

New Hampshire Department of Corrections

2020 - COVID-19 Operational Guidelines

May 25, 2021

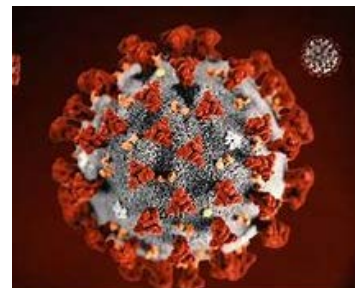


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Purpose: The Main purpose of this document is create a set of general and division specific protocols in one cohesive resource to assist in operational guidance and management through the COVID-19 pandemic. Our goal is to provide a thoughtful and informed approach to guide employees to physical locations and instruct employee interactions while maximizing employee safety and adhering to physical distancing. These safeguarding procedures are based on recommendations from the NH Division of Public health, the Centers for Disease Control and Prevention (CDC) as well as guidelines through Governor Sununu’s established Executive Orders and information received from NH Department of Corrections Executive Leadership.

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html>

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

I. General Procedures:

Employee Protocol for ALL NHDOC Physical Office/Facility Locations

Screenings:

All visitors, contractors and the like will complete a COVID-19 Screening (Attachment 1- Screening) prior to entry into a facility their temperatures will be checked by the control room officer (post procedures established locally).

All Employees will complete a NHDOC COVID-19 Symptom & Exposure Self-Attestation Form (Attachment 1a – Attestation Form). These forms will be remitted to Human Resources for inclusion in the employee personnel files.

Temperature:

Temperature screening for contractors, visitors and residents/supervisees.

- Employees will self-monitor their health and wellness associated with symptoms commonly associated with COVID-19 and report concerns to their supervisor and designated human resource coordinator prior to reporting to work.
- Temperatures can be taken before arriving. Normal temperature should not exceed 100.4 degrees Fahrenheit. If you take your temperature before you arrive and it exceeds normal, contact your supervisor for triage.

Face Coverings updated April 21, 2021:

Headquarters:

Pursuant to the Governor’s Order that ended the Mask mandate, effective April the 16th, for headquarters staff only, you may choose to wear a mask or not. Please show respect and civility to your colleagues and others in the building and be prepared with a cloth face covering on your person for those moments when it may be helpful to alleviate the concerns of others. You should still consider all elements that have kept us safe during these challenging times, including social distancing, good hand hygiene, covering your cough and cleaning surfaces.

This adjustment is only for the NHDOC headquarters location for at this time.

Please also know that the City of Concord still has a mask mandate and business may still elect to require mask wearing.

Prison Facilities: See Prison section

Social/Physical Distancing:

Practice recommended 6-foot physical distancing when space allows for it – “Further is safer.” principle.

Congregating:

To the extent allowed by the physical location, congregating is discouraged in break rooms or common areas and limited capacity of such areas should be posted to inform social/physical distancing with a minimum of 6-feet between employees. Limit self-service and common food and beverage items.

The CDC has published guidance for fully vaccinated persons:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

The NH Division of Public Health Services has published a Health Alert for fully vaccinated persons: <https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update37.pdf>

All recommendations still recommend masks at a minimum when in congregate settings like correctional facilities when there are individuals who have not elected to be vaccinated.

Hygiene Practices:

Wash hands more frequently, avoid touching your face, practice good respirator etiquette when coughing and/or sneezing.

Updates and Training:

Regular updates and training resources are distributed about COVID-19 mitigation and office safeguards. Review them, understand them and adopt these practices.

Illness:

All employees should stay home if feeling ill, report any symptoms of illness to your supervisor, and notify supervisor of a COVID-19 positive or suspected case in employee’s household. Employees and supervisors are to work with their assigned human resources coordinator for triage with appropriate parties.

- Direct any employee who exhibits COVID-19 symptoms (i.e., exhibiting any common symptoms or who is running a fever) to leave the premises immediately and seek medical care and/or COVID-19 testing, per NH Public Health guidance. Employers are to maintain the confidentiality of employee health information. Supervisors who triage these are to contact human resources. Employees in these situations are also to contact their human resources coordinators for support.

Employee tests positive for COVID-19 OR Employee reports being symptomatic and/or is suspected positive for COVID-19

- a. Send the employee home (or instruct them to remain home). Contact your Human Resource Coordinator and inform them of the situation.
- b. If able to perform work duties from home after consultation with your Warden/Director, the employee may continue to do so unless they are too sick to work.
- c. The assigned Human Resources Coordinator will work on time coverage based on

- the individual's situation and eligibility.
- d. Once the employee has completed the quarantine period, they may return to work if ALL of the following conditions are met (This is subject to adjustment at the direction of NH Public Health and NHDOC Human Resources Administrator based on unique individual circumstances):
 - Symptoms must be improving.
 - They have been without a fever for the last 72 hours without the aid of medication such as acetaminophen or ibuprofen.
 - e. Immediately notify the responsible Warden/Director and the Human Resources Coordinator assigned of the positive (or presumed positive test) result and the following information:
 - Is the employee vaccinated? When were they vaccinated?
 - Date the employee began having symptoms (if symptomatic).
 - When was the employee tested and when were the results reported?
 - Begin the contact tracing process for the 48 hours before specimen collection if asymptomatic, or 48 hours before symptoms began:
 - When was the employee last in the assigned work area? What span of time were they present at work within that time frame?
 - Exactly where did the employee go while on state property? (i.e. office, restroom, breakroom, etc.).
 - Were they seated at a desk?
 - What was their typical route of travel around the workplace?
 - What equipment did they use (phone, computer, portable radio, keys, etc.)?
 - Who did they talk to or interact with while at work last?
 - Were their specific residents they had contact with for longer periods of time (e.g. managing a work crew)
 - How far apart were they standing or seated? (more or less than 6 feet apart)
 - How long did the interaction last? (more or less than 10 minutes)
 - Do they ride with anyone to or from the workplace?
 - Have they had contact with any NHDOC employees while not at work?
 - Did the employee remove their mask at any time in the presence of other staff and/or residents/supervisees? (i.e. lunch, drinking beverage)?
 - f. The assigned Human Resources Coordinator (HRC) will triage with the employee and communicate with the employee's supervisor and Warden/Director information relevant for the management of NHDOC operations and staff coverage.

Employee reports potential exposure to a person who tested positive or was presumed positive for COVID-19

- a. Ask the employee this series of questions:
 - Who is the person that is confirmed positive or presumed positive?
 - Did you personally have contact with them or was it someone in your household?
 - If applicable, what date and time did you have contact with the person?
 - Do you live in the same household?
 - Do you share commons living spaces e.g. kitchen, bathroom, living room?
 - What day and date were you in contact with the person?
 - Do you know when they were confirmed positive or presumed positive? If so, when?

- Did you have prolonged exposure to them (e.g. longer than 10 minutes and within 6-feet)?
- Were you wearing a mask? What type of mask?
- Were other NHDOC staff around or involved in this potential exposure?
- What is your vaccination status? Do you have documentation to confirm status?

<https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update36.pdf>

- b. Document these answers and share them with your HRC through e-mail and follow-up with a phone call to triage according to CDC and Public Health Guidelines with your Human Resources Coordinator and inform them of the situation.
- c. Contact your Warden/Director and inform them of the situation as soon as possible.

