

Pandemic Plan	
I. Introduction	1
II. Staffing	1
III. Identification and Screening	2
IV. Reporting	2
V. Mass Immunization/Prophylaxis Criteria and Plan	2
VI. Provision for Food Service	3
VII. Provision for Laundry Services	3
VIII. Social Distancing	3
IX. Isolation	3
X. Quarantine	3
XI. Infection Control	3
XII. Handling and Storage of the Dead	4
XIII. References	6
XIV. Action	6
Referenced Forms	6
Attachments	6

Section-14 Medical Services Resource Manual	MSRM-140118-04	Page: 1	Effective Date: 4/9/2024
Pandemic Plan	ACA Standards None		
Bruce Meyer, MD, Chief Medical Officer Oklahoma Department of Corrections		Signature on File	

Pandemic Plan

I. Introduction

A pandemic plan and strategy is effective when built on principles that guide preparedness planning for any acute threat. Pandemic preparedness should consist of plans for crisis and emergency management. Each facility will be required to develop their own specific pandemic plan using the following guidelines.

II. Staffing

1. Review and modify existing Emergency Plans ([OP-050102](#)) to include staff essential for operations during a pandemic outbreak.
2. The facility head can adjust the staffing plan as size and scope of the event dictates. The plan must include reference to custody, maintenance, medical and food service continuity of operations.
3. The facility head and Correctional Health Services Administrator (CHSA) will determine the number of employees who are necessary to maintain essential operations and will determine the length of each shifts.
4. Programs may be temporarily suspended due to pandemic response.
5. Each facility will maintain a list of current volunteer personnel who could be made available to perform essential work during a pandemic.
6. Each facility will maintain a list of local hospitals and County Department of Health with contact numbers.

III. Identification and Screening

1. The facility head will designate specific entry/exit point(s) where people come into contact with other personnel and incarcerated individuals.
2. A screening process may be implemented in the event of a pandemic, if deemed appropriate by the agency director or chief medical officer. If a screening process is implemented, all staff/visitor traffic would be directed to flow through identified entry points.
3. Designated personnel would be posted at the entry point to screen everyone for symptoms using current medical screening protocols and guidelines from the CDC/Dept. of Health/World Health Organization (WHO) and chief medical officer.
4. The same entrance may be used as the entry point for incarcerated individuals arriving or returning to the facility.
5. All incarcerated individuals arriving will be routed through the facility Health Services to undergo a medical screening before being released into the general population.
6. If the incarcerated individual arrives after normal working hours, they will be screened by the shift supervisor following the designed process.
7. If there are any concerns, the medical staff on-call will be notified for further guidance and instruction.
8. If a staff member, volunteer or vendor has symptoms, they will be directed to return home, seek medical care as appropriate through their health care provider, and self-quarantine as appropriate.
9. Each facility will identify locations to post or display information about what the symptoms are, where to report, or what to do if someone has symptoms.

IV. Reporting

1. Each facility will identify an individual to track and report absences of personnel on a pre-determined schedule to the regional division office following the Pandemic Plan. Each facility will report absences due to pandemic illness to central Human Resources for compilation and dissemination.
2. The facility CHSA or designee will utilize and document daily on the "Pandemic Surveillance Tracking Sheet" ([MSRM 140118.02A](#)) all new symptomatic cases and confirmed cases, identifying where each inmate is housed and if any one unit has an increase in symptomatic inmates. This information will be communicated to the facility head by the CHSA or designee. The warden will relay all information to the Director of Institutions. The facility head and/or CHSA will report symptomatic inmates to the chief medical officer and Director of Health Services.

V. Mass Immunization/Prophylaxis Criteria and Plan

1. Each facility and the health services unit will identify a plan for mass immunization and prophylaxis criteria, if a vaccine is available.

Section-14 Medical Services Resource Manual	MSRM-140118-04	Page: 3	Effective Date: 4/9/2024
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2. The health service unit will ensure the facility has a Memorandum of Understanding (MOU) with the county health department for sheltered in population (SIP) dosages and how the medication will be administered to employees. The process of procuring and administering dosages to inmates will be included.

VI. Provision for Food Services

1. Each facility will identify a process to ensure for the provision of food services to include inmates that may be quarantined or in isolation, to include how meals will be delivered and the communication process to ensure food services is informed of changes in inmate's conditions that may impact dietary needs.

VII. Provision for Laundry Services

1. Each facility will identify a process to continue laundry services to include quarantined and isolated areas.

VIII. Social Distancing

1. Initiating social distancing options and the progression of implementation will mimic the community and follow the direction of local Department of Health and/or the chief medical officer, facility head or district supervisor. (I.e. schools shut down, institutional education shuts down, travel restricted institutional transfers stopped or limited, etc.)

IX. Isolation

1. Each facility head in collaboration with the CHSA will identify and list locations that can be designated for isolation of individuals who are identified with a contagious illness. Size and location must be scalable to accommodate growing population.

X. Quarantine

1. The facility head in collaboration with the CHSA will identify areas (cells, pods, units, on or off site buildings) to quarantine individuals who have had close contact with a confirmed case.
2. Facility health services staff will follow policy and administrative guidance as well as protocols and/or instruction provided by the State Department of Health regarding quarantining individuals who have had close contact with a confirmed case. Individuals who have come in close contact with the contagious person (incarcerated individuals, personnel, visitors) will limit their contact with others as determined by the Department of Health protocols.

