CORRECTIONAL FACILITIES PANDEMIC INFLUENZA PLANNING CHECKLIST

Planning for pandemic influenza is critical for ensuring a sustainable health care delivery system within correctional facility settings. The Department of Health and Human Services (HHS) has developed the following checklist to help prison and jail systems to self-assess and improve their preparedness for responding to pandemic influenza. Given the differences among systems, individual facilities should adapt this checklist to meet their unique needs. This checklist should be used as one tool in developing an overall pandemic influenza plan for correctional systems as well as individual facilities. Responsible officials should incorporate information from State, regional and local health departments and emergency management agencies/authorities into the system and individual facility pandemic influenza plan. An additional benefit of this planning is that it can be used for other types of disaster preparedness.

All contact information specified below should include the names, titles, and contact information (i.e., office phone and cell phone numbers and e-mail and physical addresses) for individuals or organizations. These sheets should be provided to the system-level office (for prison and large jail systems). Further information can be found at www.pandemicflu.gov. For information on general emergency planning and continuity of operations, see www.ready.gov.

Develop a pandemic influenza preparedness and response plan

Completed	In Progress	Not Started	
☐	☐	☐	Incorporate pandemic influenza preparedness into correctional facility or system disaster planning and exercises. Review Federal, State, and local public health and emergency management agencies' pandemic plans in areas where you operate or have jurisdictional responsibilities. Ensure that your plan is NIMS (National Incident Management System) compliant and align your plan with the local Incident Command System (ICS) and local pandemic influenza plans to achieve a unified approach to incident management. See "State and Local Governments," www.pandemicflu.gov/plan/states/index.html and http://www.fema.gov/emergency/nims/index.shtm.
☐	☐	☐	Assign responsibility for coordinating pandemic influenza preparedness planning to a person with appropriate training and authority. Verify Command and Control areas of responsibility and authority during a pandemic. Develop a plan for back-up if that person becomes ill during a pandemic.

	Pandemic Influenza Preparedness (PIP) Coordinator	Alternate PIP Coordinator
Name		
Title		
Contact Information (Office phone, cell phone, e-mail)		

Completed	In Progress	Not Started	
☐	☐	☐	Form a multidisciplinary planning committee to address pandemic influenza preparedness specifically. Alternatively, pandemic influenza preparedness can be addressed by an existing committee with appropriate skills and knowledge and relevant mission. Committee Name:_____
☐	☐	☐	Appoint members of the planning committee to include (as applicable in different settings) the representatives listed in the table below:

Committee Representative	Name and Title	Contact Information (office phone, cell phone, e-mail)	Alternate Representative
PIP Coordinator			
Secretary/ Commissioner/ Warden/Sheriff/ Director			
Medical Director			
Health Services Representative(s)			

Completed	In Progress	Not Started				

Committee Representative	Name and Title	Contact Information (office phone, cell phone, e-mail)	Alternate Representative
Infection control expert			
Environment Health Officer/POC			
Maintenance Director			
Staff Trainer(s)			
Dietary Services Coordinator/Director			
Pharmacist			
Security Coordinator/ Director			
Human Resources Representative			
Communications Director			
Others			

☐ ☐ ☐ Establish points of contact for influenza pandemic preparedness in the local and State health departments (table below is provided as a guide).
(See: http://www.pandemicflu.gov/state/statecontacts.html)

Agency	Contact Name(s) and Title(s)	Contact Information (office phone, cell phone, e-mail)
Local Health Dept.		
State Health Dept.		
State Corrections Dept.		

☐ ☐ ☐ Establish linkages with local, regional or State emergency preparedness groups (table below is provided as a guide).

Emergency Preparedness Groups	Contact Name and Title	Contact Information (office phone, cell phone, e-mail)
City		
County		
Other regional		

☐ ☐ ☐ Identify one or more representatives from acute care hospitals as committee liaisons that may facilitate hospitalization of seriously ill inmates or facilitate transfer of patients into the correctional facility (table below is provided as a guide).

