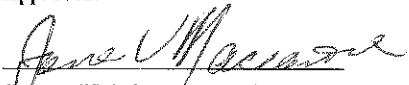


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
OAKLEY YOUTH DEVELOPMENT CENTER**

<b>Subject:</b> Pandemic Response Plan for Medical Services		<b>Policy Number: 39</b>
<b>Number of Pages: 12</b>		<b>Section: XI</b>
<b>Attachments</b> XI.39.A Flu Screening Form XI.39 B.1 Ready Level Green XI.39 B.2 Ready Level Yellow XI.39 B.3 Ready Level Red VIS 2009 H1N1 Influenza Vaccine Inactivated "The Flu Shot" VIS 2009 Influenza Vaccine Live, Attenuated "The Nasal Spray Vaccine"	<b>Related Standards &amp; References</b> ACA Juvenile Health Care Performance Based Standards 2009: 4-JCF-4C-01, 4-JCF-4C-22	
<b>Effective Date: 2/15/10</b> <b>Revision Date: 05/01/11, 11/01/13</b> <b>Review Date: 11/1/14,11/12/15</b>	<b>Approved:</b>  <b>James V. Maccarone, Director</b>	

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services to address the management of a pandemic event. The Division of Youth Services shall establish a pandemic response plan so that medical, mental health, and correctional staff are prepared for such an occurrence and essential services are maintained to the degree possible. The pandemic influenza response plan shall include: (4-JCF-4C-01; 4-JCF-4C-22)

- Education and communication
- Prevention and infection control, including protections and precautions to be taken for staff and visitors from harmful effects of the influenza virus
- Identification
- Surveillance
- Immunization when applicable
- Treatment
- Medical isolation and/or quarantine, when indicated
- Follow-up medical and mental health care
- Adhering to reporting requirements of applicable local, state, and federal agencies
- An inventory of necessary medications and medical supplies, as well as prearranged means for obtaining additional supplies via emergency purchase order.
- Procedures for medical evacuation of sick and injured youth or staff to appropriate state, local or private medical facilities
- Morgue plans that address completion of death certificates, obtaining body bags and storage of deceased influenza victims.

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## II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Antiviral: drugs that are used to prevent or cure a disease caused by a virus, by interfering with the ability of the virus to multiply in number or spread from cell to cell.

Asymptomatic: presenting no symptoms of disease.

Contagious: A contagious disease is easily spread from one person to another by contact with the infectious agent that causes the disease. The agent may be in droplets of liquid particles made by coughing or sneezing, contaminated food utensils, water or food.

Epidemic: A disease occurring suddenly in a community, region or country in numbers clearly in excess of normal. Also see pandemic.

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

Exposure: Coming in direct contact with an agent that might cause a disease or infectious process.

Incubation Period – is the phase in the development of a disease between the infection and first appearance of symptoms. This is generally 7-10 days for influenza.

Influenza: A serious disease caused by viruses that infect the respiratory tract.

Isolation (Medical): The separation from others to prevent the spread of infection.

Man-Made Disaster: An event caused by human action which results in destruction, environmental contamination, or other life threatening or unsafe conditions requiring the evacuation of the institution or area in whole or part or requiring other life safety response and/or recover actions.

Natural Disaster: An event produced by nature causing widespread destruction and distress. Examples of a natural disaster include, but are not limited to: floods, tornadoes, earthquakes, or pandemic events.

Outbreak: The sudden appearance of a disease in a specific geographic area (e.g. neighborhood or community) or population (e.g. adolescents). Influenza outbreak is the presence of 20 confirmed cases of highly pathogenic influenza in an institution or area over 14 calendar days.

Pandemic: The worldwide outbreak of a disease in numbers clearly in excess of normal. Also see epidemic.