Safety and Risk Mitigation Measures

Staff returning to physical workplace locations will adhere to safety protocols.

Physical/Social distancing visual aids/guidelines shall be displayed on bulletin boards and in common walk areas.

- Visual aids shall indicate which workstations can or cannot be used and a maximum occupancy for breakroom, conference rooms, and/or print/copy areas shall be specified.

Workstations such as the copy/fax area should not exceed one (1) person utilizing the machine at a time to ensure social distancing guidelines.

Cleaning and Sanitation Protocol

- All frequently touched areas shall be sanitized throughout the day in accordance with State Administrative Cor 703.02 and the purpose as written within this protocol.
- Each employee shall be responsible for cleaning his/her assigned workstation.
- Cleaning supplies shall be provided and readily available.
- Staff will engage in frequent hand washing and education with residents/supervisees on the value of frequent hand washing.

Distribution and availability of Personal Protective Equipment (PPE)

Every person entering any NHDOC district office, any prison or transitional work/housing unit location must wear at a minimum of surgical mask; a surgical mask shall be available upon request. Staff may take off their mask in their individual offices or staff only spaces but must wear at a minimum a surgical mask when existing a staff only space or office before proceeding to or entering a common hallway that may have residents in it. Please show respect and civility to your colleagues and others in the building and be prepared with a mask on your person for those moments when it may be helpful to alleviate the concerns of others. You should still consider all elements that have kept us safe during these challenging times, including social distancing, good hand hygiene, covering your cough and cleaning surfaces. Anyone assigned to work in an infirmary area of a facility will always wear at a minimum a surgical mask in all areas. Modification to this will only occur at the direction of the Commissioner.

The distribution and availability of PPE shall be maintained by the Director of Security and Training in coordination with the Administrator of Logistics and Wardens/Directors.

Personal Protective Equipment will be worn as outlined in Attachment 2 – Personal Protective Equipment.

Set up PPE stations for the putting on and taking off of PPE for staff use.

II. Transports:

This section refers to transportation of patients under NHDOC jurisdiction to or between NHDOC facilities who are confirmed or suspected (by a provider) to have COVID-19 disease. This includes community custody violators, work release, and patients currently housed in NHDOC facilities.

- a. No patient with confirmed COVID-19 disease will be transported into or between NHDOC facilities without approval of the Chief Medical Officer (CMO) and Commissioner.
- b. For any patients with confirmed or suspected (by a provider) COVID-19 disease being transported into or between NHDOC facilities officers, or other NHDOC staff in close contact with the patient, will put on the following personal protective equipment:
 - A pair of disposable examination gloves
 - Disposable isolation gown or single-use/disposable coveralls
 - Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator)
 - Eye protection (i.e., goggles or disposable face shield)
 - If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.
- c. Any national shortage of PPE supply issues affecting the above list, NHDOC staff will review Attachment 2 – Personal Protective Equipment (PPE) and Attachment 2a- PPE External Facilities for additional guidance.
- d. Proper PPE will be provided to the patient and the patient shall be instructed to put on the PPE in its entirety. (See Attachment 2 -PPE.)

Post the transportation of a possible/confirmed COVID-19 patient or other patient with a possible/confirmed infectious disease, the transportation vehicle must be thoroughly cleaned. The interior of the vehicle including all door surfaces touched both internal and external will be sprayed and wiped down with an approved disinfectant and will be allowed to remain wet until it dries naturally (dwell time).

Staff should work to reduce all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, access to necessary treatment needs or to prevent overcrowding.

Individuals being transferred due to extenuating security concerns are to be screened by the sending facility for COVID-19 using a screening tool and testing to fully inform the transfer team/pick-up team at the receiving facility. If a transferring facility is not conducting testing, we shall require a 14 –day quarantine prior to the transfer with a COVID-19 screen conducted by a licensed healthcare professional.

NHDOC staff involved in triaging requests for transfers will continue to communicate with community collaborators (e.g. County Jails, Other State Prison Facilities and the Federal Bureau of Prisons) to seek retention of our residents in their facilities if the spread of COVID-19 is such that transportation may cause a risk of exposure to our facilities (staff and residents) that may be avoided and in keeping the CDC’s guidance regarding transfers.

III. Prisons:

All Prison facility staff and contractors will function under the General Procedures outlined in this guidance document.

Screening, Testing and Infection Control of Residents for COVID-19

Residents presenting with symptoms prior to Health Services contact:

Provide and direct the resident to immediately put on a surgical mask, place them in an isolated area, and contact Health Services.

Resident Intakes arriving from other facilities or as the result of revocation:

Isolate immediately. Provide and direct the resident to immediately put on a surgical mask. Contact a nurse who will do a screening. The nurse will conduct a healthcare screening utilizing the COVID-19 Screening in TechCare plus other assessment data to determine clinical level of care. The level of care determination will determine their housing. (See Attachment 3 – Medical Isolation _ Quarantine.)

Residents transferring between NHDOC facilities:

A 14-day quarantine prior to transfer shall be initiated for all residents transferring between NHDOC facilities. If the sending facility does not have capacity for the 14-day quarantine but the receiving facility does, the transfer may occur with an intake 14-day quarantine at the receiving facility if bed space and a cohort can be safely established and managed. Medical staff may offer PCR testing throughout the quarantine period to inform for surveillance of COVID-19. All residents shall be screened by medical personnel using the COVID-19 Screening in TechCare which includes a temperature check prior to boarding the transport vehicle. If the resident does not clear the COVID-19 screening, healthcare staff are to refer to a provider for further triage and place them in medical isolation while awaiting the provider's review of the resident. In addition, the resident is to immediately be instructed to put on a surgical mask, unless it is contraindicated pursuant to CDC guidance, while awaiting further triage by a provider. Residents non-compliant with the screening process and/or daily health care surveillance during quarantine may have extended quarantine periods. Clearance from the quarantine is at the discretion of the Director of Nursing or Assistant Director of Nursing.

Fully vaccinated residents do not require a 14-day quarantine if the following conditions are met:

1. 14 days have passed since the final dose of COVID-19 vaccine was administered.
2. The resident has had no exposure to known or suspected cases of COVID 19 in the last 14 days.
3. Nursing staff has completed a chart review and COVID-19 screening assessment is done using the COVID screening form.
4. Approval from the Director of Nursing, Assistant Director of Nursing or designee is obtained prior to transfer.

Residents who have recovered from COVID-19 in the last 90 days do not require a 14-day quarantine if the following conditions are met:

1. The resident had a confirmed case of COVID 19 within the last 90 days, has since recovered and been cleared by medical staff. For consideration of recovered cases, 90 days is calculated from the date that the initial positive test was administered.
2. The resident has had no exposure to known or suspected cases of COVID 19 in the last 14 days.
3. Nursing staff has completed a chart review and COVID 19 screening assessment is done using the COVID screening form.
4. Approval from the Director of Nursing, Assistant Director of Nursing, or designee is obtained prior to transfer.

Residents who have scheduled medical, behavior health, or other appointments in any NHDOC facility are not considered transfers, and do not require a 14-day quarantine, however appropriate PPE and social distancing is required. Appointments are not considered admissions to the infirmary beds. Appointments are time limited within the same day of the appointment.

