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DENVER SHERIFF

Operational Plan

Swine Flu Pandemic Incident

Director Bill Lovingier

APRIL 28, 2009



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Historical Significance

- **1857-1859: INFLUENZA**
- **1863-1875: CHOLERA**
- **1889-1892: INFLUENZA**
- **1899-1923: CHOLERA**
- **1918-1920: AVIAN FLU: SPANISH FLU: MORE**
PEOPLE WERE HOSPITALIZED IN **WORLD WAR I** FROM
THIS EPIDEMIC THAN WOUNDS. ESTIMATES OF THE
DEAD RANGE FROM 20 TO 40 MILLION WORLDWIDE
(WHO)
- **1957-1958 ASIAN FLU**
FIRST IDENTIFIED IN CHINA FEBRUARY 1957
SPREAD TO US BY JUNE 1957
70,000 DEATHS IN THE UNITED STATES

- **1960S: CHOLERA CALLED *EL TOR***
- **1980S TO PRESENT: AIDS**

- **1990S TO PRESENT: SARS**

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THE CURRENT SWINE INFLUENZA OUTBREAK

- H1N1 VIRUS
- ON APRIL 26, 2009 THE CDC DECLARED A PUBLIC HEALTH EMERGENCY FOR THE UNITED STATES
- STRAIN OF SWINE INFLUENZA COMBINED WITH AVIAN AND HUMAN INFLUENZA
- FIRST OUTBREAK IN MEXICO APRIL 14TH, 2009
- OVER 2000 **REPORTED** SICKENED AND OVER 149 DEATHS IN MEXICO THUS FAR
- 68 CONFIRMED CASES IN THE UNITED STATES
- STATES WITH CONFIRMED CASES: CALIFORNIA, KANSAS, TEXAS, OHIO, NEW YORK. NO DEATHS REPORTED IN THE UNITED STATES. MILD INFLUENZA LIKE SYMPTOMS.
- CASES ALSO **REPORTED** IN BRAZIL.
- THERE ARE CONFIRMED CASES IN CANADA, FRANCE, SPAIN, ISRAEL, SCOTLAND, NEW ZEALAND.
- SO FAR THE VIRUS STRIKES A HIGHER % OF MEN, 63%., ALSO THE DEATHS HAVE PRIMARILY OCCURRED IN VICTIMS BETWEEN THE AGES OF 20-40. MORTALITY RATE IS AT 7%.
- IS RESPONSIVE TO TAMIFLU AND ZANAMIVIR
- ON APRIL 27, 2009 PRESIDENT OBAMA DECLARED A PUBLIC HEALTH EMERGENCY FOR THE UNITED STATES
- THE WORLD HEALTH ORGANIZATION HAS RAISED THE PANDEMIC LEVEL TO PHASE 4.
- ACCORING TO DSD MEDICAL STAFF- ONE CONFIRMED CASE WITHIN OUR FACILITY WOULD CONSTITUTE ENACTING OUR PANDEMIC PLAN.
- THERE IS ONE REPORTED CASE IN COLORADO AS OF YET IT IS UNCONFIRMED

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PHASES OF A PANDEMIC **WORLD HEALTH ORGANIZATION**

PHASE ONE - 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 OF HUMAN INFECTION OR DISEASE IS CONSIDERED TO BE LOW

PHASE TWO - NO NEW INFLUENZA VIRUS SUBTYPES HAVE BEEN DETECTED IN HUMANS. HOWEVER, A CIRCULATING ANIMAL INFLUENZA VIRUS SUBTYPE POSES A SUBSTANTIAL RISK OF HUMAN DISEASE.

PHASE THREE - HUMAN INFECTION(S) WITH A NEW SUBTYPE, BUT NO HUMAN-TO-HUMAN SPREAD, OR AT MOST RARE INSTANCES OF SPREAD TO A CLOSE CONTACT.

PHASE FOUR - SMALL CLUSTER(S) WITH LIMITED HUMAN-TO-HUMAN TRANSMISSION BUT SPREAD IS HIGHLY LOCALIZED, SUGGESTING THAT THE VIRUS IS NOT WELL ADAPTED TO HUMANS. **THE W.H.O. RAISED THE ALERT TO A LEVEL 4 ON 4/27/09**

PHASE FIVE - 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).

