



INDIANA DEPARTMENT OF CORRECTION

Influenza Control Plan (Adult and Youth)

April 1, 2022

PURPOSE:

The Indiana Department of Correction will manage infectious diseases in correctional facilities through comprehensive infection control measures including, but not limited to, identification of cases through testing and screening, education and training, surveillance, environmental and operational management, and appropriate treatment plans. Each facility must develop and implement a plan that provides operational, prevention and disease management guidance. Plans should incorporate staff training and education in regard to the specific infectious disease and address the management of infected or potentially infected incarcerated individuals, staff, volunteers, and visitors.

INTRODUCTION:

Influenza (flu) is a contagious respiratory illness caused by an influenza virus. Outbreaks of influenza virus occur annually, typically during the late fall through early spring seasons, although the period of peak influenza activity, the “flu season,” has in some years occurred as late as April or May.

Influenza infection can be mild to severe and can, at times, lead to death. Young children, adults 65 years and older, and people with certain health conditions, are at high risk for serious flu complications.

Influenza viruses are spread from one person to one or more individuals when a person coughs and sneezes. The droplets are propelled through the air and deposited on the mouth or nose of people nearby. Droplets also land on environmental surfaces and a person may become infected by touching an object and then touching his or her own mouth or nose before washing their hands.

After exposure, the incubation period is short, about 18 to 72 hours. Adults may be able to infect others beginning 1 day before symptoms develop and up to 7 days after becoming ill.

Any influenza virus can spread quickly in the close, crowded quarters of a correctional facility. A vast number of incarcerated or detained persons (IDP) and correctional staff could become infected if proper measures are not efficiently implemented to quickly identify infected individuals and interrupt the transmission.

Each facility must establish a plan for implementing primary and secondary prevention measures, including educating staff and the management of infected or potentially infected patients, staff, volunteers, and visitors.

DEFINITIONS AND ABBREVIATIONS:

CDC: Centers for Disease Control and Prevention

FEVER: Body temperature equal to or greater than 100.5°Fahrenheit

HAND HYGIENE: Hand washing with soap and water for at least 20 seconds. If soap and water are not available, the utilization of an alcohol-based hand sanitizer that contains at least 60% alcohol is recommended.

HIGH-RISK GROUPS: Persons who are at high-risk for complications of influenza including:

- Children younger than 5 years old. (The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.)
- Adults 65 years of age and older
- Persons with the following co morbid conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Autoimmune disorders;
 - HIV or HCV infections
 - Any person that has had an organ transplant
 - Pregnant women;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy;
 - Persons that have previously contracted the COVID 19 virus but do not meet high risk criteria

INCARCERATED INDIVIDUAL: An adult or juvenile person committed to a department of correction (federal, state, or local) and housed or supervised in a facility either operated by the department of correction or with which the department of correction has a contract, including and adult or juvenile under parole supervision; under probation supervision following a commitment to a department of correction; in a minimum security assignment, including an assignment to a community transition program.

INCUBATION PERIOD: the time from the moment of exposure to an infectious agent until signs and symptoms of the disease appear.

INFLUENZA LIKE ILLNESS (ILI): Fever accompanied by a cough, sore throat, or runny nose.

IDOH: Indiana Department of Health

ISOLATION: Separation of sick individuals with a contagious disease from people who are not sick to reduce the risk of transmission. Isolation ends when the individual meets preestablished clinical, time-based, and/or testing criteria for release from isolation, in consultation with clinical providers and public health officials.

PRIMARY PREVENTION: Any intervening action or task performed before health

effects/diseases occur.

QUARANTINE: Separation and restriction of movement of individuals who were exposed to a contagious disease to monitor if they become sick and also to reduce the risk of transmission.

RESPIRATORY HYGIENE: Covering mouth and nose with a tissue when coughing or sneezing, then throwing the tissue in the trash. When tissues are not available, cough into bend of elbow – not hands.

SECONDARY PREVENTION: Screening to identify disease in the earliest stages before onset of signs/symptoms.

