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BJA National Training and Technical Assistance Project

Justice System Pandemic Preparedness Planning Initiative

Case Study Series:

**Outbreak of Norovirus
at the
Richmond, Virginia City Jail
During February 27 – March 8, 2007**

**Consultant:
Judge Linda Chezem (Ret.)**

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NATIONAL TRAINING AND TECHNICAL ASSISTANCE INITIATIVE

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Contents

- I. Introduction**
- II. Description of the Outbreak**
 - A. Detection and Immediate Response**
 - B. Norovirus Infection Characteristics and Control Procedures**
- III. Context: Description of the Richmond City Jail, City of Richmond, and Relevant Statutory and Other Provisions Relevant to the Jail's Operations**
 - A. Description of Richmond, Virginia and the Richmond City Jail**
 - Table 1: Population Estimates by Gender, Race and Ethnicity**
 - Table 2: Population Estimates by Age**
 - Table 3: Population: Education, Disability, Income and Poverty**
 - Table 4: Geographic Information**
 - B. Relevant Statutory and Constitutional Provisions Relating to Conditions of Correctional Institutions in Virginia**
 - 1. Relevant State Legal Provisions**
 - 2. Relevant Federal Authority**
- IV. Handling the Outbreak**
 - A. Critical Immediate Tasks**
 - B. Key Decisions Required**
- V. Lessons Learned**

APPENDICES

Appendix 1: List of Acronyms

Appendix 2: Works Cited

Appendix 3: Constitution of Virginia (excerpts)

Appendix 4: Virginia Department of Corrections [Description-Excerpt]

Appendix 5: Standard Minimum Rules for the Treatment of Prisoners [ACLU-excerpt]

Appendix 6: Press Release. Richmond City Sheriff's Office. March 7, 2007.

I. INTRODUCTION

This case study was prepared under the auspices of the Bureau of Justice Assistance (BJA)'s National Training and Technical Assistance Project (NTTAP) at American University as a component of BJA's justice system pandemic preparedness planning activities. It is the second in a series of case studies prepared by BJA's NTTAP that address recent public health emergencies encountered by justice agencies and is designed to provide a summary of the emergency, the agency's actions taken in response, and lessons learned of potential interest to other jurisdictions.

The present case study provides a synopsis of the background and impact on jail operations of an outbreak of the Norovirus at the Richmond City Jail, Richmond, Virginia during the period February 27 – March 8, 2007, the responses of jail officials to the outbreak, and the various management, operational, and other issues which the outbreak presented¹

The following is a synopsis of the situation, further described in the sections which follows:

At approximately 1 p.m. on February 27, 2007, the Medical Director at the Richmond, Virginia City Jail identified a possible outbreak of Norovirus². The Medical Director notified the Jail's Chief Physician who then notified Lt. Col. William Burnett, second in charge at the Jail. Shortly after being contacted by the Chief Physician, Lt. Burnette received a phone call from the local health department which had been notified of a possible infectious disease outbreak by Channel 12, a local television station, which had been contacted by an inmate reporting the outbreak. The local health department agreed to assist the Jail in quelling the outbreak. At approximately 2:30 p.m., the tier of the jail that contained seven of the 50 inmates manifesting symptoms was quarantined. Additionally, all visitation and court appearances were cancelled.

Shortly after the outbreak was confirmed by the Jail's Chief Physician, Sheriff C.T. Woody, Jr. and his staff established a Decision Making Team (DMT) to handle the range of operational issues resulting. The DMT approached the outbreak from three perspectives: containing the disease; treating infected personnel and inmates; and communicating with the public regarding the outbreak. Control measures included ordering a quarantine of the critically infected areas, distributing personal protective equipment (PPE) among staff members; providing instructions on preventing further infection in secondary areas, and disinfecting the jail facilities and the Richmond City Jail Annex. Treatment of symptoms was primarily through distribution of Phenergan, an antiemetic. Simultaneously, Sheriff Woody, with the guidance of the Jail's medical professionals, emergency management team, the Richmond City Emergency Management Director and the local health department (LHD), initiated on-going communications with the public to provide information on the outbreak and regular updates on the situation. These public