Acute Care Hospital	Liaison(s) Name and Title	Contact Information (office phone, cell phone, e-mail)

Develop a pandemic influenza preparedness and response plan *(continued)*

Completed	In Progress	Not Started	
☐	☐	☐	Designate authority (and back-up individuals) to activate the correctional system pandemic influenza plan.

	Authority
Name	
Title	
Contact Information (Office phone, cell phone, e-mail)	

Completed	In Progress	Not Started	
☐	☐	☐	Set up chain of command and procedures to signal activation of the agency's influenza pandemic response plan, altering operations (e.g., shutting down non-critical operations or operations in affected areas or concentrating resources on critical activities), as well as returning to normal operations.
☐	☐	☐	Ensure all staff are familiar with the local Incident Command System (ICS) and understand the roles and persons assigned within that structure. See http://www.fema.gov/emergency/nims/index.shtm for more information.
☐	☐	☐	Determine the potential impact of a pandemic on the agency or organization by using multiple possible scenarios of varying severity relative to illness, absenteeism, supplies, availability of resources, access to legal system representatives, etc. Incorporate pandemic influenza into agency emergency management planning and exercise.
☐	☐	☐	Obtain relevant sections of the Department of Health and Human Services Pandemic Influenza Plan (available at http://www.hhs.gov/pandemicflu/plan) for incorporation into the system or facility plan, as appropriate.
☐	☐	☐	Obtain copies of available State, regional and local pandemic plans for incorporation into the system or facility plan, as applicable. (When appropriate, facility representatives should participate in development of these plans). (See: http://www.pandemicflu.gov/plan/stateplans.html).
☐	☐	☐	Describe organizational structure that will be used to implement the plan.
☐	☐	☐	Include provisions for timely and periodic review and revision of the plan, including dated history of revisions and clear identification of most current plan.
☐	☐	☐	Include allowances for the administrator or other authorized personnel to modify the plan in response to evolving circumstances that may represent a threat to the well-being and safety of the inmates and/or personnel.
☐	☐	☐	Make sure that the plan checklist includes the date and signature of senior managerial representatives to confirm understanding and general conformity with the plan details.
☐	☐	☐	Submit a completed plan to the Secretary/ Commissioner's Office by [insert date] for review and approval by [insert dates completed and sent for review].

Elements of an Influenza Pandemic Plan for Each System and Facility Should Include the Following:

Completed	In Progress	Not Started	
☐	☐	☐	Assign a person(s) (with a back-up identified) the responsibility for monitoring Federal and State public health advisories using the internet (www.pandemicflu.gov) and other appropriate information sources and to notify the pandemic influenza coordinator and the planning committee (system and facility levels) when pandemic influenza is reported in the United States and when it is reported within the geographic area of the correctional facility.

	Responsible Person	Alternate
Name		
Title		
Contact Information (Office phone, cell phone, e-mail)		

Completed	In Progress	Not Started	
☐	☐	☐	**A plan for surveillance (monitoring) and detection of seasonal and pandemic influenza in inmates and staff (see www.hhs.gov/pandemicflu/plan/sup1.html). The plan should ensure:** Develop a written protocol for monitoring seasonal influenza-like illness in inmates and staff (i.e., weekly or daily number of inmates and staff with influenza-like illness). See: http://www.cdc.gov/flu/professionals/diagnosis/. Institute a system for tracking illness trends during seasonal influenza to ensure that the facility can detect stressors that may affect operating capacity, including staffing and supply needs, during a pandemic.
☐	☐	☐	Create a protocol for the detection, evaluation, diagnosis and treatment of inmates and personnel with symptoms of pandemic influenza. (see: http://www.hhs.gov/pandemicflu/plan/sup5.html).
☐	☐	☐	Institute a system to monitor and internally review transmission of pandemic influenza among inmates and staff in the facility. Information from this monitoring system is used to implement containment measures (e.g., isolation, cohorting).
☐	☐	☐	**A communication plan. See: http://www.hhs.gov/pandemicflu/plan/sup10.html.** Assign responsibility for communication with public health authorities and within the corrections system for planning and response.

