

**Federal Bureau of Prisons
Health Services Division**

Pandemic Influenza Plan

Appendix D

Module 1: Surveillance and Infection Control (May 2008)

The BOP Pandemic Influenza Plan contains the main plan and four separate modules which cover the unique health-related aspects of pandemic flu emergency response. These include:

- Module 1: Surveillance and Infection Control
- Module 2: Antiviral Medications and Vaccines
- Module 3: Health Care Delivery
- Module 4: Care for the Deceased

Each module contains template Standard Operating Procedures which are provided as separate, modifiable, WordPerfect® files. The Standard Operating Procedures correlate with the Actions Steps listed for the Preparation Stage. They are designed to standardize, guide and simplify each facility’s planning process.

The BOP Pandemic Influenza Plan is divided into 3 stages (Preparation, Response and Recovery) which correlate with the Federal Government Pandemic Influenza Stages (see page 1).

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BOP Pandemic Influenza Response Stages

The Bureau of Prisons has based its Pandemic Influenza Plan on the federal government response stages. The BOP plan combines the federal stages to organize action steps into three different stages: Preparation, Response and Recovery.

Bureau of Prisons Pandemic Influenza Response Stages			
Federal Stage	Federal Government Response Stages*	Federal Stages	BOP Plan
0	New domestic animal outbreak in at-risk country	0-1	Preparation
1	Suspected human outbreak overseas		
2	Confirmed human outbreak overseas	2-5	Response
3	Widespread human outbreaks in multiple locations overseas		
4	First human case in North America		
5	Spread throughout United States		
6	Recovery & preparation for subsequent waves	6	Recovery

*Note: The Federal Government Response Stages should not be confused with the World Health Organization phases of pandemic influenza which are different and overlap. See Appendix A of the main BOP plan.

Overview

Starting now, every BOP institution should creatively and aggressively promote three health habits that interrupt flu transmission: regular hand hygiene, respiratory etiquette (coughing or sneezing into a sleeve or tissue); and avoiding touching one's mouth, nose or eyes).

During the 1918-19 pandemic influenza (“flu”), certain cities fared better than others. Those U.S. cities which both acted promptly to control the flu *and* implemented multiple layers of protective measures had fewer flu cases and lower overall mortality. The procedures for surveillance and infection control outlined in this plan include multiple layers of protection. With the onset of pandemic flu, the BOP Medical Director will guide implementation of infection control measures based on the severity of the flu outbreak. The key to protection of both employees and inmates will be swift, decisive, coordinated action based upon advance planning.

How is flu transmitted? It is assumed that pandemic flu will be transmitted in the same way as seasonal flu. When people who are sick with the flu either cough or sneeze, they release infectious droplets that can enter another person’s body through their eyes, nose, or mouth. Flu germs can spread through the air, up to three feet away from the sick person. Flu virus particles do not remain suspended in the air. However, if a person who is sick with the flu touches surfaces, such as telephones and door knobs, the surface can become contaminated with the flu virus. Other people then can become infected with the virus by touching the surface and then touching their eyes, nose, or mouth. In the event of pandemic flu, Centers for Disease Control and Prevention (CDC) will provide updated information about how pandemic flu is transmitted.

When can a person transmit flu? It is assumed that pandemic flu viral transmission will be similar to seasonal flu viral transmission. For seasonal flu, the *incubation period* (the time between acquiring the flu infection until becoming ill) is 1-4 days, with an average of 2 days. The *communicable period* (the period of time when a person is infectious and can transmit flu) typically lasts from the day before symptoms begin through 5 days after the illness began. The risk for transmission is normally greatest during the first 2 days of illness. In the event of pandemic flu, CDC will provide updated information related to the incubation period and the communicable period.

Surveillance

Surveillance refers to the process of detecting and tracking diseases. Surveillance for flu involves screening for influenza symptoms (to rapidly identify flu patients and isolate them); and collecting, analyzing, and reporting data on individuals who are diagnosed with influenza-like illness. The BOP will utilize the following definition of influenza-like illness:

Influenza-like illness (ILI): A fever greater than 100.4 F *with* the presence of either cough, or sore throat, or shortness of breath *which occurs* in the context of circulating influenza in the community.

The process of screening inmates for pandemic influenza is included in the [Standard Operating Procedures](#). These screening procedures can be tailored to the unique circumstances of each BOP facility. A screening form is provided in [Attachment 1.3](#). As soon as outbreaks of pandemic flu are reported, routine screening for pandemic flu should be initiated at both intake and triage/sick-call.

This plan recommends implementing ongoing surveillance for *seasonal* influenza, *beginning now*. The experience of collecting, summarizing, and analyzing data on *seasonal* flu will provide needed “practice” for *pandemic* flu. It will also produce useful, baseline data on the occurrence of *seasonal* flu. Forms for collecting and summarizing data on the occurrence of influenza-like illness are provided in [Attachments 1.1](#) and [1.2](#). It is recommended that each BOP facility use these forms to track the number of cases of seasonal flu. The incidence of seasonal flu should be reported *annually* to the local infection control committee. In the event of pandemic flu, institutions would report daily to the Regional and Central offices, summarizing the number of flu cases, flu-related hospitalizations and deaths.

Infection Control

Infection control consists of practices that interrupt the spread of disease. A variety of measures to interrupt pandemic flu transmission are outlined in the table below and discussed in the following pages.

Pandemic Flu Infection Control Measures
1. *Promote good health habits among employees and inmates: <ul style="list-style-type: none">a. Regular hand hygieneb. Respiratory etiquette (coughing or sneezing into a sleeve or tissue)c. Avoiding touching one’s eyes, nose, or mouth.
2. *Conduct frequent environmental cleaning of “high touch” surfaces.
3. Separate the sick from the well. <ul style="list-style-type: none">a. Advise employees to stay home from work if they are sick.b. Promptly identify and contain inmates with influenza-like illness.c. Isolate or cohort inmates who are sick with pandemic influenza.d. Conduct contact investigations for flu cases and quarantine contacts.
4. Create “social distance” between people.
5. Use personal protective equipment for close contact with flu cases.
6. Widely distribute surgical masks (per BOP Medical Director).
7. *Provide ongoing infection control education.

- * These measures should be enhanced and monitored now.

1. Promote good health habits among employees and inmates.

Critical to preventing flu transmission is a triad of good health habits, including:

- a. **regular hand hygiene**
- b. **respiratory etiquette (coughing or sneezing into a sleeve or tissue)**
- c. **avoiding touching one's eyes, nose, or mouth.**

Preparing for pandemic flu involves improving compliance with these basic infection control measures, *beginning now*. Each facility should assure that adequate supplies and facilities are available for handwashing for both inmates and employees. Provisions should be made for employees and visitors to wash their hands before and after they enter the facility. The triad of good health habits should be promoted in various ways, i.e., educational programs, posters, campaigns, assessing adherence with hand hygiene, etc. Relevant educational tools are available on Sallyport on the Health Services Division page.

2. Conduct frequent environmental cleaning of “high touch” surfaces.

Another general infection control measure is to routinely clean surfaces that are frequently touched and therefore can become contaminated with germs. These can include door knobs, keys, hand rails, telephones, computer keyboards, elevator buttons, inmate cell bars, etc. Increasing the frequency of environmental cleaning of these surfaces is something that also can be started now, preventing transmission of infections such as the common cold, seasonal flu and MRSA. Some facilities have increased environmental cleaning of high touch surfaces by increasing the number of inmate workers assigned to this duty. Once outbreaks of pandemic influenza have been reported, there should be increased emphasis on frequent environmental cleaning of “high-touch” surfaces.

