



INDIANA DEPARTMENT OF CORRECTION
COVID-19 Preparedness and Response Plan
(Adult and Youth: Version 4.0)

September 1, 2021

I. PURPOSE:

The Indiana Department of Correction will manage infectious diseases in correctional facilities through comprehensive infection control measures including, but not limited to, identification of cases through testing and screening, education and training, surveillance, environmental and operational management, and appropriate treatment plans. Each facility must develop and implement a plan that provides operational, prevention and disease management guidance. Plans should incorporate staff training and education regarding the specific infectious disease and address the management of infected or potentially infected incarcerated individuals, employees, volunteers, and visitors.

II. INTRODUCTION:

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

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

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

III. DEFINITIONS AND ABBREVIATIONS:

A. CDC: Centers for Disease Control and Prevention

B. CLOSE CONTACT: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

*(*Individual exposures added together over a 24-hour period)*

C. COHORTING: The practice of isolating multiple individuals together with similar exposure risk or illness.

D. FEVER: Body temperature equal to or greater than 100.5° Fahrenheit

- E. **HAND HYGIENE:** Hand washing with soap and water for at least 20 seconds. If soap and water are not available, the utilization of an alcohol-based hand sanitizer that contains at least 60% alcohol is recommended.
- F. **HIGH-RISK GROUPS:** Individuals at greater risk of getting infectious diseases, including:
 - 1. Children younger than five (5) years old;
 - 2. Adults sixty-five (65) years of age and older; and,
 - 3. Persons with co-occurring medical conditions:
 - a. Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - b. Immuno-suppression, including that caused by medication or HIV; and,
 - c. Pregnant women.
- G. **ICI:** Indiana Correctional Industries
- H. **IDOH:** Indiana Department of Health
- I. **INCARCERATED/DETAINED PERSON (IDP):** An adult or juvenile person committed to a department of correction (federal, state, or local) and housed or supervised in a facility either operated by the department of correction or with which the department of correction has a contract, including and adult or juvenile under parole supervision; under probation supervision following a commitment to a department of correction; in a minimum security assignment, including an assignment to a community transition program.
- J. **ISOLATION:** Separation of sick individuals with a contagious disease from people who are not sick to reduce the risk of transmission. Isolation ends when the individual meets preestablished clinical, time-based, and/or testing criteria for release from isolation, in consultation with clinical providers and public health officials.
- K. **LHD:** Local Health Department
- L. **OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA):** The federal agency that ensures safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education, and assistance.

- M. PANDEMIC: Disease outbreak that spreads across countries or continents occurring over a wide geographic area and affecting an exceptionally high proportion of the population.
- N. PPE: Personal Protective Equipment
- O. PRIMARY PREVENTION: Any intervening action or task performed before health effects/diseases occur.
- P. QUARANTINE: Separation and restriction of movement of individuals who were exposed to a contagious disease to monitor if they become sick and also to reduce the risk of transmission.
- Q. RESPIRATORY HYGIENE: Covering mouth and nose with a tissue when coughing or sneezing, then throwing the tissue in the trash. When tissues are not available, cough into bend of elbow – not hands.
- R. SECONDARY PREVENTION: Screening to identify disease in the earliest stages before onset of signs/symptoms.
- S. SOCIAL DISTANCING: Limiting close face-to-face contact with others to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals).
- T. WHO: World Health Organization

IV. FACILITY OPERATIONAL PREPAREDNESS:

A. Infectious Disease Control Plan

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

Each facility, at a minimum, shall establish an organizational structure including a chain of command and facility specific procedures for infectious disease surveillance and illness management. Illness management procedures should address levels of illness severity relative to the facility's physical plant, type of IDP housing and programs, number of infected IDPs and employees, absenteeism of employees at various levels, and the availability of supplies and resources, including, but not

limited to:

1. Surveillance and monitoring system(s) for disease outbreaks;
2. Identification and classification of suspected, probable, or confirmed cases through appropriate testing and screening;
3. Separation (quarantine or isolation) of IDPs who have or are suspected to have a specific infectious illness;
4. Implementing procedures and processes that encourage social distancing within facility for both IDPs and employees;
5. Implementing mandatory masks/face covering during outbreaks for IDPs and employees;
6. Quarantining and limiting movement in housing units with a substantial number of ill or high-risk individuals;
7. Suspending transfers from intake facilities where an outbreak is present among employees and/or IDPs;
8. Testing of symptomatic, high risk, and close contact individuals;
9. Planning for employee shortages including cross-training employees and temporarily shutting down non-critical operations if a substantial number of IDPs and employees become ill;
10. Planning for supply shortages if illness in the community interrupts deliveries; and,
11. Planning for the release of ill or exposed IDPs to the community. All facilities with a positive staff member or IDP must complete viral testing on all releasing IDPs.

