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STATE OF VERMONT
Office of State's Attorney
Essex County

April 2, 2020

Angel Desilets, Clerk
Vermont Superior Court
Essex Unit, Criminal Division
P O Box 75
Guildhall, VT 05905

Re: State v Jason Fournier;
Dkt No.: 77-12-19, 78-12-19, 59-9-19 Excr

Re: State v Biarchy Mayberry
Dkt No.: 15-3-19 Excr

Re: State v Patrick Lowery
Dkt No.: 79-12-19 Excr
Dkt No.: 697-12-18 and 629-11-19 Cacr

Dear Angel:

Enclosed for filing is the state's (Essex and Caledonia Counties) response to Defendants' Motion For Reconsideration, together with ((a) an affidavit from a Vermont DOC Administrator Cormier and (b) updated Vermont DOC COVID-19 policy.

The state respectfully requests that this reconsideration motion be decided by the presiding judge (Harris, J.) who held the initial hearing and entered the decision defendants want reconsidered.

The state respectfully requests a hearing be held to take evidence. The state intends to call Vermont Department of Corrections Facility Executive Alan Cormier.

Thank you.

A handwritten signature in blue ink that reads "Vince Illuzzi".

Vince Illuzzi
Attorney for State

Enclosures

cc: Laura Wilson, Esq.
Thomas Paul, Esq.
Allen Franklin, Esq.
Sam Swope

STATE OF VERMONT

SUPERIOR COURT
ESSEX/CALEDONIA COUNTY

CRIMINAL DIVISION
DOCKET NO.:77-12-19 EXCR

78-12-19 EXCR
59-9-19 EXCR

STATE OF VERMONT

V.

JASON FOURNIER, DEFENDANT

STATE OF VERMONT

DOCKET NO.: 79-12-19 EXCR
697-12-18 Cacr
629-11-19 Cacr

V.

PATRICK LOWERY, DEFENDANT

STATE OF VERMONT

DOCKET NO.:15-3-19 EXCR

V.

BIARCHY MAYBERRY, DEFENDANT

**STATE'S OPPOSITION TO DEFENDANT'S MOTION TO RECONSIDER FOR
REVIEW OF BAIL OF A DEFENDANT IN CUSTODY**

And

REQUEST FOR HEARING AND WITNESS TESTIMONY

And

REQUEST THAT THIS MATTER BE HEARD BY JUDGE MICHAEL HARRIS

NOW COMES the State of Vermont, by and through counsel, and hereby requests this Court deny Defendant's Motion To Reconsider.

Primarily Defendants' Motion fails once again to cite any controlling authority in Vermont that the COVID-19 constitutional issues are relevant in a bail proceeding.

Moreover, Defendants fail to address any issues pertaining to conditions of release that will reasonably protect the public. At the March 27 hearing in the *Lowery* case the court specifically instructed defendant and his attorney that they must present "an integrated plan" for any pre-trial release and the mere suggestion of a "#4 person" would not suffice.

The State specifically requests that this matter be heard and continue to be heard by Judge Michael Harris notwithstanding any orders for consolidation of the COVID-19 related motions. This motion is a motion to reconsider and therefore requires action by Judge Harris. Continued action by Judge Harris will avoid unnecessary cost and delay whereas consolidation with other cases will effectively cause rehearing all of the evidence heard on March 2, 20, 23, and 27.

Further, the state requests an opportunity to call as a witness VT DOC Facility Executive Al Cormier.

Attached hereto are updated COVID-19 guidelines and affidavit of Al Cormier.

Although there is more information about the spread of COVID-19 virus around Vermont and around the globe, there are still no reported cases impacting inmates of the Department of Corrections. The states six facilities may be among the most secure from the virus of any other state or non-profit institution.

The Vermont DOC population continues to decline, thereby allowing for more social distancing opportunities. On March 13, it was 1,652. Today, it is 1,456.

Although two administrative staff have tested positive in separate Vermont facilities, neither were security staff who have direct contact with the inmate population. Proactive steps were taken as soon as flu like symptoms were reported by the two administrators.

More importantly, only two inmates have been tested and both have been negative.

DOC continues to follow its COVID-19 policy, it's long established influenza policy, and to clean and disinfect the six correctional facilities on a regular basis, further enhancing its mitigation efforts. DOC Facility Executive Alan Cormier can detail additional steps which have been taken by DOC following implementation of the COVID-19 policy.

Defendants in support of their reconsideration motion advanced three non-precedent setting court opinions from outside the state, where the COVID-19 virus has apparently spread into correctional facilities and caused viral infections of inmates. Thus, the courts in those jurisdictions are responding to unique circumstances, in their areas of jurisdiction, that do not exist in Vermont correctional facilities.

