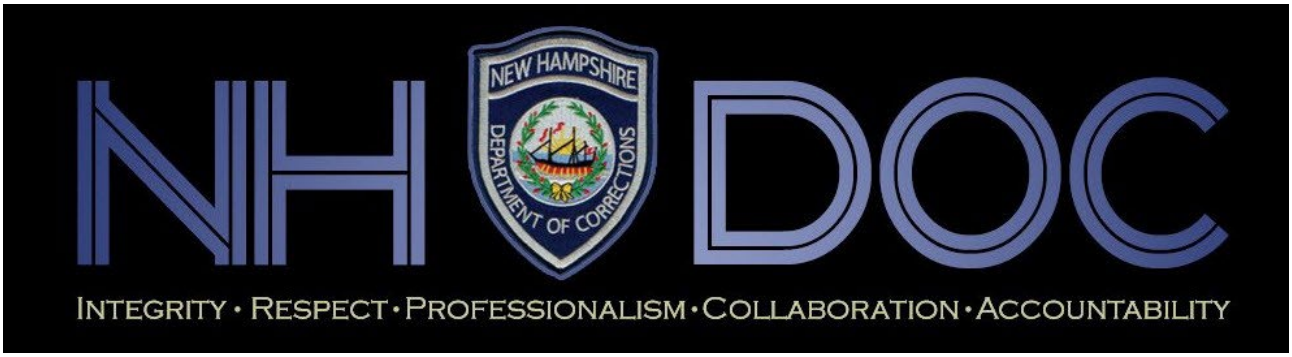



# New Hampshire Department of Corrections

# COVID-19 Infection Control Protocols

July 2, 2021

**Purpose:** The purpose of this document is to outline and assist in operational guidance to reduce the risk of infection due to COVID-19. These preventative measures are based on recommendations from the NH Division of Public health, the Centers for Disease Control and Prevention (CDC) and the NH Department's practical experience in responding to and managing the effects of COVID-19.

**Application:** All NHDOC employees, contractors, visitors and recipients of departmental services.

# COVID-19 infection control measures in correctional and detention facilities in response to declining community transmission.

As community transmission levels decline, COVID-19 vaccines have been readily available to NH citizens and residents incarcerated in NH prison facilities, and on-going new guidance for the general population is introduced, our correctional facilities will modify facility-level COVID-19 prevention measures to align to general infection control measures. These measures include maintaining quarantine and medical isolation protocols, symptom screening for residents and attestation for staff, voluntary mask policies, and cleaning and hygiene procedures. As we continue to update and manage a long-term COVID-19 infection control, facilities will weigh the logistical and mental health challenges related to intensive mitigation measures against the risks of transmission of SARS-CoV-2 (the virus that causes COVID-19).

Our Agency infection control measures will include:

- Recommended baseline prevention measures to always keep in place and
- What events adjust or increase the baseline measures.

**Baseline Facility prevention measures to keep in place:**

Facilities may consider modifying their COVID-19 prevention measures if facility vaccination coverage is high, transmission rates are low and population vulnerability is low. However, facilities will maintain several aspects of baseline infection control, monitoring, and capacity to respond to cases, including:

- **Maintain COVID-19 testing strategies and screening for residents** upon booking into the facility regardless of their admission type (e.g. new booking, parole violations, probation violation etc.) Healthcare staff are to follow the guidance of the Director of Medical & Forensic Services, Director of Nursing and Chief Medical Officer.
- Prevent COVID-19 introduction: Continue **Staff Self Attestation** (Attachment 1) of awareness of symptom triage and human resources contact if signs or symptoms surface regarding appropriateness for work.
- Maintain Facility-Based Quarantine and Isolation**: Routine Intake and Suspected Quarantine** Procedures (Attachment 2) and **Medical isolation procedures** remain in place for residents. Maintain supplies of Personal Protective Equipment for these purposes as outlined in Attachment 3). Continue Guidance for Quarantine Cohort Clinical Management Process – COVID-19 (Attachment 4 and 4a)

- **Maintain Communications** at Facilities to effectively communicate to staff and residents if an outbreak occurs.
- **Offer COVID-19 vaccination and routine immunizations to residents:** Continue to encourage COVID-19 vaccination for those who have not yet received it, as well as routine immunizations as needed.
- **Maintain baseline infection control:** Facilities should maintain optimized ventilation, handwashing, and cleaning and disinfection for baseline prevention of infectious diseases.
- **Maintain Court Transport Form –** Attachment 5
- **Voluntary Fabric Face Covering program for Residents.** – Attachment 6
- **Voluntary mask wearing for staff.**

**Factors that have or will adjust agency response include:**

- **Transmission Levels: Facility Leadership will monitor -** *What is the current of COVID-19 transmission within the facility?*

  **Facility prevention procedures should not be lifted when any transmission is occurring within the facility.** Keep readily available: Testing supplies, personal protective equipment (PPE), and space for quarantine and isolation.

- **Facility demographic and health-related characteristics:** *What proportion of the facility's residents are both not fully vaccinated and at increased risk for severe COVID-19 illness?*

  **Vaccination rates among residents as of June 28th, 2021**

  **(Total Incarcerated Population 2,000):**

| Resident TOTAL Fully Vaccinated Facility | | | |
|---|---|---|---|
| | NNHCF | 419 | |
| | SPU | 62 | |
| | NHCF-W | 82 | |
| | NHSP-M | 949 | |
| | TWC/THU | 90 | |
| | **Total** | 1602 | |

Correctional facilities with high proportions of people who are not fully vaccinated and at increased risk for severe illness shall consult with the Commissioner or designee on facility-level infection control measures that should be adjusted if this situation arises.

# Definitions of Commonly Used Terms – CDC

**Close contact of someone with COVID-19** – Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset

(or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact;" however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

**Cohorting** – In this guidance, cohorting refers to the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells. While cohorting those with confirmed COVID-19 is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals. See Quarantine and Medical Isolation sections below for specific details about ways to implement cohorting as a harm reduction strategy to minimize the risk of disease spread and adverse health outcomes. Fully vaccinated residents who are identified as close contacts via unit exposure will be exempt from cohort status unless otherwise ordered by the Chief Medical Officer or as instructed by the Director of Nursing. Unvaccinated residents who have been identified as close contacts will be removed from the housing unit to be put in a quarantine cohort in a separate location.

**Community transmission of SARS-CoV-2** – Community transmission of SARS-CoV-2 occurs when individuals are exposed to the virus through contact with someone in their local community, rather than through travel to an affected location. When community transmission is occurring in a particular area, correctional facilities and detention centers are more likely to start seeing infections inside their walls. Facilities should consult with local public health departments if assistance is needed to determine how to define "local community" in the context of SARS-CoV-2 spread. However, because all states have reported cases, all facilities should be vigilant for introduction of the virus into their populations.

**Confirmed vs. suspected COVID-19** – A person has **confirmed COVID-19** when they have received a positive result from a COVID-19 viral test (antigen or PCR test) but they may or may not have symptoms. A person has **suspected COVID-19** if they show symptoms of COVID-19 but either have not been tested via a viral test or are awaiting test results. If their test result is positive, suspected COVID-19 is reclassified as confirmed COVID-19.

**Residents** – For the purpose of this document, "resident" refers to incarcerated/detained persons held in a prison. The term includes those who have been sentenced (i.e., in prisons).

**Masks** – Masks cover the nose and mouth and are intended to help prevent people who have the virus from transmitting it to others. **CDC does not recommend use of masks for source control if they have an exhalation valve or vent).** Individuals working under conditions that require PPE should not use a cloth mask when a surgical mask or N95 respirator is indicated. Surgical masks and N95 respirators should be reserved for situations where the wearer needs PPE. Detailed recommendations for wearing a mask can be found here.

**Medical isolation** – Medical isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established criteria for release from isolation, in consultation with clinical providers and public health officials. In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term "medical isolation" to avoid confusion, and should ensure that the conditions in medical isolation spaces are distinct from those in punitive isolation. The Division of Medical& Forensic Services will set these standards aligned to reasonable and published healthcare practices.