Transfers within Community Corrections:

Transfers originating from, AND concluding in, the Transitional Work Center (TWC) or any Transitional Housing Unit (THU), or transfers between any THU (ex. North End House to Calumet) are not subject to quarantine prior to transfer. Such a transfer will require the completion of a community corrections transfer screening form (Attachment 8). If any answers on the screening form require further assessment, the transfer will not take place until an assessment has been completed by medical staff.

Healthcare – Hospital/Clinic Stays Quarantine Triage:

Refer to the Clinical Guidance issued by the Chief Medical Officer Resource 9 under PPD 1073.00 issued on February 9th 2021.

Health Services Evaluation:

Any health care provider assessing patients referred from the screening section above should put on personal protective equipment listed below *before* the evaluation:

- N95 mask
- Gloves
- Eye protection: goggles or facemask
- Gown
- Shoe covers

The healthcare provider (doctors, nurses) will perform a clinical assessment and complete the COVID-19 Screening Form in TechCare.

- If the patient has a fever, cough, and/or shortness of breath, administer the Rapid Flu Test. If positive, treat accordingly.
- If the Rapid Flu Test is negative, place the patient in isolation in the treatment facility. Contact a medical provider. Give the medical provider the above information. Follow treatment plan as prescribed by provider.
- If no provider is onsite, the nurse will utilize the on-call provider and discuss the patient's case with the provider.

The provider will determine the following based on the clinical assessment for COVID-19:

- A. Level of care based on acuity
 - a. Transport to an emergency department for severely ill patients
 - b. Movement to a negative pressure room for any non-severely ill patient, if one is

- available, under airborne isolation precautions.
- c. Movement to housing unit designated for medical isolation (See Attachment 3.).
 - Patients isolated for quarantine in a housing unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every 24 hours, with referral to a provider as clinically indicated.
 - Refer to Attachment 3 of this guideline for appropriate placement

The provider will develop a treatment plan based on symptoms and clinical judgment.

The provider will request COVID-19 testing for any patient with concerning symptoms per the direction of the Chief Medical Officer (CMO) or designee.

Each isolation and quarantine area should have a donning and doffing station established prior to its entrance for access to and disposal of PPE.

Resident Testing procedure:

All testing is performed in cooperation with NH Public Health Laboratory. Courier service may be available by calling 271-0305. However, hand delivery is generally done at all sites except NCF.

Nursing staff will notify the NHDOC facility Infection Prevention Nurse, Chief Medical Officer, Director of Nursing, and Director of Medical & Forensic Services of positive COVID-19 findings.

Housing Unit Staff Response to Resident with Symptoms:

If security staff identify a resident who is coughing, short of breath, and may have a fever, they should isolate the person in a space from other individuals, provide the resident with a surgical mask and have the patient put that mask on. Health Services should be contacted for next steps.

If it is determined that a resident is to be escorted to Health Services for assessment, Health Services will coordinate with the Shift Commander's Office prior to the resident escort occurring.

Each housing unit and Shift Commander's office will maintain a supply of masks.

If the patient is off the housing unit at the time COVID-19 symptoms are noted, staff working with the patient will notify the Shift Commander who will direct staff and arrange a location for single cell confinement (i.e. resident cell, holding tank, isolation cell) until the patient can be assessed by medical.

If a single room is not immediately available, confine the patient at least 6 feet away from others until they have been evaluated by medical. Ensure patient is wearing a surgical mask.

Security staff will put on proper PPE: gloves, mask, eye protection, gown, shoe covers when entering the resident's room (See Attachment 2 - PPE.).

- All staff must wash hands with soap and water or with alcohol sanitizer prior to putting on gloves and entering a resident's room. All staff must wash hands with soap and water or with alcohol sanitizer after removing gloves.

As a general rule, isolated residents will not be allowed out of the cell unless security or medical needs require it.

- If an isolated resident needs to be out of their cell, they will wear a surgical mask during the necessary movement.

The resident shall be escorted directly to the destination specified by the sending and receiving area staff. Patients isolated in a housing unit or designated quarantine unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every 24 hours, with referral to a provider as clinically indicated.

- Patients will remain in isolation until they are cleared by a healthcare provider.

- Medical isolation should be distinguished operationally from segregated housing. Residents under medical isolation, no matter where housed, should receive regular contact from medical and behavioral health personnel.
- Appropriate PPE shall be worn. (See Attachment 2- PPE.)

Quarantine of Exposed Residents:

Residents who are asymptomatic (showing no symptoms) but have been in close contact with confirmed or suspected COVID-19 Residents or Staff should be quarantined. Quarantined Residents can be housed alone or grouped with other quarantined residents.

- If a quarantined resident develops symptoms of the COVID-19, they will be immediately removed from quarantine, if they were housed with other asymptomatic residents, and placed into isolation.
- If the symptomatic resident lived in dormitory-style housing, consider quarantining an entire dorm or wing of a housing unit, especially if there are multiple cases.

Exposed residents will remain in quarantine for COVID-19 for 14 days. Residents in quarantine will be assessed daily by nursing staff. If the resident develops symptoms while in quarantine they will be assessed by a medical provider to determine if a change in treatment plan and housing is required.

Any pill line medications will be delivered to the quarantined resident by medical staff unless medical staff determines the need for different protocol.

Housing residents with laboratory confirmation of COVID-19:

Only residents with laboratory confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort anyone with suspected COVID-19 or other respiratory infection not diagnosed as COVID-19 with those who are confirmed to have COVID-19.

All confirmed residents should wear surgical masks when anyone enters the isolation space.

Recognizing space considerations are challenging in correctional institutions, the ideal space for cohorting confirmed residents are well ventilated areas with solid walls and a solid door that closes. (See Attachment 3 – Medical Isolation_ Quarantine.)

A facility can use one large space for cohorting of medical isolation cases instead of several small spaces if the physical plant does not provide for the latter. This will reduce the risk of cross-contamination within the facility and will lower PPE burn rate.

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.

Facility management of isolated or quarantined residents:

If possible, cluster cases in isolation within a single location/wing within the facility to help streamline ongoing assessments and delivery of services to the affected population.

If residents need to be isolated or quarantined in a housing unit, allowances will be made to accommodate residents in this location.

Recreational activities will be provided.

When possible transfers to another DOC or outside facility of isolated or quarantined residents 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. If transportation is essential, the resident will wear a surgical mask.

Notify receiving facility prior to transfer.

Clean and disinfect the transport vehicle after transport.

Routine health care/mental health care will be provided at cell front or as instructed by healthcare staff.

Medications will be given at cell front or dependent on physical plant and instructed by healthcare staff.

Emergency medical needs will be assessed immediately by medical personnel, as required. Resident will be transported as deemed necessary.

Meals will be provided by Food Services and delivered to the cell.

The Unit staff will notify Food Services at the beginning of each shift the number of meals that are needed.

Masks and gloves will be worn when distributing and picking up trays. If anyone enters an isolation or quarantine area, full PPE shall be required.

COVID-19 Prison Operational Adjustments:

Environmental Cleaning:

Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, and computer equipment).

Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs) several times per day and when the use of the equipment has concluded.

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.