A New York Times article is not authoritative any more than articles from other news outlets.

It also appears the offenders released from custody in those three jurisdictions were being held on lower level, misdemeanor offenses, or non-violent offenses, or both. Such is not the case with these three Vermont Defendants.

WHEREFORE, the State requests this Court to deny Defendant's Motion to Reconsider, schedule a hearing and permit the State to call witnesses.

DATED: April 2, 2020

s/ Thomas R. Paul, Esq.

Deputy State's Attorney



Vincent Illuzzi, Esq.
State's Attorney

cc: Laura Wilson, Esq.
Thomas Paul, Esq.,

AFFIDAVIT OF ALAN CORMIER

I, Alan "Al" Cormier, being duly sworn, hereby depose and state the following:

1. I have been an employee of the Vermont Department of Corrections ("Department") for 25.5 years. For the last 14 months I have served as the Department's Facilities Executive with oversight of all Department facilities. Prior to that I served as the Superintendent of the Northeast Correctional Complex in Saint Johnsbury for 7.5 years.
2. My duties include policy and directive development and compliance and supervision of the overall security of all Department facilities and the safety and supervision of all inmates.
3. I am therefore personally familiar with the Department's policies and procedures and their implementation.
4. In response to COVID-19, the Department has taken many precautions to prevent or reduce the spread of the virus within our correctional facilities, including:
 - a. Screening of new intakes, which started in February, utilizing questions from the Vermont Department of Health ("VDH") regarding travel, symptoms, contact, and hospital visits where one has been treated.
 - b. Cancelling in-person visitation as of March 11th, and shortly thereafter cancelling volunteer services, facility work crews, education classes and RRP.
 - c. Daily meetings with Senior Management, Field District Managers and Facility Superintendents highlighting daily events, operational and procedural updates, staff sick leave and inmate wellness.
 - d. Ceasing of medline mouth checks as of March 13th.
 - e. Extensive cleaning of facilities two to three times a day with bleach solution as recommended by the Center of Disease Control and Prevention ("CDC") for long term care facilities.
 - f. Multiple calls with advocacy groups, including the Prisoners' Rights Office and Vermont's American Civil Liberties Union, regarding steps the Department is taking to ensure the cleanliness of facilities and mitigate exposure risks.
 - g. Suspension of in-service training and roll calls for correctional staff to limit group settings.
 - h. Free video visitation once per week and two free 5-minute phone calls per week for each inmate.
 - i. Use of GTL tablets to provide updated information to inmate population.
 - j. Posting posters throughout facilities to encourage hand washing.
 - k. Lifting restrictions on alcohol-based hand sanitizer within the facilities.

- l. Tracking and taking inventory of all supplies, including cleaning supplies, to ensure all facilities are adequately equipped.
 - m. Temperature checks of staff starting on or about March 18th.
5. In addition to the above, the Department is continually updating its COVID-19 Protocol based on CDC standards. The Department's most updated protocol is attached. See Attachment A (DOC COVID-19 Protocol).
 6. The Department's COVID-19 Protocol contains more details of the information provided above, and describes other guidelines for mitigating exposure risk, including use of personal protective equipment ("PPE"), medical isolation and quarantine, and transports.
 7. The facts recited herein are based upon my own personal knowledge, and so far as I rely upon that knowledge, I believe them to be true.

DATED at Guildhall, VT this 29th Day of March 2020
Date

Alan Cormier
Alan Cormier

Subscribed and sworn to before me this 29th Day of March 2020
Date

Valerie Foy
Notary Public
My Commission Expires 1-31-2021
Date



UPDATED March 31, 2020

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

Contact Information

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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 (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.
- f. **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.
- g. **Tyvec Suit:** Protection for workers who deal with hazardous materials and small hazardous particles while performing daily job duties. Tyvek suits have protection built right into the fabric.
- h. **Mask.**– Mask refers to a standard surgical mask. Masks issued to inmates must have the metal nose bridge removed
- i. **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

j. 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.

k. 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

- 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) Stop handshakes.
- 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, minimize 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, 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. 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 (1/3rd 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
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- 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.

3. Social Distancing

1. Various administrative measures will be implemented to reduce contact between people and reduce chance of spreading viruses.
2. In-person social visits have been suspended indefinitely. On-going 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. On-going review will be conducted to determine when reinstatement is appropriate.
6. RRP/CHSVT and other group activities have been canceled for a period of two weeks. Further review will be conducted at that time to determine if reinstatement is appropriate.
7. 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.
8. 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.

9. 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.
10. Library books which 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.
11. 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 period, mail may be sorted and delivered according to normal protocols.

