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Bruce Meyer, MD Chief Medical Officer Oklahoma Department of Corrections		Signature on File	

Management of Pandemic Influenza

I. Introduction

Pandemic Influenza refers to a global outbreak of a novel influenza virus to which human beings do not have immunity. Influenza pandemics have occurred on three occasions in the 20th century, and the timing of the next pandemic is impossible to predict. Pandemic influenza differs from seasonal influenza in the degree of illness and death expected, the population affected (working age adults), and the possibility of widespread social disruption and economic loss.

Based on US Department of Health and Human Services estimates of the impact of an Influenza Pandemic, the Oklahoma Department of Corrections should be prepared to sustain operations under the following workforce shortages and inmate impact: serious illness among 1,400 staff and 7,400 inmates (30% attack rate); hospitalization of 140 staff and 740 inmates (10% of those ill); death of 70 staff and 370 inmates (5% death rate); and up to 1,800 staff absent from work due to illness, care of family members, fear of exposure, school closures, etc.

Influenza is spread by droplet transmission. Droplet precautions include measures to keep people separated from each other by at least 3 feet, in addition to hand washing and cough etiquette. In the setting of pandemic influenza, these measures will be the only means of prevention until the virus is characterized and a vaccine becomes available, or adequate supplies of prophylactic medication are manufactured and distributed.

II. Purpose and scope

This procedure is aligned within the context of the “National Strategy for Pandemic Influenza Implementation Plan”, “Oklahoma Pandemic Influenza Management Plan”, and the “National Incident Management System (NIMS)”. In addition this procedure is aligned within the context of the following ODOC policies and procedures: [OP-050101](#) entitled, “Procedures in the event of Job Actions or Walkouts by Correctional staff”; [OP-050102](#) entitled, “Departmental and Facility Emergency Plans for Riots, Disturbances and Major Disasters for State Operated Facility ([Attachment B](#), “Emergency Committee Organization”); [OP-050111](#) entitled, “State Emergency Operations”; and, [OP-053001](#) entitled, “Community Corrections Emergency Plans for Riots, Disturbances and Major Disasters”.

The scope of this guideline is limited to disease caused by viral, droplet-borne, respiratory pathogens. Different measures would apply to other types of pathogens. This plan addresses surveillance, activation triggers, and continuity of operations plans, altered standards of care, infection control measures, and prioritization of scarce resources in the setting of a pandemic.

The Chief Medical Officer in response to guidance from the Centers for Disease Control (CDC) and the Oklahoma State Department of Health (OSDH) has the authority to modify this plan in response to evolving circumstances.

III. Procedure

A. Surveillance measures

The Infection Control Nurse in Medical Services will monitor influenza activity on the CDC and OSDH websites, and the Health Alert Network. Increased pandemic activity will be brought to the attention of the Chief Medical Officer

B. Pre-pandemic Planning (WHO Pandemic Alert Phase 3 or above)

1. Education on the benefits of seasonal influenza vaccination

- a. Promote in September awareness of the health benefits of influenza and pneumonia immunizations.

2. Medication/Supply Stockpiling

- a. The ODOC will have access to limited supplies in the National Strategic Stockpile and Oklahoma State Stockpile through the Sheltered-In-Populations strategy. Only credentialed individuals will be allowed access to SIPS distribution sites.
- b. The following durable supplies will be stocked in adequate numbers for initial response at facilities: surgical masks, N95 masks, gloves, paper sacks, styrofoam cups and plates, soup and broth, trash bags, duct tape and toe tags.
- c. ODOC has purchased 10,395 courses of treatment of Tamiflu® (oseltamavir) for staff use, which is stocked at the Oklahoma State Department of Health and distributed via the Sheltered-In-Populations strategy.

3. Training

- a. Pre-pandemic – All staff will be provided with information regarding pandemic influenza and the ODOC pandemic influenza plan.
- b. Just-In-Time training – Each unit will develop cross-training plans for staff to assume temporary duties.

