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U.S. Department of Justice

Planning for Respiratory Pathogen Pandemics

A Guidebook for Corrections Systems and Confinement Facilities

October 2024

Authors: NhuNgoc Pham, PhD, MPH, Eric Trabert, MPH, and Delilah Barton, MBA

U.S. Department of Justice
Office of Justice Programs
999 North Capitol St NE
Washington, DC 20002

Brent J. Cohen
Acting Assistant Attorney General

Karhlton F. Moore
Director, Bureau of Justice Assistance

Office of Justice Programs
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www.ojp.gov

Bureau of Justice Assistance
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October 2024
NCJ 309573

This project was supported by Contract No. 15PBJA22F00000005 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

BJA
Bureau of Justice Assistance
U.S. Department of Justice

CDMCF
COVID-19 Detection and Mitigation in Confinement Facilities
Training and Technical Assistance Center

Table of Contents

Contents

Table of Contents ii

Acronyms and Abbreviations iii

Glossary of Icons iii

Section 1: Guidebook Overview 1

1.1: Preparing for the Next Respiratory Pathogen Pandemic 1

1.2: Purpose and Scope of This Guidebook 2

Section 2: Respiratory Pathogen Pandemic Preparedness Planning and Decisionmaking 3

2.1: Nine Considerations for Developing a Pandemic Plan 3

Consideration 1: Select a Format for the Planning Documentation 3

Consideration 2: Identify and Establish the Concept of Operations (CONOPS) 4

Consideration 3: Identify Essential Functions 11

Consideration 4: Establish an Organizational Control and Coordination Structure 13

Consideration 5: Outline a Clear Data Management Structure 15

Consideration 6: Establish a Comprehensive Communication Process 16

Consideration 7: Create a Continuity of Operations Plan 21

Consideration 8: Establish a Performance Improvement and Evaluation Process 22

Consideration 9: Develop Guidelines for Maintaining Planning Documentation 23

2.2: Overarching Respiratory Pathogen Planning Checklist for Confinement Facilities 24

2.3: Thinking Beyond Active Response Activities Within Planning Efforts 29

Section 3: Special Topics Requiring Special Planning Attention 31

3.1: Admission of Newly Incarcerated Individuals 31

3.2: Transfers of People Who Are Incarcerated 31

3.3: Management of Infected Individuals 31

3.4: Facility Logistics 33

3.5: Workforce Management 33

3.6: Operational Status Definition 34

Appendix: Respiratory Pathogen Pandemic Plan Template 35

Acronyms and Abbreviations

AFIs	areas for improvement
BJA	Bureau of Justice Assistance
CDC	Centers for Disease Control and Prevention
CDMCF	COVID-19 Detection and Mitigation in Confinement Facilities
CONOPS	concept of operations
COOP	continuity of operations
COP	common operating picture
EOP	emergency operations plan
IP	in progress
KSAs	knowledge, skills, and abilities
NPIs	nonpharmaceutical interventions
PPE	personal protective equipment
SOGs	standard operating guidelines
SOPs	standard operating procedures
TTA	Training and Technical Assistance Center

Glossary of Icons

The lightbulb indicates helpful tips to consider when completing action items and interpreting the guidance.

The magnifying glass indicates a closer look into specific topics related to the guidance.

The sticky note designates definitions of concepts included within the guidance.

The teaching icon denotes examples of aspects discussed within the guidance.

Section 1: Guidebook Overview

1.1: Preparing for the Next Respiratory Pathogen Pandemic

Corrections systems and confinement facilities are uniquely vulnerable to respiratory pathogen outbreaks because of their confined environments and high population densities, as evidenced by the unprecedented challenges they faced during the COVID-19 pandemic. Lessons learned from the COVID-19 pandemic highlight the urgent need for corrections systems and confinement facilities to prioritize preparedness planning to mitigate health risks and prevent cascading outcomes that may disrupt operations (see figure 1). By implementing comprehensive and proactive preparedness measures, corrections systems can better protect the health and safety of people who are incarcerated, facility staff members, and the surrounding communities, while also contributing to broader public health objectives. Most importantly, effective preparedness planning will not only mitigate immediate risks but also strengthen overall system resilience, preparing members of the confinement community to more effectively confront a spectrum of emerging challenges associated with future respiratory pathogen pandemic incidents.

DEFINITION: *Confinement facilities* include adult prisons and jails, juvenile confinement facilities, police lock-ups, and community confinement facilities as defined by 28 CFR § 115.5.

DEFINITION: *Preparedness*, which involves proactive actions taken in advance to address potential challenges, lays the groundwork for readiness; *readiness*, meanwhile, is the culmination of preparedness efforts, reflecting the actual state of agility and promptness to respond when a situation arises.

To strengthen response capabilities at the system and facility levels and successfully prepare for future pandemics, confinement agencies should collaborate across fields (e.g., emergency preparedness, health care, public health, social services, criminal justice) and adopt an interdisciplinary approach to planning. By forming strategic partnerships and collaborating and coordinating prior to, during, and after a pandemic, confinement agencies can fortify their overall institutional resilience as well as whole-of-community resilience to further contribute to broader public health objectives. Thus, by investing in robust preparedness planning, confinement agencies can not only meet their institutional responsibilities but also contribute to broader whole-of-community public health preparedness and emergency management efforts.

Figure 1. Why should corrections systems and confinement facilities conduct pandemic planning?

1.2: Purpose and Scope of This Guidebook

This guidebook identifies key components and elements of respiratory pathogen pandemic preparedness that confinement agencies and confinement facilities should consider when planning for a pandemic incident, specifically one where infection is spread by infectious respiratory particles. Some guidance may be applicable to epidemic and outbreak incidents, but this guidebook focuses on pandemic incident response, where impacts extend beyond local and state levels, requiring national and global attention and resource allocations.

DEFINITION: A *pandemic* refers to a worldwide epidemic, characterized by widespread human-to-human transmission of a novel infectious disease across multiple countries or continents. An *epidemic*, in contrast, denotes a sudden increase in cases within a population or geographic regions, exceeding what is normally expected.

DEFINITION: An *outbreak* is the occurrences of cases of a disease in a specific area or community.

Although the guidance and recommendations in this guidebook are specific to confinement agencies and confinement facilities, every agency should plan for potential disruptions and challenges arising from a respiratory pathogen pandemic incident based on its own unique characteristics. There is no one-size-fits-all approach, and plans will vary based on individualized needs. However, all planning efforts should have the overall goal of reducing

morbidity, mortality, and disruptions to mission-critical functions to protect the health and safety of staff members and people who are incarcerated while also aligning with federal, state, and local jurisdictional strategic pandemic goals.[1]

This guidebook offers nine key considerations for agencies as they initiate their pandemic planning process, and it highlights six specialized areas that warrant detailed development within planning documentation. In addition, this guidebook provides a planning checklist (refer to table 1 on page 23) and a pandemic plan template within the appendix (on page 33) to help agencies assess their current progress and enhance their planning efforts.

Section 2: Respiratory Pathogen Pandemic Preparedness Planning and Decisionmaking

2.1: Nine Considerations for Developing a Pandemic Plan

Consideration 1: Select a Format for the Planning Documentation

The format of the pandemic plan is crucial because it dictates the arrangement and presentation of information, influencing how easily the intended audience across all expertise and experience levels can access and understand the planning information and guidance. Selecting an appropriate format will ensure that the message resonates with the intended audience and effectively communicates the desired knowledge. Different formats (e.g., mostly text, mostly visuals, or a combination; one master unified plan with all attachments included versus a base plan with references to associated separate attachments) cater to diverse communication needs and preferences, allowing flexibility in conveying multifaceted ideas and concepts within corrections pandemic planning. Therefore, the choice of format plays a pivotal role in optimizing planning document clarity, impact, and accessibility. Consider the following factors when selecting a format for your respiratory pathogen pandemic plan:

- *Organization:* Will there be a comprehensive master pandemic planning document? If so, do the titles of sections and subsections help users find what they need, or must users sift through information that is not relevant? Can specific sections be revised without forcing a substantial rewrite of the entire plan?

