

## Oklahoma Department of Corrections Pandemic Planning Guide

### Purpose

The purpose of this planning guide is to establish contingency strategies in the event of an outbreak of pandemic disease. Whole or parts of this guide can be used during seasonal influenza outbreaks, SARS, H1N1 virus, COVID-19 or other similar public health emergencies. Although this plan cannot foresee all circumstances that could arise if an outbreak were to occur, it does allow basic strategies to be initiated in order to contain and protect both the inmate population and staff until the outbreak subsides. This planning guide does not replace applicable Oklahoma Department of Corrections (ODOC) policy. It serves to strengthen and enhance policies and procedures currently in place and those policies and procedures will be referenced throughout this planning guide. Implementation of this plan will occur during specific situations, emergent conditions or as directed by the Oklahoma Department of Emergency Management, the Governor's office or the Oklahoma State Department of Health.

- 1 -

The scope of this planning guide is limited to disease caused by viral, droplet-borne, respiratory pathogens. This planning guide addresses surveillance, activation triggers, and continuity of operations plans, altered standards of care, infection control measures, and prioritization of scarce resources in the setting of pandemic diseases.

The initial section of this document constitutes the rationale on which this planning guide is designed. It includes information about the history of pandemic viruses, the phases of a pandemic, and a discussion on how the community is affected by a pandemic outbreak.

The following sections contain information on how to develop a plan to contain and protect both the inmate population and staff until the outbreak has subsides. Examples of how to reduce the transmission of viruses and recommendations for infection control are provided. Lastly, this section also provides information on the need for strategic education of incarcerated populations during a pandemic outbreak, including instructions on handwashing hygiene, the use of masks and personal protection equipment (PPE).



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The final sections of this planning guide consist of assessments, tools and resources that each facility, and ODOC office will use to create and update plans for operation in the event of a pandemic outbreak. Facility and site-specific assessment and tools are available for use as needed.

ODOC leadership recognizes it is necessary to be flexible while implementing all or parts of this planning guide when responding to multiple persons during a pandemic event. Agency, division and facility planning was accomplished by committees, but during an actual event, variations and adaptations will become necessary. As more information becomes available and the ODOC learns from each event, plans and protocols will evolve. Revisions are ongoing.

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Scott Crow, Director  
Oklahoma Department of Corrections



## Pandemic History and Information

### Pandemic Viruses, Seasonal Influenzas, SARS, H1N1 and COVID-19:

Pandemic refers to a global outbreak of a novel virus to which human beings do not have immunity. Pandemics have occurred on three occasions in the 20th century, and the timing of the next pandemic is impossible to predict. Pandemic differs from seasonal illnesses in the degree of illness and death expected, the population affected, and the possibility of widespread social disruption and economic loss.

Seasonal viral illnesses recur yearly due to subtypes of influenza or other viruses that circulate worldwide. Otherwise healthy people may become sick with symptoms but do not develop life threatening complications. When available, vaccines provide a degree of immunity to the viruses, which means that a person will not become infected or they will have milder symptoms. Viral infections seriously affect those with weaker immune responses, usually the very young, old and chronically ill, and are responsible for a significant number of deaths annually in the United States.

- 3 -

A pandemic means a virus becomes so contagious that many people become infected and it will spread throughout the world. A pandemic is considered one of the greatest potential threats to the public's health.

The virus that will cause a pandemic will be new and different from the viruses that cause seasonal illnesses; because the virus is so new, even healthy people have no natural immunity to the illness. Health authorities advise this type of virus will easily spread by touching, coughing or sneezing, advancing the disease through the population.

## Phases of the Pandemic

The World Health Organization (WHO) has developed a global preparedness plan including a classification system to guiding planning and response activities for a pandemic.

The classification system consists of six phases of increasing public health risk associated with the emergence and spread of a new virus subtype that may lead to a pandemic.



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The Director General of WHO formally declares the current global pandemic phase and adjusts the phase level accordingly to correspond with pandemic conditions around the world.

At each phase, the global preparedness plan identifies which response measures should be initiated and recommends actions that countries around the world should implement to contain the spread of the pandemic.

The U.S. Department of Health and Human Services (HHS) will determine and communicate the pandemic phase level for the U.S. based on the scope of disease in the U.S in relation to the rest of the world. The Oklahoma State Department of Health (OSDH), in conjunction with local health officers, will identify the phase of the pandemic that the state is experiencing.

The table below describes each pandemic phase, the public health goal and how that phase will be differentiated locally.

Phase	Public Health Goal	Local Differentiation
<i>Interpandemic Period</i>		
<b>Phase 1</b> – No new virus subtypes detected in humans. A virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered low.	<ul style="list-style-type: none"><li>• Strengthen pandemic preparedness.</li><li>• Monitor human and animal infections.</li></ul>	No sub phases.
<b>Phase 2</b> – No new virus subtypes detected in humans. However, a circulating animal virus subtype poses substantial risk of human disease.	<ul style="list-style-type: none"><li>• Minimize risk of transmission of virus from animals to humans.</li><li>• Detect and report any transmission quickly.</li></ul>	A. Local area is affected or has extensive travel / trade links with affected areas.  B. Local area <u>not affected</u> .
<i>Pandemic Alert Period</i>		
<b>Phase 3</b> – Human infection(s) are occurring with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	Early detection, notification and response to each case of human infection.	A. Local area is affected or has extensive travel / trade links with affected areas.  B. Local area <u>not affected</u> .
<b>Phase 4</b> – Small cluster(s) of human infection with limited human-to-human transmission but spread is highly localized suggesting that the virus is not well adapted to humans.	Contain or delay spread of virus to gain time to implement response measures and develop vaccine.	A. Local area is affected or has extensive travel / trade links with affected areas.  B. Local area <u>not affected</u> .