Section 2: Intake Screening

1. New Intake Screening

1. At this time, the State of Vermont, as well as all surrounding states, have on-going 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.
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 physical contact with health care 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 surgical mask on them. Security will wear gloves when greeting new intakes.
6. Security Staff will complete attachment 1.
7. Any positive result on this screening tool security staff will don PPE (face shield or 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. 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.)
12. Medical will complete a second screening and consult with the on-call medical provider in regards 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 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 and Intake Quarantine

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 or Quarantine. 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. As the precautions for medical and Intake quarantine are identical, this will be the same location.
15. Each Superintendent will identify a location for Medical/Intake Quarantine. At this time, there is not a designated statewide Medical Quarantine location.
16. 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).
17. 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, if they become soiled or dirty, or at least every 8 hours.
18. Quarantined incarcerated individuals should be restricted from being transferred

to, or otherwise interpersonally interacting with, the general population.

19. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
20. Meals will be served with disposable service. Nothing coming out of the quarantine area will be returned to the Kitchen.
21. 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.
22. 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 substituting a mask for N95. Same inmate that picks up the laundry will put it in the washer. Quarantine laundry should be completed during 3rd shift due to inmate wearing PPE.
23. It will be placed in a plastic bag. (Anyone handling it will use Full PPE.)
24. The Laundry Worker will wear full PPE substituting N95 for a face mask. It should be washed at the highest available temperature and should be completely dried
25. 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.
26. Each site will determine how showers and recreation will be offered to these inmates.
27. Such must be offered in a way that does not bring them into contact with any other inmates.
28. Any space used for this must be cleaned with a hospital grade disinfectant prior to it's use by any other population.
29. A face mask will be worn by staff who are in direct, close, contact (within 6 feet) of quarantined incarcerated individuals.
30. Three times daily, medical staff will assess inmates in quarantine should be screened for symptoms including subjective fever and a temperature. Symptomatic patients need to be isolated or cohorted.
31. The duration of medical for COVID-19 is the 14-day incubation period.

4. Transport

1. The standards listed below will be utilized for transport in addition to normal transport protocols.

2. 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.
3. Patient wears a face mask and washes their hands.
4. 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.
5. 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.
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. After transporting a patient, air out the vehicle for one hour before using it without a face mask or respirator.
11. 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.
12. Clean and disinfect the vehicle after the transport utilizing a hospital grade disinfectant
13. 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 –

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 Regional Correctional Facility and Southern State Correctional Facility are the primary isolation cells because they have negative pressure cells for a capacity of 10.
5. Northeast Regional Correctional Facility (Regional Building) is the secondary Medical Isolation unit for an additional 105 beds.
6. Chittenden Regional Correctional Facility, Alpha Unit is dedicated for female Medical Isolation with a total capacity of 20 beds.
7. The inmate will be issued a surgical mask.
8. 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.
9. To the extent possible, all services (meals, medication, etc.) will be delivered in the cell.
10. Meals will be served with disposable service. Nothing coming out of the Isolation area will be returned to the Kitchen.
11. 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.
12. 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 substituting a mask for N95. Same inmate that picks up the laundry will put it in the washer. Isolation laundry should be completed during 3rd shift due to inmate wearing PPE.
13. It will be placed in a plastic bag. (Anyone handling it will use Full PPE.)
14. The Laundry Worker will wear full PPE substituting an N95 mask for a face mask. It should be washed at the highest available temperature and should be completely dried.
15. Any time the cell door is opened, the inmate must wash their hands and don their mask
16. 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.
17. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
18. Any time contact is anticipated, staff will don PPE (gloves, face shield or N95 mask and goggles.)
19. 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)

20. 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.
21. The facility will contact the Facility Group Supervisor and notify them that they have an inmate designated for Isolation.
22. Central Office will coordinate transport to one of the designated Isolation locations.
23. After any designated quarantine or isolation area is vacated, it shall be thoroughly cleaned.
24. When cleaning wear a disposable gown and gloves and a face mask or respirator and goggles.
25. Clean and disinfect the area utilizing a hospital grade disinfectant.
26. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
27. Determination for ending the isolation is a medical decision that will be made by the medical provider.

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. 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. 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. 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. 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. 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 – 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.

5. Movement of Symptomatic Inmates to Medical/Isolation.

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. 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

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 will be served with disposable service. Nothing coming out of the Isolation area will be returned to the Kitchen.