[1] Although planning efforts should be tailored to the specific needs of individual confinement agencies and facilities, they must remain flexible to accommodate changing federal, state, or local regulations and guidelines issued—such as testing requirements—as the pandemic evolves.

- *Progression:* In any one section of the pandemic plan, will each element seem to follow from the previous one, or are some items strikingly out of place? Can readers and users grasp the rationale of the sequence and scan for the information they need?
- *Consistency:* Will each section of the pandemic plan use the same terminology, acronyms, and logical progression of elements, or must readers and users reorient themselves to each section?
- *Adaptivity:* Will the pandemic plan's structural organization make it easy to use during unanticipated situations (e.g., prolonged leadership absence)?
- *Compatibility:* Does the pandemic plan format promote coordination with other jurisdictions and relevant entities and their specific planning documents, including those developed by the state and federal government?
- *Inclusivity:* Does the pandemic plan appropriately address the unique needs of both people who are incarcerated and correctional staff members, especially individuals with disabilities or other access and functional needs? Was the planning process supported by a planning committee with diverse representation?

TIP: Share interim versions of the plan with the planning committee and staff members for input and make revisions as needed based on the feedback. Be sure to keep those involved informed and engaged in the plan's development process and use drafts as educational materials to increase staff awareness of core content before socialization of the final version approved by leadership.

Consideration 2: Identify and Establish the Concept of Operations

Establishing a Concept of Operations (CONOPS) is important because the CONOPS delineates operational procedures, clarifies roles and responsibilities, and fosters cohesive coordination among external partners and stakeholders as well as internal staff members within your agency. The established CONOPS ensures that all individuals involved in the pandemic response effort understand their tasks and how they fit into the overall strategy, thus enhancing the efficiency and effectiveness of the response.

DEFINITION: A *concept of operations (CONOPS)* is a high-level document or section within a master plan that outlines the strategy and approach for executing a specific operation and details how various elements (may be internal or external elements) will interact and work together to achieve the desired outcomes set forth by an organization. Typically, a CONOPS includes information on objectives, resources available, roles and responsibilities, timelines, and general communication protocols.

When establishing the CONOPS, consider specifying the following components:

- Describe who has the authority to activate the pandemic plan (e.g., the superintendent, agency director, sheriff, jail administrator, medical director, etc.) and initiate the alert and warning processes.
- Describe the core processes, procedures, and individuals involved in executing the pandemic response operational activities.
- Describe how your agency resolves legal questions and issues resulting from preparedness, response, or recovery actions, including liability protection available to correctional staff members.
- Describe how your agency coordinates with all appropriate agencies, boards, and divisions within the state and local jurisdiction (e.g., county leadership office, emergency management agency, public health agency, state-level entities), as well as other relevant governmental entities.
- Identify other response and support agency plans—such as a statewide Emergency Operations Plan (EOP) or a public health pandemic EOP—that directly support the implementation of your agency's pandemic plan to assess whether there are any misalignments in expectation and operational concepts.
- Describe how your agency accounts for the varied needs of people who are incarcerated and staff members.

TIP: The concept of operations should present a ***clear picture of the sequence and scope*** of the planned pandemic response as determined by your agency, including what should happen, when, and at whose direction. The sequence of actions should include actions before, during, and after a pandemic incident with special consideration for the prolonged nature of a pandemic situation compared to a contained, acute emergency incident (e.g., extreme weather events, fire).

DEFINITION: An *emergency operations plan* or *EOP* is a comprehensive document that outlines procedures and protocols for various emergency incidents.

DEFINITION: A *process* is a series of actions or steps taken to achieve a specific outcome or goal that often involves multiple procedures and tasks.

DEFINITION: A *procedure* is a series of steps or actions to be followed in a particular order for a process or to carry out a specific activity that is typically outlined in standard operating procedures and standard operating guidelines.

DEFINITION: A *protocol* is a set of established rules, guidelines, or conventions that governs how specific tasks or actions should be conducted during emergency response and recovery operations. Protocols ensure consistency, efficiency, and coordination among personnel and entities involved within the emergency incident response regardless of experience levels.

In text-heavy pandemic plans, incorporating visuals to complement guidance makes it easier for readers to digest complex multifaceted concepts, such as the interactions between different entities within a correctional pandemic concept of operations (CONOPS). Breaking up dense text with visual cues enhances comprehension, improves clarity, and supports communication that transcends linguistic barriers to convey information to diverse audiences. Ideas for enhancing CONOPS understanding through visuals include the following:

1. Organization structure diagrams
2. Flowcharts of action sequences and decision points
3. Infographics for summary of concepts
4. Visual data flow representations
5. Timeline graphics for chronological events or stepwise checklists
6. Decision trees for response scenarios
7. Process diagrams for task execution
8. Icon-based illustrations for CONOPS elements

The guidance that confinement agencies use to respond to a respiratory pathogen pandemic event must be flexible to account for a range of dynamic situations, such as fluctuations in infection levels over time. For example, the CONOPS should describe general operational directions for how the complete corrections system will approach *everyday* (i.e., standard) strategies to prevent infection spread across the system versus *enhanced* strategies to mitigate infection spread across the system. In other words, it should describe the operational concept all confinement facilities within a corrections system will need to always perform during a pandemic (i.e., baseline infection prevention measures) compared to the operational concept for when the infection is at risk of spreading (i.e., enhanced infection prevention measures) to decrease the risk and then gradually return to baseline measures.[2] In addition, as different facilities within the system experience different rates of infection spread, the CONOPS must address what would prompt operational deviation (i.e., triggers for approach modifications) to meet the unique needs of each individual facility and determine whether such flexibility is possible.

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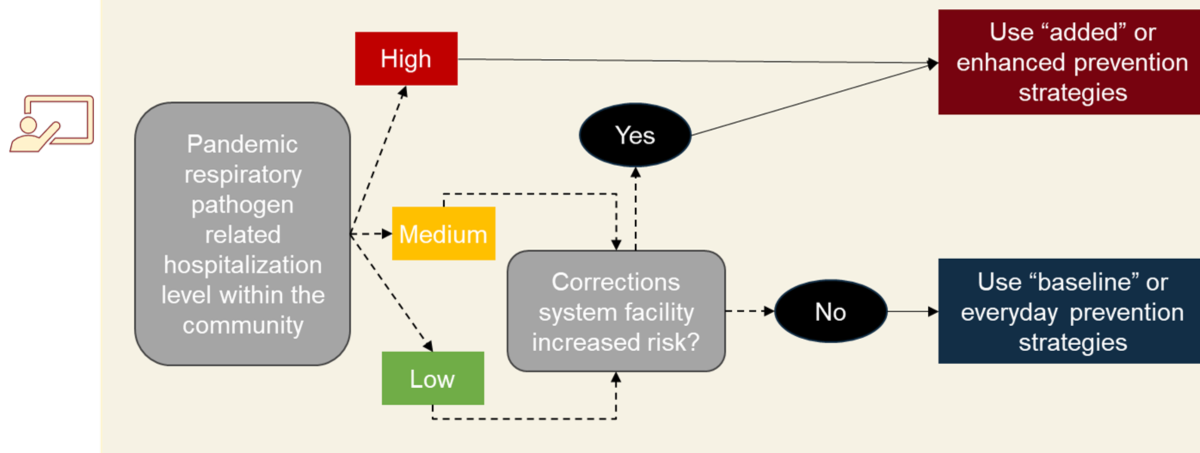
[2] For specific measures to combat respiratory viruses, refer to the guidance outlined by the Centers for Disease Control and Prevention (CDC) on their website, located at https://www.cdc.gov/respiratory-viruses/guidance/?CDC_AAref_Val=https://www.cdc.gov/respiratory-viruses/guidance/respiratory-virus-guidance.html.

