

# 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](http://www.pandemicflu.gov). For information on general emergency planning and continuity of operations, see [www.ready.gov](http://www.ready.gov).

## Develop a pandemic influenza preparedness and response plan

| Completed  | In Progress                                       | Not Started  |  |                          |   |  |                          |                 |  |       |  |   |  |  |  |                  |  |  |  |                                   |  |  |  |
|--|---|--|--|--------------------------|---|--|--------------------------|-----------------|--|-------|--|---|--|--|--|------------------|--|--|--|-----------------------------------|--|--|--|
| <input type="checkbox"/>                               | <input type="checkbox"/>                          | <input type="checkbox"/>                               | 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," <a href="http://www.pandemicflu.gov/plan/states/index.html">www.pandemicflu.gov/plan/states/index.html</a> and <a href="http://www.fema.gov/emergency/nims/index.shtm">http://www.fema.gov/emergency/nims/index.shtm</a> . |                          |   |  |                          |                 |  |       |  |   |  |  |  |                  |  |  |  |                                   |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/>                          | <input type="checkbox"/>                               | 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.  |                          |   |  |                          |                 |  |       |  |   |  |  |  |                  |  |  |  |                                   |  |  |  |
|  |   |  | <table border="1"> <thead> <tr> <th></th> <th>Pandemic Influenza Preparedness (PIP) Coordinator</th> <th>Alternate PIP Coordinator</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td></td> <td></td> </tr> <tr> <td>Title</td> <td></td> <td></td> </tr> <tr> <td>Contact Information (Office phone, cell phone, e-mail)</td> <td></td> <td></td> </tr> </tbody> </table>   |                          | Pandemic Influenza Preparedness (PIP) Coordinator | Alternate PIP Coordinator                              | Name                     |                 |  | Title |  |   | Contact Information (Office phone, cell phone, e-mail) |  |  |                  |  |  |  |                                   |  |  |  |
|  | Pandemic Influenza Preparedness (PIP) Coordinator | Alternate PIP Coordinator                              |  |                          |   |  |                          |                 |  |       |  |   |  |  |  |                  |  |  |  |                                   |  |  |  |
| Name   |   |  |  |                          |   |  |                          |                 |  |       |  |   |  |  |  |                  |  |  |  |                                   |  |  |  |
| Title  |   |  |  |                          |   |  |                          |                 |  |       |  |   |  |  |  |                  |  |  |  |                                   |  |  |  |
| Contact Information (Office phone, cell phone, e-mail) |   |  |  |                          |   |  |                          |                 |  |       |  |   |  |  |  |                  |  |  |  |                                   |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/>                          | <input type="checkbox"/>                               | 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.  |                          |   |  |                          |                 |  |       |  |   |  |  |  |                  |  |  |  |                                   |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/>                          | <input type="checkbox"/>                               | Committee Name: _____<br>Appoint members of the planning committee to include (as applicable in different settings) the representatives listed in the table below: <table border="1"> <thead> <tr> <th>Committee Representative</th> <th>Name and Title</th> <th>Contact Information (office phone, cell phone, e-mail)</th> <th>Alternate Representative</th> </tr> </thead> <tbody> <tr> <td>PIP Coordinator</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary/ Commissioner/ Warden/Sheriff/ Director</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medical Director</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Health Services Representative(s)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   | 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) |  |  |  |
| 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)                      |   |  |  |                          |   |  |                          |                 |  |       |  |   |  |  |  |                  |  |  |  |                                   |  |  |  |

