

VERMONT DEPARTMENT OF CORRECTIONS

COVID-19 PROTOCOL

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

COVID-19 GUIDELINES

Dated March 24, 2020

Definitions

- a. **Medical Isolation:** The physical separation of ill persons from those who are not ill in order to prevent the spread of disease-causing germs.
- b. **Medical Quarantine:** The physical separation persons who have been exposed to assess whether they develop viral symptoms.
- c. **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.
- d. **Cohorting** – inmates on the same status (i.e. two inmates both designated for Isolation) may be housed together. Inmates on different statuses (i.e. one designated for Quarantine and one for Isolation) should not be housed together.
- e. **Vulnerable** – Vulnerable will be used as defined by the CDC as at higher risk. This currently listed 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 health care provider.
- f. **Mask** – Mask refers to a standard surgical mask. Masks issued to inmates must have the metal nose bridge removed

- g. 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
- h. 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.
- i. Bleach Solution** – 5 (five) Tablespoons of bleach to 1 (one) gallon of water or 4 (four) teaspoons of bleach to 1 Quart

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
<p>a. Promote good health habits among employees and incarcerated individuals:</p> <ul style="list-style-type: none"> 1) Avoid close contact with persons who are sick. 2) Avoid touching your eyes, nose, or mouth. 3) Wash your hands often with soap and water for at least 20 seconds. 4) Cover your sneeze or cough with a tissue (or into a sleeve). Then throw the tissue in the trash. 5) Stop handshakes. <p>b. Conduct frequent environmental cleaning of “high touch” surfaces.</p> <p>c. Institute social distancing measures to prevent spread of germs, e.g., minimize self-serve foods, minimize group activities.</p> <p>d. Employees stay at home if they are sick.</p> <p>e. Influenza (flu) vaccine is recommended for persons not previously vaccinated.</p>

1. Good Health Habits

- a. Good health habits should be promoted in various ways, i.e., educational programs, posters, campaigns, assessing adherence with hand hygiene, etc.
- b. This CDC website has helpful educational posters:
<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
- c. Each facility should assure 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. Cleaning may be done using EPA-certified disinfecting wipes such as the “Red-capped PDI Sani Cloth Germicidal Wipes” or equivalent as available.
- d. The CDC also indicates that most common EPA-registered household disinfectants are effective for cleaning. Use disinfectants appropriate for the surface.
- e. Bleach Solution is a good cleaning solution and a good alternative that is readily available.
 - 1. Bleach solution is 5 (five) tablespoons (1/3rd cup) bleach per gallon of water OR
 - 2. 4 (four) teaspoons bleach per quart of water.
- f. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date.
- g. 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 educated to stay home if they have fever and respiratory symptoms.
- 2. If employees become sick at work, they should be advised to promptly report this to

- their supervisor and go home.
3. Employees should be advised to consult their health care provider by telephone.
 4. 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 health care provider.
 5. Each Superintendent will ensure information is tracked regarding any employee that is sick or in home quarantine.
 6. During the COVID-19 outbreak (as at all times), staff are required to follow usual reporting rules for notifying their chain of command when they will be away from work due to illness or potential exposure.
 7. All staff will be screened for fever with a digital thermometer.
 8. Staff with temperatures at or above 100.4 will be sent home.

Section 2: Intake Screening

1. New Intake Screening

1. When a new intake enters the sallyport, security staff will complete attachment 1. Security will wear gloves when greeting new intakes.
2. Any positive result on this screening tool and a surgical mask will immediately be placed on the intake prior to exiting the sallyport.
3. Security staff will don PPE (face shield or N95 mask and goggles.)
4. Security staff will perform necessary searches (pat or strip in accordance with existing directive.)
5. All new intakes will be directed to wash their hands as a general health precaution.
6. For any intake who has screened positive on attachment 1, they will then 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, face shield or N95 mask and goggles.)
7. Medical will complete a second screening and consult with the on-call medical provider in regards to placement.
 - a. Intake has not been exposed and is not believed to be ill – Revert to standard intake procedure
 - b. Intake has been exposed but is not symptomatic – Quarantine
 - c. Intake is ill with suspect COVID-19 – Isolation

8. 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 Face Mask/Respirator – See Appendix 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 occurring.
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 Appendix 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 and 3 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. **Gowns or Tyvek suits will be worn for situations where a Use of Force appears likely.**