PHASE SIX - PANDEMIC: INCREASED AND SUSTAINED TRANSMISSION IN GENERAL POPULATION.

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SWINE FLU PANDEMIC EVENT 2009

MISSION

The Denver Sheriff Department operational mission is to ensure a safe environment for employees, the public and inmates in our custody during this event. Our goals will be to:

- Limit the number of illnesses and deaths within our facilities and community
- Preserve continuity of essential government function
- Minimize fiscal impact on the City and County of Denver

This plan will be coordinated with other preparedness plans of the community, state and federal agencies.

GENERAL GUIDELINES

GENERAL POLICIES:

- A. The Denver Sheriff Department will work in cooperation with Denver Public Health, the State Board of Health, the CDC, and the City and County of Denver during a pandemic event.
- B. The Denver Sheriff Department will ensure notification of communications to appropriate state and federal agencies.
- C. The Denver Sheriff Department will utilize the National Incident Management System (NIMS) as the organizational basis for response to health emergencies.
- D. The appointed Incident Commander will retain the role until the threat to public safety is abated or the incident command is transferred to the appropriate state or federal agency.
- E. Appropriate information will be shared with the public through the P.I.O. Staff and inmate information will come through the P.I.O, Director of Corrections office or designee.
- F. The Denver Sheriff Department will adhere to appropriate medical ethics and practice when allocating resources.
- G. Information will be shared with Denver County Health and emergency management agencies at appropriate levels.
- H. Denver Sheriff Personnel will have a working knowledge of this plan.

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- I. All Denver Sheriff Personnel will follow established safety and health guidelines.

ASSUMPTIONS:

- A. The current influenza outbreak may result in widespread infection globally, causing simultaneous impacts to the community, state and Federal agencies.
- B. The World Health Organization and the Center for Disease Control have heightened global, national and local surveillance.
- C. The City and County may not be able to rely on mutual aid resources, State or Federal assistance to support local response efforts.
- D. A Vaccine for the swine flu is currently unavailable.
- E. Antivirals may be in short supply and prioritized by Denver Health for use in hospitalized patients.
- F. The number of infected patients could overwhelm area hospitals
- G. The number of ill inmates could overwhelm CCMF and the County Jail medical unit.
- H. Social distancing measures could be put into place such as closing of schools, non essential government offices, community centers, and the cancellation of public events.

RESPONSIBILITIES:

- A. To provide for the safety of the inmate population entrusted to the Care and Custody of The Denver Sheriff Department
- B. To provide for the safety of the Denver Sheriff Department Personnel.
- C. To enforce quarantine as directed.
- D. To provide scene security as directed.

REPORTS

The Operations Section Chief or designee will be responsible for completing an After-Action Report in full pandemic on a daily basis..

All reports must be forwarded to the Operations Office, at the end of each shift.

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INCIDENTS

Any unusual activity related specifically to the pandemic event will be reported to the command post or supervision.

EQUIPMENT

Incident Command will assist in the procurement and dissemination of PPE. Staff will receive items such as masks, gloves, gowns and eye shields before reporting to their post.

It is estimated that the following items will be needed to sustain the Department Personnel in a pandemic event.

N95 Masks

Paper Gowns (for staff working with ISO/Quarantine)

Gloves

Eye Shields (reusable protective eyewear.)

Roll Call Hours

Staffing the facilities may require 12 hours shifts due to absenteeism or increased work load. Roll Calls will still be held in the briefing room. Supervisors will hold equipment and uniform inspections, (each officer should have their respirator at the facility.)

1ST WATCH: 0541-1800

2ND WATCH: 1741-0600

All Supervisors/Command Officers scheduled for this event will meet at Operations at 0520 hours and 1720 hours to brief with the Incident Commander and discuss any last minute changes/issues for the day; this is for information exchange between the IC and the Section Captains.