C. Triggers for activating the pandemic plan (levels of scalability)

1. First case of pandemic influenza identified in Oklahoma

- a. All facilities placed on alert status
- b. Monthly briefings of Administrative staff by CHSA
- c. Order increased supply of viral transport media from lab vendor
- d. Increased forwarding of pharyngeal, nasal, and throat specimens to state health lab for pandemic testing on all inmates with ILI (Influenza Like Illness) symptoms.
 1. Sudden onset of respiratory illness and
 2. Fever greater than 101°F and

3. Cough and
 4. One or more of the following:
 - a. Sore throat
 - b. Joint aches
 - c. Muscle aches or weakness
 - e. All three specimens should be obtained from all patients with influenza-like illness, placed into viral transport media and refrigerated at 4°C/39.2°F.
 - f. Specimens will be tested by the OSDH lab for “Novel Influenza by RT-PCR”.
 - g. Initiate screening of employees per Section I
 - h. Screening for anyone entering an ODOC facility per “ILI Assessment Tool”, [MSRM 140118.02C](#).
 - i. Post flyer at entrance for self-screening for non-employees
2. First case of pandemic influenza identified in ODOC
- a. All facilities notified of pandemic influenza detection within facility
 - b. Weekly briefings of Administrative staff by CHSA
 - c. ODOC Medical Services nurse managers will document pandemic flu surveillance using the “Pandemic Surveillance Tracking Sheet” [MSRM 140118.02A](#)
 - d. Continued lab surveillance and reporting; increased forwarding of pharyngeal, nasal, and throat specimens to state health lab for pandemic testing. The Oklahoma State Department of Health Epidemiologist on call 24-hour phone number is (405) 271-4060.
 - e. Post flyers instructing inmates to report any cough to health services, rotate flyers weekly
 - f. Promote education on Infection Control Methods for inmates on housing units, rotate flyers weekly
 - g. Immediate implementation of social distancing and other infection control measures listed in section E
 - h. Obtain and distribute ODOC Tamiflu Stockpile to staff and provide a “Tamiflu Infant and Children Dosage Information Sheet” MSRM 140118.02 [Attachment B](#).

- i. Availability of surgical masks for anyone entering a facility
 3. First fatality from pandemic influenza in Oklahoma
 - a. Determination of case-fatality rate from OSDH and CDC guidance
 - b. Preparation for handling increased numbers of deceased inmates based on prevalence and case-fatality rate
 4. First fatality from pandemic influenza in ODOC
 - a. All facilities notified of expected case-fatality rates and increased surveillance for implementation of temporary morgue plan
 - b. Daily briefings of Administrative staff by CHSA
- D. Services to be suspended
 1. 10% staff shortage
 - a. Visitation
 - b. Deliveries inside facility grounds
 - c. Group recreation
 - d. Group education
 - e. Group therapies/programs
 - f. Inmate movement
 - g. Probation and Parole Inmate Contacts
 - h. PPWP crews
 - i. Work Release jobs
 2. 20% staff shortage
 - a. Suspend routine physicals and pap smears
 - b. Group Religious Services
 - c. Library Services
 - d. Canteen delivered to housing units

- e. Statewide meetings
- f. Routine training activities
- 3. 30% staff shortage
 - a. Suspend routine chronic care appointments, continue care for uncontrolled chronic illnesses
 - b. OCI and Agri Services
 - c. Transportation other than for Emergencies
 - d. Parole hearings
- 4. 40% staff shortage
 - a. Focus on influenza-related and emergent/urgent care only
- E. Infection Control Methods
 - 1. Social distancing – maintenance of 3 foot separation between individuals; dispensing with customary hand-shaking greetings; cancellation of events that result in crowded attendance, and group activities.
 - 2. Cough etiquette – staff and inmates will be instructed to cough or sneeze into the forearm rather than hands. Posters and brochures will be used to reinforce this practice.
 - 3. Fomite control – frequent disinfection of shared inanimate objects; limited telephone sharing; attention to disinfection of two-way radios; frequent disinfection of doorknobs and light switches;
 - 4. Laundry – laundry may be washed in a standard washing machine with warm or cold water and detergent. Extra care should be used in handling soiled laundry to prevent self-contamination, and hand hygiene should be performed after handling soiled laundry.
 - 5. Hand washing – daily monitoring by facility CHSA or designee to ensure plentiful supply of soap and towels in all areas. Availability of hand sanitizer for staff use.
 - 6. Isolation, quarantine and cohorting as clinically indicated (see H, I and J).
 - 7. Personal protective equipment – use of surgical masks if clinically indicated.

