces
- 6. 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.
- 7. 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.](#)
- 8. 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 5 - Local Surge Units

1. The specific 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 is intended to provide the essential parameters that must be met in opening a local Surge unit, while preserving the flexibility to choose a location that meets the specific needs of a situation.
3. The facility will be placed on full lock-down status 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 Part 5 must be cohorted separately from one another.
7. The areas/zones shall be designated pursuant to test result information 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 below are intended to be printed on colored paper for further visual distinction. The color of each is noted at the top of the page.

10. Identify staff and inmate movement strategies in/out of the areas/zones.
11. Consideration must be given to:
 - a. Delivery of Meals
 - b. Delivery of Medications
 - c. Delivery of Medical Care
 - d. Disposal of Refuse
 - e. Laundry
12. PPE donning & doffing areas are to 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 6 – 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 the case and determine whether it is appropriate 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 either a Time-Based or Symptom-Based Strategy as outlined by the CDC and described below in paragraph 3.
3. Strategies
 - a. Symptom-based strategy:
 1. At least 3 days (72 hours) have passed. defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
 2. At least 10 days have passed since symptoms first appeared
 - b. Time-based strategy:
 - i. 10 days have passed since the date of their first positive COVID-19 diagnostic test. Without the development of symptoms, the RDM or designee opt to utilize the symptom-based strategy should symptoms develop. If they develop symptoms, then the symptom-based strategy should be used.
4. Following the medically determined period of medical isolation, the RDOM or designee will approve transfer from the acute isolation unit to general population.

5. The RDM will be responsible for notifying the Central Office Operations Section of the transfer.
6. Central Office Operations Section will notify the Superintendent to transfer the inmate to general population.
7. Inmates will receive education from medical regarding COVID-19 recovery (see [attachment 21](#))

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.
6. When creating lists for Mass Testing the Superintendent (or designee) will cross reference the medical tabs in OMS to identify inmates with a verified positive test within the preceding 90 days. These inmates will not be included in Mass Testing.

Section 7 – 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 1-5:

1. Inmates who screen as positive will be given a 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. Upon a positive screen, a test is to be ordered prior to release.
 - Test can be completed through mobile testing at Harbor Place by facilitated by Community Health Center of Burlington. The provider would contact Kerry Goulette at CHCB at 802-540-8951.
 - If test result not yet received, complete attached HIPPA and referral forms to arrange for placement at Harbor Place (802)- 353-7112.

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, Operations Section Chief, and the assigned probation officer:
covid19.healthcarecontacttracing@vermont.gov with the subject line “COVID-19 Positive 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, ([Attached ESD Referral for Harbor Place](#))
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 the Vermont Department of Health, 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 8 - 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 (four) 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 each unit for any inmate requesting such.
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 (sick 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 9 - 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)

1. Inmates who would have been scheduled for RRP completion in the 2nd quarter 2020 cohort have been identified.
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. These work packets are designed to be completed independently and will be delivered by CSS staff or other designated point of contact.
5. Completed assignments will be returned to facilitators; each facility will provide specific direction to inmate participants as to how these assignments are to be returned.
6. These work packets will be supplemented by 15-30 minute GTL tablet calls where the contractor will answer any questions, review submitted work, and provide feedback.
7. RIS staff are currently identifying inmate participants scheduled to complete in the 3rd quarter 2020 cohort and are working to create a similar distanced service for those offenders.

B. CHSVT (Community High School of Vermont)

1. CHSVT has identified students who receive Special Education services.
2. Correctional Educators will be developing individualized work packets for each inmate participant.
3. The work packets are designed to be completed independently and will be delivered by CSS staff or other designated point of contact.
4. Completed assignments will be returned, via intra-facility mail, to Correctional Educators.
5. The work packets are also designed to allow students to maintain skills during the COVID-19 pandemic.

6. The Corrections Education Supervisor will schedule periodic check-in calls via the GTL tablets to review submitted work, provide feedback, discuss upcoming work, and provide other support as appropriate to assist in the participant's understanding of concepts.

C. VCI (Vermont Correctional Industries)

1. Where work demand exists, VCI will continue to operate.
2. VCI will require masks to be worn in all shops and enforce strict cleaning protocols, hand hygiene, and social distancing.

