

RHODE ISLAND DEPARTMENT OF CORRECTIONS

COVID-19

Inmate Exposure & Isolation Protocols

Last Updated: 6/30/2023

All exposure and isolation protocols are enacted by 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., 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

Mask is not mandate; however, individuals with weaker immune are encouraged to wear a mask. Masks are available for all inmates and ***masks may be worn at all times***.

Individuals who are diagnosed with COVID-19, are experiencing respiratory symptoms or have been exposed to COVID-19 are to wear a mask when in public.

VACCINATION UPDATES

Inmates 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 (one) *Bivalent* vaccine and be considered up to date.

Vaccinations are available to all inmates upon request.

EXPOSURE PROTOCOLS

Inmates with a known exposure to an individual with COVID-19 must wear a K/N95 mask for 10 days when indoors around others and should monitor themselves for COVID-19 symptoms.

Exposed inmates will be tested 5 days after exposure (day 6), or at the onset of symptoms. 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 from people who are not infected. People in isolation remain in their isolation area and separate from others. They must wear N95 mask when outside the isolation area. Their health is monitored regularly, and they should follow directions given by their healthcare provider. In general, isolation lasts 10 days.

- 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 in isolation will be retested. They can end isolation with 2 negative rapid tests (which must be taken at least 48 hours apart, e.g., day 5 and 7, or day 8 and 10), and fulfill these conditions: their symptoms are improving, they are fever-free for 24 hours without any fever-reducing medications like aspirin, acetaminophen (Tylenol) or ibuprofen (Advil), they weren't hospitalized, and they don't have a weakened immune system.
- Inmates must isolate for the full 10 days if tested positive on day 5, or the above conditions are not met.
- Inmates with a weakened immune system e.g., having cancer and/or on cancer treatment, having advanced or untreated HIV infection, or have had organ transplant etc., need to isolate for the full 10 days and may be longer if determined by providers.
- **Transfer between facility and movement inside the facility should be avoided during isolation, to reduce the risk of spread.**

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

- ❖ **New commitments no longer need to be tested, quarantined, nor isolated upon intake; however, all new commitments will be screened for symptoms and symptomatic individuals will be tested.**
- ❖ Routine surveillance testing, testing prior to release, and testing prior to transfer between facilities has been discontinued.

Changes to these protocols may be made in response to community hospital admission rate or case numbers in the facilities.