

# UPDATED May 21, 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

## 1. General Precautions

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**

- a. **Promote good health habits** among employees and incarcerated individuals:
  - 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).
- b. **Conduct frequent environmental cleaning of “high touch” surfaces.**
- c. **Institute social distancing measures to prevent spread of germs** (e.g., minimize self-serve foods and group activities).
- d. **Employees stay at home if they are sick.**
- e. **Influenza (flu) vaccine is recommended for persons not previously vaccinated.**

### 1. Good Health Habits

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

### 2. Environmental Cleaning

- a. 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..

- b. 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.
- c. Superintendents should ensure continual cleaning is occurring at all times – 24/7.
- d. Cleaning may be done using EPA-certified disinfecting wipes such as the “Red-capped PDI Sani Cloth Germicidal Wipes” or equivalent as available.
- e. The CDC also indicates that most common EPA-registered household disinfectants are effective for cleaning. Use disinfectants appropriate for the surface.
- f. Bleach Solution is a good cleaning solution and a good alternative that is readily available. **It should be used with 24 hours of mixing.**
  - 1. Bleach solution is 5 (five) tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water OR
  - 2. 4 (four) teaspoons bleach per quart of water.
- g. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date.
- h. Never mix bleach with ammonia or any other cleanser.

## 2. Exclusion of Sick and Exposed Staff

- 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.
- 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. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.
5. Employees should be advised to consult their healthcare provider by telephone.
6. 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.
7. Each Superintendent will ensure information is tracked regarding any employee that is sick or in-home quarantine.
8. 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.
9. 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.
10. Upon arrival on-site, all staff and **all other personnel (including visitors, vendors, contractors)** entering the facility will be screened using [Attachment 10](#).
11. Each Superintendent will determine where such screening will take place and will assign staff to perform the screening.
12. The screener will wear PPE as follows: Gloves, goggles, and cloth face covering . (Cloth face covering will be provided by NSCF).
13. Screening should take place as close to the entrance as reasonably possible and as soon as the staff member arrives.
14. Staff who answer “yes” to any question will be sent home.
15. All staff will be screened for fever with an infrared thermometer.
16. Staff with temperatures at or above 100.4 will be sent home.
17. Anyone who refuses to comply with the screening, including temperature check, will not be allowed entrance to the facility.
18. A re-screening will not need to be done for staff exiting and re-entering the building on the same continuous shift.

### 3. 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.

#### 4. Cloth Face Covering

##### 1. 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 a clean Cloth Face Covering at the beginning of every shift.
9. Used Cloth Face Coverings will be placed in the designation mask collection area.

## 2. 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
4. when these are required for completion of laundry, Biohazard Cleaning, or other tasks
5. where PPE is specialized.
6. 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.
8. Cloth Face Coverings will be removed if they become wet or soiled.
9. Used Cloth Face Coverings will be kept in the cell in a mesh bag until laundry is collected.
10. Each facility will have an inmate laundry worker(s) in full PPE (with a microfiber mask) collect these on 3<sup>rd</sup> shift.
11. When the coverings are picked up, the mesh bag will be placed in a plastic bag.
12. 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.
13. Each facility will establish a process for re-issuing coverings to inmates.
14. VTDOC is actively working to create Cloth Face Coverings for inmates.
15. 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.
16. Disciplinary Reports **WILL NOT** be issued for wearing a Cloth Face Covering worn in the manner prescribed in this protocol.
17. Each facility will ensure information regarding Cloth Face Coverings is communicated to the inmate population.
18. Prior to the release of any inmate, staff must verify the identity of the inmate being released.
19. 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.

### 3. 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 Screening

### 1. 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 for a period of 14 days.
  - a. Any inmate on Intake Quarantine will be assessed for symptoms.
  - b. If after 7 days, the inmate does not have symptoms, a COVID test can be ordered.
  - c. If that test is negative, Intake Quarantine may be ended at that time prior to the 14 days.
3. Any inmate who is brought outside the institution to a hospital ER will be put on Intake Quarantine. This is due to the inmate having had physical contact with healthcare professionals.
4. Any inmate who is brought outside the institution for a pre-scheduled appointment that does not involve the emergency room will not require quarantine; this would include the COGs clinic, dialysis, an urgent dental trip etc.. This may be reviewed by Dr. Fisher on a case-by-case basis if the medical staff have concerns about potential exposure during the planned trip.
5. When a new intake enters the sallyport, security staff will place a microfiber mask on them. Security will wear gloves when greeting new intakes.
6. Security Staff will complete [Attachment 1](#).
7. For any new intake providing a positive result on this screening tool, security staff will don PPE (N95 mask and goggles.)
8. Security staff will perform necessary searches (pat or strip in accordance with existing directive).
9. All new intakes will be directed to wash their hands as a general health precaution.
10. Intakes who did not screen positive on [Attachment 1](#) will be processed in accordance with Quarantine guidance below.
11. 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).
12. Medical will complete a second screening and consult with the on-call medical provider with regard to placement.