XI. Infection Control

1. The practices and procedures at each work site to evaluate compliance with the infection control recommendations for a pandemic event will be monitored by the on-site supervisor, the infection control nurse, and the CHSA. The CHSA in conjunction with the facility head will ensure proper cleaning processes are followed.

2. Each health service unit will identify process for obtaining, replenishing and storing of cleaning supplies, durable medical supplies, PPE, and disposable items.
3. The CHSA will be the primary point of contact for any new revisions to practice or policy for addressing a pandemic event. Revised practices and procedures to achieve compliance with recommendations will be developed and enforced as needed.

XII. Handling and Storage of the Dead

1. The facility head in collaboration with the correctional health services administrator will determine location(s) for a temporary morgue in the event of a pandemic event.
2. The following are recommendations from the Medical Examiner for adequate storage areas and care for the deceased:
 - a. The goal of care of the deceased in this circumstance is to slow down the chemical process of decomposition.
 - b. There is nothing to indicate that a deceased person who expired from a pandemic virus is still infectious to others. Universal precautions are all that is needed when caring for the deceased.
 - c. Try to store the body in area that has a temperature of 50 degrees or less. Refrigeration will probably be difficult in this circumstance. (The morgue uses a temp of 38 degrees to store bodies and they are kept for months sometimes at this temp. The human body needs a temp of approximately 26 degrees to be frozen due to the high salt content.)
 - d. If needed, options such as a room with the heat off in winter, or in summer using an air- conditioned room with the air conditioner on a cold setting or bringing in or adding an air conditioning unit to lower the temperature further.
 - e. Decreasing the body temp of the deceased as soon as possible will slow decomposition. If the patient who died had a high temperature at the time of death you would want to take off extra clothing, gowns, blankets, etc. from the body as soon as possible to start getting the body temperature down.
3. Supplies and equipment needed to house human remains will need to be acquired as directed by the CHSA.
 - a. Bodies can be wrapped in plastic if body bags are not available. Seal the plastic or wrap the plastic in such a way that fluids will not leak. A toe tag will be placed on the deceased inmate for identification.
 - b. Upon arrival to the temporary morgue, designated staff will log the information from the toe tag and keep an accurate count of all deceased bodies present.

Section-14 Medical Services Resource Manual	MSRM-140118-04	Page: 5	Effective Date: 4/9/2024
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- c. It is common for some facilities to wrap a patient's body in a sheet. There is no need for this. (This does preserve evidence around the body in the event of a suspicious or unexplained death in a clinic setting)
 - d. The "Post-Mortem Checklist" ([MSRM 140118.02E](#)) will be completed on every deceased inmate entering the temporary morgue. The checklist will be maintained in a three-ring binder. The checklist will include the disposition of every deceased inmate. A copy of the "Post-Mortem Checklist" ([MSRM 140118-02E](#)) with the final disposition of the body will be retained by the facility staff assigned to the morgues.
 - e. In a mass death scenario such as a pandemic, identification of the deceased can be of concern (i.e. multiple bodies in a morgue or collection point), therefore, it is imperative the toe tags and Post-Mortem Checklist are in place.
4. The facility will confer with the county coroner to determine if the location is adequate and to identify their requirements or expectations.
5. Supplies and equipment needed to house human remains:
 - a. Disposable Thermometer covers.
 - b. Infrared Thermometers
 - c. Toe Tags
 - d. Body Bags (Plastic sheeting and duct tape)
 - e. Masks
 - f. Gloves
 - g. Gowns
6. The Storage Area will be staffed per the recommendation of the Medical Examiner and the CHSA. Anyone entering the area will be properly attired in protective equipment (Universal Precautions) that includes at least a mask, eye protection, fluid impervious shoes and attire. Only personnel assigned to the area will be allowed entrance and it will be closed and secured at all times. No less than two personnel will be assigned to the area at any given time.

XIII. References

OP-140118 entitled, "Emergency Care"

OP-050101 entitled, "Procedures in the event of Job actions or Walkouts by Correctional staff"

OP-050102 entitled, "Departmental and Facility Emergency Plans for Riots, Disturbances, and Major Disasters for State Operated Facility (Attachment B, "Emergency Committee Operation")

OP-050104 entitled, "Emergency Procedures for Utility Failures" OP-050111 entitled, "State Emergency Operations"

OP-053001 entitled, "Community Corrections Emergency Plans for Riots"

XIV. Action

The chief medical officer, Medical Services will be responsible for compliance with this procedure.

Any exceptions to this procedure will require prior written approval from the director.

This procedure will be effective as indicated.

Replaced: Medical Services Resource Manual 140118.04 entitled "Pandemic Plan" dated March 26, 2020.

Distribution: Medical Services Resource Manual

Referenced Forms	Title	Location
MSRM 140118.02A	"Pandemic Surveillance Tracking Sheet"	MSRM 140118-02
MSRM 140118.02E	"Post-Mortem Checklist"	MSRM 140118-02
Attachments	Title	Location
Attachment A	"Pandemic Plan Local Procedures"	Attached