A pandemic virus may come and go in waves, each of which can last for 6 to 8 weeks. Each facility shall plan to address disruption of normal facility operations for a time frame of this duration or longer and include the steps to return to normal operations when IDPs and employees are no longer infectious. Central Office Operations Executives shall assist facilities to systematically re-establish normal operations by implementing a multi-phase reintegration plan to address the needs of IDPs, employees, and the community.

B. Communication and Coordination

The Chief Communications Officer, Chief Medical Officer, and Executive Staff

members shall develop information-sharing systems with State and local health departments prior to infectious disease outbreak in the Department's correctional facilities.

The Chief Communications Officer, Chief Medical Officer, and Executive Staff members shall create communication plans to disseminate critical information to IDPs, Department employees, contractors, vendors, visitors, and the community.

A Department-designated email address and/or telephone hotline may enhance communication between employees, contractors, vendors, stakeholders, and community members. This strategy may also help streamline information sharing, clinical updates, and coordinated responses to internal and external inquiries.

1. Legal Communication

The Chief of Staff and the Chief Legal Officer shall coordinate with local law enforcement and court officials and identify legally acceptable alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce disease transmission.

2. Signage and Educational Material

Signage and other educational material concerning the prominent disease shall be disseminated and posted throughout the facility. Information shall be made available to IDPs via physical handouts, IDPs' tablets, and utilization of television monitors.

C. Supplies and PPE Preparations

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

ICI shall assist with supplies such as disinfectants.

During an infectious outbreak, supply chains may become disrupted. Acquisition may or may not be possible via other avenues. Facilities shall make contingency plans for possible PPE shortages and plan for needed supplies.

D. Education and Training

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

Employees shall be trained on proper use and disposal of PPE.

E. Visitation

Facilities may suspend visitation during disease outbreak or a pandemic at the direction of the Commissioner. If a facility allows for visitation during disease outbreak or a pandemic, visitors shall be symptom screened for the prominent disease prior to entering the facility. Visitors acknowledging or displaying new or worsening symptoms of the prominent disease shall not be permitted to enter the facility. Visitors are encouraged to not visit in-person when they are ill and not to return until symptom-free for at least 72 hours. Visits for family to patients on imminent death status may proceed on a case-by-case basis with review and approval by the Warden (or designee).

Alcohol-based hand sanitizer should be available and easily accessible in all visitor entries. Visitors shall be encouraged to use this product before entering the facility. If a facility mandates face coverings/masks be worn in the facility, visitors shall be required to wear a face covering/mask in the facility at all times.

F. Contractors:

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

G. Parole:

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

V. FACILITY PREVENTION:

A. Transfer of IDPs

Central Office Executive Staff shall determine when it is feasible to limit transfers of IDPs to and from other jurisdictions and facilities unless necessary for medical evaluation/treatment, medical isolation/quarantine, clinical care, security concerns, or to prevent overcrowding.

During a disease outbreak, all IDPs shall be screened for symptoms associated with the prominent illness at hand at Intake prior to inter- and intra- facility transfer. IDPs who report any symptoms of concern shall be separated from the general population to the extent possible until evaluated by Health Services employees. The receipt of IDPs from county jails with known outbreaks may need to be suspended. This decision will be made by the Commissioner.

B. Screening of Employees

All employees must be symptom screened for the prominent disease prior to entering the facility. Employees acknowledging or displaying new or worsening symptoms of the prominent disease shall not report to work until symptoms have resolved. Employees shall not report to work when they are ill and shall not return until symptom-free for at least 24 hours, unless otherwise directed by the Chief Medical Officer.

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

C. Face Covering/ Masks

Facilities may mandate the use of face coverings in the facility for employees, visitors, and IDPs at the direction of the Commissioner. If mandated, all employees, visitors, and IDPs are required to wear a face covering in correctional facilities at all times. Face coverings will serve as a part of the employees' uniform. Employees failing to properly wear a face covering may be subject to disciplinary action.