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

| Completed                                    | In Progress                  | Not Started  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
|--|------------------------------|--|---|-------------------------------|------------------------------|--|---------------------------|--|--|---------------------------|--|---------------------------------|--------------------------------|--|--|---------------------------------------|--|--|--|-----------------------------|--|--|--|-------------------------|--|--|--|--|--|--|--|-------------------|--|--|--|--------------------------------------|--|--|--|---------------------------------------|--|--|--|--------------------------------|--|--|--|---------------|--|--|--|
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| Committee Representative                     | Name and Title               | Contact Information (office phone, cell phone, e-mail) | Alternate Representative  |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
|  |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Infection control expert</b>              |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Environment Health Officer/POC</b>        |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Maintenance Director</b>                  |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Staff Trainer(s)</b>                      |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Dietary Services Coordinator/Director</b> |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Pharmacist</b>                            |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Security Coordinator/Director</b>         |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Human Resources Representative</b>        |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Communications Director</b>               |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Others</b>                                |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <input type="checkbox"/>                     | <input type="checkbox"/>     | <input type="checkbox"/>                               | <p>Establish points of contact for influenza pandemic preparedness in the local and State health departments (table below is provided as a guide).<br/>                     (See: <a href="http://www.pandemicflu.gov/state/statecontacts.html">http://www.pandemicflu.gov/state/statecontacts.html</a>)</p> <table border="1"> <thead> <tr> <th>Agency</th> <th>Contact Name(s) and Title(s)</th> <th>Contact Information (office phone, cell phone, e-mail)</th> </tr> </thead> <tbody> <tr><td><b>Local Health Dept.</b></td><td></td><td></td></tr> <tr><td><b>State Health Dept.</b></td><td></td><td></td></tr> <tr><td><b>State Corrections Dept.</b></td><td></td><td></td></tr> </tbody> </table>  | Agency                        | Contact Name(s) and Title(s) | Contact Information (office phone, cell phone, e-mail) | <b>Local Health Dept.</b> |  |  | <b>State Health Dept.</b> |  |                                 | <b>State Corrections Dept.</b> |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| Agency                                       | Contact Name(s) and Title(s) | Contact Information (office phone, cell phone, e-mail) |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Local Health Dept.</b>                    |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>State Health Dept.</b>                    |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>State Corrections Dept.</b>               |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <input type="checkbox"/>                     | <input type="checkbox"/>     | <input type="checkbox"/>                               | <p>Establish linkages with local, regional or State emergency preparedness groups (table below is provided as a guide).</p> <table border="1"> <thead> <tr> <th>Emergency Preparedness Groups</th> <th>Contact Name and Title</th> <th>Contact Information (office phone, cell phone, e-mail)</th> </tr> </thead> <tbody> <tr><td><b>City</b></td><td></td><td></td></tr> <tr><td><b>County</b></td><td></td><td></td></tr> <tr><td><b>Other regional</b></td><td></td><td></td></tr> </tbody> </table>   | Emergency Preparedness Groups | Contact Name and Title       | Contact Information (office phone, cell phone, e-mail) | <b>City</b>               |  |  | <b>County</b>             |  |                                 | <b>Other regional</b>          |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| Emergency Preparedness Groups                | Contact Name and Title       | Contact Information (office phone, cell phone, e-mail) |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>City</b>                                  |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>County</b>                                |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <b>Other regional</b>                        |                              |  |   |                               |                              |  |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| <input type="checkbox"/>                     | <input type="checkbox"/>     | <input type="checkbox"/>                               | <p>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).</p> <table border="1"> <thead> <tr> <th>Acute Care Hospital</th> <th>Liaison(s) Name and Title</th> <th>Contact Information (office phone, cell phone, e-mail)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>   | Acute Care Hospital           | Liaison(s) Name and Title    | Contact Information (office phone, cell phone, e-mail) |                           |  |  |                           |  |                                 |                                |  |  |                                       |  |  |  |                             |  |  |  |                         |  |  |  |  |  |  |  |                   |  |  |  |                                      |  |  |  |                                       |  |  |  |                                |  |  |  |               |  |  |  |
| 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              |  |           |  |      |  |       |  |   |  |
|---|--------------------------|--------------------------|--|-----------|--|------|--|-------|--|---|--|
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | Designate authority (and back-up individuals) to activate the correctional system pandemic influenza plan.   |           |  |      |  |       |  |   |  |
|   |                          |                          | <table border="1"> <thead> <tr> <th colspan="2">Authority</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Title</td> <td></td> </tr> <tr> <td>Contact Information<br/>(Office phone, cell phone, e-mail)</td> <td></td> </tr> </tbody> </table>  | Authority |  | Name |  | Title |  | Contact Information<br>(Office phone, cell phone, e-mail) |  |
| Authority   |                          |                          |  |           |  |      |  |       |  |   |  |
| Name  |                          |                          |  |           |  |      |  |       |  |   |  |
| Title   |                          |                          |  |           |  |      |  |       |  |   |  |
| Contact Information<br>(Office phone, cell phone, e-mail) |                          |                          |  |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | 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.  |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | Ensure all staff are familiar with the local Incident Command System (ICS) and understand the roles and persons assigned within that structure. See <a href="http://www.fema.gov/emergency/nims/index.shtm">http://www.fema.gov/emergency/nims/index.shtm</a> for more information.  |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | 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.               |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | Obtain relevant sections of the Department of Health and Human Services Pandemic Influenza Plan (available at <a href="http://www.hhs.gov/pandemicflu/plan">http://www.hhs.gov/pandemicflu/plan</a> ) for incorporation into the system or facility plan, as appropriate.  |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | 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: <a href="http://www.pandemicflu.gov/plan/stateplans.html">http://www.pandemicflu.gov/plan/stateplans.html</a> ). |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | Describe organizational structure that will be used to implement the plan.   |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | Include provisions for timely and periodic review and revision of the plan, including dated history of revisions and clear identification of most current plan.  |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | 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.  |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | 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.  |           |  |      |  |       |  |   |  |
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | 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              |  |                    |  |           |      |  |  |       |  |  |   |  |  |
|---|--------------------------|--------------------------|--|--------------------|--|-----------|------|--|--|-------|--|--|---|--|--|
| <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> | Assign a person(s) (with a back-up identified) the responsibility for monitoring Federal and State public health advisories using the internet ( <a href="http://www.pandemicflu.gov">www.pandemicflu.gov</a> ) 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. |                    |  |           |      |  |  |       |  |  |   |  |  |
|   |                          |                          | <table border="1"> <thead> <tr> <th colspan="2">Responsible Person</th> <th>Alternate</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td></td> <td></td> </tr> <tr> <td>Title</td> <td></td> <td></td> </tr> <tr> <td>Contact Information<br/>(Office phone, cell phone, e-mail)</td> <td></td> <td></td> </tr> </tbody> </table>  | Responsible Person |  | Alternate | Name |  |  | Title |  |  | Contact Information<br>(Office phone, cell phone, e-mail) |  |  |
| Responsible Person  |                          | Alternate                |  |                    |  |           |      |  |  |       |  |  |   |  |  |
| Name  |                          |                          |  |                    |  |           |      |  |  |       |  |  |   |  |  |
| Title   |                          |                          |  |                    |  |           |      |  |  |       |  |  |   |  |  |
| Contact Information<br>(Office phone, cell phone, e-mail) |                          |                          |  |                    |  |           |      |  |  |       |  |  |   |  |  |

