

## Pre-Planning

1. Medical Supplies: Maintain and store 2 weeks of pandemic medical supplies in a predetermined location at each facility – See Appendix for projected quantities
  - a. N-95 disposable masks for staff and residents
  - b. Protective latex gloves (already on hand)
  - c. eyewear protective goggles
  - d. paper hair covers
  - e. disposable shoe covers
  - f. isolation gowns with protective moisture barrier and long sleeves
  - g. heavy duty large plastic bags large enough to cover an resident mattress
  - h. Small plastic bags for personal sickness relief
  - i. blue incontinence pads
  - j. body bags
  - k. spray bottles for residents containing a 1:10 solution of bleach
  - l. bottles of hand sanitizer
  - m. stock resident mattresses
  - n. Heavy duty rubber bands to secure large plastic bags
  - o. Flexible drinking straws
  - p. Rags for cleanup of human waste and plastic bags for disposal
  - q. Two-week supply of paper, plastic and Styrofoam products for resident meals
  - r. one-gallon plastic containers for re-hydration solution
2. Respirators: Train and fit test all staff for use proper use of N95 masks
3. Rehydration solution
  - a. Review rehydration solution recipe with kitchen staff at each facility
  - b. Keep 30 supply of rehydration ingredients on hand at each facility
  - c. Recipe is in appendix
4. Cleaning supplies: Warehouse to keep on hand and adequate stock of basic cleaning supplies for each facility –
  - a. Bleach
  - b. Mops
  - c. Buckets
  - d. Cleaning rags
  - e. Detergent
  - f. Hand sanitizer

## Imminent Risk of Pandemic Outbreak

1. The DOCR Pharmacist, State correctional health authority, DOCR Chief Nursing Officer and each facility Director of Nursing will maintain surveillance activity for any Centers for Disease Control and Prevention, State Health Department or federal recommendations pertinent to the pandemic event and intervene accordingly. This pertains but not limited to stock piling of anti-viral medications such as Tamiflu, or any appropriate vaccines for distribution to staff and residents. Refer to Policy and Procedures [REDACTED], Emergency Plans Healthcare Triage Generic Disaster Plan.

2. ND DOCR Medical Department will verify that ND DOCR is included on the Strategic National Stockpile list to receive more medical supplies such as masks, bedding, and gloves should the pandemic continue past the two-week stockpile of supplies on hand at each facility. In the event of a serious pandemic, the DOCR Chief Nursing Officer, State Correctional Health Authority, or DOCR Pharmacist will contact the state health officials for distribution of the state's Strategic National Stockpile of anti-viral medications, vaccinations, and supplies for residents and prison staff responding to the emergency.
3. The Director of Plant Services will assess and ensure that air ventilation and filtration are adequately performing. The Plant Services staff will increase outside air flow as much as possible to minimize circulation of any airborne virus.

### Pandemic Outbreak in the Geographic Area

1. The Director of Facility Operations will use a confirmed case from a pandemic virus in North Dakota or surrounding state as the trigger point to initiate incident command. All facilities will operate under the incident command system protocols. Wardens will be assigned as the Incident Commander for their respective facilities and will utilize their unique facility plan for operations.
  - a. Suspend on-site visitation at all DOCR facilities to include Dakota Women's Correction and Rehab Center
  - b. Suspend intake for new arrivals at the North Dakota State Penitentiary and Dakota Women's Correctional Rehab Center.
  - c. Suspend volunteer services and programs
  - d. Suspend religious services. Chaplain will be available for residents.
  - e. Suspending DOCR led programming will be determined by the incident commander.
2. The Director of Facility Operations and the Director of Medical Services will suspend inter-facility transfers based on resident and staff symptoms. This may occur without a confirmed case at a facility.
3. The Warden will lockdown the facility when there is a presumed case from a pandemic virus in the facility. The Warden may lockdown the facility prior to this event if necessary.
4. The DOCR will provide only essential services during lock down. Staff will be cross trained into resident service areas (food preparation, laundry, medical services) so that essential services can be provided. Generally resident workers are not utilized during a lockdown, but the incident commander may assign residents as deemed appropriate. The essential services include:
  - a. Providing medical care and services to sick residents.
  - b. Food preparation and distribution using disposable products.
  - c. Mail will be delivered if it is being delivered to the facility.
  - d. Laundry operations
  - e. Removal and proper disposal of garbage.
  - f. Residents will be given their medication cards **including RED Xed medications** (prescription drugs in blister packs not normally allowed to be kept on person), pens for insulin injections, and glucose monitoring machines. No medications will be given in medication lines during lock down.
  - g. Residents will be allowed to shower three days each week during lock down.