13. The medical provider will determine if placement on Isolation is appropriate.
14. 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.**

## 2. 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 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.

### 3. Medical and Intake Quarantine

- 1. 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.
- 2. As the precautions for medical and Intake Quarantine are identical, the same location will be used.
- 3. Each Superintendent will identify a location for Medical/Intake Quarantine. At this time, there is not a designated statewide Medical Quarantine location.
- 4. 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](#)).
- 5. 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.
- 6. Quarantined incarcerated individuals should be restricted from being transferred to, or otherwise interpersonally interacting with, the general population.

7. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
8. Meals will be served with disposable service. Nothing coming out of the quarantine area will be returned to the Kitchen.
9. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (use red bag) and treated accordingly.
10. 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 3<sup>rd</sup> shift due to inmate wearing PPE.
11. Laundry will be placed in a plastic bag. Anyone handling it will use Full PPE.
12. 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.
13. 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.
14. Each site will determine how showers and recreation will be offered to these inmates.
15. Such must be offered in a way that does not bring them into contact with any other inmates.
16. Any space used for this must be cleaned with a hospital-grade disinfectant prior to its use by any other population.
17. A microfiber mask will be worn by staff who are in direct, close contact (within 6 feet) of quarantined incarcerated individuals.
18. A gown is not required when there is no direct contact with an inmate.
19. If a cell door or food chute will be opened, then a gown will be worn.

20. Three times 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.

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

#### 4. 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 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
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.

## 5. Medical Isolation

1. 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.
2. They will additionally be tested for flu and strep throat.
3. **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.
4. Each Superintendent will designate an area for initial Medical Isolation.
5. This should allow for as much separation from staff and inmates as possible. This will ideally be a single cell located a physical distance from other cells.
6. Northwest State Correctional Facility and Southern State Correctional Facility are the primary isolation cells because they have negative pressure cells for a capacity of 10.

7. Northeast Correctional Complex (Building 2) is the secondary Medical Isolation unit for an additional 69 beds.
8. Chittenden Regional Correctional Facility, Alpha Unit is dedicated for female Medical Isolation with a total capacity of 15 beds.
9. The inmate will be issued a microfiber mask.
10. Any inmate in isolation will not leave the cell unless there is a critical health related event. Hygiene will be practiced using a cloth and basin.
11. To the extent possible, all services (meals, medication, medical care, etc.) will be delivered in the cell.
12. Meals will be served with disposable service. Nothing coming out of the Isolation area will be returned to the Kitchen.
13. The facility will ensure measures are in place to support adequate hydration by the inmate(s.)
14. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (use red bag) and treated accordingly.
15. 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. Inmate in full PPE wearing a microfiber mask. Same inmate that picks up the laundry will put it in the washer. Isolation laundry should be completed during 3<sup>rd</sup> shift due to inmate wearing PPE.
16. Laundry will be placed in a plastic bag. (Anyone handling it will use Full PPE.)
17. 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.
18. Laundry, sheets, blankets will not be shaken prior to washing or at any other time.
19. Any time the cell door is opened, the inmate must wash their hands and don their mask.
20. 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. At the conclusion of the call, the inmate will disinfect the phone and return it to staff. Staff will then re-disinfect the phone.
21. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
22. Any time contact is anticipated, staff will don PPE (gloves, gown, N95 respirator, and goggles).
23. The door to the Respiratory Infection Medical 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](#)).

24. Dedicated medical equipment (e.g., blood pressure cuffs) should be reserved and isolated from routine use equipment. Where this is not possible, equipment will be decontaminated in accordance with manufacturer's instructions prior to use with other patients.
25. The facility will contact the Facility Group Supervisor and notify them that they have an inmate designated for Isolation.
26. Central Office will coordinate transport to one of the designated Isolation locations.
27. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
28. When cleaning, wear a disposable gown and gloves and N95 respirator and goggles.
29. Clean and disinfect the area utilizing a hospital-grade disinfectant. [See detailed cleaning process below](#)
30. Determination for ending the isolation is a medical decision that will be made by the medical provider.

