Updated November 2, 2020

VERMONT DEPARTMENT OF CORRECTIONS

COVID-19 Guidelines

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.

Attachment 5 contains additional steps or different steps that will be taken when a “Stay Home, Stay Safe” order is in effect. This addendum has been removed due to changes in the Governor’s Executive Orders.

COVID-19 GUIDELINES – Field

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Definitions

a. **Close contact:** For the purpose of this protocol, close contact is defined as someone who was within six feet of an infected individual for an accumulative total of 15 minutes or more over a 24-hour period. That period begins 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

b. **Vulnerable** – Vulnerable will be used as defined by the CDC as at higher risk. The CDC currently lists as vulnerable: 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](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 staff’s responsibility to notify their supervisors of this information and, if requested, to provide documentation from their health care provider.
c. **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.

d. **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.

e. **Bleach Solution** – 5 (five) Tablespoons of bleach to 1 (one) gallon of water or 4 (four) teaspoons of bleach to 1 Quart (*Bleach Solution should be used within 24 hours of mixing.*)

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

g. **Microfiber Mask** – Four-ply microfiber cloth.

**Please note, surgical masks have been replaced with microfiber masks. This decision is based on the research done by the military found in the link below:**


**Section 1: General Precautions**

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

A. **Good Health Habits**

1. Each site should ensure that adequate supplies and facilities are available for hand washing for both offenders and staff.
2. Provisions should be made for staff and visitors and offenders to wash their hands when they enter the site.

3. Regular handwashing should be encouraged.

4. All persons should avoid touching their face, practice respiratory etiquette (covering cough with tissue/elbow.)

5. Non-contact greetings (i.e. no handshakes, hugs, high fives) will be used.

6. Good health habits should be promoted in various ways (e.g., educational programs, posters, campaigns, assessing adherence with hand hygiene).

7. This CDC website has helpful educational posters:

B. Environmental Cleaning

1. The frequency of routine cleaning of surfaces that are frequently touched should be increased. These can include doorknobs, keys, handrails, telephones, computer keyboards, elevator buttons, etc..

2. Each District Manager will ensure their local cleaning schedule is increased for the duration of this pandemic.

3. Cleaning may be done using EPA-certified disinfecting wipes such as the “Red-capped PDI Sani Cloth Germicidal Wipes” or equivalent as available.

4. The CDC indicates that most common EPA-registered household disinfectants are effective for cleaning. Use disinfectants appropriate for the surface.

5. Bleach Solution is a good cleaning solution 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.

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

7. Never mix bleach with ammonia or any other cleanser.
8. Each site has been provided with a sprayer. This may be used as part of the cleaning and disinfecting plan.

9. Bleach solution should be used in the sprayer.

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

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

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

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

C. Cloth Face Coverings

1. Cloth Face Coverings should—
   a. fit snugly but comfortably against the side of the face,
   b. be secured with ties or ear loops,
   c. include multiple layers of fabric,
   d. allow for breathing without restriction,
   e. be able to be laundered and machine dried without damage or change to shape.

2. Individuals should be careful not to touch their eyes, nose, and mouth when removing their Face Covering and wash hands immediately after removing.

3. Cloth Face Coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated (unless under direct observation) or otherwise unable to remove the Covering without assistance.

4. Coverings should be routinely washed. A standard washing machine will wash these appropriately.
1. In accordance with the current State of Vermont mandate, as of August 1, 2020 all persons in the State of Vermont are required to wear masks or cloth face coverings over their nose and mouth any time where it is not possible to maintain a physical distance of at least six feet.

2. Staff who are outside and are able to socially distance do not need to wear a mask, however, staff must be prepared to don a mask immediately if social distancing is not able to be followed.

3. A Cloth Face Covering is not a substitute for microfiber masks or N95 masks when these are required.

4. Staff should familiarize themselves with requirements for use of PPE provided in Field and Facility Protocols.

5. In any situation that requires either a Microfiber mask or N95 mask, the Cloth Face Covering is to be removed and the appropriate mask applied.

6. Cloth Face Coverings will be removed if they become wet or soiled.

7. Staff will be provided with clean cloth face coverings and will be responsible for laundering and maintaining these.

8. Wherever Cloth Face Coverings are specified, a Microfiber mask may be substituted
if preferred by the wearer (staff or offender.)

10. Where the protocol specifies Microfiber mask, a Cloth Face Covering **MAY NOT** be used as a substitute.

ii. **Wearing of Cloth Face Coverings - Offenders**

1. All offenders are required to wear a Cloth Face Covering when meeting with staff or when in any P & P Office.

2. Offenders must remove the covering if directed to by staff (e.g., for identification purposes or other security needs). Staff should ensure they are 6 feet from the offender or separated by a partition during this.

