

Connecticut Department of Correction Health Services Unit Policies and Procedures Manual

Number: A 7.02a

Title: Pandemic Influenza Response Plan

Effective Date: 2/14/07

Policy: Connecticut Department of Correction (CTDOC) Health Services Unit (HSU) shall attempt to limit pandemic influenza as much as possible, and shall coordinate the health related aspects of the CTDOC Pandemic Response Plan.

Pandemic Response Team:

Facility Staff:

Regional Chief Operating Officer (RCOO)

Nursing Supervisor/CHNS

ID Nurse

Supervising Psychologist

Warden or Designee

Admitting and Processing Officer

Stock Room Officer

Deputy Wardens of Treatment and Operations

School Principal

Food Service Supervisor

Maintenance Supervisor

CTDOC Staff:

Commissioner

HSU Chief Operating Officer (COO)

HSU Chief Medical Officer (CMO)

RCOOs

Food Services Supervisor

Director of Maintenance

Director of External Affairs

Definitions:

- a. Influenza Like Illness (ILI): a respiratory illness characterized by temperature greater than 101 and either sore throat, cough, headache, or body aches.
- b. Quarantine Unit: a housing unit specially designated to house inmates with ILI.
- c. Standard Unit: a housing area not designated as quarantined.

Procedure:

Recognition of Pandemic Influenza:

1. The determination that influenza is pandemic shall be made by state (DPH) and/or national (CDC) public health bodies.
2. All HSU staff shall be familiar with the clinical signs and symptoms of pandemic influenza.

Notification:

1. Once public health officials have declared that influenza is a pandemic in our community, CTDOC staff shall notify facility members of the response team of this fact.
2. The supervising nurse/CHNS or designee shall notify the RCOO and COO of an initial case of pandemic influenza at each facility, and of any marked increase in new cases spread within the facility.
3. When an initial case of pandemic influenza is diagnosed at a given facility, or if there is a marked increase in such cases at a given facility, the RCOO shall notify the Unit Administrator (Warden) and COO.
4. Facility staff shall notify the Central Office Case Manager on a daily basis of new cases, new cases transferred out of the facility, cases sent out sick to facilities, and the total current facility census of sick inmates.
5. During a pandemic outbreak new information shall be provided regularly to CTDOC staff. Posters shall be placed in day rooms, AP rooms, and visiting rooms regarding respiratory hygiene/ cough etiquette.

Screening and Quarantine for Inmates with Influenza Like Illness (ILI):

1. All new intakes from the community, inmates referred by health services or custody staff, or self-referred with possible ILI shall be screened for ILI by a nurse. Screening results will be documented in the electronic health record (EHR.) **Any inmate with a temperature of 101.0 F and either sore throat, cough, headache, or body aches shall be considered for placement in a quarantine unit after discussion with a medical provider.** Screening shall generally be conducted by nursing staff, but in cases of serious nursing staff shortages, screening may be conducted by trained non-nursing health services staff.
2. Following the discussion with a medical prescriber, an inmate whose screen suggests ILI shall be referred to the COO (if transfer to another facility is anticipated) or to local custody staff (if placement in a quarantine unit in the same facility is anticipated.) The decision about transfer vs. local quarantine will be guided by the housing policy developed by the CTDOC's Pandemic Influenza Response Team.
3. Any inmate screened to have ILI shall be issued a surgical mask and instructed to wear it at all times except when in a quarantine unit.

Management of Inmates in a Quarantine Unit

1. Symptomatic inmates shall remain in cohort (quarantined) in a designated housing unit to prevent further exposure to other inmates and staff. This unit or block shall be on quarantine status.
2. MD Sick Call, Nurse Sick Call, and medication delivery shall take place in the designated quarantine area. This shall include diabetic testing and insulin administration. Inmates housed in a quarantine unit shall be treated in the medical unit only for emergency conditions.
3. Staff conducting sick call or delivering medications in the quarantine units shall wear surgical masks and gloves on the unit and dispose of gloves upon exiting. Masks are re-usable until they become saturated.
4. Symptomatic Treatment for ILI:
 - a. Nursing staff shall conduct a symptom screen daily on all inmates in the quarantine unit.
 - b. Nursing staff may offer symptomatic treatment as provided by nursing protocols for sore throat (which includes acetaminophen and ibuprofen) and common cold (which includes nasal decongestants.)