	Responsible Person	**Alternate**
Name		
Title		
Contact Information (Office phone, cell phone, e-mail)		

Completed	In Progress	Not Started	
☐	☐	☐	Develop a list of local hospitals/health facilities, emergency medical services, commercial and clinical laboratories, relevant community organizations (including those involved with disaster preparedness) and update as necessary including points of contact to facilitate communication across organizational lines during pandemic conditions. (Attach a copy to the pandemic plan).
☐	☐	☐	Assign responsibility for communication with inmates, staff, and the community regarding the status and impact of pandemic influenza in the facility. Develop a plan for back-up if that person becomes ill during a pandemic. Having one voice that speaks for the facility during a pandemic will help ensure the delivery of timely and accurate information.
☐	☐	☐	Ensure that communications are available in appropriate formats for individuals with disabilities (e.g., visual or hearing impairments) and limited English proficiency.
			An education and training plan. Each system and each facility should develop or obtain an education and training program to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current system/facility and community response plans.
☐	☐	☐	Designate responsibility for coordinating education and training on pandemic influenza, including identifying and facilitating access to available programs, as well as tracking which personnel have completed the training.
☐	☐	☐	Identify existing and potential sources for alternative training options such as Web casts, DVD, CD-ROM and local training programs conducted by the health department, area hospitals, local colleges or trade schools for clinical and non-clinical education for corrections staff. (See: http://www.cdc.gov/flu/professionals/training/).
☐	☐	☐	Identify or develop language, format (i.e., prepared for individuals with visual, hearing or other disabilities), and reading-level appropriate materials (e.g., brochures, pamphlets) to supplement and support education and training programs of personnel and inmates. (See www.cdc.gov/flu/groups.htm and www.cdc.gov/flu/professionals/infectioncontrol/index.htm).
☐	☐	☐	Ensure that education and training includes information on infection control measures to prevent the spread of pandemic influenza, such as hand hygiene and sneeze/cough etiquette.
☐	☐	☐	Pre-identify, perform background checks, credential and train personnel who will be brought in for surge capacity.
			An infection control plan for managing inmates and visitors with pandemic influenza that includes the following:
☐	☐	☐	Create policies and procedures for cohorting inmates with known or suspected pandemic influenza using one or more of the following strategies: 1) Confining ill and exposed inmates to their cells, 2) Placing inmates with symptoms of pandemic influenza together in one area of the facility, or closing off units that have symptomatic inmates. Policies and protocols for restricting staff who are assigned to work on affected units from working on other units.

Elements of an Influenza Pandemic Plan for Each System and Facility Should Include the Following: *(continued)*

