

YOUTH SERVICES POLICY

Title: Influenza Preparedness, Response and Recovery Next Annual Review Date: 11/16/2017	Type: A. Administrative Sub Type: 1. General Number: A.1.13
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References: ACA Standards 2-CO-3B-02 (Administration of Correctional Agencies), 4-JCF-1A-07 and JCF-4C-22 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policy Nos. A.1.8 "Emergency Operations Plan", A.2.51 "Telecommuting and Alternative Work Site", B.6.1 "Health Care", C.1.13 "Media Access and Public Information" and C.5.5 "Performance Standards"; US Government Avian and Pandemic Flu Website www.pandemicflu.gov ; World Health Organization guidelines at www.who.int/en/ ; US Department of Health and Human Services' Center for Disease Control and Prevention Health Alert Network www.cdc.gov/HAN/Index.asp ; Civil Service General Circulars 1784 and 1785	
STATUS: Approved	
Approved By: James Bueche, Ph.D., Deputy Secretary	Date of Approval: 11/16/2016

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish a formal policy for YS, Office of Juvenile Justice (OJJ) concerning the planning, preparation and management of an influenza (flu) outbreak (refer to YS Policy No. B.6.1), and to establish formal procedures for staff and youth. Strategic goals include the following:

- A. Ensuring continuity of unit operations to focus on the agency's role as an employer. Each unit shall develop written policies and procedures in order to continue to function during a flu outbreak. Continuing critical services is paramount.
- B. Protecting YS staff, youth, and the public.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretary, Central Office (CO) Emergency Operations Manager, Communications Director, Regional Directors, Facility Directors, Regional Managers, YS Health Services Director, Contracted Health Care Provider (CHP) Health Services Administrators (HSA), all YS staff and youth, visitors, volunteers and contract workers.

IV. POLICY:

It is the Deputy Secretary's policy that each Unit Head is responsible for ensuring that appropriately written policy and procedures are in place to address flu preparedness, response, and recovery.

V. DEFINITIONS:

Alternate Work Location – Approved work site, other than the employee's primary work location, where official state business is performed. Additional information about telecommuting and an alternate work location can be found in YS Policy No. A.2.51.

Close Contact - A person who has had direct exposure to respiratory secretions or body fluids of a person with confirmed influenza or has touched or talked to a person with probable, suspected or confirmed influenza within a distance of six (6) feet. Time of contact also needs to be considered. For instance, a person who has cared for or lived with an influenza patient is considered a close contact, providing the contact was for a continuous period such as 30 - 60 minutes. Working in the same building, walking by or sitting across a room from a person with influenza is NOT considered a direct exposure, but therefore could be considered close contact for airborne disease.

Confirmed Case - A confirmed case of influenza shall be defined by positive laboratory test results indicating the named influenza virus for that season according to the Centers for Disease Control and Prevention (CDC). CDC follows an internationally accepted naming convention for influenza viruses.

Contracted Health Care Provider (CHP) - Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education and environmental conditions.

Epidemic Respiratory Infection (ERI) - An acute respiratory tract illness that is caused by a pandemic influenza virus transmitted from person to person.

Influenza-like Illness (ILI) – A fever (temperature of 100°F or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza, which occurs in the context of circulating influenza in the community.

Isolation - Separation and restriction of movement of employees, youth, and visitors with an ILI to contain the spread of that illness to susceptible people. Isolation can occur in group settings.

Pandemic Flu - Virulent human flu that causes a global outbreak or pandemic of serious illness. There is little natural immunity; therefore, healthy people may be at an increased risk for severe symptoms. Serious complications are more frequent. The disease can spread easily from person to person. A pandemic flu occurs rarely.

Personal Protective Equipment (PPE) - Masks, gloves, eye protection, etc. to avoid direct contact with a patient's blood, body fluids, secretions, and non-intact skin.

Preparedness - Actions that involve a combination of planning, resources, and organizing to build, sustain and improve operational capabilities. This process includes identifying personnel, training and equipment for delivering necessary resources when needed for an incident.

Quarantine - Separation and restriction of asymptomatic individuals who may have been exposed to an infectious agent but are not yet ill. The purpose of quarantine is to separate individuals who may have been exposed from the remaining population of individuals.

Recovery - The development, coordination and execution of service and site-restoration plans; the reconstitution of unit operations and services; long-term care and treatment of affected persons; additional measures for social, environmental and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and developmental initiatives to mitigate the effects of future incidents.

