



## Pandemic Influenza Planning

*April 2006*

### Staff Contact

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The Department of Corrections' (DOC) responsibility to the overall safety of Minnesota is the driving force of our pandemic influenza preparedness plan. The core of our plan is continuity of operations, ensuring that we have a response that will be sustainable through the course of a possible avian influenza outbreak.

The DOC plan is organized using the World Health Organization's six phases of an influenza pandemic. The key areas addressed are:

- Security
- Communication with offenders, staff, and other stakeholders
- Health maintenance
- Psychosocial support of offenders, staff, and their families
- Services that are necessary to operate our correctional facilities on a day-to-day basis, including staff and supply resource management, and pharmaceutical, medical, and food services.

### *Comprehensive Plan*

The DOC has a comprehensive continuity of operations plans addressing physical disasters, employee shortages, and riot management. Infection control policies and procedures include surveillance, training, and proactive approaches to infectious disease issues in the offender and staff populations. For example, preventing seasonal influenza is a high priority for the DOC. Our strategies include health teaching, vaccination clinics, specific intervention plans that address symptom recognition and management, and steps to minimize disease exposure to offenders and staff. We have a centralized monitoring system in place that provides information and support to each correctional facility and utilizes system-wide resources such as our transitional care unit and our ability to isolate offenders more effectively at certain facilities. To date, we have had only four confirmed cases of influenza this season and six other cases of offenders with influenza-like symptoms among our incarcerated population of more than 8,400.

### *Core Team*

While current preparedness plans and practices provide our plan's foundation, the unique and significant challenges presented by a possible pandemic require that we reassess our strengths and weaknesses in all areas to ensure that the DOC meets the needs of the staff, public, and offenders. We have a Core Team in place that is charged with plan development and implementation. Members of the team have begun meeting with other government agencies to tap into their expertise, identify shared services, and ensure that our plans fit into a comprehensive community approach necessary for optimal strategy management. The Core Team uses resources provided by the Minnesota Department of Health (MDH), the World Health Organization, the Centers for Disease Control and Prevention (CDC), and the Department of Health and Human Services (HHS), including regular monitoring of the current outbreak situation and specific planning information.

We are using the preparedness checklist developed by the CDC and HHS to evaluate and direct our planning.

Major elements of the DOC plan include:

- Maintenance of security
- Maintenance of essential services
- Internal and community communication systems
- Staff and supply resource need identification and procurement (stockpiling)
- Infection control plan addressing health maintenance, surveillance and detection of pandemic influenza within the offender and staff population, vaccination procedures, triage, treatment, and management strategies
- Contingency plans for shortages of staff, food, supplies, medications, and other possible scenarios
- Psychosocial support of offenders, staff, and families
- Education and training to ensure offenders and staff understand the personal impact of necessary control measures to manage pandemic influenza
- Management of casualties

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## ***Q & A on the DOC Pandemic Plan***

### **How are you going to manage prison security with a 30% reduction in staff?**

We have the ability to lock down many living units to contain movement and, therefore, transmission of influenza. All activities will be evaluated to determine which are essential so we can focus our resources on priority functions (i.e., security, sick call, and food services). We will assess the need for staff cross-training to ensure all essential functions are covered. We will work with DOER to develop creative staffing patterns to minimize face-to-face contact of staff and provide sustained staffing coverage for prolonged pandemic periods and subsequent waves. We are identifying management staff “three-deep” to ensure seamless operations from a management perspective.

### **What if it is greater than 30% reduction in staff?**

The situation will be evaluated on a day-to-day basis. Should we need assistance to maintain operations, we are identifying additional resources. We can move staff from one facility to another, staff at our central office can be deployed, and organizations such as the National Guard can assist if necessary.

### **What steps are you currently taking to ensure that the DOC is prepared for pandemic influenza?**

We have established a Core Team to implement a written plan. That plan is based a variety of elements such as comprehensive continuity of operations plans addressing physical disasters, employee shortages, and riot management. We are stockpiling supplies necessary to manage facility operation for an initial eight-week period; i.e. food, medical supplies, medication, and personal protective equipment. We are also in regular contact with the MDH and Homeland Security.

### **How will you minimize potential for prison riots?**

We have given great thought to ensuring the safety of staff and offenders during a pandemic. One rule of thumb in managing an offender population is to keep them well-informed, busy, and to maintain as normal of operations as possible. We have identified what is important to offenders; i.e., visiting. We may need to eliminate face-to-face visiting to minimize disease transmission, but will modify protocol to meet the offenders’ need to stay in touch with their families. Increased phone use may be one mechanism to meet this need. We can and will restrict movement if necessary. We have the ability to lock down entire units should we need to do so.

### **How do you know that you will have adequate supplies, medication, and food?**

We are currently working with our vendors in all areas to stockpile identified supplies.

### **Will you close any prisons?**

At this time, we don’t anticipate the need to close a facility. Each facility will have a contingency plan to continue operations.

### **What kind of staff training will be necessary to deal with an influenza pandemic?**

We are providing training on the disease to ensure that staff are knowledgeable about transmission, infection control measures, and how to stay healthy.

### **How are you going to communicate with staff and offenders on the plans the DOC is taking?**

There are many avenues in place, including the department’s staff intranet and offender publications. These mechanisms are updated regularly. We also post and distribute public health publications.

### **What steps are you going to take in the facilities to minimize transmission of influenza?**

We have identified numerous measures to minimize exposure of the offender population and staff. For example, we are devising a protocol to substitute daily visits to the Health Services Clinic to reduce direct contact. We are also looking at delivering meals to living units. There are a number of other activities where offenders and staff congregate that can be modified to minimize transmission.

### **How are you going to ensure that sex offenders in the community are supervised adequately?**

Level II and III sex offenders, the most serious of sex offenders, are currently under intensive supervised release and monitored by specialized corrections agents statewide. These agents work in teams and can be mobilized to other areas of the state to provide supervision if the need arises.

### **Will you be using more electronic monitoring of offenders in the community?**

The use of additional electronic monitoring could be part of the solution to enhancing supervision of serious sex offenders on an “as needed” basis.

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