EXAMPLE: A graphic that organizes the sequence of actions and decision points for an operational concept is helpful and can serve as a quick and clear reference for users of the pandemic plan during active pandemic response. Below is an example of a decision tree that depicts how to choose which infection strategies should be adapted and used for your own agency's planning purposes.



The following 12 core elements, which are specific to corrections systems and confinement facilities, should be detailed within the CONOPS section of a respiratory pathogen pandemic response plan:

1. *Mission statement:* Define the overall mission, goal, and objective of your agency during a respiratory pathogen pandemic incident.
2. *Operational concept:* Outline how your agency will respond to a pandemic incident; clearly delineate the roles and responsibilities of correctional staff members, individuals who are incarcerated, and other external partners and stakeholders.
3. *Risk assessments:* Identify potential threats and vulnerabilities specific to the corrections system environment to prioritize for mitigation during a pandemic incident.
4. *Resource management:* Establish processes and procedures for managing mission-essential material resources, such as personal protective equipment (PPE), food supplies, sanitation and hygiene products, and other essential supplies (e.g., medicines), as well as human capital resources, such as correctional and vendor-affiliated (e.g., health care service provider) workforce levels.
5. *Communication strategies:* Outline a comprehensive communication approach that describes the processes and protocols for internal communication among staff

members (correctional and vendor-affiliated), as well as external communication processes and protocols with key partners (e.g., public health entities, emergency management entities), next of kin of individuals who are incarcerated, advocacy groups, and other community stakeholders.

6. *Infection prevention and control strategies:* Describe infection control and mitigation measures such as non-pharmaceutical interventions (NPIs), sanitation procedures, and social distancing protocols, as well as their implementation processes to reduce infection spread.

7. *Health care services provisions:* Describe the comprehensive strategies and procedures for delivering health care services to people who are incarcerated and correctional staff members and outline the coordination processes and protocols with external partners and service vendors (if applicable). This planning component should also detail key health and safety attributes, including the following:

    a. Systematic screening protocol(s) for symptoms of respiratory pathogen infection in people who are incarcerated to ensure early detection and prompt isolation of suspected cases.

    b. Diagnostic testing protocol(s) to confirm cases of respiratory pathogen infection among people who are incarcerated and correctional staff members. Use equipment and a detailed testing methodology that meet public health guidelines and recommendations.

    c. Medical treatment plan(s) and procedure(s) for people who are incarcerated and correctional staff members diagnosed with respiratory pathogen infection to ensure that appropriate medications, therapies, and medical interventions are provided in a timely manner.

    d. Housing procedure(s) for people who are incarcerated and correctional staff members[3] exposed to an infected individual (i.e., quarantine protocol) and those infected with the respiratory pathogen (i.e., isolation protocol). Include specific details on identifying and selecting designated quarantine and isolation locations within the facility and implementing interventions within these specialized areas of the facility (i.e., pharmaceutical interventions and NPIs) to prevent further infection spread.

[3] That is, correctional staff members who wish to remain within the facility in an effort to mitigate community spread and avoid potential introduction of pathogen infection into their households.

e. Mechanism(s) and process(es) for coordinating and collaborating with health care service vendor(s), including consideration for telehealth provisions, to ensure the continuous conduct of pandemic-related medical treatments and health care services outside the scope of the respiratory pathogen (e.g., substance misuse treatment, dental care, mental health care).

f. Mechanism(s) for coordinating health care services with external health care providers (e.g., medical centers or hospitals with capabilities beyond those of the confinement facility), public health entities, and emergency medical services to ensure seamless medical movement, medical transfer, and continuity of care for people who are incarcerated and correctional staff members needing medical care beyond what is available onsite.

g. Training protocol(s) to educate and socialize health care processes and procedures, infection control and mitigation measures, infection testing, and subsequent activities (e.g., housing protocols) to provide correctional staff and vendor staff members with the knowledge, skills, and abilities (KSAs) to support health care delivery effectively and efficiently at all stages of the pandemic response.

h. Processes to monitor the effectiveness of health care service delivery, collect and analyze essential mission-critical health data for decisionmaking and reporting, and evaluate the effects of agency interventions to inform ongoing improvements and adjustments to existing processes, procedures, and protocols.

8. *Legal and ethical considerations:* Note any legal and ethical considerations related to the rights of people who are incarcerated and their confidentiality of medical information in compliance with relevant laws and regulations, such as the ethical use of medical isolation and quarantine and how these procedures differ from administrative or disciplinary segregation (i.e., solitary confinement).

9. *Training and exercises:* Outline the process for training correctional staff members on response procedures detailed within your agency's pandemic planning documentation and the process for conducting routine exercises to test both KSA uptake from the training and the effectiveness of your agency's respiratory pathogen pandemic CONOPS.

10. *Continuity of operations (COOP) planning:* Establish and document strategies for maintaining essential operations and mitigate disruptions to mission-critical functions within your daily operation while accounting for potential challenges, such as staffing shortages and facility lockdowns.

11. *Coordination with external agencies:* Establish and document partnerships and coordinating processes and mechanisms with key partners (e.g., public health entities, emergency management entities, courts) and stakeholders to ensure effective and efficient whole-of-community pandemic response efforts.

12. *Lessons learned and improvement process:* Outline the processes to capture lessons learned, best practices, and areas for improvement (AFIs) to modify the CONOPS based on real-time feedback and recommendations and to enable post-response after-action evaluation and reporting.

TIP: When outlining resource availability within the concept of operations (CONOPS), provide a clear description of accessible internal resources and the processes or procedures to obtain such resources during a pandemic response. The CONOPS should also include a description of the processes or procedures to request external resources with details on who can submit the request, who will fill it, and how additional aid and support will be provided to your agency.

Incorporating the above elements within the CONOPS will enhance preparedness and readiness across all agencies and among correctional staff within your agency. It will also provide clear actions to be taken amid the austere and challenging circumstances of a future pandemic incident, which will be important for inexperienced correctional staff members who may not have been exposed to the COVID-19 pandemic.

Consideration 3: Identify Essential Functions

Determining the mission-critical functions that need to continue during a pandemic is vital for ensuring operational continuity. In addition, by identifying the associated positions required for these functions and establishing succession plans for each position, confinement agencies can mitigate the negative effects of staff absences, workforce reductions, or unforeseen operational disruptions of essential services during a dynamic pandemic incident. This proactive approach minimizes disruptions, safeguards organizational resilience, and upholds the agency's commitment to ensuring the health and safety of all agency-affiliated individuals during a public health crisis.

Before a respiratory pathogen threat becomes a pandemic, your agency should ramp up preliminary preparedness activities by reviewing existing planning documents and adapting existing planning efforts to the emerging threat's known characteristics in anticipation of its spread to your corrections system and, subsequently, across confinement facilities.

TIP: When developing a list of essential functions, think about which are ***mission-critical functions*** that must continue throughout a pandemic. Also, remember to specify the positions essential to these functions and develop lines of succession for each position.

The following steps can help you identify essential functions within your agency:

- Identify the responsibilities assigned to each department and team within your agency that has a mission assignment defined within the existing pandemic plan.
- Outline a decision matrix that summarizes which tasked departments within your agency have the primary lead role versus a secondary support role for each defined response function.
- Describe how your agency maintains current rosters, notification procedures, standard operating guidelines (SOGs), standard operating procedures (SOPs), and checklists to carry out tasks.
- Describe how your agency addresses infection prevention and control measures and the designated roles and responsibilities of internal (i.e., correctional) and external (i.e., service vendor) staff members; consider linkages with key medical entities and partners (e.g., private health care system, governmental entities), when applicable.
- Outline a decision matrix of how programming, such as educational programs, court appearances, work release programs, and similar activities will be maintained during the escalation of infection across your agency.
- Identify and describe mutual agreements or established partnerships in place, if any, to quickly activate and share resources during a pandemic incident (e.g., alternative sanitation supply providers).
- Develop a priority list of essential and non-essential crisis programming (e.g., educational programs), services (e.g., mental health counseling), and activities (e.g., religious studies or prayers) to help staff prioritize which engagements to retain, remove, or identify as first in line for reactivation.