Section 10 – Non-COVID Medical Care

A. Dental Care

1. Dental procedures will only be performed following the most current guidance from the CDC, VDH, and ADA.
2. Throughout the duration of COVID-19 pandemic, the dentists and the staff tending to an inmate will follow all the general preventative measures outlined in this protocol in addition to donning the following PPE:
 - a. N95 Mask
 - b. Gown
 - c. Shoe coverings
 - d. Goggles
 - e. Face shield
 - f. Gloves
3. N95 and shoe coverings are to be reused.

a. 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. Office will have large bio-hazard trash cans appropriately marked for discarded bio-hazard sheets to be laundered pursuant to Facility protocols.
4. 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 are completed.
6. Each dental facility has been provided with a portable HEPA air filter which will be used during provision of patient care and, at least, 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.*

b. 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, prioritizing those who have been waiting for care.

c. Inmates Requiring Dental Care

1. Inmates in Southern (SSCF), Northern (NSCF), and Chittenden (CRCF) will be seen in the designated Dental Office in that facility.
2. Inmates in Marble Valley (MVRCF), Northwest (NWCF), and Northeast (NECC) will be transported to their designated facility as indicated below.
3. Inmates will be brought directly to the Dental Office with no waiting in the waiting room. They will be brought directly from cell to the dental chair.
4. Inmates are to be given gloves prior to being placed into the dental chair.
5. A sheet will be used to cover the inmate's clothes while in the dental chair.
6. A new sheet will be used for each inmate.

d. MVRCF, NWCF, and NECC Inmate Dental Care

1. Inmates at MVRCF requiring dental care will be transported to SSCF.

2. Inmates at NECC requiring dental care will be transported to NSCF.
3. Inmates at NWCF requiring dental care will be transported to NSCF.
4. The Facility Medical Team will be responsible for triaging medical slips relating to dental.
5. The site dentist will make the determination as to whether a transport for treatment is needed. Once confirmed, medical will schedule a transport, coordinating this with both the Dental Office and with facility management.

e. Dental Transport

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

1. Whenever possible, dental transports will be limited to 2 inmates.
2. Dental transports will be conducted using vans with the security insert.
3. Staff conducting dental transports will wear microfiber masks and goggles.
4. Inmates being transported will wear cloth face coverings.
5. Intake Screening, inclusive of temperature check (Attachment 1), will be completed immediately prior to transport.

6. 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.
7. One inmate will be placed on each side of the van. If more than two inmates must be transported, then inmates who reside in the same unit should be placed on the same side of the van.
8. 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.
9. Upon arrival, one inmate is to be escorted directly to Dental. The other is to be secured in a cell by himself.
10. 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.*
11. The first inmate will be placed in a different cell. (If a second cell is not available, then the cell must be cleaned and disinfected between inmates.)
12. The second inmate will be brought to Dental following cleaning of the Dental area as above.
13. NSCF and SSCF will identify the cell locations based on their operational needs.
14. Significant care must be taken to ensure that inmates transported have no contact with the receiving facility's inmates.

15. Transporting staff must take care to ensure they are maintaining proper social distancing from Facility Staff.
16. Once dental work is completed on both inmates, the transport will depart.
17. Care must be taken to ensure that inmates are placed in the same set of physical restraints previously used on them.
18. Care must be taken to ensure that inmates are placed on the same side of the van they previously occupied.
19. Upon transport completion, the physical restraints must be cleaned and disinfected.
20. The van will also be cleaned and disinfected prior to its use for any other transport.
21. After the departure of the transport, the receiving facility will ensure any cells or spaces occupied by the dental inmates are cleaned and disinfected.

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 and 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 2.4 *Transport of COVID Infected/Suspected Inmate*.

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 10-13 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. Care must be taken to ensure that inmates are placed in the same set of physical restraints previously used on them.