F. Isolation

Isolation is the separation of infected persons from other persons for the period of communicability to prevent transmission. The period of communicability extends from 2 days before onset of symptoms to 5 days after symptom onset.

G. Quarantine

Quarantine refers to the separation of exposed (but not symptomatic) persons from other persons during the incubation period to prevent transmission. The incubation period for influenza is 1-4 days. Contact is defined as greater than fifteen minutes in the presence of someone with Influenza from 2 days before to 5 days after symptom onset. Quarantine is only used in the earliest stage of a pandemic; because once disease is widespread separating exposed persons is no longer feasible or useful.

H. Cohorting

Cohorting is a form of isolation in which infected persons are not individually separated from each other, but housed together. These groups are separated from other groups during the period of communicability.

I. Sick employees

1. Any employee with a febrile illness will be sent home until cleared medically.
2. Screening of employees
 - a. Complete "ILI Assessment Tool", [MSRM 140118.02C](#)
3. Contingency planning
 - re-employment of recent retirees
 - child care issues in the event of school closures
 - SIPs distribution awareness
 - work from home
 - IT plan for staff access to Oracle and People Soft from home

J. Establishing a temporary sick bay

Hospital bed space is likely to become overwhelmed in the setting of a pandemic. Infirmary bed space is at maximum capacity routinely. Once these resources are overwhelmed it will be necessary to establish a temporary sick bay within each facility.

1. Equipment - dedicated vital signs monitoring equipment; oxygen masks and tubing; oxygen tanks or concentrators; pulse-ox monitors;
2. Supplies – disposable cups for oral rehydration; plentiful supplies of soap, paper towels, and hand sanitizer; surgical or procedure masks; plentiful supplies of EPA-registered hospital-grade disinfectant; antipyretics; cough suppressants
3. Staffing – all staff and patients in a temporary sick bay will wear surgical masks and strictly adhere to droplet precautions and hand hygiene. 24 hour health care staffing may not be feasible in most circumstances. Patients will generally be taking oral medication and can self-administer medications. Provision of fluids and comfort measures are the primary skills required.
4. Ventilation – ensure high volume ventilation of the sick bay building using fans (create negative air flow out of the building)

B. Establishing a temporary morgue

Mortuary and funeral home capacities are likely to become overwhelmed in the setting of a pandemic. In the event that the remains of the deceased must be stored temporarily, the following protocols will be implemented:

- a. Contract Cremation Vendor will transport bodies from facilities as usual
- b. If contract vendor is unable to arrange for transport within 24 hours of death arrange for onsite storage at 37-42°F.
- c. Vendor will provide offsite storage until cremation
- d. Complete “Post-mortem Checklist”, [MSRM 140118.02E](#) for processing.

C. Altered standards of care

1. 10% staff shortage
 - a. Continue current standards of care according to ODOC policy
2. 20% staff shortage