3. Separate the sick from the well.

Transmission of pandemic flu can be prevented by separating those who are ill from those who have not been infected. In the event of pandemic flu, several measures should be implemented to separate the sick from the well.

Below are definitions of two important terms related to separating the sick from the well that are frequently confused with each other.

Definitions of Isolation and Quarantine

Isolation: confining individuals who are *sick with influenza* (ILI cases) either to a single room or by cohorting them with other influenza patients.

Quarantine: confining persons who are *contacts of influenza cases*, while they are in the incubation period (usually for 10 days after exposure ended).

The following measures are recommended to separate the sick from the well.

a. Advise employees to stay home from work if they are sick.

The most likely way that pandemic flu could gain entrance to a facility is via infected employees. In the event of pandemic flu, staff should be educated that if they have influenza symptoms they should stay home. If employees become sick at work they should be advised to promptly report this to their supervisor and go home. The policy for when employees should return to work after influenza-like-illness in a pandemic will be published by the Medical Director when more is known about the pandemic strain.

b. Promptly identify and contain inmates with influenza-like illness.

As soon as pandemic flu is identified, screening for influenza-like illness should begin at intake and in sick-call. In addition, all staff should be advised to report if any inmates are symptomatic. A surgical mask should be placed on all individuals with symptoms (if it can be tolerated), and they should be isolated or cohorted (see below). During sick-call, inmates should be triaged to promptly identify inmates with influenza symptoms. Those inmates with influenza symptoms should be asked to wear a mask and be physically separated from other inmates who are at sick-call for other (non-flu) health problems.

c. Isolate or cohort inmates who are sick with pandemic influenza.

A critical infection control measure for pandemic influenza will be to promptly separate inmates who are sick with flu symptoms from other inmates in the general population. Inmates can be *isolated* in private rooms. Alternatively, groups of sick inmates can be *cohorted* together in a separate room. No special air handling is needed. Depending upon how ill the inmates are, bunk beds may or may not be suitable. Ideally, the room should have a bathroom attached. If not, inmates will have to wear a surgical mask to go to the bathroom outside the room. A sign should be placed on the door of the room indicated that it is an Influenza Isolation Room which lists necessary personal protective equipment. See [Attachment 1.7](#) for more information about infection control procedures for isolation rooms, including handling of contaminated linen. Use of personal protective equipment is discussed on the next page.

d. Conduct contact investigations for flu cases and quarantine contacts.

It may be appropriate to identify close contacts to pandemic flu cases and quarantine them in a separate room for 10 days. (Note: The Medical Director may update this time period when more is known about the pandemic strain.) The purpose of quarantine is to assure that inmates who are known to have been exposed to the flu virus be kept separate from other inmates to assess if flu symptoms develop. Quarantined inmates should have beds placed at least 3 feet apart. Quarantined inmates should be restricted from transfer, not have visits and not be mixed with the general population. See [Attachments 1.8 and 1.9](#) for procedures and forms related to contact investigation and quarantine. *Note: Once multiple flu cases occur within multiple housing units, a decision may be made to abandon contact investigation and quarantine of contacts as a control strategy. In this case, everyone in the facility has become a "contact" and contact investigation and quarantine are no longer useful or appropriate control strategies.*

4. Create “social distance” between people.

In the general community, an important method for preventing pandemic flu transmission will be to increase the distance between people by instituting various “social distancing” measures, e.g., closing schools, theaters, and churches; staggering work schedules; discouraging use of public transportation, etc. While “social distancing” is more difficult to accomplish in a correctional setting, there are possible interventions.

Social distancing measures in BOP facilities could include limiting gatherings (group meals, religious services, work, classes, recreation, common areas); ending visitation; halting entrance to volunteers and contractors; discouraging shaking of hands, etc. Lock-down of individual dormitories and entire facilities may be employed. Individual units can be taken separately to recreation and the dining hall with thorough environmental cleaning in between.

Each local pandemic flu planning committee should identify ways to accomplish social distancing within their facility.

5. Use personal protective equipment for close contact with flu cases.

Anyone who is working in close contact with pandemic flu cases should be provided personal protective equipment.

- a. **Masks:** A fluid-resistant surgical or procedure mask is the minimum recommended respiratory protection when entering a pandemic flu isolation/cohort area. Surgical masks are recommended for use with *seasonal* flu patients. Given that the transmission characteristics of pandemic flu cannot be known in advance, CDC states that it may be “prudent” to use N-95 respirators when in close contact with confirmed or suspected pandemic flu patients.

If N-95 respirators are used, it should occur in the context of an OSHA compatible respiratory protection program, including employee training, fit-testing of the respirators, and medical evaluation of employees. If respirators are in short supply, they should be prioritized for situations in which the virus may be aerosolized, including aerosol-generating procedures (such as endotracheal intubation, nebulizer treatments), resuscitation of a patient, or when providing direct care to a patient with confirmed or suspected influenza-related pneumonia.

A 2006 Institute of Medicine report recommended that masks used with flu patients *not* be re-used because there is inadequate data to make a determination if it is safe to do so. This recommendation may or may not be feasible, depending upon the adequacy of the respirator supply.

- b. **Gloves** should be worn when there is risk of contact of the hands with blood or other body fluids or secretions. Perform hand hygiene before and after wearing gloves.

- c. **Gowns and eye protection** should be used if there is anticipation of a splash of body fluids.

6. Widely distribute surgical masks to employees and inmates

It is unknown whether the widespread distribution and use of surgical masks during a pandemic flu outbreak will interrupt the spread of flu. However, because of the close contact between people in BOP facilities, surgical masks have been stockpiled for distribution to employees and inmates in the event of pandemic influenza. Await guidance from the BOP medical director before widely distributing masks.

7. Provide ongoing infection control education.

Successful response to pandemic flu will be based upon strong education prior to and during an actual event. The education related to pandemic flu infection control is closely related to other important infection control education for BOP facilities. Education about hand hygiene, respiratory etiquette, environmental cleaning benefits inmates and employees for a variety of infectious diseases. Infection control education should be ongoing –the more the better. Use of a variety of media (posters, newsletters, video) along with access to needed supplies increase the likelihood that employees and inmates will comply with infection control recommendations. The Central Office Health Services Division provides educational tools on Sallyport and will offer periodic Centra programs related to pandemic flu.

Action Steps by Pandemic Stage

Preparation (Federal Response Stages 0–1)
(See [Standard Operating Procedures](#) on page 11 which are provided for the Preparation stage only.)

