

## PANDEMIC VIRUS/INFLUENZA PLAN

### **POLICY.**

The Deschutes County Sheriff's Office – Adult Jail (AJ) must plan for a pandemic crisis such as influenza, as sustainable health care in correctional settings is critical.

### **PURPOSE.**

The purpose of this policy is to set forth guidelines for responding to a potential pandemic viral outbreak in the AJ.

### **DEFINITIONS.**

**Clean.** Having no detectable infectious disease or known contamination present in area.

**Contact.** An individual that has had close contact with a case at some point during their illness (from 2 days before to 5 days after the onset of symptoms), and having spent 15 minutes or more within 3 feet of a case.

**Contaminated.** Infectious disease present in area.

**Epidemic.** A sudden widespread outbreak of a disease. Usually contagious in nature. For an epidemic to occur, the infecting agent must have pathogenesis and easy transmissibility.

**External to the Facility.** Outside the locked jail facility.

**Incubation period.** The time from acquisition of an infecting agent (flu/virus) until signs/symptoms begin to appear. During incubation period, individuals generally do not know they are infected, but can spread disease.

**Influenza.** A virus that kills millions of people each year worldwide. It spreads by respiratory airborne transmission, and contaminated surfaces. Coughing and sneezing cause tiny airborne droplets of saliva, which can carry viral particles. Inhalation of these particles introduces disease into the host.

**Mortality rate.** Number of people that will die because of the disease.

**Pandemic.** A large epidemic. Breakdowns/stressors on resources are typical.

**Pathogenesis.** The origination and development of a disease. The mechanism of infection and the mechanism by which disease develops.

**Quarantine.** A place of isolation in which people who have been exposed or infected with a contagious disease are placed. Members should wear personal protective equipment prior to having contact with a person in quarantine.

### ***SECTION A: CHARACTERISTICS OF INFLUENZA***

**A-1. Influenza.** Carried by humans, birds, pigs, and other animals. There is a 5-10 day incubation period in which virus is “shed” and spreads to others. Pandemic influenza occurs 2-3 times a century.

With pandemic influenza, certain qualities determine the scope of the epidemic. Factors include: a single person can infect many others (the most effective route of transmission is respiratory) and a long incubation period ensures that the virus can reproduce and spread to the next host **before** the primary host is even sick. A person with influenza can infect hundreds of other people within a week.

**A-2. Symptoms of Influenza.** Include fever, sore throat, cough, body aches, chills, dyspnea (shortness of breath), gastrointestinal (GI) symptoms such as vomiting and diarrhea.

### ***SECTION B: SOCIETAL RESPONSES TO PANDEMICS***

**B-1. Grading Scheme.** People will respond based on the number/rate of those infected. The following reflects a grading scheme that would be expected responses in a pandemic outbreak of any kind:

- a. **Casual Interest.** News stories, no change in behavior.
- b. **Mild Caution.** Some cases will be seen in the U.S. Members in correctional facilities should be vaccinated.
- c. **Early Epidemic.** Now there are known U.S. deaths, Public Service Announcements are made, health services are placed on alert. Protective behaviors increase. Children may be kept at home in increasing numbers. People may miss work as they stay home to care for themselves and family members. Hospitals are busy. It may be difficult to get medical appointments.
- d. **Active Avoidance.** Measurable numbers of U.S. deaths. Social order is affected. Hospitals are very busy. Staffing levels may be impacted.
- e. **Infrastructure Affected.** Hospitals are now overwhelmed. The hospital will be triaging (sorting patients by severity of illness) to ration services. Government activity high with services directed toward public health measures. Vaccine and antiviral distribution high. Significant staffing shortages. Further considerations: power supply, clean water supply, food delivery, pharmaceutical delivery, limited access to circuit court and additional pressure on law enforcement services.

- f. **Loss of Societal Controls.** Infrastructure significantly damaged, increase in crime rate, energy availability uncertain, communication networks may be stressed to failure, food supplies compromised and health care sporadic and of subsistence level.
- g. **Anarchy.** Loss of societal structure.

### ***SECTION C: RESPONSES TO EPIDEMICS***

**C-1. Responses to Epidemics.** There are two approaches to an epidemic, medical therapy and behavior modification.

- a. **Medical Therapy.** Immunizations and drug therapy (only effective if used promptly). The Center for Disease Control (CDC) models only predict which form of flu virus is coming; they cannot predict epidemic flu strains. Vaccination is still worth doing as there is some cross effectiveness. The public health plan is to immunize as much as possible. Two antivirals will likely be effective. They are Tamiflu and Relenza.
- b. **Behavior Modification.** Reduce behaviors that raise the likelihood of transmission. Behaviors that actively prevent transmission:
  - 1. Respiratory precautions – wearing masks, covering coughs/sneezes, social distancing, physical barriers, separate rooms or spaces for people with symptoms
  - 2. Sequestration – staying in your home, avoiding others.

### ***SECTION D: PLANNING***

**D-1. Pandemic Stage Plan.**

- a. **Control Access.** Have only a single person moving in and out of facility at one time. At the entry site, masks should be available if possible. Signage should be displayed that identifying restricted access and adherence to perimeters. Movement in the AJ should be limited to that which is absolutely necessary. Entrance/exit and lobby areas should be frequently cleaned.
- b. **Quarantine and Segregate.** There should be three perimeters within the facility: Quarantine, Clean, and Contaminated.
- c. **Establish Respiratory Precautions and Waste Disposal.** Masks are recommended if evaluating symptomatic inmates and may be required (as determined by the Captain or Medical Director) for all members.