9. Care must be taken to ensure that inmates are placed on the same side of the van they previously occupied.

10. Upon transport completion, cleaning and disinfecting will be completed consistent with Section 2.4.

B. Outside Medical Providers Admittance Into Correctional Facilities

1. Prior to resumption of services the outside treatment provider will have a COVID-19 test.
2. Such test must be done no more than 7 days prior to resumption of services.
3. VitalCore will be responsible for notifying the Director of Nursing Services and Assistant Director of Health Services that such test has been completed and is negative.
4. The Health Services Department will keep record of testing and results.
5. The Facility Health Services Administrator will be responsible for notifying the Superintendent prior to the resumption of any new service.
6. Each provider will follow the current DOC COVID-19 Protocol.
7. Each provider will provide their own PPE in accordance with the DOC COVID-19 Protocol.
8. 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.
9. 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.
10. Inmates will only be seen for services one at a time; no waiting area will be used.
11. The provider will be responsible for cleaning the area used for services following each inmate encounter.
12. 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. This will be determined by the Facility Superintendent.

Section 11 – Step-Down Parameters

Due to differing physical plants, staffing levels, and site-specific needs, Superintendents will need to individualize step-down plans to meet the specific 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 notable direction and guidance from the Vermont Department of Health (VDH).

Specific step-down plans must be submitted to Facilities Branch Director Turner 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 based on the evidence.
1. Cloth face coverings will continue to be worn by all staff and inmates. (Except where specific activities require different PPE.)
 2. Enhanced cleaning protocols must 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.
 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 recreation 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. Facilities should work to ensure groups of 10 are a consistent cohort across activities.
 5. 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).
 6. 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.
 7. 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.
 8. 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)
 9. 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:**

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

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

Education

Programming (In Person)

Social Visits

Normal VCI Operations & Work Crews

Volunteer Services

Section 12 – Barbering

1. Each Facility Superintendent will create a facility-specific plan for barbering/haircuts.
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 (aside from the barber) 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 each inmate who received a haircut, including the date and the name of the barber.
 - f. The barber chair and any 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.

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 *must* receive a COVID-19 test no more than 7 days prior to the beginning of work.
4. Contractors will be responsible for notifying DOC that these tests have been completed.
5. This information will be recorded in the log specified in #14 below.
6. Upon arrival at the worksite each day, all Construction Contractors will be screened (including physical temperature check) using Attachment 1.
7. If there is a positive screening on this instrument, the Construction Contractor will not be permitted access to the site.
8. Any Construction Contractor who becomes sick at work will promptly inform their supervisor and go home.
9. The supervisor is responsible for immediately notifying the on-duty CFSS of any illness referenced in #6 above.

10. 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.
11. The Superintendent will ensure that additional steps are taken to prevent contact between the contractor and any inmate.
12. Any areas constituting contractor work-space will be thoroughly cleaned and disinfected prior to returning to regular use.
13. While working, construction staff will use PPE pursuant to current ACCD guidance for the relevant sector.
14. A log will be maintained on the locations, specific dates, specific contractors, and any DOC staff assigned to construction work.
15. DOC staff will also document in this log that each contractor reported that they had a negative COVID-19 test no more than 7 days prior to the beginning of 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

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

Rapid Response Team

- The RRT will be composed of
 - DOC: Director of Nursing, Operations Section Chief, Facility Group Supervisor, Contact Tracing Specialist, contracted RDOM, 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
- Within one business day of notification of an inmate who has tested positive for COVID-19, the RRT will meet.
- RRT will examine the risk posed to the facility.
- 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.
- RRT will determine whether facility testing (targeted or general) or other mitigation steps are recommended.
- 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.

Attachment 1. COVID-19 New Intake Screening Form

<p>1. Assess for Signs or Symptoms of Illness</p> <ul style="list-style-type: none"> Persons with symptoms of illness or cough should be masked immediately and separated from others. <p>Today, or in the past 24 hours have you had any of the following symptoms?</p>		<p>Date of Onset:</p>
<p><input type="checkbox"/> Yes</p>	<p>Fever (100.0°F) // Record temperature: <input type="text"/>°F/ <input type="text"/>°C or felt feverish</p>	

<input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough abnormal to you?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath or Difficulty Breathing	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chills	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle Pain	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell	
<p>3. If <i>YES</i> to ANY question, place in person in <i>ISOLATION</i>.</p>		
<p>4. Contact Dr. Fisher (or designee) for review and determination as to <i>ISOLATION</i> or <i>QUARANTINE</i>.</p>		