SOCIAL DISTANCING: Measures that limit contact between people (i.e. reduce personal interactions).

WHO: World Health Organization

FACILITY OPERATIONAL PREPAREDNESS:

Each facility shall assign one employee to be responsible for planning, coordinating, and implementing the facility's Influenza Control Plan, including monitoring influenza activity in the facility, monitoring public health advisories, and coordinating facility activities with the local incident command system, local health department or influenza planning committee. This employee shall be authorized to modify the facility's plan in response to evolving circumstances including increasing disease transmission within the facility and critical shortages of supplies or staff.

Each facility, at a minimum, shall establish an organizational structure including an associated chain of command and facility specific procedures which will be used to manage influenza surveillance and illness at various levels of severity relative to the facility's physical plant, type of incarcerated housing and programs, severity of illness, number of infected patients and staff, absenteeism at various levels, and the availability of supplies and resources, including, but not limited to:

- Monitoring for disease outbreaks;
- Separation of ill patient;
- Implementing social distancing when a few incarcerated individuals are ill;
- Isolation housing units when a substantial number of incarcerated individuals are ill;
- Staff assignments to be restricted to certain areas/ dorms for consistency and to reduce staff movement;
- Planning for staff shortages including cross-training employees and temporarily shutting down non-critical operations if a substantial number of incarcerated individuals and staff become ill; and,

- Planning for supply shortages if illness in the community interrupts deliveries.

A pandemic virus may come and go in waves, each of which can last for six (6) to eight (8) weeks. Planning is to address disruption of normal facility operations for a time frame of this duration and include the steps to return to normal operations when incarcerated individuals and staff are no longer infectious.

Each facility's Influenza Control Plan shall include the following components:

Primary Prevention

Provision of Vaccine

The most effective strategy for preventing influenza is annual vaccination. Flu viruses change from year to year due to antigenic drift or mutations. Immunity, the protection that develops after the vaccine is administered, which develops during one year does not offer any protection in subsequent years against a mutated virus.

In accordance with CDC recommendations, the following incarcerated individuals shall be offered seasonal influenza vaccine:

- All incarcerated individuals age 18 or younger
- All incarcerated individuals age 50 or older
- Pregnant women
- Incarcerated individuals with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematological or metabolic disorders (including diabetes mellitus)
- Incarcerated individuals who have immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus)
- All incarcerated individuals with organ transplants
- All incarcerated individuals that contracted COVID-19 but do not meet high risk criteria

Any incarcerated individuals who refuse the influenza vaccine must receive education and be informed that if they desire the vaccine at a later date that a health care request form shall be submitted to the health care staff during the months of October through April.

Annual seasonal influenza vaccine is strongly encouraged for all Department of Correction staff, including vendor's employees and volunteers.

Vaccine information statements (VIS), which must be provided in accordance with federal law, are updated each year. Only the current year's VIS should be used. Updated versions are available, in English and Spanish, through the CDC's website usually by the first of September. The website is found here:

<http://www.cdc.gov/flu/professionals/flugallery/index.htm>

Respiratory and Hand Hygiene

Transmission of influenza and other contagious upper respiratory diseases can be spread by coughing, sneezing and unclean hands. Respiratory and hand hygiene can help reduce the transmission of respiratory diseases.

Respiratory Hygiene

An individual should cover the mouth and nose with a tissue whenever they cough or sneeze. If a tissue is not available, individuals should cough or sneeze into the upper arm or sleeve of clothing, not cough into the hands. All used tissue must be placed in waste receptacles.

During flu season, posters encouraging staff to “cover your cough” should be displayed in high traffic areas in the facility.

Hand Hygiene

Facility administrative staff must ensure materials for hand cleansing are readily available in intake areas, staff and visitor entries, visitation rooms, group rooms including recreation areas, classrooms, and other common areas used by incarcerated individuals and staff.

