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| <b>STATE OF IOWA</b><br><b>DEPARTMENT OF CORRECTIONS</b><br><br><b>POLICY</b><br><b>AND PROCEDURES</b> |                               | Policy Number        | Applicability   |
|  |                               | IO-SE-26             | <input checked="" type="checkbox"/> DOC<br><input type="checkbox"/> CBC |
|  |                               | Policy Code          | Iowa Code Reference   |
|  |                               | Public Access        | N/A   |
| Chapter 3  | Sub Chapter                   | Related DOC Policies | Administrative Code Reference   |
| INSTITUTIONAL OPERATION  | SAFETY & EMERGENCY PROCEDURES | HSP-905              | N/A   |
| Subject  |                               | PREA Standards       | Responsibility  |
| EPIDEMIC AND PANDEMIC ACTION PLAN  |                               | N/A                  | Samantha Tucker<br>Dr. Jerome Greenfield                                |
|  |                               | Effective Date       | Authority   |
|  |                               | August 2021          | Beth Skinner<br>Director<br>Signature on file at Iowa DOC               |

## I. PURPOSE

To develop and proactively implement an action plan for institutions in the Iowa Department of Corrections (IDOC) to respond to epidemic and pandemic acute respiratory infections.

## II. POLICY

It is the policy of the IDOC to have procedures in place to prevent the transmission of epidemic and pandemic respiratory infections to enable continued institutional operations.

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### **III. DEFINITIONS**

- A. Influenza or “flu” is a contagious infection of the respiratory tract caused by a variety of influenza viruses. Symptoms include fever, cough, sore throat, runny or stuffy nose, headache, muscle aches, and fatigue. The time between exposure and illness is usually one to three days and the onset of symptoms is sudden. Most people who get influenza recover completely in one to two weeks, but some people develop serious and potentially life-threatening medical complications such as pneumonia.
- B. Influenza Virus
  - 1. There are three types of influenza viruses that can infect humans: A, B, and C. Types A and B cause most human illness. Type C infections are much less severe. Influenza types A and B cause seasonal influenza.
  - 2. Type A viruses can infect both humans and animals and are the cause of pandemics. Type A viruses are divided into subtypes based on two different proteins on the surface of the virus hemagglutinin (H) and neuraminidase (N). The current subtypes found in humans are (H1N1) and (H3N2). The type A virus is constantly mutating. Type B viruses only infect humans, do not cause pandemics and are classified into two lineages: B/Yamagata and B/Victoria.
  - 3. Transmission. The influenza virus is spread via respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly inhaled into the lungs. The virus may spread by touching surfaces or inanimate objects that have the virus on them and then touching their own mouth, nose, or possibly their eyes but this is not the main way it spreads.

4. The incubation phase (the time between acquiring the flu infection until becoming ill) is typically 1-4 days. Most adults are can spread the infection beginning one day before symptoms start and up to 5-7 days after becoming sick. Transmission is greatest during the first two days of illness.
- C. Seasonal Influenza – the “flu season” occurs annually when the prevalence of influenza infections increases. The season starts in the fall, typically in October and lasts until the spring, sometimes as late as May.
  - D. Influenza Pandemic – An influenza pandemic is a global outbreak of a novel influenza A virus that can easily infect people and spread from person to person in an efficient and sustained way. In 2009 a new influenza A virus (H1N1) pdm09 caused the first influenza pandemic in more than 40 years.
  - E. Seasonal influenza vaccine. Influenza viruses are constantly changing, so the vaccine composition is updated every year to protect against 3 or 4 influenza strains – one A(H1N1), one A(H3N2), and one or two influenza B viruses - that research indicates are most likely to spread and cause illness among people.
  - F. Influenza-Like Illness (ILI) is an acute respiratory illness with a measured temperature of  $\geq 100.4^{\circ}\text{F}$  ( $38^{\circ}\text{C}$ ) and cough, with onset within the past 7 days. (WHO Global Technical Consultation 2011)
  - G. COVID-19 – The 2019 novel coronavirus is a contagious infection of the respiratory tract. The virus was first detected in Wuhan, China and has spread globally. Symptoms can range from cold like symptoms to more serious symptoms leading to severe respiratory distress and failure. Common symptoms include fever, cough and shortness of breath.
    1. Transmission is thought to spread mainly from person-to-person between people who are in close contact with one another (within about 6 feet).
    2. The incubation phase ranges from 2 days to 2 weeks.
  - H. Master Action Plan- A working document produced by IDOC Incident Command to provide guidance to institutions and districts. The MAP shall be considered IDOC policy and a **confidential document**
  - I. See IDOC Policy **AD-GA-16** for additional Definitions.