## Section 3 – Internal Screening

### 1. 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.

## 2. Ongoing Internal Screening – Correctional Staff Directed

1. At each cell inspection (1<sup>st</sup> and 2<sup>nd</sup> 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.

## 3. 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.

#### 4. 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.

#### 5. Ongoing Internal Screening – Temperature Checks

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 100.4F/38C 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.

#### 6. 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 initial 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 – Operation of Designated Medical Isolation Units

### 1. Males - NWCF/SSCF

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.
2. The negative pressure cells will be utilized.
3. The inmate will be issued a microfiber mask.
4. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
5. Meals will be served with disposable service. Nothing coming out of the Isolation area will be returned to the Kitchen.
6. The facility will ensure measures are in place to support adequate hydration by the inmate(s).
7. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (use red bag) and treated accordingly.
8. 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 3<sup>rd</sup> shift due to inmate wearing PPE.
9. Laundry will be placed in a plastic bag. (Anyone handling it will use Full PPE.)
10. 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.
11. Any time the cell door is opened, the inmate must wash their hands and don their mask.
12. 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.

13. At the conclusion of the call, the inmate will disinfect the phone and return it to staff.
14. Staff will then re-disinfect the phone.
15. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
16. Any time contact is anticipated, staff will don PPE (gloves, gown, N95 mask, and goggles).
17. 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](#)).
18. 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.
19. 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.
20. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
21. When cleaning, wear a disposable gown and gloves and a microfiber mask. or respirator and goggles.
22. Clean and disinfect the area utilizing a hospital-grade disinfectant. [See detailed cleaning process below.](#)

## 2. Females - CRCF

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.
2. Alpha Unit will be used. When possible, only a single side of the unit will be used.
3. The inmate will be issued a microfiber mask.
4. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
5. Meals will be served with disposable service. Nothing coming out of the Isolation area will be returned to the Kitchen.

6. The facility will ensure measures are in place to support adequate hydration by the inmate(s.)
7. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (use red bag) and treated accordingly.
8. 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.
9. Laundry will be placed in a plastic bag. (Anyone handling it will use gloves.)
10. 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.
11. Any time the cell door is opened, the inmate must wash their hands and don their mask
12. 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. At the conclusion of the call, the inmate will disinfect the phone and return it to staff. Staff will then re-disinfect the phone.
13. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
14. 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.
15. Any time contact is anticipated, staff will don PPE (gloves, gown, N95 mask, and goggles).
16. The door to Alpha Unit should remain closed. A sign should be placed on the door of the room indicating that it is a Respiratory Infection Isolation Unit and lists recommended personal protective equipment (PPE) (see [Attachment 2](#)).
17. 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.
18. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
19. When cleaning wear a disposable gown and gloves and N95 respirator and goggles.
20. Clean and disinfect the area utilizing a hospital-grade disinfectant. [See detailed cleaning process below](#)

### 3. Med Surge – NECC



1. Additional Isolation Housing capacity will be at the Medical Surge site located at NECC.
2. Operations there will be guided by the NECC Action Plan.

## 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 Centurion'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

### 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.

### 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 RDM or designee will approve transfer from the acute isolation unit to the step-down unit for an expected period of 14 days.
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 a step-down unit.

7. Inmates will receive education from medical regarding COVID-19 recovery (see [attachment 21](#))

## Step Down Units

1. A step-down unit is intermediate housing between medical isolation and general-population placement (GP).
2. Step-down units will be cohorted away from other housing units and will operate consistent with General Population standards.
3. Step-Down Unit PPE Requirements:
  - Staff- N95 & Gloves
  - Inmates- Microfiber masks
4. Inmates will remain in the Step-Down Unit for a period of no less than 14 days during which they will continue to be monitored
5. Inmates in the step-down unit will be provided the same access to medical care as a normal GP unit.
6. Upon the completion of the initial 14-day step down period the inmate will be moved to GP following a consultation with the RMD or designee. The RMD may determine the inmate remains in the step-down unit if medically necessary. If further medical care or specific medical unit placement is required, the RMD or designee will discuss with the VT DOC Director of Nursing and the Central Office Operations Section Chief.
7. The final decision for removal must be made by the RDM or designee and, depending on individual medical circumstances may exceed 14 days.
8. Step-down units will be identified on a case by case basis.