Only employees who have completed the required fit testing procedures, in accordance with OSHA Rule 1910.134, shall wear tight-fitting facepiece respirators (N95). N95 Respirators shall only be worn by employees working in COVID-19 isolation, COVID-19 positive areas, or as directed by Health Services staff.

D. Hand Hygiene and Cough Etiquette

Transmission of contagious diseases can spread by coughing or sneezing, and unclean hands can be reduced through cough etiquette and hand hygiene. A facility's Infectious Disease Control Plan shall include the following components:

1. Cough Etiquette

- a. An individual should cover the mouth and nose with a tissue whenever they cough or sneeze.
- b. If a tissue is not available, individuals should cough or sneeze into the upper arm or sleeve of clothing, not cough into the hands.
- c. All used tissues must be placed in waste receptacles.
- d. During peak times of illness, posters encouraging cough etiquette should be displayed in high traffic areas and on tablets/TVs in the

facility.

2. Hand Hygiene

- a. Facility administrative staff must ensure materials for hand cleansing are readily available in intake areas, staff and visitor entries, visitation rooms, group rooms including recreation areas, classrooms, and other common areas used by IDPs and employees.
- b. Bathrooms and other areas where hand washing is performed shall have working sinks with soap and paper towels available. Soap may be liquid, bar, leaflet, or powdered form. Multiple-use cloth towels of the hanging or roll type are not to be used.
- c. Where possible, posters reminding employees and IDPs to wash hands shall be displayed.
- d. Employees must wash hands:
 - 1) With soap (non-antimicrobial or antimicrobial) and water whenever hands are visibly dirty or contaminated with proteinaceous material or visibly soiled with blood or other body fluids.
 - 2) With an alcohol-based or non-alcohol-based hand sanitizer if hands are not visibly soiled. Both the CDC and WHO recommend alcohol-based hand sanitizers (containing at least 60% alcohol) as the preferred product for hand hygiene when soap and water are not readily available. When alcohol-based hand sanitizers cannot be used, products containing quaternary ammonium compounds, such as benzalkonium chloride or chlorhexidine, may be used.
 - 3) Before and after direct contact with IDPs, employees, volunteers, or visitors.
 - 4) After contact with another person's skin, body fluids or excretions, mucous membranes, non-intact skin, and wound dressings even if gloves were worn and hands are not visibly soiled.
 - 5) Before and after eating and after using a restroom.
 - 6) After contact with objects or surfaces used by numerous individuals.
- e. Non-alcohol-based hand sanitizers have limited effectiveness against

certain types of bacteria (e.g., gram negative) and viruses (e.g., those that cause gastro-intestinal illnesses). When these products are used, the hands should be washed with soap and water as frequently as possible.

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

VI. ENVIRONMENTAL MANAGEMENT:

- A. Since microorganisms from environmental surfaces may be transmitted to individuals via hand contact, all common areas within the facility must be cleaned on a continual basis by facility employees stationed or assigned to the area(s). Visibly soiled areas must be immediately cleaned with the cleaning agents normally used in these areas.
- B. Facility common areas shall be dusted weekly by facility employees stationed or assigned to the area(s).
- C. During times of infectious disease outbreaks, cleaning routines and disinfection schedules shall be followed on a more frequent schedule. Highly touched surfaces (e.g., doorknobs, light switches, and surfaces in and around toilets) shall be cleaned daily by assigned employees.
- D. Standard procedures apply for cleaning light touch surfaces such as walls and windows, laundry, and dishes.

- E. Each facility shall implement sanitation crews responsible for cleaning high traffic areas and surfaces where disease is more likely to spread. Each facility shall develop as many crews as necessary to meet the sanitation needs of the facility. These crews shall not take the place of the sanitation crews already in place but should enhance the normal hygiene practices. These crews will not be responsible for general cleaning or used for cleaning bodily fluid spills or other fluid spills that may contain blood borne pathogens. The following guidelines should be used for these supplemental sanitation crews:
1. Crews shall be sanitizing areas using a germicidal/viricidal detergent cleaner to reduce the spread of germs by sanitizing areas that have already been cleaned by a sanitation crew.
 2. Crews shall operate year-round; however, during peak periods of illnesses or disease outbreak crew sanitization will be needed more frequently.
 3. Crews should be scheduled to work during regular business hours and during non-business hours to ensure adequate sanitization coverage. At minimum, each facility shall have a sanitizing crew operating in the mornings, afternoons, and evenings.
 4. Crews shall be responsible for sanitizing all surfaces, including handrails, doorknobs, telephones, tabletops, faucets, restroom fixtures, showers, etc.
 5. These crews shall use clean rags, bleach (under direct staff supervision), and Germ-Away solution manufactured by ICI to sanitize all surfaces. Crews shall not use this solution in food storage or in food preparation areas.
 6. At the end of each crews' shift, the sanitizing solution shall be collected and bottles refilled as needed in accordance with the facility's caustic material control procedure. Rags used for sanitizing shall be collected and laundered in accordance with standard laundry procedures. These rags may be re-used as they will have been sanitized and washed.