1. Identify a staff person to be responsible for influenza surveillance and infection control.
2. Increase emphasis on good health habits to stop flu transmission, especially handwashing, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.
 - a. Make soap dispensers or hand soap available in all employee and inmate restrooms.
 - b. Institute a plan to assure that soap dispensers are refilled regularly .
 - c. Assure that inmates have an adequate supply of bar soap.
 - d. Provide education to employees and inmates on hand hygiene, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.
 - e. Maximize access to alcohol-based hand rub dispensers in the Medical Unit (only if authorized by the warden).
 - f. Regularly assess the hand hygiene practices of employees and inmates, and design measures to improve hand hygiene.
 - g. Assure that employees and visitors can wash their hands when entering and leaving the facility.
3. Emphasize frequent cleaning and disinfection of high touch areas, i.e., door knobs, keys, telephones.
4. Identify resources for influenza surveillance and control.
 - a. Track international, national, regional, and local influenza trends, utilizing the following resources.
 - b. Identify public health department contacts for influenza (including 24/7 contact information).
 - c. Communicate with your local health department and discuss collaboration on pandemic influenza preparedness.
 - d. Identify any local or state reporting requirements for influenza/pandemic influenza.
 - e. Identify laboratories capable of processing influenza cultures and cultures for novel (pandemic) influenza.
5. Begin tracking influenza trends by conducting surveillance for *seasonal* flu.
6. Establish procedures for influenza screening to be utilized with pandemic flu.
7. Identify administrative measures to accomplish “social distancing.”
8. Identify areas within the facility that can be used for isolation and quarantine.
9. Develop plans for stockpiling and distributing infection-control supplies.
10. Provide routine training about flu transmission and prevention and control measures.
11. Conduct mock exercises related to surveillance and infection control in pandemic flu.

Response (Federal Response Stages 2-5)

Begin when there are confirmed human outbreaks of pandemic flu anywhere in the world:

1. Reinforce education regarding influenza infection control. Emphasize triad of good health habits: hand hygiene, respiratory etiquette, and not touching the eyes, nose and mouth.
2. Increase environmental cleaning of “high touch” surfaces, e.g., door knobs, keys, telephones.
3. Educate employees and visitors not to come to the facility if they have flu symptoms.
4. Assess adequacy of infection-control supplies and review distribution plan.
5. Initiate screening for influenza-like illness at intake and in triage/sick-call according to those outlined in the Standard Operating Procedures.
6. Conduct active surveillance to look for influenza cases (i.e., review temperature logs, triage/sick call, hospitalizations, staff absences, unexplained deaths, etc.). Interview influenza-like illness cases for pandemic risk factors ([Attachment 1.3](#)), and obtain “pandemic” flu cultures if risk factors are present.
7. Prepare weekly *Influenza-Like Illness Summary Reports* ([Attachment 1.2](#)) and forward them to the Warden, and the Regional and Central Offices.
8. Review possible measures to increase “social distancing.”
9. Review/revise the list of designated influenza isolation and quarantine rooms, and develop options for expanding bed-space as needed.

Begin after a suspected pandemic influenza case is diagnosed in the facility:

10. Immediately isolate (or cohort) inmates with influenza-like illness, using the influenza precautions outlined in [Attachment 1.7](#).
 - a. Reinforce staff education on infection control procedures when caring for flu patients.
 - b. Assure adequate infection-control supplies and personal protective equipment are available.
11. Perform triage at sick-call to rapidly identify inmates with flu symptoms and implement procedures for separating the sick from the well.
12. Conduct contact investigations of the initial flu cases that have been identified, and quarantine contacts according to procedures outlined in [Attachment 1.8](#). **Note:** *contact investigations and quarantine may be inappropriate and abandoned as a strategy if there are multiple pandemic flu cases in multiple housing units.*
13. Implement measures to increase social distancing.
14. Distribute surgical/procedure masks to employees and inmates (per guidance from the BOP Medical Director).
15. Continue staff and inmate training on infection control.
16. Monitor adherence to infection control guidelines.
17. Monitor daily infection control supply use and daily inventory control.

Recovery (Federal Response Stage 6)

Previous flu pandemics have been associated with subsequent “waves” of flu after an initial wave resolves. After an initial pandemic flu outbreak, subsequent outbreaks are likely. The recovery period will involve both recovering from the pandemic emergency, evaluating the BOP response to it and preparing for subsequent waves of pandemic flu.

1. Maintain surveillance for influenza (to detect subsequent waves of pandemic influenza).
2. Evaluate the effectiveness of surveillance and infection-control measures during the pandemic flu and summarize observations.
3. Evaluate the adequacy of infection control supplies and the need for restocking.
4. Restock infection control supplies.

<p>Module 1: Surveillance and Infection Control Standard Operating Procedures - Preparation Stage (Federal Response Stages 0–1)</p>	
<p>During the Preparation stage, adapt this Standard Operating Procedure template to the unique circumstances of your facility. A modifiable WordPerfect version is posted on: www.bop.gov/news/medresources.jsp.</p>	
<p>1. Identify a staff person to be responsible for influenza surveillance and infection control.</p>	
<p>In this facility, the following individual is assigned responsibility:</p>	
<p>2. Increase emphasis on the triad of good health habits to stop flu transmission: handwashing, respiratory etiquette and avoiding touching the eyes, nose and mouth.</p>	
<p>a. Make soap dispensers or hand soap available in all employee and inmate restrooms as follows:</p>	
<p>b. Institute a plan to assure that soap dispensers are refilled regularly as follows:</p>	
<p>c. Assure that inmates have an adequate supply of bar soap as follows:</p>	
<p>d. Provide education to employees and inmates on hand hygiene, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.</p>	
<p>Employees will be provided regular education as follows:</p>	
<p>Inmates will be provided regular education as follows:</p>	
<p>Posters on hand hygiene and respiratory etiquette will be placed in the following locations:</p>	
<p>e. Maximize access to alcohol-based hand rub dispensers in the Medical Unit (only if authorized by the warden) as follows:</p>	
<p>f. Regularly assess the hand hygiene practices of employees and inmates, and design measures to improve hand hygiene. Implement systems for assessing adherence to hand hygiene as follows:</p>	
<p>For health care workers:</p>	
<p>For other correctional workers:</p>	
<p>For inmates:</p>	

g. Assure that employees and visitors can wash their hands when entering and leaving the facility as follows:		
3. Emphasize frequent cleaning and disinfection of high touch areas		
1) Identify “high touch” surfaces in this facility (i.e., door knobs, keys, telephones): : 2) The following plan will be implemented to increase frequency and extent of cleaning and disinfection of high touch surfaces in this facility:		
4. Identify resources for influenza surveillance.		
a. Track international, national, regional, and local influenza trends, utilizing the following resources. Increase frequency of monitoring when pandemic flu is reported outside North America. Federal Bureau of Prisons Intranet: http://sallyport.bop.gov Federal Web sites on pandemic influenza: www.pandemicflu.gov Centers for Disease Control and Prevention: www.cdc.gov/flu/weekly/fluactivity.htm		
b. Identify public health department contacts for influenza (include 24/7 contact info.)		
Local County/Community Public Health Contact:		
Address:		
Phone/email:		
State Health Department Contact:		
Address:		
Phone/email:		
c. Communicate with your local health department and discuss collaboration on pandemic influenza preparedness. Document the plans discussed:		
d. Identify any local or state reporting requirements for influenza/pandemic influenza. <input type="checkbox"/> No reporting requirements <input type="checkbox"/> Influenza reporting requirements for _____ <jurisdiction> are: Also attach required reporting forms.)		
e. Identify laboratories capable of processing influenza cultures and cultures for novel (pandemic) influenza.		
<input type="checkbox"/> Attach copy of procedures for obtaining influenza specimens for your lab.		
	Reference Lab	State Lab
Laboratory name		
Contact person		
Address		
Telephone		