## **IV. PROCEDURES**

### **A. Communication**

1. The IDOC will consult with Iowa Department of Public Health (IDPH) regarding influenza, COVID-19 or other epidemic infection prevalence in the state and seek guidance on measures to prevent transmission and control outbreaks.
2. The IDOC will also coordinate planning with Iowa Homeland Security and Emergency Management, as well as other state agencies to ensure an integrated and uniform strategic plan.
3. IDOC incarcerated individuals and staff will receive routine updates about the current known status of epidemic or pandemic infections as well as infection control measures to implement.
4. Information will be disseminated to incarcerated individuals and staff about the status of IDOC planning to respond to outbreaks of these contagious respiratory infections.

### **B. Infection Control**

Each institution shall develop an infection control plan outlining procedures to follow in the event of an epidemic and/or pandemic, to include the following:

1. Education - Institutional Health Services departments shall distribute educational information to incarcerated individuals and staff about the steps they should use to prevent transmission of the virus.
  - a. Wash your hands often with soap and water.
  - b. Avoid touching your eyes, nose and mouth.
  - c. Cover your nose and mouth with a tissue when you cough or sneeze. After using a tissue, throw it in the trash and wash your hands.
  - d. Avoid close contact (within 6 feet) with sick people.
  - e. While sick, limit contact with others as much as possible to keep from infecting them.

- f. If you are sick with respiratory symptoms and/or fever, CDC recommends that you stay home for at least 24 hours after your fever is gone. (Your fever should be gone for 24 hours without the use of a fever-reducing medicine.)
- g. Clean and disinfect surfaces and objects that may be contaminated with the virus.

## 2. Engineering Controls

- a. Review movement of staff and incarcerated individuals within institutions including discharges and admissions.
- b. Determine whether to modify all visiting, vendors, contractors, volunteer support and outside trips.
- c. Institutions will develop procedures and instructions for incarcerated individual cleaning crews to clean with a disinfectant, change mop heads daily and pay special attention to items that are touched by staff and incarcerated individuals, ( e.g. door knobs, countertop surfaces, etc.).
- d. All phones, radios and electronic equipment should be routinely sanitized.
- e. Staff should be instructed to wash their uniforms daily.
- f. Influenza vaccines shall be offered to incarcerated individuals based on available supplies in conjunction with state and local county health authorities.
- g. COVID-19 vaccines shall be offered to staff and incarcerated individuals based on available supplies in conjunction with state and local health authorities.
- h. Staff shall be encouraged to participate in available community vaccination programs for seasonal influenza.
- i. Institutional executive staff will develop a plan to assure essential duties of operation can be delivered with a significantly reduced workforce.
- j. Health and Safety Officers will assure the means for appropriate hand cleansing readily available within the facility,

including intake areas where incarcerated individuals are booked and processed, visitor entries and exits, visitation rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas. The means for hand cleansing are ideally running water, soap, and hand drying machines or paper towels and wastebaskets; alternatively, except in lavatories and food preparation areas, hand sanitizers may be used as an interim means until soap and water is available.