Pandemic Phases: (As defined by World Health Organization (WHO) in the 1999 *Global influenza pandemic preparedness plan, The role of WHO and recommendations for national measures before and during pandemics*; updated in 2005)

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WHO * Pandemic Phases	Overarching Goals
<p><b><u>Inter-Pandemic Period</u></b></p> <p><b><i>Phase 1.</i></b> No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk (a) of human infection or disease is considered to be low.</p> <p><b><i>Phase 2.</i></b> No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk (a) of human disease.</p>	<p>Strengthen influenza pandemic preparedness at the global, regional, national and sub-national levels.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>
<p><b><u>Pandemic Alert Period</u></b></p> <p><b><i>Phase 3.</i></b> Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact (b).</p> <p><b><i>Phase 4.</i></b> Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans (b).</p> <p><b><i>Phase 5.</i></b> Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread, to possibly avert a pandemic, and to gain time to implement pandemic response measures.</p>
<p><b><u>Pandemic Period</u></b></p> <p><b><i>Phase 6.</i></b> Pandemic: increased and sustained transmission in general population (b).</p>	<p>Minimize the impact of the pandemic.</p>
<p>(a) The distinction between <i>phase 1</i> and <i>phase 2</i> is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and/or other scientific parameters.</p> <p>(b) The distinction between <i>phase 3</i>, <i>phase 4</i> and <i>phase 5</i> is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and/or other scientific parameters.</p> <p>* <b>WHO:</b> World Health Organization, an agency of the United Nations established in 1948 to further international cooperation in improving health conditions.</p>	

United States Government (USG) Department of Human Services (DHS) Pandemic Stages	Response
0	New domestic animal outbreak in at-risk country
1	Suspected human outbreak overseas

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2	Confirmed human outbreak overseas
3	Widespread human outbreaks in multiple locations overseas
4	First Human Case in North America
5	Spread throughout United States
5 W	Pandemic Wave in Progress- High levels of infection lasting 8-12 weeks 6-12 weeks in each community
6	Recovery and preparation for subsequent waves

Quarantine: To isolate an individual who has or is suspected of having a disease, in order to prevent spreading the disease to others; alternatively, to isolate a person who does not have a disease during a disease outbreak, in order to prevent that person from catching the disease (this is called reverse isolation). Quarantine can be voluntary or ordered by public health officials in times of emergency.

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

Seasonal Flu: A respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available. This is also known as the common flu or winter flu, which may cause mild illness and rarely requires hospitalization.

Sentinel Influenza Cases: The first cluster of 2-3 cases diagnosed as influenza and confirmed by influenza antigen testing.

Social Distancing: The promotion of spatial separation in common areas, by maintaining a minimum of 3 feet from potentially infectious persons and limiting contact between people.

Standard Precautions: Standard precautions are basic infection control precautions (hand washing) in health care and shall be applied routinely in all health care settings covering mouth when coughing/sneezing etc.

Direct Contact – transmission via person-to-person contact with an infected host.

Indirect Contact – transmission from other than the infected host; may be from Inanimate objects such as combs, hats, clothing, etc.

Surveillance: The systematic collection, analysis, interpretation, and dissemination of health data on an ongoing basis, to gain knowledge of the pattern of disease occurrence and potential in a community, in order to control and prevent disease in the community.

Vaccine: A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.

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Virus: Any of various simple submicroscopic parasites of plants, animals, and bacteria that often cause disease and that consist essentially of a core RNA or DNA surrounded by a protein coat. Unable to replicate without a host cell, viruses are typically not considered living organisms.

### III. PROCEDURE

A. Education is the most effective tool for alleviating fear associated with a pandemic event. Refer to policies XI.22 Health Education and Prevention, XI.33 Communicable Disease Management and XI.38 Standard Precautions.

1. The Health Services Nurse Educator/designee shall provide at least annual educational training for youth. *“Cover your Cough” with and without face mask, “Be A Germ Stopper” “Take 3” Steps to Fight the Flu”, Hand Hygiene with Soap and Water and/or Hand Sanitizer.*
2. To lower the risk of contracting the influenza virus experts recommend people do the following:
  - Cover mouth and nose when coughing or sneezing and when using tissues dispose of them in receptacles
  - Clean hands often
  - Avoid touching eyes, nose, or mouth
  - Social distancing
  - Avoid close contact with people who are sick
  - If possible, stay home from work, school or errands when sick

B. The single best way to prevent the seasonal flu is vaccination. Therefore both the seasonal and any other variation of flu vaccination will be offered to the youth every year from October thru March. Refer to policy XI.37, Immunization Program.

