Purpose
The purpose of this policy is to establish at the Philadelphia Prison System (PPS) a Pandemic Influenza Preparedness Plan for responding to pandemic emergencies.

Policy
It is the policy of the PPS to be prepared to respond promptly and appropriately to all types of pandemic emergencies in an efficient and effective manner.

1. Pandemic Influenza Surveillance

Identification
The PPS physical health care provider will develop a protocol to track suspected cases of seasonal influenza. This tracking mechanism will provide for the establishment of a baseline of influenza cases in each of the facilities and further allow for the quick identification of increased incidents of influenza.

Medical staff may first identify symptoms of pandemic influenza during sick call and will be vigilant for the development of fever, respiratory symptoms, and/or conjunctivitis (e.g., eye infections) for one week after last exposure to avian influenza-infected patients.

Future screening mechanisms will be initiated as recommended by the Philadelphia Department of Public Health (PDPh), Centers for Disease Control and Prevention (CDC), or some other responsible agency or organization.

Staff who become ill will be advised to seek medical attention and care from their private physicians before attempting to return to work. In addition, employees will notify occupational health and infection control personnel at the PPS. Employees who become ill will be advised to stay home until 24 hours after resolution of fever, unless an alternative diagnosis is established or diagnostic tests are negative for influenza A virus.
Aggregating and Analyzing Data
The PPS physical health care provider, specifically its Infectious Disease Coordinator and Regional Medical Director, will be assigned the task of aggregating and analyzing data.

Data will be shared with PDPH, and dissemination to other agencies will be at their direction.

2. Laboratory Diagnosis

Influenza Diagnostic Tests
Rapid A, Rapid B tests, or other prescribed testing requirements are conducted for flu detection. Rapid A is the strain that causes most of the pandemics. These tests are performed by obtaining a swab of the throat or nasal passage of a person exhibiting influenza-type symptoms. PHS will initiate Rapid A testing at the direction or recommendation of the Philadelphia Department of Public Health.

The PPS physical health care provider will contract with a laboratory to analyze Rapid A and Rapid B tests. Bioreference is currently contracted by PHS to provide this service. Bioreference refers some specimens to other laboratories for advanced analysis.

Phase out Testing during a Pandemic
Phase out testing will be at the direction of the PDPH and dependent upon a decline in cases.

Identification of Novel Flu Strains
A collaborative effort between PPS, its physical health care provider and the PDPH must exist to the extent that information is shared when novel flu strains are suspected within the prison population. The physical health care provider will immediately notify the PDPH with its suspicions of novel flu strains within the prison setting.

The physical health care provider will tailor its surveillance and treatment of novel flu strains based upon Public Health Advisories.

3. Healthcare Planning

Drilling of Plan for Pandemic Flu
The PPS will conduct periodic simulated drills to become proficient with isolating large groups of inmates, as well as dispensing vaccines to staff and inmates. The drills will take into account projected staffing shortages, triaging and cohorting of patients, etc.
Identification and Isolation of Patients
Upon the first identified case of pandemic influenza, the PPS will be prepared to isolate and cohort patients. Infected inmates will be placed in the available airborne isolation rooms (AIR) at PHSW. These rooms have monitored negative air pressure in relation to corridor, with 6 to 12 air changes per hour (ACH), and air exhausted directly outside or have re-circulated air filtered by a high-efficiency particulate air (HEPA) filter.

Additional cases may necessitate designating different housing areas throughout the campus as isolation areas and cohorting patients.

Consideration will be given to using a 4-pod unit, or 8-pod building at CFCF as a location to cohort inmates in varying stages of symptom presentation.

4. Infection Control

Infection Control Strategy for Patients and Droplet Precautions
The PPS will continue to reinforce universal hand washing practices at all times. Signage will be maintained throughout all of the facilities in inmate occupied areas, as well as staff and visitor areas.

The PPS will embark upon and maintain a campaign to educate staff, inmates, and visitors as to new guidelines for appropriate respiratory etiquette. The guidelines recommend that individuals cough or sneeze into the bends of their arms and not into their hands.

Personal Protective Equipment
Staff working with infected inmates, or inmates suspected of being infected, will follow CDC recommended standard precautions. Staff will pay careful attention to hand hygiene before and after all patient contact or contact with items potentially contaminated with respiratory secretions, and will use gloves and gowns for all patient contact. Additional droplet precautions call for staff to wear eye protection (i.e., goggles or face shields) when within three feet of a patient. Staff will also use dedicated equipment such as stethoscopes, disposable blood pressure cuffs, disposable thermometers, etc.

Staff working directly with infected patients will use a National Institute of Occupational Safety and Health (NIOSH)-approved N95 filtering face piece disposable respirator when entering their rooms.