Disinfectant must be EPA-approved as a hospital/healthcare or broad spectrum disinfectant. Refer to CDC cleaning agent guidelines for COVID-19. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>

Follow label instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use, and around people. Clean according to label instructions to ensure safe and

effective use, appropriate product dilution, and contact time. Facilities may consider lifting restrictions on undiluted disinfectants (i.e., requiring the use of undiluted product), if applicable. (Attachment 4 – List of Cleaners and Disinfectants Used by the NHDOC)

Facilities will utilize Attachments 5a, 5b and 5c to monitor cleaning and disinfecting practices of the facility.

Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures and CDC guidance for correctional facilities.

Movement/Housing:

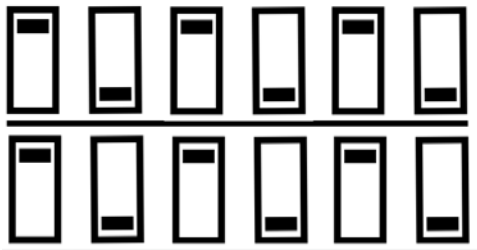
Due to the steady access to COVID-19 vaccination and all residents incarcerated having the opportunity to choose to be vaccinated as of May 18, 2021 as well as offering vaccination to newly booked or returning to incarceration residents, housing movements will only be minimized as required locally to manage safety and security to limit interactions between residents living in different housing units, to prevent transmission from one unit to another when units are under quarantine and any other identifiable security or infection control need. In addition, residents have received communication on the benefits of vaccination for a significant period of time thus informed decisions have been made with regard to risk if not vaccinated.

Health Services Centers will work locally to provide access to healthcare appointments in healthcare settings at facilities which may include mixing of residents from different housing units while balancing classification status.

In order to balance work sites and access, residents will continue at work sites to engage in physical distancing and mask compliance as vaccination status by resident will vary and the potential for resident workers to be from different housing units will exist. Ensure resident work spaces comply with physical distancing and mask wearing.

If a work detail provides goods or services for other housing units (e.g., food service or laundry), ensure that deliveries have a focus on cleanliness and disinfect all coolers, carts, and other objects involved in the delivery.

CDC Guidance for Correctional Facilities recommends that residents sleep in a head to foot configuration to increase distancing between each individual’s head like the configurations below:



Emergency Services:

Prison staff will follow the Fire and EMS Personnel Access and Triage in Response to COVID-19 as outlined in Attachment 6.

Staff Masks:

Staff working or assigned at a prison facility will be provided a surgical mask when entering the facility of assignment. Staff may only remove their mask if in staff only spaces (e.g. individual office, shared office with 6 feet of separation from other staff in the space), if you can maintain physical distancing (6ft or more) from other staff in the area or assigned to the same space. Hallways and Corridors are not staff only spaces as resident workers do access these spaces to provide cleaning and other assigned work. Please show respect and civility to your colleagues and others, be prepared to put on a surgical mask for those moments when it may be helpful to alleviate the concerns of others. When in doubt, wear a mask.

Staff working in health services areas will be required to wear a surgical mask at all times due to the risk to those admitted to the infirmary unless the staff person is actively eating and/or drinking in a non-resident room or location within the area.

Surgical masks will be worn, at a minimum, by staff in all resident housing areas, work areas and other shared access points throughout the facilities.

You should still consider all elements that have kept us safe during these challenging times, including social distancing, good hand hygiene, covering your cough and cleaning surfaces.

Residents Masks:

Fabric face coverings will be provided as necessary to replace worn and beyond use fabric face coverings through an exchange with housing unit staff.

Fabric face coverings will also be available for purchase through commissary.

When residents leave their housing units to go to other approved areas of the facility, they are required to wear a fabric face covering. Residents who report that they are unable to wear a fabric face covering due to health reasons shall be referred to healthcare staff, for assessment, and an alert entered into CORIS to inform security staff if the resident has a medical condition that prohibits wearing a fabric face covering or mask in addition a paper pass noting the exemption will be provided to the resident. A resident with this exemption will keep their pass on them to show to staff.

Residents will put on their fabric face covering before exiting their housing unit and accessing the yard or common hallway shared by other housing units. Failure to comply will result in disciplinary action.

All residents are required to wear appropriate fabric face coverings when leaving and returning to their assigned housing unit and remain covered until entering the outdoor recreation area or unit. Residents may remove their fabric face coverings while actively engaging in single unit outdoor recreation, although they should keep fabric face coverings on if sitting or socializing with peers. Social/Physical distancing should be actively considered at all times and when possible.

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.

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.

- Fabric face coverings will have a resident's ID number and name placed on them.
- Fabric face coverings will be laundered through the department's laundry system.
- If your fabric covering needs to be replaced, please bring it to staff for review and they will work to provide a replacement.

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.

Release of residents into the community:

A 14-day quarantine prior to release shall be initiated when quarantine housing space is available and timing is not prohibitive. Residents being released will be provided education on COVID-19. If the person does not have a fabric face covering upon release, they will be provided a surgical mask.

Healthcare staff in consultation with case management will consider testing residents for SARS-CoV-2 before release if they will be released to a congregate setting or to a household with persons at increased risk for severe illness from COVID-19.

For any resident with suspected or confirmed COVID-19 who is releasing from a DOC facility, the Infection Prevention Nurse or designee in conjunction with the facility case management resources will contact their local health jurisdiction/public health for appropriate placement guidance prior to the resident's release.

Release of Residents to Field Services Supervision:

Case managers will provide education to those releasing to probation or parole on which Phase Field Services is in regarding instructions on how to report prior to the resident's release to the Chief Probation Parole Officer (CPPO). Upon alert from the Adult Parole Board office that a person is being released, the CPPO and/or PPO assigned will look to CORIS Notes for transfer information relevant to the opening of the case.

Contact Tracking and Case Reporting:

Cases of suspected and confirmed COVID-19 will be thoroughly investigated by the Infection Control Nurse in conjunction with NH Public Health.

Review the resident’s cell and living unit location, job, classes, etc. to determine who could have been exposed and needs to be quarantined.

Report the need to isolate a resident and the need to quarantine other residents as indicated to the Nurse Coordinator or designee who will then notify the Warden/Director at the facility, Chief Medical Officer, Director of Nursing, Director of Medical and Forensic Services, and Chief of Security.

The results of contact investigations will be communicated to the Division of Medical & Forensic Services Director, Director of Nursing, facility Human Resources and Commissioner’s Office who will help ensure that people who have been exposed are identified, notified, and all appropriate infection control measures are put in place to reduce transmission (masking, quarantine, grouping, etc.)

List of NHDOC Infection Control Nurses by Site as of October 2020:

| Site | Name | General Telephone Contact |
|---|---------------------|---------------------------|
| Secure Psychiatric Unit | Wendy Giroux | 271-1839 |
| NH Correctional Facility for Women | Chelsea Cahill | 271-0874 |
| NH State Prison for Men | Jennifer Fitzgerald | 271-1853 or 271-6061 |
| Northern NH Correctional Facility for Men | Melissa Robirds | 752-0364 or 752-0347 |

In the event one of the above staff are unavailable, contact the Director of Nursing Ryan Landry 271- 5631. NHDOC Chief Medical Officer – Dr. Thomas Groblewski

IV. Field Services:

All Field Services staff will function under the General Procedures outlined in this guidance document.

Field Services will be operating under a 3 Phased approach which is outlined below. Phases will be instructed through their Chief PPOs who will be notified to make immediate phase changes by Division leadership or the Commissioner.