DEFINITION: A *standard operating procedure* or *SOP* establishes step-by-step instructions or guidelines for carrying out routine operations or tasks within an organization.

DEFINITION: A *standard operating guideline* or *SOG* is like a standard operating procedure, but it typically is less formal and offers guidance and recommendations for conducting of tasks and activities specific to a particular situation or scenario.

When brainstorming content for the essential function section of the plan, answer the following reflection questions:

1. Which functions are critical to meeting your agency's essential goals and objectives?
2. What are the potential consequences of disruptions to functions deemed essential, and are there actions in place to mitigate the severity and duration of impact?
3. Are there detailed descriptions of the roles, responsibilities, and authorities associated to each critical function?
4. Which staff member(s) will assume authority and responsibility for each critical function and position?
5. Are there established lines of succession for each critical function and position that consist of at least two individuals for each?
6. How are designated successors ensured to receive appropriate instructions and training to assume the function or position?
7. Did your agency seek input across internal entities (e.g., leadership and operational staff across departments) and from external entities that you typically interact with during a pandemic event (e.g., public health, law enforcement, judiciary, emergency management) for the determination criteria of essential functions?

Consideration 4: Establish an Organizational Control and Coordination Structure

Adding a section that outlines your agency's internal pandemic-specific control and coordination structure is necessary because it establishes a coherent operational framework that streamlines decisionmaking, reduces ambiguity, and improves the overall efficiency of response efforts.

TIP: Determine how your agency fits into the command-and-control structure, resource prioritization and allocation decisionmaking process, and resource distribution process between federal, state, and local emergency management and public health entities during a pandemic or health emergency.

Consider including the following elements when composing an organizational control and coordination structure and associated guidance within your pandemic response planning documentation:

- A framework that includes control hierarchy, communication directions, and coordination activities within a pandemic response specific to the characteristics and needs of your agency.

- Information on how a confinement facility's pandemic plan nests into your overall corrections system or agency pandemic plan and, subsequently, how both levels of planning efforts synchronize with departmental EOP (i.e., horizontal integration) and statewide planning efforts and their EOP (i.e., vertical integration).
- An organization chart of who has tactical and operational control of response assets and tasks.
- A description of how your agency sends, receives, and documents the initial notification that a respiratory pathogen outbreak has occurred within your agency and subsequent key actions and who is responsible for doing so.
- A description of who within your agency coordinates, manages, and disseminates information vertically and horizontally to effectively alert support entities and agencies (e.g., call trees) during the initial onset of a pandemic response, as well as how the operational rhythm is maintained over time as the pandemic evolves.
- A description of who within your agency is responsible for the vertical coordination and communication between onsite facility staff and offsite facility staff (i.e., headquarters or central office) who have a response role.
- A description of who within your agency notifies and coordinates with key government partners (e.g., emergency management and public health entities) to secure resources or support, including planned federal, state, local, tribal, territorial, insular area (i.e., territorial entities), or private assets.

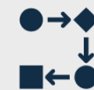
TIP: Examine your statewide emergency operations plans to ascertain how your agency's pandemic response resources and capabilities will be integrated into the statewide pandemic or health emergency response structure, as well as how other entities' resources and capabilities will be communicated and integrated into your agency's operations during a pandemic or health emergency.

Control and coordination structure can be visualized using charts or diagrams. Some simple ways to depict the multifaceted relationships within the structure include the following:

1. Organizational chart (or network map) that provides a representation of the different entities involved in your pandemic response operations, both internal and external to your agency, to showcase the whole-of-community interactions and communication channels to carry out daily operations.

2. Hierarchical structure that shows the chain of command, reporting relationships, information exchanges, and decisionmakers within your agency.

3. Information flow pathway that highlights how information is shared, synthesized, and disseminated between different entities within and outside of your agency.



Consideration 5: Outline a Clear Data Management Structure

Ensuring that pertinent data are gathered, analyzed, and shared effectively will enable your agency to stay informed about evolving situations, identify emerging trends and threats, and make informed decisions in a timely manner. In addition, clear planning to determine what information is critical and how that critical information will be shared with relevant partners and stakeholders will enhance your agency's coordination and collaboration across both internal and external teams. Ultimately, outlining a structured approach to information collection and management will enhance situational awareness, support proactive decisionmaking, and enhance your agency's overall response capabilities (figure 2).

When creating an information (i.e., data) collection and management structure, consider including the following elements:

- Critical information needs and information collection priorities.
- Strategies and processes for collecting and sharing information with key health partners (including health service vendors) about the health conditions (e.g., infection spread rate, infection caseloads, vaccination rate, other surveillance data) at the corrections system level and confinement facility level as well as how the data will be used to make internal decisions.
- Long-term information collection, analysis, and dissemination strategies.

- Information dissemination methods (e.g., verbal, electronic, graphics) and protocols.

Consideration 6: Establish a Comprehensive Communication Process

A clear and comprehensive communication process ensures three essential factors of effective pandemic management:

1. It promotes the prompt and accurate dissemination of information to all pertinent partners and stakeholders, from internal correctional staff to the public, thereby limiting the propagation of misinformation and confusion.

2. It fosters a unified and consistent approach to communication based upon clear delineation of who communicates what, when, and through which channels, ensuring a coordinated pandemic response internally across the agency as well as a whole-of-community pandemic response.

3. It offers the flexibility needed to swiftly adjust messaging and strategies in response to evolving circumstances to maintain internal and external trust and confidence throughout the pandemic response.

Consider the following key steps in the initial stage of developing a comprehensive communication process section within your planning documentations:

- Describe the communication protocols and coordination procedures used between response entities within your agency (i.e., internal) during a pandemic.
- Discuss how your agency's communication process integrates into the jurisdiction or state pandemic emergency communications network.
- Identify and summarize separate interoperable communications plans (e.g., medical versus correctional), if necessary.
- Detail the communication pathways from key pandemic and health emergency partners (e.g., federal, state, and local emergency management) to your agency to assess effectiveness and identify discrepancies, including primary and alternative points of contact that are position-based for both internal communication channels (e.g., system leadership to facility leadership) and external communication channels (e.g., facility leadership to public health entities).
- Outline the protocol for communicating shifts in operational status and activating infection prevention and control measures when required.
- Describe how your agency communicates vertically and horizontally to partners concerning potential resource depletion and the need for additional resources and support.
- Outline the process for providing situational awareness reporting to nongovernmental partners, key stakeholders (e.g., next of kins and advocacy groups for people who are incarcerated), and the public on your agency's operational activities and status updates for infected individuals who are incarcerated (e.g., deterioration of health of infected).

EXAMPLE: The content within the communication structure section of pandemic plans may vary based on the unique characteristics of each agency. However, this section must detail the processes for communicating internally and externally. Below is an example of attributes to consider for inclusion in your own plan.