The PPS physical health care provider is required to maintain a reasonable stockpile of N95 respirators for emergency preparedness purposes. The PPS Emergency Management Unit will also be responsible for maintaining a supply of N95 respirators.
Environmental and Cleaning Protocols
The PPS will continue to maintain high levels of sanitation throughout the facilities, and will use a 10:1 ratio of water-bleach solutions to disinfect living quarters.

The physical health care provider’s Infectious Disease Coordinator will continue to complete monthly environmental rounds in each of the facilities. In the event of pandemic influenza, this person will make more frequent rounds in order to immediately identify conditions that may exacerbate the spread of contagions. The findings of these rounds will be forwarded to the Deputy Commissioner for Operations, the Chief of Medical Operations, and the facility Wardens in order to coordinate resolutions to problematic findings.

Standard precautions will be implemented for linen and laundry that might be contaminated with respiratory secretions. These items should be treated as hazardous waste and disposed of in accordance with facilities’ safe practices.

Patients with known or possible pandemic influenza will be fed with disposable dishes and utensils. These items should be treated as hazardous waste and disposed of in accordance with facilities’ safe practices.

5. Clinical Guidelines

Evaluation of Suspected Cases
Evaluation of cases will generally occur during daily sick call in each of the facilities. The Physicians or Physician Assistants will be educated about the symptoms of pandemic influenza, and placed on a heightened alert to look for such symptoms.

Infected inmates exhibiting significant complications (e.g., viral pneumonia or advanced respiratory failure) will be referred for hospitalization at a contracted hospital.

Management of Cases
The effectiveness of antivirals in the treatment of pandemic influenza is unclear. Currently approved influenza medications may be offered to manage the symptoms of pandemic influenza, but will not be offered as a prophylactic unless otherwise determined effective by the CDC.

The foundations of treatment include rest, ensuring adequate fluid intake and nutrition, and taking medications such as aspirin to help with fever and pain. Complications, such as bacterial pneumonia, can develop in some people and can be treated with antibiotics. Those who are severely affected may need hospitalization, supplemental oxygen therapy, and respiratory support through artificial ventilation.
6. Vaccine Distribution and Use

Identification of Priority Groups
At the onset of pandemic influenza, priority for the distribution of vaccines will be determined by the Centers for Disease Control and Prevention. The Philadelphia Department of Public Health will be the local agency serving as a conduit for disseminating the CDC’s instructions, and will provide quantities of vaccine at each of its points of distribution (POD).

Generally, the CDC identifies eight priority groups for influenza vaccinations with all being of equal importance. However, it is important to note that the dynamics of identifying priority groups could change dramatically with pandemic influenza.

1. all children aged 6–23 months;
2. adults aged 65 years and older;
3. persons aged 2–64 years with underlying chronic medical conditions;
4. all women who will be pregnant during the influenza season;
5. residents of nursing homes and long-term care facilities;
6. children aged 6 months–18 years on chronic aspirin therapy;
7. health-care workers involved in direct patient care; and
8. out-of-home caregivers and household contacts of children aged less than 6 months

Vaccine Distribution
With the anticipation that the PDPH will drop-ship vaccines to the PPS for staff and inmates, prioritization will be given first to staff involved in direct patient care. Phasing of vaccinations after priority vaccinations will be determined by the highest-ranking PPS administrator, and in consultation with the regional medical director. Consideration will be given to all contract and non-contract staff. The highest-ranking PPS administrator will determine the location for staff vaccinations.

MOD II will be the delivery site for all vaccines. The Deputy Commissioner for Operations will facilitate all security arrangements to ensure the safe delivery of vaccines from MOD II to the facilities.

The PPS physical health care provider will develop procedures for collecting, removing, and disposing of used syringes, needles, and other vaccination supplies.

The PPS physical health care provider will develop a plan for training vaccinators and other staff responsible for mass vaccination. It should be expected that at the onset of pandemic influenza, the facilities will be in a state of lockdown. The lockdown will enable medical staff to do cell-to-cell vaccinations, and otherwise lessen the opportunities for rapid transmission of the virus by encouraging social distancing.

Revised April 18, 2011 Revised
The PPS physical health care provider will maintain immunization registries for use in tracking distribution of pandemic influenza vaccine. At a minimum, tracking data should include: number of doses administered - by date and age, priority group, and facility - as well as the number of doses that represent second doses, as applicable. This data will be made available to the PDPH for assessing vaccine effectiveness, vaccine supply and distribution, vaccine coverage, and vaccine safety.

6. Antiviral Drug Distribution and Use

Use of Antivirals for Cases, Contacts, and Containment
In anticipation of such a pandemic, several preventive and therapeutic strategies have been proposed, including the use of agents that have been shown to have activity against influenza A viruses, such as neuraminidase inhibitors oseltamivir (Tamiflu; Roche) and zanamivir (Relenza; GlaxoSmithKline). The PPS physical health care provider will be prepared to use these and other agents non-prophylactically as directed by the CDC via the Philadelphia Department of Public health. These agents may be a resolution for minimizing symptoms and duration of a case of A strain influenza.