C. Communication of Information, including public service announcements:

1. The Director of Medical Services/designee shall serve as the point of communication for the Facility Administrator and Division Director of Institutions for information regarding serious medical concerns. The Director of Medical Services shall immediately notify the Facility Administrator or designee of all confirmed cases.
2. The Director of Medical Services/designee shall provide a daily status update to the Facility Administrator for information dissemination to other executive staff as needed.
3. Public service announcement releases related to influenza pandemic shall be directed by the MDHS office of Communications.
  - a. All information received from the facility shall be disseminated through the Division of Youth Services Director and designees shall be responsible for

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disseminating information to the staff, families and visitors of Oakley youth as needed.

- b. Subject matter experts; the medical physician, the Director of Medical Services shall collaborate on the development of appropriate messages and products (e.g., fact sheets, FAQs, PowerPoint presentation).
4. The MDHS office of Communications shall work in collaboration with the MDYS Director to be the point person in facilitating information relayed to the Communities.
  - a. Counselors along with Community personnel shall be charged with contacting students' families to provide support and keep them updated on current information about the pandemic's effects on the facility
  - b. The MDHS office of Communications shall work with external partners, including other entities of the media to distribute any updates.
- D. Influenza viruses may cause epidemics as well as the rare pandemic because they have ability to change genetically. *Pandemic Influenza Phases* as defined by the World Health Organization (WHO): In the United States, pandemic phases shall be defined based on the global phase. The six (6) phase's listed below are sub-categorized in three (3) periods: Inter-Pandemic Period, Pandemic Alert Period, and Pandemic Period (refer to definition section):
  1. *Phase 1 and 2* (Inter-Pandemic Period).
  2. *Phase 3* (Pandemic Alert Period): during this phase the following shall occur:
    - a. Health Education: The facility Director of Medical Services/designee nurse shall make available the following health education for youth and staff:
      - *Cover your Cough*
      - *Pandemic Influenza Fact Sheet*
      - *Hand Hygiene with Soap and Water and/or Hand Sanitizer*

Education shall be provided by nursing personnel to all youth on intake. Nurses in the facility shall provide educational training as part of ongoing health education and prevention. Topics specific to lowering the risk of contracting the influenza virus include:

- Cover mouth and nose when coughing or sneezing and when using tissues dispose of them in receptacles
- Clean hands often
- Avoid touching eyes, nose, or mouth
- Social distancing
- Avoid close contact with people who are sick

Refer to policy XI.22 Health Education and Prevention. Documentation of said training shall be noted in the youth's medical record, Form XI.22.A- A Teaching Learning Flow sheet.

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- b. Early monitoring:
  - i. Nurses shall utilize the Influenza Screening Form on all youth presented for admission to the training school and
  - ii. If the Nurse conducting the screening determines that the screen is positive based on the criteria noted on the form, the nurse shall immediately notify the Director of Medical Services who shall notify the Facility Administrator or designee so that an admission decision can be made.
  - iii. If the nurse conducting the assessment notes the appropriate sentinel symptoms of influenza noted on the Influenza Screening Form, then the nurse shall copy the completed form and immediately forward the copy to the Director of Medical Services. A list shall be generated of the students who have a “flu-like illness”
  - iv. Additionally, the nurse conducting the screening or assessment shall clearly note the presence of influenza symptoms on the Medical Department Shift Report Form XI.10.A and notify the facility contract physician. Such suggestive symptoms may include: fever, fatigue, body aches, headache, dry cough, and runny or stuffy nose.
  - v. The Director of Medical Services/designee shall review the list of students with a “flu-like illness” daily to ensure that these students are evaluated and their condition is reported to the Facility Administrator/designee.
- c. Case Reporting: The Director of Medical Services shall report sentinel cases of influenza to the Facility Administrator/ designee.
  - i. Additionally, the Director of Medical Services shall be responsible for reporting outbreaks of influenza, as defined in the definition section of this policy, to their local county health department, office of epidemiology and/or the office of emergency preparedness.
  - ii. The Director of Medical Services shall be responsible for reporting outbreaks of influenza to the Facility Administrator, as soon as the presence of an outbreak in the facility is confirmed.
- 3. Phase 4 (Pandemic Alert Period):
  - a. One or more clusters involving a small number of human cases (e.g., a cluster of less than 25 cases lasting less than two weeks). Appearance of a small number of human cases in one or several geographically linked areas without a clear history of a non-human source of exposure, for which the most likely explanation is considered to be human-to-human transmission.
  - b. Refer to *Phase 3*, Sections: b. Health Education, Communication, and Public Service Announcements; c. Early Monitoring; and d. Case Reporting.

