 <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: 01/11/21
	Supersedes: 500.60.16	Dated: 04/22/19
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <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 500.60.13 – Airborne/Droplet Infections
DAI Policy 500.60.15 – Health Care Worker Influenza Vaccination Program
Health Services Policy and Procedures 500.60.04 – Immunization Program
Health Services Policy and Procedures 500.60.10 – External Reporting of Communicable Disease
<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

DOC-3609S – Communicable Disease Alert to Visitors (Spanish version)

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

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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.

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

POC-0040 – Infection Control – Hand Hygiene

POC-0040C – Infection Control – Standard Precautions

Standard Precautions – Precautions intended to be applied to the care of all patients 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 patients 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 cleaning hands.
- B. All workers are encouraged to obtain an annual influenza vaccination.
- C. The ability to cleanse hands shall be readily available throughout the facility.
- D. Clean all common areas within the facility routinely and immediately, when visibly soiled, with the cleaning agents normally used in these areas.
- E. 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.
- F. Follow current vaccination recommendations and offer the current season's influenza vaccine to unvaccinated health care personnel. See DAI Policy 500.60.15.
- G. Follow current recommendations and offer the current season's influenza vaccine to unvaccinated patients. See DAI Policy 500.60.04.
- H. When there is an outbreak in the facility, unvaccinated inmate workers working in the HSU or Infirmary shall wear a mask while working.

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II. Reduction of Risk of 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 inmates and staff to report symptoms of ILI to the 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 inmates and isolate if they display symptoms of ILI.
- F. Consider daily health checks on units where ILI cases are identified.
- G. Testing of patients 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.
- B. Staff shall post:
 - 1. DOC-3608 – Communicable Disease Notice to Staff.
 - 2. DOC-3609 – Communicable Disease Alert to Visitor.
 - 3. DOC-3609S – Communicable Disease Alert to Visitor (Spanish version).
 - 4. DOC-3504 – Infection Control: Patient and Employee Precautions.

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- 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 patients 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 patient's respiratory secretions is anticipated.
 3. Changing gloves and gowns after each patient encounter and performing hand hygiene.
 4. Perform hand hygiene before and after touching patients, after touching the patient's environment, or after touching the patient's respiratory secretions, whether or not gloves are worn. Gloves do not replace the need for performing hand hygiene.
- E. Follow Droplet Precautions for all patients with suspected or confirmed ILI. Droplet precautions include:
1. If a single cell is not available, isolate patients 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. Patients 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 patient's room and dispose of the facemask in a waste container.
 5. Communicate information about patients with ILI to appropriate staff before transferring them to other areas of the facility.
 6. Patients requesting an assessment based on symptoms shall wear a surgical mask outside of cell and to the HSU/assessment location until deemed clear if ILI by HSU.
- F. At a minimum a daily health assessment of ILI patients 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 patient assessments shall be determined on a case by case basis.

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- G. The nurse's assessment shall determine the plan of care for the patient.
 - 1. Determine the level of care required for the patient 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 inmates with ILI within the facility and restrict inmates 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. Wash hands immediately after handling dirty laundry.
 - N. Assess and treat as appropriate soon-to-be released patients with ILI or other flu symptoms and make direct linkages to community resources to ensure proper isolation and access to medical care.
 - 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.

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1. Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of influenza illness onset.
 2. 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.
- C. Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who has severe, complicated, or progressive illness; or is at higher risk for influenza complications including:
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. Patients in the Infirmary.
- D. During an outbreak administer influenza antiviral treatment and prophylaxis to patients who have confirmed or suspected influenza.
- E. Patients with influenza may continue to shed influenza viruses while on antiviral treatment, infection control measures to reduce transmission, including continuing Standard and Droplet Precautions while the patient is taking antiviral therapy. This reduces transmission of viruses that may have become resistant to antiviral drugs during therapy.

VI. Reporting

- 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.

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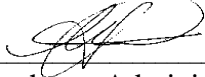
- C. Contact local Public Health of an outbreak utilizing DPH-F-44151 – Acute and Communicable Disease Case Report in accordance with DAI Policy 500.60.10.

- D. Notify Public Health if a patient develops influenza while on or after receiving antiviral prophylaxis.

Bureau of Health Services: Michael Rivers **Date Signed:** 1/8/21
Michael Rivers, Director of Healthcare

Date Signed: _____
Vacant, Medical Director

Mary Muse **Date Signed:** 1/8/21
Mary Muse, Nursing Director

Administrator's Approval:  **Date Signed:** 01/11/21
Makda Fessahaye, Administrator

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.