## 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.

### 1. 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.

### 2. 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.

### 3. 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:  
[covid19.healthcarecontacttracing@vermont.gov](mailto: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
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 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.

#### 4. 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, facial mask

## 5. 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.

### 1. 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.

### 2. 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 Centurion employee will provide a worksheet.



### 3. 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.

### 4. 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.

### 5. 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.

## 1. RRP (Risk Reduction Programming)

1. Inmates who would have been scheduled for RRP completion in the 2<sup>nd</sup> 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 3<sup>rd</sup> quarter 2020 cohort and are working to create a similar distanced service for those offenders.

## 2. 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.

### 3. 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 – Dental Services

## 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)

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)

Although the below activities are not authorized yet, facilities should begin establishing plans for:

Law Library

Open Ears (without close contact between the coach and recipient)

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

Education

Programming

Social Visits

Normal VCI Operations & Work Crews

Volunteer Services

## Attachment 1. COVID-19 New Intake Screening Form

<b>1. Assess for Signs or Symptoms of Illness</b>	<b>Date of Onset:</b>
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<ul style="list-style-type: none"> <li>Persons with symptoms of illness or cough should be masked immediately and separated from others.</li> </ul>		
<b>Do you have a...</b>		
___ Yes ___ No	<b>Fever (100.4°F/38°C) // Record temperature: ___°F/ ___°C or felt feverish</b>	
___ Yes ___ No	<b>Cough</b>	
___ Yes ___ No	<b>Shortness of Breath or Difficulty Breathing</b>	
___ Yes ___ No	<b>Chills</b>	
___ Yes ___ No	<b>Muscle Pain</b>	
___ Yes ___ No	<b>Sore Throat</b>	
___ Yes ___ No	<b>New Loss of Taste or Smell</b>	
3. If <b>YES</b> to ANY question, place in person in <b>ISOLATION</b> .		
4. Contact Dr. Fisher (or designee) for review and determination as to <b>ISOLATION</b> or <b>QUARANTINE</b> .		







Inmate Name: \_\_\_\_\_ Number: \_\_\_\_\_

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






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

## Attachment 2. Isolation Room Sign



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

### Attachment 3. Quarantine Room Sign

<b>Quarantine Room Precautions</b> <i>PRECAUCIONES de Sala de Cuarentena</i>	
<b>TO PREVENT THE SPREAD OF INFECTION, ANYONE ENTERING THIS ROOM SHOULD USE:</b> <i>Para prevenir el esparcimiento de infecciones, todas las personas que entren a esta habitación tienen que:</i>	
	<b>HAND HYGIENE</b> <i>Hygiene De Las Manos</i>
	<b>Microfiber Mask</b>
	<b>Eye Protection</b> <i>Protección para los ojos si contacto cercano</i>
	<b>Gloves</b> <i>Guantes</i>
	<b>Ensure that the door to this room remains closed <u>at all times</u>.</b> <i>Asegurese de mantener la puerta de esta habitación 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](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](https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/donning_09.html) -- Donning an N95 Respirator

[https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator\\_gown/doffing\\_17.html](https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/doffing_17.html) - Doffing an N95 Respirator

[https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator\\_gown/doffing\\_21.html](https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/doffing_21.html) - Removing Gloves

## Attachment 9 – Return to Work

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 on COVID-19 leave in accordance with the Leave Tracking Procedure. 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 100.4, 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 100.4F/38C	Record Temperature F ____  C ____



## Attachment 11 PPE Chart

Person	N95 Respirator	Microfiber Mask	Eye Protection	Gloves	Gown/Coveralls/Tyvek Suits
<b>Inmates</b>					
Asymptomatic Inmates Under Quarantine		XX			
Confirmed or Suspected Symptomatic		XX			
Workers handling laundry or used food service items		XX	XX	XX	XX
Workers cleaning an area occupied by someone on quarantine or Medical Isolation		XX	XX	XX	XX
<b>Staff</b>	<b>N95 Respirator</b>	<b>Microfiber Mask</b>	<b>Eye Protection</b>	<b>Gloves</b>	<b>Gown/Coveralls/Tyvek Suits</b>
Staff having contact with inmates on quarantine (but not performing temperature checks or providing medical care)		XX	XX	XX	XX

Staff conducting temperature checks on inmates/intakes OR providing medical care to asymptomatic 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 may generate respiratory	XX		XX	XX	XX

aerosols. (See CDC Infection Control guidelines)					
Staff Handling laundry or used food service items from Medical Isolation/Qua rantine	XX		XX	XX	XX
Staff cleaning an area where a COVID-19 case has spent time.	XX		XX	XX	XX
Staff working Step-Down Units	XX			XX	
Staff performing CPR	XX		XX	XX	XX

## 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 Centurion's Regional Medical Director, or designee.
4. The Regional Medical Director or designee will determine the necessity for Medical Isolation, Medical Quarantine, and will order a COVID-19 Test when medically appropriate in accordance with the most current guidance from the VT Department of Health.
5. Such testing will be conducted in accordance with the guidance provided by VDH or local labs and only by appropriately trained medical personnel.