Internal Communication Protocol	External Communication Protocol
I. Initial notification of response ramp up II. Initial notification of infection detection III. Communication pathways to maintain common operating picture (COP) between internal leadership, supervisory staff, and general staff for situational awareness IV. Guidance for information sharing to establish situational awareness within system (department to facility and vice versa) • Frequency • Type of information • Recipients • Modality/format (e.g., email, message board) V. Notification protocol for changes in operational rhythm	I. Initial notification of response ramp up II. List of key partners and key stakeholders to maintain frequent situational reporting for COP (e.g., next of kin, advocacy groups, governmental partners) III. Communication pathways to maintain COP for situational awareness between facility, correctional authorities, public health authorities, emergency management authorities, and other key partners and stakeholders IV. Guidance for information sharing to establish situational awareness within system • Frequency • Type of information • Recipients • Modality/format (e.g., email, message board) V. Notification protocol for changes in operational rhythm

It is important to note that initiating the process to establish clear communication processes with external partners, particularly with key government partners such as emergency management and public health agencies, should begin well before the onset of a pandemic. This proactive approach ensures effective and efficient coordination and collaboration during the pandemic response and lays the groundwork for documenting agreed-upon protocols within planning documentations. Some pre-pandemic activities with external partners include:

- *Regular communication:* Initiate and maintain ongoing communication channels with key partners to foster continuous dialogue, build relationships, and gather response activity recommendations.
- *Collaborative planning:* Work together with external partners to develop pandemic communication protocols that detail pathways and key contact nodes.
- *Training and exercise:* Conduct joint training sessions and exercises to enhance collaboratively crafted communication strategies.
- *Feedback and evaluation:* Solicit feedback and conduct evaluations of collaboratively crafted communication protocols to identify AFIs that will benefit both your agency and partner agencies.

TIP: As evident from the COVID-19 pandemic, a widespread novel public health crisis poses immense uncertainties and brings about social anxiety and confusion. Thus, it may be helpful for your agency to develop a communication strategy that ensures the timely dissemination of accurate situational information to staff members, people who are incarcerated, and externally to the larger community. To do so, your agency should consider designating a spokesperson who is fully trained in crisis and emergency risk communication theories and techniques to provide regular updates using understandable language and to candidly address questions and concerns while remaining in alignment with the agency's messaging strategy and aims.

In figure 3, we offer some recommendations for effective pandemic response communication.

Figure 3. Dos and don'ts for effective communication during pandemic response

DO	**Do prioritize transparency.**	Provide timely and accurate information about your agency's pandemic response efforts and challenges to internal staff, people who are incarcerated, and external partners.
	Do establish clear communication channels.	Ensure communication channels are well-defined and accessible to stakeholders to ensure efficient coordination and information sharing.
	Do use multiple forms of communication.	Accommodate diverse preferences by relying on multiple types of communication formats to enhance reach and accessibility as well as foster engagement and interaction among every audience members.
	Do show empathy and understanding.	Acknowledge and address the concerns and emotions of staff, people who are incarcerated, and external partners during challenging and stressful circumstances that may arise during the pandemic response.
DON'T	**Don't neglect communication protocols.**	Adhere to established communication protocols and procedures within your agency and with external partners to maintain consistency and prevent confusion. A slight deviation may cascade into future issues.
	Don't withhold critical information.	To maintain trust and morale, avoid withholding important information or providing misleading updates. Withholding information may result in rumors and speculations that erode trust and impede effective communication and coordination efforts.
	Don't underestimate the importance of feedback.	Encourage open feedback from both internal and external stakeholders to identify concerns, address issues promptly, and improve communication strategies for effective pandemic response coordination.

Consideration 7: Create a Continuity of Operations Plan

Establishing a framework for continuity of operations (COOP) ensures continuation of essential functions and services during a pandemic response. The framework will serve as a road map for maintaining critical operations, protecting assets and resources (both materials and personnel), and ensuring the safety and well-being of people who are incarcerated and correctional staff members within your agency. By outlining procedures that accommodate the fast-paced, dynamic nature of a respiratory pathogen pandemic and its potential challenges, COOP procedures help mitigate risks and minimize disruptions to daily operations.

COOP planning for a pandemic presents unique challenges compared to planning for other disasters, such as hurricanes or tornadoes that may destroy facility structures. Unlike extreme weather event disasters which often require the planning for relocation of correctional staff and people who are incarcerated, pandemic planning typically focuses on addressing issues such as managing increased staff absenteeism, implementing hybrid work models, and navigating disruptions in essential services or service providers. Correctional leaders underscored these differences as lessons learned during the COVID-19 pandemic.

Incorporating lessons learned from the COVID-19 pandemic into COOP planning for your agency will instill confidence in your correctional staff members and people who are incarcerated that your agency has the ability to effectively navigate future pandemic challenges. A well-thought-out COOP plan is essential for your agency to maintain operational continuity and safeguard readiness. Together, adequate operational continuity and readiness will fundamentally help your agency build resilience and assure a swift recovery from the adverse impacts of respiratory pathogen pandemics. Consider including the following elements within your COOP planning:

- Guidance if a devolution of control and direction occurs, including when and how to activate the devolution plan, who should activate it, how transfers of authority should occur, and actions your agency's leadership must take.
- An order of succession among senior leadership to use if the agency's primary leadership has become incapacitated or is unavailable to activate the devolution plan or other critical actions.
- An outline of continuity of facility planning (e.g., alternative facilities, mobile-office concepts, nontraditional staffing formation) that the agency would be able to maintain in an enhanced infection control operational status.
- A description of procedures for managing and acquiring resources, such as PPE, medical supplies, food supplies, sanitation supplies, and staffing levels to ensure COOP.

- Identification of alternative service vendors (e.g., health care professionals, transporters, counselors, caterers, equipment, waste removal and transport services, utility services, medical services) to augment staffing when needed.

DEFINITION: According to the Federal Emergency Management Agency, *devolution* is the process of transferring statutory authority and responsibility for essential functions from an organization's primary operating staff and facility to alternative personnel and facilities to ensure sustained operational capability during periods when the organization's primary resources are unavailable.

TIP: It is important to review existing continuity of operations (COOP) or general disaster preparedness plans within your agency and use these documents as the foundational guides for developing a standalone pandemic COOP procedure.

Consideration 8: Establish a Performance Improvement and Evaluation Process

Implementing a process to capture lessons learned and corrective actions is crucial for promoting organizational resilience and continuous improvement. Capturing and aggregating such monitoring and evaluation information enables your agency to leverage past experiences, identify areas for enhancement, and implement measures to address deficiencies. By reflecting on past actions and challenges, your agency can strengthen its readiness, current and future response activities, and recovery capabilities for future pandemic events.

In addition, this process promotes a culture of accountability, transparency, and collaboration to encourage internal and external entities involved in your pandemic response effort to actively contribute to improvement initiatives. Ultimately, the activities and strategic guidance outlined in the process can empower your agency to adapt, grow, and excel in navigating future pandemic threats and their uncertainties. As you develop the process, consider including the following aspects:

- A description of the process that your agency will use to document the actions taken during and after an infection outbreak (e.g., incident situational assessment, incident command logs, changing guidance dissemination protocols, actions taken, resources expended, economic and human impacts, and lessons learned).
- A description and summary of the reasons specific actions were taken during both the response and recovery phases of the outbreak (e.g., event logs).
- A description of the methods your agency engages in to create a historical record of the incident and your response efforts (i.e., after-action report).

Consideration 9: Develop Guidelines for Maintaining Planning Documentation

Establishing guidelines for maintaining and updating preparedness documents will help your agency build a road map for the systematic and methodological crafting, evaluating, and sustaining of your pandemic planning documentation. This guidance should provide leadership and correctional staff members with a checklist of critical elements, including risk assessment, response protocols, communication procedures, infection mitigation and control measures, and resource allocation strategies, that should receive appropriate attention as your agency further develops the documents over time. Regular updates and revisions prompted by new insights, emerging threats, and organizational requirements will ensure that the existing guidance remains relevant, and its core features can be adapted for future respiratory pathogen pandemic planning.

TIP: Develop and conduct discussion-based (e.g., scenario-based tabletop exercise) or functional exercises and drills to simulate response reactions and activities in order to identify and address planning gaps, assess plan effectiveness, and determine updates made necessary by organizational changes or technical advancements.