- 4 -



<p><b>Phase 5</b> – Larger cluster(s) of human infection but human-to-human spread is localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<ul style="list-style-type: none"> <li>• Maximize efforts to contain or delay spread to gain time to mount response measures and develop vaccine.</li> <li>• May be able to avert pandemic.</li> </ul>	<p>A. Local area is affected or has extensive travel / trade links with affected areas. B. Local area <u>not affected</u>.</p>
<b>Pandemic Period</b>		
<p><b>Phase 6</b> – Pandemic is declared. Increased and sustained transmission in the general population.</p>	<p>Implement response measures to minimize pandemic impacts.</p>	<p>A. Local area not yet affected. B. Local area is affected or has extensive travel / trade links with affected areas. C. Subsided D. Next wave</p>

As a communicable disease emergency, a pandemic will have unique characteristics that distinguish it from a natural disaster, such as a tornado or hurricane. These distinguishing characteristics are:

**Widespread Impact:**

The impact of a pandemic would be widespread, nationwide and possibly worldwide, not confined to a single area or region.

- 5 -

**Not a physical disaster:**

A pandemic requires restriction of activities in an effort to limit human-to-human transmission of the virus. This may include limitations of movement, quarantine, and closure of public gatherings.

**Duration of emergency:**

A pandemic would not be a quick event that immediately leads to the commencement of a recovery phase, as would be the case in tornado. A pandemic could last several months and may contain peaks followed by periods of reduced illness.

**Notification:**

There will be advance warning of the pandemic based upon its development in areas outside of the state, but the warning period could be very short. When a pandemic begins spreading within Oklahoma, it will probably be weeks before the full impact on workforce will be felt, although there may be some early impacts resulting from closures of schools and similar counter measures.



**Primary effect is on staffing levels:**

Unlike natural disasters, where disruptions to services are likely to be related to concerns of building safety; in a pandemic, disruption will be human-resource oriented. An estimate as high as a 50% staff absences at peaks of a significant pandemic may be experienced. Staff absences may be experienced for many reasons:

- Illness/incapacity (suspected/actual/post-infectious);
- Employees may need to stay at home to care for the ill or school aged children, as schools are likely to close; and
- People may feel safer at home (e.g. to keep out of crowded places such as prison facilities or public offices).



## Pandemic Planning Guide

### The Challenge:

The ODOC is responsible for the management of over 25,000 incarcerated individuals in prisons and the supervision and monitoring of approximately 31,000 adult individuals living in the community. In addition, the ODOC is legally and constitutionally mandated to provide individuals with health care services and correctional work programs, and to provide supervision for individuals under the ODOC's jurisdiction. Planning for the pandemic is done to ensure the ODOC takes steps to reduce illness, death and disruption resulting from a pandemic while carrying out its mission. The outcomes of pandemic planning are that:

- Personnel have the knowledge, skills, abilities, resources and support to perform assigned duties;
- Individuals and their families are informed, cooperative and receive essential services;
- Essential operations of the ODOC are continued;
- Support is provided to deliver essential services and maintain safety and security of our facilities, field offices and work releases.

### Statewide Planning:

- 7 -

The ODOC administrative office has responsibility for establishing planning guidelines, policy and statewide direction in preparation for the agency's response to all emergencies and natural disasters, including a public health pandemic. In preparation, the agency director appointed a steering committee representing all divisions of the agency to ensure every aspect was taken into consideration during the development of this planning guide.

The steering committee collected and reviewed many references and resources in an effort to identify the areas that should be addressed in planning for a pandemic. Through a series of discussions with agency leadership combined with information from experts in emergency response and public health emergencies, the recommended approaches for what is contained in the agency's response to a pandemic were developed and incorporated into this planning guide. This planning guide will be reviewed, discussed, and updated as each new threat to public health is discovered.

### Planning Expectations:

The Pandemic Planning Guide is available to each division to ensure that plans for continuity of operations are developed. Each division, facility, office and program will use this planning guide to construct and adapt methods, processes



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and procedures, ensuring that mission-critical operations are continued during a pandemic.

The Governor expected each state agency to use their continuity of operations plan (COOP) to maintain services to be provided during a pandemic.

This planning guide is an evolving document and will be updated over time. As planning continues at the federal, state and local levels, the steering committee at ODOC will update the guide to add, change, and delete information. There are still some unknowns about what to expect with a pandemic, but as knowledge, decisions and “best practice” recommendations are made, the ODOC planning guide will be updated and distributed to provide new information, directions or recommendations.

**Division Planning Expectations:**

Each division will establish specific plans for the operation of offices, facilities, units and services during a pandemic that address each of topics discussed in the planning guide.

Since pandemic planning occurs in addition to, and not in lieu of, our other responsibilities, the scope of planning that each division needs to accomplish has been narrowed within this planning guide.

- 8 -

**Local Pandemic Planners:**

Each facility head, administrator, and supervisor must determine who will be responsible for being the point of contact (POC) and accomplishing their plans for their respective facilities/regions. This will normally be the Correctional Health Administrator (CHSA) in the facilities.

Each of the people identified as responsible for pandemic planning for their area are provided a copy of the Pandemic Planning Guide and have an opportunity to discuss the material and planning expectations with ODOC administration. Information will be shared among planners when there is opportunity to achieve more consistency in the agency’s response to a pandemic. When the work of local planners can be standardized or is considered a “best practice” it will be incorporated into the ODOC’s Pandemic Planning Guide. ODOC administration will facilitate the distribution of best practices, solutions and recommended approaches to local planners.

**Site-Specific Plans:**

When developing plans for individual locations, each site should base their planning on the following considerations:



1. **Advance Notice**--Pandemic events normally start somewhere else in the world, meaning we will likely have advance notice. Once this virus begins to spread from person to person, rapid transmission with outbreaks throughout the world will occur. International, national and state health agencies are responsible for surveillance to monitor the spread of a pandemic. ODOC administration is responsible for monitoring the outbreak of pandemic viruses at the agency level.

The OSDH and local health departments will provide information about the spread of a pandemic within the region and notify other agencies, businesses, and community organizations what public health measures are to be taken. Communities across the state and the country may be impacted simultaneously. ODOC will have a few days to a couple of weeks to implement plans to manage during a pandemic.

2. **Service Disruptions**--There could be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety, agriculture and communications. Service disruptions could occur due to efforts to limit the spread of the pandemic, or staff absenteeism reducing operational capacity, or loss of public confidence and social disruption. The ODOC will continue mission-critical operations during service disruptions.