Inmate Name: _____ Number: _____

Employee Name: _____ Date: __/__/__






Employee Signature: _____

Attachment 2. Isolation Room Sign



Respiratory Infection Isolation Room Precautions <i>PRECAUCIONES de sala de aislamiento de infección respiratoria</i>	
TO PREVENT THE SPREAD OF INFECTION, ANYONE ENTERING THIS ROOM SHOULD USE: <i>Para prevenir el esparcimiento de infecciones, todas las personas que entren a esta habitación tienen que:</i>	
	HAND HYGIENE <i>Hygiene De Las Manos</i>
	N-95 Respirator <i>Mascara Facial o Respirador N95</i>
	Gloves <i>Guantes</i>
	GOWN <i>Bata</i>
	Eye Protection <i>Protección para los ojos</i>
	Ensure that the door to this room remains closed <u>at all times</u>. <i>Asegurese de mantener la puerta de esta habitación cerrada <u>todo el tiempo</u>.</i>

Attachment 3. Quarantine Room Sign

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

Attachment 4 – N95 Respirator Use

N 95 respirator use, N95 filters at least 95% of airborne particles.

Strategies for conserving N95 respirators as approved by the National Institute for Occupational Safety and Health (NIOSH)

Use hand hygiene before and after touching or adjusting.

Extended use: continuous use for repeated close contact encounters, can function within design specification for 8 hours of continuous or intermittent use.

Reuse: If officer leaves unit for bathroom or break remove the N95 without shaking it and put it into a paper bag with name on it wash hands. Use clean gloves when donning a used N95 and performing a user seal check. Discard gloves, wash hands.

Discard mask if contaminated with any bodily fluids, if obviously damaged or becomes hard to breathe through.

Implement “just-in-time” fit testing. Plan for larger scale evaluations, training and fit testing. Limit respirators during training, allow limited re-use of respirators by individuals for training and then fit testing.

Attachment 5 – PPE Sequence

See separate attachment.

Attachment 6 How can I Protect Myself

Vermont is currently under a Stay Home, Stay Safe Executive Order. The Governor's order directs Vermonters to stay at home, leaving only for essential reasons, critical to health and safety. 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

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 or Suspected 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 suspected or confirmed COVID-19 *Symptom-based strategy*. Exclude from work until:

- At least 3 days (72 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](#)

The expectation is for staff to 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. Upon arrival to the facility the employees are asked to respond verbally to these questions and a temperature taken.
- If an answer to one of the questions is YES or a temperature exceeds **100.0**, then issue the employee a mask to wear, contact the on-duty CFSS, and send the employee home. Recommend that they call their supervisor and consult with their primary care provider.
- 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?	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 ____
Current Temperature (Fever 100.0)	Record Temperature F ____ C ____

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
Workers cleaning an area occupied by someone on quarantine or Medical Isolation		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		XX	XX	XX	XX

checks or providing medical care)					
Staff conducting temperature checks on inmates/intakes OR providing medical care to asymptomatic quarantined persons.		XX	XX	XX	XX
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 on a confirmed or suspected COVID-19 case that	XX		XX	XX	XX

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 COVID-19 case has spent time.	XX		XX	XX	XX
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 mask, 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 courier 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 mask 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 - Harbor Place Isolation Housing

Harbor Place Isolation Housing: A public health intervention necessary to stop the spread of COVID 19 Guest Agreement: Your Rights and Responsibilities

To reach the front desk, dial 0 or 985-0058. If no one answers, dial 862-6244. For Emergencies, dial 9-1-1

Criteria In order to be a guest at Harbor Place you must:

- Be suspected of being positive for COVID-19
- Be able to manage your own activities of daily living

- Have no other suitable place to self-quarantine/isolate (to support healthy recovery and prevent infecting others)
- Be able to follow Responsibilities as listed below
- Choose to be here (isolating at this site is voluntary)

Your Rights: What you can Expect from Us; We are glad that you are here and you can expect the following from us:

- Supportive staff on site to help ensure your needs and the needs of others are met
- Clean bedroom and bathroom when you arrive, and supplies to keep it clean
- Three meals a day delivered to your room
- Security onsite to ensure that it is a safe environment for you and others

Your Responsibilities: What we Expect from You For your health and safety and the health and safety of others, we ask you to accept the following responsibilities. If you do not act according to these responsibilities, you may be asked to leave:

Health and Wellbeing

- You are responsible for your own health. Please pay attention to how you are feeling and let your medical provider know if you start to feel ill and we will ensure that you get the medical care you need.
- Please maintain personal hygiene.
- Please keep your room clean, and clean up after yourself, using disinfecting supplies to clean surfaces every day.
- Please always wear a surgical mask and gloves when you are around others.
- Please take care of yourself, rest to support your recovery, and remain safe.
- Please be respectful of others, including other guests, staff, and volunteers.

