



INDIANA DEPARTMENT OF CORRECTION
Preparedness and Response Plan
(Adult and Juvenile)

March 3, 2020

I. PURPOSE:

The Indiana Department of Correction will manage infectious diseases in correctional facilities through a comprehensive approach which includes prevention, testing, appropriate treatment, education, and infection control measures. Each facility must establish a plan for implementing primary and secondary prevention measures, including educating staff and the management of infected or potentially infected offenders, staff, volunteers and visitors.

II. INTRODUCTION:

Public safety is central to the mission of the Indiana Department of Correction. In the event of an infectious disease outbreak in a correctional facility, the Indiana Department of Correction is to be prepared to promptly identify suspected cases, treat infected individuals, and prevent the spread of disease all while protecting staff.

Whenever a new or known illness occurs and spreads rapidly, it naturally can cause worry, especially in rapidly evolving situations when information is changing frequently. However, during the spread of an infectious disease, the department must stay informed and take steps to ensure readiness.

Most infectious diseases spread via bodily fluids, thus primary prevention is key to stopping the spread of illness. A vast number of incarcerated individuals and staff could become infected if proper measures are not implemented to quickly identify infected individuals and interrupt the transmission. Infectious disease can be mild to severe and can, at times, lead to death.

III. DEFINITIONS AND ABBREVIATIONS:

- A. WHO: World Health Organization
- B. CDC: Center for Disease Control and Prevention
- C. ISDH: Indiana State Department of Health
- D. FEVER: Body temperature equal to or greater than 100.5° Fahrenheit
- E. HAND HYGIENE: Hand washing with soap and water for at least 20 seconds. If soap and water are not available, the utilization of an alcohol-based hand sanitizer is recommended.
- F. RESPIRATORY HYGIENE: Covering mouth and nose with a tissue when coughing or sneezing, then throwing the tissue in the trash. When tissues are not available, cough into bend of elbow – not hands.
- G. HIGH-RISK GROUPS: Individuals at greater risk of getting infectious diseases,

including:

1. Children younger than five (5) years old;
 2. Adults sixty-five (65) years of age and older; and,
 3. Persons with co-occurring medical conditions:
 - a. Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular or metabolic disorders (including diabetes mellitus);
 - b. Immuno-suppression, including that caused by medication or HIV; and,
 - c. Pregnant women.
- H. **OFFENDER:** An adult or juvenile person committed to a department of correction (federal, state, or local) and housed or supervised in a facility either operated by the department of correction or with which the department of correction has a contract, including and adult or juvenile under parole supervision; under probation supervision following a commitment to a department of correction; in a minimum security assignment, including an assignment to a community transition program.
- I. **PRIMARY PREVENTION:** Any intervening action or task performed before health effects/diseases occur.
- J. **SECONDARY PREVENTION:** Screening to identify disease in the earliest stages, before onset of signs/symptoms.
- K. **SOCIAL DISTANCING:** Measures that limit contact between people (reducing personal interactions).

IV. FACILITY MANAGEMENT (See Facility Directive):

Each facility's Warden (or designee) is responsible for planning, coordinating, and implementing the facility's Infectious Disease Control Plan, including monitoring disease activity in the facility, monitoring public health advisories, and coordinating facility activities with medical central office. The Warden is responsible for collaborating with the Department's Health Services Division and contracted medical vendor regional leadership to modify the facility's plan in response to evolving circumstances including increasing disease transmission within the facility and critical shortages of supplies or staff.

Each facility, at a minimum, shall establish an organizational structure including a chain of command and facility specific procedures for infectious disease surveillance and illness management. Illness management procedures should address levels of illness severity relative

to the facility's physical plant, type of offender housing and programs, number of infected offenders and staff, absenteeism of staff at various levels, and the availability of supplies and resources, including, but not limited to:

- Monitoring for disease outbreaks;
- Separation of ill offenders;
- Implementing social distancing when a few offenders are ill;
- Isolation housing units when a substantial number of offenders are ill;
- Planning for staff shortages including cross-training employees and temporarily shutting down non-critical operations if a substantial number of offenders and staff become ill; and,
- Planning for supply shortages if illness in the community interrupts deliveries.