- 9 -

3. **Medications and Vaccine**--Antiviral medications may not be effective in preventing complications from a pandemic. Even if antiviral medication is effective, they will be in extremely short supply. A vaccine for the pandemic viral strain will not be available for some time following the emergence of the pandemic virus. Once a vaccine becomes available, it will be distributed and administered by ODOC based on direction from and in accordance with prioritized groups as established by the OSDH. Other medical resources such as inpatient hospital beds, ventilators, and medical supplies may become scarce.

The ODOC cannot rely on use of antiviral medication and vaccine to limit spread of a pandemic among staff and individuals under ODOC jurisdiction. Therefore, other measures to control disease spread such as hand hygiene, cough etiquette and social distancing must be emphasized.



**4. Availability of Health Care**--The number of ill people requiring outpatient care and hospitalization may overwhelm the health care program within ODOC facilities and in the local community.

- a. ODOC Health Services may operate according to existing emergency response plans to respond to high patient care volume and maintain functionality of critical systems.
- b. ODOC Health Services may have increased demands for service while the workforce experiences a 25-50% absenteeism due to illness.
- c. Demand for inpatient beds may increase by 25% or more and access to hospital services and resources in the community will be limited.
- d. Alternative care sites (designated "triage clinics") may be used at each facility to relieve demand on health services and care for persons not ill enough to merit care in the inpatient unit. (MRSMS-140118-02)
- e. Emergency medical service responders (EMS) in the community may have extremely high call volumes for several weeks, and experience 25% - 50% reduction in available staff. Response times by EMS to facilities and offices will be slow as a result.
- f. The number of fatalities experienced during the pandemic could overwhelm the resources of hospital morgues and funeral homes. ODOC may be requested to handle and store the bodies of those who die for periods of time during the pandemic. (MRSMS 140118-02)
- g. The demand for information, crisis and grief counseling, mental health and other social services by staff, incarcerated individuals and their families will increase dramatically during the pandemic.

**5. Limiting the Outbreak of Viruses**--Increasing the physical distance between people and limiting person-to-person contacts will slow the speed that a pandemic spreads. This is called social distancing. Local and state health officials will recommend to businesses and public agencies when to implement strategies to reduce person-to-person contact. They are likely to recommend the closing of schools, community centers, and other public gathering points. At some point, public events may be cancelled during a pandemic. When applicable, ODOC facilities and offices

- 10 -



will use social distancing to reduce spread of a pandemic. The social distancing strategies employed by schools and other agencies or businesses during the pandemic will reduce the number of ODOC personnel available to work.

6. **Managing People who are Infectious**—Correctional facilities house individuals in settings characterized by large numbers of people sharing the same space and touching common objects. The supervision and monitoring of individuals in the community often relies on repeated interpersonal contact with individuals and their family, work and social network. The caseload supervised by a probation and parole officer results in contact with a variety of different people in the community daily. In essence, the corrections environment is conducive to transmission of a pandemic.

Some persons will be unable or unwilling to comply with directives for social distancing, medical isolation or other public health measures. The agency will be prepared to manage non-compliance among persons it is responsible for supervising.

- 11 -

During a pandemic, the ODOC will be responsible for managing individuals who are ill or possibly infected and who may be non-compliant with public health measures.

7. **Coordination**—The OSRD in coordination with the local health departments will coordinate the response to a pandemic in Oklahoma. The ODOC will follow the recommendations of the OSRS and local health departments in planning for a pandemic.

### **Continuity of Operations (COOP)**

The agency has developed a Continuity of Operations plan (COOP) that addresses:

- a. Line of succession for the agency.
- b. Identification of mission essential services and priorities.
- c. Procedures for the reassignment of employees to support essential services during an emergency.
- d. Redundancy of mission critical communication and information systems.



- e. Physical relocation of critical functions including the Department Emergency Operations Center.

All divisions in ODOC will develop plans for maintaining essential departmental services during a pandemic per **OP-110355, Procedures for Employee Leave and Attendance**. Each division will update its essential services plans and should review their plans with applicable community partners. The agency director or the director's designee will determine the appropriate time to implement the agency's COOP procedures and protocols. State agencies and community partners will be informed when this has occurred.

During a pandemic, the agency director will define the objectives for the ODOC for each operational period working within the COOP's Incident Command System.

These objectives are incorporated into the Incident Action Plan (IAP). Facility and Office Incident Commanders (IC) will implement strategies to meet those objectives. The ODOC administrative Emergency Operations Center (EOC) Manager will identify resources and assist facilities, offices and programs as necessary and feasible.

Activities essential to the operation of each division will be prioritized and organized to sustain essential operations during periods when the workforce is reduced.

- 12 -

Some strategies to sustain essential operations include:

- a. Eliminating or reducing activities,
- b. Assigning and accomplishing the work differently or altering work schedules
- c. Determining different methods to manage incarcerated individuals or other recipients of ODOC services.

#### **Concept of Operations:**

##### **Direction and Control**

The ODOC and all response partners may operate under the Incident Command System throughout the duration of the pandemic response. The ODOC administration will coordinate response actions with the agency.

ODOC director will activate the Emergency Operations Center (EOC) to assist in acquiring resources and coordinating security, staffing, and medical response during the pandemic periods.



The ODOC director will provide frequent communication and information to the agency about the status of the pandemic and its effect on ODOC.

The pandemic response will be managed per the specific plans developed by each division in conjunction with these guidelines. ODOC facilities and offices may activate their Incident Command Posts during a pandemic to coordinate consequence response.

### **Pre-Event Mitigation Activities**

Each division must:

1. Plan, evaluate and revise their facility pandemic plans per MSRM-140118-02, Management of Pandemic Illness
2. Train and equip staff to assure competencies and capacities needed to respond during a pandemic.
3. Share information regarding potential impacts of a pandemic on essential services and infrastructure within the division.
4. Forge mutual aid agreements and ensure adequate medications, equipment and supplies are on hand to continue operations.

- 13 -

### **Information Management:**

#### **Communications during a Pandemic**

The Office of the Chief of Strategic Engagement will serve as the lead for communications messaging and staff updates regarding the pandemic. The specific role of the Chief of Strategic Engagement during a pandemic is to:

- Provide accurate, timely information regarding preparations for a pandemic, the impacts of the outbreak, local response actions and disease control recommendations.
- Deliver information about how ODOC staff, those under the agency's supervision, and their families can protect themselves from becoming infected and infecting others.
- Ensure information, messages, and the agency director or the director's designee approves web postings.
- Provide accurate, consistent, and comprehensive information about the pandemic including case definitions, treatment options, infection control measures, and reporting requirements.
- Instill and maintain public confidence in the ODOC's ability to manage inmates and serve the public during a pandemic.