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- c. Prevention or Delay of Pandemic Influenza Virus entry into the facility shall include, but not be limited to:
  - The Facility Administrator shall control entry of visitors by assigning personnel to verbally and visually screen visitors for respiratory symptoms at points of entry to the facility.
  - All visitors to the facility shall sign the *Flu Acknowledgment Form*.
- d. Limiting the Transmission of Influenza in a pandemic includes three categories of strategies:
  - i. Education, Communication, and Public Service Announcements: Refer to Phase 3, Section 2.b., Health Education, Communication, and Public Service Announcements.
  - ii. Limitation on Movement: Social distancing within the facility includes the following cancellations or suspension of elective or nonessential trips outside of the facility including elective clinic appointments, scheduled elective tests and surgical procedures, school, group activities, and family visits.
  - iii. Isolation and Quarantine: youth with confirmed influenza may be admitted to single cells in the facility as space allows. The Facility Administrator in consultation with the Director of Medical Services/designee shall designate an area in the facility that may be used for quarantine purposes when the number of infectious and exposed contact exceeds the number of single cell rooms. The facility Physician shall be responsible for ordering isolation when necessary. The facility Physician in consultation with The Mississippi Department of Health (Office of Epidemiology and or Emergency Preparedness) shall be responsible for declaring the necessity of quarantine.
- e. Stockpiling of medications and medical supplies: The Director of Medical Services/designee shall stockpile at least a fourteen (14) day supply of the following: (All supplies shall be secured in a locked area)
  - Personal protective equipment for medical staff to include: gloves face masks, eye-shields and gowns;
  - Personal protective equipment for all staff having direct contact with youth to include: gloves and face masks; and
  - Routinely used medical supplies, including tissues.
- f. Management of Personal Protective Equipment (PPE): The classification of all employee positions into one of the following four risk categories;
  - i. Very high exposure risk- occupations are those with high potential exposure to high concentrations of known or suspected sources of pandemic influenza during specific medical or laboratory procedures.



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- ii. High exposure risk- occupations are those with high potential for exposure to known or suspected sources of pandemic influenza virus.
- iii. Medium exposure risk- occupations include jobs that require frequent, close contact (with in six (6) feet) exposures to known or suspected sources of pandemic influenza virus such as direct care staff, counselors, educational staff
- iv. Lower exposure risk (caution) - occupations are those that do not require contact with people known to be infected with the pandemic virus, nor frequent close contact (within six (6) feet) with the public such as human resources, Information technology, business office/ administration/ clerical support, food service workers, volunteers, contract workers.

Note: Neither facemasks nor respirators are recommended for employees at lower risk of exposure to pandemic influenza.

4. Phase 5 (Pandemic Alert Period):

- a. Larger cluster(s), human-to-human spread is still localized; suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk). Examples include, ongoing cluster-related transmission, but total number of cases is not rapidly increasing, e.g., a cluster of 25-50 cases lasting from two to four weeks. Ongoing transmission, but cases appear to be localized (remote village, university, military base, island). In a community known to have a cluster, appearance of a small number of cases whose source of exposure is not readily apparent (e.g., beginning of more extensive spread).
- d. Refer to *Phase 3*, Sections: Health Education, Communication, and Public Service Announcements; Early Monitoring; and Case Reporting.
- c. Refer to *Phase 4*, Sections: Prevention or Delay of Pandemic Influenza Virus and Limiting the Transmission of Influenza.

5. Phase 6 (Pandemic Period): During the pandemic phase 6, additional subdivisions may be defined by WHO, based on the extent of disease.

- a. Nurses and facility staff directly caring for sick youth shall adhere to basic infection control principles for preventing the spread of pandemic influenza. Details of how these principles may be applied in the facility setting include the follow:
  - Standard Precautions: Pay careful attention to hand hygiene before and after all patient contact or contact with items potentially contaminated with respiratory secretions. Limit contact between infected and non-infected persons and perform hand hygiene after contact with infectious patients.