3. A Cloth Face Covering is not a substitute for microfiber masks or other required PPE

D. **Social Distancing – Offender Contact**

1. Various administrative measures have been implemented to reduce contact between people and the chance of spreading viruses.

2. Each District Manager will identify a specific location where this screening is to be completed.

3. Such location will be at the earliest point of contact between DOC staff and the offender and engaged in a way that allows for physical distance (6 feet) or physical separation (e.g., plexiglass) between them.

4. If the screening cannot be performed or if the offender refuses to submit to screening, offender access to the P & P office will be denied.

5. Any offender who screens positive will not be permitted to enter the office. They will be issued a surgical mask, and a copy of Attachment 2.

6. A positive-screened offender will be directed to leave, follow up with their health care provider, and contact their PO **by phone**.

7. POs are expected to contact positive-screened offenders by phone if they do not hear back in one business day.

8. Probation Officers are instructed to contact all offenders to instruct them on whether they should report to the field office or not for an office visit.

9. Offenders not reporting for office visits will be contacted by telephone.

10. Level 4 & 5 offenders will be seen in accordance with the Field Transition Plan.
11. In consultation with the District Manager, Electronic Monitoring can be used to increase the level of supervision available.

12. Staff are encouraged to use technological options (e.g. Teams) to communicate with offenders when such is available and practical. This should be done through professional, not personal, accounts.

13. Offenders without a telephone will need to report as required by agency procedures.

14. P&P Officers who conduct office visits will do so in an area designated by the Manager.
   a. To the extent feasible, these locations should be separate from staff working areas.
   b. These areas must be sanitized after use.
   c. The Field Transition Plan will provide more guidance as to when and what type of office visits will be reinstated.

15. No Urinalysis testing will be conducted on offenders during this time of operation under the COVID-19 operating procedures.

16. Work crew is suspended at this time.

17. Central Dispatch is running during business hours from 0745 to 1630 Monday through Friday. Field staff are to use dispatch services during these hours.

18. VSSs will be working remotely unless otherwise indicated after discussions with the DM of their home-based office. They are available via cell and email.

19. Field checks will occur according to the Field Transition Plan

20. Residence approvals will occur according to the Field Transition Plan

21. Groups that are conducted in the P&P field offices areas are suspended.

22. Court appearances will be determined by the Chief Judge of each court or by order of the Supreme Court Justice. Officers are encouraged to select one (1) officer to cover all hearings for a particular court/judge.
   i. Travel Permits
1. Travel Permits may be issued to non-restricted areas and approved for the following reasons:
   a. documented employment purposes,
   b. medical appointments or procedures,
   c. court proceedings or other confirmed legal matters, or
   d. attendance at approved treatment programs.

E. Personal Protective Equipment (PPE)

1. The guidance above is designed to significantly reduce the circumstances in which a staff member would need to come into contact with an offender known, or suspected, to have COVID-19.
2. The below is to provide guidance for when such contact is necessary.
3. The offender will be issued a surgical mask and directed to wear it.
4. The offender will be directed to wash their hands.
5. PPE will be required when a staff member comes in contact with an offender with known, or suspected, COVID-19.
6. For offenders who have suspected exposure but are not displaying symptoms, staff will wear PPE as follows:
   a. Gloves
   b. Microfiber mask
   c. Goggles
7. For offenders who are displaying symptoms, staff will wear PPE as follows:
   a. Gloves
   b. N95 Mask
   c. Goggles
8. Gowns or Tyvek Suits will be worn for situations where a Use of Force appears likely.
9. Attachments 3 & 4 provide additional information on the safe use of this PPE.
Section 2 – Staff

A. Staff Travel
1. Any staff member who travels to an area with travel restrictions pursuant to Vermont Department of Health Guidance must quarantine for 14 days. [https://accd.vermont.gov/covid-19/restart/cross-state-travel](https://accd.vermont.gov/covid-19/restart/cross-state-travel)
2. This does NOT include staff who live in another state and cross borders as a matter of their normal commute.
3. This also does not include “People traveling for essential purposes, including work, do not need to quarantine. Essential travel includes travel for personal safety, medical care, care of others, parental shared custody, for food, beverage or medicine, or to perform work for businesses that are currently allowed to operate”
4. 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