- k. Clean all common areas within the facility routinely and immediately, when visibly soiled, with the cleaning agents normally used in these areas.
- l. Respiratory hygiene/cough etiquette should be implemented beginning at the first point of contact with a potentially infected person to prevent the transmission of all respiratory tract infections in the correctional setting

### 3. Administrative controls

- a. Each institution's plan shall be developed with recognition of the principle of avoiding group or crowd situations and avoiding incarcerated individual and staff movement, to the degree possible.
- b. Encourage staff who are ill to stay home or be sent home if they develop symptoms while at the facility.
- c. If there is an outbreak in the facility, develop plans limit non-essential group gatherings. Consider staggering group meals and other activities to provide more personal space between individuals.
- d. Consider modifying visitation programs, when appropriate.

### C. Personal Protective Equipment

- 1. Each institution shall maintain an adequate supply of gloves, masks gowns, and eye protection in order to prevent the transmission of the disease.
- 2. Train and fit test adequate staff in the use of approved N-95 respirators as deemed appropriate.

D. Healthcare

1. Intake centers will screen for fever, respiratory symptoms or recent high risk travel and promptly initiate infection control measures when indicated.
2. Rapid Influenza Diagnostic Tests (RIDT)
  - a. RIDT's are useful to identify influenza virus infection as a cause of respiratory outbreaks in IDOC institutions and can help with diagnostic and treatment decisions for patients in clinical settings, such as whether to prescribe antiviral medications. However, due to the limited sensitivities, negative results do not exclude influenza virus in patients with ILI.
  - b. Once influenza activity has been documented in the community or geographic area, a clinical diagnosis of influenza can be made without RIDT, especially during periods of peak influenza activity in the community.
3. Screening laboratory testing for COVID-19 will be conducted as per IDPH guidance, based on established risk factors and community spread.
4. Consider daily temperature checks of all incarcerated individuals in units when new cases are identified.

E. Response

1. Activate Preliminary Stage of the Pandemic Action Plan, when epidemic and/or pandemic outbreaks are declared by IDPH, CDC, or WHO. (Use Appendix A, Pandemic Incident Action Plan checklist)
  - a. The need to initiate a Preliminary Stage Action Plan will be identified and communicated to IDOC institutions, in accordance with the IDOC medical team and State Health officials.
  - b. Medical Director and/or the IDOC medical team shall remain in contact with State Health officials and communicate pertinent information to IDOC facilities as indicated.

- c. Medical Director or designee shall maintain contact with State Health officials and disseminate information to Department staff and incarcerated individuals.
  - d. Director of Pharmacy shall review availability and supply of vaccines, antiviral medication and rehydration solution.
  - e. Identify potential housing unit to isolate and segregate affected incarcerated individuals.
  - f. Safety Director shall review availability and supply of PPE within the IDOC.
  - g. Safety Director shall review availability and supply of disinfectant cleaning solution.
2. Activate Stage I of Pandemic Action Plan, upon notification of presumptive positive or confirmed cases in the state of Iowa as reported by the IDPH.
- a. Identify a staff person to be responsible for outbreak surveillance and infection control.
  - b. Revise and redistribute communications on infection control measures to reduce transmission.
  - c. Hand hygiene
    - (1.) Make soap dispensers or hand soap available in all employee and incarcerated individual restrooms.
    - (2.) Institute a plan to assure that soap dispensers are refilled regularly.
    - (3.) Assure that incarcerated individuals have an adequate supply of hand soap.
    - (4.) Regularly assess the hand hygiene practices of employees and incarcerated individuals, and design measures to improve hand hygiene.
    - (5.) Assure that employees and visitors can wash their hands when entering and leaving the facility.