As an example, a pandemic virus may come and go in waves, each of which can last for six (6) to eight (8) weeks. Plan to address disruption of normal facility operations for a time frame and include the steps to return to normal operations when offenders and staff are no longer infectious.

A facility's Infectious Disease Control Plan shall include the following components:

A. Primary Prevention

Cough Etiquette and Hand Hygiene

Transmission of contagious diseases can spread by coughing or sneezing and unclean hands can be reduced through cough etiquette and hand hygiene.

- Cough Etiquette
 - An individual should cover the mouth and nose with a tissue whenever they cough or sneeze.
 - If a tissue is not available, individuals should cough or sneeze into the upper arm or sleeve of clothing, not cough into the hands.
 - All used tissues must be placed in waste receptacles.
 - During peak times of illness, posters encouraging cough etiquette should be displayed in high traffic areas and on tablets/TVs in the facility.
- Hand Hygiene
 - Facility administrative staff must ensure materials for hand cleansing are readily available in intake areas, staff and visitor entries, visitation

rooms, group rooms including recreation areas, classrooms, and other common areas used by offenders and staff.

- Bathrooms and other areas where hand washing is performed shall have working sinks with soap and paper towels available. Soap may be liquid, bar, leaflet, or powdered form. Multiple-use cloth towels of the hanging or roll type are not to be used.
- Where possible, posters reminding staff and offenders to wash hands shall be displayed.
- Staff must wash hands:
 - With soap (non-antimicrobial or antimicrobial) and water whenever hands are visibly dirty or contaminated with proteinaceous material or visibly soiled with blood or other body fluids.
 - With an alcohol-based or non-alcohol-based hand sanitizer if hands are not visibly soiled. Both the CDC and WHO recommend alcohol-based hand sanitizers (containing at least 60% alcohol) as the preferred product for hand hygiene when soap and water is not immediately available. When alcohol-based hand sanitizers cannot be used, products containing quaternary ammonium compounds, such as benzalkonium chloride or chlorhexidine, may be used.
 - Before and after direct contact with offender, staff, volunteer, or visitor
 - After contact with another person's skin, body fluids or excretions, mucous membranes, non-intact skin, and wound dressings even if gloves were worn and hands are not visibly soiled
 - Before eating and after using a restroom
 - After contact with objects used by multiple individuals
- Non-alcohol-based hand sanitizers have limited effectiveness against certain types of bacteria (e.g. gram negative) and viruses (e.g. those that cause gastro-intestinal illnesses). When these products are used, the hands should be washed with soap and water as frequently as possible.

- Each facility must obtain and distribute hand sanitizer throughout the institution and make it available to staff and offenders. Containers of hand sanitizer are to be placed in easily accessible areas where person-to-person contact is frequent including but not limited to visiting rooms, housing units, medical units, and areas where searches are conducted. Hand sanitizer is to be purchased from Industrial Correctional Industries (ICI). Each facility is to develop a facility directive to distribute, manage, and restock supplies of hand sanitizer to all appropriate locations.
- Health Services staff must take additional precautions and decontaminate hands:
 - Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure
 - When moving from a contaminated-body site to a clean-body site during patient care
 - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient

B. Environmental Management

1. Since microorganisms from environmental surfaces may be transmitted to individuals via hand contact, all common areas within the facility must be cleaned on a continual basis. Visibly soiled areas must be immediately cleaned with the cleaning agents normally used in these areas.
2. Facility common areas shall be dusted weekly.
3. Cleaning routines and disinfection schedules shall be followed. During times in which infectious disease plans are being implemented, high touch surfaces (doorknobs, light switches, and surfaces in and around toilets) shall be cleaned on a more frequent schedule than minimal-touch housekeeping surfaces.
4. Standard procedures apply for cleaning light touch surfaces such as walls and windows, laundry, and dishes.
5. Each facility is to implement sanitation crews responsible for cleaning high traffic areas and surfaces where disease is more likely to spread. Each facility shall develop as many crews as necessary to meet the sanitation needs of the facility. These crews shall not take the place of the sanitation crews already in

place, but should enhance the normal hygiene practices. These crews will not be responsible for general cleaning or used for cleaning bodily fluid spills or other fluid spills that may contain blood borne pathogens. The following guidelines should be used for these supplemental sanitation crews:

- a. Crews shall be sanitizing areas using a germicidal/viricidal detergent cleaner to reduce the spread of germs by sanitizing areas that have already been cleaned by a sanitation crew.
- b. Crews shall operate year around; however, during peak periods of illnesses crew sanitization will be needed more frequently.
- c. Crews should be scheduled to work during regular business hours and during non-business hours to ensure adequate sanitization coverage. At minimum, each facility shall have a sanitizing crew operating in the morning, afternoon and evening.
- d. Crews shall be responsible for sanitizing all surfaces, including handrails, doorknobs, telephones, tabletops, faucets, restroom fixtures, showers, etc.
- e. These crews shall use clean rags and Germ-Away solution manufactured by ICI to sanitize all surfaces. Crews shall not use this solution in food storage or in food preparation areas.
- f. At the end of each crews' shift, the sanitizing solution shall be collected and bottles refilled as needed, according to the facility's caustic material control procedure. Rags used for sanitizing shall be collected and laundered in accordance with standard laundry procedures. These rags may be re-used as they will have been sanitized and washed.

C. Surveillance Activities

Correctional environments are conducive to rapid spread of infectious diseases. For this reason, enhanced disease surveillance, screening, classification, and management is necessary. Health Services and non-health services staff in the facility shall be aware of signs and symptoms associated with prominent illnesses at hand.

The following symptoms are known to be associated with infectious diseases:

1. Fever;
2. Cough;
3. Body aches;
4. Runny nose;

5. Sore throat;
6. Lethargy;
7. Lack of appetite;
8. Nausea and vomiting; and,
9. Diarrhea (when other symptoms of upper respiratory illness noted above are also reported).

During a disease outbreak, all offenders shall be asked about symptoms at intake and upon transfer. Offenders who report any symptoms of concern shall be separated from the general population to the extent possible until evaluated by Health Services staff. The receipt of offenders from county jails with known outbreaks may need to be temporarily halted. This decision will be made by the Commissioner.

Health Services Administrators (HSA) shall arrange for the immediate evaluation and treatment of any offender with symptoms. Nursing staff screening and triaging health care request forms shall immediately assess any offender who submits a health care request form noting any of these symptoms. Any facility staff with direct offender contact shall refer any offender exhibiting these symptoms to the Health Services unit.

Sick call shall be conducted to ensure offenders who are infected or potentially infected are separated from uninfected offenders. There are various ways to accomplish this including, but not limited to, designating separate blocks of time for those with symptoms of concern and those without symptoms, evaluating offenders with symptoms on their housing unit, or separating offenders with symptoms into different waiting areas and separate exam rooms.

Standard co-pay fees shall be waived for offenders who submit health care request forms complaining of symptoms of concern unless the symptoms noted on the form are found to be disingenuous and the offender was clearly attempting to avoid a co-pay assessment.

Visitors must be questioned about illness prior to entering the facility to visit. Visitors with observed current symptoms during questioning or those who acknowledge having had any of the symptoms shall not be permitted to enter the facility. Facilities may also suspend visitation at the direction of the Commissioner. Visits for family to patients on imminent death status may proceed on a case by case basis with review and approval by the Warden (or designee).

Alcohol-based hand sanitizer should be available and easily accessible in all visitor entries. Visitors should be encouraged to use this product before entering the facility.

Staff and volunteers who are ill are encouraged to not report to work until symptoms have resolved (particularly no temperature greater than 100.5° Fahrenheit for at least 24 hours) or until released to return to work by a licensed healthcare provider. The

standard State Personnel Division policy shall apply for all State employees, unless otherwise noted.

V. MEDICAL MANAGEMENT OF INFECTED OFFENDERS:

Secondary prevention or the management of ill offenders shall be in accordance with CDC guidelines and ISDH recommendations. Viral swabs and cultures shall be obtained in accordance within guidelines. Preference will be for testing onsite. All offender testing positive for infectious disease(s) should be arranged in consultation with local public health. This response will vary depending on the illness at hand. Supportive care often includes rest, possibly fluids and medication to treat symptoms (i.e. acetaminophen for fever).

An offender with an infectious disease must not participate in group activities and no visits should be permitted for twenty-four (24) hours after the offender’s temperature has returned to normal limits, whichever is longer. An offender with an infectious disease shall not be transferred to an infirmary unless serious complications develop, and the offender cannot be cared for in alternative housing. Personal items (e.g. dishes, clothing, and linens) of those who are sick do not need to be cleaned separately but they shall not be shared without thorough washing.