FAX		
email		
5. Begin tracking influenza trends by conducting surveillance for <i>seasonal</i> flu.		
<p>a. Initiate routine data collection on inmates with identified influenza-like illness (ILI). Collecting data on <i>seasonal</i> influenza establishes a baseline for the usual occurrence of ILI; it also allows staff to develop experience in influenza surveillance, prior to pandemic flu. Use the following two forms for collecting and summarizing data on the occurrence of ILI:</p> <p style="padding-left: 40px;"><u>Attachment 1.1</u>, <i>Influenza-like Illness Line List</i> <u>Attachment 1.2</u>, <i>Influenza-like Illness Summary Report</i>.</p> <p>Influenza-like illness (ILI) is defined as: <i>in the context of circulating influenza in the community, the occurrence of a fever greater than 100.4 and the presence of either cough, or sore throat, or shortness of breath.</i></p> <p>In this facility, surveillance for influenza-like illness (ILI) will be accomplished as follows:</p>		
<p>b. Obtain influenza cultures when there is a cluster of two or more cases of influenza or when an individual is hospitalized for severe respiratory illness during flu season. <i>Note: There is no need to collect cultures during an ongoing influenza outbreak.</i></p>		
<p>c. Compile annual summary reports on seasonal influenza cases (Oct. 1 – Apr. 30). Report data on the number of ILI cases, hospitalizations, and deaths in your facility, using <u>Attachment 1.2</u>, <i>Influenza-Like Illness Summary Report</i>. Review annual ILI statistics with the Infection Control Committee. Information on seasonal flu cases should <i>not</i> be forwarded to the Regional and Central Offices.</p>		
6. Establish procedures for influenza screening to be utilized with pandemic flu.		
<p>a. New Inmate Arrivals: Employees shall be assigned to screen all new arrivals, using the <i>Influenza-Like Illness Screening Form</i> (<u>Attachment 1.3</u>). This screening will include taking the inmate’s temperature and asking questions about symptoms. If the inmate’s condition meets the clinical definition of influenza-like illness, then further questions shall be asked to identify risk factors for pandemic influenza. Ideally, screening will take place individually as the inmates are departing the bus, prior to entering the holding area. Depending on weather conditions and physical lay-out, this may not be feasible. Plans for screening should be adapted to the particular situation at each facility, with the goal of keeping the new arrivals segregated from other inmates, until the screening process has been completed.</p> <p>The plan for screening new inmate arrivals in this facility is:</p>		

If ILI is identified in an arriving inmate the following should occur:

- Place a surgical mask on the inmate.
- Walk the inmate to the designated influenza isolation area.
- Quarantine all inmates arriving on the same bus in one area of the facility, for 10 days (time period may be changed per the BOP Medical Director).

b. Triage/Sick-Call: During the Response stage, inmates who come to sick-call/triage will be screened for flu symptoms as follows:

Any inmate who has flu-like symptoms will be asked to wear a mask and will be separated from other waiting inmates. If there is any evidence of epidemiologic risk for flu, the inmate should be isolated. (For more detail on infection control, isolation, and quarantine, see *Attachment 1.7.*)

c. General Inmate Screening: After cases of pandemic flu are reported, more intensive screening of the general population may be warranted. This may include obtaining screening temperatures and conducting symptom screens, as well as advising correctional officers to report any symptomatic inmates. Strategies for general screening for flu symptoms will include:

d. Employee Screening: Employees will be asked to stay home from work if they become sick with flu symptoms and to voluntarily report flu symptoms if they occur on the job.

The following system will be utilized to track and report employee illness during a pandemic flu outbreak:

7. Identify administrative measures to accomplish “social distancing.”

Discuss use of various administrative measures to accomplish social distancing to prevent pandemic flu transmission in this facility.

a. Identify general “social distancing” measures. The following are possible measures:

- limit gatherings (group meals, religious services, work, classes, recreation, common areas)
- no handshaking
- stop visitation, volunteers, contractors
- limit contact between the well and the ill
- lock-downs
- providing recreation and dining separately by unit (with disinfection in-between)

The following additional social distancing measures could be utilized in this facility:

b. Separate the sick from the well in triage/sick-call. During pandemic flu, the following methods will be used to separate inmates with the flu from inmates with other health problems:

8. Identify areas within the facility that can be used for isolation and quarantine.

In collaboration with the group working on *Module 3: Health Care Delivery*, identify places within your facility where inmates who have pandemic flu, or who have been in contact with flu patients, can be appropriately housed, e.g., wards, gymnasium, cafeteria.

Definitions:

- **Isolation:** confining *influenza cases* (either to a single room or by cohorting them with other influenza patients) to decrease the likelihood of influenza transmission.
- **Quarantine:** confining persons who are *contacts* of influenza cases, while they are in the incubation period (usually 10 days after exposure ended).

Depending upon how ill the inmates are, bunk beds may not be suitable. Isolation and quarantine rooms do not require special air handling. Ideally these rooms have an attached bathroom. (If not, inmates must wear a mask while outside the isolation or quarantine room.) Cots in *quarantine* rooms must be placed at least 3 feet apart to decrease the likelihood of flu transmission. List possible locations for isolation and quarantine in the chart below.

Type of Room	Location(s)	Capacity (# of inmates)
Isolation (Single)		
Isolation (Cohort)		
Quarantine (Contacts)		

- Review procedures for pandemic influenza precautions in [Attachment 1.7](#) and [1.8](#) and be prepared to implement them.
- Review procedures and forms for contact investigation and quarantine in [Attachment 1.8](#) and [1.9](#) and be prepared to implement them.

9. Develop plans for stockpiling and distributing infection-control supplies.

a. Assure that stockpiling of hand hygiene supplies and masks is consistent with guidance from the Central Office. Develop plans for storage of supplies. *For security reasons, do not record the storage location in this document.*

b. Indicate the quota for supplies based on Central Office guidance:

- Liquid or foam hand soap Quota: ___
- Alcohol based hand rub Quota: ___
- Standard surgical masks Quota: ___
- Fluid-resistant surgical masks Quota: ___
- Bar soap Quota: ___

c. The general plan for overseeing and managing stockpiled supplies is outlined below.

- The plan for rotating stock of supplies is:

- The plan for securing supplies is:

- The plan for distributing hand hygiene supplies during pandemic flu is:

- The plan for distributing and replacing surgical masks to inmates and employees during pandemic flu is:

d. Develop plans for conducting respirator fit-testing for staff who will be assigned responsibility for caring for pandemic flu patients.

10. Provide routine training about flu transmission and prevention and control measures.

The plan for providing ongoing training about flu transmission, prevention and control in this facility is:

11. Conduct mock exercises related to surveillance and infection control in pandemic flu.

Mock exercises will be conducted as follows:

Federal Bureau of Prisons Pandemic Influenza Plan
Attachment 1.1 Influenza-Like Illness (ILI) Line-List

¹Facility: _____ ²Staff Contact Name: _____ Phone #: _____

3 #	4 Name Last, First ----- Reg #	5 R ✓	6 DOB	7 Sex	8 Hsg	9 Work	10 Date ILI onset	11 Met ILI def. Y N	12 Date isolated	13 Exposure type: C-Contact P-Poultry T-Travel U- Unk	14 Date Hosp	15 R ✓	16 Specimen Type/Spec # ----- Date/Result	17 Seas Flu Vac? ----- Anti-viral?	18 Outcome: R-Resolved E-Expired ----- Date	19 R ✓
				M F				Y N		C P T U				Y N Y N	R E	
				M F				Y N		C P T U				Y N Y N	R E	
				M F				Y N		C P T U				Y N Y N	R E	
				M F				Y N		C P T U				Y N Y N	R E	
				M F				Y N		C P T U				Y N Y N	R E	
				M F				Y N		C P T U				Y N Y N	R E	

Influenza-like-illness (ILI) is defined as: *In the context of circulating flu, temperature >100.4° F (38° C) and at least one of the following: cough or sore throat or shortness of breath.* Note that the definition of influenza-like-illness may change based upon characteristics of the pandemic influenza per the Centers for Disease Control and Prevention and the BOP medical director.