B. Staff Self-Screening
1. COVID-19 could gain entrance to a site via infected employees. Staff should stay home if they have fever and/or respiratory symptoms.
2. It is highly recommended that all staff complete a self-screening at home prior to reporting for duty.
3. Those staff who do not self-screen at home, will have the opportunity to screen prior to entering the facility. (Thermometer will be made available at each employee entrance).
4. Screening can be done using Attachment 6 and may include a temperature check.
5. Attachment 6 does not need to be physically filled out, nor should it be submitted to the field office.
6. Any staff member screening positive on this instrument will notify their supervisor of the positive screening and will NOT report for duty.
7. Staff should discuss with their supervisor potential alternative work arrangements.
8. The staff member must receive clearance from a medical professional prior to returning to work.
9. This clearance may, but is not required to be, in writing.

10. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.

11. Employees should be advised to consult their healthcare provider by telephone.

12. Staff use of sick leave for other illnesses or injuries will continue to follow the normal process and will not require a medical clearance, (except if such is requested under CBA Article 35.)

C. On-Site Screening

1. Sites must maintain the ability to conduct on-site screening for professionals or other approved visitors to include offenders.

2. This screening must be completed for any person entering the field office who is not participating in self-screening as provided for in Section B, Staff Self-Screening above.

3. Each district manager will determine where such screening will take place.

4. Screening should take place as close to the entrance as reasonably possible and as soon as the individual arrives.

5. Each district manager will identify persons responsible for completing this screening.

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

7. Screening will use Attachment 6, to include a temperature check.

8. Anyone screening positive on this instrument will not be allowed to enter the facility.

9. Anyone who refuses to comply with the screening, including temperature check, will not be allowed entrance to the field office.

10. A re-screening will not need to be done for persons exiting and re-entering the building on the same continuous shift.

D. Staff Suspected Exposure

1. Any staff member who has had a close contact exposure outside the work environment, or through unexpected work-related exposure, as defined by the Vermont Department of Health must quarantine for 14 days.
2. 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.

3. If that test is negative, staff may return to work prior to the 14 days.

4. Staff quarantining should discuss possible alternate work arrangements with their supervisor.

5. If staff are activated to be reassigned to a facility, they CANNOT have been a close contact within the last 14 days prior to going into a facility.

6. No test-out after 7 days is permitted per new VDH guidance for staff working in congregate environments.

7. Suspected exposure through close contact per VDH guidance to someone with COVID-19 outside of the workplace. Close contact as defined:
   a. You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
   b. You provided care at home to someone who is sick with COVID-19
   c. You had direct physical contact with a person with COVID-19 (hugged or kissed them)
   d. You shared eating or drinking utensils with a person with COVID-19
   e. A person with COVID-19 sneezed, coughed, or somehow got respiratory droplets on you.

8. 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.

9. If an employee becomes symptomatic at any time during the 14-day quarantine they should contact their medical provider and may not return to work while symptomatic.

10. The employee may use their sick leave to cover this absence.

11. Staff having close contact with someone else who has been a close contact, but has not themselves been diagnosed with COVID-19, does not require quarantine, unless otherwise directed by the VDH or a medical provider.
12. Staff having contact with someone who is pending a COVID-19 test does not require quarantine unless otherwise directed by the VDH or a medical provider.

E. Staff Diagnosed with COVID-19
1. Staff who have confirmed COVID-19 should refer to Attachment 9 for specific return to work criteria.
2. They should contact their medical provider and may not return to work while symptomatic.
3. Staff who have been diagnosed with COVID-19 and have completed transmission-based precautions and have returned to work but subsequently exhibit symptoms must quarantine from work. Staff who have subsequent symptoms must follow return to work criteria in Attachment 9.
4. Each district manager will ensure information is tracked regarding any employee that is sick or in-home quarantine.
5. The district manager will review this information with the Central Operations Section to determine if a sick staff member had close contact with others and if any additional steps need to be taken to address this.
6. During the COVID-19 outbreak (as at all times), staff are required to follow usual reporting rules for notifying their chain of command when they will be away from work due to illness or potential exposure.

Section 3 - Return to Incarceration/Transport
A. Return to Incarceration
1. Returns to incarceration will be reviewed with the Field Services Operations Manager or Field Services Director in advance.
2. Public safety remains a matter of the highest priority and VTDOC will return offenders when it is necessary to address public safety risk.
3. Transportation of offenders who do not screen positive on Attachment 1 (i.e., no reported exposure, no symptoms) will be conducted according to standard protocols.
4. All female returns will be directly to CRCF, regardless of whether they are a positive or negative screen.
5. Other returns will be transported to facilities as per normal processes. All male facilities, except MVRCF, are accepting male field returns. Returns of male offenders from Rutland, Addison, and Bennington Counties will be transported to SSCF.