#### Test Sample Transportation Process

1. Follow these instructions if your site is not listed below with specific instructions.
2. The lab request must be complete by the medical staff and indicate the sample is from an incarcerated person, this will ensure prioritization.
3. The medical staff will prepare the sample for transport.
4. The samples are to go to the hospital local to that facility.

#### NSCF- Test Sample Transportation Process

1. Ensure all paperwork is complete and it indicates HIGH PRIORITY INCARCERATED INDIVIDUAL.
2. Test samples are to go to North Country Hospital. There is no currier service for this hospital. It will need to be transported by a staff member.

3. Once a test is taken and transport of the sample is needed, medical will call **Orin Martin** at 802-334-3222 and provide him the time the sample will arrive. A minimum of a ½ hour advance notice is required to allow the hospital to plan for an expedited pick up from the staff transporting the sample.
4. Transport staff are to enter the Emergency Entrance with the sample for delivery.

#### CRCF- Test Sample Transportation Process

1. Be sure the paperwork is complete and indicates HIGH PRIORITY INCARCERATED INDIVIDUAL.
2. Your samples will go via courier so the 3<sup>rd</sup> 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

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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)

# HOT

# ZONE

**Full PPE Required to enter this zone.**

# WARM

# ZONE

- **This is a transition point, into/out of a HOT Zone.**

# 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.



# What to do if you are sick with coronavirus disease 2019 (COVID-19)

**If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.**

## Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

## Separate yourself from other people and animals in your home

**People:** As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

**Animals:** Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

## Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

## Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

## Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60-95% alcohol covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

## Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

## Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

## Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

## Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

## Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.



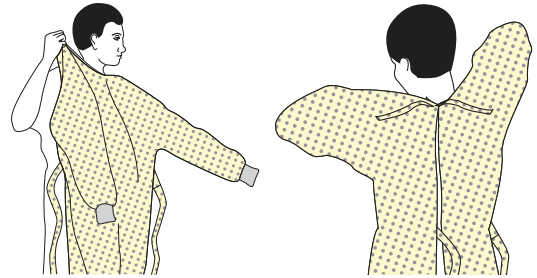
For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

# 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.

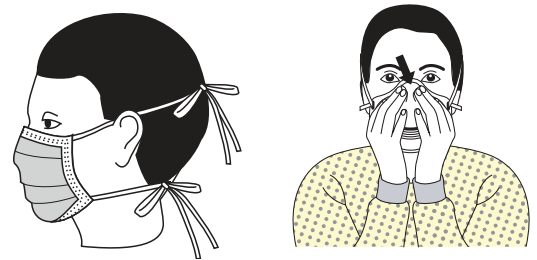
## 1. GOWN

- 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



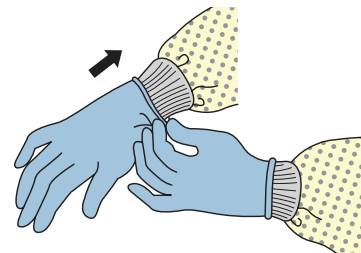
## 3. GOGGLES OR FACE SHIELD

- 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



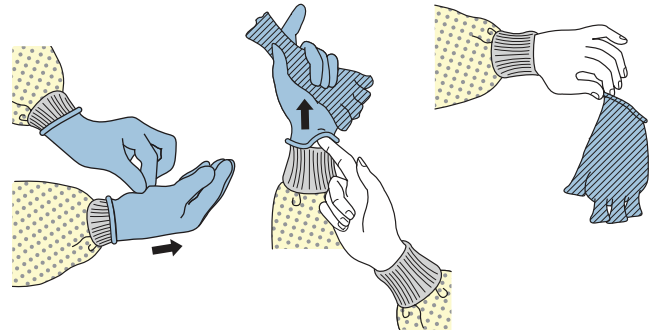
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## 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