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ADDITIONAL STAFFING AND RESOURCES

- The On-Call Public Information Officer is Captain Frank Gale. He can be contacted on his Nextel (303) 435-0732.
- Peer Support has established an information line for families to contact 720-490-3215.
- Mutual Aid may be needed/DOC/ other county SO's

<u>Related Standards</u>	<u>Date Effective:</u> <u>DRAFT</u>	<u>Pages</u>

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Subject: Communicable Disease Response

PURPOSE: The purpose of this document is to establish procedures for quarantining, isolating or evacuating areas in response to an infectious disease outbreak. It is the purpose of the Denver Sheriff Department to take into consideration all Federal, State and municipal medical procedures and standards when dealing with an incident.

POLICY: It is the goal of the Denver Sheriff Department to minimize risk to the officers and inmates during an outbreak, while at the same time making every effort to provide a safe and secure environment to all persons who may be confined within a contaminated area or facility.

DEFINITIONS

Communicable Diseases: An illness caused by a specific infectious agent or its toxic products that arises through transmission of an agent or its products from an infected person, animal or inanimate source to a susceptible host; either directly or indirectly through an intermediate plant or animal host, vector or the inanimate environment. A single case of disease long absent from a population may require immediate investigation. **(Control of Communicable Diseases Manual 18th Edition.)**

Contagious/ Quarantinable Diseases: Cholera; Diphtheria; infectious Tuberculosis; Plague; Smallpox; Yellow Fever; and Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Acute Respiratory Syndrome (SARS). *May include viral influenza during a pandemic or other novel and highly infectious diseases.* **(presidential executive order 13295, and 25-1-650, C.R.S)**

Epidemic: Cases of an illness or condition, communicable or non-communicable, caused by bioterrorism, pandemic influenza, or novel and highly fatal infectious agents or biological toxins. **(24-32-2103, C.R.S.) Local, Regional or Statewide event.**

Pandemic: An epidemic occurring over a very wide area (several countries or continents) and usually affecting a large population. **(CDC) Statewide, National Region, National or larger event.**

Pandemic Influenza: A widespread epidemic of influenza caused by a highly virulent strain of the influenza virus **(24-32-2103, C.R.S.)**

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Isolation: Isolation refers to the separation of persons who have a specific infectious disease from those who are healthy, and the restriction of their movement to stop the spread of disease. **(CDC)**

Quarantine: Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. **(CDC)**

Health Authority: Inmate Medical Service Provider, Denver Health Authority, State Health Department, CDC or other recognized entity.

Patient: Any person identified as being infected or possibly infected until cleared by medical staff.

COMMUNICATION AND EDUCATION:

- When an epidemic or pandemic has been confirmed in the Denver metro area by a health authority, consultation will be made with the Director of Corrections or designee, the departments' medical provider or other health authority to determine what additional medical screening processes may need to be implemented in an effort to identify persons being processed into our custody who display signs or symptoms consistent with the declared epidemic or pandemic.
- The departments health care provider will meet with the department's command staff, the appointed incident commander, and other's identified by the Director of Corrections, or designee to determine a proposed course of action for the evaluation, diagnosis and treatment of both inmates and personnel, creation of informational material for staff and inmates that includes basic information about the contagion, transmission routes, precautions to limit transmission, signs and symptoms to look for (self screening) and other information as may be appropriate. Appropriate personal protective equipment will be identified, procures and issued as necessary and appropriate to staff and inmates.
- Educational material should be read in briefings for staff and posted in inmate housing areas in English and Spanish for inmates.

During cold and Flu season, staff should be encouraged to obtain flu shots or take advantage of other means shown to reduce the likelihood of infection from seasonal cold/flu.

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INTAKE AND IN CUSTODY SCREENING AND TRACKING:

Persons displaying symptoms upon entering DSD facilities will not be allowed entry as is consistent with existing policy and procedure currently regarding sick and injured inmates (PADF procedure manual section 102). These persons will be directed to DHMC.

