

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.60.16	Page 1 of 8
	Original Effective Date: 03/09/15	New Effective Date: 11/21/23
	Supersedes: 500.60.16	Dated: 01/11/21
	Administrator's Approval: Sarah Cooper, Administrator – 11/06/23	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Influenza Management		

POLICY

All Division of Adult Institution facilities shall apply infection control principals for the management, surveillance, prevention and control of influenza.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018 P-B-02 – Infectious Disease Prevention and Control
DAI Policy 500.60.01 – Infection Prevention and Control Program
DAI Policy 500.60.04 – Immunization Program
DAI Policy 500.60.10 – External Reporting of Communicable Disease
DAI Policy 500.60.13 – Airborne/Droplet Infections
DAI Policy 500.60.15 – Health Care Worker Influenza Vaccination Program
<http://www.cdc.gov/>

DEFINITIONS, ACRONYMS AND FORMS

ACP – Advanced Care Provider

CDC – Centers for Disease Control and Prevention

DOC-3504 – Infection Control: Patient and Employee Precautions

DOC-3608 – Communicable Disease Notice to Staff

DOC-3609 – Communicable Disease Alert to Visitors

Droplet Precautions – Precautions intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Droplet Precautions should be implemented for patients with suspected or confirmed influenza for seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.

HSU – Health Services Unit

Influenza Like Illness (ILI) – Symptoms include fever and either cough or sore throat. In addition, illness may be accompanied by other symptoms including headache, tiredness, runny or stuffy nose, body aches, diarrhea and vomiting.

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Outbreak – Two or more patients or staff from the same facility with illness onsets within 72 hours of each other with confirmed influenza.

PIOC – Person in our Care

POC-0040 – Infection Control – Hand Hygiene

POC-0040C – Infection Control – Standard Precautions

Standard Precautions – Precautions intended to be applied to the care of all PIOC regardless of the suspected or confirmed presence of an infectious agent. Implementation of Standard Precautions constitutes the primary strategy for the prevention of transmission of infectious agents among PIOC and staff.

PROCEDURE

I. Prevention

- A. Encourage all persons to:
 1. Cover their cough or sneeze.
 2. Maintain good hand hygiene following POC-0040, including after coughing or sneezing.
 3. Avoid touching eyes, nose and mouth without hand hygiene.
- B. A memorandum from the BHS Medical Director shall be completed annually authorizing HSU to initiate administering influenza vaccinations
- C. All workers are encouraged to obtain an annual influenza vaccination.
- D. The ability to perform hand hygiene shall be readily available throughout the facility.
- E. Clean all common areas within the facility routinely and immediately, when visibly soiled, with the cleaning agents normally used in these areas.
- F. Respiratory hygiene/cough etiquette shall be implemented beginning at the first point of contact with a potentially infected person to prevent the transmission of all respiratory tract infections in the correctional settings. Follow standard precautions.
- G. Follow current vaccination recommendations and offer the current season's influenza vaccine to unvaccinated health care personnel. See DAI Policy 500.60.15.
- H. Follow current recommendations and offer the current season's influenza vaccine to unvaccinated PIOC. See DAI Policy 500.60.04.

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- I. When there is an outbreak in the facility, unvaccinated PIOC workers working in the HSU or Infirmary shall wear a mask while working.

II. Reduction of Risk and Introduction into the Facility During Influenza Season

- A. Visitors shall be informed that anyone who had influenza in the seven days prior or who still has symptoms of ILI seven days after illness began shall not enter the facility. Facilities shall use their usual communication channels to inform potential visitors of these rules.
- B. Staff who have influenza should stay home (or be sent home if they develop symptoms while at the facility) and remain at home until 24 hours after no fever without the use of antipyretics or symptoms resolve.
- C. Facilities shall monitor personnel absenteeism due to influenza or ILI.

III. Rapid Detection of Cases

- A. Instruct PIOC and staff to report symptoms of ILI to facility health care staff at the first sign of illness.
- B. Facilities shall post notices and educate on signs and symptoms.
- C. Copayment shall be suspended when a facility has evidence of an outbreak for ILI symptoms and shall continue through at least April 1.
- D. A waiver of copayment shall be posted. Waiver of copayment for ILI is valid when two or more of the following symptoms are reported:
 1. Fever/chills.
 2. Sore throat.
 3. Dry cough.
 4. Runny nose.
 5. Headache.
 6. General malaise or fatigue with muscle and joint aches.
- E. Monitor incoming PIOC and isolate if they display symptoms of ILI.
- F. Consider daily wellness checks on units where ILI cases are identified.
- G. Testing of PIOC for ILI shall continue until a viral strain is identified and there is a pattern of two or more confirmed cases. At this point an outbreak is declared and additional testing is not necessary unless Public Health determines otherwise.

IV. Management and Isolation of Suspected and Confirmed Cases

- A. Staff shall follow CDC influenza guidelines.