Phase 1:

All probationers and parolees will be allowed to enter district offices under the guidance listed below:

- All office visits will be done by appointment only.
- Scheduled reporting days shall be spread out throughout the week to avoid prolonged exposure.
- Probationers and Parolees will wear a mask and sanitize their hands prior to entering office space.
- Masks and Sanitizer has been provided to each District Office.
- A District Office COVID-19 Visitor Screening (Attachment 7 –DO Visitor Screening) questionnaire must be completed prior to anyone entering, including the taking of the person’s temperature.
- Anyone who fails the screening, or refuses to complete the screening will not be permitted to enter.
- Thermometers have been provided to each District Office.

- Waiting room seating will be spaced 6 feet apart, or if the area is not large enough to accommodate this they can wait outside or in their car until called.
- Meeting area surfaces shall be cleaned prior to and directly after meeting with a probationer or parolee.

Phase 2:

Selected probationers and parolees will be allowed to enter our space under the guidance listed below for the following:

Initial case openings, interstate transfers, and any matter needing immediate attention.

- All office visits will be done by appointment only.
- Scheduled reporting days shall be spread out throughout the week to avoid prolonged exposure.
- Probationers and Parolees will wear a mask and sanitize their hands prior to entering office space.
- Masks and Sanitizer has been provided to each District Office.
- A District Office COVID-19 Visitor Screening questionnaire must be completed prior to anyone entering, including the taking of the person's temperature.
- Anyone who fails the screening, or refuses to complete the screening will not be permitted to enter.
- Thermometers have been provided to each District Office.
- Waiting room seating will be spaced 6 feet apart, or if the area is not large enough to accommodate this they can wait outside or in their car until called.
- Meeting area surfaces shall be cleaned prior to and directly after meeting with a probationer or parolee.

Phase 3:

- All Field Services office reporting days are to be suspended.
- Probation Parole Officers are to instruct clients to meet their required/scheduled check in times by telephone, email, digital platforms such as Zoom or mail in lieu of district office face-to-face check ins, unless exigent circumstances exist,
- Do not instruct clients to report to the district offices unless authorized by the Chief and circumstances are urgent.
- Officers shall triage supervision of their caseloads according to their client's current risk assessment score.
- Clients with a current risk score of High, ISP or those on AHC shall be supervised through field contacts or home visits.
- When conducting community visits, officers shall use PPE. Prior to entering the residence, the officer should ask if anyone in the residence is sick or has a fever and contact their respective County Sheriff's office to determine if the residence is on the known COVID-19 list. If either of these circumstances exist, the officer is not required to enter the residence unless necessary to address an issue at hand or there is an immediate threat present to the officer, a member of the public, or the resident. After putting on PPE, the officer will proceed inside the residence maintaining a safe (a minimum of 6 feet) distance from residents if possible. All staff should exercise appropriate precautions and immediately distance themselves from any occupants who appear ill.
- All other contact requirements (CJIS/NCIC, Cost & Fines, verification of program compliance, etc...) and verification of compliance with the Conditions of Supervision (e.g., random urinalysis testing, no firearms or deadly weapons, etc...) are to be followed.
- At the discretion of the Chief PPO, PPOs should be scheduled to report to the DO on a rotating basis in order to avoid prolonged exposure within the office. When not assigned to report to the DO, PPOs will conduct field work and/or remote work.

Under all 3 phases, Court appearances will be determined pursuant to Supreme Court Order.

Under all 3 phases, Parole Revocation hearings will continue to be done via Zoom until otherwise amended by the Adult Parole Board.

Release Protocols:

Upon release, a supervisee required to report to a District Office is to be instructed to contact their assigned Probation Parole Office telephonically at the main office number listed below. They are to make their best attempts/efforts to telephonically check in and continue to call until contact is made.

Once contact has been established, their assigned Probation Parole Officer (PPO) will provide reporting instructions to the supervisee based on which phase the District Offices are operating under at the time.

District Offices

Exeter (Rockingham) 603-772-4730

Manchester (Hillsborough-N) 603-656-6699

Concord (Merrimack) 603-271-2268

Berlin (Coos) 603-752-0429

North Haverhill (Grafton) 603-787-6900

Dover (Strafford) 603-742-6621

Laconia (Belknap) 603-528-9399

Keene (Cheshire) 603-352-4139

Claremont (Sullivan) 603-542-2470

Wolfeboro (Carroll) 603-539-4137

Nashua (Hillsborough-S) 603-886-3444

V. Transitional Work Centers

All Community Corrections staff will function under the General Procedures outlined in this guidance document.

Environmental Cleaning:

Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, and computer equipment).

Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs) several times per day and when the use of the equipment has concluded.

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.

Disinfectant must be EPA-approved as a hospital/healthcare or broad spectrum disinfectant. Refer to CDC cleaning agent guidelines for COVID-19. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>

Follow label instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use, and around people. Clean according to label instructions to ensure safe and effective use, appropriate product dilution, and contact time. Facilities may consider lifting restrictions on undiluted disinfectants (i.e., requiring the use of undiluted product), if applicable. (Attachment 4 – List of Cleaners and Disinfectants Used by the NHDOC)

Community Corrections facilities will utilize Attachments 5d to monitor cleaning and disinfecting practices of the community corrections facilities.

Management of laundry and food service utensils should also be performed in accordance with routine procedures and CDC guidance for correctional facilities.

The Transitional Work Center will be operating under a 3 Phased approach which is outlined below. The Division of Community Corrections Chief of Security, unit Program Coordinators and Sergeants will oversee the implementation of phases and will be notified of immediate phase changes by the Director of Community Corrections and/or the Commissioner of Corrections.

Phase 1:

1. Residents are required to wear a fabric face covering while in any common areas within the unit and outside the unit on a work crew.
 - a. Residents may remove their mask while seated during meals and while in their assigned room. If social distancing (6ft) can be maintained, residents may remove their fabric face covering when in the TWC recreation yard.
 - b. When on a work crew and social distancing (6ft) can be maintained at all times, and when authorized by the work crew supervisor, residents may remove their fabric face covering. If social distancing guidelines cannot be maintained, face coverings must immediately be worn.
2. Residents on the same work crew shall be housed in no more than two different rooms.
3. Work Crews Residents will be screened (standard resident COVID-19 screening) prior to leaving the unit.
4. Work Crew supervisors from outside agencies will be required to do the following upon arrival at the facility.
 - a. Road Crew Supervisors will fill out the NHDOC Screening form and hand to NHDOC staff member before entering the facility.
 - b. Road Crew Supervisors will have their temperature administered by an NHDOC staff member
 - c. Road Crew Supervisors will be turned away if they exhibit any signs and symptoms of COVID-19 and will need clearance by their employer and Director of Community Corrections before they are allowed to return or have contact with residents.

5. Road Crew Sergeant will maintain consistent communication with each road crew supervisor regarding COVID-19 guidelines and their current practice and procedures.
6. Road Crew Sergeants will review the locations of work crews and what jobs they are completing. Work crews will not be authorized:
 - a. To work in areas that will have contact with groups.
 - b. Crews that would be unable to follow NHDOC COVID-19 guidelines.

Phase 2:

In Phase 2 Transitional Work Center will follow phase 1 guidelines, and the added restrictions and guidelines below.