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- Contact Precautions: Use gloves and gowns for all patient contact. Use dedicated equipment such as stethoscopes, disposable blood pressure cuffs, disposable thermometers, etc.
    - Eye Protection (i.e., goggles or faces shields): Wear when within 3 feet of the patient.
    - Airborne Precautions: Face Mask
  
- b. To maintain infection control standards, facility staff, including health care personnel shall:
  - Limit contact between non-essential personnel and other persons (e.g., social visitors) and patients who are ill with pandemic influenza.
  - Instruct persons who have “flu-like” symptoms to use respiratory hygiene/cough etiquette and use mask as necessary.
  - Patients with known or suspected pandemic influenza should be placed on droplet precautions for a minimum of 5 days from the onset of symptoms. Because immune compromised patients may shed virus for longer periods, they may be placed on droplet precautions for the duration of their illness. Healthcare personnel should wear appropriate Personal Protective Equipment (gloves, gown, and mask).
  - Isolate infected youth with confirmed influenza. Youth may be admitted to single cells in the facility as space allows. The Facility Administrator in consultation with the Director of Medical Services shall designate an area in the facility that may be used for quarantine purposes when the number of infectious and exposed contacts exceeds the number of single cell rooms. The facility physician shall be responsible for ordering isolation when necessary. The facility physician in consultation with the MDH Department of Epidemiology and/or the Office of Emergency Preparedness shall be responsible for declaring the necessity of quarantine.
  - Promote social distancing in common areas (i.e., sit or stand as far away as possible – at least 3 feet – from potentially infectious persons) to limit contact between symptomatic and non-symptomatic individuals.
  - If the pandemic virus is associated with diarrhea, contact precautions (i.e., gowns and gloves for all patient contact) should be added.
  - For youth requiring emergency medical services refer to policy XI.26 Medical Consultation and Hospitalization. Staff shall be referred to their local health care provider or emergency care facility.
  
- c. These precautions should be continued for 14 days after onset of symptoms or until either an alternative diagnosis is established or diagnostic test results indicate that the patient is not infected with influenza A virus. The Center for Disease Control (CDC) shall update these recommendations if changes occur in the anticipated pattern of transmission ([www.cdc.gov/flu](http://www.cdc.gov/flu)).
  
- E. Oakley shall use the following phases for pandemic flu alert as a guideline for necessary actions. The three (3) phases of pandemic alert shall indicate the seriousness

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of the threat and the need to launch progressively more intense preparedness activities as noted below see also XI.39.B.1-3.

Oakley Alert Phase	World Health Organization (WHO) and United States Government (USG) Pandemic Response Stages	Case Location
Green	WHO Inter-Pandemic Period Phases 1-2; USG stage zero (0)	New domestic animal outbreak in at-risk country
Yellow	WHO Pandemic Alert Phases 3-5; USG Stages 1-2	Confirmed Human Outbreak Overseas First Human Case in the mainland United States
Red	WHO Pandemic Alert Period Phases 3-5; USG stages 3-6	Spread throughout United States First Human Case in Mississippi or neighboring states Recovery and Preparation for Subsequent Waves

#### F. Surveillance and Monitoring

1. Case Reporting: The Director of Medical Services/ designee shall submit a daily report to include the number of: new cases, emergency/hospital referrals, ill youth, ill staff, and deaths to the Facility Administrator. Refer to section C of this report, Surveillance and Monitoring.
  - a. Additionally, the Director of Medical Services shall be responsible for reporting outbreaks of influenza, as defined in the definition section of this, to their local county health department and/or Department of Epidemiology.
  - b. The Director of Medical Services shall be responsible for reporting outbreaks of influenza to the MDH, Facility Administrator as soon as the presence of an outbreak in an institution is confirmed.
2. The Director of Medical Services shall monitor the capacity and capability of their local hospitals to provide continuity of critical hospital services. Hospital or community health provider may establish a nonstandard approach to the use of hospital resources, possibly including the use of all space and equipment available; relaxation of qualifications and credentials; consideration of off-site placement of patients; and expanded mortuary services capacity.

G. The Director of Medical Services shall establish an emergency staffing plan, due to call-offs and/or increased numbers of ill youth. Assistance through contractual nursing services shall be utilized.

H. The Director of Medical Services/designee, Facility Administrator and Director of Operations (warehouse) shall review at least annually pharmaceutical and medical supplies procurement procedures during a pandemic event.

I. The Director of Medical Services shall revise this policy as necessary.