List all inmates meeting ILI definition. Put a check (✓) under “R ✓” when recorded on the Influenza-Like Illness Summary Report ([Attachment 1.2](#))

Note: Use *Contact List* (if appropriate) to track persons who have been exposed to someone with pandemic flu ([Attachment 1.9](#)).

Attachment 1.1. Influenza-Like-Illness (ILI) Line List (continued)

Instructions for Completion

Purpose:

The purpose of the *Influenza-Like Illness (ILI) Line List* is to collect individual data on inmates with ILI. This form should be used for both *seasonal* influenza and *pandemic* influenza. For the purpose of this form, influenza-like illness is defined as follows: In the context of circulating flu in the community, the presence of fever greater than 100.4 F *and* one of the following symptoms: cough, or sore throat, or shortness of breath.

Enter the following information:

1. **Facility:** Indicate facility code.
2. **Staff Contact Name:** Infection Control Officer (ICO) or designee and telephone number.
3. **#: (Case number):** For each ILI-suspect or confirmed case, assign a number in chronological order (1, 2, 3, ...). Continue numbering in chronological order onto subsequent pages, as needed.
4. **Name (Last, First) / Reg #:** Record the last and first name of the inmate with suspected or confirmed ILI above the dashed line and the register number of the inmate under the dashed line.
5. **R ✓:** Check (✓) when each ILI case is recorded on the ILI Summary Report ([Attachment 1.2](#)).
6. **DOB:** Date of birth.
7. **Sex:** Circle the sex of the ILI case (*M* = male, *F* = female).
8. **Hsg:** List the housing/quarter(s) for each ILI case for the time period *from* 24 hours before the first onset of symptoms *until* the date the inmate was placed in isolation.
9. **Work:** List work assignment(s) for each ILI case for the time period *from* 24 hours before the symptom onset *until* the date the inmate was placed in isolation or removed from the general population.
10. **Date ILI onset:** The date the onset of symptoms occurred.
11. **Met ILI definition:** For each ILI-case, circle (*Yes*) if the case met the ILI case definition or (*No*) if not. The ILI case definition is: in the context of circulating flu in the community, a temperature (over 100.4 degrees Fahrenheit, 38 degrees centigrade) *and* evidence of one or more of the following: cough, sore throat, *or* shortness of breath.
12. **Date isolated:** The date the ILI case was placed in isolation or cohorted with other flu patients (if applicable).
13. **Exposure Type:** Circle type of exposure: “*C*” if the ILI case had *contact* with a person sick with ILI, “*T*” if the ILI case recently *traveled* to a country or region affected by ILI cases, “*P*” if the ILI case had contact with *poultry* that may have been infected with avian-type flu strain, or “*U*” if *unknown*.
14. **Date Hosp:** Date hospitalized. If inmate is hospitalized at a community hospital, indicate the date of the hospitalization.
15. **R ✓:** Indicate with a ✓ once the hospitalization has been included in the ILI Summary Report.
16. **Specimen:** Source/Spec #: Enter type of specimen and specimen number above the dashed line. Date/Result: Enter date and result below the dashed line.
17. **Seas Flu Vac:** Seasonal Influenza vaccine. Circle (*Yes*) if the inmate did receive seasonal influenza vaccine for the current season (October to March) or (*No*) if not.
Anti-Viral: Indicate if the individual has received antiviral treatment.
18. **Outcome:** Circle outcome of influenza-like illness: “*R*” if illness *resolved* and “*E*” if the inmate *expired* due to ILI. Indicate date of death.
19. **R ✓:** Indicate with a ✓ after the death is reported on the ILI Summary Report.

Attachment 1.2. Influenza-Like Illness (ILI) Summary Report

Page__ of __

1. Facility: _____ 2. Staff Contact Name: _____ Phone: _____							
3. Report Date	4. Report Period (Date to Date)	ILI Cases		ILI Hospital Admits		ILI-Related Deaths	
		5. New ILI Cases	6. Total ILI Cases	7. New Admits	8. Total Admits	9. New Deaths	10. Total Deaths
11. Total							

Seasonal flu: Report *annually* to the local Infection Control Committee.
Pandemic flu: Once cases are identified report *daily* to local incident command and FAX *daily* to the Regional Office and Central Office.

Attachment 1.2. Influenza Like-Illness (ILI) Summary Report (continued)

Instructions for Completion

Purpose:

The purpose of the *Influenza-Like Illness (ILI) Summary Report* is to collect summarize data on cases of influenza-like illness in each facility. This data will facilitate monitoring the extent and severity of influenza outbreaks. The form is to be used for both seasonal and pandemic influenza. The form should be prepared from individual data collected on the *Influenza-Like Illness (ILI) Line List* ([Attachment 1.1](#)).

Annually, reports should be prepared summarizing the previous seasonal flu period to be presented to the local Infection Control Committee. Once pandemic flu occurs in a facility, daily reports should be made to the local incident command and FAXed to the Regional and Central Offices. Once data from the Line List is included in the Summary Report, the associated box labeled “**R ✓**” on the Line List should be checked.

Enter the following information:

1. **Facility:** Record facility code.
2. **Staff Contact Name:** Enter the name of the Infection Control Officer (ICO), or other facility staff contact person, and telephone number.
3. **Report Date:** Enter the date the Summary Report is updated.
4. **Report Period:** Enter the dates the report covers: ___/___/___ to ___/___/___.
5. **New ILI Cases:** Indicate the number of ILI cases meeting the ILI case definition which were identified during the Report Period.
6. **Total ILI Cases:** Sum the total of ILI cases recorded. For the first report period, the “New ILI Cases” will equal the “Total ILI Cases.” After that, the “Total ILI Cases” will equal the previous “Total ILI Cases” *plus* the “New ILI Cases” for current report period.
7. **New Admits (ILI Hospital Admits):** Record the total number of ILI-related hospital admissions for the time period. May include individuals who were counted with ILI during a previous period.
8. **Total Admits (ILI Hospital Admits):** Sum the total ILI-related hospital admissions. For the first report period, the “New Admits” will equal the “Total Admits.” After that, the “Total Admits” will equal the “Total Admits” from the previous report period *plus* the “New Admits” for the current report period.
9. **New Deaths (ILI-Related Deaths):** Record the total number of ILI-related deaths for the time period. This will often include individuals who were counted with ILI during a previous report period.
10. **Total Deaths (ILI-Related Deaths):** Sum the total ILI-related deaths. For the first report period, the “New Deaths” will equal the “Total Deaths.” After that, the “Total Deaths” will equal the “Total Deaths” from the previous time period plus the “New Deaths” for the current time period.
11. **Total:** If the influenza outbreak persists after one page is completed, the final figures for “Total ILI cases,” “Total ILI Hospital Admits,” and “Total ILI Deaths” should be added to the “New ILI cases,” “New Admits,” and “New Deaths” on the next page.