**Quarantine** – Quarantine refers to the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. Quarantine for COVID-19 should last for 14 days after the exposure has ended. Ideally, each quarantined individual should be housed in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, and/or a quarantined individual receives a positive viral test result for SARS-CoV-2, the individual should be placed under medical isolation and evaluated by a healthcare professional. If symptoms do not develop during the 14-day period and the individual does not receive a positive viral test result for SARS-CoV-2, quarantine restrictions can be lifted. (NOTE: Some facilities may also choose to implement a "routine intake quarantine," in which individuals newly incarcerated/detained are housed separately or as a group for 14 days before being integrated into general housing. This type of quarantine is conducted to prevent introduction of SARS-CoV-2 from incoming individuals whose exposure status is unknown, rather than in response to a known exposure to someone infected with SARS-CoV-2.)

- **The best way to protect incarcerated/detained persons, staff, and visitors is to have the individual quarantine for 14 days. For more information, please see Recommendations for quarantine duration in correctional and detention facilities.**

**Social distancing** – Social distancing is the practice of increasing the space between individuals and decreasing their frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals would be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Social distancing can be challenging to practice in correctional environments.

**Staff** – In this document, "staff" refers to all public or private-sector employees (e.g., contracted healthcare or food service workers) working within a correctional facility. Except where noted, "staff" does not distinguish between healthcare, custody, and other types of staff, including private facility operators.

**Symptoms** – Symptoms of COVID-19 include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell. This list is not exhaustive. Other less common symptoms have been reported, including nausea and vomiting. Like other respiratory infections, COVID-19 can vary in severity from mild to severe, and pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations at increased risk for severe illness are not yet fully understood. Monitor the CDC website for updates on symptoms.

# NH Department of Corrections – Attachment 2

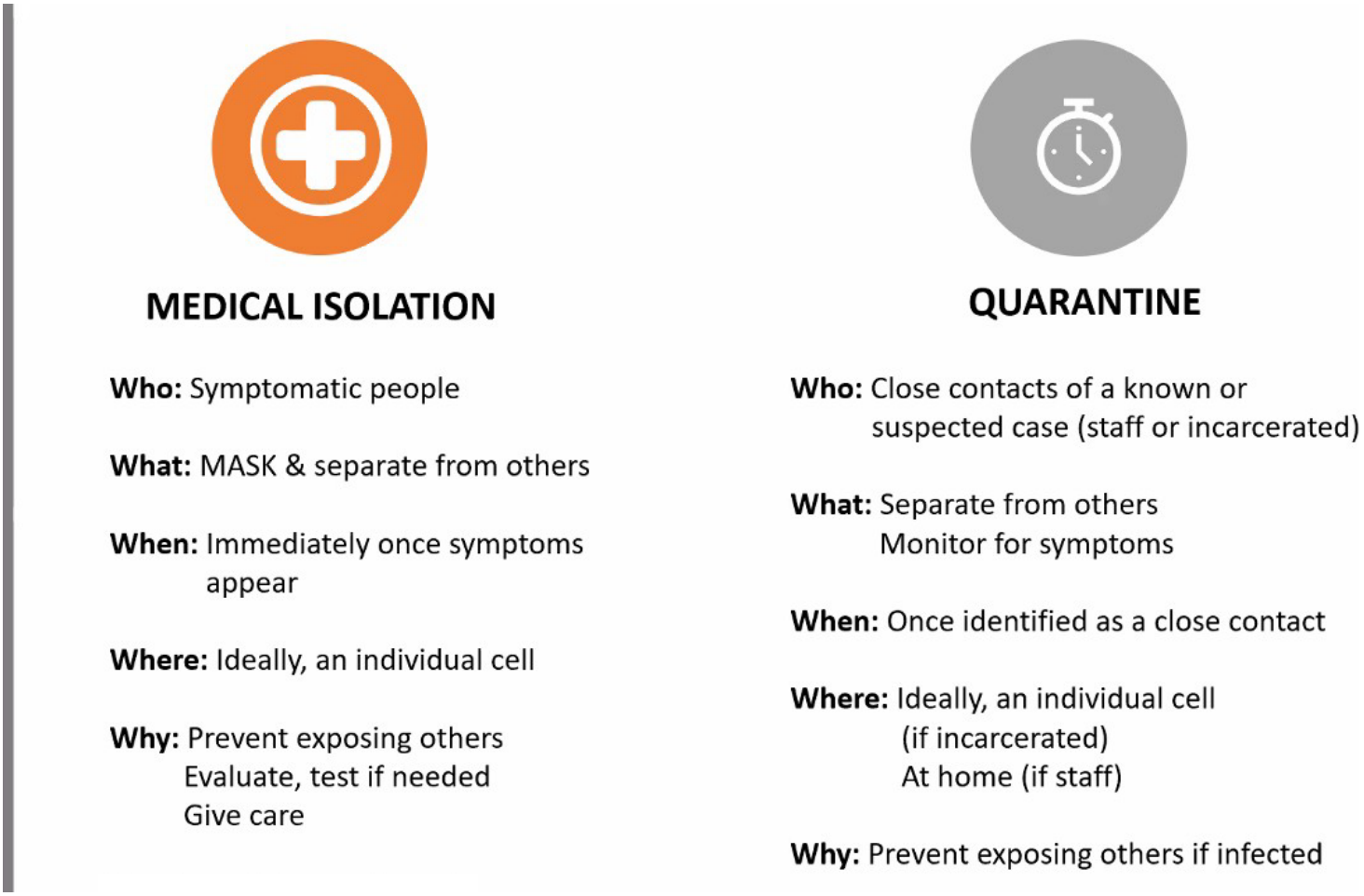
| Guidelines: Facility Medical Isolation and Quarantine Locations for Infectious Disease | |
|---|---|
| **Site:** NH Department of Corrections Facilities | **Effective: July 2, 2021** |
| **Issued By:** Commissioner Helen E. Hanks | |

**This guideline provides education on the differences between medical isolation and quarantine for infectious disease control.**