6. After any transport of an offender, the transport vehicle will be cleaned with a hospital-grade disinfectant.

B. Transport – Positive Screen

1. If transporting an offender who has screened positive, the standards listed below will be utilized in addition to normal transport protocols.

2. Prior notification will be made to the receiving facility.

3. The receiving Superintendent will be responsible for notifying the Central Operations Section.

4. Offender wears a microfiber mask and washes their hands.

5. Probation Officer wears N95 mask and goggles. Wear gloves, gown, and eye protection if in close contact with offender prior to transport.

6. Prior to transporting, all PPE (except N-95 respirator) is removed and hand hygiene (washing or thorough application of hand sanitizer with at least 60% alcohol) is performed. This is to prevent contaminating the driving compartment.

7. Ventilation system should bring in as much outdoor air as possible. Set fan to high.

8. DO NOT place air on recirculation mode.

9. Weather permitting, drive with the windows down.

10. Following the transport, if close contact with the offender is anticipated, put on new set of PPE. Wash hands after PPE is removed.

11. After transporting an offender, air out the vehicle for one hour before using it without a surgical mask or respirator.

12. When cleaning the vehicle, wear a disposable gown and gloves. A face shield or microfiber mask and goggles 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
If a decision is made to transport an offender with signs and symptoms of severe respiratory illness to a health care facility, the sending facility will notify the receiving health care facility of the pending transport of a potentially infectious patient. Staff should use appropriate judgment in determining whether an offender requires EMS services due to an emergent medical need as they would in any other case.

Section 4 - Field Contact Tracing

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


<table>
<thead>
<tr>
<th>Site</th>
<th>Point of Contact</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barre Probation and Parole</td>
<td>Mike Merchant</td>
<td>(802) 793-4274</td>
</tr>
<tr>
<td>Bennington Probation and Parole</td>
<td>Ellen Palmer</td>
<td>(802) 760-7869</td>
</tr>
<tr>
<td>Brattleboro Probation and Parole</td>
<td>Christina Granger</td>
<td>(802) 579-6451</td>
</tr>
<tr>
<td>Burlington Probation and Parole</td>
<td>Alan Monnier</td>
<td>(802) 863-7542</td>
</tr>
<tr>
<td>Hartford Probation and Parole</td>
<td>Matt Holden</td>
<td>(802) 296-5513</td>
</tr>
<tr>
<td>Morrisville Probation and Parole</td>
<td>Mike Merchant</td>
<td>(802) 793-4274</td>
</tr>
<tr>
<td>Newport Probation and Parole</td>
<td>Jason Webster</td>
<td>(802) 334-3312</td>
</tr>
<tr>
<td>Rutland Probation and Parole</td>
<td>Nick Daigle</td>
<td>(802) 779-4239</td>
</tr>
<tr>
<td>St. Albans Probation and Parole</td>
<td>Lisa Wilson</td>
<td>(802) 524-7966</td>
</tr>
<tr>
<td>St. Johnsbury Probation and Parole</td>
<td>Maxwell Maloney</td>
<td>(860) 681-9435</td>
</tr>
<tr>
<td>Springfield Probation and Parole</td>
<td>Lisa Brooks (backup) Leona Watts</td>
<td>(802)-738-2985 (cell)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(802) 802-885-2985-home</td>
</tr>
</tbody>
</table>

2. Any COVID-19 related questions regarding close contact should be directed to the field office contact tracer.

3. If collaboration is needed, the DM will contact the Lead Contact Tracer who will discuss with the ICS COVID Operations Team.
4. If a positive COVID-19 case is identified, the DM will contact ICS Operations Chief, DOC Director of Nursing and the Lead Contact Tracer.

5. ICS will then review and determine if contract tracing will be done.

6. If ICS requests the field conduct contact tracing, the Field Close Contact Questionnaire (Attachment 7) will be utilized.
### e. Assess for Signs or Symptoms of Illness

- Persons with symptoms of illness or cough should be masked immediately and separated from others.