The following are example topics that your agency should consider describing within a documentation maintenance section of a pandemic plan:

- The planning process, participants in that process, and how planners should coordinate the revision of different elements of the pandemic plan (e.g., base plan, annexes, and SOPs/SOGs).
- Assignment of plan update and maintenance responsibility to a specific position or group within your agency.
- The process to determine consistency with existing higher level plans (e.g., state and local jurisdiction plans).
- The process to review and revise the plan periodically (e.g., annually or more often if changes in the jurisdiction warrant, such as changes in administration or procedures, newly added resources/training, or revised phone contacts or numbers).
- The distribution strategy for the pandemic plan.
- A summary of each time the plan is modified, what aspects were modified, the date of the change, and the responsible entity.

EXAMPLE: A summary of change is essential for quickly conveying modifications made to the planning document. It serves as a reference point to ensure transparency, accountability, and effective communication within your agency and between your agency and your partners and key stakeholders with access to the planning documents. There are many ways to structure a summary of change. Below is an example of a table format of what information should be captured within the summary.

Summary of Change(s) to Document	
Date of last revision	*Year-Month-Day*
Summary of change(s) made and reason for change(s)	*Change 1: XYZ because ABC* *Change 2: XYZ because ABC* *Change 3: XYZ because ABC*
Impact of changes	*The change allows for the incorporation of new detection testing technology into the plan.*
Change(s) approver and their position within the organization	*Jane Doe, Director of Health Services*

2.2: Overarching Respiratory Pathogen Planning Checklist for Confinement Facilities

Enhancing the preparedness and readiness of corrections systems and confinement facilities is paramount, particularly in a time of increasing pandemic threats. Table 1 outlines fundamental factors linked to the nine planning considerations noted in section 1 in a checklist format that you can use to assess the preparedness level of your agency. You can also use these factors to evaluate your agency's progress in planning for a pandemic or public health crisis and to identify areas for continued development or improvement.

TIP: While Table 1 offers a thorough overview of essential factors for effective pandemic planning, it is important to acknowledge that your agency's existing planning efforts and documentation may not cover every aspect. However, this is ***not a drawback***; rather, it presents an ***opportunity to help your agency identify areas for improvement (AFIs)*** and ***develop updated plan*** iterations. You can leverage existing best practices shared across the field and insights gained from your agency's experiences during the COVID-19 pandemic response to expand on identified AFIs and enhance your future preparedness efforts. This will ensure comprehensive readiness within your planning documentation.

Table 1. Respiratory pathogen planning checklist for confinement agencies and facilities

Planning Component Task	Status	Priority Level	Target Completion Date	Actual Completion Date	Notes
Is there a respiratory pathogen pandemic plan in place at your agency?	Yes IP[4] No	High Medium Low			
Have all staff members been informed about your agency's pandemic plan?	Yes IP No	High Medium Low			
Does your agency's pandemic plan include a comprehensive CONOPS, command and control structure, and key decisionmaking processes?	Yes IP No	High Medium Low			
Are your staff members trained on existing respiratory pathogen pandemic preparedness, response, and recovery guidance, processes, procedures, and protocols?	Yes IP No	High Medium Low			
Is there a set schedule in place to ensure training is consistently conducted at least once per year for ongoing skill development?	Yes IP No	High Medium Low			

[4] IP indicates in progress.

Planning Component Task	Status	Priority Level	Target Completion Date	Actual Completion Date	Notes
Does your pandemic plan identify essential functions, tasks, and positions for a pandemic response?	Yes IP No	High Medium Low			
Does your agency's pandemic plan identify alternative strategies to maintain service delivery and daily operations that may be disrupted during a pandemic?	Yes IP No	High Medium Low			
Has an operational continuity plan been developed for your agency and incorporated into the existing pandemic planning documentation?	Yes IP No	High Medium Low			
Did your agency consider strategies or approaches to remain operational during periods of high pandemic-related workforce reduction (e.g., staff illnesses or call outs)?	Yes IP No	High Medium Low			
Has your agency established a mechanism or process to monitor increases in staff absenteeism?	Yes IP No	High Medium Low			

Planning Component Task	Status	Priority Level	Target Completion Date	Actual Completion Date	Notes
Did your agency consider ways to address staff reporting to work while ill?	Yes IP No	High Medium Low			
Did your agency identify and establish mechanisms or processes to monitor and obtain stockpiles of essential supplies?	Yes IP No	High Medium Low			
Did your agency identify where it will access current and accurate information about the pandemic and situational changes?	Yes IP No	High Medium Low			
Does your agency have an infection control procedure for managing people who are incarcerated and visitors entering and leaving a facility?	Yes IP No	High Medium Low			
Are there developed policies and procedures for handling intake, screening, processing, and placement of newly admitted incarcerated individuals into your system with known or suspected infection?	Yes IP No	High Medium Low			

Planning Component Task	Status	Priority Level	Target Completion Date	Actual Completion Date	Notes
Is there a policy and discharge protocol for the release of people who are incarcerated with known or suspected infection into the community?	Yes IP No	High Medium Low			
Are your staff members trained on and knowledgeable about proper sanitation techniques during a respiratory pathogen pandemic event?	Yes IP No	High Medium Low			
Does your agency have established policies and procedures for managing pandemic-related fatalities with clear protocols for the storage of bodies pending coordination with external partners to transport bodies to appropriate external facilities and engagement with appropriate stakeholders, including next of kin?	Yes IP No	High Medium Low			
Did your agency develop a process to communicate information to your staff members, people who are incarcerated, and partners and stakeholders?	Yes IP No	High Medium Low			
Did your agency develop procedures for housing people who are incarcerated with distinct isolation and quarantine protocols for the individuals infected or suspected of infection, as well as new intakes?	Yes IP No	High Medium Low			

Planning Component Task	Status	Priority Level	Target Completion Date	Actual Completion Date	Notes
Did your agency outline the processes to provide health care services and maintain continuity of health care services to ensure the safety and well-being of staff members and people who are incarcerated?	Yes IP No	High Medium Low			
Did your agency determine how psychological support and counseling will be provided to your staff and people who are incarcerated experiencing heightened stress and anxiety during a pandemic?	Yes IP No	High Medium Low			

2.3: Thinking Beyond Active Response Activities Within Planning Efforts

Respiratory pathogen pandemic planning should encompass both response and recovery activities because both are crucial for building resilience.

Recovery planning is often sidelined in favor of immediate (i.e., short-term) and intermediate response efforts. To avoid focusing on response activities to the exclusion of recovery efforts, pre-pandemic proactive recovery planning is essential. As your agency expands planning efforts and evaluates progress using the guidelines in table 1, it will be paramount to integrate actions within the recovery continuum. This integration will allow corrections systems to better anticipate needs and challenges during the recovery phase and develop proactive strategies to address them early on. Attention to recovery and its continuum will strengthen the resilience of corrections systems and minimize long-term impacts.

Figure 4 highlights examples of recovery efforts alongside response efforts at different stages of a pandemic incident.[5] As your agency continues to develop your pandemic planning efforts, consider incorporating the suggested timelines.

[5] For more information on recovery supporting efforts based on the National Disaster Recovery Framework, refer to the guidance outlined by the Federal Emergency Management Agency on their website, located at https://www.fema.gov/emergency-managers/national-preparedness/frameworks/recovery

NATIONAL DISASTER RECOVERY FRAMEWORK (NDRF)

NATIONAL RESPONSE FRAMEWORK (NRF)

SIZE AND SCOPE OF DISASTER AND RECOVERY EFFORTS

PREPAREDNESS
ONGOING

PANDEMIC

SHORT-TERM
DAYS

- Maintain daily operations.
- Ensure health and safety of staff members and incarcerated population.
- Maintain communication and operational synchronization internally and with external partners.
- **Develop recovery strategies to build stabilization of the situation.**

INTERMEDIATE
WEEKS-MONTHS

- Anticipate potential operational needs and challenges.
- Establish ongoing concept of operations (CONOPS).
- Work closely with public health agencies, emergency management organizations, and other partners to combat the dynamic and prolonged nature of the pandemic.
- Establish contingency planning (e.g., alternative resource procurement mechanism, workforce reduction staffing, PPE supply chain shortages).
- **Implement recovery strategies to restore pre-pandemic operational level.**
- Examine lessons learned and take corrective actions for improvement planning.