Staying at the Harbor Place

- Governor Scott announced a “Stay Home, Stay Safe” order for all residents, asking everyone to stay home, which applies here, too.

- While you are staying at Harbor Place, you must remain onsite at all times. Visitors are not permitted except as pre-arranged with the front desk, for deliveries to be dropped off on the porch of the office.
- You may go outside for fresh air onsite on the premises so long as you maintain a distance of at least six feet from others who may be outside. You are required to stay on the premises, and that is monitored by staff. If you have children with you, they must be supervised at all times while outside.
- Alcoholic beverages may not be consumed outside of rooms.
- Smoking is not permitted in the rooms. You will be asked to leave and may be subject to a \$100 charge if there is smoking in your rooms. You may smoke outside with room doors closed and ten feet away from the building.
- In-room local phone service is available.
- Single rooms include a mini-fridge and microwave. Efficiency rooms include a refrigerator and stove. Guests may not use their own cooking devices, including hot plates and electric fry pans, within any room of the premises and may not use any open flame cooking device on the premises, including grounds and decks.
- No pets are allowed. Service animals assisting persons with disabilities are permitted.
- Registered sex offenders are not permitted to stay due to the vulnerability of other guests and will be asked to leave if found to be on the registry.
- If you decide to end your stay at Harbor Place, we can arrange transportation to a reasonable destination within the State. Once you leave Harbor Place you may not be able to return.

Behavior

- If you are required to follow certain restrictions or conditions from other programs, you are expected to follow them here.
- If you are found to be selling drugs on the property, we will notify the police, and obtain a no trespass order.

Weapons, violence and threatening behavior are not allowed.

- You must be clothed and have shoes or slippers on at all times.
- If you violate these guest rules, you may be asked to leave.

Personal Items • Please take with you any items that you bring.

By signing below I agree that I have read this agreement and understand my rights (what I can expect from Harbor Place) and my responsibilities (what is expected of me, and that I must follow) that are listed above.

Guest Signature _____ Date _____

Guest Name _____ Date _____

Staff Signature _____ Date _____

Attachment 16 - HIPAA Authorization for Use or Disclosure of Health Information



Print Name: _____

I. My Authorization

I authorize Champlain Housing Trust, Inc. to use or disclose the following health information:

- All of my health information - My health information relating to the following treatment or condition:

COVID-19

- My health information covering the period from _____ (date) to _____ (date)

- Other: _____

The above party may disclose this health information to any healthcare, social service or housing provider providing services to me during my stay at Harbor Place,

The purpose of this authorization is (check all that apply):

- To provide healthcare, social services and/or related services during my stay at Harbor Place and/or to facilitate my ability to obtain other housing.

- Other: _____

This authorization ends: - On (date) _____

- When the following event occurs: _____

II. My Rights

I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. I may not be able to revoke this authorization if its purpose was to obtain insurance. In order to revoke this authorization, I must do so in writing and send it to the appropriate disclosing party.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I understand that it is possible that information used or disclosed with my permission may be redisclosed by the recipient and is no longer protected by the HIPAA Privacy Standards.

I understand that services provided by any party may not be made subject to signing this authorization and that I may have the right to refuse to sign this authorization.

Signature of Patient: _____ Date: _____

Signature of Authorized Representative: _____ Date: _____

III. Additional Consent for Certain Conditions

This medical record may contain information about physical or sexual abuse, alcoholism, drug abuse, sexually transmitted diseases, abortion, or mental health treatment. Separate consent must be given before this information can be released.

- I consent to have the above information released.

- I do not consent to have the above information released.