Offenders who demonstrate more severe symptoms may require hospitalization.

In the event of an outbreak, the Department prepared to implement quarantine/isolation procedures at four levels (see below):

Level	Description	Scenario	Details
I	Individual Level	Exposed offender arrives to a Department facility	Quarantine of an exposed individual to include single cell housing (bed, bath, solid door), in cell meals, restriction of movement, and separation from congregate activities for duration of incubation period (14 days). If mild symptoms self-monitor.
II	Housing Unit Level	An ill offender is identified in a housing unit...i.e. not a new intake	Quarantine of all offenders in a unit with restriction of movement to within the housing unit, in unit meals, separation from congregate activities outside the unit for the duration of the incubation period.
III	Facility Level	Multiple ill offenders are identified in separate units within the same facility	Quarantine of all offenders in an exposed facility to include restriction of movement to and from the facility for the duration of the incubation period.
IV	Inter-facility level	An ill offender is identified after movement between facilities during the infectious period	Quarantine of exposed offenders in multiple units within multiple facilities with restriction of movement to and from the facilities/units, and separation of exposed offenders from congregate activities.

Staff who have direct offender contact (within six [6] feet) with a known or suspected offender with an infectious disease must use indicated personal protection equipment (such as goggles or disposable full-face shield, N95 filtering face piece respirator or higher, gown, nonsterile clean gloves, etc.) along with airborne precautions. Hand hygiene is required before and after offender contact.

VI. EDUCATION AND TRAINING:

Each facility shall develop an educational program to ensure all personnel understand the components of the facility's Infectious Disease Control Plan, their responsibilities for identification and control of illness, and their personal protection and response strategies.

Staff shall be trained on proper use of personal protective equipment.

VII. COMMUNICATION:

The Chief Communications Officer, Chief Medical Officer, and Executive Staff members shall develop a concise message.

As part of that communication, clinical updates, information sharing, and a coordinated response to internal and external inquiries will need to occur with all stakeholders including staff and incarcerated individuals. Electronic devices (i.e. tablets, website, TV) and paper modalities can be of value.

VII. ADMINISTRATION:

The Department's Hazmat Team will ensure necessary personal protective equipment is on hand in accordance with Policy and Administrative Procedure 00-02-201, "Compliance with Federal and State Fire, Health, and Safety Regulations."

ICI shall assist with supplies such as disinfectants.

During an infectious outbreak, supply chains may become disrupted. Acquisition may or may not be possible via other avenues. Planning ahead for needed supplies, early in a potential outbreak is recommended.

VIII. HUMAN RESOURCES:

Teams should plan on future absenteeism and discourage "presentism." Staff displaying symptoms of concern may need to be screened prior to entering the facility.

Employees are encouraged to stay home when they are ill and not to return until symptom-free for twenty-four (24) hours.

In times of an outbreak, it is recommended that staff work directly with their primary care providers regarding any symptoms of concerns. Telemedicine capabilities are ideal in these situations. Contingency plans will be developed on a situational basis. However, unless otherwise specified standard work practices shall be in effect.

IX. CONTRACTORS:

Major vendors (medical, food service, privately operated facilities) are recommended to provide infectious disease response plans as well. This includes vendors working with the Division of Parole Services.

X. PAROLE:

The Division of Parole Services shall act to limit the spread of illness to staff and all persons within its District Offices.

XI. ADDITIONAL INFORMATION/RESOURCES:

IDOC Chief Medical Officer: Dr. Kristen Dauss; kdauss1@idoc.in.gov 317.233.6984

IDOC Executive Director of Emergency Response Operations: Richard Curry, rcurry@idoc.in.gov 317.603.0757

IDOC Director of Special Hazards: Brian Snow, bsnow@idoc.in.gov 812.208.5657

ISDH Call Center: 317.233.7125; 317.233.1325 (after hours);
<https://www.in.gov/isdh/28470.htm>

Center for Disease Control: <https://www.cdc.gov/>

Attachments

CDC Visitor Alert
CDC *Stop the Spread of Germs*
CDC PPE Sequence
IDOC Technical Response Team
IDOC Executive Staff Contact List