- Contribute to maintaining order, minimizing public panic and fear, and facilitating compliance with information and directives.
- Address rumors, inaccuracies, and misperceptions as quickly as possible, and prevent the stigmatization of affected groups.

The Office of Strategic Engagement coordinates resources and information for use by the Public Information Officers (PIOs). In preparation for a pandemic, this includes:

1. The one voice one message strategy will be strictly followed.
2. Identification of logistical constraints such as communications staffing and equipment needs, and public information staffing and capacity, which have potential to reduce communication effectiveness.
3. Development of a list of experts and reference sites to be used for advice and to obtain current information about the pandemic such as OSDH, the Oklahoma Emergency Management Division (OEM), or the Governor's office.
4. Development of a plan for accurate, timely, coordinated communication during the pandemic that addresses:
  - a. Communication with state and local agencies, personnel, individuals under department jurisdiction, families, and other constituent groups.
  - b. Content about the status of the pandemic in the system,
  - c. The impact of the pandemic on the system,
  - d. What the ODOC is doing to manage the situation and,
  - e. What individuals or groups should or could do to manage expected circumstances.
5. Ensure that facility PIOs coordinate messaging with the agency PIO to ensure consistency of communications.

- 14 -

The Chief of Strategic Engagement, with the approval of the agency director, will evaluate the need to establish or to participate in a Joint Information Center (JIC) with other response partners.

### **Staffing**

Each ODOC Division should plan staffing so that essential operations can be continued with a reduced workforce for four (4) to six (6) months during a pandemic. Supervisors will ensure an appropriate number of staff are trained to maintain critical functions.

### **Absenteeism Because of the Pandemic**

Work absences attributable to a pandemic are that personnel:



- Become sick with a pandemic virus or must care for someone with a pandemic virus.
- Are unable to come to work because school, childcare or other family care arrangements are no longer available.
- Are worried, concerned or fearful about working during a pandemic.

Some parts of the ODOC organization have significant numbers of vacancies and high absentee rates among permanent staff. Plans for continuity of operations during a pandemic need to consider the reductions in workforce capacity due to a pandemic as an addition to and not in lieu of current vacancy and absentee rates.

### **Managing Attendance**

Existing ODOC policy have been reviewed and provide sufficient direction to manage personnel during a pandemic who:

- Become ill while at work
- Are absent because they are caretakers for other family members, or
- Are absent due to some other pandemic related reason (i.e. school is closed, self-quarantine, etc.).

Depending on guidance from OSDH or their personal physician, staff may be directed to stay home after being ill for extended periods. Those times will vary based on the virus activities, rate of infection and social distancing directions.

- 15 -

Questions or concerns about personnel issues during a pandemic should be directed to the Human Resources Division for advice and direction.

### **Promoting Attendance**

Preventively addressing the reasons that cause staff to be absent from the workplace because of a pandemic will result in having more people available to perform the essential functions of the Department. Actions by facilities employers that may reduce rates of absenteeism include:

- Putting infection control practices in place at the workplace to limit transmission of infection among staff.
- Helping staff think about alternative arrangements for family when school, regular caregivers or transportation are not available.
- Providing information, training, equipment, supplies, opportunity to practice and other workplace resources so that staff can work confidently.
- Making counseling and other forms of assistance available to help employees manage home and work responsibilities.



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- Assisting personnel to request reassignment because they are at risk of complications (pregnant women, personnel who have illnesses that result in having compromised immune systems).

## **Human Resources**

The role of Human Resources during a pandemic will be to:

- Provide direction, instruction and tools to facilitate appointments, assignments and appropriate pay for work performed during a pandemic,
- Prepare employees to deal with the emotional stressors of a pandemic virus particularly methods to manage uncertainty, anxiety, and grief,
- Respond to the needs of employees and their families for emotional support, crisis intervention and grief counseling during periods of a pandemic.

## **Reporting Absences**

ODOC employees will comply with **OP-110215, Rules Considering the Individual Conduct of Employees** and **OP-110355, Procedures for Employee Attendance and Leave**, when reporting absences.

- 16 -

## **Reducing Transmission to Limit Exposure**

### **Limiting Transmission**

The primary strategy for preventing a pandemic will be to reduce transmission of the virus from person to person. Other strategies to prevent transmission or reduce illness are vaccine and antiviral medication, which are discussed elsewhere in this plan. However, for some time after the pandemic begins, vaccine will not be widely available, and the supply of antiviral drugs is limited as well.

Therefore, the ability to limit transmission will rely heavily on the appropriate and thorough application of infection control measures described in this section.

### **“New Normal” for Daily Operations**

A primary focus of the pandemic plan developed by each facility, office and work release center is to identify and operationalize the methods and means to reduce transmission before and during the pandemic



Because of the length of a pandemic “emergency” (24 to 36 weeks) it will be important to allow those under agency supervision, employees and their families to engage in the activities of their daily lives in as near a “normal” manner as possible and yet still control transmission of disease.

**Viruses are Spread in Three ways:**

Successful operation under these “new normal” conditions will be dependent upon the knowledge, skill and ability of each person to behave in ways that control or prevent transmission of a pandemic virus. There are three ways that viruses are spread, and each is described in the following section. Understanding how viruses spread will help each of us to identify the actions we should take to prevent or limit transmission.

1. **Droplet**--When someone sneezes or coughs, they spray relatively large respiratory droplets into the air, which may encounter another person’s eye, nose, or mouth. Droplet transmission is the major route of transmission for seasonal influenza and pandemic viruses. This is why respiratory etiquette is emphasized.
2. **Contact**--Viruses are transferred between two people when they are in direct contact with each other. It is also transferred indirectly by contact with a surface or object that has been contaminated with a virus.

- 17 -

Direct contact transmission occurs when an infected person coughs into their hands and then shakes hands with another person who then touches his or her eyes, nose or mouth. Indirect contact transmission occurs when someone who is infected coughs into their hands then opens a door and leaves virus on the doorknob. The next people who opens the door with their hands will pick up the virus on their hands and will infect themselves when their hand touches their eyes, nose or mouth.