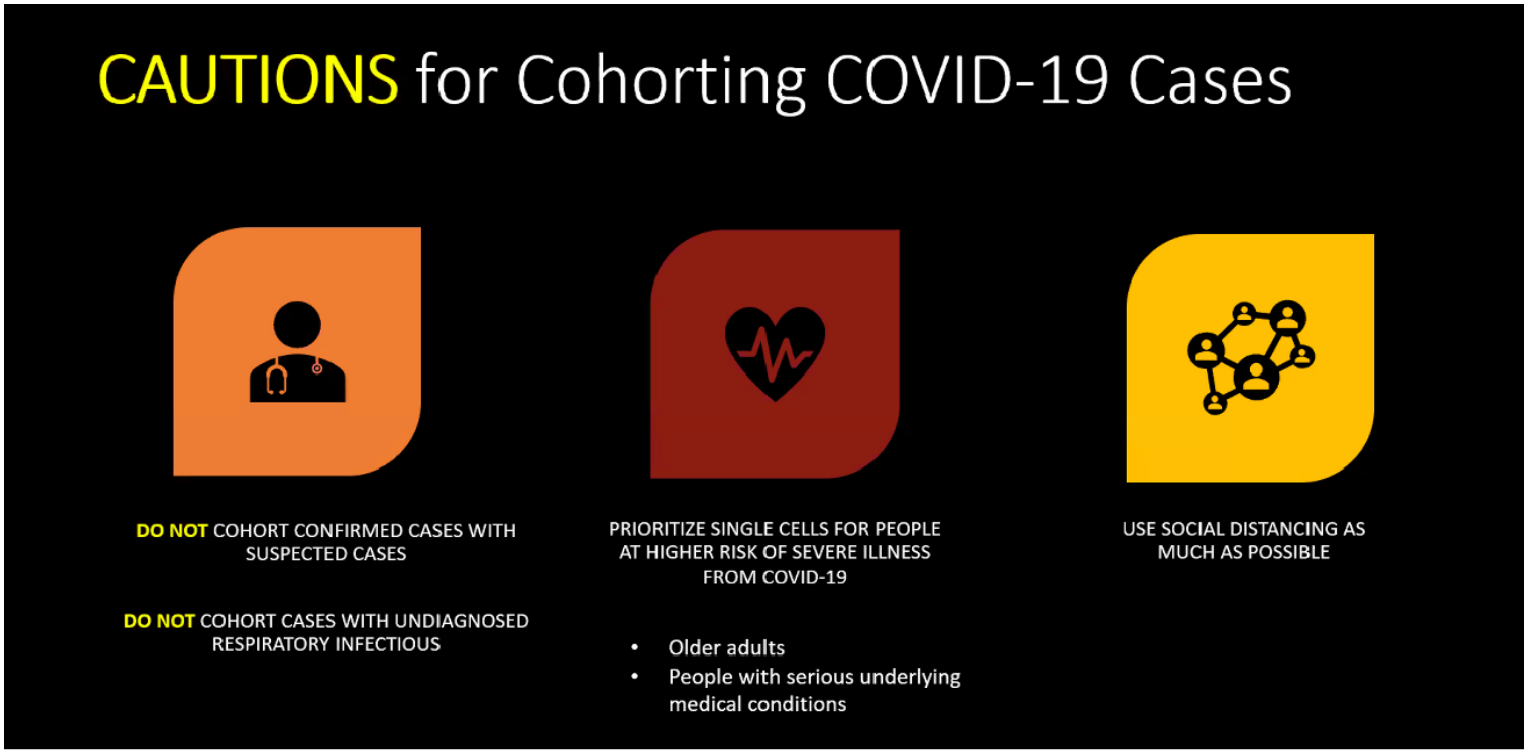
- The Centers for Disease Control and Prevention (CDC) Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, as well as, PowerPoint slides demonstrated below provide areas of priority by site for medical isolation and continued instruction on quarantine processes.

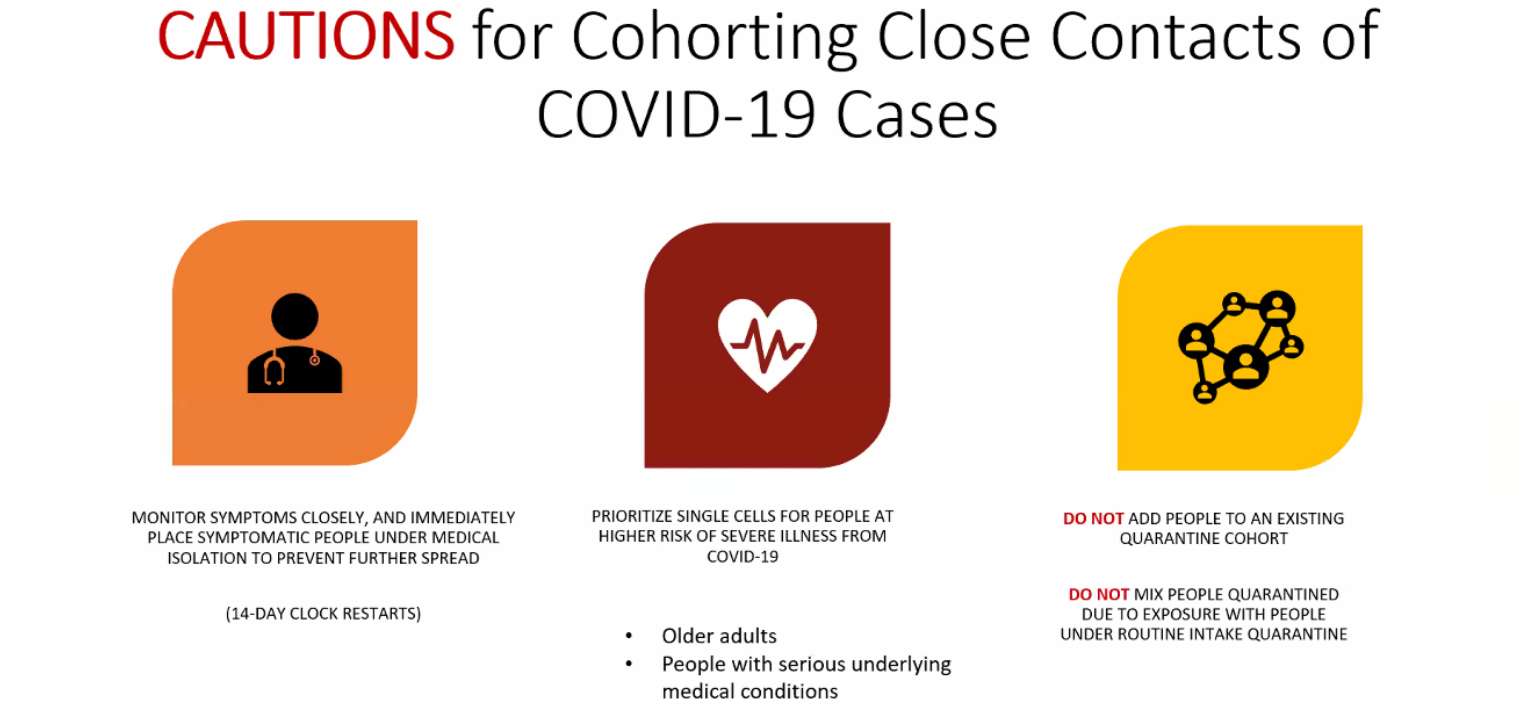
- This guideline is to be used in conjunction with the NHDOC published guidance entitled "2020 -COVID-19 Operational Guidelines".