Inmates already in our custody will be screened by the department's medical staff for any signs or symptoms of disease. Inmates that present with flu symptoms such as coughing, sneezing, fever, nausea etc. DSD staff will call the medical unit immediately and the inmate will be sent to medical for evaluation. The medical staff will implement a tracking system of identified inmates and these inmates will be tracked until released from the custody of the Denver Sheriff Department.

FACILITY ISOLATION AND QUARANTINE AREAS:

The medical unit is the primary isolation and quarantine area within our facilities. If the population of patients that needs to be isolated or quarantined exceeds the capacity of the facilities medical, the following actions may be considered:

- Infected or possibly infected inmates will be confined to their cells if in a cell block.
 - One or more pods in building 22 at the COJL may be converted to a quarantine and isolation housing area, this building has a separate air handling system apart from the main jail.
 - An alternative to building 22, would be to open the tent, gym or both.
 - Housing areas with a large number of symptomatic inmates will be closed off to new book-ins and used for isolation and quarantine.
 - Female inmates who are infected will originally be kept in building 4, if building 4 is at capacity 21 E dorm will be emptied out and utilized as a back up.
 - If pre defined areas are nearing capacity a meeting will be held between the department's health care provider, command staff, maintenance supervisor, and other s as necessary and identified by the Director of Corrections or designee or Incident Commander to determine additional isolation/quarantine areas.
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- 1. This may include relocation of PADF duties such as bookings and Courts to the COJL and utilizing PADF as isolation and quarantine housing (also dependent on where the disease first strikes.)**
- 2. If serious enough closing facilities to new intakes and moving operations to a back-up location(s).**
- 3. May involve meeting with others on a regional level (mutual aid).**
- 4. New book-ins may be staged in building 6 or 8 for a few days after arrival to assure they do not have symptoms.**

INMATE MOVEMENT

- Inmates identified as needing to be quarantined or isolated will be restricted to their housing units.
- When inmate patients are being moved from their housing areas to isolation, appropriate safety precautions should be taken by DSD personnel.
- Inmates identified as infected or possibly infected will be reported to the courts in an effort to reschedule any pending court appearances until the inmate has been medically cleared.
- In the case of a local pandemic a policy for release of ill inmates will be discussed with local health authorities.
- If another county is experiencing a pandemic issue in a facility, restricting inmate movement to and from that facility may be necessary. Inter agency cooperation is paramount.
- Social distancing is the key to surviving any pandemic. Issues will arise that may require further attention in this area. These issues will be handled by the Incident Commander, Director of corrections or designee.
- In the event of a full pandemic, inmate kitchen workers coming from building 20 will have their temperature taken before entering the kitchen facility and will be REQUIRED to shower upon entering and exiting the central kitchen facility.

PROGRAMS AND ACTIVITES

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- **Inmate group activities such as counseling, religious gatherings, group meals, library, recreation, visits etc. may be cancelled for all or part of the facility in order to achieve social distancing in an effort to help reduce the transmission and spread of the contagion. The decision to implement social distancing protocols will be made by the IC, Director of corrections, or designee based on input from the health care provider.**

ISOLATION AND QUARANTINE

- Arrangements will be made to house infected and possibly infected persons in the infirmary, CCMF or other appropriate health care facility.
- If possible, inmates who are transferred into isolation or quarantine housing should be housed alone. When this is not possible, persons who are confirmed as being infected (isolation) will be housed together first, followed by housing those suspected of being infected or exposed (quarantine). Inmates classified in either category who are housed together will be issued face masks to prevent further transmission.
- Once an inmate is medically cleared, they may be transferred out of the quarantine/isolation housing. The inmate will be required to clean the cell they were housed in unless they have a cell mate who will continue to occupy the cell. Cleaning will involve wiping of all surfaces, including mattress according to the COJL mattress cleaning directive.
- The medical provider has the authority to restrict inmate work or any other activity that may put the institution at risk.