A virus can survive on hard non-porous surfaces for 24 – 48 hours and on cloth, paper and tissues for less than 12 hours. This is why hand hygiene is emphasized. A person who practices good hand hygiene is someone who washes their hands after contact with surfaces or objects that others have had contact with or touched. Until their hands are washed, they do not touch their face, mouth, eyes, or nose.

3. **Airborne**--This method is similar to droplet transmission except that it involves the inhalation of smaller infected droplets into the respiratory tract.



Airborne transmission may occur in situations where many people are in small areas (like an airplane) and breathe the same air where someone has just coughed. Airborne transmission may also occur during medical procedures that cause respiratory secretions to be aerosolized. This mode of transmission is less frequent than droplet or contact transmission but may be a concern in enclosed areas where people live or congregate. This is why it is recommended that people who are ill stay at home or limit contact with others.

### **How Long is Someone Infectious?**

People are infectious and capable of transmitting viruses to others beginning one (1) day before symptoms develop and up to seven (7) days after becoming sick. Meaning an infected person may be able to pass on the virus to someone else before they know they are sick, as well as once they become ill.

People are most contagious at the beginning of the illness, and persons with weakened immune systems and young children can be contagious for a longer time.

### **Workplace Hygiene**

Staff and inmates are responsible for cleaning and sanitizing common work areas. It is wise to clean and sanitize common work surfaces- before during and at the end of shifts. Common work items include telephones, keyboards, and keys. Remember to wash hands often, cover coughs, clean your work areas and encourage good hygiene habits of others.

- 18 -

### **Transmission Reduction**

#### **Four Ways to Reduce Transmission**

There are four methods or strategies to reduce transmission:

1. Identification
2. Social Distancing
3. Isolation
4. Quarantine

Each is described in the following sections and will be used to limit transmission of a pandemic. Each method or strategy is based upon the three ways that viruses are transmitted and the period of infectiousness that was just described. Adherence to these four methods or strategies will result in achieving the “new normal” for daily operations and reducing disease transmission.



1. **Identification**--The earlier someone who is infected with a pandemic virus is identified, the more that can be done to limit the number of people who are exposed and subsequently become infected. Monitoring the number and location of all cases of pandemic viruses in a geographic area will determine when various interventions to control the rate of transmission will be put in place. Identification, monitoring and reporting cases of symptoms will take place throughout the pandemic.

- **Symptoms**--Especially during Phase 6 of the pandemic, when the greatest number of people are sick, it will not be possible for health care providers in the community (or within DOC) to diagnose and verify each individual case of a pandemic virus.

Therefore, everyone needs to know the basic symptoms of the pandemic virus. The typical symptoms are:

- Fever higher than 100° F and one or more of the following:
- Sore Throat
- Cough
- Shortness of Breath

- **Self-Reporting**--People in any setting will be urged to identify themselves as having any symptoms. Posters, handouts and signs describing symptoms and urging people to stay home and/or limit their contact with others will be displayed in prominent places throughout each ODOC facility, office and work release.

People who have symptoms will be asked to stay home or reduce their contact with others so that others do not become infected. Self-reporting will result in lower attendance rates at work, school, and in programming. Absenteeism, however, will reduce the number of people who become ill or die as a result of a pandemic. High rates of absenteeism and "no shows" are expected during the pandemic.

- **Symptom Screening**--Sometimes there will be disincentive for reporting symptoms or illness and as a result, people who are infectious will be exposed to those who have not been exposed. Examples include:

- Personnel who come to work to avoid loss of pay, or to avoid staying home for other reasons;
- Visitors who have waited a long time or traveled a long distance to see an incarcerated individual;
- Contractors, delivery and other personnel employed by other agencies who minimize the significance of their contacts in order to accomplish a task.



- Note: There may be times and activities when ODOC facilities or offices will conduct symptom screening rather than rely solely on self-report. Medical staff may complete in-depth symptom screenings. Line staff may be asked to conduct initial screenings consisting of a series of pre-determined questions.

Point of Contact	How Illness will be Identified	Person Responsible
Incarcerated Individual visitation	Screening for symptoms	Officer processing visitors
Personnel reporting to work	Self-report symptom screening as deemed necessary	Shift Supervisors and HS Staff
Canteen delivery personnel	Self-report	
Incarcerated individual work crews	Screening for symptoms	Work crew supervisor

- 20 -

- **Reporting**--Each corrections facility will be required to identify, monitor and report cases of "influenza-like" illnesses and/or absenteeism to Incident Command per MRSM-140118-02
  - Health Services will identify and monitor ill inmate. Situation reports will be submitted to the Chief Medical Officer daily.
  - Staff absences will be reported through the chain of command. A means to track staff absences will be developed and reports sent to divisions of institutions and community corrections and central human resources.
- 2. **Social Distancing**--Decreasing the number of people and the number of times people are in direct contact with each other can slow down the speed that a virus is transmitted among people living and working in a community.  
Aggressive use of social distancing is recommended early in the pandemic period. In the community, social distancing will be implemented when recommended by the local health department in a progression from those methods that are least disruptive and most effective. This progression is listed below:



- Closure of public and private schools and childcare centers;
- Directing government and private employers to activate plans for telecommuting, flex shifts, and eliminating non-essential operations that are accomplished by direct contact (in-person meetings, in-classroom training etc.);
- Minimizing interaction at colleges and universities by suspending classes, use of web-based learning, closing cafeterias and other places where students gather, canceling athletic and arts activities;
- Closing or limiting activities that take place in public areas such as places of worship, community centers, theaters, suspending concerts, sports events, parades and other community events;
- Limiting use of mass transit unless it is urgent.

For corrections, social distancing may include the change of visit routines, altering community supervision check-in processes, cancelling of volunteer programs, and/or cancelling large group meetings or travel. Access to facilities, work releases and field offices may be limited or restricted completely depending on directive from the division of institutions. This decision will be based on the most recent information from the OSDH, OEM, and/or the Governor's Office.

- 21 -

Division will develop a listing of social distancing options to be used and order or prioritize the progression of implementation.