Attachment 1.3. Influenza-Like-Illness (ILI) Screening Form

This form should be used to when screening large groups for pandemic influenza, e.g., at intake or at triage/sick-call. Everyone's temperature should be taken, and an ILI Screening Form should be filled out for those with a temperature *greater than* 100.4°F (38°C).

Name _____ # _____

Clinical Criteria for Influenza-Like Illness = In the context of circulating influenza in the community, a temperature greater than 100.4° F (38°C) *and* at least one of the following: cough, or sore throat, or shortness of breath.

1. **Temperature:** _____
 Fever greater than 100.4° F (38°C) Date onset of fever: _____

AND

2. **At least one of these symptoms:**
 Cough
 Sore Throat
 Shortness of breath; if present check respiratory rate: _____
 None of the above

 Other signs and symptoms: _____

If the above criteria for influenza-like illness are met, assess for pandemic flu risk factors:

3. Have you traveled, within ten days prior to your symptoms (listed above)?
 Yes. Where? _____ Check CDC web site to see if pandemic cases are being reported from this country: <http://www.cdc.gov/flu/avian/>
 No
4. Within ten days prior to your symptoms, have you been within three feet of any type of live poultry?
 Yes
 No
5. Within ten days prior to your symptoms, have you been within three feet of someone with pneumonia or flu-like symptoms?
 Yes
 No

Level of awareness: <input type="checkbox"/> Alert Oriented to: <input type="checkbox"/> person <input type="checkbox"/> place <input type="checkbox"/> time <input type="checkbox"/> Confused <input type="checkbox"/> Lethargic
History of: <input type="checkbox"/> seasonal flu vaccine (mo/yr) ___/___ <input type="checkbox"/> pneumococcal vaccine

Note 1: If ILI clinical criteria is met, individuals should have a surgical/procedure mask placed over their mouth and nose, and then be transported to the identified area of isolation for influenza cases.

Note 2: Given that the symptomatic presentation of pandemic flu cannot be predicted, this form may need to be updated based upon guidance from the BOP Medical Director.

Attachment 1.4. Correctional Standard Precautions – General Population¹

The following precautions should be observed <i>routinely</i> by all correctional workers at all times to prevent spread of disease.		
Component	Indicated (X)	Recommendations
Hand Washing	X	Wash hands routinely with soap and running water for at least 15 seconds: before eating, after using the bathroom, when hands are dirty, and after contact with blood or other body fluids.
Respiratory hygiene	X	Cough/sneeze into sleeve or cover mouth/nose with tissue. Dispose of used tissues (in regular trash). Persons who are coughing or sneezing can use a paper mask to prevent spray. Wash hands after coughing or sneezing.
Safe practices	X	Avoid touching eyes, nose, and face. Germs are spread by touching your face.
Personal protective equipment (PPE)	Not routinely	Personal protective equipment is indicated only if contact with blood/body fluids is likely. PPE includes gloves to protect hands from contact; mask, face/eye wear, and gowns to protect from sprays and splashes.
Sharps	X	Dispose in a leak-proof, puncture-resistant container. Never recap, bend, break, or otherwise manipulate used needles.
Single cell	Not routinely	Place potentially infectious inmates in a private room (in consultation with medical staff). Consider single cells for inmates with poor hygiene practices.
Sanitation	X	Routinely clean with an EPA registered disinfectant (see http://www.epa.gov/oppad001/chemregindex.htm). Use according to the manufacturer’s instructions. All washable (non-porous) surfaces should be cleaned <i>during</i> and <i>after</i> (terminal) cell occupancy. Correctional workers should conduct sanitation inspections of living and bathroom areas to identify visibly dirty areas. Emphasize regular cleaning of surfaces that are frequently touched (hand-rails, elevator buttons, door knobs, computer key boards, etc.).
Laundry	X	Collect at bedside or inmate may self-laundry. If wet or soiled, handle as little as possible; bag in a leakproof bag at the location in which it was used, in accordance with local policy on management of linens. Machine wash and dry.
Activities (shared equipment)	X	Weight benches or any other surface exposed to sweat should be <i>disinfected daily</i> , and <i>routinely wiped clean between users</i> with a clean dry towel. Inmates should use barriers to bare skin, such as a towel or clean shirt, while using exercise equipment.
Report possible infections	X	Correctional workers who observe evidence of possible infections should report them promptly to their supervisor. Inmates with possible skin infections should be sent promptly for a medical evaluation.
<p>¹ <i>General Population</i> refers to all correctional settings except health care settings.</p> <p>Adapted from: BOP Clinical Practice Guideline “Management of Methicillin Resistant <i>Staphylococcus Aureus</i>”.</p>		

Attachment 1.5. Correctional Standard Precautions – Health Care Settings

All workers in health care settings should observe the following precautions <i>routinely</i>.	
Components	Recommendations
Hand hygiene	<i>Hand hygiene is the most important measure to reduce transmission of infectious diseases..</i> Perform hand hygiene after touching blood or body fluids, after removing gloves, and between patient contacts. Hand hygiene includes handwashing with either plain or antimicrobial soap and water, as well as use of alcohol-based products (if approved by the warden). If hands are visibly soiled or contaminated, they should be washed with soap and water.
Respiratory etiquette	Educate staff, inmates and visitors on the importance of containing respiratory secretions. Post signs with instruction on reporting of influenza-like illness. Cough/sneeze into sleeve or cover mouth/nose with a tissue, disposing of used tissues in regular trash. Have persons who are coughing or sneezing use a paper mask to prevent spray. Hand hygiene after coughing/sneezing.
Personal protective equipment (PPE)	Gloves: For touching blood, body fluids, secretions, excretions, and contaminated items; for touching mucous membranes and nonintact skin. Gown: During procedures and patient-care activities where there is a possibility of contact of clothing/exposed skin with blood/body fluids, secretions, and excretions. Face/eye protection (e.g., surgical or procedure mask, goggles, or face shield): During patient care activities likely to generate splash/spray of blood, body fluids, secretions, or excretions.
Safe work practices	Avoid touching eyes, nose, mouth, or exposed skin with contaminated hands (gloved or ungloved); avoid touching surfaces that are not directly related to patient care (e.g., door knobs, keys, light switches) with contaminated gloves and other personal protective equipment.
Patient resuscitation	Avoid unnecessary mouth-to-mouth contact. Use mouth piece, resuscitation, or other ventilation device to prevent contact with mouth and oral secretions.
Patient care equipment	Handle in manner that prevents transfer of microorganisms to oneself/others and to environmental surfaces. Wear gloves if visibly contaminated; perform hand hygiene.
Soiled linen & laundry	Handle in a manner that prevents transfer of microorganisms to oneself/others and to environmental surfaces. Wear gloves (and gown, if necessary) when handling and transporting soiled linen and laundry. Perform hand hygiene.
Needles & other sharps	Use devices with safety features when available; do not recap, bend, break, or manipulate used needles. If recapping is necessary, use a one-handed scoop technique; place used sharps in a puncture-resistant container.
Environmental cleaning & disinfection	Use EPA-registered hospital detergent disinfectant. Follow standard facility procedures for cleaning and disinfecting environmental surfaces. Emphasize cleaning/disinfection of frequently touched surfaces (e.g., bed rails, phones, lavatory surfaces). Change solutions regularly and clean the container to prevent contamination. Ensure patient care items and potentially contaminated surfaces are cleaned and disinfected after use. Use barrier-protective coverings, as appropriate, for surfaces that are touched frequently with gloved hands during patient care, that may become contaminated with blood/body fluids, or that are difficult to clean.
Disposal of solid waste	Contain and dispose of solid waste (medical and non-medical) in accordance with facility procedures and/or local or state regulations. Wear gloves when handling waste and when handling waste containers. Perform hand hygiene.