PATIENT CONTACT AND PRECAUTIONS:

When it is required that a staff member comes in contact with a patient, staff members shall adhere to the following instructions:

- All staff working within an isolation/quarantined area with patients should thoroughly wash hands before and after patient contact, wear a face mask and gloves. These are standard for dealing with an influenza type of pandemic.
 - In more extreme cases, and upon recommendation of the Health Authority, use of gloves and gowns, as well as eye protection and respirators may be necessary when working with patients in an isolation area.
 - It is recommended that staff working inside infected zones bring a change of clothes to change into before leaving work, bag the
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uniform for cleaning, and wipe down all leather and shoes with an antibacterial wipe. A clean uniform should be worn in each day.

- Practicing of basic hygiene to include hand washing, use of antibacterial dispensers, cough etiquette, etc.. is recommended.
- Any PPE recommendations will come from the medical services provider, or the IC, Director of Corrections or designee.
- The department will make an effort to maintain an adequate supply of masks, gowns, gloves, face shields, etc.. necessary to deal with the event for both officers and inmates as recommended by the Health Authority.

FACILITY ACCESS

During a declared incident, access to facilities may be limited to authorized personnel only. Persons such as clergy, public defenders, volunteers etc. who are normally authorized to visit may be denied entry or authorized to only utilize the video visitation. Decisions regarding limitation of entry of normally authorized persons will be made by the IC, Director of Corrections, or designee based on recommendations of the Health Authority.

VISITATION

Depending upon the scope of the event, visitation, including video visitation may be restricted to maintain social distancing. If video visitation does take place, the phone and screen of each booth used must be decontaminated utilizing antibacterial wipes to prevent possible spread of the contagion. Decisions on visitation will be made by the IC, Director of Corrections, or designee based on recommendations of the Appointed Health Authority.

HOUSE KEEPING

During and epidemic or pandemic cleanliness is extremely important. In addition to the regular house keeping that is done daily in the various inmate housing areas additional house keeping will need to include wiping of hard or nonporous surfaces with an approved disinfectant several times

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a day. It is recommended that house keeping tasks during this time comply with the recommendations of the CDC or other Health Authority.

The central kitchen will step up their cleaning schedule from twice a day to four times a day. Cleaning will take place mid shift for both A.M. and P.M. crews.

STAFFING

In a pandemic event it can be assumed that up to 30% of the DSD staff may not respond to work due to illness or a family member's illness. To encourage those who are sick to stay home and out of the facility, if a staff member has a documented case of the contagion for either themselves or a family member, the sick call will count as authorized sick leave.

- Activities may be cancelled or modified and staffing needs may change during an incident. It is also possible that there may be a shortage of staff due to infection or infection of a staff family member. Supervisors are to make efforts to maintain minimum staffing levels and in the event they are not able to, they are authorized to cancel non-essential activities and if necessary lock down the facility to help ease staffing level issues.
- If it is felt that an employee is displaying signs or symptoms of being infected they are to be sent home or to see their primary care physician. The medical provider has the authority to restrict officer or staff work or any other activity that may put the institution at risk.
- Staff are required to self evaluate themselves daily and are to report any signs or symptoms consistent with the contagion to their primary medical provider and supervisory personnel.
- Staff who are working isolation and quarantine housing areas are restricted from working in other units or assignments.

VACCINES AND PROPHYLAXIS

Generally, in the event of an epidemic or pandemic, the incident is managed or overseen by Health Authorities. The Department will work with the health care provider, Denver Health, state health department, and others as necessary to

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address prioritization of personnel and inmates to be vaccinated or treated based on the availability of vaccines, antiviral medications and other limited quantity treatment or prophylaxis. Final prioritization will be made by the Health Authority managing the incident, not the Department or the Department's health care provider.

DEATHS

Staff and inmate deaths will be handled in accordance with existing policies and procedures.

In the event that the epidemic or pandemic is causing a high number of related deaths and the Coroner is unable to pick up the remains in a timely fashion, each facility may need to identify an area of the facility that could be used as a temporary morgue.

RESPONSIBILITY:

It will be the responsibility of each division and the health care provider to develop procedures to implement this order.

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Quarantine/Isolation Cell

Effective Date:

to

Inmate Name

Book Number

Precautions (handcuffs, mask, etc.)

PPE (gloves, mask, gown etc.)

R.N Signature

Super. Signature