VII. INFECTIOUS DISEASE SURVEILLANCE AND MANAGEMENT:

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

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

- Fever

- Cough
- Body aches
- Runny nose
- Sore throat
- Lethargy
- Lack of appetite
- New loss of taste or smell
- Nausea and vomiting
- Diarrhea (when other symptoms of upper respiratory illness noted above are also reported)

A. New Intakes, Transfers, and Releases

During a disease outbreak, all IDPs shall be screened for symptoms associated with the prominent illness at hand at Intake, prior to release, and prior to inter- and intra-facility transfer. IDPs who report any symptoms of concern shall be separated from the general population to the extent possible until evaluated by Health Services employees. The receipt of IDPs from county jails with known outbreaks may need to be suspended. This decision shall be made by the Commissioner.

1. All new Department intakes shall be symptom screened upon intake and tested, if applicable, for the prominent illness (e.g., COVID-19) within 72 hours of intake. The offender shall not be transferred until a negative screen and/or test result is received.
2. Intake facilities receiving newly incarcerated persons or parole violators shall test individuals, if applicable, for the prominent disease within the first 72 hours of Intake.
 - a. IDPs who arrive at intake facilities with symptoms and/or a temperature of 100°F or greater shall be isolated immediately.
 - b. IDPs who arrive at intake facilities and refuse testing or screening shall be isolated for 14 days unless directed otherwise by the Chief Medical Officer.
3. IDP arriving at any intake facility shall be quarantined for no less than 10 days.
4. IDPs transferring to a new facility from an intake facility shall be quarantined for no less than 7 days unless directed otherwise by the Chief Medical Officer.
5. IDPs transferring from a non-intake facility shall be quarantined for no less than 14 days unless directed otherwise by the Chief Medical Officer.

6. All transfers shall be symptom screened and have their temperature checked twenty-four (24) hours prior to leaving a Department facility.
7. Fully vaccinated IDPs who leave a Department facility for more than 24 hours, for any reason, do not need to be quarantined.
8. Non-vaccinated IDPs who leave a Department facility for more than 24 hours, for any reason other than an off-site clinical appointment, must be placed in a 14-day quarantine unless directed otherwise by the Chief Medical Officer.
9. All IDPs who leave a Department facility for an off-site clinical appointment or clinical trip shall be waived from the return quarantine requirement provided the following criteria are met with full adherence during the entirety of the off-grounds trip:
 - a. The IDP is fully vaccinated;
 - b. Trip Officers shall maintain direct control and constant direct visual observation of the IDP unless the attending physician requires the Trip Officer to leave the treatment/examination room. The Trip Officer shall continue to provide security outside the treatment / examination room;
 - c. Transported IDPs and Correctional Officers shall utilize PPE during the trip and complies with handwashing/sanitizing protocols;
 - d. Social distancing of at least 6 feet is maintained from members of the general public and other patients at the off-site clinic; and,
 - e. The IDP and Transport staff do not have direct contact with an individual with a known positive for COVID-19.
10. Fully vaccinated IDPs, who leave a Department facility for all court visits or any trip other than an off-site clinical appointment, do not need to be quarantined.
11. Non-vaccinated IDPs, who leave a Department facility for all court visits or any trip other than an off-site clinical appointment, must be placed in a 14-day quarantine unless directed otherwise by the Chief Medical Officer.
12. The Department shall complete infectious disease viral testing on all releasing IDPs if the IDPs' housing facility has experienced an outbreak or rapid increase of laboratory-confirmed positive cases of the prominent illness.

13. Releases

- a. If the IDP clears release screening and/or receives a negative test result for the prominent illness, the release of the IDP shall proceed as normal and Health Services staff shall ensure the IDP has a face covering. Health Services employees shall provide the IDP with illness prevention information.
- b. If the IDP does not clear the release screening process and/or receives a positive test result for the prominent illness, employees shall immediately place the IDP under medical isolation. Health Services employees shall evaluate the IDP for medical treatment and ensure the IDP is wearing a face covering at all times.