**The difference between Medical Isolation and Quarantine:**

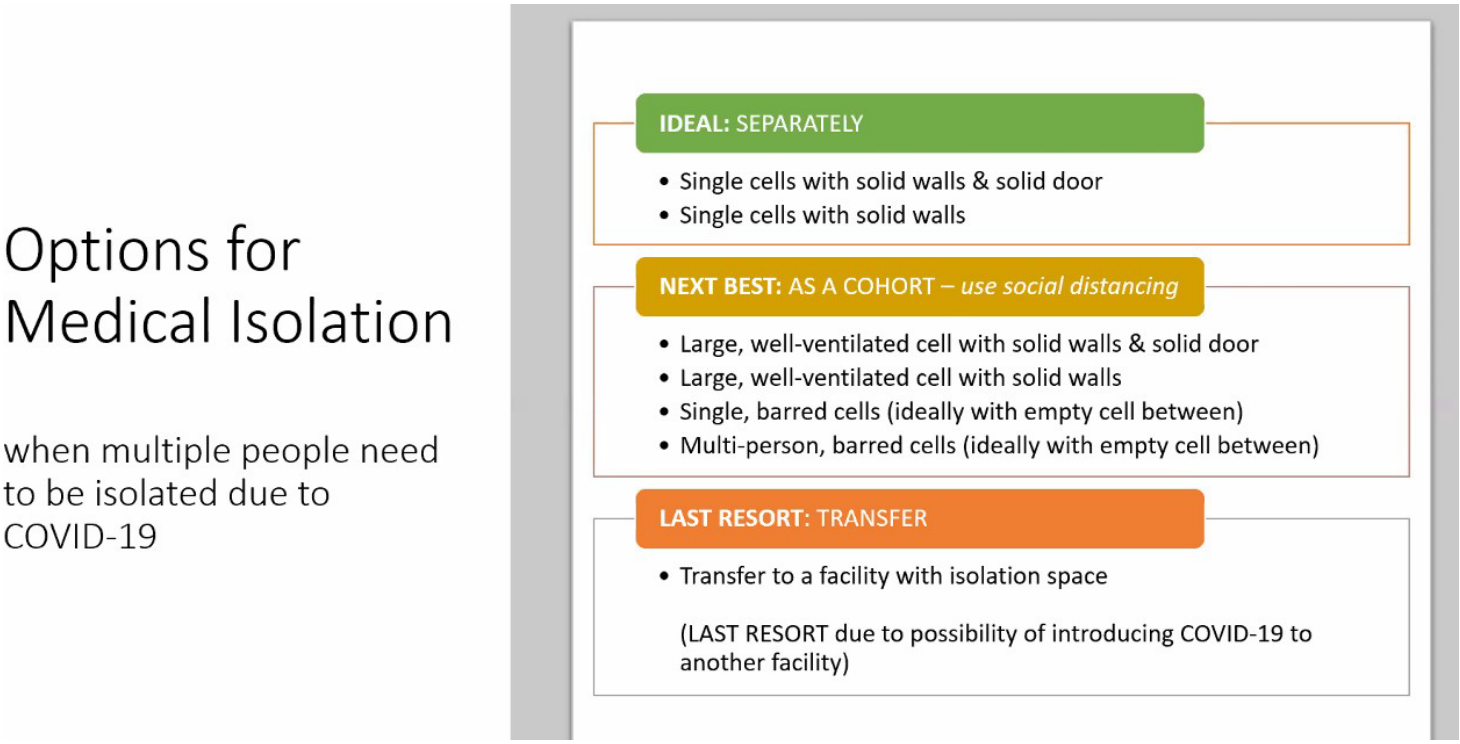


**Cautions from the CDC:**




**Information from the CDC when considering locations for Medical Isolation:**




**Ensure that medical isolation for COVID-19 is distinct from punitive segregation/restrictive housing of incarcerated individuals, both in name and in practice.**

Residents be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces and, potentially, lack of health care and adverse health outcomes for infected individuals who delay reporting symptoms. Ensure that medical isolation is *operationally* distinct from punitive segregation/restrictive housing, even if the same housing spaces are used for both. For example:

- Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.
- Make efforts to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in individuals' regular housing units.
- Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.
- Communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.

**NHDOC Prioritized Locations for <u>Medical Isolation</u> by Location**

**NH State Prison for Men**

| Facility: NH State Prison for Men | Location for Medical Isolation | Bed Capacity |
|---|---|---|
| | | |
| Priority #1 | Health Services Isolation Rooms | 6 |
| Priority #2 | CCU C-tier* | 20 single celled |
| Priority #3 | Dorms (A & B) | 24 Single Beds |
| Priority #4 | Dorm C | 48 beds (bunked) |

* Should CCU C Tier be used in this manner; the following considerations will need to be made:

<u>EQUIPMENT NEEDED</u>

- Reusable/disposable bio-hazard suits with facemasks, gloves, goggles and booties (Some inventory is in place in the Captain's Office but will have to contact HSC/MFS for supplies beyond one day as of this date)

- Three Laundry Bins (trash cans/plastic hazmat receptacles) that could serve this function (Staged in CCU)
- 1 pop up tent or awning (Staged in CCU)
- Portable wash station for decontamination (There is an outdoor water source in the decontamination area and maintenance was consulted to fashion an area for hand washing
- Hand sanitizer (Staged in CCU)
- Germicide (Staged in CCU)
- Biohazard bags (Staged in Shift Commander's Office)
- Water soluble bags (Staged in Shift Commander's Office)
- Gloves (Available in units/Shift Commander's Office

Maximum Security Management (C5):
The plan for C-5 positive patients will be to house in an isolation tank in HSC or a designated tier in SHU if space permits, otherwise patient will be restricted to their cell (currently "K" Tier in SHU is empty for this purpose).

**Northern NH Correctional Facility**

| Facility: Northern NH Correctional Facility for Men | Location for Medical Isolation | Bed Capacity |
|---|---|---|
| | | |
| Priority #1 | Health Service Center (suspected or positive) | 2 (negative pressure cells) |
| Priority #2 | North Gym* (suspected positive) | 28 |
| Priority #3 | Dorm** (positive) | 28 |
| Priority #4 | R&D*** (suspected positive) | 2 |

* Should the North Gym be used in this manner for suspected positive covid-19 cases the following considerations will be made:
Equipment Needed
- Maintenance will move half the bunks from the dorm to the gym (28)
- One laundry bin will be place on the unit
- Hand Sanitizer (staged in CP2)
- Germicide (staged in CP2)
- Biohazard bags (staged in medical)
- Water soluble bags (staged in medical)
- Gloves (staged in CP2)
- Tent or Awning (1) for decontamination
- Portable wash station (water source is available)
- PPE (staged in medical)

Clothing and Bedding
- 30 sets of clothing ranging in size
- 56 Blankets, 112 sheets (staged in Laundry)

Estimation of PPE burn Rate
- 24 used for rounds
- Medical, social workers, meals, or emergency response call to the North Gym would ensure staff have necessary resources, estimated 4-6 per day if we could not combine with rounds to conserve PPE

Staff entering this area will enter through the hall with proper PPE on and enter door B39B through B39A into the North gym. Staff exiting this area will exit through Exterior nine door B043 to the Memorial Park area and will remove PPE and decontaminate prior to entering back into the facility through C09A leading to the education wing. All doors will be opened through Central Control.

** Should the Dorm be used in this manner for medically isolated positive covid-19 cases the following considerations will be made:

- C2 residents will be relocated to C3 housing under the direction of the Housing Captain

Equipment Needed

- Hand Sanitizer (staged in CP2)
- Germicide (staged in CP2)
- Biohazard bags (staged in medical)
- Water soluble bags (staged in medical)
- Gloves (staged in CP2)
- Tent or Awning (1) for decontamination
- Portable wash station (water source is available)
- PPE (staged in medical)

Clothing and Bedding

- 30 sets of clothing ranging in size
- 56 Blankets, 112 sheets (staged in Laundry)

Estimation of PPE burn Rate

- 24 used for rounds
- Medical, social workers, meals, or emergency response call to the North Gym would ensure staff have necessary resources, estimated 4-6 per day if we could not combine with rounds to conserve PPE

Staff entering this area will enter though the hallway with proper PPE through door B37B to door B37A entering the Dorm. Staff will exit the Dorm through exterior nine door B44A into the Dorm yard area. Staff will remove PPE and decontaminate prior to entering the facility through exterior nine door B001 into the visiting room. All doors will be opened by Central Control.

***Should R&D be used in this manner for Medical Isolation of suspected positive cases the following considerations will be made:

Equipment Needed

- Water soluble bags (staged in R&D office)
- Biohazard bags (staged in R&D office)
- Germicide (Staged in R&D office
- Tent Awning for decontamination
- Portable wash station, water source is available

**NH Correctional Facility for Women**

| Facility: NH Correctional Facility for Women | Location for Medical Isolation | Bed Capacity |
|---|---|---|
| | | |
| Priority #1 | Negative Pressure Room | 1 |
| Priority #2 | ISO Rooms 1 - 4 | 4 beds/4 bunks |
| Priority #3 | Health Services Infirmary | 7 beds/7 bunks |
| Priority #4 | Health Services Quad | 5 beds/5 bunks |