Stockpiles
In lieu of stockpiling antivirals, since such an endeavor would presumably be cost prohibitive, the PPS physical health care provider will utilize the buying power of its parent company to quickly obtain quantities of antivirals to effectively treat symptoms of an Influenza A strain presenting in the inmate population. The PPS physical health care provider will also use the collective resources of the PDPH in garnering the anticipated difficult-to-obtain antivirals.

Plan for Distribution
The priority of distribution will be in accordance with guidelines established by the CDC and disseminated through the PDPH, and will in all probability include adults aged 65 years and older; persons aged 2-64 years with underlying chronic medical conditions; and pregnant women.

8. Control and Prevention

Containment Measures
Once it has been determined by the PDPH that an Influenza A strain has reached epidemic proportions within the Philadelphia region, the PPS will shut its doors to all new admissions. The exception to this will be those individuals arrested for violent crimes, and those individuals who have had a documented screening before arriving to the PPS and have been determined uninfected by H5N1 or the prevailing strain of pandemic influenza. An epidemic is said to have “taken off” when it reaches 20 current infectious cases, after which its growth is highly unpredictable and the probability of fade-out by chance is very low.

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At epidemic or pandemic levels, any admissions to the PPS who have not been previously screened and found to be uninfected will be cohorted in a quarantine area for not less than 21 days. During the quarantine period, any inmates presenting symptoms of H5N1 will be treated with antivirals and/or vaccines, if one should exist. These inmates will be cohorted in a different stage of quarantine.

Strategies will be implemented to encourage social distancing, and at the determination of the Commissioner this may result in all facilities being placed in full lock downs.

**Modification of Activities**

**Visitation**
The suspension of visits (official and otherwise) will be dependent upon the number of identified cases experienced in the region and/or at the recommendation of the Philadelphia Department of Public Health.

The Commissioner of Prisons, or his/her immediate successor as defined by the PPS Continuity of Operations Plan, will have sole discretion over whether visits will be suspended.

Upon the suspension of visitation, which will be publicized through Public Service Announcements, the Deputy Commissioner for Restorative & Transitional Services will convene a group of social workers, chaplains, and representatives from CJO to man hotline centers to field inquiries from concerned family members of our inmates. The Wardens will be tasked with identifying an area in their respective facilities to serve as a hotline center.

Vendors having to enter the facilities to deliver critical supplies will be provided with masks and an antibacterial hand gel. These persons will be required to wash their hands before entering a facility and will be advised to do the same prior to exiting.

**Delivery of Meals**
All inmates will be fed in their cells. The PPS will utilize small contingents of identifiably healthy inmates to deliver food and maintain kitchen operations. These inmates will be provided masks to deliver meals in housing areas where infected inmates are cohorted.

The food service provider (FSP) will be required to provide three meals per day, with the dinner meal being the only required hot meal. The FSP will have the latitude to modify any existing menus during the duration of an emergency. Menu modifications are subject to the approval of the Deputy Commissioner for Operations.
Depending upon the availability of food service staff, consideration will be given to combining the three meals per day into two meals with the same caloric requirement.

**Medication Administration**
The PPS physical health care provider will increase the use of Keep on Person medications.

The physical health care provider will administer medications only to those inmates with chronic or serious medical conditions. If the facilities have been ordered into lockdowns, then medications will be delivered from cell to cell. Otherwise, medications will be dispensed in a coordinated fashion at the housing areas in order to limit inmate movement through the facilities.

Sick call procedures will continue to occur in accordance with PPS policy. However, conditions at the time of a pandemic may necessitate modifications to account for an anticipated reduction in staff or a plethora of issues surrounding the treatment of suspected cases of pandemic influenza. Any recommendations of modification to the sick call process must be presented in writing to the Commissioner of Prisons or his/her designee, who will then make an informed determination to accept or reject the recommendations. Inmates needing to attend sick call will be escorted in manageable numbers to sick call areas as is currently done. This process is also subject to modifications depending upon the prevailing conditions.

The PPS physical health care provider will be required to complete a daily face-to-face review of all inmates cohorted in designated quarantine units. In the event of a full lockdown of the facilities, the physical health care provider will be required to see every inmate at least once in a three-day period. The physical health care provider will be required to maintain written documentation of all completed rounds.

Consideration will be given to cohorting dialysis and other specialty care inmates in one unit close to the Prisons Health Services Wing.

During a pandemic emergency, the PPS physical health care provider will be responsible for continuing all normal practices relating to inmate health care, or otherwise dictated by contract, unless conditions are such that the Commissioner of Prisons or his/her designee approves recommendations to modify specific services.