LONG-TERM
MONTHS-YEARS

- Implement contingency strategies and plans.
- Adjust CONOPS to accommodate current operational needs and thresholds.
- Address the psychological and emotional impacts on staff members and incarcerated population.
- **Implement long-term recovery strategies to become self-sufficient in response activities.**
- **Future planning as pandemic transition to endemic state.**

Adapted from the 2016 National Disaster Recovery Framework's Recovery Continuum.

Section 3: Special Topics Requiring Special Planning Attention

Corrections systems need to address many factors to maintain daily operations during a pandemic. However, six topics are intertwined and may result in cascading effects during pandemic response if they are inadequately addressed during pandemic planning. When examining these six topics, consider the recommendations below in your planning and pandemic plan modification processes.

3.1: Admission of Newly Incarcerated Individuals

- Develop and implement comprehensive intake screening procedures, including health assessments and testing for the novel pathogen.
- Establish intake quarantine and isolation protocols to limit the risk of potential introduction of infection into a facility.
- Develop contingency plans to manage surges in admission during high community transmission, with distinct guidelines for separating asymptomatic and symptomatic individuals.

3.2: Transfers of People Who Are Incarcerated

- Establish and implement clear procedures for transfers with health protocols before transfer and upon arrival at the new location.
- Establish coordination structures with receiving facilities to ensure appropriate infection control measures are in place.
- Provide training to correctional staff involved in transfer activities on proper hygiene practices, use of PPE, and infection control protocols during transportation and reception.
- Develop contingency plans to manage and provide virtual court appearances and, if possible, limit transport for in-person appearances because of the risk of increased infection spread during travel.

3.3: Management of Infected Individuals

- Determine isolation and quarantine locations and housing format (e.g., separate room, dormlike room, cohorted room).

- Develop clear protocols for isolation and quarantine, including guidelines for entering and exiting isolation and quarantine areas, managing interactions with correctional staff and others, and providing medical monitoring and care.
- Establish procedures to ensure that medical isolation and quarantine are operationally distinct from administrative or disciplinary segregation, even if the same housing spaces are used for both, to encourage prompt reporting of infectious symptoms and mitigate against the unintended harms of segregation.
- Establish procedures to inform the incarcerated population regularly about the purpose of and procedures for isolation and quarantine, their rights, and their ability to access medical care and support services.
- Develop and implement measures to address social isolation, anxiety, fear, and other emotional stress during periods of isolation and quarantine.
- Establish a system to monitor and evaluate the effectiveness of isolation and quarantine measures, including compliance with protocols, infection control practices, and health outcomes, and then use the feedback to identify AFIs and strategy modifications.

TIP: Ideally, infected individuals should be isolated inside an individual room, separated from others, as soon as possible. However, depending on space availability, this may not be possible, and some agencies will elect to isolate several pathogen-infected individuals together in designated holding cells. Correctional staff may face diverse challenges when determining an approach to isolating ill individuals, as each facility must tailor strategies to its unique incarcerated population demographic and facility layout. Thus, facilities should develop an isolation decision matrix that outlines different options from ideal to least ideal for the isolation of their incarcerated population during a pandemic with different scenarios of infection numbers.

EXAMPLE: The public health unit of the City of Toronto, Ontario, Canada, developed and published a table matrix that outlines different isolation approaches specific to confinement facilities based on different numbers of ill individuals within a facility. Consider adapting this table matrix for incorporation into your agency's pandemic planning documentation.

	1 Person Ill	2 – 10 People Ill	More than 10 People Ill	Majority of People Ill
IDEAL	Isolate in separate room	Accommodate together in separate room	Accommodate together on separate floor or in separate section of facility	Accommodate throughout entire site
↓	Isolate in shared room	Accommodate together in common area	Accommodate throughout entire site	
LEAST IDEAL	Isolate in large shared space	Accommodate together at one end of floor		

Extracted from the City of Toronto, Ontario, Canada Public Health Pandemic Plan: A Planning Guide for Correctional Facilities, March 2020.

3.4: Facility Logistics

- Identify opportunities to streamline laundry and food service operations, such as optimizing workflow processes and using disposable cutlery and prepackaged food.
- Explain how your agency will maintain daily facility services, such as food management, laundry amenities, and waste management, in the event of service interruptions.
- Establish and implement processes to ensure that adequate food and laundry and linen services are provided to those in isolation and quarantine.

3.5: Workforce Management

- Establish cross-training programs and staffing plans for efficient deployment during demand surge (e.g., training staff in multiple roles).
- Form partnerships or establish mutual agreements with external agencies (e.g., health care providers, emergency management, local health department) or entities to enhance augmentation capacity, additional resources, and expertise.
- Assess standard requirements for supervision practices and procedures and identify strategies to reduce, suspend, or modify supervision functions, to the extent appropriate and practicable, to ensure staff can focus on only mission-critical functions.

- Determine a procedure for managing volunteers and incorporating these individuals into the pandemic operational concept.

3.6: Operational Status Definition

- Establish clear and distinct operational status levels (i.e., tiered leveling) that reflect different stages of the pandemic and corresponding response measures with consideration for factors such as infection rates, health care capacity, staff availability, and community transmission level.
- Define criteria and thresholds (i.e., triggers) for the transition between operational status levels based on data for evidence-based decisionmaking (e.g., federal data, local community data, facility surveillance data).
- Outline specific response actions (i.e., tactical, facility-level activities) associated with each operational status level and the entity responsible for such actions.
- Consider aligning the response operational scale to the scale used by the CDC or your local- and state-level emergency management programs.

Appendix

Appendix: Respiratory Pathogen Pandemic Plan Template[6]

A.1: Introduction and Overview

I. Purpose of the plan
II. Instruction on how to use the plan and its associated attachments (if any)
III. Scope and applicability
IV. Key planning assumptions
V. Applicable authorities, policies, and statutes
VI. Definitions, terminology and key terms, and acronyms
VII. Supersession and date of release or modification
VIII. Summary of changes
IX. Promulgation and signatures

A.2: Leadership and Administrative Decisionmaking

X. Command and control structure (e.g., Incident Command System organization)
   a. Descriptions of roles and responsibilities
   b. Roster or diagram of organization of position-linked roles within the chain of command structure (e.g., the superintendent is the incident commander versus John Smith is the incident commander)
   c. Guidance for response council or advisory team (if applicable)
      i. Membership composition
      ii. Schedule of convening
XI. Administrative decisionmaking and priorities
   a. Activation and termination of response plan procedure
      i. Designation of responsible personnel and their alternative for contingency planning

[6] This template is intended to serve as a road map for the development of respiratory pathogen pandemic plans within the context of corrections systems and its confinement facilities. This template is not intended to be an exhaustive outline of all plans' components and attributes but rather captures critical fundamental aspects that should be included within pandemic plans specific to confinement settings. In combination with other content in this guidebook, this template is a tool that correctional leaders and staff members may reference for planning purposes.

        ii. Outline of decisionmaking process by which the decision is made, including trigger points to initiate decisionmaking process

XII. Communication strategies and structure
    a. List of all relevant agencies, stakeholders, and entities and their contact information
    b. Designation of internal personnel responsible for notification and communication with relevant internal entities
    c. Designation of internal personnel responsible for notification and communication with relevant external entities
    d. Internal communication processes
        i. To staff members
        ii. To people who are incarcerated
        iii. To affiliated service providers (e.g., health care service provider)
    e. External communication processes
        i. To partners
        ii. To other stakeholders (e.g., advocacy groups, next of kin to people who are incarcerated)
        iii. To the general public