Completed	In Progress	Not Started	
☐	☐	☐	Develop policies and procedures for handling intake, influenza screening, processing and placement of new inmates with known or suspected pandemic influenza.
☐	☐	☐	Design an infection control policy for the use of recommended personal protective equipment and infection control measures for staff. (See: http://www.hhs.gov/pandemicflu/plan/sup4.html)
☐	☐	☐	Develop procedures for implementing respiratory hygiene/cough etiquette for staff and inmates throughout the facility. (See: www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm and the Community Mitigation guidance at http://www.pandemicflu.gov/plan/community/mitigation.html.)
☐	☐	☐	Specify criteria and protocols for appropriately closing the facility to new admissions, including notification of feeder jails and reception (intermediary classification and assessment) centers.
☐	☐	☐	Develop criteria and procedures for transfer of inmates with known or suspected pandemic influenza to hospitals, if it becomes necessary. Policies and procedures for clinical management of inmates who need hospitalization but must remain in the facility due to limited hospital beds.
☐	☐	☐	Plan for discharging released inmates with known or suspected pandemic influenza
☐	☐	☐	Develop criteria and protocols for limiting non-essential visitors, including an education and communication strategy for visitors, especially those traveling long distances. Include policies and procedures for pandemic influenza screening of all persons coming into the facility.
			A plan for the impact of a pandemic on your employees that includes the following: (See: www.hhs.gov/pandemicflu/plan/sup11.html and the Community Mitigation guidance at http://www.pandemicflu.gov/plan/community/mitigation.html.)
☐	☐	☐	Develop contingency plans for 30 – 40% employee absences. Keep in mind that absences may occur due to personal illness, family member illness, community mitigation measures, quarantines, school, childcare, or business closures, public transportation disruptions, or fear of exposure to ill individuals, as well as first responder, National Guard, or military reserve obligations.
☐	☐	☐	Identify critical job functions and plan now for to cover those functions in case of prolonged absenteeism during a pandemic. Develop succession plans for each critical agency position to ensure the continued effective performance of your organization by identifying and training replacements for key people when necessary. These replacements should be integrated into employee development activities, and should include critical contracted services as well.
☐	☐	☐	As necessary, plan for cross-training employees, use of auxiliary personnel and recent retirees, recruiting temporary personnel during a crisis, or establishing flexible worksite options (e.g., telecommuting) and flexible work hours (e.g., staggered shifts) if appropriate.
☐	☐	☐	Develop a mechanism for employees to immediately report their own possible influenza illness during a pandemic (24/7).
☐	☐	☐	Establish compensation and leave policies that strongly encourage ill workers to stay home until they are no longer contagious. During a pandemic, employees with influenza-like symptoms (such as fever accompanied by sore throat, muscle aches and cough) should not enter the worksite to keep from infecting other workers. Employees who have been exposed to someone with influenza, particularly ill members of their household, may also be asked to stay home and monitor their symptoms.
☐	☐	☐	Employees who develop influenza-like symptoms while at the worksite should leave as soon as possible. Explore the availability of resources for testing for influenza in coordination with local and State health departments. Consult with State and local public health authorities regarding appropriate treatment for ill employees. Prepare policies that will address needed actions when an ill employee refuses to stay away from work. Federal agencies can consult guidance provided by the Office of Personnel Management (OPM) at www.opm.gov/pandemic.
☐	☐	☐	Develop policies that focus on preventing the spread of respiratory infections in the workplace. This policy might include social distancing practices, the promotion of respiratory hygiene/cough etiquette, and appropriate attention to environmental hygiene and cleaning. (For more information see www.pandemicflu.gov and http://www.pandemicflu.gov/plan/community/mitigation.html as well as OPM's guidance at www.opm.gov/pandemic.)
☐	☐	☐	Provide educational programs and materials (language, culture, and reading-level appropriate) to personnel on: • pandemic fundamentals (e.g., signs and symptoms of influenza, modes of transmission, medical care) See www.pandemicflu.gov, www.cdc.gov/flu/protect/stopgerms.htm, http://www.cdc.gov/flu/protect/covercough.htm., and www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm. • personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, etc.). Post instructional signs that illustrate correct infection control procedures in all appropriate locations, including offices, restrooms, waiting rooms, processing rooms, detention facilities, vehicles, etc. See www.pandemicflu.gov, www.cdc.gov/flu/protect/stopgerms.htm, http://www.cdc.gov/flu/protect/covercough.htm., and • community mitigation interventions (e.g., social distancing, etc.) http://www.pandemicflu.gov/plan/community/mitigation.html.