- d. Instruct all employees who are ill to stay at home and if they become ill while at the facility to return home.
  - e. Emphasize frequent cleaning and disinfection of high touch areas, i.e., doorknobs, keys, telephones, countertop surfaces, dining and recreational areas.
  - f. Continue regular communication with the IDPH to update guidance recommendations.
  - g. Identify and comply with local or state case reporting requirements.
  - h. Identify staff person to track absenteeism associated with the pandemic outbreak.
  - i. Consider restricting volunteer and non-essential vendors and contractors movement into the facilities.
  - j. Establish procedures for screening visitors for illness and direct them to leave the facility if any signs or symptoms of respiratory infection, fever or recent high risk travel or contact with confirmed case in community.
  - k. Identify administrative measures to accomplish "social distancing".
  - l. Identify areas within the facility that would be amenable for isolation and segregation.
  - m. Develop plans for stockpiling and distributing PPE supplies.
3. Activate Stage II of Pandemic Action Plan, upon notification of presumptive positive or confirmed cases in the geographic vicinity of IDOC facilities.
- a. Review and revise, as deemed necessary, incarcerated individual, staff, vendor, and visitor postings and communications.
  - b. Reinforce education regarding infection control measures.
  - c. Reinforce communication to staff who are ill to stay home or be sent home if they develop symptoms while at the facility.

- d. Increase environmental cleaning of “high touch” surfaces.
  - e. Review infection-control supplies and review distribution plan.
  - f. Initiate screening of incarcerated individuals entering IDOC for signs or symptoms of respiratory infection or fever or recent high-risk travel or contact with confirmed case in community.
  - g. Implement procedures for isolation of potential cases and lab testing.
  - h. Establish IDOC Central Office and Institutional Incident Command procedures to coordinate with the State Emergency Operation Center (SEOC).
  - i. Continue to monitor surveillance for any new potential or confirmed cases (i.e., review temperature logs, triage/sick call, hospitalizations, staff absences, unexplained deaths, etc.).
  - j. Prepare weekly Summary Reports and forward them to the Warden, Medical Director and the Central Office Executive Committee.
  - k. Review additional measures to increase “social distancing”. Consider eliminating non-essential large group meetings.
  - l. Review and revise bed space availability in designated isolation and segregation areas.
  - m. Review interdepartmental incarcerated individual transfers/movements.
4. Activate Stage III of the Pandemic Incident Action Plan upon notification of a confirmed case within IDOC facilities.
- a. Immediately isolate (or cohort) incarcerated individuals with the illness using Strict Isolation Protocol (explained in **HSP-905**, *Disease Specific Precautions*) including N95 masks as per IDPH guidance.

- b. Reinforce education on infection control procedures for all staff who would, in the course of their work, have direct contact with those in isolation.
- c. Assure adequate infection control supplies and personal protective equipment are available.
- d. Continue to triage at sick call to identify incarcerated individuals with respiratory symptoms and immediately implement procedures for isolating suspected cases.
- e. Conduct contact investigations of the initial incident case and isolate contacts.
- f. IDOC Incident Command will regularly update the SEOC.
- g. Consider Restricted Movement in affected facilities.
- h. As deemed medically appropriate distribute appropriate PPEs or surgical masks to staff and incarcerated individuals.
- i. Continue staff and incarcerated individual training on infection control.
- j. Monitor adherence to Safety and Infection Control guidelines.
- k. Monitor daily PPE supply.

F. Recovery Phase of the Pandemic Incident Action Plan

- 1. 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.
- 2. IDOC Central Office and Institutional Incident/Site Commanders shall inform the SEOC on staff availability, absenteeism and case prevalence.
- 3. Wardens/Superintendents and their Crisis Management teams shall develop a step down plan that indicates increased programming and institutional activities.
- 4. An institutional and departmental debriefing shall be conducted with emphasis on planning for a future epidemic/pandemic response.

G. Master Action Plan (MAP)

1. Incident Command shall update the MAP with new guidance as needed.
2. Updates to the MAP shall be communicated to all IDOC staff and a link to the MAP should be included in this communication.

H. OSHA - Healthcare Emergency Temporary Standard (ETS)

1. The ETS is applicable to all health services staff.
2. Each facility shall complete a hazard assessment and attempt to mitigate hazards identified in the hazard assessment.
3. All health services staff shall be trained in accordance with the standard.
4. Each facility will create and update an institution specific plan to comply with the standard.