XIII. Situational awareness data collection procedure
    a. Guidance on where and how to get accurate, up-to-date information about the pandemic
        i. Vaccines, pharmaceutical interventions, and medication information
        ii. Infection control and mitigation measures
        iii. Public health and personal care measures
        iv. Testing
        v. Surveillance data
        vi. New information about the pathogen, illness, and overall response effort at all levels of government

XIV. Training
    a. Process to test the existing planning documentation (e.g., exercise, drills, workshop)
    b. Guidance for trainings and exercises to socialize established pandemic plans and policies among relevant audience
    c. Guidance for development and implementation of programs for cross-training of correctional staff between different posts and just-in-time training (e.g., who will develop training course, who will facilitate training, how training will be rolled out)

XV. Evaluation processes and plan modification guidance
    a. Performance improvement and corrective action procedures

b. Lessons learned and best practices data collection procedures
c. Guidelines for maintaining and updating planning documentation

A.3: Procedures

A.3.1: Preparedness Stage

XVI. Administrative prioritization
   a. Guidance for risk assessments with considerations for facility structural (e.g., ventilation and filtration system) and operational characteristics (e.g., population health characteristics)
   b. Guidance and decision matrix to shift between infection control procedures and operational response statuses or levels (i.e., activation threshold)
   c. Decisionmaking process and catalyst(s) to either suspend or recommence activities and programing prohibited or paused during heighten operational response levels

XVII. COOP guidance and procedures
   a. Descriptions of critical tasks and functions and essential activities during enhanced operational response levels versus those that could be paused
   b. Preliminary workforce planning (e.g., staffing management, augmentation strategies, staff reduction protocols)
   c. Cross-training and succession planning
   d. Remote work and telehealth options

XVIII. Materials and supplies management procedures
   a. Policies and procedures on authority, acquisitions, and procurements
   b. Process for the use of alternative supply provider(s) for contingency planning
   c. Guidance on mechanism for stockpiling supplies and replenishing essential supplies as well as a list of essential supplies to maintain in stockpile
   d. Inventory of specialized equipment relevant to pandemic response

XIX. Health and well-being guidance and procedures
   a. Guidance for developing public health education campaign strategies and implementation process (i.e., messaging about enhanced hygiene or personal protection strategies)
   b. Infirmary and treatment area preparation considerations and protocols
   c. Screening and health assessment protocols (e.g., people who are incarcerated, transferring of people who are incarcerated, correctional staff, vendor-affiliate staff)

XX. Infection prevention and control strategies
   a. Housing setup determination (e.g., cohort or dormlike versus individual within general, quarantine, and isolation areas)
   b. Location within facility for isolation and quarantine housing
   c. Pharmaceutical interventions and NPIs implementation strategies
      i. Social distancing guidelines

ii. Sanitation guidelines
iii. Group gathering guidelines

XXI. Vaccine and antiviral requirements and use
- a. Requirements for correctional staff, people who are incarcerated, and visitors
- b. Immunization implementation strategies
  - i. Any relevant coordination processes with partners (e.g., local public health entities, medical vendor)
- c. Data management to track vaccination rates
  - i. Any relevant coordination processes with partners (e.g., local public health entities, medical vendor)

A.3.2: Response Stage

I. Operational response levels (e.g., crisis or response stages 1–4) that align with the response activation scale used by the CDC or local- and state-level emergency management programs
- a. Triggers (e.g., an active outbreak within a confinement facility) for implementing core tactical response activities at each operational response level and establishing those core response activities

II. CONOPS[7]

III. Admission protocols for new incarcerated population
- a. Criteria for admission into facility
- b. Health screening protocol
- c. Respiratory pathogen infection testing
- d. Housing protocol
- e. Infection housing procedures and protocols for people who are newly incarcerated
  - i. Quarantine protocol
  - ii. Isolation protocol
  - iii. Release to general housing requirements

IV. Facility management
- a. Food service procedures and protocols
  - i. Provision
  - ii. Distribution
  - iii. Clean-up and waste management
  - iv. Staffing setup
- b. Laundry service procedures and protocols

[7] Refer to Consideration 2 within the guidebook for an exhaustive list of aspects to outline within the CONOPS section of a respiratory pathogen pandemic plan specific to confinement settings.

    i. Provision
    ii. Distribution
    iii. Staffing setup
c. Waste management procedures and protocols
    i. General waste management
    ii. Biohazards waste management
d. Infirmary flow (if applicable)
    i. Collaboration process with medical care vendor
    ii. Clear delineation of roles and responsibilities for correctional staff versus medical care vendors (e.g., individual(s) responsible for staff and resident infection testing and result dissemination)
e. Health care access protocols for correctional staff members and people who are incarcerated
    i. Medical appointments and routine medical check-ups
    ii. Medication distribution
    iii. Dental services
    iv. Other medical needs not associated with infection pathogen
f. Infection control and mitigation protocols
    i. Initial procedure for social distancing and other NPIs
    ii. List separating permissible activities or actions from impermissible activities or actions in a given situation among correctional staff and people who are incarcerated
    iii. Short-term guidance for the movement of residents, group gatherings, outside access, transport and transfer, and prevention strategies based on baseline and mid-range operational response levels
    iv. Guidance specific to the highest level of response operations (i.e., highest threat threshold) for the movement of people who are incarcerated, group gatherings, outside access, transport and transfer, and prevention strategies
    v. Standard precautions and NPIs utilization
        1. PPE and facial coverings
            a. Decision tree for when to use which type of facial protection
        2. Social distancing
        3. Hand hygiene
        4. Other relevant NPIs and medical countermeasures
    vi. Cleaning and disinfection protocols
        1. General guidelines
        2. Hard surfaces

        3. Fabric including bedding linen, clothing, and other laundry needs
    vii. Screening protocols
        1. Entry procedure for correctional and vendor-affiliated staff
        2. Entry procedure for visitors and restrictions
        3. Symptoms identification and reporting processes of infection

V. Transportation and transfers protocols
- a. Coordination process to arrange transport
- b. General transport and transfer guidance
    - i. Outside of facility with return to facility (e.g., court appearance)
    - ii. Outside of facility without return to facility (e.g., new facility)
- c. Emergency health needs related to infection pathogen (i.e., hospital transport)
- d. Emergency health needs unrelated to infection pathogen (i.e., hospital transport)
- e. Post-transport protocols
    - i. Disinfection
    - ii. Potential close contact
    - iii. Reporting

VI. Health care needs and well-being management guidance
- a. Implementation process of public health education campaign
- b. Vaccination campaign implementation protocol
- c. Health care services surge procedures
- d. Clinical triage and assessment of ill people who are incarcerated

VII. Testing and surveillance protocol
- a. Responsible entity
- b. Reporting pathways and protocols

VIII. Fatality management guidance
- a. Protocol for handling and storing increased numbers of deceased individuals
- b. Protocol for notification communication
- c. Identification of area in facility that will serve as temporary morgue

IX. Guidance for release of people who are incarcerated for reentry into the community
- a. Procedures for release for uninfected individuals versus pathogen-infected individuals

A.3.3: Recovery Stage

I. Return to "normal" or baseline operations decisionmaking process

II. Identification of person or staff responsible for determining when it is appropriate to return from enhanced infection control operational status to baseline everyday status

III. Guidance on decisionmaking process to reinstate full-service operations
- a. Designation of personnel with authority to finalize the decision

   b. Designation of personnel with authority to notify correctional staff, incarcerated population, partners, and stakeholders of the return to full service

IV. Outline of communication protocols to disseminate essential information on post-pandemic operational status to various groups:
   a. All staff, regardless of affiliation
   b. Incarcerated population and their families
   c. External partners (e.g., emergency management, public health, and county and state administrations)
   d. Key stakeholders and other relevant entities (e.g., advocacy groups, and volunteer groups)