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

| Completed  | In Progress              | Not Started              |   |  |                    |           |      |  |  |       |  |  |  |  |  |
|--|--------------------------|--------------------------|---|--|--------------------|-----------|------|--|--|-------|--|--|--|--|--|
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p><b>A plan for surveillance (monitoring) and detection of seasonal and pandemic influenza in inmates and staff (see <a href="http://www.hhs.gov/pandemicflu/plan/sup1.html">www.hhs.gov/pandemicflu/plan/sup1.html</a>). The plan should ensure:</b></p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>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).<br/>See: <a href="http://www.cdc.gov/flu/professionals/diagnosis/">http://www.cdc.gov/flu/professionals/diagnosis/</a>. 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.</p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>Create a protocol for the detection, evaluation, diagnosis and treatment of inmates and personnel with symptoms of pandemic influenza. (see: <a href="http://www.hhs.gov/pandemicflu/plan/sup5.html">http://www.hhs.gov/pandemicflu/plan/sup5.html</a>).</p>   |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>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).</p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p><b>A communication plan. See: <a href="http://www.hhs.gov/pandemicflu/plan/sup10.html">http://www.hhs.gov/pandemicflu/plan/sup10.html</a>.</b></p>   |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>Assign responsibility for communication with public health authorities and within the corrections system for planning and response.</p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
|  |                          |                          | <table border="1"> <thead> <tr> <th data-bbox="529 679 814 722"></th> <th data-bbox="823 679 1226 722">Responsible Person</th> <th data-bbox="1234 679 1570 722">Alternate</th> </tr> </thead> <tbody> <tr> <td data-bbox="529 722 814 765">Name</td> <td data-bbox="823 722 1226 765"></td> <td data-bbox="1234 722 1570 765"></td> </tr> <tr> <td data-bbox="529 765 814 808">Title</td> <td data-bbox="823 765 1226 808"></td> <td data-bbox="1234 765 1570 808"></td> </tr> <tr> <td data-bbox="529 808 814 894">Contact Information (Office phone, cell phone, e-mail)</td> <td data-bbox="823 808 1226 894"></td> <td data-bbox="1234 808 1570 894"></td> </tr> </tbody> </table> |  | Responsible Person | Alternate | Name |  |  | Title |  |  | Contact Information (Office phone, cell phone, e-mail) |  |  |
|  | Responsible Person       | Alternate                |   |  |                    |           |      |  |  |       |  |  |  |  |  |
| Name   |                          |                          |   |  |                    |           |      |  |  |       |  |  |  |  |  |
| Title  |                          |                          |   |  |                    |           |      |  |  |       |  |  |  |  |  |
| Contact Information (Office phone, cell phone, e-mail) |                          |                          |   |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>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).</p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p>   |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>Ensure that communications are available in appropriate formats for individuals with disabilities (e.g., visual or hearing impairments) and limited English proficiency.</p>   |  |                    |           |      |  |  |       |  |  |  |  |  |
|  |                          |                          | <p><b>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.</b></p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>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: <a href="http://www.cdc.gov/flu/professionals/training/">http://www.cdc.gov/flu/professionals/training/</a>).</p>   |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>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 <a href="http://www.cdc.gov/flu/groups.htm">www.cdc.gov/flu/groups.htm</a> and <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm">www.cdc.gov/flu/professionals/infectioncontrol/index.htm</a>).</p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>Pre-identify, perform background checks, credential and train personnel who will be brought in for surge capacity.</p>   |  |                    |           |      |  |  |       |  |  |  |  |  |
|  |                          |                          | <p><b>An infection control plan for managing inmates and visitors with pandemic influenza that includes the following:</b></p>  |  |                    |           |      |  |  |       |  |  |  |  |  |
| <input type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p>  |  |                    |           |      |  |  |       |  |  |  |  |  |