Examples of social distancing options in the correctional setting include:

- Use of television, radio, telephone or other media for education, training, supervision, monitoring, treatment and all other forms of interaction;
- Suspension of elective activities and places that people congregate such as athletics, entertainment, committee meetings, use of break rooms and cafeterias;
- Changing work practices to eliminate staff congregating during shift change, training, meetings and in the conduct of work;
- Increasing space between people sharing the same living and working areas, arranging dormitory housing or multiple person cells so that people lay head to toe relative to each other;
- Reducing frequency and distances traveled, eliminating travel and transport that is not urgent.

3. **Isolation**--Reducing contact with someone who is ill will reduce the number of additional people who may become ill as a result. Isolation is the separation of a symptomatic patient from other individuals. Isolation



may occur in any location, including the home, living units, and cells. Staying home from the workplace when ill with a virus is the primary way to isolate.

Staying home when ill reduces the number of people who are exposed to the immediate family or caregivers. In families, exposure can be further limited by designating only one or two family members to serve as caregivers.

The supervision and living conditions of individuals shall consider how to best minimize the number of people in contact with individuals who are ill with a virus.

Isolation will be used throughout the pandemic period. Individuals who are placed in isolation should receive as many amenities as possible in their isolation areas. These individuals are ill - not disciplinary problems.

		Number of People Who Are Ill			
		1	2 – 10	More than 10	Most of the Population
Most Ideal	Assign to single room or cell.	Cell or assign to rooms together.	House in one unit, wing or dorm.	Use the entire facility. Limit traffic in and out of the facility to essential functions only.	
	Double room or cell and keep cellmate same.	House sick together on one housing unit. Ventilation flows toward the people who are ill.	House in an area like a gym or similar area. Ventilation flows toward the people who are ill.		
Least Ideal	Separate by 6 ft. or more from others in shared sleeping quarters. Ventilation flows toward the ill person.	House together at one end of a larger housing unit. Leave 6 ft. or more between the sick and those who are not. Ventilation flows toward the ill.	Use the entire facility to house ill people and limit traffic in and out of the facility to essential functions only.		

- 22 -

### Use of Infirmary Beds

Beds in infirmary units at prison facilities should not be the only means of isolating individuals who are ill with a pandemic virus because:



- Infirmary units house patients who if exposed to a virus are most likely to get complications and die. Patients who are the weakest medically need to be housed away from anyone who has been identified as having the pandemic virus.
  - Infirmary beds will be needed to care for patients who normally would be hospitalized but cannot be admitted to the hospital because it is full. Patients in the infirmary will be medically frailer than usual.
  - Beds/cells in the infirmary units will house patients who have significant medical complications as a result of a virus (pneumonia, dehydration, organ failure). Any patient with a virus will have to be housed using droplet and standard precautions so that other medically fragile patients are not exposed. Infirmary beds need to be reserved for the sickest patients, those who have complications like pneumonia or dehydration.
4. **Quarantine**--A person can be contagious for a day or so before they become ill. Limiting the contacts of someone who has been exposed to but has not yet become ill will reduce the number of other people who become infected. Quarantine is similar to isolation except that it is used to separate people who are not yet ill (but who have been exposed) from others so that transmission is prevented.

- 23 -

This strategy will only be effective in earliest stages of the pandemic by slowing the number of people who become ill over time.

#### Transfers, Releases, and the Community

Any patient with a suspected or confirmed pandemic virus who is releasing from an ODOC facility, the infection prevention nurse or designee in conjunction with the facility Psychiatric Social Worker will contact their local health jurisdiction for appropriate placement guidance prior to the patient's release.

If there is a determination of potential exposure, the facility will contact the individual, community corrections officer and/or the receiving medical provider to communicate any infections that have occurred within 21 days of discharge.

Each field office has submitted a plan for identifying, isolating and responding to individuals identified with symptoms. People who are without homes discharge to specific cities. If we needed to contact one of those individuals, we work through their community corrections officer, the local law enforcement and/or homeless shelters.



## **Limiting Contact**

The agency has the authority to assign housing and limit or control movement of individuals in a way that accomplishes the same purpose as quarantine. Facility, housing, work, programming and transfer orders or assignments may be used to limit direct contact of an individual after exposure to anyone who is ill with a pandemic virus.

## **Infection Control**

The recommendations for correctional facilities and ODOC offices are summarized in the below.

### **Component Recommendations**

#### **1. Hand hygiene**

- Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items; after removing gloves; and after direct contact with a person known to have a pandemic virus.
- Hand hygiene includes both hand washing with either plain or antimicrobial soap and water or use of alcohol-based products (gels, rinses, foams) that contain an emollient and do not require the use of water.
- If hands are visibly soiled or contaminated with respiratory secretions, they should be washed with soap (either non-antimicrobial or antimicrobial) and water or cleaned with a towelette or hand wipe.
- In the absence of water hand sanitizers with at least 60% alcohol is preferred.

- 24 -

#### **2. Respiratory hygiene and cough etiquette**

- All persons should cover the mouth/nose when sneezing/coughing as described above; use tissues and dispose in no-touch receptacles; perform hand hygiene after contact with respiratory secretions.
- Cover their mouth and nose when coughing or sneezing, using tissues or the crook of their arm instead of the hands.



- Have adequate tissues to contain mucous and watery discharge from nose and mouth.
- Have a waste receptacle next to them or use a plastic bag to contain dirty tissues until they can dispose of them in a waste receptacle.
- Clean or wash their hands after coughing, sneezing or blowing their nose.
- Wear a procedure or surgical mask; sit or stand as far away as possible (more than 3 feet) from other persons.

### **3. Personal protective equipment (PPE)**

- When necessary and as described in **OP-140125, Bloodborne Pathogen Exposure Control Program**, use gloves when touching blood, body fluids, secretions, excretions, and contaminated items; for touching mucous membranes and non-intact skin.
- Wear a surgical or procedure mask when in contact (less than 3 ft.) with a person who has symptoms of a pandemic virus. See **OP-140125, "Bloodborne Pathogen Exposure Control Program and MSRM 140118-02** for recommendations regarding the use of masks.
- Wear a gown or other protective clothing when in contact with clothing or exposed skin that is contaminated with blood/body fluids, secretions, and excretions.
- Wear mouth, nose and eye protection when contact is likely to generate splash or spray of blood, body fluids, secretions or excretions into eyes, nose or mouth.