**ASK – Do you have a...**

<table>
<thead>
<tr>
<th></th>
<th>Fever (100.0°F) // Record temperature: <em><strong>°F/</strong></em>°C or felt feverish</th>
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</thead>
<tbody>
<tr>
<td>_Yes</td>
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<td>_No</td>
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<th></th>
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<td>_Yes</td>
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<td>_No</td>
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<tr>
<th></th>
<th>Shortness of Breath or Difficulty Breathing</th>
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<td>_Yes</td>
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<tr>
<td>_No</td>
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<th></th>
<th>Congestion or runny nose</th>
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<td>_No</td>
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<table>
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<thead>
<tr>
<th></th>
<th>Sore Throat</th>
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<td>_Yes</td>
<td></td>
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<tr>
<td>_No</td>
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<table>
<thead>
<tr>
<th></th>
<th>New Loss of Taste or Smell</th>
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<tbody>
<tr>
<td>_Yes</td>
<td></td>
</tr>
<tr>
<td>_No</td>
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</table>

### 3. If **YES** to ANY RISK AND SYMPTOM questions, do not allow the offender to enter the office. They should be directed to contact their health care provider and notify the PO by phone of the results.

Inmate Name: ____________________________ Number: _____________________
Attachment 2 – Sick with COVID

Attachment

Attachment 3 - Safe Conservation of N95 Masks

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 4 – PPE Sequence**
See Separate Attachment.

**Attachment 5 - Stay Home, Stay Safe**

Removed as the Governor’s Executive Orders have changed.

**Attachment 6 - Staff Screening Tool**

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

<table>
<thead>
<tr>
<th>Today or in the past 24 hours have you had any of the following symptoms?</th>
<th>Yes ___</th>
<th>No ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever or felt feverish?</td>
<td>Yes ___</td>
<td>No ___</td>
</tr>
<tr>
<td>Cough that is abnormal for you and/or sore throat?</td>
<td>Yes ___</td>
<td>No ___</td>
</tr>
<tr>
<td>Shortness of Breath or Difficulty Breathing?</td>
<td>Yes ___</td>
<td>No ___</td>
</tr>
<tr>
<td>Congestion/runny nose</td>
<td>Yes ___</td>
<td>No ___</td>
</tr>
<tr>
<td>Chills</td>
<td>Yes ___</td>
<td>No ___</td>
</tr>
<tr>
<td>Muscle Pain</td>
<td>Yes ___</td>
<td>No ___</td>
</tr>
<tr>
<td>Nausea/Vomiting or diarrhea?</td>
<td>Yes ___</td>
<td>No ___</td>
</tr>
<tr>
<td>New Loss of Taste or Smell</td>
<td>Yes ___</td>
<td>No ___</td>
</tr>
</tbody>
</table>
**Headache unusual for you or unexpected**  
Yes____  
No_____  

**Fatigue abnormal to you**  
Yes____  
No_____  

**Current Temperature above (Fever 100.0)**  
Yes____  
No_____  

If the answer is YES to any of the above and/or the current temperature is over 100.0 – see below  
(If completed at the site) – Individual is not permitted to enter the facility.  
(If completed by an employee self-screening at home) – Do NOT report to work. Please contact your Supervisor. You must be cleared by a medical professional prior to returning to work.

**Attachment 7 - Field Close Contact Tracing Questionnaire**

Name_________________       Date ___________

The CDC defines **close contact** as anyone who was **within 6 feet** of an infected person **for at least 15 consecutive minutes**.

1. Using the standard above, at any point were you in **close contact** with _________? Y/N  
   If yes-  
   When?  
   How long?  
   What was the proximity (distance between) to _________?  
   Were you wearing a mask? What type?  
   Was _______ wearing a mask? What type?
2. Did you remove your mask at any point in the vicinity of ____________? For how long? What was the distance between you and _______?

3. Do you have any symptoms? Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea.

4. When did the symptoms start?

5. Have you had any close contact with any DOC staff at or outside of work/office in the two days prior to symptoms starting? If Asymptomatic- have you had any close contact with DOC staff since exposure? Please advise if masks were worn and what type.

6. Have you had any close contact with offenders in the two days prior to symptoms starting? If Asymptomatic- have you had any close contact with offenders since exposure? Please advise if masks were worn and what type.

7. Any recent contact with a confirmed COVID positive person?

    When?

    What was the distance between you and them?

    What was the duration of the contact?
Attachment 9 – Return to Work Following a COVID-19 Positive

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

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

Return to Work Criteria for Staff with Confirmed COVID-19

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 confirmed COVID-19 Symptom-based strategy.

Exclude from work until:

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

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

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

If a staff member had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
Local logistics chiefs will be conducting regularly scheduled check-ins with staff out of work for issues related to COVID-19. Once staff have met the criteria listed above and scheduled checks have been made, the superintendent or District Manager will determine eligibility and notify staff to return to work.

**Return to Work Practices**

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

[Current Facility Protocol](#)

[Current Field Protocol](#)

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.

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