**Behavioral Health Services**
During a pandemic emergency, the PPS behavioral health provider will be responsible for continuing all normal practices relating to inmate behavioral health care, or otherwise dictated by contract, unless
conditions are such that the Commissioner of Prisons or his/her designee approves recommendations to modify specific services.

The PPS behavioral health provider will be required to complete a daily face-to-face review of all inmates cohorted in designated quarantine units. In the event of a full lockdown of the facilities, the behavioral health provider will be required to see every inmate at least once in a seven-day period. The behavioral health provider will be required to maintain written documentation of all completed rounds.

**Creation of a Temporary Morgue**
During a pandemic emergency, inmate deaths will be handled in accordance with current polices and procedures. The City of Philadelphia’s Medical Examiners Officer will be contacted to remove deceased inmates.

It can be anticipated that during a pandemic crisis, the Medical Examiners Officer will be overwhelmed to the extent that the PPS will be required to hold deceased inmates until other arrangements can be coordinated with the Philadelphia Department of Public Health.

In that event, consideration will be given to commandeering the House of Correction refrigerator for the purpose of storing deceased inmates. All food items will be displaced to other refrigerated areas for storage. This refrigerator has outdoor access and will allow for appropriate storage of deceased without having to move the dead into and through a facility.

Deceased inmates will be placed in tagged body bags and stored in a respectful manner within the commandeered freezer.

A 24-hour-a-day correctional officer detail will be established to monitor all activities relating to storage of deceased inmates in the commandeered freezer.

The PDPH’s Medical Examiners Office will provide a quantity of body bags to the PPS.

**Commissary**
Commissary deliveries will continue to occur providing that prevailing conditions allow it to occur in a safe manner.

**Discharges from Custody**
Inmates confirmed as having been infected with H5N1 during a pandemic crisis, or inmates exhibiting symptoms of the same, will not be released into the community until their medical condition has improved to the point that they will not be a risk to the community.
Inmates deemed healthy and eligible for discharge will be released in accordance with direction from the Philadelphia Department of Public Health.

Due to the complexities of all operations during a pandemic crisis, the PPS will not accept Weekender admissions.

**Workforce Resiliency Plan**

The PPS will initiate a workforce resiliency plan to account for an anticipated employee absenteeism rate of anywhere from 25% to 65%. To prepare for such a drastic reduction of staff, the PPS will maintain an Emergency Preparedness Database of employees possessing a wide range of alternative skills that will enable the organization to fill critical voids in its day-to-day operations during a crisis.

An employee survey will be distributed annually to all PPS employees in order to elicit and catalogue the varying skills of its workforce.

The Human Resources Division of the PPS will be responsible for maintaining the Emergency Preparedness Database.

During a crisis, PPS upper management staff will use the database to fill critical voids resulting from employee absenteeism. Staff detailed to assignments other than those for which they were hired will always be under the close supervision of staff within the temporarily assigned division or unit.

In order to encourage employees to report faithfully for duty, the Human Resources Manager will make every effort to ensure that there is no interruption of pay to employees during a crisis. All contracted divisions must demonstrate the same effort as well.

The PPS will provide psychosocial and employee assistance supports during a crisis, and is prepared to offer that same assistance for an indeterminable and as-necessary period following a crisis.

During a prolonged crisis, each Warden will be responsible for establishing an Employee Recuperation/Rest Site in his/her respective facility. These sites should be replete with areas for employees to lounge and rest. These areas should have telephone access, dining areas, and other means to allow employees to “freshen up”.

**Pre-Pandemic Education and Awareness**

Staff and inmates will be provided with as much general information regarding Pandemic Planning as possible with care being given to prevent panic. The dissemination of information relating to pandemic...
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Planning will be coordinated through the office of the Deputy Commissioner for Operations. The Deputy Commissioner of Operations will rely upon the assistance of external and internal resources to develop appropriate material for dissemination. This assistance may come from staff associated with the Philadelphia Department of Public Health, the PPS medical and/or mental health provider, the PPS Emergency Management Unit, the PPS Medical Contract staff, the PPS Division of Chaplaincy, or any other staff who have demonstrated knowledge of issues surrounding pandemic planning.

If the World Health Organization’s Pandemic Alert is at level 3 or higher, the Deputy Commissioner for Operations will ensure that some form of information relating to pandemic planning is disseminated quarterly. Information will not be required to be disseminated at level 1 or 2, but the PPS will at all times continue to educate its staff and inmates about those issues (such as good hand washing practices and respiratory etiquette) that can mitigate the spread of any contagions.

**Delivery of Psychosocial/Spiritual Services**
The PPS recognizes the need for Psychosocial and Spiritual Services during a Pandemic Outbreak. Every effort will be made to provide these services based on staff availability and recommendations from the Incident Commander.