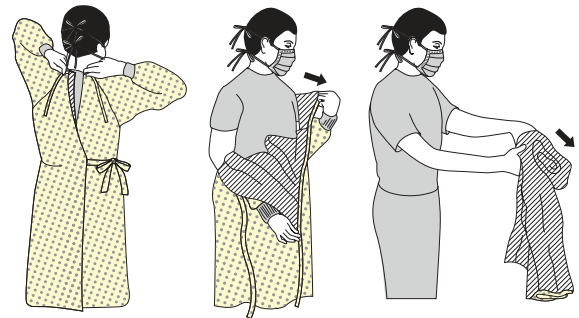
### 2. GOGGLES OR FACE SHIELD

- 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



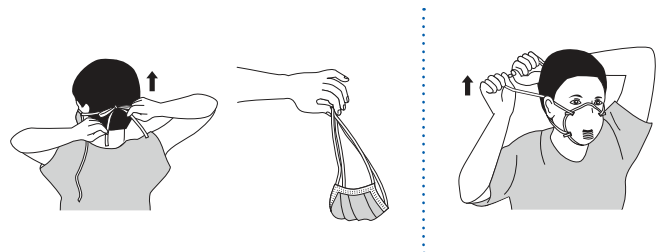
### 3. GOWN

- 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

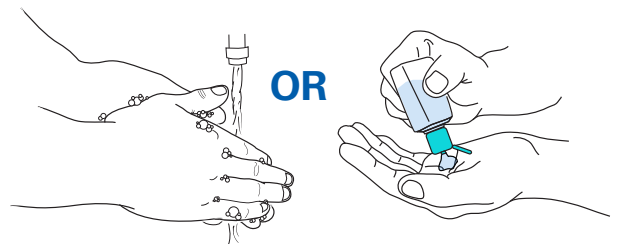


### 4. MASK OR RESPIRATOR

- 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**



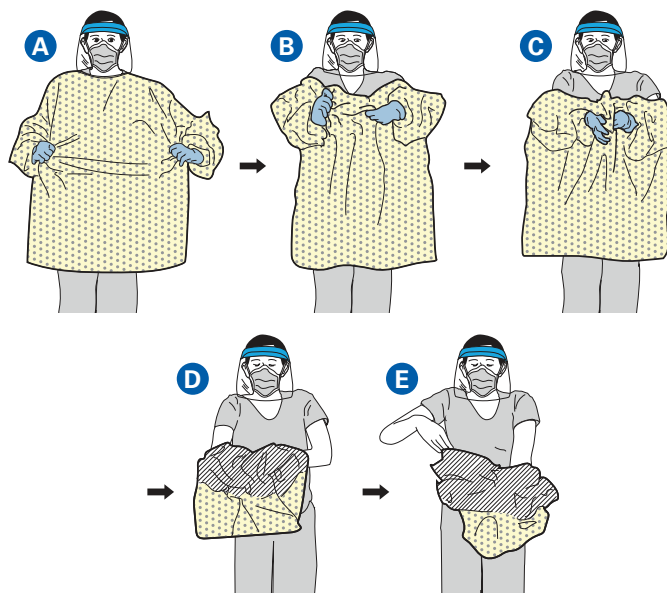
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## 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



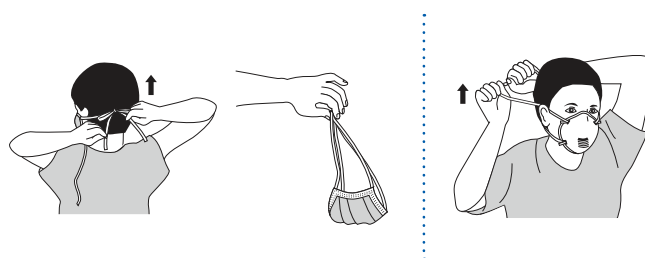
### 2. GOGGLES OR FACE SHIELD

- 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

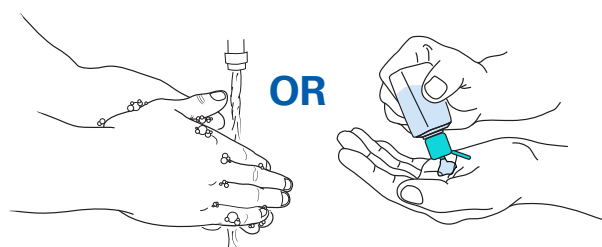


### 3. MASK OR RESPIRATOR

- 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**