- 25 -

### **4. Safe work practices**

- Avoid touching eyes, nose, mouth, or exposed skin with contaminated hands (gloved or ungloved); avoid touching surfaces with contaminated gloves and other PPE that are not directly related to the encounter (e.g., doorknobs, keys, light switches).

### **5. Resuscitation**

- Per **OP-140125, "Bloodborne Pathogen Exposure Control Program and MSRM 140118-02**, use mouthpiece, resuscitation bag, or other



ventilation devices to prevent contact with mouth and oral secretions.

## 6. Soiled equipment

- Handle in a manner that prevents transfer of microorganisms to oneself, others, and environmental surfaces; wear gloves if the equipment is visibly contaminated; perform hand hygiene after handling equipment.

## 7. Soiled linen and laundry

- May be washed with other used laundry; does not need to be separated.
- Handle in a manner that prevents transfer of microorganisms to oneself, others, and to environmental surfaces; wear gloves when handling and transporting soiled linen and laundry.
- Do not shake linen.
- Do not hug linen when carrying it to avoid contaminating self or clothing. Clean or wash hands after handling laundry.

- 26 -

## 8. Environmental cleaning and disinfection

- **Per OP-130107, “Standards for Inspections”** Follow standard facility procedures for cleaning and disinfection of dishes and eating utensils as well as environmental surfaces as provided by each facilities written housekeeping plans; emphasize daily or more frequent cleaning/disinfection of frequently touched surfaces (e.g., doorknobs, phones, lavatory surfaces). Utilization of cleaning products such as Tornado 1 will be utilized to sanitize non-food contact surfaces multiple times per day during a pandemic event. Directives on frequency of use will be provided by the Director of Institutions. Staff and inmates utilizing Tornado 1 and other caustics should refer to the appropriate Safety Data Sheet (SDS) before use.



## 9. Disposal of solid waste

- Contain and dispose of solid waste (medical and non-medical) in accordance with facility procedures and/or local or state regulations; wear gloves when handling waste; wear gloves when handling waste containers; clean hands after handling waste and containers.

## 10. Transport

- Limit movement to essential operations only per Administrative direction; consider having all transports wear a procedure or surgical mask during the transport of symptomatic individuals unless it causes respiratory difficulty.
- Do not set the ventilation to re-circulate air. Optimize the volume of air exchange during transport by increasing the fan and/or opening windows and vents. Flow of air should be toward the ill person and away from well persons.
- Follow standard operating procedures for routine cleaning of the transport vehicles. See other recommendations for cleaning of environmental surfaces.

- 27 -

## 11. Patient Care Procedures that Aerosolize Respiratory Secretions

- During health care procedures that may generate small particles of respiratory secretions (e.g., dental procedures, nebulizer treatment, suctioning), healthcare personnel should wear gloves, gown, face/eye protection, and a fit-tested N95 respirator or other appropriate particulate respirator per **OP-140301, Tuberculosis Control Program**

### Ordering Masks and Personal Protective Supplies

The procurement of personal protection supplies will follow delegated authorities and comply with purchasing rules and regulations related to state procurement.



## Screening Process

- Step #1:** Identify area to complete screenings. This may be access/egress points, public access areas, or control points.
- Step #2:** Identify staff to complete screening. This will depend on the type of screening to be completed. Medical staff are required for in-depth enhanced medical screenings. Line staff will be provided a document with pre-determined screening questions. Any positive or concerning results will be reported immediately.
- Step #3:** If symptoms are observed or positive results received from screening questions, steps will need to be taken to isolate or quarantine the individual. If the individual is not incarcerated (i.e. Staff members, contract staff, visitors and volunteers, and individuals under community supervision) will be asked to return home, isolate themselves, and contact their primary care provider. Incarcerated individuals will be isolated or quarantined utilizing local isolation and quarantine plans and standard contact precautions per **MSRM 140118-02**
- Step #4:** Identify if the individual has had any recent contact with others, specifically employees or those under department jurisdiction. Make notifications as required.

- 28 -

## Access to Vaccine and Medications

The OSDH, in coordination with local health department, will prioritize groups to receive vaccine and antiviral medication using guidelines and protocols established by the Centers for Disease Control. ODOC Health Services and OSHD will work together to identify vaccine delivery sites for secure facilities.

Individuals under ODOC jurisdiction and personnel employed by the ODOC will have access to vaccine according to plans developed by the state or local health department for a pandemic.

The Pharmacy Director is responsible for obtaining information about the protocols for use of vaccine and antiviral medication during a pandemic. This information will be provided to HQ when it becomes available.

The Pharmacy Director will develop state or regional plans for receipt, storage, inventory, and distribution of vaccine and antiviral medication if vaccine and antiviral medication can be obtained through the Department of Health and/or state contracts for pharmaceuticals.

## Vaccine Protocol



The OSHD issues the vaccine to counties who have made requests. Each county (local Health jurisdiction) controls who gets how much vaccine. Each agency is them responsible to adhere to the recommended priorities as directed by DOH.

Priorities to receive new vaccine developed under US Government supervision are determined by the CDC and state health departments.

- a. The ODOC Pharmacy Director is responsible for obtaining information about the receipt, distribution and administration of vaccine and antiviral medication. This information should identify groups in priority order to receive vaccine and/or antiviral medication.
- b. The Infectious Disease Nurse Manager will collaborate with the other health entities to develop an estimate of the numbers of personnel who are in each priority group targeted for possible receipt of a pandemic vaccine.
- c. The ODOC Pharmacy Director will develop a similar estimate of the numbers of individuals by priority group targeted for receipt of a pandemic virus vaccine and antiviral prophylaxis.
- d. These estimates are to be provided to the Incident Command, if it is place, to develop plans for vaccine and antiviral medication distribution during a pandemic.
- e. The ODOC Pharmacy Director will coordinate with the OSDH in planning for rapid delivery and administration of vaccine or antiviral prophylaxis as recommended by the Centers for Disease Control.

- 29 -

### **Handling and Storage of the Dead**

#### **Planning to Store the Dead**

All prisons are to make plans to store the dead, per MSCR 140118-02. Based on current pandemic response planning, the goal is for the Medical Examiner's office to recover deceased persons within 24-48 hours from the time death is reported.