Signature of Patient or Authorized Representative: _____

Date: _____ Time: _____

IV. Additional Consent for HIV/AIDS

This medical record may contain information concerning HIV testing and/or AIDS diagnosis or treatment. Separate consent must be given to have this information released.

- I consent to have the above information released.

- I do not consent to have the above information released.

Signature of Patient or Authorized Representative: _____

Date: _____ Time: _____

Attachment 17 – Harbor Place Referral Form

**Harbor Place
3164 Shelburne Road, Shelburne VT 05482
Temporary Housing Reservation & Billing Form**

To be completed by agency and faxed to (802) 985-0053

Referring Agency _____

Head of Household (HH) Name _____

HH Date of Birth _____ HH Phone Number if Available _____

of Adults in Household _____ # of Children _____ Ages of Children _____

Service Animal ___ Y ___ N

Check In Date _____ Check Out Date _____

Staff Person Authorizing Stay _____

Case Management Services to be Provided by _____

Case Manager Contact Information Phone _____ Email _____

Payment Method

____ Client Self-Pay (Agency Check, Cash, Money Order, Credit Card) _____ Bill to Agency

Call (802) 316 – 7112 to Confirm Room Availability

To be completed by Champlain Housing Trust And returned to Staff Person Authorizing Stay

For Guests Above:

Check-In Date _____ Check-Out Date _____

Reason for Checkout ____ End of Authorized Stay ____ Violation of Guest Rules

_____ (Other, specify)

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

- **No PPE 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 mask, 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 LOG Team has coordinated with Northeastern Vermont Regional Hospital to de-sanitize (3M) N-95 respirators. On **11 June 2020**, the Central LOG Team sent an email to Facility LOG Chiefs' to collate all used 3M N-95. These masks need to be packaged for shipping in accordance with recommended protocol.

Transport Protocol:

- Only used N-95s in good condition will be saved.
- Respirators for sterilization must be very clean – **no writing, no lipstick or other makeup.**
- 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.
- 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.** N-95 masks which are visibly damaged will be disposed of and will not be re-used.

Prepare Used N-95 (3M) for transport:

- Used N-95 respirators should be considered infectious and should not be handled without proper personal protective equipment (PPE).
- 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 sealed and labeled with the facility name and point of contact. Identify quantity of used N-95 inside the seal box.
- Place quantity on outside of sealed box

The LOG Team will coordinate the pick-up of used mask and will deliver these masks to NECC. NECC will be used as the initial collection point.

- LOG Team will coordinate with NECC for movement of used mask to Northeastern Vermont Regional Hospital
- LOG Team will coordinate all communication:
 - Advise Northeastern Vermont Regional Hospital for delivery
 - Coordinate transport to hospital with NECC
 - Coordinate pick-up of disinfected masks with P&P Log Chief
 - Cleaned masks will be returned to Central Supply

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 mask while inside CRCF. KAP will be responsible for laundering the mask.
- 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 masks 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.

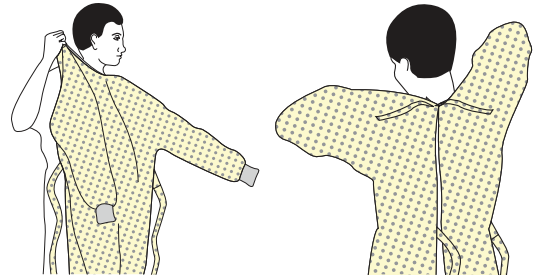
Attachment 26 – Medical Release

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.

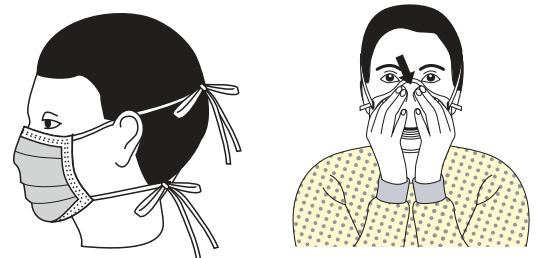
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