1. All work crews will be reviewed by the TWC Work Crew Sergeant, Chief of Security and Director of Community Corrections.
 - a. Any work crews that are deemed high risk will be placed on hold.
 - b. Residents on the same work crew shall be housed in the same room.
 - c. Terminations will be based on COVID-19 prevalence rates in New Hampshire as tracked through <https://www.nh.gov/covid19/> and COVID-19 rates in the work crew location.
 - d. Additional factors including amount of contact with community and ability to maintain social distancing will also be a basis for termination.
2. NHDOC facility based work crews will continue.

Phase 3:

In Phase 3 Transitional Work Center will follow phase 1 guidelines, and the added restrictions and guidelines below.

1. All Work Crews going into the Community will be placed on hold.
2. NHDOC facility based work crews will be reviewed by Director of Community Corrections, facility Wardens and Administrators. Any Work Crews that are deemed non-essential to the safety and operations of the NHDOC will be placed on hold.

VI. Transitional Housing Units

All Community Corrections staff will function under the General Procedures outlined in this guidance document.

Transitional Housing Units will be operating under a 4 Phased approach which is outlined below. The Division of Community Corrections Chief of Security, unit Program Coordinators and Sergeants will oversee the implementation of phases and will be notified of immediate phase changes by the Director of Community Corrections and/or the Commissioner of Corrections.

Phase 1:

1. NHDOC, State and Community guidelines and restrictions must be followed.
2. C1 residents can continue to work in the community.
3. Residents identified as showing signs and symptoms consistent with COVID-19, or that have been identified as having had contact with someone with COVID-19, will be required to stay in the THU in a quarantine room.
4. Residents may be provided rent-waivers or work-offs if, due to COVID-19 if they are unemployed or underemployed. Program Coordinators will review any residents in this situation.
5. In-unit visitation is suspended. Residents who have not received disciplinary reports however are unable to visit in the community may be authorized for limited in-unit supervision. Each unit will identify a specified place for the visit to take place that can be socially distanced from all other residents and visitors. Visitation must follow the COVID-19 visitation guidelines.
6. Job searching can continue on a limited basis. Residents will have a very specific and detailed job-searching plan and will only be authorized to go to employers who are hiring. THU staff will continue to work to connect residents directly with hiring managers.
7. Outings and Overnights are authorized to continue per policy. Outings and Curfews may still be denied if they are deemed high risk for COVID-19.
8. Residents can continue to attend community appointments.
9. Drop offs – Requests to have items dropped off will only be authorized if items are essential to maintain employment, or essential to care and wellbeing. Requests to have items dropped off will be sent to the Program Coordinator (PC), unit Sergeant, Captain or their absence, designee. In order to request items to be dropped off, residents will send a request or speak to the Program Coordinator, unit Sergeant, Captain or designee and provide a detailed reason on why items are required. If authorized, staff will schedule a drop-off time and location. When the approved items and person drops off the items at the scheduled time, they will not enter the facility. Staff will meet them in designated area outside and items will be logged and signed for by THU staff and person dropping items off. Items shall be held in secure location at the THU for 48 hours after drop-off to ensure additional safety.
10. Food Delivery – Residents can have food delivery as normal, however the delivery person shall not come into the THU any further than the officer's station. Each THU will put up signs directing delivery drivers on where to go. All transactions with any delivery service will be in full view of a staff member.

Phase 2:

1. NHDOC and State and Community guidelines and restrictions must be followed.
2. C1 residents can continue to work in the community (Employment may be restricted if it is deemed that employer is not following State of NH and CDC COVID-19 guidelines. Removal of resident for this reason must be documented in detail on an incident report) and in the electronic record.

3. Residents in quarantine or medical isolation will follow the NHDOC procedures and will be restricted from leaving the facility until medically cleared by NHDOC health services and authorized by the Director of Community Corrections.
4. Residents are required to wear a fabric face covering while in any common areas within the unit and when in the community as appropriate per State of NH, City and CDC guidelines.
 - a. Residents may remove their mask while seated during meals and while in their assigned room. If social distancing (6ft) can be maintained, residents may remove their fabric face covering when in the outside unit areas.
5. Residents may be provided rent-waivers or work offs if, due to COVID-19 they are unemployed or underemployed. Program Coordinators will review any residents in this situation.
6. In unit visitation is suspended.
7. Residents will be restricted from going in person from business to business seeking employment. Residents will be provided access to apply for employment online or via staff referral. Residents are authorized to interview for employment or if offered a position can start employment.
8. Outings/Curfews, and Approved Absences are now subject to increased regulations and limitations:
 - a. Outings/Curfew and approved absences will be limited to immediate family members only (parents, siblings, spouses, children, etc.). Requests should not include prolonged contact with more than two adult family members (children under 18 are authorized and can go above the two adult limit) All Outings/Curfews and Approved Absences will be reviewed closely and requests to high risk locations may be denied or additional restrictions/precautions put in place. Public or private business deem to not be following COVID-19 guidelines will be denied. Exceptions to allow for non-immediate family members contact on outings/curfew may be granted by the program coordinator in situations where contact is essential to the individual's rehabilitation and reentry efforts.
 - b. Shopping at retail stores and grocery stores: Access to shopping and grocery stores will be limited in duration and locations. High traffic times for these business should be avoided when possible. Each unit will post specific instructions on how to request authorization for this type of outing and will include appropriate locations. Residents are required to follow COVID-19 protocols established by NHDOC and the community, including wearing a mask and social distancing. Additional trips may be requested and approved by the program coordinator dependent on need and residents' specific situation. Residents that are caught not following COVID-19 protocols may be denied this privilege.
 - c. Residents can continue to receive mental health, medical, substance use disorder services or religious services. The CC/CM or PC will confirm provider/services are still open before they leave the THU. When returning from appointments, the appointment summary (proof of attendance) is required. Residents shall provide this documentation to the security office upon returning to the house. If a provider offers a Telehealth/teleconference/telephone option, this option should be used if appropriate and if able to be accommodated by the unit.
9. Drop offs – Requests to have items dropped off will only be authorized if items are essential to maintain employment, or essential to care and wellbeing. Requests to have items dropped off will be sent to the

Program Coordinator (PC), unit Sergeant, Captain or their absence, designee. In order to request items to be dropped off, residents will send a request or speak to the Program Coordinator, unit Sergeant, Captain or designee and provide a detailed reason on why items are required. If authorized, staff will schedule a drop-off time and location. When the approved items and person drops off the items at the scheduled time, they will not enter the facility. Staff will meet them in designated area outside and items will be logged and signed for by THU staff and person dropping items off. Items shall be held in secure location at the THU for 48 hours after drop-off to ensure additional safety.

10. Food Delivery – Residents can have food delivery as normal, however the delivery person shall not come into the THU any further than the officers station. Each THU will put up signs directing delivery drivers on where to go. All transactions with any delivery service will be in full view of a staff member. If a delivery service is deemed to not be following state of NH COVID-19 guidelines the unit may restrict particular businesses. (this must be documented on an incident report.)