ODOC Health Services will provide additional direction about reporting and handling of human remains as instructed or recommended by the OSDH and the Medical Examiner office.



Each ODOC facility has the capacity to hold and store the dead in an appropriate, secure, and respectful manner during a pandemic.

The Medical Examiner's office may request that a correctional facility store the remains of persons who have died during the pandemic until the bodies can be transported for final disposition.

A location to store human remains shall be established by the Incident Commander at a correctional facility when notified or instructed by the Medical Examiner's office.

### **Storage of the Dead in Prisons**

Each facility will identify an area(s) to store human remains, if necessary, during pandemic. In determining the site, consideration must be given to the safety issues associated with storing a body, the spiritual and/or cultural practices with respect to death and the psychological impact on staff and inmates.

### **Infection Control When Handling the Deceased**

When handling the body of someone who has died from a pandemic outbreak, take the same personal protection measures as when caring for people with the virus who are living (i.e., latex gloves, masks, etc.). The body of someone who has died of a pandemic virus does not pose any additional communicable disease risks and is not a public health hazard.

- 30 -

### **Guidelines for Handling and Storage of the Deceased**

Each facility will include establish procedures to identify, handle, and store the deceased consistent with these guidelines and other instruction from the Medical Examiner's office.

When handling the body of someone who has died from a pandemic outbreak, take the same personal protection measures as when caring for people with the virus who are living (i.e., latex gloves, masks, etc.). The body of someone who has died of a pandemic virus does not pose any additional communicable disease risks and is not a public health hazard.

1. Storage should be in a secure place that will keep the body as cool as possible (34-38 ° F).
2. The body should be protected from the floor surface by a body bag, plastic sheeting or placed on top of plastic bags.
3. The body should be covered with a cotton sheet or towel while it is being stored for removal.



4. After death, the body should remain as is; all clothing and other personal effects should remain directly on the body.
5. If the deceased has any form of identification, this should be removed from his or her belongings and placed in a plastic bag (zip-top style bag, if available) for protection. The bag should be pinned or stapled to the clothing so that it is secured to the body.
6. The Medical Examiner's office may provide a form to be used during the pandemic to identify the bodies when recovered. If instructed to use this form, it is important that the form be included with any of the identification material and enclosed in the plastic bag and secured to the deceased's clothing.
7. After the body has been recovered and removed from the site, the area where the body has been stored should be disinfected by washing with a 10% bleach solution (1-part bleach to 9-parts water).

#### **Recommendations Regarding Hand Hygiene:**

- 31 -

The purpose of hand hygiene is to protect oneself from becoming infected by someone else. It is also to prevent transmitting infection from one person to another. The Centers for Disease Control established guidelines for cleaning the hands of health care workers in 2002. The recommendations in these guidelines are that hand hygiene is accomplished with a combination of washing with soap and water and using an alcohol based (ethanol or isopropyl) gel. These same recommendations have been made by the CDC's Environmental Health Program for sanitation of crew and passengers on ocean going vessels, by the Federal Drug Administration for Retail and Food Service Establishments and by the CDC for dental health care.

In the literature and guidelines published by local, state and federal government agencies responsible for pandemic planning, hand hygiene is accomplished by washing with soap and water combined with use of alcohol based gel. Alcohol based towelettes may be substituted for washing when hands are visibly dirty but have not been recommended for routine hand sanitation.

The challenges of hand hygiene in correctional facilities, offices and work release centers are:



- The high amount of contact between people that occurs directly, as in pat searches and indirectly, as in handling doorknobs, tools, and keys increases the opportunity for infections that are transmitted by direct contact.
- Time to clean hands takes away from getting a task accomplished when the amount of time available is constrained already.
- Many facilities were built before hand washing was emphasized for disease control so sinks and supplies may not be conveniently located.
- Other than washing with soap and water, the only products effective in hand cleaning are waterless gels that contain 60% alcohol, which is flammable. These products are a safety risk in the correctional environment and must be controlled and their use accounted for.
- Alcohol based hand cleaning products are now recommended over washing with soap and water when hands are not visibly dirty (routine hand hygiene) because it takes less time, prevents the skin from breaking down and over time actually inhibits growth of microbes such as bacteria and viruses.
- For food service workers: hand cleaning with soap and water is recommended over the use of gel because of the types of microbes that cause food borne illnesses are best destroyed by hand washing.

- 32 -

#### **Recommendations for the use of masks:**

The Institute of Medicine is working with the Centers for Disease Control to revise and refine guidelines for Personal Protective Equipment during a pandemic. The Institute of Medicine notes that there is a need to establish clearer guidance in the use of masks and other personal protective equipment during a pandemic. As new recommendations are established, they will be included in the ODOC Pandemic Planning Guide as directed by the Chief Medical Officer.

#### **Strategic Education of Incarcerated Individual in Preparation for a Pandemic**

Mistrust of information provided by correctional authorities may lead incarcerated individuals to disregard suggestions and vital cautions regarding any serious outbreak of a pandemic. For even a small percentage of individuals to ignore or countermand instructions about social distancing, hand washing,



etc., is likely to increase the spread of disease exponentially to the incarcerated population as well as to staff members and their contacts in the community.

### Online Resources

<https://www.ok.gov/health/>

<https://www.cdc.gov/>

### List of Facilities

#### Minimum:

**Charles E. Bill Johnson Correctional Center**

**Dr. Eddie Warrior Correctional Center**

**Howard McLeod Correctional Center**

**Jackie Brannon Correctional Center**

**Jess Dunn Correctional Center**

**Jim E. Hamilton Correctional Center**

**John H. Lilley Correctional Center**

**Kate Bernard Correctional Center**

**Northeast Oklahoma Correctional Center**

**William S. Key Correctional Center**

- 33 -

#### Medium:

**Dick Conner Correctional Center**

**James Crabtree Correctional Center**

**Lexington Assessment and Reception Center**

**Mack Alford Correctional Center**



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**OKLAHOMA DEPARTMENT OF CORRECTIONS**

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**Mabel Bassett Correctional Center**

**North Fork Correctional Center**

**Maximum:**

**Oklahoma State Penitentiary**

- 34 -