Response - Immediate actions to save lives, to protect property, the environment and to meet basic human needs. Response also includes the execution of emergency plans and actions to support short-term recovery.

Screening Checklist - A checklist used by staff to screen for potential flu infection.

SCREENING CHECKLIST
Temperature Greater than 100.4 Degrees plus one of the following:
Sore Throat
Cough
Dyspnea (difficulty in breathing)
Visit or Live in Area of Confirmed Case

Seasonal (or common) Flu - Respiratory illness that can be transmitted from person to person. Most people have some immunity and a vaccine is available. Influenza season in the U.S. typically begins in the Fall of the current year, ending in the Spring of the next year (September – May), or when certain key indicators remain elevated for a number of consecutive months.

Standard Precautions - Standard precautions are basic infection control precautions (hand washing, covering mouth when coughing, etc.) to be applied routinely in all settings.

Unit Head - Deputy Secretary, Facility Directors and Regional Managers.

VI. GENERAL:

Flu vaccines are designed to protect against three flu viruses that experts predict will be the most common during the upcoming season. Each year, one flu virus of each kind is used to produce the seasonal flu vaccine.

Flu season usually lasts from late fall to early spring. A pandemic flu outbreak is different from seasonal flu outbreaks in that if a pandemic flu virus occurs, it would spread more easily among more people, and would cause more employees to become ill and be absent from work.

During an influenza pandemic, transmission of the pandemic virus can be anticipated in the workplace, not only from patients to workers in health care settings, but also from customers and coworkers in general work settings. Employers can use a set of occupational safety and health controls referred to as the “hierarchy of controls” to reduce exposures to pandemic influenza in their workplaces. The types of control measures to be employed include the following:

- Engineering controls;
- Administrative controls;
- Work practices; and
- Personal Protective equipment (PPE).

Engineering controls are those that involve making changes to the work environment to reduce work-related hazards. Examples include:

- Installing physical barriers, such as clear plastic sneeze guards;
- Installing a drive-through window for customer service; and
- Using specialized negative-pressure ventilation for aerosol-generating procedures in health care settings.

Administrative controls are those that modify employees’ work schedules and tasks in ways that minimize their exposure to workplace hazards. Examples include:

- Developing policies that encourage ill employees to stay at home without fear of any reprisals;
- Discontinuing nonessential travel to locations that have a high prevalence of illness;

- Developing practices to minimize face-to-face contact between employees, such as extended use of e-mail, websites and teleconferences. Where possible, encourage flexible work arrangements, such as telecommuting or flexible work hours to reduce the number of employees who must be at the work site at one time or in one specific location;
- Relying on home delivery of goods and services to reduce the number of clients or customers who must visit the work place; and
- Developing emergency communications plans. Maintain a forum for answering the concerns of employees. Develop intranet-based communications, if feasible.

Work practices are procedures for safe and proper work that are used to reduce the duration, frequency or intensity of exposure to a hazard. When defining safe work practice controls, it is a good idea to ask employees for suggestions, since they have first experience with the tasks. These controls need to be understood and followed by managers, supervisors and employees. Examples include:

- Providing resources and a work environment that promotes personal hygiene. (For example, provide tissues, no-touch trash cans, hand soap, hand sanitizer, disinfectants and disposable towels for employees to clean their work surfaces);
- Encouraging employees to obtain a seasonal influenza vaccine (this helps to prevent illness from seasonal influenza strains that may continue to circulate);
- Providing employees with up-to-date education and training on influenza risk factors, protective behaviors, and instruction on proper behaviors (Examples are cough etiquette, avoiding touching eyes, nose and mouth and proper care of PPE);
- Providing education and training materials in an easy to understand format and in the appropriate language and literacy level for all employees; and
- Developing procedures to minimize contacts between employees and between employees and youth or visitors.

Personal Protective Equipment (PPE) is protective gear needed to keep employees safe while performing their jobs. Examples of PPEs include respirators (for example, N95); face shields; goggles and disposable gloves.

The following is important relative to PPEs:

- Selected based upon the hazard to the employee;
- Properly fitted, and some need to be periodically refitted (e.g., respirators);
- Conscientiously and properly worn;
- Regularly maintained and replaced in accordance with manufacturer's specifications;

- Properly removed and disposed of to avoid contamination of self, others or the environment; and
- If reusable, properly removed, cleaned, disinfected and stored.