- a. Will extend time limit for triage of sick calls to 48 hours and have up to 7 days to schedule a provider appointment
 3. 30% staff shortage
 - a. Will utilize Dental providers to assess and treat patients with ILI
 - b. Have pill line once a day (evening shift)
 4. 40% staff shortage
 - a. LPN's and CMA's will be able to initiate a "Pandemic Influenza Disaster Triage Guidelines" [MSRM 140118.02B](#)
- D. Prioritization of vaccine/antiviral
1. In the initial months of a pandemic, there will be no *vaccine* available. The pandemic strain must be characterized once it emerges, followed by a several month process of manufacture, testing, licensing, and distribution.
 2. *Antiviral* stocks will be limited in the first weeks of a pandemic until manufacturing and distribution processes can be accelerated. Antivirals are likely to be effective as preventative measures, and will become available when supplies for treatment of infected individuals are adequate.
 3. Supplies of vaccine and antivirals that are available will be distributed according to the following prioritization list:
 - Group 1
 - A. Facility Uniformed Staff
 - B. Facility Direct Care Medical Staff
 - C. Facility Food Service Staff / Ag Svc Truck Drivers
 - Group 2
 - A. Facility Upper Management (Wardens / DS)
 - B. Facility Case Management Staff
 - C. Facility Non-Uniformed Staff
 - Group 3
 - Probation and Parole Officers

Group 4

- A. Other Upper Management Staff
- B. Director / Executive Staff

Group 5

- A. Other Administrative Staff
- B. Non-facility Support Staff

- 4. Mass immunization or prophylaxis of staff and inmates will follow the ODOC “Mass Immunization/Prophylaxis Protocol”, [MSRM DOC 140118.02F](#), “Oseltamivir (Tamiflu) Information”, [MSRM 140118.02G](#) and “Mass Prophylaxis Plan” [MSRM140118.02 Attachment A](#).

E. Local Procedures

Local written procedure will address the following items:

- 1. Procedure for monitoring local hospital bed capacity
- 2. Location for Temporary Sick Bay
- 3. Location for Temporary Morgue
- 4. Location for Mass Immunization/Prophylaxis Site
 - a. Titles of staff credentialed to enter OSHD Regional SIPS sites
- 5. Provision of Food Services
 - a. Distribution of meals
 - b. Notification of Food Service Manager of number of ILI cases daily
- 2. Provision of Laundry Services
- 3. Environmental Cleaning/Disinfection Schedule and Monitoring
- 4. Location for Isolation/Quarantine Housing
- 5. Single Point of Entry/Exit for screening according to Section I
- 6. Mechanism for tracking daily ILI and confirmed cases
- 7. Location for stockpiles in Section B. 2b
- 8. Automatic policy exceptions (examples)

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- a. Officer coverage for hospital patients
- b. Facility Operations for up to 50% staff vacancies

F. Local partnerships

Written “Memoranda of Understanding (MOU)” [MSRM 140118.02D](#) will be developed between facilities, local emergency planners, local health care providers, local law enforcement agencies and other local partners. MOU’s will be standardized and the standard format attached to this plan.

II. References

OP-140118 entitled, "Emergency Care"

OP-050101 entitled, “Procedures in the event of Job actions or Walkouts by Correctional staff”

OP-050102 entitled, “Departmental and Facility Emergency Plans for Riots, Disturbances, and Major Disasters for State Operated Facility (Attachment B, “Emergency Committee Operation”)

OP-050104 entitled, “Emergency Procedures for Utility Failures”

OP-050111 entitled, “State Emergency Operations”

OP-053001 entitled, “Community Corrections Emergency Plans for Riots”

III. Action

The chief medical officer, Medical Services will be responsible for compliance with this procedure.

The clinical director, Medical Services will be responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure will be effective as indicated.

Replaced: MSRM 140118-02 entitled “Management of Pandemic Influenza dated October 31, 2017.

Distribution: Medical Services Resource Manual

Referenced Forms	Title	Location
MSRM 140118.02A	Pandemic Surveillance Tracking Sheet	Attached
MSRM 140118.02B	Disaster Triage Guidelines	Attached
MSRM 140118.02C	ILI Assessment Tool	Attached
MSRM 140118.02D	Memorandum of Understanding	Attached
MSRM 140118.02E	Post-Mortem Checklist	Attached
MSRM 140118.02F	Mass Prophylaxis Triage Checklist	Attached
MSRM 140118.02G	Oseltamivir (Tamiflu) Information	Attached

Attachments	Title	Location
Attachment A	Mass Prophylaxis Plan	Attached
Attachment B	Tamiflu infant and children Dosage information sheet	Attached