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- B. Staff shall post:
1. DOC-3608 – Communicable Disease Notice to Staff.
 2. DOC-3609 – Communicable Disease Alert to Visitor.
 3. DOC-3504 – Infection Control: PIOC and Employee Precautions.
- C. If there is an ILI outbreak in the facility, the following shall be implemented:
1. Follow facility specific pandemic plan.
 2. Cancel internal group gatherings in affected areas.
 3. Serve meals in rooms or stagger meals and other activities to provide more personal space between individuals in affected areas.
 4. Consider temporarily suspending visitation or modifying visitation programs, when appropriate.
 5. If the outbreak is widespread consider limited activities throughout the facility.
- D. Follow Standard Precautions for all PIOC with suspected or confirmed ILI. Examples of standard precautions include:
1. Wearing gloves if hand contact with respiratory secretions or potentially contaminated surfaces is anticipated.
 2. Wearing a gown if soiling of clothes with a PIOC respiratory secretions is anticipated.
 3. Changing gloves and gowns after each PIOC encounter and performing hand hygiene.
 4. Perform hand hygiene before and after touching PIOC, after touching the PIOC environment, or after touching the PIOC respiratory secretions, whether or not gloves are worn. Gloves do not replace the need for performing hand hygiene.
- E. Follow Droplet Precautions for all PIOC with suspected or confirmed ILI. Droplet precautions include:
1. If a single cell is not available, isolate PIOC in their same cell with their roommates since roommates would have already been exposed unless roommate has significant immune issues.
 2. Movement in and out of the room shall be limited to using the bathroom facilities if not available in cell. Assessments by health care staff shall be completed on the housing unit whenever possible.
 3. PIOC and roommate shall wear a facemask (e.g., surgical or procedure mask upon leaving their cell).
 4. Staff entering the cell shall wear a facemask (e.g., surgical or procedure mask or other appropriate PPE depending on virus strain). Remove the facemask when leaving the PIOC room and dispose of the facemask in a waste container.
 5. Communicate information about PIOC with ILI to appropriate staff before transferring them to other areas of the facility.

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6. PIOC requesting an assessment based on symptoms shall wear a surgical mask outside of cell and to the HSU/assessment location until deemed clear of ILI by HSU.
- F. At a minimum a daily health assessment of ILI PIOC and roommate shall be completed by an RN or ACP for seven days or until 24 hours after no fever without the use of antipyretics or symptoms resolve, whichever is shorter. Additional PIOC assessments shall be determined on a case by case basis.
- G. The nurse's assessment shall determine the plan of care for the PIOC.
 1. Determine the level of care required for the PIOC who may require transfer to another facility or a higher level of care.
 2. RN assessment with abnormal findings shall be reviewed with an ACP the same day.
- H. The assessment shall be documented in the health record and at a minimum include:
 1. General appearance and demeanor.
 2. Hydration.
 3. A complete set of vital signs including orthostatic readings if indicated.
 4. Focused lung and cardiac assessment.
- I. Isolation shall continue for seven days after symptom onset or until 24 hours after no fever without the use of antipyretics or symptoms resolve, whichever is shorter.
- J. Provide access to increased fluids and a plastic bag for the proper disposal of used tissues and hand-washing products.
- K. Restrict movements of PIOC with ILI within the facility and restrict PIOC from leaving, transferring from or to another facility during the seven days after onset of symptoms or until 24 hours after symptoms resolve, whichever is shorter, unless necessary for medical care.
- L. Eating utensils and dishes belonging to those who are sick do not need to be cleaned separately, but shall not be shared without thorough washing.
- M. Linens, such as bed sheets and towels, shall be washed at the facility laundry and not on the unit.
 1. Avoid "hugging" laundry before washing it to prevent contamination.
 2. Perform hand hygiene immediately after handling dirty laundry.
- N. Assess and treat as appropriate soon-to-be released PIOC with ILI or other flu symptoms and make direct linkages to community resources to ensure proper isolation and access to medical care.

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- O. Continue to offer and encourage seasonal influenza vaccination to individuals not vaccinated.

V. Antiviral Treatment Recommendations

- A. HSU shall identify and address the special health needs of persons at high risk for complications following ILI.
- B. Early antiviral treatment can shorten the duration of fever and illness symptoms and may reduce the risk of complications from influenza.
- C. Antiviral treatment works best when started within the first two days of symptoms; however, these medications can still help when given after 48 hours to those that are very sick, such as those who are hospitalized or those who have progressive illness.
- D. CDC recommendations for treatment with antivirals include:
 - 1. Adults aged 65 years and older.
 - 2. Chronic pulmonary (including asthma)
 - 3. Cardiovascular diseases (except hypertension alone),
 - 4. Chronic Kidney Disease.
 - 5. Hepatic Insufficiency or diseases.
 - 6. Hematological disorders (including sickle cell disease).
 - 7. Metabolic disorders (including diabetes mellitus),
 - 8. Neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability, muscular dystrophy or spinal cord injury.
 - 9. Persons with immunosuppression, including those caused by medications or by HIV infection.
 - 10. Women who are pregnant or postpartum (within two weeks after delivery).
 - 11. Persons aged younger than 19 years who are receiving long-term aspirin therapy.
 - 12. American Indians/Alaska Natives.
 - 13. Persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40).
 - 14. PIOC in the Infirmary or specialized facility units.
 - 15. All confirmed and suspected PIOC during an outbreak.
- E. Standard and Droplet Precautions shall continue while the PIOC is taking antiviral therapy.
- F. Staff shall be referred to their personal health care provider for prophylaxis and or treatment.

VI. Reporting

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- A. Actively monitor the number, severity and location of cases of ILI at your facility.
- B. Utilize the DOC established reporting mechanism for monitoring ILI.
- C. Contact local Public Health of an outbreak utilizing DPH-F-44151 – Acute and Communicable Disease Case Report in accordance with DAI Policy 500.60.10.
- D. Notify Public Health if a PIOC develops influenza while on or after receiving antiviral prophylaxis.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.60.16	Page 8 of 8
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Influenza Management		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.

- II.
 - A.
 - B.
 - C.