B. Release from Medical Isolation or Quarantine

If an IDP under medical isolation or quarantine is to be released from the Department before the recommended medical isolation or quarantine period is complete, designated Transitional Healthcare Specialist shall make direct linkages to Department operations, medical employees, and community resources to ensure proper medical isolation and access to medical care for transition to community. The following shall be initiated:

1. Discuss release and monitoring of the IDP with local health department to which the IDP is being released.
2. Ensure safe medical transport and continued shelter.
3. Ensure continued medical care.
4. Provide additional guidance to IDPs and IDPs' families in accordance with CDC guidelines and IDOH recommendations.

C. Infectious Disease Medical Evaluation

Health Services Administrators (HSA) shall arrange for the immediate evaluation and treatment of any IDP with symptoms of the prominent illness as well as those that may be asymptomatic but have had direct/close contact with an IDP or employee who is a laboratory confirmed positive case. Nursing staff screening and triaging health care request forms shall immediately assess any IDP who submits a health care request form noting any symptoms of the prominent illness. Any facility employees with direct IDP contact shall refer any IDP exhibiting these symptoms to the Health Services unit.

Sick call shall be conducted to ensure IDPs who are infected or potentially infected are separated from uninfected IDPs. There are various ways to accomplish this

including, but not limited to, designating separate blocks of time for those with symptoms of concern and those without symptoms, evaluating IDPs with symptoms on their housing unit, or separating IDPs with symptoms into different waiting areas and separate exam rooms.

Standard co-pay fees shall be waived for IDPs submitting health care request forms acknowledging they have symptoms of the prominent illness of concern unless the symptoms noted on the form are found to be disingenuous and the IDP was evidently attempting to avoid a co-pay assessment.

D. Testing Procedures

During disease outbreak or a pandemic, facilities shall test IDPs with symptoms and exposure risk. Testing shall be based on clinical decision making and in a targeted manner in accordance with CDC guidelines.

E. Infectious Disease Medical Management

The management, monitoring, and classification of suspected, probable, and confirmed IDP cases of the prominent infectious disease shall be in accordance with CDC and IDOH guidelines per the specific illness. Viral swabs and cultures shall be obtained in accordance with guidelines. Preference will be for testing onsite. All IDPs testing positive for infectious disease(s) should be managed in consultation with local public health authorities. The medical response to suspected, probable, and confirmed cases will vary depending on the illness at hand and the individual's health status. Basic supportive care often includes rest, possibly fluids and medication to treat symptoms (e.g., acetaminophen for fever).

An IDP with an infectious disease must not participate in group activities and no visits should be permitted until 72 hours have passed without symptoms and at least 10 days have passed since symptoms first appeared or disease exposure. An IDP with an infectious disease shall not be transferred to an infirmary unless serious complications develop, and the IDP cannot be cared for in alternative housing. Personal items (e.g., dishes, clothing, and linens) of those who are sick do not need to be cleaned separately but they shall not be shared without thorough washing.

IDPs who demonstrate more severe symptoms may require hospitalization.

In the event of an outbreak, the Department shall follow recommendations of the CDC and IDOH.

VIII. VACCINATIONS:

All IDPs shall have access to COVID19 vaccination. Upon release, vaccinated IDPs are to receive a copy of their vaccination card, if full vaccination is given within a Department facility. If not fully vaccinated, the IDP shall receive information on how to seek the second

dose along with a copy of the vaccination card. Employees may seek vaccination at a community-based provider or schedule a COVID19 vaccination with Health Services at their facility. No individual shall be forced or coerced into receiving a vaccination.

IX. ADDITIONAL INFORMATION/RESOURCES:

IDOC Chief Medical Officer:

Dr. Kristen Dauss; kdauss1@idoc.in.gov 317.233.6984

IDOC Executive Director of Emergency Response Operations:

Richard Curry, rcurry@idoc.in.gov 317.603.0757

IDOC Director of Special Hazards:

Brian Snow, bsnow@idoc.in.gov 812.208.5657

IDOH Epidemiology Resource Center: 877.826.0011;

<https://www.in.gov/IDOH/28470.htm>

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

X. APPLICABILITY:

The Department's Disease Outbreak/Pandemic Preparedness and Response Plan is applicable to all facilities, including Central Office and Parole District Offices.

signature on file
Robert E. Carter, Jr
Commissioner

Date