Frequent cleansing of hard surfaces is also mandatory. (One cup of regular bleach in 5 gallons of water or 5 Tablespoons in a gallon of water) “Red bagging” of contaminated waste may not be effective – the biohazard waste removal companies may be overwhelmed or not even available. Coordinate with Deschutes County Health Services (DCHS) for waste disposal.

- d. **Provide Supportive Care to Infected Inmates.** This will consist of coordinating with DCHS to immunize inmates and provide antiviral therapy. Palliative care by protocol – Tylenol, ibuprofen, fluids.
- e. **Ensure Adequate Prior Training.** Members should be aware of pandemic response protocols and understand their roles specific to their current assignment.
- f. **Reduce Inmate Population.** Releasing low risk inmates will be necessary to meet the stresses of a pandemic scenario.
- g. **Contingent Plans for Power, Water, Food, Hygiene.** Members should be aware of emergency operations.
  - 1. Kitchen power may be compromised - food preparation should be possible without heat.
  - 2. Be aware of the security risk of a lack of lighting - have battery lighting available.
  - 3. If water supplies are contaminated, some means of providing clean water are needed.
  - 4. Food supplies may be quickly compromised. Easy to prepare, cold food should be available. Use vacuum-packed foods, canned and non-perishable goods. When there is an emerging pandemic, stock these kinds of foods.
  - 5. It is not clear how long a flu virus will live on hard surfaces. Possibly 24 – 72 hours. All areas of the AJ must be cleaned frequently. Use bleach, hot water and soap or other approved cleanser. Gel cleansers are effective if you have them, but they only clean your hands for the moment and not protective over time.
- h. **Coordinate with Deschutes County Health Services.** Examples of coordinated efforts include: access to vaccines and anti-viral drugs, updates on viability of water supply, hospital capacity, morgue services, and contaminated waste disposal.

## D-2. Expanded Pandemic Instructions.

- a. Respiratory Precautions.
  - 1. Maintain your own ‘infection perimeter’ of approximately 6 feet.
  - 2. Anyone entering your ‘perimeter’ must wear a mask.
  - 3. Do not let anyone enter your perimeter before you have a mask on.
  - 4. Wash hands before and after every inmate contact.
  - 5. Do not risk your own health. Use ‘arm’s length’ control measures.
  - 6. Finally, dispose of masks appropriately.
- b. **Masks.** N95 masks do not filter out influenza viruses, per se, but they do protect the wearer from airborne particles and from liquid contaminating the face. Surgical masks are not the same as N95 masks. There are no studies to identify whether one is better. N95 masks do have smaller pores and will filter TB bacteria, so viral particles on respiratory droplets would be large enough to be filtered out.

**D-3. Facility Precautions.**

- a. Post respiratory precautions throughout facility.
- b. Do not let anyone enter the perimeter without meeting the requirements.
- c. Keep masks at the point of entrance into the facility or outer infection perimeter if available.

**D-4. Inmate Precautions.**

- a. Inmates working in kitchen or hallways can only come from 'clean' unit.
- b. Inmates in 'contaminated' unit may only be pod workers.
- c. Inmates in 'quarantine' unit may have no contact with members or other inmates. They are in isolation lock down.

**D-5. Establishing Perimeters.** There are four perimeters related to infectious disease: External to the facility, quarantine, contaminated and clean.

- a. Use different housing units for quarantine, contaminated, and clean perimeters.
- b. Supervisors and the Medical Unit will evaluate each inmate's health and determine the perimeter to house them in.
- c. Quarantine requires single cell. Absolutely no contact between inmate and anyone else without strict adherence to use of masks and thorough cleansing after encounter. Ill inmates may be placed together in quarantine in designated dorms.
- d. Contaminated inmates only to work in own dorms. Inmates may have been exposed to infectious agent, but are not ill at the time of assessment. When and if illness strikes, inmates to be moved to quarantine areas.
- e. Based upon nurse evaluation, inmates will be moved from quarantine to clean or contaminated.
- f. Once an inmate has recovered the disease they can be moved to a clean perimeter.

**D-6. Medical Unit.**

- a. Sick call and/or medical follow-up will take place inside each perimeter to reduce inmate movement.
- b. All members will observe respiratory precautions.
- c. Inmates will be evaluated by category.
- d. 'Clean' inmates will be seen first.
- e. Medication distribution will be reviewed by Medical Director to reduce discretionary medication administration.
- f. Inmates with chronic illness will be triaged for administration of anti-viral agents on a case-by-case basis.
- g. Vaccines will be administered as they are available to the AJ based upon the standard criteria.
  1. Critical members.
  2. Elderly or chronically ill inmates.
  3. Others.

- D-7. Pregnant Women.** Pregnant women are at high risk for severe complications from influenza and other viral pathogens. This is due to both mechanical and hormonal alterations that occur during pregnancy.
- D-8. Assigned Responsibilities and Multidisciplinary Committee.** The AJ will form a committee to address pandemic influenza preparedness. The committee may include the following members: Captain, Medical Director, Administrative Lieutenant, nurses, Behavioral Health Specialist. The Medical Director will act as the Pandemic Influenza Preparedness Coordinator (PIP).
- D-9. Local and State Resources.** The Medical Director will maintain a list (names and phone numbers) of local and state resources.
- D-10. Online References.**

[www.pandemicflu.gov](http://www.pandemicflu.gov)

<https://www.cdc.gov/flu/index.htm>

**Forms Used:**

- None