Phase 3:

1. NHDOC and State and Community guidelines and restrictions must be followed.
2. C1 residents can continue to work in the community. (Employment may be restricted if it is deemed that employer is not following State of NH and CDC COVID-19 guidelines. Removal of resident for this reason must be documented in detail on an incident report) and in the electronic record.
3. Residents in quarantine or medical isolation will follow the NHDOC procedures and will be restricted from leaving the facility until medically cleared by NHDOC health services and authorized by the Director of Community Corrections.
4. Residents are required to wear a fabric face covering while in any common areas within the unit and when in the community as appropriate per State of NH, City and CDC guidelines.
 - a. Residents may remove their mask while seated during meals and while in their assigned room. If social distancing (6ft) can be maintained, residents may remove their fabric face covering when in the outside unit areas.
5. In unit visitation is suspended.
6. Residents will be restricted from going in person from business to business seeking employment. Residents will be provided access to apply for employment online or via staff referral. Residents are authorized to interview for employment or if offered a position can start employment.
7. Outings/Curfews and Overnights have been suspended, the below exceptions will be authorized with unit approval. Telecommunications appointments should be utilized when available and appropriate.
 - a. Residents can continue to receive mental health, medical or substance use disorder services. CC/CM or PC will confirm provider is still open before you leave the house for your appointment. When returning from appointments, appointment summary (proof of attendance) is required. Provide documentation to security office upon returning to the house.
8. Drop offs – No Drop offs will be authorized.

9. Food Delivery – No food delivery will be authorized.

Phase 4:

Phase 4 will be implemented when a THU or TWC is experiencing an outbreak of COVID-19 or a large number of residents (2+ in one house) and/or staff have been exposed to COVID-19.

1. The entire Transitional Housing unit is under lockdown/quarantine during phase 4. Residents are restricted from leaving the house (unless a medical emergency or exception as described below). Telehealth, Teleconference, Telephone calls or NHDOC services will be made available to meet the Medical and/or mental health needs of the residents.
2. Exceptions may be granted by the Director of Community Corrections or higher authority (Decisions for exceptions will be made in consultation with Medical and Forensics and NH public health and Commissioners office.)
3. Residents rent will be waived while they are unable to go to work. Residents may be required to complete additional house chores as appropriate in order to maintain the THU while in Phase 4.
4. Residents are required to wear a fabric face covering while in any common areas within the unit.
5. Residents will eat meals in their room and/or on a rotating schedule to allow for room cohorts to be social distanced from one another while eating. Residents may remove their mask while seated during meals and while in their assigned room.
6. All appropriate efforts to maintain social distancing protocols should be taken.
7. All appropriate efforts should be taken to not mix room cohorts during this time.

VII. Citizen Involvement and Volunteers

Citizen Involvement and Volunteers

Volunteers to prison facilities will be managed in three (3) phases as long as the Department is still faced with a COVID-19 pandemic - based on COVID-19 prevalence rates both in New Hampshire as tracked and published at <https://www.nh.gov/covid19/> and in surrounding States.

Types of Volunteers:

- Visiting room only Volunteers – Will follow the visitation protocols in section VIII
- Professional Liaison – Will follow guidelines and process below.
- General Volunteer – Will follow guidelines and process below.
- Student Intern – Phase 1 only.

Phase 1 – All volunteer activities allowed to resume as outlined in Policy and Procedure 1010 titled Citizen Involvement and Volunteers, with COVID-19 and departmental staff internal procedures that include COVID-19 screening including temperature check, mask requirements, hygiene and sanitation practice requirements and physically distanced without prolonged exposure.

Phase 2 – Essential Volunteers (Professional Liaisons included)

Identification of Essential Volunteers:

- Volunteers that are essential to programs that provide religious resources, services, instruction or counseling that without the volunteer would not otherwise be able to be offered.
- Volunteers for non-religious programs that cannot be otherwise offered and the program has a significant benefit to the reentry and rehabilitative needs of residents.
- Each Facility Administrator of Programs in conjunction with program staff will submit a list of Essential Volunteers and justification as to why they are essential to the Director of Community Corrections. Director of Community Corrections will review and submit recommendation to the Commissioner of Corrections for approval.

Volunteer Screening Process for entry into a facility:

- Volunteers will be required to complete a COVID-19 training reviewing the NHDOC procedures and processes during COVID-19.
- Volunteers will be required to bring and wear their own fabric face covering until a surgical mask is provided by NHDOC staff for the duration of the visit (no alcohol, tobacco or inappropriate pictures on coverings will be allowed).
- Volunteers will be required to successfully complete and pass the NHDOC COVID-19 screening process (which includes a temperature check, symptom screen (for [symptoms of COVID-19](#)), a question regarding contact with a confirmed or suspected case of COVID-19 in the prior 14 days, and a question regarding whether the visitor has traveled outside of NH, VT, ME, MA, RI and CT in the previous 14 days). These questions are subject to change as appropriate.
- Volunteers that refuse to participate in COVID-19 screening or wear a surgical mask will be denied entrance into the facility.
- Volunteers will be requested to clean their hands using the alcohol-based hand rub at the entry location to the facility.
- The NHDOC reserves the right to terminate a Volunteer if a visitor displays symptoms that raises concerns regarding COVID-19 or other conduct which would disrupt the orderly flow of the institution.
- Volunteers will be monitored to ensure compliance with face coverings and physical distancing.
- Volunteers who are non-compliant with COVID-19 procedures will be removed as an approved visitor.

Phase 3 – All volunteers restricted from entering NHDOC facilities.

Commissioner of Corrections may make Exceptions for Professional Liaisons.

If available, volunteer programs and services will be offered through teleconference systems.

VIII. Visitors

General Visitors

Visits to facilities will be managed in four (4) phases as long as the Department is still faced with a COVID-19 pandemic - based on COVID-19 prevalence rates both in New Hampshire as tracked and published at <https://www.nh.gov/covid19/> and in surrounding States.

Phase 1 – In-person visits between residents and all approved visitors based on the state administrative rules outlined in Cor 305 with COVID-19 and departmental staff internal procedures that include COVID-19 screening including temperature check, mask requirements, hygiene and sanitation practice requirements and physically distanced without prolonged exposure to other groups of visitors. Residents will be required to sign a release associated with risks of exposure to COVID-19 that may occur during visits. Visitors will be required to complete the screening form and visitor release statement to visit. Notice will be posted to residents and potential visitors on the format of these in person visits to ensure awareness and compliance with protective measures in place. Detailed Framework outlined in May 2021 Memo.

Video Visits authorized

Phase 2 – Non-contact Visits with Physical Barriers

In order to be eligible for a Phase 2 non-contact visit, residents must be disciplinary free for one (1) year prior to the proposed visit, not produced a positive urinalysis for two (2) years (excluding NHDOC prescribed medication) and be free from any visiting restrictions. Eligible residents may receive one (1) visit per month as space and appointments allow.

Visitation Guidelines:

- Visits will be 45 minutes in duration
- Each visit may accommodate a maximum of two (2) adult visitors, 18 years of age or older and two minor children.
- Visitors must be approved on the resident’s visiting list.
- All standards set forth in PPD 305.00 *Visiting Policy* apply.
- All parties (visitors and resident) must don a face covering over their nose and mouth prior to entering any of our facilities and for the duration of the visit.
- Designated visiting room workers will clean and disinfect the visitation area and contact surfaces between each visit.

Visiting Request Process:

- Resident’s may request a visit by submitting a request slip to the designated staff member identified by each Warden/Director overseeing this visiting room privilege two to three weeks prior to the proposed visiting day.
- Request slip must include the following information:
 - Proposed date and time that corresponds with their housing unit.
 - Visitors full name and date of birth.
 - An alternative date/time must be provided as a secondary visiting option.