Completed	In Progress	Not Started	
☐	☐	☐	Provide information to employees to help them and their families prepare and plan for a pandemic. See www.pandemicflu.gov/plan/individual/index.html
☐	☐	☐	Identify employees who may need to stay home if schools dismiss students and childcare programs close for a prolonged period of time (up to 12 weeks) during a severe pandemic. Advise employees not to bring their children to the workplace if childcare cannot be arranged. Plan for alternative staffing or staffing schedules on the basis of your identification of employees who may need to stay home.
☐	☐	☐	Provide training for law enforcement officers, office managers, medical or nursing personnel, and others as needed for performance of assigned emergency response roles. Identify a training coordinator and maintain training records.
☐	☐	☐	Stock recommended personal protective equipment (PPE) and environmental infection control supplies and make plans to distribute to employees, contractors, and others (including detainees) as needed. These supplies should include tissues, waste receptacles, single-use disinfection wipes, and alcohol-based hand cleaner (containing at least 60% alcohol). EPA registered disinfectants labeled for human influenza A virus may be used for cleaning offices, waiting rooms, bathrooms, examination rooms, and detention facilities. PPE may include gloves, surgical masks and respirators (disposable N95s or higher respirators or reusable respirators), eye protection, pocket masks (for respiratory resuscitation) and protective cover wear (e.g., impervious aprons). The specific uses for the above supplies will be advised by State and local health officials during a pandemic. Further information can be found at www.pandemicflu.gov. and at http://www.osha.gov/Publications/OSHA3327pandemic.pdf
☐	☐	☐	Work with State and/or local public health to develop a plan for distribution of pandemic influenza vaccine and antiviral medications to personnel. See current HHS recommendations for pandemic influenza vaccine and antiviral use at http://www.hhs.gov/pandemicflu/plan/sup6.html and http://www.hhs.gov/pandemicflu/plan/sup7.html.
☐	☐	☐	Encourage and track seasonal influenza vaccination for employees every year. See www.cdc.gov/flu/protect/preventing.htm. Encourage all employees and their families to be up-to-date on all adult and child vaccinations recommended by the Advisory Committee on Immunization Practices. See www.cdc.gov/nip/recs/adult-schedule.htm and www.cdc.gov/nip/recs/child-schedule.htm.
☐	☐	☐	Evaluate employee access to and availability of health care, mental health, social services, community, and faith-based resources during a pandemic, and improve services as needed. See www.hhs.gov/pandemicflu/plan/sup11.html.
☐	☐	☐	Develop a plan for managing personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised workers) by placing them on administrative leave, altering their work location, or other appropriate alternatives during a pandemic health crisis, consistent with the EEO laws.
			A vaccine and antiviral use plan, including:
☐	☐	☐	Refer to web sites containing current CDC and State health department recommendations and guidance for the use, availability, access and distribution of vaccines and antiviral medications during a pandemic. For more information, see: www.hhs.gov/pandemicflu/plan/sup6.html and www.hhs.gov/pandemicflu/plan/sup7.html.
☐	☐	☐	Develop policies and a plan that addresses prioritization of personnel and inmates to be vaccinated or treated based on the availability of vaccines, antiviral medications, and other limited quantity treatment or prophylaxis, consistent with HHS guidance and State health department recommendations (see: www.hhs.gov/pandemicflu/plan/appendixd.html).
☐	☐	☐	Establish an implementation plan for rapid delivery of vaccines, antiviral treatments, and prevention strategies for staff and inmates based on the preceding prioritization strategy.
			A plan to address concerns related to surge capacity during a pandemic including staffing and supply issues. The plan should:
☐	☐	☐	Develop a staffing plan that specifies the minimum number and categories of personnel necessary to maintain the operation of the prison or jail, based on inmate census and the need to provide medical and nursing care in a safe manner.

Elements of an Influenza Pandemic Plan for Each System and Facility Should Include the Following: *(continued)*

Completed	In Progress	Not Started	
☐	☐	☐	Assign responsibility for assessing day-to-day staffing and other needs during an influenza pandemic to someone with proper authority and training.

	Responsible Person
Name	
Title	
Contact Information (office phone, cell phone, e-mail)	

Completed	In Progress	Not Started	
☐	☐	☐	Define criteria for declaring a "staffing crisis" that would enable the use of emergency staffing alternatives.
☐	☐	☐	Include protocols for mandatory security and medical staff overtime within applicable State law or system regulations. Assess the value of voluntary emergency staffing agreements, preferably written, with medical and clinical staff members for all-cause disasters prior to implementing mandatory staffing.
☐	☐	☐	Address facilities that use contracted medical staffing. Arrangements should be made for voluntary or mandatory crisis staffing on a collaborative basis. Contract providers do not have the same authority as the State to require mandatory overtime, so cooperative planning is necessary.
☐	☐	☐	Provide cross training of facility staff to help sustain operating capacity.
☐	☐	☐	Include linkages to local and regional planning and response groups to collaborate on addressing widespread healthcare staffing shortages during a crisis.
☐	☐	☐	Estimate consumable resource needs (e.g., masks, gloves, hand hygiene products) for approximately six to eight weeks and consider stockpiling these quantities depending on storage capacity, purchasing flexibility, and other facility-specific considerations.
☐	☐	☐	Develop a primary plan and contingency plan to address supply shortages, including detailed procedures for the pre-pandemic acquisition of supplies through normal channels as well as procedures for replenishing supplies under crisis conditions.