Bathrooms and other areas where hand washing must be performed shall have working sinks with soap and paper towels available. Soap may be liquid, bar, leaflet or in powdered forms. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used. Multiple-use cloth towels of the hanging or roll type are not to be used.

Where possible, posters reminding staff and incarcerated individuals to wash hands shall be displayed.

Staff must wash hands with soap (non-antimicrobial or antimicrobial) and water whenever the hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids. If hands are not visibly soiled, an alcohol-based hand sanitizer may be used. Both the CDC and WHO recommend alcohol-based hand sanitizers (containing at least 60% alcohol) as the preferred product for hand hygiene when soap and water is not immediately available. However, an alcohol-based sanitizer may not be appropriate for all areas of the facility. When alcohol-based hand sanitizers cannot be used, products containing quaternary ammonium compounds such as benzalkonium chloride or chlorhexidine may be used.

Each facility must obtain and distribute hand sanitizer throughout the institution so it is available to staff and incarcerated individuals. Containers of hand sanitizer shall be placed in easily

accessible areas where it is necessary to have contact with incarcerated individuals, visitors, or staff and where restrooms or hand washing facilities are not readily available including but not limited to visiting room, housing units, and areas where searches are conducted). Hand sanitizer is to be purchased from ICI . Each facility is to develop a plan to distribute, periodically check and restock or replace supplies of hand sanitizer to all appropriate locations.

Staff must wash hands with soap and water or with a hand sanitizer:

- Before and after having direct contact with an incarcerated individual, another staff, volunteer, or visitor
- After contact with another person's skin
- After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings even if gloves were worn and the hands are not visibly soiled
- Before eating and after using a restroom
- After contact with objects used by multiple individuals

Health Services staff must take additional precautions and must decontaminate hands:

- Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure
- When moving from a contaminated-body site to a clean-body site during patient care
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient

Hand-hygiene technique

Staff shall adhere to the following techniques for hand washing:

- When soap and water are used, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Hot water should be avoided because repeated exposure to hot water may increase the risk of dermatitis.
- When using an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow the manufacturer's recommendations regarding the volume of product to use.

Environmental Management During Flu Season

Since microorganisms from environmental surfaces may be transmitted to individuals via hand contact, all common areas within the facility must be cleaned routinely and, when visibly soiled, immediately with the cleaning agents normally used in these areas. Dust should not be allowed to

accumulate. Cleaning routines and disinfection schedules should be followed. During flu season, high touch surfaces (doorknobs, light switches, and surfaces in and around toilets) shall be cleaned on a more frequent schedule than minimal-touch housekeeping surfaces. Standard procedures apply for cleaning light touch surfaces such as walls and windows, laundry, and dishes.

Each facility is to implement sanitation crews that will be responsible for cleaning areas within the facilities that are high traffic areas and where it is more likely that diseases may be spread. These crews should not take the place of the sanitation crews already in place, but they should supplement and enhance the normal hygiene practices performed by the sanitation crews. The following guidelines should be used for these supplemental sanitation crews:

- Each facility shall develop as many crews as necessary to meet the sanitizing needs of the facility as indicated in these guidelines. These crews will not be responsible for general cleaning nor shall they be used for cleaning bodily fluid spills or other fluid spills that may contain blood borne pathogens. These crews shall be sanitizing areas using a germicidal / viricidal detergent cleaner or bleach product in an effort to reduce the spread of germs and common viruses by sanitizing areas that have already been cleaned by a sanitation crew.
- Crews shall operate year around; however, special emphasis shall be given to sanitizing by the crews during the peak periods of illnesses, such as from October through May which are traditionally the peak months for flu.
- Crews should be scheduled to work both during regular business hours and during non-business hours so that the most coverage possible can be achieved. It is suggested that at a minimum, each facility have sanitizing crew operating in the mornings, afternoons, and evenings.
- Crews shall be responsible for wiping down all high-touch surfaces using rags and a ready-to-use solution of Germ-Away as sold by ICI. As this product is diluted, there will be no need for the members of this crew to wear personal protective equipment.
- Crews shall not use this solution in areas where there is food stored or in food preparation areas.
- Crews shall be responsible for sanitizing all surfaces, including handrails, doorknobs, telephones, tabletops, faucets, restroom fixtures, showers, etc.
- Each crew shall be provided with a sufficient amount of Germ-Away solution and clean rags to cover the areas to which they are assigned. The crews shall:
 - Spray each surface with the Germ-Away solution. The amount of solution sprayed on the surface is to be sufficient to cover the surface.
 - Once the surface has been sprayed, the crew shall wipe off the excess moisture from

the spray.