**Secure Psychiatric Unit & RTU**

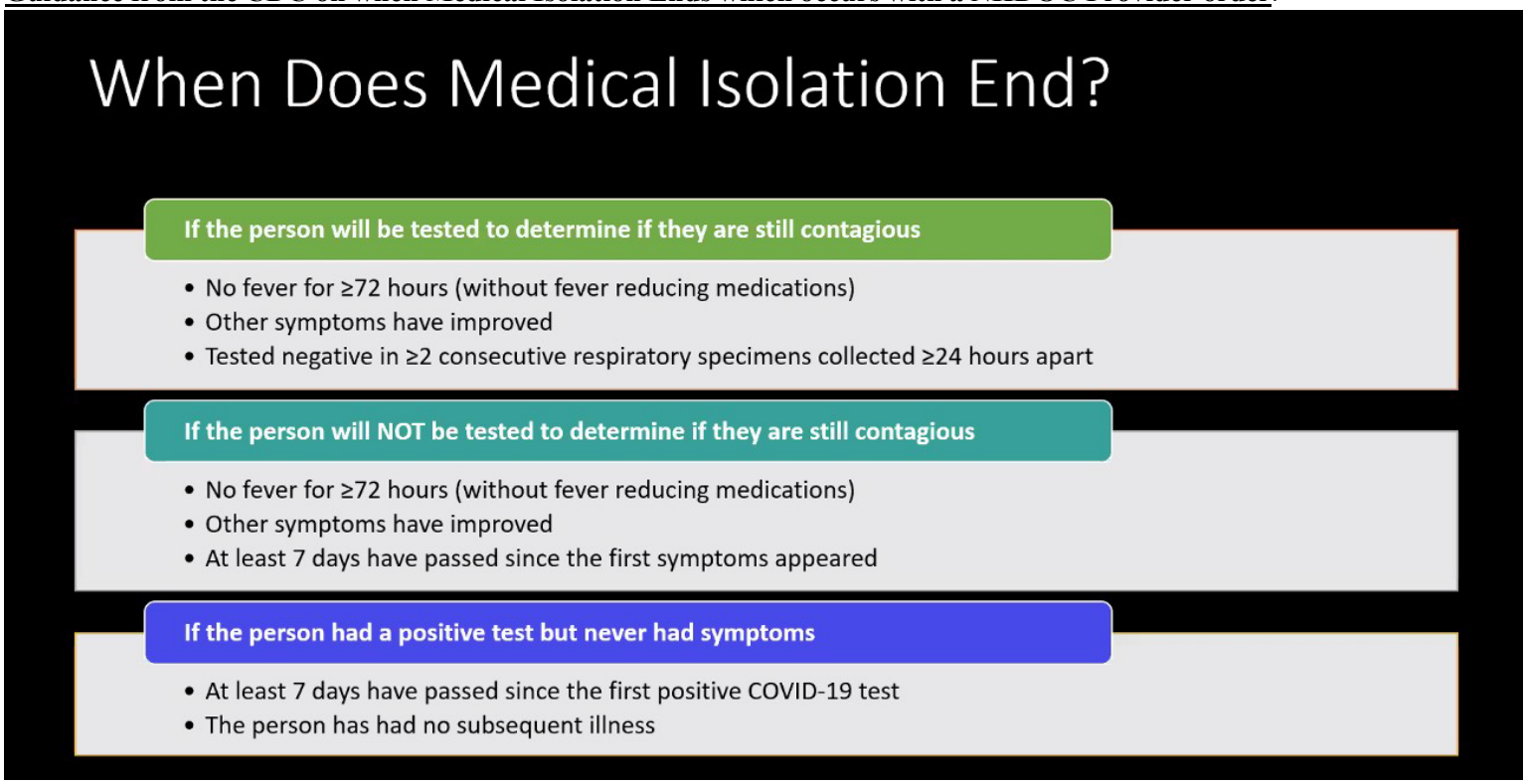
| Facility: Secure Psychiatric Unit & RTU | Location for Medical Isolation | Bed Capacity |
|---|---|---|
| | | |
| Priority #1 | Individual Cells | 60/20 |

**Community Corrections**

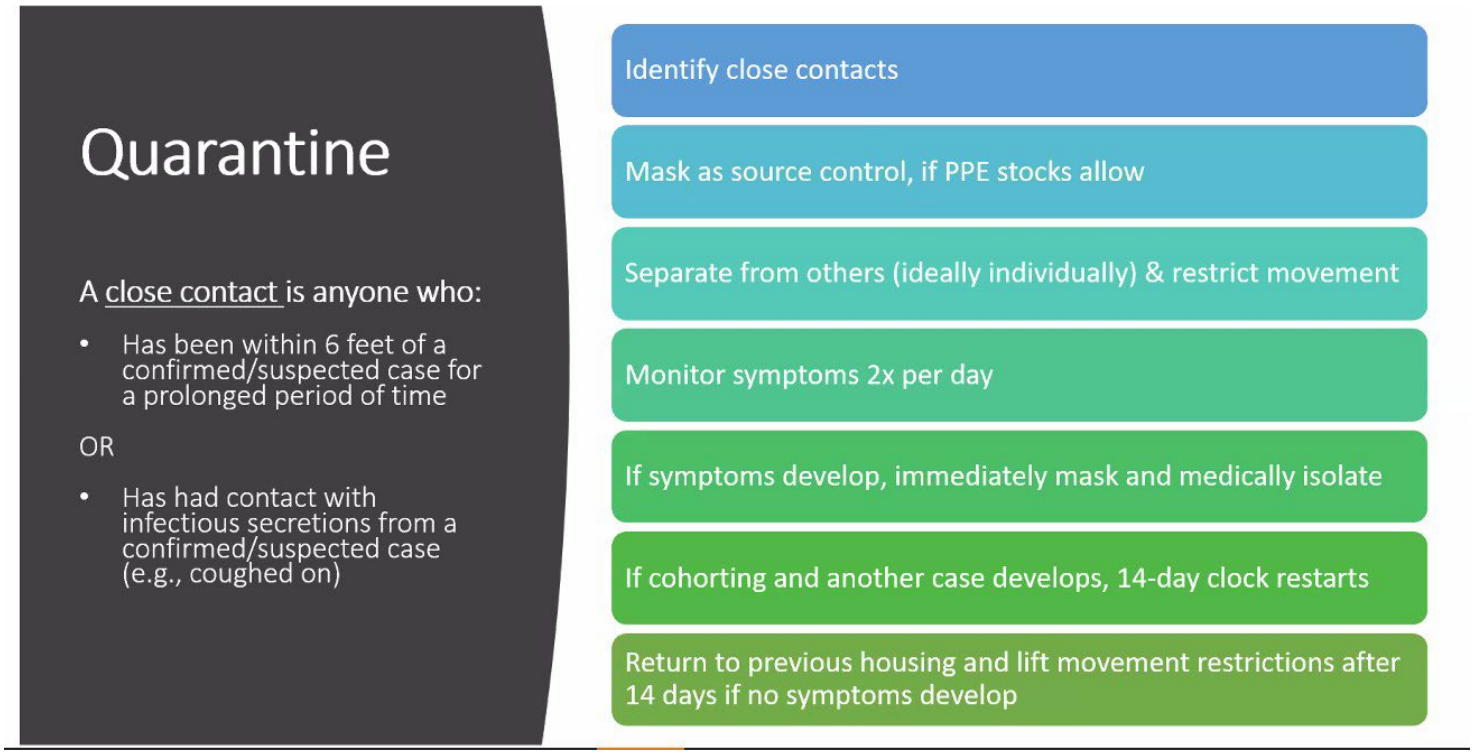
| Facility: Community Corrections - TWC | Location for Medical Isolation | Bed Capacity |
|---|---|---|
| | | |
| Priority #1 | Refer to NHSP-Men Plan Above | |

| Facility: Community Corrections - THUs | Location for Medical Isolation | Bed Capacity |
|---|---|---|
| | | |
| Priority #1 | Consult with NHDOC Medical and Refer to Community Medical Facility as Appropriate | |
| Priority #2 | Refer to Nearest Geographic and Biologically Aligned Gendered Facility above | |

**Guidance from the CDC on when Medical Isolation Ends which occurs with a NHDOC Provider order**:




**Information from the CDC when considering locations for Quarantine:**




Quarantine will be managed pursuant to the NHDOC COVID-19 Guidelines:

**Facility management of isolated/quarantined patients:**

a. If possible, cluster cases in medical isolation within a single location/wing within the facility to help streamline ongoing assessments and delivery of services to the affected population.
b. If patients need to be isolated or quarantined in a housing unit, allowances will be made to accommodate patients in this location.
c. Recreational activities will be provided.
d. When possible, transfers to another DOC or outside facility of medically isolated or quarantined patients will be cancelled. Transport only for essential reasons on a case-by-case basis with discussion with the healthcare, the facility Warden/Director and Commissioner while keeping classifications informed.
e. If transportation is essential, the patient will wear a surgical mask.
f. Notify receiving facility prior to transfer.
g. Clean and disinfect the transport vehicle after transport.
h. Provision of health care.
i. Routine health care/mental health care will be provided at cell front or as instructed by healthcare staff.
j. Medications will be given at cell front or dependent on physical plant and instructed by healthcare staff.
k. Emergency medical needs will be assessed immediately by medical personnel, as required. Patient will be transported as deemed necessary.
l. Meals will be provided by Food Services and delivered to the cell.
m. The Unit staff will notify Food Services at the beginning of each shift the number of meals that are needed.
n. Gloves will be worn when distributing and picking up trays.