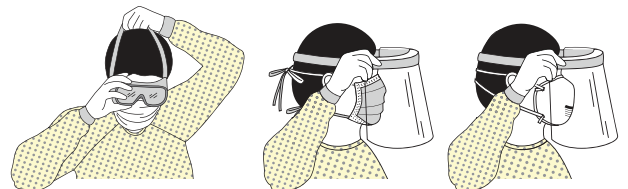
2. MASK OR RESPIRATOR

- 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



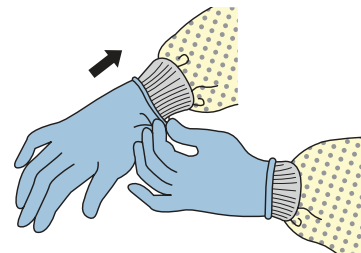
3. GOGGLES OR FACE SHIELD

- 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



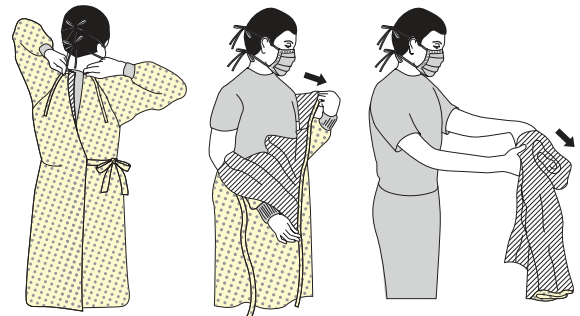
2. GOGGLES OR FACE SHIELD

- 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



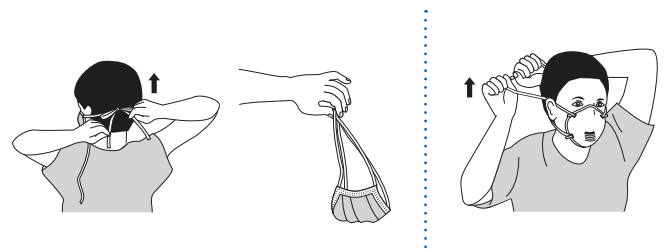
3. GOWN

- 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

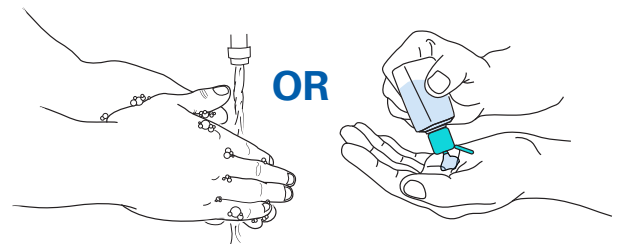


4. MASK OR RESPIRATOR

- 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

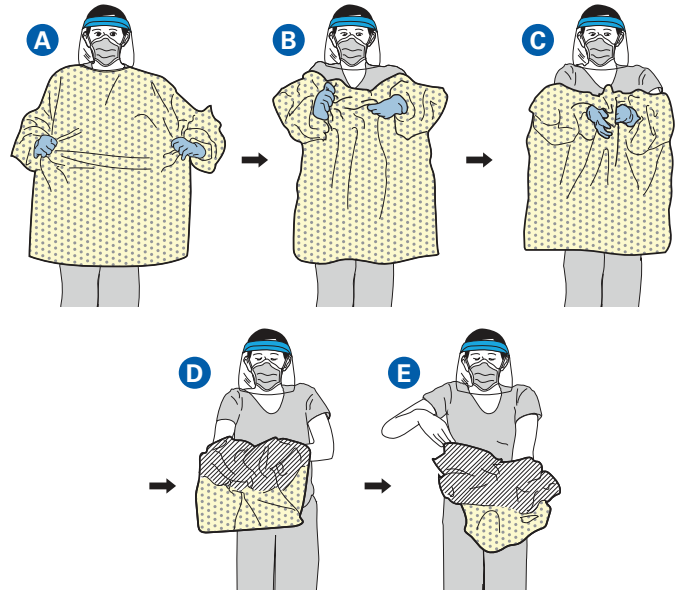


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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