If used correctly PPEs can help prevent some exposures; however, they should not take the place of other prevention interventions, such as engineering controls, cough etiquette and hand hygiene.

Additional guidance may be found at the following websites:

- www.cdc.gov/flu/protect/stopgerms.htm
- www.osha.gov
- www.pandemicflu.gov

VII. PROCEDURES:

Each unit's flu plan shall include, at a minimum, the following:

- A. Procedures for prevention, disinfection, education, identification, surveillance, immunization (when applicable), treatment, follow-up and medical isolation of infectious cases (when applicable). Reporting requirements to the Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretary, Regional Directors and the Health Services Director shall be in accordance with YS Policy C.5.5 . In addition, local, state and federal agencies shall be notified as appropriate.
- B. Guidelines to control access to the facility.
- C. Continuity of Operations Plan (COOP) which includes, but is not limited to, the following:
 1. Contingency plans for 30-40% employee absences.
 2. Identification of critical/essential job functions and plans to cover those functions in case of prolonged absenteeism.
 3. Identification of areas within a facility that could be used to create additional acute care beds for expanded healthcare capacity; consideration of bed space availability with local and regional planning groups.
- D. Each facility shall establish a Facility Incident Command Team (FICT) to determine actions that shall be taken to prevent the spread of influenza among staff, youth, volunteers, visitors and other civilians.

The FICT shall consist of, at a minimum, the following, with seven-day-a-week availability to respond to a potential outbreak of influenza:

1. Facility Director/designee;
2. CHP HSA;
3. Treatment Director;
4. Dorm Management representative;
5. Business Office representative;
6. Information Technology (IT) representative; and
7. Human Resource (HR) Liaison.

The Deputy Secretary/designee shall assign responsibility for coordinating influenza preparedness planning to a person with appropriate training and authority.

VIII. PREPAREDNESS:

- A. Each unit shall maintain adequate supplies at all times and as directed by the FICT to include the following:
 1. Tissues;
 2. Gloves;
 3. Biohazard Bags;
 4. Hazard Receptacles;
 5. Surgical Masks;
 6. Waterless Hand Sanitizers; and
 7. Appropriate Pharmaceuticals, including antivirals, biologicals and vaccines to combat the particular influenza strain or type that is expected to be encountered; to be obtained upon the instruction of the appropriate health authority.
- B. The Deputy Secretary/designee shall establish points of contact for influenza preparedness in the local and state health departments, and local, regional or state agency preparedness groups.
- C. Each unit shall provide education and training regarding influenza to staff and youth.
- D. Each unit shall incorporate influenza information into facility emergency management planning (refer to YS Policy No. A.1.8).
- E. Facility staff shall develop written procedures for grouping youth with known or suspected influenza using one or more of the following strategies:
 1. Confining ill and exposed youth to the infirmary; and
 2. Placing youth with symptoms of influenza together in one area of the facility, or closing off dorms that have symptomatic youth.

- F. The CHP HSA shall advise the FICT of needed pharmaceuticals and supplies. The FICT shall coordinate with CO to ensure that needed supplies are timely acquired and delivered to the units.
- G. Each Unit Head shall prepare and maintain a list of high-risk youth for complications from the flu (based on current CDC guidelines) which shall be updated quarterly.
- H. Each Unit Head shall encourage youth to notify health care and/or dorm staff at the onset of symptoms of ILI. Youth shall be informed that early detection is vital to reduce the transmission of an influenza outbreak.
- I. Each Unit Head shall provide education to employees and youth on basic hygiene, respiratory etiquette, and high-risk medical conditions.

IX. RESPONSE DURING A FLU EVENT

When the appropriate CHP HSA determines that appropriate pharmaceuticals are to be obtained during a flu event [see Section VIII A. (7) and VIII. (F)], that unit shall move into the response phase of the procedures.

- A. The Deputy Secretary/designee shall determine if any outside travel except medical/mental health emergencies shall be suspended.
- B. The Deputy Secretary/designee shall determine restrictions on vendors, visitors and conference/group activities.
- C. Facility legal programs staff shall be responsible for contacting the appropriate courts to continue pending court dates as determined by the appropriate medical authority.
- D. Facility legal programs staff shall be responsible for contacting the appropriate courts when the release date for a youth is imminent, and the youth has a confirmed case of the flu and is under medical care at the facility. The court shall determine if the youth is to be released on the youth's release date, or if the youth's release shall be delayed for a certain number of days to allow the youth's full recovery, and to ensure that the youth is past the date when the youth would still be capable of infecting others.
- E. "Wear a Mask & Latex Gloves" signs shall be posted at the entrance to areas designated by the appropriate health authority.

