

PRELIMINARY STAGE			
To be implemented by the facility administration team upon notification by local, state, or national, public health agencies of epidemic or potential pandemic outbreak.			
1. Raise awareness for all personnel and offenders to follow universal precaution policy/procedures to prevent the outbreak of contagious diseases.			
2. Statewide facility communication (Postings, E-Mail, Video), to educate all staff and offenders about the nature of the epidemic/pandemic infection and specific actions taken to educate and minimize the spread of contagious respiratory infections, which would include: <ul style="list-style-type: none"> • “What you need to know” and FAQ information about the type of the epidemic/pandemic infection, how the disease is spread, and the common signs and symptoms of the infection. • Specific action steps to prevent transmission. • Share statewide preparation plans to prevent facility outbreaks. • Increase disinfection of “high touch” areas, surfaces and equipment. • Appropriate disposal of contaminated waste articles. • Review staff, offender, visitor, volunteer, vendor and contractor movement in and out of the facility. • Review and update education for staff and offenders for respiratory etiquette, hand hygiene, social distancing, and avoidance of touching eyes, nose and mouth. 			
3. All staff will increase vigilance in observing for signs and symptoms of the infection among offenders, staff, visitors, volunteers, vendors and contractors to the facility. <ul style="list-style-type: none"> • Notify Shift Supervisor of any potential infected person for further instruction • The Shift Supervisor will respond to incidents involving staff, visitors, volunteers, vendor and contractors determine what, if any, additional actions are indicated • Any offender showing signs and symptoms are to be referred to Health Services immediately for a medical assessment. 			
4. Coordinate Facility Administrative and Engineering Infection Control assessment: <ul style="list-style-type: none"> • Need to implement urgent vaccination program as well as utilize community resources to facilitate staff vaccination program. • Facility safety officer, warehouse manager, and Nursing Director complete an inventory of infection control supplies (PPE, disinfectant, order additional supplies as deemed appropriate. • Nursing Director to review supply of rapid test kits and/or other testing supplies from commercial or public laboratory testing sites. • Nursing Directory to review supply of anti-viral medication in stock and availability from pharmacy. 			
STAGE I			
To be implemented upon notification of confirmed epidemic or pandemic in the State of Iowa			
5. Identify a staff person to be responsible for outbreak surveillance and infection control.			
6. Revise and redistribute infection control measures to reduce transmission: <ul style="list-style-type: none"> • Reemphasize education for staff and offenders on respiratory etiquette, hand hygiene, social distancing, and avoidance of touching eyes, nose and mouth. • Frequent disinfection of “high touch” surfaces in the facility. • Assure that all staff and offenders have an adequate supply of hand soap and all soap dispensers are refilled regularly. 			

EPIDEMIC/PANDEMIC INCIDENT CHECKLIST

TIME/DATE INT NA

7. Instruct all employees who are ill to stay at home and if they become ill while at the facility to return home.			
8. Identify a staff person to track absenteeism related to the outbreak.			
9. Monitor updates from the Iowa Department of Health of case reporting in the state.			
10. Establish procedures for screening visitors for illness and direct them to leave the facility if any signs or symptoms of respiratory infection or fever or recent high risk travel or contact with confirmed case in community.			
11. Identify potential housing unit to isolate and segregate affected offenders.			
12. Develop plans for stockpiling and distributing infection control supplies.			
13. Identify and comply with state or local reporting requirements.			
14. Consider restricting volunteer and non-essential vendors and contractors movement into the facilities.			
15. Develop and distribute signage to educate staff, offenders, visitors, volunteers, vendors and contractors about: <ul style="list-style-type: none"> • The current outbreak within the state. • Respiratory etiquette, hand hygiene, social distancing, and avoidance of touching eyes, nose and mouth. 			
<p>STAGE II</p> <p>To be implemented upon notification of presumptive or confirmed cases in the geographic vicinity of IDOC facilities</p>			
16. Review and revise as deemed necessary offender, staff, vendor, and visitor postings and communications.			
17. Review infection control supplies and effectiveness of infection control measures.			
18. Initiate screening of offenders entering IDOC for signs or symptoms of respiratory infection or fever or recent high risk travel or contact with confirmed case in community.			
19. Implement procedures for isolation of potential cases and testing.			
20. Establish IDOC Central Office and Institutional Incident Command procedures to coordinate with the State Emergency Operation Center (SEOC).			
21. Continue to monitor surveillance for any new potential or confirmed cases.			
22. Review additional measures to increase "social distancing". Consider eliminating non-essential large group meetings.			
23. Review and revise bed space availability in designated isolation and segregation areas.			
24. Review interdepartmental offender transfers/movements.			
25. Review additional measures to increase "social distancing". Consider eliminating non-essential large group meetings.			

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STAGE III			
To be implemented upon confirmed case diagnosed in a facility			
1. Immediately isolate (or cohort) offenders with signs of illness using Strict Isolation Protocol (HSP 905) as per IDPH guidance.			
2. Reinforce education on infection control procedures for all staff who have direct contact with those in isolation.			
3. Assure adequate infection control supplies and personal protective equipment are available and monitor supply daily.			
4. Continue to triage at sick call to identify offenders with respiratory symptoms and immediately implement procedures for isolating suspected cases.			
5. Conduct contact investigations of the initial incident case and isolate contacts.			
6. Consider Restricted Movement in affected facilities.			
7. Monitor adherence to Safety and Infection Control guidelines.			
8. Monitor daily PPE supply.			
RECOVERY PHASE			
To be implemented upon notification by state public health agencies of epidemic or pandemic resolution			
9. The IDOC shall continue to monitor IDPH and CDC communications for declining epidemic/pandemic activity. Information shall be shared with the institutional staff so that they may initiate or develop a deactivation plan.			
10. IDOC Central Office and Institutional Incident/Site Commanders shall inform the SEOC on staff availability, absenteeism and case prevalence.			
11. Wardens/Superintendents and their Crisis Management teams shall develop a step down plan that indicates increased programming and institutional activities.			
12. An institutional and departmental debriefing shall be conducted with emphasis on planning for a future epidemic/pandemic response.			