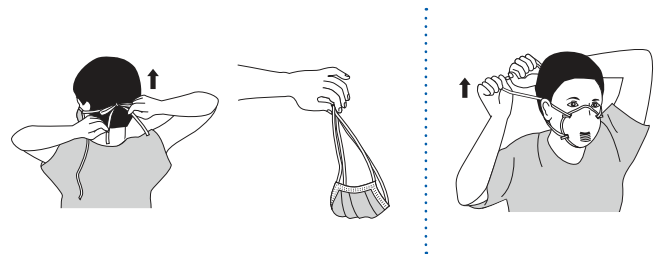
2. GOGGLES OR FACE SHIELD

- 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

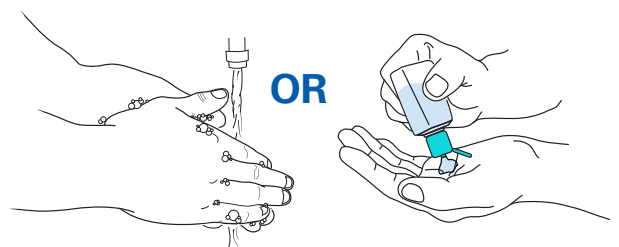


3. MASK OR RESPIRATOR

- 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



What to do if you are diagnosed with COVID-19

Isolate at home:

- Don't leave home, except to get medical care. Call ahead before visiting a health care provider or emergency department.
- Most people with mild illness can recover at home. While there is no specific treatment for COVID-19, you should get plenty of rest, drink plenty of fluids, and take fever-reducing medication if needed.
- As much as possible, stay in a specific room in your home and use a separate bathroom. Stay at least six feet away from others in your home at all times. Don't share household items.
- Have someone else care for your pets. Although no animals have been reported to get sick with COVID-19, people with the virus should limit contact with animals until more information is known. If you do care for your pet, wash your hands before and after.
- Stay connected with others – use technology to communicate with friends and family.

Daily cleaning and washing:

- Clean and disinfect surfaces in your separate room and bathroom. Have someone else clean the other areas of your home.
- Thoroughly wash household items, like utensils, after using.
- Wash your hands often with soap and water for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water aren't available.

When to get medical care immediately:

If you have difficulty breathing, chest pain, confusion, or changes in color on your lips, gums, face, around the eyes, or nails, seek medical care immediately. When you call for medical care, tell the provider or 911 that you have COVID-19 and are isolating at home.

Tell people who you have been in close contact with to quarantine at home – even if they don't have symptoms:

- The Health Department will call you and help you identify people that were in close contact with you during your infectious period, which starts the day before any symptoms began, and continues until you have [recovered](#).
- Advise your close contacts to quarantine at home. Share the [“What to do if you are a close contact of someone who is diagnosed with COVID-19”](#) guide with them.
- Close contacts of your close contacts do not need to follow the guidelines, unless they have symptoms.
- Close contact means being within six feet for a long time. Close contact does not mean being more than six feet away in the same indoor environment for a long period of time, walking by, or briefly being in the same room.

Examples of close contacts	Examples of NOT close contacts
People living in the same home	Cashier at the grocery store
Intimate partners	Pharmacists who gave you medication
People who rode in the same car while you were infectious	The person in front of you in line at the store
Friends who had dinner together while you were infectious	Coworker who briefly walked by to ask a question

It's safe to stop home isolation when you've recovered. This is when **all three things** have happened:

1. It's been three full days of no fever without the use of fever-reducing medication, **and**
2. Other symptoms have improved, **and**
3. At least seven days have passed since your symptoms first appeared.

Difference between isolation and quarantine

	Self-isolation	Self-quarantine
For whom?	People with symptoms of COVID-19 <ul style="list-style-type: none"> • For people with COVID-19 who aren't sick enough to be hospitalized, or • For people who are waiting for test results 	People with no symptoms of COVID19 <ul style="list-style-type: none"> • Close contacts of people with COVID19
For how long?	Until recovery, which happens when all three have happened: <ol style="list-style-type: none"> 1. It's been three full days of no fever without the use of fever-reducing medication, and 2. Other symptoms have improved, and 3. At least seven days have passed since your symptoms first appeared. 	For 14 days since the date of possible exposure. The day of the exposure is Day 0.
What does it mean?	Staying in a separate room in the house, using a separate bathroom, avoiding contact with others.	Staying home 24/7, monitoring for symptoms, and practicing social distancing. If possible, using a separate room and bathroom. If you become symptomatic, your close contacts should also self-quarantine.

More information is available on our website: www.healthvermont.gov/COVID-19