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 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 substituting a mask for N95. Same inmate that picks up the laundry will put it in the washer. Isolation laundry should be completed during 3rd shift due to inmate wearing PPE.
8. It will be placed in a plastic bag. (Anyone handling it will use Full PPE.)
9. The Laundry Worker will wear full PPE substituting an N95 mask for a face mask. It should be washed at the highest available temperature and should be completely dried.
10. Any time the cell door is opened, the inmate must wash their hands and don their mask
11. 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.
12. At the conclusion of the call, the inmate will disinfect the phone and return it to staff.
13. Staff will then re-disinfect the phone.
14. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
15. Any time contact is anticipated, staff will don PPE (gloves, face shield or N95 mask and goggles.)
16. 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)
17. 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.
18. The inmate will be restricted to the cell to prevent transmission of infection.
19. PPE (N95 mask, goggles, gloves) will be worn by staff who are in direct, close, contact (within 6 feet) of quarantined incarcerated individuals.
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 face mask or respirator and goggles.
22. Clean and disinfect the area utilizing a hospital grade disinfectant.

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 will be served with disposable service. Nothing coming out of the Isolation area will be returned to the Kitchen.
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 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.
8. It will be placed in a plastic bag. (Anyone handling it will use gloves.)
9. The Laundry Worker will wear full PPE substituting an N95 mask for a face mask. . It should be washed at the highest available temperature and should be completely dried.
10. Any time the cell door is opened, the inmate must wash their hands and don their mask
11. 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.
12. Once the inmate is in possession of a tablet, any social calls can be made using the tablet.
13. Any time contact is anticipated, staff will don PPE (gloves, face shield or N95 mask and goggles.)
14. 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)
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 superintendent will create a schedule for showering and any out of cell recreation.
17. Such must be offered in a way that does not bring them into contact with any

other inmates.

18. Any space used for this must be cleaned with a disinfectant prior to its use by any other population.
19. PPE (N95 mask, goggles, gloves) will be worn by staff who are in direct, close, contact (within 6 feet) of quarantined incarcerated individuals.
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 face mask or respirator and goggles.
22. Clean and disinfect the area utilizing a hospital grade disinfectant.

Section 5 – Releases

1. Screening

1. All inmates will be screened upon release using attachment 1 to include a temperature check.
2. Inmates who do not score on this instrument will be given attachment 6 and released according to normal protocols.
3. Inmates who screen as positive will be given a face mask and directed to don it. They be isolated until their release and will be evaluated for possible COVID testing (when the nature of the release allows for this delay.)
4. They will be given both attachments 6 & 7. They will be directed to contact their primary care provider for follow-up.
5. The CSS will work with the inmate to ensure they have safe transport, continued shelter and access to medical care. A notification will be made to the Vermont Department of Health: Infectious Disease Epidemiology by calling 802-863-7240 (24/7.)
6. Before releasing an incarcerated/detained individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation, or contact local public health to explore alternate housing options.

Attachment 1. COVID-19 New Intake Screening Form

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

Inmate Name: _____ **Number:** _____

Employee Name: _____ **Date:** ___ / ___ / ___

Employee Signature: _____

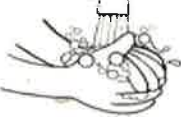







Respiratory Infection Isolation Room Precautions

PRECAUCIONES de sala de aislamiento de infección respiratoria

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

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

	HAND HYGIENE <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 at all times. <i>Asegurese de mantener la puerta de esta habitación cerrada todo el tiempo.</i>







Attachment 3. Quarantine Room Sign

Quarantine Room Precautions

PRECAUCIONES de sala de Cuarentena

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

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

	<p>HAND HYGIENE <i>Hygiene De Las Manos</i></p>
	<p>Face Mask or N-95 Respirator <i>Mascara Facial o Respirador N95</i></p>
	<p>Gloves <i>Guantes</i></p>
	<p>GOWN – only if close contact <i>Bata-solo si hay contacto cercano</i></p>
	<p>Eye Protection <i>Protección para los ojos</i></p>
	<p>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></p>

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.

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 health care 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.

SHOULD I WEAR A FACE MASK WHEN I GO OUT IN PUBLIC?

The Department of Health does not recommend people wear a face mask in public.

If you are sick: Stay home to rest and avoid going out into public places. If you are ill and plan to see a doctor, you should call the office before your visit. Your doctor can provide guidance on how to avoid spreading illness, such as what steps to take while traveling to their facility and upon arrival, and whether you should wear a mask.

If you are not sick: You do not need to wear a mask. Face masks are more effective at “keeping germs in,” but they are not as effective at “keeping germs out.”

ATTACHMENT 8
INFORMATIONAL LINKS

<https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf> --Face mask with beards infographic

https://youtu.be/8jBr_2_6p-Y - Donning and Doffing PPEs

<https://youtu.be/zLbvQcpfZyQ> - Donning and Doffing a Tyvek Suit

https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/donning_09.html -- Donning an N95 Respirator

https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/doffing_17.html - Doffing an N95 Respirator

https://www.cdc.gov/vhf/ebola/hcp/ppe-training/n95respirator_gown/doffing_21.html - Removing Gloves