Attachment 1.6. Influenza Infection Control – General Population*

The following guidelines are generally recommended <i>at all times</i> and should be emphasized during an influenza outbreak.
Wash hands regularly and carefully!
<ul style="list-style-type: none">• <i>Handwashing is the most important way to prevent transmission of the flu.</i>• Wash hands regularly with soap and water (before meals, after using the toilet, and after contact with blood or body fluids).• Wash for at least 15 seconds, in between fingers and on both sides of hands.
Cover mouth and nose when sneezing or coughing.
<ul style="list-style-type: none">• Cough into sleeve or tissue. Dispose of tissues properly.• Wash hands after coughing or sneezing.• Place a surgical mask on an inmate who is repeatedly coughing or sneezing.
Avoid touching eyes, nose, and mouth.
<ul style="list-style-type: none">• Surfaces can be contaminated with the flu virus (for example another person’s hand or door knob). Touching such surfaces and then touching the eyes, nose, or mouth can lead to infection.
Clean environmental surfaces regularly, especially “high touch” surfaces.
<ul style="list-style-type: none">• Use EPA approved disinfectants.• Emphasize cleaning frequently touched surfaces, such as door knobs, railings, light switches, and phones.• All washable (nonporous) surfaces should be cleaned during and after (terminal) cell occupancy. Correctional workers should conduct sanitation inspections of living and bathroom areas.
Handle laundry carefully.
<ul style="list-style-type: none">• Wear gloves and protective clothing when handling soiled linen.• Wash hands afterwards.• Machine wash in hot water and completely dry the laundry.
Wear gloves when touching blood or body fluids.
<ul style="list-style-type: none">• Wear gloves whenever contact with blood, body fluids, or contaminated items is likely. Wash hands after removing gloves.
Report symptoms of the flu.
<ul style="list-style-type: none">• Flu symptoms include fever, cough, shortness of breath, and sore throat.• Report to a supervisor if inmates or other employees develop flu symptoms.
Follow these procedures with flu patients.
<ul style="list-style-type: none">• Inmates with flu symptoms should be given a surgical mask to wear.• Flu patients should be housed separately from other inmates.• Wear a surgical mask when entering a room with flu patients or transporting a flu patient. For pandemic flu, an N-95 respirator may provide better protection.
¹ <i>General Population</i> refers to all correctional settings except health care settings.

Attachment 1.7. Pandemic Influenza Precautions – Health Care Settings (Page 1 of 2)

The following precautions should be used in conjunction with <i>Standard Precautions</i> (see Attachment 1.5) when in contact with <i>patients suspected of having pandemic influenza</i> .	
Components	Recommendations
Hand Hygiene	<ul style="list-style-type: none"> • Hand hygiene is the number one defense. Wash hands for 15-20 seconds. • Includes using plain or antimicrobial soap and water, or alcohol-based products. • Perform hand hygiene after touching blood/infectious body fluids, secretions, excretions, and contaminated items; after removing gloves; and in-between patients. • Use soap and water if hands are visibly soiled or have touched respiratory secretions. • Wash hands prior to putting on personal protective equipment (e.g., mask), and after removing any protective devices. Avoid touching the outside of a contaminated device.
Safe Work Practices	<ul style="list-style-type: none"> • Avoid touching eyes, nose, mouth, or exposed skin with hands (gloved or ungloved). • Avoid touching surfaces (e.g., door knobs, keys, light switches) with contaminated gloves or other personal protective equipment that is directly related to patient care.
Respiratory Etiquette	<ul style="list-style-type: none"> • Promote coughing or sneezing into one’s sleeve or crook of elbow (rather than hands). • Provide tissues and no-touch (open) trash container. • Educate! Contain secretions and wash hands.
Patient waiting areas	<ul style="list-style-type: none"> • Implement system to identify/triage inmates with influenza-like illness (ILI). • Spatially separate inmates with ILI from others. Place surgical mask on ILI inmates.
Patient placement	<ul style="list-style-type: none"> • Isolate inmates with ILI in a private room. If private room is unavailable, <i>cohort</i> (group) inmates with ILI in a specifically established, multi-bed unit. • No special air handling is required. <i>Exception:</i> If aerosol-generating procedures are performed, an airborne-infection isolation (negative pressure) room is recommended. • Depending upon how ill the inmates are, bunk beds may not be suitable. • Ideally, have the bathroom attached to the room. • Keep the door closed or slightly ajar. • Maintain consistent room assignments for patients (when feasible). • When in isolation/cohort room, use personal protective equipment (next page). • If feasible, have patients wear surgical masks when in close contact with non-ill person. • Isolate minimum of 5 days after symptom onset (if immunocompromised for duration of illness). Note: guidance on time periods for isolation may be updated with pandemic flu. • Post sign indicating protective equipment to be used in isolation rooms (see next page). • For recommendations about quarantining inmates who are exposed to someone with flu, see below.
Staffing	<ul style="list-style-type: none"> • Limit the number of caregivers per inmate. Ideally, the staff caring for inmates who are sick with the flu will not be assigned to take care of inmates with other (non-flu-related) health care problems. • Staff with symptoms of influenza-like illness should not come to work.
Visits/Social	<ul style="list-style-type: none"> • No visitation/social gatherings. Create as much distance as possible between people.
Patient transport	<ul style="list-style-type: none"> • Limit patient movement outside of the room for medically necessary purposes. • Have patient wear a procedure/surgical mask when outside the room. If mask can’t be tolerated, apply most practical measures to contain respiratory secretions, e.g., handkerchief over nose/mouth, etc. • Patients should wash hands before leaving the room and after a mask is removed.
Transport Vehicles	<ul style="list-style-type: none"> • Transporters wear personal protective equipment (next page). Wash hands afterwards. • Optimize vehicle ventilation to increase the volume of air exchange during transport. • Notify the receiving facility that patient with possible pandemic ILI is being transported. • Routinely clean the vehicle with an EPA-disinfectant following the transport.
Quarantine (ILI-exposed inmates with no symptoms)	<ul style="list-style-type: none"> • House inmates exposed to person with suspected pandemic flu (no ILI symptoms) in a designated <u>quarantine</u> unit, with beds/cots 3 feet apart. • Restrict contact with non-exposed persons. • If asymptomatic, release after 10 days (unless re-exposure occurs). • Wear a fluid-resistant procedure mask when entering room. • Inmates in quarantine should wear masks, if possible. • Monitor for temperature and influenza signs and symptoms at least daily. • Quarantine may be unrealistic if pandemic influenza becomes widespread.