Facemasks shall be made available to employees upon recommendation by the appropriate health authority.

F. Limiting the exposure of the workforce to the flu.

Each unit shall create a procedure utilizing the attached suggested screening checklist to ensure that symptomatic employees are identified. At facilities, this procedure must contain at a minimum a procedure for self-identification of symptoms and supervisor-initiated screening questions of employees.

If an employee self-identifies flu-like symptoms, is identified by the employee's answers to the Screening Checklist as having flu-like symptoms, or is identified by several other employees as having flu-like symptoms, the Unit Head/designee shall send the employee home on sick leave. If the employee does not have at least eight (8) hours of sick leave, annual and/or compensatory time shall be used. The employee cannot return to work until, at a return-to-work hearing, the employee presents a physician's certificate specifically stating that the employee's health condition poses no danger to co-workers or youth. The employee must call the unit's HR Liaison to schedule the hearing.

If the identified employee objects to being sent home on leave, the Unit Head/designee shall place the employee on enforced compensatory time, whether annual, sick or FMLA.

If compensatory time is not available or is insufficient, the Unit Head shall place the objecting employee on enforced annual leave, if the balance is above 240 hours.

The objecting employee may, if the employee so desires, be examined by the employee's physician. If the employee wishes to do so, the employee shall be given sick or annual leave in order to obtain the certificate. If the employee obtains a physician's certificate that specifically states that the employee's health condition poses no danger to co-workers or youth, the employee may return to work as usual.

If the objecting employee refuses all options, the Unit Head shall remove the employee from the premises, place the employee on suspension pending investigation with pay (LI), and initiate the disciplinary process. The Unit Head shall advise the employee that the employee is exposing himself to the possible penalty of termination.

If an employee has an immediate family member at home with flu-like symptoms or a diagnosis of the flu, the Unit Head may make a determination that it is in the best interest of the workplace that the employee be away from the workplace. If this occurs, such an employee shall be allowed to use sick leave for the time needed to be away from work to care for that family member and ensure that their own health is not compromised. The employee who refuses to go home under these

circumstances shall be treated as the objecting employee who shows symptoms himself, which is described above in this section.

An employee on leave as described in the paragraph above cannot return to work until, at a return-to-work hearing, the employee presents a physician's certificate specifically stating that the employee's health condition poses no danger to co-workers or youth. The employee must call the unit's HR Liaison to schedule the hearing.

G. Notifications

Each Unit Head shall be responsible for notifying all employees of that unit that the unit is moving into the "response" phase of the procedure.

Each Unit Head shall be responsible for notifying anyone who has visited infected areas, or had contact with an infected individual, or with an individual who may be infected within the five (5) days preceding the declaration of the "response" phase.

H. Communication/Education/Preparedness

The facility shall use the mode of communication used most by staff and/or youth to keep the facility's community informed, and to provide education regarding prevention and symptom surveillance.

Any communications with the public and/or the media regarding the flu event shall be released by the CO Communications Director (refer to YS Policy No. C.1.13).

I. The FICT shall meet daily to review the situation and alter strategies (such as housing re-assignments for isolation purposes or quarantine), and maintain communication with the appropriate Regional Director.

J. The Unit Head shall determine if unit activities should be suspended/postponed based on advice of and consultation with the CHP HSA.

K. Access and Control

Each Facility Director shall develop a plan for delivering meals to youth if the cafeteria or group-style dining is closed per the advice of the YS Health Services Director.

Routine sick call and pill call shall be modified by the Facility Director in consultation with the YS Health Services Director.

The Deputy Secretary/designee, after consultation with the YS Health Services Director, shall decide whether to suspend admissions to the facility.

X. RESPONSE FOLLOWING A FLU EVENT:

At the conclusion of a flu event, the FICT and CO staff shall meet to conduct an after-incident review and prepare a report for the Deputy Secretary. The report shall include recommendations for amendments to this policy.

Previous Regulation/Policy Number: A.1.13

Previous Effective Date: 09/10/2014



Attachments/References: [Flu Symptom Checklist.doc](#)