### Diagnosis of a pandemic viral infection within the facility

1. This section of the plan will be enacted only if there is confirmed pandemic virus in the region and a resident with symptoms consistent with pandemic virus is present in the facility.
2. Staffing:
  - a. Staff will be told to stay home if sick.
    - i. Staffing issues will be evaluated continuously by prison administration and plans developed accordingly.
  - b. Note: It is estimated that if a pandemic occurs in our community that up to 50 percent of our staff will not be available.**
  - c. All well employees are expected to report for duty.
    - i. During an emergency, the commander has authority to cross train and assign staff to duties which may be outside their normal job descriptions and can enforce mandatory overtime.
    - ii. Staff who are ill, or become ill at work, will be sent home, and not be allowed back into the facility until the emergency is over.
    - iii. Staff requests for family sick leave must be presented to the incident commander and may be granted on a case-by-case basis.
3. It is expected that the number of sick residents will quickly exceed the capacity of currently designated infirmary spaces. Plans for overflow infirmary space must be made during the pre-planning phase of pandemic response.
  - a. Each facility will designate an area that will serve as the overflow infirmary space. The temporary infirmary space will need rooms where individuals who are symptomatic or confirmed as having pandemic infection can be held individually in single cell environments.
  - b. Residents with fever, cough or other signs and symptoms of early illness will be housed separately from residents who are convalescing (Upstairs and downstairs cells in a unit is an example.)
  - c. An additional congregate space designated at each facility for use so that acutely ill residents who have been confirmed to be infected and cannot care for themselves due to severity of illness can be placed and housed together, allowing staff to care more efficiently for them during their peak illness period.
  - d. Decisions about the location of this temporary infirmary area should take into account the need for staff to be able to round on these sick individuals, as well as the ability to limit movement into and out of this space to minimize the risk of spreading illness to residents who are uninfected.
4. Plan of care for well residents
  - a. All residents will remain on lockdown status during the emergency, and resident movement will be limited. Staff will make 30-minute rounds in all living areas, checking on the health status of well residents in the housing units. All well residents will receive N-95 masks, which will be changed every 24 hours, bar soap with instructions to wash frequently, and 10 percent bleach solution, in a spray bottle, to clean surfaces in their cells. Residents who become ill will be transferred to the facility infirmary space. Staff

or designated and trained residents will need to disinfect the cell vacated by the ill resident.

- b. The facility will evacuate healthy residents from the designated overflow infirmary area when the first case of pandemic viral infection is confirmed. The designated space will be used as an expanded infirmary for the medical care of those residents who become symptomatic with suspected pandemic virus until it is determined they are well and can return to their cell in general population.
    - i. Displaced residents will be moved in accordance to the pandemic plan for each facility. An example of this movement may look like the following:
      - 1. Open single cells in cell houses
      - 2. Cells used for detention
      - 3. Infirmary observation
      - 4. Open BIU cells
      - 5. Gymnasiums and other congregate spaces
    - ii. Efforts should be made to keep new arrivals housed together, whenever possible.
5. Sick residents:
- a. Residents who are infected with the virus will be housed and cared for in the expanded infirmary individual patient spaces. Those residents who become acutely ill will be housed and cared for in the congregate space.
    - i. Strict respiratory isolation will be adhered to by care givers assigned to this area. Movement in and out of the expanded infirmary space will be restricted to those staff assigned to work there.
    - ii. Resident and staff caregivers will wear shoe covers, hair covers, goggles, long-sleeved moisture proof isolation gowns and N-95 masks.
    - iii. The gymnasium or other congregate space will hold up to 80 temporary beds, with mattresses placed on the floor.
    - iv. All garbage will be disposed of in an area within the expanded infirmary closest to an outside door, using a double bagged system for proper disposal.
    - v. All equipment entering the expanded infirmary area stays in that area until pandemic is ended. Meals will only be served with disposable items.
    - vi. Oral rehydration and nutrition are the most critical events when providing nursing care to individuals with viral infection.
6. Death of a resident:
- a. In the event of a death suspected to be caused by the pandemic virus, staff should follow our policy on death of a resident.
    - i. Refer to Policy, Serious Injury, Illness or Death of a Resident and emergency plan.
    - ii. Due to the potential for lack of available law enforcement services if a pandemic strikes our community, it may not be possible to get the North Dakota Highway Patrol to the prison to preserve the crime scene and investigate the death.
      - 1. In instances when the Highway patrol is unavailable, and after documenting the notification attempt, the incident commander may

- waive this requirement of the Policy, Serious Injury, Illness or Death of a Resident.
- iii. Incident command staff must call the Burleigh County Coroner and ask for their assistance.
    1. If they are unable to assist, staff should notify the State Medical Examiner office at [REDACTED].
    2. If they are unable to assist with transporting the body to a morgue for an autopsy in a timely manner, the NDSP has permission from the State Medical Examiner's office to store the body in a cooled secure place, such as unheated portion of the dairy barn, (provided the body is in a proper biohazard body bag), until such time arrangements can be made to transport the body to conduct the autopsy.
  - iv. Next of kin notification, and all other sections of the Policy, Serious Injury, Illness or Death of a Resident, should be followed.
7. Release and discharges from the DOCR during a pandemic:
- a. Well residents:
    - i. Residents that have their sentences expire during the pandemic that display no symptoms of disease will be discharged.
    - ii. Residents who are suffering from viral symptoms will be asked to voluntarily quarantine themselves, and stay at the facility past their discharge date, until they are well (as determined by Medical Director or primary care provider) and can then leave the facility.
      1. In these cases, the Warden will contact the State Health Officer ([REDACTED]), to determine if he or she would agree to quarantine the resident, which would allow the state to continue to provide care at the facility after the residents' discharge date.
      2. If the resident refuses to voluntarily quarantine himself, the Warden will contact the State Health Officer and ask that the resident be involuntarily quarantined and stay at the facility until he is deemed well, and then discharged from the facility.
      3. If the State Health Officer does not believe the resident needs to be quarantined, the resident will be discharged.