Attachment 1.7. Pandemic Influenza Precautions – Health Care Settings (Page 2 of 2)

Personal Protective Equipment (PPE)	
<p>Careful placement of PPE <i>before</i> patient contact will avoid the need to make adjustments and risk self-contamination during use.</p> <p><i>Note:</i> Guidance regarding use of personal protective equipment related to pandemic flu is evolving. Check www.pandemic.gov for the most recent recommendations.</p>	
Components	Recommendations
Masks/ Respirators	<ul style="list-style-type: none"> • Fluid-resistant surgical or procedure mask is the minimum recommended respiratory protection when entering a pandemic flu isolation/cohort area. • CDC has recommended that a NIOSH certified respirator (e.g., N95) be worn in specific situations with confirmed or suspected pandemic flu patients where there is a higher risk that the virus may be aerosolized. These include: <ul style="list-style-type: none"> • Aerosol-generating procedures (e.g., endotracheal intubation, nebulizer treatments). • Resuscitation of a patient. • Providing direct care to a patient with confirmed or suspected pneumonia who might produce larger-than-normal amounts of secretions when coughing. <p><i>Given that the transmission characteristics of pandemic flu cannot be known in advance, the CDC states that it may also be prudent to use N-95 respirators when working in close contact with all confirmed or suspected pandemic flu patients.</i></p> <ul style="list-style-type: none"> • If respirators are in short supply, they should be prioritized for situations with risk for aerosol (see list above). • Respirators (e.g., N-95s) should be used only in the context of an OSHA-required respiratory protection program, i.e., fit-testing, medical clearance, and training. • General guidance regarding mask use: <ul style="list-style-type: none"> • Wash hands prior to donning. • Change masks when wet/moist. • To reduce spread of germs, do <i>not</i> leave dangling around the neck. • Wear once and discard. If influenza patients are cohorted in one room, it may be practical to wear one mask for the duration of your time in the room. • When removing the mask, wash hands first. Carefully remove mask and dispose of it. Wash hands again.
Gloves	<p>Wear gloves during all procedures and direct patient-care activities with risk of contact to secretions, and whenever handling potentially contaminated body fluids and dirty equipment. Wash hands after removing gloves.</p>
Gown	<p>Wear gowns during all procedures and direct patient-care activities in which contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated.</p>
Face/Eye Protection	<p>Use goggles or face shields with a mask during patient-care activities likely to generate splash/spray. Use with an N-95 respirator if performing aerosol-generating procedures among patients with ILI.</p>

Attachment 1.8. Pandemic Flu Contact Investigation/Quarantine Procedures

When a case of influenza is identified, the following steps should be followed in conducting a contact investigation.

Note: If multiple influenza cases occur within multiple housing units, *a decision may be made to abandon contact investigations and quarantine as a control strategy.* In this case, everyone has become a contact and contact investigation is not a useful strategy.

- 1) Determine the infectious period** (from 24 hours before symptom onset until contact with the influenza case ended, usually the date the case was isolated).
- 2) Identify closest contacts (cell mates, work-mates, friends) and other housing unit contacts.**

Use [Attachment 1.9, Pandemic Flu Contact Investigation/Quarantine Line List](#) to list names of contacts and the outcome of their exposure.
- 3) Screen contacts for temperature and cough, sore throat, or shortness of breath,** recording results on the line-listing. Isolate any contacts who develop ILI symptoms.
- 4) Decide which groups of contacts to quarantine.** There is no simple answer regarding who should be quarantined. Perhaps the simplest measure would be to quarantine the entire housing unit. If that is impractical, quarantine the inmates with the closest contact.
- 5) Quarantine of exposed contacts should be maintained for 10 days after exposure ended (or the case was isolated).** *Note:* The BOP Medical Director may revise the time frame based on updated information on pandemic flu.
- 6) Screen quarantined contacts twice daily for temperature and ILI symptoms,** recording results on the quarantine line list.

Attachment 1.9. Pandemic Flu Contact Investigation/Quarantine Line List

Facility: _____ Staff Contact Name: _____ Phone: _____ Index Case Reg. No. _____

Index Case: Quarters: _____ Work: _____ Education: _____ Recent Travel/Movement: _____

Case Symptom Onset Date: ___/___/___ Date ILI Case Isolated: ___/___/___ + 10 Days = ___/___/___ (date to discontinue quarantine)

#	Bed #	Last Name, First Name	Exposure Site	Date:												Anti-Viral Prophylaxis	Comments	Cleared @ or Sick (S)
		Registration Number	Quarantine Date	Time:														Start Date
				Temp:												Y N		C S
				S/S?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
				Temp:												Y N		C S
				S/S?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
				Temp:												Y N		C S
				S/S?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
				Temp:												Y N		C S
				S/S?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N			
				Temp:												Y N		C S
				S/S?	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N			

Note: This is an optional form that can be utilized to track the screening of individuals who are identified contacts to influenza cases. If multiple influenza cases occur within multiple housing units, a decision may be made to abandon contact investigations and quarantine as a control strategy. In this case, everyone has become a contact and contact investigation is not a useful strategy.

* Indicate if the site of exposure was (1)Quarters, (2)Work, (3)Education, (4)Travel, or (5)Other.

Attachment 1.9. Pandemic Flu Contact Investigation/Quarantine Line List (cont'd)

Instructions for Completion

Purpose: The purpose of the *Pandemic Flu Contact Investigation/Quarantine Line List* is to track the outcome for contacts exposed to a case of pandemic influenza. The form provides a record of exposure sites for a given index case with pandemic influenza and provides a place to record names of identified contacts. Space is provided to record daily temperatures and signs and symptom checks, as well as the outcome of the quarantine.

Facility: Facility code.

Staff Contact Name: Infection Control Officer (ICO) or designee and **Phone Number.**

Index Case Reg. No.: Registration number of the inmate who developed pandemic flu.

Quarters: Place(s) the index case was housed, one day prior to symptom onset until isolated.

Work: Index case's work assignment/ rroup. If none, record "none."

Education: Index case's education classes/name of group. If none, record "none."

Recent travel/movement: Indicate locations if index case traveled or moved during infectious period.

Case Symptom Onset Date: Date flu symptoms started.

Date ILI Case Isolated: Date placed in isolation or cohorted

+ 10 days: Determine the date that is 10 days after the case was isolated (to calculate the date that healthy contacts can be released from quarantine).

#: Assign each contact a sequential quarantine number.

Bed #: Bed assigned to the contact.

Last Name, First Name: Name of the inmate contact.

Registration Number: Registration number of the inmate contact.

Exposure Site: Use 1-5 to indicate site of exposure as (1)Quarters, (2)Work, (3)Education, (4)Travel, or (5)Other.

Quarantine Date: Date contact was quarantined.

Date and Time: At the top of the chart, record date and time of temperature and signs/symptoms checks.

Temp and S/S?: Temperature and signs/symptoms for each date/time recorded at the top of the chart. Twice-daily, record the inmate's temperature and indicate the presence of any signs or symptoms by circling Y (yes) or N (no). Use the Comments column to indicate any flu symptoms including cough, sore throat, and shortness of breath.

Antiviral Proph?: Antiviral Prophylaxis. Indicate if contact was provided antiviral prophylaxis, circling Y (yes) or N (no). If yes, indicate **Start Date.**

Comments: Record any comments about the quarantined inmate.

Cleared© or Sick (S): Indicate whether the patient is cleared after the 10-day quarantine period or becomes ill, by circling C (cleared) or S (sick). Indicate the **Date** the person was either released from quarantine or was isolated due to illness.