5. All necessary supplies, including Personal Protective Equipment (PPE) shall be available for use by health services staff caring for patients in an isolation room or the quarantine unit(s).
6. The quarantine sign shall be placed on the designated housing unit.
7. The facility and Central Office staff shall coordinate the stocking/replenishing of supplies to handle the needs of the facilities.

Management of Special Populations During the Influenza Outbreak:

1. Infirmiry Patients
 - a. Negative pressure rooms shall be the first room used for inmates with ILI and will be managed as described above
 - b. Other infirmiry rooms shall not be used as a quarantine unit, but may be used to care for infirmiry level of care patients that have no ILI symptoms.
2. Patients Undergoing Dialysis: Inmates with ILI shall be separated from patients without ILI, and treated in a separate wing of the dialysis unit. All symptomatic patients shall wear a surgical mask during their time in the dialysis room.
3. End of Sentence: Inmates in the Quarantine Unit who have reached their end of sentence or who bond out from a facility shall be screened by a medical prescriber or a nurse in consultation with a medical prescriber to determine if they can be treated at home or if it necessary to bring them to a hospital's emergency department.

Managing the Risk of Influenza Spread:

1. CTDOC shall offer inmates and staff seasonal vaccine according to past practice and state health department recommendations subject to availability.
2. Inmates with ILI shall wear a surgical mask in transit to or from a quarantine unit, or if they must leave their cell (unless the cell is a part of the quarantine unit.)
3. Staff shall be provided with all the necessary PPE.
 - a. Staff working in the quarantine unit shall be provided appropriate PPE; surgical masks, disposable gloves and gowns. They shall be required to wear a mask and gloves while working on the quarantine unit and shall dispose of them at exit. The mask shall be replaced when it becomes saturated. Disposable gowns may be worn if the potential to be exposed to excessive secretions or body fluids is present. Disposable gloves, gowns, and masks shall be discarded in a "hazardous waste" (red bag) container. Staff shall also be required to wash their hands with soap and water or use hand sanitizer upon exiting the unit.
 - b. Staff conversing with or examining (including intake screening process) an inmate who is coughing or is believed to have ILI shall wear a surgical mask. Such staff may wear gowns and gloves but are not required to. Symptomatic inmates shall be provided a surgical mask.
4. Symptomatic inmates shall not be sent to halfway houses. Symptomatic inmates shall not be sent to community health care facilities except for emergencies.
5. Restriction of visitors, education, and recreation activities for inmates shall be according to the recommendation of CTDOC.
6. Frequent cleaning of the quarantine area will be conducted by CTDOC staff and inmate workers per protocol.
7. It will be at the discretion of CTDOC whether a symptomatic inmate may go to court. If allowed, the inmate shall wear a surgical mask.

8. Education: CTDOC shall develop a lesson plan regarding pandemic influenza. This shall become part of the preservice education, and current education for existing staff. This training shall be updated as more information is available. Training shall be conducted as needed.
9. Staff wishing to take antiviral medications for symptomatic disease or for prophylaxis shall consult with their private physician.
10. Inmates may be released from quarantine 24-hours after the last elevated temperature, with an on-site or telephonic review by a medical prescriber.

Declaration of End of Influenza Epidemic:

1. CTDOC Response Team staff in consultation with DPH shall make a determination when to declare the end of the influenza pandemic.
2. CTDOC Response Team staff shall notify HSU of the determination and work with custody to relocate quarantined inmates to the appropriate medical or mental health housing or infirmary.