

RHODE ISLAND DEPARTMENT OF CORRECTIONS

COVID-19

Inmate Exposure & Isolation Protocols

Last Updated: 12/19/2022

All exposure and isolation protocols are enacted by the RIDOC Medical Director based on Rhode Island Department of Health (RIDOH) and Centers for Disease Control and Prevention (CDC) guidelines; ***however***, RIDOC is unique as it is not only a correctional facility, but is also considered a congregate living setting, thus there are multiple factors that contribute to this decision making. RIDOC routinely consults with the RIDOH to determine the best course of action based upon these factors and the individual circumstances surrounding an exposure.

Exposure and isolation protocols for inmates differ depending on the facility and can change often for various reasons. In general exposure and isolation for inmates entails additional testing and restrictions in movement (e.g., smaller groups, meals taken in cells, programs curtailed). The level of restriction expands and contracts as needed, depending on the level of infection within a facility.

MASK REQUIREMENTS

All inmates are strongly encouraged to wear a surgical or K/N95 mask (no cloth masks) as much as possible while indoors, when in high-traffic, congested areas and/or when social distancing is not feasible. ***Masks may be worn at all times.***

VACCINATIONS

Inmates are encouraged to be up-to-date on vaccinations. "Up-to-date" on vaccination means having received a booster dose.

There are two types of COVID-19 vaccines (Moderna and Pfizer), including Bivalent boosters. **Vaccinations are available to all inmates upon request.**

EXPOSURE PROTOCOLS

Inmates exposed to people with COVID-19 must wear a K/N95 mask for 10 days when indoors around others and should monitor themselves for COVID-19 symptoms. Inmates with symptoms, or 5 days after exposure (day 6), will be tested. If an inmate tests positive for COVID-19 they must follow the isolation protocols outlined below.

ISOLATION PROTOCOLS

Isolation is used to separate people infected with COVID-19, or people who are sick with COVID-19 symptoms, from people who are not infected. People in isolation remain separate from others, their health is monitored regularly, and they should follow directions given by their healthcare provider.

- Inmates must isolate for at least 7 days from the start of symptoms or from the date they test positive (this is day 0) **if** they do not have symptoms.
- Starting on day 5 from the start of symptoms or the initial positive test, inmates will be retested. Testing will be done using either ONE PCR test or TWO rapid tests (which must be taken at least 48 hours apart). If negative, symptoms are improving, they are fever free for 24 hours off fever reducing medications like aspirin, acetaminophen (Tylenol) or ibuprofen (Advil), they weren't hospitalized, and don't have a weakened immune system, they can end isolation on day 7.
 - Testing method used may vary depending on lab turn-around times, facility operations, staffing and resources.
- If the test remains positive on the day 5 retest, or the above conditions are not met, inmates will isolate for the full 10 days. If Individuals have underlying health conditions or are immunocompromised, they will be assessed by their healthcare provider and may need to isolate for a longer period.

Inmates placed on COVID-19 Protocols will be evaluated for available therapies.

- Appropriate therapies will be provided to eligible inmates who test positive.
- Adequate access to appropriate PPE will be provided to all inmates.

GENERAL TESTING INFORMATION

- ❖ Inmate testing **may** increase depending on the number of positives in the community and/or in a facility.
- ❖ **All new commitments** to intake will be tested with a rapid test and PCR on entrance into the facility. ***New commitments no longer need to be quarantined/isolated upon intake unless they test positive or are symptomatic.***
- ❖ Inmates will continue to be tested with a rapid test prior to transfer between facilities.

Changes to these protocols may be made in response to increased case numbers or crisis staffing or supply/lab issues.