Visitor Screening Process:

- Visitors will be required to bring and wear their own fabric face covering or surgical mask for the duration of the visit (no alcohol, tobacco or inappropriate pictures on coverings will be allowed).
- Visitors are required to successfully complete and pass the NHDOC COVID-19 screening process (which includes a temperature check, symptom screen (for [symptoms of COVID-19](#)), a question regarding contact with a confirmed or suspected case of COVID-19 in the prior 14 days, and a question regarding whether the visitor has traveled outside of NH, VT, ME, MA, RI and CT in the previous 14 days).
- Visitors that refuse to participate in COVID-19 screening or wear a face covering will be denied

entrance into the facility.

- Visitors will be requested to clean their hands using the alcohol-based hand rub at the entry location to the facility. The NHDOC reserves the right to terminate a visit if a visitor displays symptoms that raises concerns regarding COVID-19 or other conduct which would disrupt the orderly flow of the institution.
- The visitors must maintain at least 6 feet of distance from the staff at all times except when staff are conducting searches. Searches will be conducted in a manner to reduce prolonged exposure to the visitor (10 minutes or less).
- Visitation should be monitored to ensure compliance with face coverings and physical distancing.

Video visits authorized.

Phase 3 – Non-contact Visits with Physical Barriers with No Minor Children

In order to be eligible for a Phase 3 non-contact visit, residents must be disciplinary free for one (1) year prior to the proposed visit, not produced a positive urinalysis for two (2) years (excluding NHDOC prescribed medication) and be free from any visiting restrictions. Eligible residents may receive one (1) visit per month as space and appointments allow.

Visitation Guidelines:

- Visits will be 45 minutes in duration
- Each visit may accommodate a maximum of two (2) adult visitors, 18 years of age or older. No minor children will be permitted into the facility.
- Visitors must be approved on the resident’s visiting list.
- All standards set forth in PPD 305.00 *Visiting Policy* apply.
- All parties (visitors and resident) must don a face covering over their nose and mouth prior to entering any of our facilities and for the duration of the visit.
- Designated visiting room workers will clean and disinfect the visitation area and contact surfaces between each visit.

Visiting Request Process:

- Resident’s may request a visit by submitting a request slip to the designated staff member identified by each Warden/Director overseeing this visiting room privilege two to three weeks prior to the proposed visiting day.
- Request slip must include the following information:
 - Proposed date and time that corresponds with their housing unit.
 - Visitors full name and date of birth.
 - An alternative date/time must be provided as a secondary visiting option.

Visitor Screening Process:

- Visitors will be required to bring and wear their own fabric face covering or surgical mask for the duration of the visit (no alcohol, tobacco or inappropriate pictures on coverings will be allowed).
- Visitors are required to successfully complete the NHDOC COVID-19 screening process (which includes a temperature check, symptom screen (for [symptoms of COVID-19](#)), a question regarding contact with a confirmed or suspected case of COVID-19 in the prior 14 days, and a question regarding whether the visitor has traveled outside of NH, VT, ME, MA, RI and CT in the previous 14 days).
- Visitors that refuse to participate in COVID-19 screening or wear a face covering will be denied entrance into the facility.
- Visitors will be requested to clean their hands using the alcohol-based hand rub at the entry location to

the facility. The NHDOC reserves the right to terminate a visit if a visitor displays symptoms that raises concerns regarding COVID-19 or other conduct which would disrupt the orderly flow of the institution.

- The visitors must maintain at least 6 feet of distance from the staff at all times except when staff are conducting searches. Searches will be conducted in a manner to reduce prolonged exposure to the visitor (10 minutes or less).
- Visitation should be monitored to ensure compliance with face coverings and physical distancing.

Video Visits Authorized.

Phase 4 – Video Visit Access Only

Attorney Visits

Attorney Visits/Access to residents will be managed in three (3) phases as long as the Department is still faced with a COVID-19 pandemic - based on COVID-19 prevalence rates both in New Hampshire as tracked and published at <https://www.nh.gov/covid19/> and in surrounding States.

Phase 1 – In-person attorney visits between residents and all approved attorneys based on the state administrative rules outlined in Cor 305 with COVID-19 and departmental staffs’ internal procedures that include COVID-19 screening including temperature check, mask requirements, hygiene and sanitation practice requirements and physically distanced without prolonged exposure.

Continued access to Confidential Attorney Video Visits*

Phase 2 - Departmental facilities will post operational access for non-contact visits for attorneys assigned to active cases on behalf of residents incarcerated in NHDOC facilities. These non-contact visits for attorneys will be on a first come first serve basis. Each facility will have a schedule of available times with cleaning completed between each attorney non-contact visit for both the attorney side and resident side of the non-contact spaces.

Attorneys will be required to bring and wear their own fabric face covering, surgical mask or N95 mask. Attorneys who do not wear a mask will not be permitted access to the visiting space. Attorneys will be required to complete the NHDOC COVID-19 screening and pass it in order to enter for the non-contact visit. There will be no exchange of paperwork between attorneys and residents permitted.

Continued access to Confidential Attorney Video Visits*

Phase 3 – Access to Confidential Attorney Video Visits*

Continued Telephonic privileged access through our communications contract.

At the time of this guidance document, GTL has agreed to make all calls placed to attorney numbers free to residents. This means, in addition to the one 5-minute free call per week to any number, all calls to attorneys will be free of charge.

- (a) Residents will still need to have the attorney's number in their list of numbers authorized for calling.
- (b) If the attorney is working remotely and needs to provide a new number to the resident,

the resident will request to place that new number on their list of authorized numbers.

- (c) Attorneys in the New Hampshire Criminal Bar, and the Public Defenders offices, have been instructed to provide any new number to the resident, along with a letter to DOC, which confirms the number is a valid number authorized for attorney/client communications.
- (d) To the extent a resident attempts to manipulate the privilege by falsifying a new number not associated with their attorney, disciplinary action may be taken including violations such as, but not limited to 57A, 76A, or 68B.

If an attorney needs to communicate in an unprivileged manner (e.g. to get a quick message to the client asking the client to call), the attorney may sign up through <https://web.connect.network.com/> to access a resident who has a messaging account. (Please recognize messages using this method are subject to monitoring, and thus not privileged communications).

If an attorney cannot reach a resident, either through the mail as it is time-sensitive, and the above two methods have proven unsuccessful, the attorney may contact the case counselor/case manager who can get a message to the resident to call the attorney. If the attorney does not know who their client's case counselor is, then assistance can be obtained through the warden's secretary at each facility to learn the name of the case counselor.

Attorneys may access the resident in certain instances via telephonic communications supported by the Case Management team, but such communications should not be considered attorney/client privileged communications.

Attorneys are also still able to communicate through the mail process, which maintains the confidential/privileged communication.

If the attorney has an emergent need, the facility's warden/director may be contacted for decision-making specific to the case needs.

* Access to Confidential Attorney Video Visits is through the Telecommunications contract for residents – NHDOC will actively work to advance this access.

IX. Resources

[Correctional and Detention Facilities | CDC](https://www.nh.gov/covid19/)

<https://www.nh.gov/covid19/>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.governor.nh.gov/news-and-media/covid-19-emergency-orders-2020>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>