3. Medical Quarantine (*Asymptomatic Exposed Persons*)

1. The purpose of medical quarantine is to assure 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. It is the staff's responsibility to notify their supervisor of this information and, if requested, to provide documentation from their health care provider.
2. Each Superintendent will identify a location for Medical Quarantine. At this time, there is not a designated statewide Medical Quarantine location.
3. Notification and request for an inmate currently in quarantine to be moved will be made to **Central Office Operations Section**.
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 surgical masks while in quarantine. Face masks should be replaced as needed.
6. Medically Quarantined incarcerated individuals should be restricted from being transferred to, or otherwise interpersonally interacting with, the general population.
7. To the extent possible, services (meals, medications, etc.) will be delivered in the cell (or unit.)
8. Meals may be served with normal trays/cups utensils. Staff (or inmate workers) handling the used trays should wear gloves (as is normal practice) and the used items can be washed in the dishwasher.
9. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (red bag) and treated accordingly.
10. Laundry should be placed in a dissolvable (water soluble) bag and may be washed in normal machines. It should be washed with the highest water temperature available and care taken to dry it thoroughly.
11. Dedicated medical equipment, i.e., 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.
12. Each site will determine how showers and recreation will be offered to these

inmates.

13. Such must be offered in a way that does not bring them into contact with any other inmates.
14. Any space used for this must be cleaned with a hospital grade disinfectant prior to it's use by any other population.
15. A face mask will be worn by staff who are in direct, close, contact (within 6 feet) of quarantined incarcerated individuals.
16. At least daily, inmates in quarantine should be screened for symptoms including subjective fever and a temperature. Symptomatic patients need to be isolated or cohorted.
17. The duration of medical for COVID-19 is the 14-day incubation period.

4. Transport

1. Initial Isolation priority will be for males housed in the negative pressure cells at NWCF and SSCF.
2. Initial Isolation priority for females will be Alpha Unit at CRCF.
3. The standards listed below will be utilized for transport in addition to normal transport protocols.
4. No inmate will move without notification and approval by **Central Office Operations Section**. Permission must be granted by **Central Office Operations Section** by the contact information provided.
5. Patient wears a face mask and washes their hands.
6. Correctional officer wears face shield or N95 mask and goggles. Wear gloves, gown, and eye protection if in close contact with inmate prior to transport.
7. Prior to transporting, all PPE (except for face mask / 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.
8. Ventilation system should bring in as much outdoor air as possible. Set fan to high.
9. DO NOT place air on recirculation mode.
10. Weather permitting, drive with the windows down.
11. Following the transport, if close contact with the patient is anticipated, put on new set of PPE. Wash hands after PPE is removed.
12. After transporting a patient, air out the vehicle for one hour before using it without a face mask or respirator.
13. When cleaning the vehicle wear a disposable gown and gloves. A face shield or face

mask and goggles should be worn if splashes or sprays during cleaning are anticipated.

14. Clean and disinfect the vehicle after the transport utilizing a hospital grade disinfectant
15. If a decision is made to transport a patient with signs and symptoms of severe respiratory illness to a health care facility, the sending facility will notify the receiving health care 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 – Receiving Site

1. **Placing a mask on potentially infectious persons is critically important.** If individuals are identified with symptoms, *immediately place a face 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 health care provider.
2. Each Superintendent will designate an area for initial Medical Isolation.
3. 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.
4. Northwest and Southern State are the primary isolation cells because they have negative pressure cells for a capacity of 10.
5. Northeast(workcamp) is the secondary Medical Isolation unit for an additional 106 beds.
6. Chittenden Regional Alpha Unit is dedicated for female Medical Isolation and infirmary with a total capacity of 20 beds.
7. The inmate will be issued a surgical mask.
8. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
9. Meals may be served with normal trays/cups utensils. Staff (or inmate workers) handling the used trays should wear gloves (as is normal practice) and the used items can be washed in the dishwasher.
10. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (red bag) and treated accordingly.
11. Laundry should be placed in a dissolvable (water soluble) bag and may be washed in normal machines. It should be washed with the highest water temperature

available and care taken to dry it thoroughly.

12. Any time the cell door is opened, the inmate must wash their hands and don their mask
13. Any time contact is anticipated, staff will don PPE (gloves, face shield or N95 mask and goggles.)
14. 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](#))
15. Dedicated medical equipment, i.e., 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.
16. The receiving facility will contact the Facility Group Supervisor and notify them that they have an inmate designated for Isolation.
17. Central Office will coordinate transport to one of the designated Isolation locations.
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 a face mask or respirator and goggles.
20. Clean and disinfect the area utilizing a hospital grade disinfectant.
21. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

Section 3 – Internal Screening

1. On-Going 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 surgical 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. When medical is ready to screen the inmate, the officer will direct the patient to wash their hands. The inmate shall wear the issued mask.
7. The inmate will then proceed to medical for screening.
8. If staff directly observe the symptoms, they shall treat the situation as if the inmate self-reported and follow the same protocol.