Development of a strategy to help increase health care bed capacity in the community, if feasible. Plans should consider:

Completed	In Progress	Not Started	
☐	☐	☐	Identification of potential problems and concerns associated with temporary use of facility space for acute care beds and develop strategies for addressing these issues with both security and medical personnel in advance of need.
☐	☐	☐	Identification of areas within the facility that could be used to create additional acute care beds for expanded health care capacity; discuss availability with local and regional planning groups.
☐	☐	☐	Signed transfer agreements with hospitals and/or other providers for the facility to accept non-influenza patients, if applicable, to enable hospitals to focus on the most seriously ill patients with pandemic influenza.

Development of a strategy for handling and storing increased numbers of deceased persons, including communications plans for contacting appropriate family members or others regarding disposition of remains. The plan should:

Completed	In Progress	Not Started	
☐	☐	☐	Address expanding morgue capabilities with local hospitals and other relevant institutions.
☐	☐	☐	Identify an area in the facility that could be used as a temporary morgue.

Coordinate your plan with other agencies and organizations

Completed	In Progress	Not Started	
☐	☐	☐	Review your pandemic influenza preparedness and response plan with key stakeholders inside and outside the agency, including employee representatives, and determine opportunities for collaboration, modification of the plan, and the development of complementary responsibilities.
☐	☐	☐	Share preparedness and response plans with other correctional agencies and law enforcement support agencies in your community, region or State in order to share resources, identify collaboration strategies, and improve community response efforts. Develop, review, and modify local and State mutual aid agreements, if necessary. Mutual aid during an influenza pandemic can not be counted on as multiple jurisdictions in a given region may be affected simultaneously and have limited aid to offer.

Elements of an Influenza Pandemic Plan for Each System and Facility Should Include the Following: *(continued)*

Completed	In Progress	Not Started	
☐	☐	☐	Coordinate all requests for assistance with the next higher level governmental entity (e.g., local officials coordinate with State officials, State officials coordinate with Federal officials). Coordination is essential to ensure the assets: (1) can be provided in accordance with existing laws, (2) the requested resources are available. During a pandemic influenza, assistance from the next higher level of government may be limited due to competing higher priority demands and the effects of the influenza pandemic on these assets.
☐	☐	☐	Integrate planning with emergency service and criminal justice organizations such as courts, law enforcements, probation and parole, social services, multi-jurisdictional entities, public works, and other emergency management providers (fire, EMS, mutual aid, etc.).
☐	☐	☐	Security functions are essential during a pandemic influenza. Through your city or county attorney, corporation counsel or other appropriate authority, collaborate with the Office of the State Attorney General to clarify and review security needs and resources available to your facility.
☐	☐	☐	Identify local or regional entities, such as health-care agencies, community organizations, businesses, or critical infrastructure sites, to determine potential collaboration opportunities. This collaboration might involve situational awareness, exercises or drills, or public safety training.
☐	☐	☐	Collaborate with local and/or State public health agencies to assist with the possible investigation of contacts within a suspected outbreak, the enforcement of public health orders, as well as the provision of security, protection, and possibly, critical supplies to quarantined persons. Each law enforcement agency will need to interact with local, State, county, and tribal public health officials to define the extent of the authorities provided from State legislation, develop procedures for the local initiation, implementation, and use of those authorities, as well as define protections from liability for law enforcement that may arise from quarantine and isolation enforcement. Operational planning must be flexible enough to address all scenarios in an all hazards environment, and in light of emerging infectious diseases.