**Environmental Cleaning:**

1) Enhanced frequency of cleaning and disinfection procedures of high touch surfaces is recommended for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
2) Disinfectant must be EPA-approved as a hospital/healthcare or broad spectrum disinfectant.
3) Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

## Site specific instructions:

**NH State Prison for Men**

In the event of a positive or suspected COVID-19 resident case that establishes a need for quarantine (PPD 1073.00 COVID-19 Screening, Testing, and Infection Control Guideline), we have identified a plan to initiate immediate quarantine of the unit where the positive originated so that we can conduct an investigation of the resident's activity, to determine level of prolonged exposure with others. That investigation will help us determine the duration of extended quarantine efforts necessary for that unit. Quarantine response will be done in coordination with Medical & Forensic Services as the liaison to Public Health, and the DOC Commissioner's Office.

We will initiate immediate cleaning of the Unit/Area the positive or suspected patient originated from, to include all common areas. We will secure the property of any known positive/suspected resident and disinfect as able, i.e. clothes and bedding will be placed in water-soluble/haz-mat bags, and any items unable to be cleaned/disinfected will be placed in a bag, sealed and secured.

Upon notification of a positive or suspected COVID-19 case

- Major Stefanczak will coordinate with the Shift Commander's Office to take the lead on immediate implementation of the quarantine plan to include implementing operational changes/delivery of services.
- Deputy Warden Provencher will initiate Investigation efforts into the resident's activity/close contacts.
- Warden Edmark will initiate notifications and then assist Major Stefanczak and Deputy Warden Provencher.
- Delivery of services to impacted areas will occur with coordination of Director Maddaus, Administrator Hanson, and Medical & Forensics.

Recreation Activities/Initiatives for Units for consideration during quarantine:

- Periodic goodie bags for SHU and CCU
- Popcorn delivery
- Ice cream delivery
- Increased number of games/cards deployed for units
- Corn Hole Game to each unit
- Recreation tournaments by unit
- Increase movies on the rec channel
- TVs w/DVD
- Increase yard schedule

**NH Correctional Facility for Women**

Quarantine Housing

In the event that quarantine is not reasonably maintained within the housing unit and additional quarantine housing is required, the follow areas may be converted. The SMU C5 area may convert into 12 single cell quarantine areas for C5, C4 and Reception & Diagnostic (R&D) residents. All C5, PAR, PC residents housed in C5 will be dispersed into C4 and R&D housing according to status. C3 or Wellness may convert into double occupancy cells beginning will the upper floor, followed by the lower floor as needed. All non-affected residents would be move to the remaining non-quarantined unit.

SMU C5 = Single, 12beds
C3 or Wellness upper = Double, 14 bunkbeds (28 beds)
C3 or Wellness lower = Double, 14 bunkbeds (28 beds)

Preparation Equipment for identified areas should include but not limited to:

- Appropriate access to PPE for staff and residents
- Bathroom facilities appropriate to the use of the space.
- Beds and Bedding
- Identified Healthcare resources
- Appropriate Hygiene and Sanitation materials
- Appropriate waste management materials and receptacles
- Cleaning and Disinfecting Practices Guidance

**Northern NH Correctional Facility**

In the event of a positive or suspected positive COVID-19 resident case that establishes a need for quarantine, we will initiate immediate quarantine of the unit where the positive or suspected positive originated and the following procedure will be followed.

- Notifications made as soon as possible to Warden Riendeau and Major Newton by Shift Commander
- Initiate cleaning/disinfecting of the unit the positive or suspected positive originated, to include all common areas and individual resident's cells.
- We will secure the positive or suspected positive resident's property and disinfect as able, i.e. clothes and bedding will be placed in water-soluble/haz-mat bags, and any items unable to be cleaned/disinfected will be placed in a bag, sealed and secured.
- Major Newton will coordinate with the Shift commander and/or the Housing Captain to take the lead on implementing the plan and operational changes/delivery of services as needed.
- Major Newton will coordinate with the Operations Captain to initiate the investigation efforts into the resident's activities and close contacts.
- Warden Riendeau will initiate proper notifications to the Commissioner's Office, Division of Medical & Forensic Services Leadership and assist Major Newton.
- Delivery of services to impacted areas will occur with coordination of Director Maddaus, Administrator Hanson, and Medical & Forensics.
- We will work to determine the extent of the unit(s) requiring extended quarantine efforts. This effort will be done in coordination with Medical & Forensic Services as the liaison to Public Health, and the Commissioner's Office.

Recreation Activities/Initiatives for Units for consideration

- Increased number of games on units
- Increased movies on rec channel
- TVs and DVD player on unit
- Snacks delivered, i.e. popcorn

Sources:

https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

List of NHDOC Infection Control Nurses by Site as of March 2020-

| Site | General Telephone Contact |
|---|---|
| Secure Psychiatric Unit | 271-1839 |
| NH Correctional Facility for Women | 271-0874 |
| NH State Prison for Men | 271-1853 or 271-6061 |
| NH Correctional Facility for Men | 752-0345 or 752-0347 |

In the event one of the above staff are unavailable, contact the Director of Nursing Ryan Landry 271- 5631

## 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

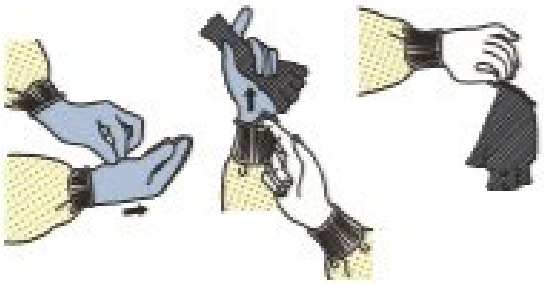
CDC

# 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**

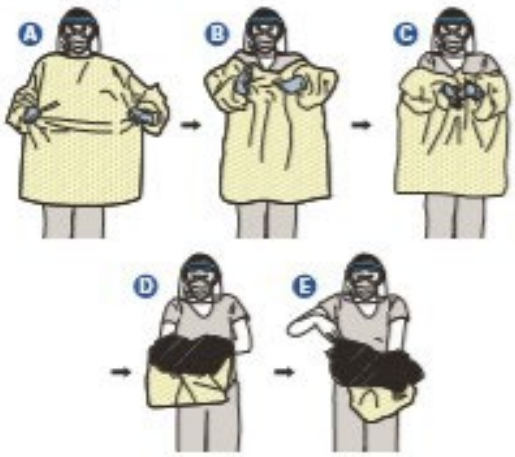
CDC

# 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**

CDC

# How to Remove Gloves

To protect yourself, use the following steps to take off gloves

1

Grasp the outside of one glove at the wrist. Do not touch your bare skin.

2

Peel the glove away from your body, pulling it inside out.

3

Hold the glove you just removed in your gloved hand.

4

Peel off the second glove by putting your fingers inside the glove at the top of your wrist.

5

Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.

6

Dispose of the gloves safely. Do not reuse the gloves.

7

Clean your hands immediately after removing gloves.