- At the end of each crew's shift, the sanitizing solution shall be collected, and the bottles refilled as needed in accordance with the facility's caustic material control procedure. Rags used for sanitizing shall be collected and laundered in accordance with standard laundry procedures. These rags may be re-used as they will have been sanitized and washed.

Surveillance

Correctional environments are conducive to the rapid spread of viral illnesses such as the flu. For this reason, enhanced surveillance and vigilance is necessary to screen, identify, and manage confirmed or suspected cases of flu-like illness. Health Services and non-health care staff in the facility should be aware of the symptoms associated with influenza. The following symptoms are known to be associated with influenza:

- Fever
- Cough
- Body aches
- Runny nose
- Sore throat
- Lethargy
- Lack of appetite
- Nausea and vomiting, diarrhea when other symptoms of upper respiratory illness noted above are also reported.

Symptoms of Influenza include sudden onset of fever, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, and in some cases nausea, vomiting, and diarrhea. Vomiting and diarrhea are more common in children than adults.

Complications of Influenza can include Bronchitis, Pneumonia, can worsen chronic infections, and can be life-threatening in high risk groups like seniors and children.

Influenza, the common cold, and the Novel Coronavirus (COVID-19) may have similar symptoms and presentation.

During flu season all incarcerated individuals shall be asked about flu-like symptoms at intake and upon transfer. Any incarcerated individual who reports any of the symptoms noted above shall be separated to the extent possible away from the general population until evaluated by the health care staff.

Health Services Administrators should arrange for the immediate evaluation and treatment of any incarcerated individual with flu-like symptoms. Nursing staff screen and triage-health care request forms and shall immediately assess any incarcerated individual who submits a health care

request form noting any of these symptoms. Any facility staff with direct incarcerated individual contact shall refer any incarcerated individual exhibiting these symptoms to the health services unit.

Sick call shall be conducted to ensure those incarcerated individuals who are infected or potentially infected are separated from uninfected incarcerated individuals. There are various ways to accomplish this including, but not limited to, designating separate blocks of time for those with influenza like symptoms and those without symptoms, evaluation of IDP with symptoms on their housing unit, or separating incarcerated individuals with symptoms into different waiting areas and separate exam rooms. Isolation should not be completed in an inpatient setting unless clinically indicated.

Standard co-pay fees shall be waived for incarcerated individuals who submit health care request forms complaining of flu-like illness unless the symptoms noted on the form are found to be disingenuous and the incarcerated individual was clearly attempting to avoid a co-pay assessment.

Visitors must be questioned about influenza like illness prior to entering the facility to visit. All visitors must be asked specifically if they have had, within the previous seven (7) days, any of the following symptoms:

- Fever
- Cough
- Body aches
- Runny nose
- Sore throat

Visitors with current symptoms observed during questioning or those who acknowledge having had any of the symptoms listed above in the previous seven (7) calendar days prior shall not be permitted to enter the facility.

Alcohol-based hand sanitizer should be available in all visitor entries and all visitors should be encouraged to use this product before entering the facility.

Staff, including volunteers, who are ill with respiratory symptoms including fever, cough, and other upper respiratory symptoms, are encouraged to not report to work until the upper respiratory symptoms are gone or until released to return to work by a licensed healthcare provider. The standard Sick Leave policy shall apply.

