

RHODE ISLAND
DEPARTMENT OF CORRECTIONS
COVID-19: Staff Exposure and Isolation Protocols
Last Updated: 6/2/2023

RIDOC determines exposure, isolation and testing decisions based on RIDOH and CDC guidelines and recommendations. 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.

Staff are reminded that they should not come to work if they are not feeling well.

Vaccination UPDATES

RIDOC Staff are encouraged to be “up to date” on vaccinations.

In accordance with CDC guidance, individuals that have received 1 (one) *Bivalent* vaccine are considered “up to date” with the COVID vaccine.

People who have never previously received a COVID-19 vaccine can receive 1 *Bivalent* vaccine and be considered up to date.

TESTING REQUIREMENTS

Regular surveillance testing may occur at specific intervals as determined by the Medical Program Director.

- ❖ Those who test positive for COVID-19 should not undergo asymptomatic PCR testing until 90 days after their isolation period has ended.
 - ❖ All symptomatic individuals should stay home and test. If testing is positive, individuals should follow the isolation guidelines below.
 - ❖ Staff who are on-duty and become ill with COVID symptoms should coordinate with their supervisor and make every attempt to go home and test. If they are unable to be immediately relieved from duty, the staff members should wear a mask and maintain social distancing.
-

POST EXPOSURE PROTOCOL

Quarantine is not needed; however, staff who are exposed should test at least 5 days after exposure (Day 6) or sooner if they develop symptoms.

Staff with a positive test must continue to follow RIDOC-specific Isolation Protocols as outlined on the next page. *Changes to these protocols may be made in response to case numbers or crisis staffing.*

DOC ISOLATION PROTOCOLS

NO ONE shall enter any RIDOC facility who is COVID-19 positive or has COVID-19 like symptoms.

Isolation protocols do not change based on vaccination status; however, isolation may be prolonged if symptoms persist or if the individual is immunocompromised.

- ❖ Staff who have COVID-19 symptoms should test in the community (<https://portal.ri.gov/>). **An *at-home rapid test* is *NOT sufficient proof of a positive COVID-19 test*.**
- ❖ Upon receipt of a positive COVID-19 test, staff must notify their supervisor and send a copy of their positive COVID-19 test results to DOCcovidQuestions@doc.ri.gov.
- ❖ Staff must isolate, ***using their own sick time***, for at least 7 days from the start of symptoms or from the date they initially tested positive.
- ❖ Starting on day 5 from the start of symptoms or the initial positive test, staff may test-out early from isolation by taking 2 tests, 48 hours apart (***an at-home rapid test may NOT be used***). Staff can end isolation and return to work on day 8 if both tests are negative and **ALL** of the conditions below are met:
 - Symptoms are improving
 - Individual is fever-free for 24 hours without fever-reducing medication e.g., aspirin, acetaminophen (Tylenol) or ibuprofen (Advil)
- ❖ Staff who test-out early from isolation at day 7 must send a copy of the 2 negative test results to their supervisor and to doc.covidquestions@doc.ri.gov, ***prior to returning to work***.
- ❖ If any of the above testing is positive or the above conditions are not met, staff must isolate for 10 days.
- ❖ If no further testing is done after the initial positive test, staff must isolate for 10 days and may return to work on day 11.
- ❖ Individuals with underlying health conditions, or those that are immunocompromised, should discuss return to work with their PCP to ensure they are no longer contagious or at risk for serious health complications related to the COVID-19 virus.

These recommendations are consistent with current CDC Guidance in correctional facilities, which is different than current CDC Guidance for the general community.

All staff will have access to adequate PPE.