Adapted from Workers' Compensation Board of B.C. CS 254/09 A

# NH Department of Corrections – Attachment 3

| Guidelines: Personal Protective Equipment (PPE) COVID-19 | |
|---|---|
| **Site:** NH Department of Corrections Facilities | **Updated: July 2, 2021** |
| **Issued By:** Commissioner Helen E. Hanks | |

This guideline outlines a protocol for use of and provision of personal protective equipment to staff and residents in order to respond to and/or provide care when residents are in quarantine or medical isolation.

Educational Materials

**Putting on PPE/Removing PPE:**

See as Published by the CDC the Sequence for Putting on PPE - https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf

See as Published by the CDC the Sequence for Removing PPE - https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf

These will be dependent on what PPE you have on and have to take off. Familiarize yourself with this document and triage questions through your chain of command.

Place removed PPE in the identified trash receptacles for proper disposal as instructed by your Housing Unit OIC or Nursing Coordinator.

Perform proper hand hygiene after removing PPE.

**Locations/Replenishment for PPE:**

Keep recommended PPE near the spaces in the facility where it could be needed, to facilitate quick access in an emergency. Each Housing OIC shall establish a location and inform all staff assigned. Each Housing OIC is responsible for managing the proper allocation and replenishment of PPE for their unit. This must be carefully monitored to ensure access to PPE during times of need or staff and resident safety. Shift Commanders and Housing Unit OIC will work with the warehouse services on-site leadership for replenishment of their kits.

**Allocation of PPE:**

Please refer to the chart below published in the CDC guidelines for Correctional facilities to assist in allocating PPE:

**Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response**

| Classification of Individual Wearing PPE | N95 respirator | Face mask | Eye Protection | Gloves | Gown/ Coveralls |
|---|---|---|---|---|---|
| **Incarcerated/Detained Persons** | | | | | |
| Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*) | Apply face masks for source control as feasible based on local supply, especially if housed as a cohort | | | | |
| Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19 | – | ✓ | – | – | – |
| Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact | – | – | – | ✓ | ✓ |
| Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time | Additional PPE may be needed based on the product label. See CDC guidelines for more details. | | | ✓ | ✓ |
| **Staff** | | | | | |
| Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care) | – | Face mask, eye protection, and gloves as local supply and scope of duties allow. | | | – |
| Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons | – | ✓ | ✓ | ✓ | |
| Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines) | ✓** | | ✓ | ✓ | ✓ |
| Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines) | ✓ | – | ✓ | ✓ | ✓ |
| Staff handling laundry or used food service items from a COVID-19 case or case contact | – | – | – | ✓ | ✓ |
| Staff cleaning an area where a COVID-19 case has spent time | Additional PPE may be needed based on the product label. See CDC guidelines for more details. | | | ✓ | ✓ |

* If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.

** A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

- Disposable medical isolation gowns or single-use/disposable coveralls, when appropriate will be provided.
    - If security staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
    - If there are shortages of gowns, they (gowns) should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide increased opportunities for transfer of pathogens to the hands and clothing of staff.

Kits of PPE for Housing Units will include, as supply allows:

- Masks (Surgical or Fabric)
- Gown/Coveralls
- Gloves
- Personal Hand Sanitizer (If no access to a sink and soap for hand washing)
- Shoe Covers

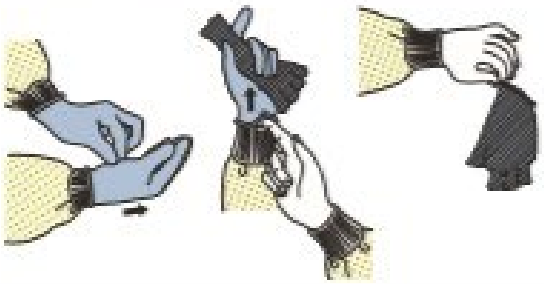
Helpful Charts:

# 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!
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- 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
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### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
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- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
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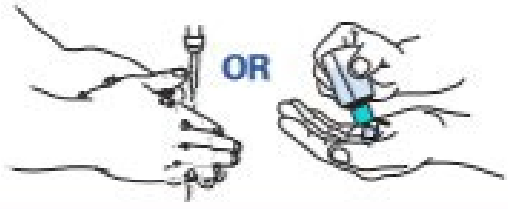


**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**

CDC

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

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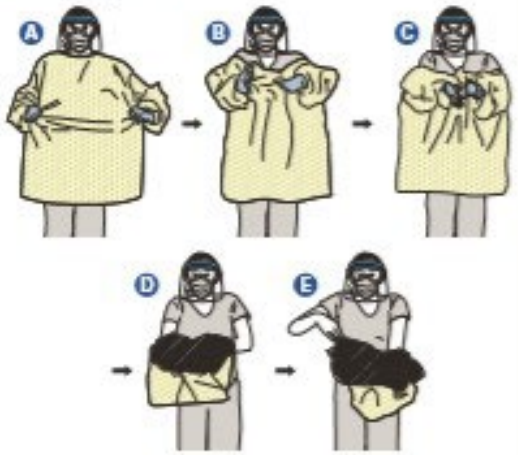
## 1. GOWN AND GLOVES

- 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

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**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**

# How to Remove Gloves

To protect yourself, use the following steps to take off gloves

1

Grasp the outside of one glove at the wrist. Do not touch your bare skin.

2

Peel the glove away from your body, pulling it inside out.

3

Hold the glove you just removed in your gloved hand.

4

Peel off the second glove by putting your fingers inside the glove at the top of your wrist.

5

Turn the second glove inside out while pulling it away from your body, leaving the first glove inside the second.

6

Dispose of the gloves safely. Do not reuse the gloves.

7

Clean your hands immediately after removing gloves.

Adapted from Workers' Compensation Board of BC

CS 254/59-A

# NH Department of Corrections

**Attachment 4**

| **Guidelines: Quarantine Cohort Clinical Management Process—COVID-19** | |
|---|---|
| **Site:** NH Department of Corrections Facilities | **Updated: July 2, 2021** |
| **Issued By:** Commissioner Helen E. Hanks | |

**Testing Considerations for Residents Who Are Quarantined in Cohorts:**

COVID-19 testing ideally will be offered to quarantined cohorts every *three to seven days until no new cases are identified for 14 days after the most recent positive result or confirmed close contact with a positive individual*.

Factors affecting the practice of testing and the specific interval of three to seven days include but are not limited to:

- Compliance of the cohort with screening and testing
- The availability of testing supplies and capacity of staff to perform repeat testing without negatively affecting other essential health care services
- Availability of appropriate PPE
- The capacity of laboratories utilized for obtaining testing results
- The expected wait time for test results and resulting capacity for timely action based on the results.

As testing is conducted, anyone testing positive should be immediately isolated. Quarantine for other residents in the cohort shall continue as positive residents and exposure to confirmed positive individuals are known and will continue until

**Monitoring of Quarantined Cohorts:**

- Assigned personnel do temperature screens daily through the quarantine period.
- When a temperature is > than 100 degrees Fahrenheit, the person taking temperatures observes signs of illness, or the resident reports symptoms consistent with COVID-19 infection, nursing staff is alerted and completes a screening, which is documented in Tech Care.

**Nursing screening consists of:**

- System review for signs and symptoms of COVID-19:
  - Abnormal vital signs
  - Sore throat
  - Extreme fatigue
  - Diarrhea
  - Loss of taste and smell
  - Headache
  - Body aches
  - Cough
  - Difficulty breathing
  - Shortness of breath
  - Congestion or runny nose

Any indication of these will lead to rapid COVID-19 testing being offered to the resident. If there is a positive result, the resident shall be isolated immediately. The finding of a positive resident in the cohort starts a new 14-day quarantine period for the cohort.

If the resident refuses rapid testing, and the nurse believes that there are signs and symptoms consistent with COVID-19, this shall be documented in the resident's medical record in TechCare. Options include leaving the patient in quarantine cohort, moving to isolation, moving to a single room in the cohort. These decisions will be based on the facility structure and bed availability. *Questions on patient management in this situation should be directed to the Director of Nursing (DON), or designee, or the Chief Medical Officer (CMO). If unable to contact the DON or the CMO, contact the Director of Medical and Forensic Services or designee.*

**Clearance of a Quarantined Cohort**

A Warden/Director will request a review of the quarantined cohort for clearance to the Director of Medical & Forensic Services, or designee.