MANAGEMENT OF ILL INCARCERATED INDIVIDUALS:

Any incarcerated individual with an abrupt onset of fever (≥ 100.5 degrees) plus one or more of the following symptoms: non-productive cough, sore throat, chills, myalgias, anorexia, headache, and extreme fatigue, shall be considered to have an influenza-like illness shall be tested. Testing

for both influenza and COVID-19 is recommended unless there has been a confirmed positive test for SARS-CoV-2 in the past 90 days. Viral swabs and cultures shall be obtained in accordance with CDC guidelines and IDOH recommendations. Incarcerated individuals with influenza shall be prescribed supportive care (i.e., medication to treat symptoms), access to extra fluids and antiviral medication, if clinically appropriate.

The incarcerated individual with influenza-like illness shall be separated from the general population to the extent possible with regular checks of their temperature. A single cell should be used if the facility can provide one. Tissues for cough and secretion management should be made available. If the incarcerated individual is housed in a single cell, they may be provided a mask for out of cell activities such as showering and bathroom use. The incarcerated individual must not participate in group activities and no visits should be permitted for seven (7) calendar days or for twenty-four (24) hours after the temperature has returned to normal limits, whichever is longer. The incarcerated individual shall be prevented from transferring to another facility.

Staff with health conditions which place them at high risk for complications of influenza should not perform pat searches, serve meals, or perform other activities which place them in close proximity to the ill incarcerated individual. Staff with direct incarcerated individual contact (i.e., within 6 feet) must use personal protection equipment including gloves and facial protection including a standard surgical mask and perform hand hygiene before and after incarcerated individual contact. Staff at high risk for complication of influenza should not be assigned to the housing unit. Ill incarcerated individuals shall not be allowed visitation.

An incarcerated individual with an influenza-like illness shall not be transferred to an infirmary unless serious complications develop and the incarcerated individual cannot be cared for in alternative housing.

When multiple incarcerated individuals become ill, those who are ill must be kept in a distinct part of a housing unit and separated as much as possible from those incarcerated individuals who are not infected. The movement of all infected incarcerated individuals should be restricted and none of the ill incarcerated individuals should participate in group activities.

When infection has spread to more than one (1) housing unit, group activities should be cancelled, and the facility should consider staggering meal times to provide a space between infected and uninfected incarcerated individuals. All visitation should be suspended until no new incarcerated individuals have developed a fever for at least seven (7) calendar days.

Personal items (e.g., dishes, clothing, linens) of those who are sick do not need to be cleaned separately but they shall not be shared without thorough washing.

Antiviral Medication

Treatment with antiviral medication is indicated for incarcerated individuals with health conditions which place them at high risk for complications of influenza. However, resistance to one or more

of the four (4) licensed antiviral agents (oseltamivir, zanamivir, amantadine and rimantadine) among circulating strains has complicated antiviral treatment and chemoprophylaxis recommendations. Most seasonal influenza virus strains tested from the United States and other countries are now resistant to oseltamivir

Incarcerated individuals with confirmed or suspected influenza virus who present with an uncomplicated febrile illness who are not high risk shall not be provided antiviral medication. Incarcerated individuals who are at high risk with confirmed, probable or suspected influenza or who are close contacts (e.g., cell or bunk mates) of incarcerated individuals with confirmed or suspected influenza shall be provided antiviral medication in accordance with current CDC guidelines

Once the decision to administer antiviral treatment is made, treatment should be initiated as soon as possible after the onset of symptoms, preferably within 48 hours. Incarcerated individuals at high risk who are likely to be seriously affected by influenza may be given antiviral more than 48 hours after the onset of symptoms if the provider feels the provision of medication would be beneficial. The recommended duration of treatment is five (5) days.

EDUCATION AND TRAINING:

Each facility shall develop an educational and training program to ensure all personnel understand the components of facility's Influenza Control Plan, their responsibilities for identification and control of influenza like illness, and their personal protection and response strategies.

APPLICABILITY:

The Influenza Control Plan is applicable to all Department employees, facilities, and offices.

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Chief Medical Officer

Date