2. On-Going Internal Screening – Correctional Staff Directed

1. At each cell inspection (1st and 2nd shift), the unit officer will ask each inmate if s/he is experiencing coughing, shortness of breath or fever.
2. The unit officer will immediately provide a surgical 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. When medical is ready to screen the patient, the officer will direct the patient to wash their hands.
7. The inmate will then proceed to medical for screening.

3. On-Going 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. When medical is ready to screen the patient, the officer will direct the patient to wash their hands. The officer/inmate/medical shall wear a mask.
6. The inmate will then proceed to medical for screening.
7. Any abuse of this peer report system – intentionally-false reporting to harass staff or peers – will be dealt with as a disciplinary issue.

4. On-Going 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 on-going inmate education especially regarding good health practices.

Section 4 – Operation of Designated Isolation Units

1. Males - NWCF/SSCF

1. **Placing a mask on potentially infectious persons is critically important.** If individuals are identified with symptoms, *immediately place a face 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 surgical mask.
4. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
5. Meals may be served with normal trays/cups utensils. Staff (or inmate workers) handling the used trays should wear gloves (as is normal practice) and the used items can be washed in the dishwasher.
6. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (red bag) and treated accordingly.
7. Laundry should be placed in a dissolvable (water soluble) bag and may be washed in normal machines. It should be washed with the highest water temperature available and care taken to dry it thoroughly.
8. Any time the cell door is opened, the inmate must wash their hands and don their mask
9. Any time contact is anticipated, staff will don PPE (gloves, face shield or N95 mask and goggles.)
10. 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](#))
11. Dedicated medical equipment, i.e., 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.

12. The inmate will be restricted to the cell to prevent transmission of infection.
13. PPE (N95 mask, goggles, gloves) will be worn by staff who are in direct, close, contact (within 6 feet) of quarantined incarcerated individuals.
14. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
15. When cleaning wear a disposable gown and gloves and a face mask or respirator and goggles.
16. Clean and disinfect the area utilizing a hospital grade disinfectant.
17. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

2. Females - CRCF

1. **Placing a mask on potentially infectious persons is critically important.** If individuals are identified with symptoms, *immediately place a face 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 surgical mask.
4. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
5. Meals may be served with normal trays/cups utensils. Staff (or inmate workers) handling the used trays should wear gloves (as is normal practice) and the used items can be washed in the dishwasher.
6. Anything coming out of the cell that cannot be disinfected (to include any trash) will be treated as medical waste (red bag) and treated accordingly.
7. Laundry should be placed in a dissolvable (water soluble) bag and may be washed in normal machines. It should be washed with the highest water temperature available and care taken to dry it thoroughly.
8. Any time the cell door is opened, the inmate must wash their hands and don their mask
9. Any time contact is anticipated, staff will don PPE (gloves, face shield or N95 mask and goggles.)
10. 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](#))

11. Dedicated medical equipment, i.e., 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.
12. The superintendent will create a schedule for showering and any out of cell recreation.
13. Such must be offered in a way that does not bring them into contact with any other inmates.
14. Any space used for this must be cleaned with a disinfectant prior to it's use by any other population.
15. PPE (N95 mask, goggles, gloves) will be worn by staff who are in direct, close, contact (within 6 feet) of quarantined incarcerated individuals.
16. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
17. When cleaning wear a disposable gown and gloves and a face mask or respirator and goggles.
18. Clean and disinfect the area utilizing a hospital grade disinfectant.
19. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

Attachment 1. COVID-19 New Intake Screening Form

1. Assess the Risk Of Exposure Have you.....		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Traveled to Vermont from one of the affected countries listed at healthvermont.gov/covid19 (Currently most of Europe, China, Iran, and South Korea)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Been in contact with a novel coronavirus (COVID-19) infected person?	
2. Assess for Signs or Symptoms of Illness • Persons with symptoms of illness or cough should be masked immediately and separated from others. Do you have a...		Date of Onset:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever (100.4°F/38°C) // Record temperature: ___°F/ ___°C	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath	
3. If <i>YES</i> to ANY RISK AND SYMPTOM questions, place in person in <i>ISOLATION</i>.		
4. Contact Dr. Fisher (or designee) for review and determination as to <i>ISOLATION</i> or <i>QUARANTINE</i>.		

Inmate Name: _____ Number: _____

Employee Name: _____ Date: ___/___/___

Employee Signature: _____



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

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

Appendix 4

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 breath 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.