The Office of the Director of the Division of Medical and Forensic Services will conduct, or cause to be conducted, an evaluation for recommendation to the Warden/Director.

The following factors will be evaluated before a recommendation of clearing a cohort that has been quarantined due to COVID-19 concerns.

- ✓ Consistent Temperature Screens: Compliance is defined as 75% (or greater) of the identified cohort accepting temperature screens in the last 14 days of the quarantine period. This is calculated as the total percentage of the number of opportunities for temperature screening in the 14-day period for the number of residents in the cohort. (Example: there are 100 residents in a cohort. Over the 14- day quarantine period, there was an opportunity once each day to have a temperature screening. 100 residents X 14 opportunities = 1,400. For the cohort to be compliant there would have to have been 1,050 temperature screens accomplished in the 14-day period.)
  Noncompliance is defined as a compliance rate of 74% or less of the identified cohort accepting temperature screens in the last 14 days of the quarantine period.

  Temperature screens will be tracked on Attachment 1 for use in calculating compliance/noncompliance.

- ✓ The Quarantine start date will be determined by the last date a confirmed positive COVID-19 resident was in the cohort. The quarantine period will begin and last at a minimum of 14 days or more.

- ✓ Review of the medical record of each resident to determine the etiology, or suspected etiology, of signs and symptom reported to medical staff in the last 14 days.

- ✓ Review of testing conducted in the quarantined cohort to determine compliance with testing and a review of the outcomes of testing. Compliance is defined as submitting to a test as requested/recommended by medical staff. Compliance for testing should be 100%. It should be noted that non-compliance in this area might be acceptable given the length of time the cohort has been in quarantine.

**Quarantine Release or Continuation:**

Based on the evaluation in the previous section, the reviewer, as designated by the Director of Medical and Forensic Services, shall formulate data, using Attachment 2 (Quarantine Cohort Clinical Management Evaluation)

to be used in determining quarantine release or quarantine continuation for the Warden/Director. This will be sent in an e-mail to the Warden/Director for their determination of action.

If the Director of Medical & Forensic Services recommends that he appropriate action is to release the quarantined cohort, the Warden/Director will be informed that nursing staff will be deployed to provide a face-to-face COVID-19 screening, and provide education/answer questions

At the completion of these screenings, nursing staff will provide a recommendation to the Warden/Director, or designee, to either clear the unit or have it remain quarantined. The Warden/Director will proceed with clearing the quarantined unit or continuing the quarantine.

References:


https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html#test-asymptomatic

# NH Department of Corrections

| **Guidelines: Quarantine Cohort Clinical Management Process—COVID-19**<br><br>**Temperature Work Sheet for Chart Review - Attachment 4a** | |
|---|---|
| **Site:** NH Department of Corrections Facilities | **Updated: July 2, 2021** |

Facility and Unit: Evaluator:

Date: Quarantine dates being reviewed (start date to end date):

Place "R" in box when refused a temperature. Place a line in box for days a temperature was accepted.

| ID | Name | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**STATE OF NEW HAMPSHIRE**

**DEPARTMENT OF CORRECTIONS**

**Office of the Commissioner**

**P.O. BOX 14**
**CONCORD, NH 03302-0014**
**603-271-1801 FAX: 603-271-4092**
**TDD Access: 1-800-735-2964**

**Helen Hanks**
**Commissioner**

**William T. Conway**
**Assistant**
**Commissioner**

Resident Court Transport Information and Confirmation of Authority

Resident Name:_____

ID Number:_____

Date:_____

By taking authority over this resident, the transporting authority acknowledges their authority and responsibility for direct supervision in maintaining detention during the provision of the transport until at such time this authority is transferred to another authority at a receiving facility, court or other lawful location of supervision.

Departure to Court:

Transport Officer (print): _____

Destination: _____

Will the resident be transported with another prisoner? Yes No

If yes, with who? _____

Transport Officer Signature:_____

Reception Officer:_____

Return from Court:

Transport Officer (print): _____

Was the resident transported with another prisoner? Yes No

If yes, with who? _____

Transport Officer Signature: _____

Reception Officer: _____

Prison Staff: If "No" was answered in either case and they were transported with another person who was not currently a cleared (non-quarantine) State Prison resident, the Shift Commander will be notified immediately for possible quarantine housing.

File: Client Record FileHold (Paper | Legal)
Attachment 5

**STATE OF NEW HAMPSHIRE**
**DEPARTMENT OF CORRECTIONS**
**Office of the Commissioner**

**Helen E. Hanks**
**Commissioner**

**William T. Conway**
**Assistant Commissioner**

**P.O. BOX 1806**
**CONCORD, NH 03302-1806**
**603-271-5563 FAX: 223-2333**
**TDD Access: 1-800-735-2964**
**www.nh.gov/nhdoc**

**To:** **All NHDOC STAFF**
**From:** **Helen E. Hanks, Commissioner**
**Updated:** **July 2, 2021**
**Re:** **Staff Symptom and Exposure Guidance**

# Employee COVID-19 Symptom and Exposure Self-Attestation

I am aware of the ongoing Coronavirus pandemic, and well informed about necessary infection surveillance, prevention, and control measures to mitigate risk of exposure to others and myself.

By signing this attestation, I am acknowledging and accepting the responsibility of continuous self-monitoring for COVID-19 symptoms and exposure.

Prior to reporting for my assigned shift each day, I affirm all of the following conditions are met:

a. I have checked my own temperature and I am fever free (no temp over 100.4, and not feeling feverish)
b. I am not experiencing a change in my sense of taste or smell
c. I have no diarrhea, vomiting, nausea; severe fatigue, muscle aches, chills; nasal congestion, runny nose, or cough of unknown origin; sore throat; shortness of breath
d. I have not been directly exposed to someone with a confirmed or suspected positive case of COVID-19
e. If I have travelled internationally since I last worked, and I am unvaccinated, I have completed self-quarantine instructions as directed by Human Resources

If any of the above conditions cannot be met, I know not to report to work, and to notify my supervisor immediately.

I sign this form today, and submit it to Human Resources, with the understanding that these self-monitoring and reporting guidelines will remain in effect until further notice.

| _____ | _____ | _____ |
|---|---|---|
| Employee Name | Employee Signature | Date |

Cc: DOC Personnel File

# NH Department of Corrections

| **Resident Guidelines:** **Voluntary Fabric Face Coverings** | |
|---|---|
| **Site:** NH Department of Corrections Facilities | **Updated: July 2, 2021** |
| **Issued By:** Commissioner Helen E. Hanks | |

When residents leave their rooms to access shared common spaces and/or to go to other approved areas of the facility including but not limited to recreation yards/gyms, they can choose to voluntarily wear a fabric face covering. Fabric face covering are to be worn as demonstrated below:


If a resident chooses to wear a mask they will follow these parameters or it may result in disciplinary action.

These parameters are still in place:

- No fabric face coverings are to be worn by residents single celled in the Special Housing Unit
- No fabric face coverings are to be worn while laying down or sleeping.
- No fabric face coverings are to be worn during observation levels.
- Fabric face coverings must be removed during all standing counts.

Fabric face coverings will have a resident's ID number and name placed on them. The fabric face coverings will be laundered through the department's laundry system.

Fabric face coverings will be available for purchase through commissary.

A resident, when directed to remove, or to wear, a fabric face covering will do so without unnecessary delay. Failure to remove a mask for count, or following a direct order to remove the face covering will result in disciplinary action, up to and including a 32A.

If a resident is a suspected or positive COVID-19 case, personnel protective equipment will be issued and required to be worn per protocol/guidelines.

To the extent there is credible information or intelligence related to an individual that would relate to the wearing of the face covering, security leadership or Investigations may request an exclusion for the resident through the facility Warden or Director.