¹ This case study was prepared by Judge Linda Chezem (Ret.), with assistance from Dr. James McGlothlin, and Christina Jackson and Stephanie Linsenmeyer of Purdue University. Judge Chezem who has been serving as a consultant to the BJA National Training and Technical Assistance Project, served as a full time judge in Indiana for twenty-two years, first on the trial bench in Lawrence County, Indiana and, subsequently, on the Indiana Court of Appeals, Fourth District. She presently holds a part-time appointment at the Indiana University School of Medicine in the Department of Medicine and Purdue School of Science-Indianapolis, Forensic Science Program. Dr. McGlothlin is an Associate Professor of Industrial Hygiene and Ergonomics in the College of Pharmacy, Nursing and Health Sciences at Purdue University. Ms. Jackson and Ms. Linsenmeyer are seniors at Purdue University, majoring in Health Sciences.

² Norovirus causes acute gastroenteritis in humans, characterized by nausea, vomiting, and diarrhea.

information activities were conducted as a multi-agency team effort and performed on an on-going basis, as new information became available.

II. DESCRIPTION OF THE OUTBREAK

A. Detection and Immediate Response

At approximately 1 p.m. on February 27, 2007, an instructor from the education department of the jail reported several incidents of inmates' vomiting and suffering diarrhea to the Medical Director at the Richmond, Virginia City Jail who then determined a possible outbreak of Norovirus. The Medical Director alerted the Jail's Chief Physician who then notified Lt. Col. William Burnett, second in charge at the jail. Shortly after being contacted by the Chief Physician, Lt. Burnette received a call from the local health department which had been notified of a possible infectious disease outbreak by Channel 12, a local television station, contacted by an inmate regarding the disease outbreak. The local health department agreed to assist the Jail in quelling the outbreak. Ninety minutes after the suspected outbreak was identified, the tier of the jail that contained seven of the 50 inmates manifesting symptoms was quarantined and all visitation and court appearances were cancelled.

Three hours later, infected residents were issued an antiemetic to assist with their symptoms. Beginning with the next roll call, deputies were instructed to educate inmates on practices to help prevent the spread of the virus and other precautions that they should take to avoid infection. Jail officials met with local health department officials the following day and, during the following six days, a team of staff and resident volunteers cleaned the jail with a virus fighting solution recommended by the local health department and took other prescribed actions to reduce the likelihood of further infection.

Previously established working relationships with the Chesterfield County Jail and other surrounding county jails allowed for the development of strategy to house a portion of the Richmond City Jail inmates in those jails. Within a few hours of the outbreak, the Chesterfield County Jail submitted a detailed "Plan of Action" to provide accommodations for 36 Richmond Jail inmates and work schedules for their staff.. Court appearances were rescheduled and new arrestees were housed in the jail annex or the Chesterfield County jail, during the period of the outbreak. During the first few days of the outbreak, some inmates contacted family and friends who were prohibited from visiting them as a result of the visitation restrictions and quarantine to explain the outbreak and public education announcements were made regularly to the community. These communications helped diffuse tensions in the community that had been generated by the visitation restrictions.

Communication with the public was enhanced by a previously developed relationship between the Richmond City Jail Sheriff's Office and the local media outlets. A communication protocol that had been previously developed for emergency situations facilitated communication of critical information regarding the outbreak to the media and the community. Sheriff Woody was the primary representative of the Richmond City Jail communicating with the public and the Richmond City Jail Medical Director was the only other person to address the media regarding the outbreak, using, as appropriate, prepared statements and answers prepared by the Jail's public relations staff to anticipated questions. Since the community had experienced previous outbreaks of the Norovirus in nursing homes and schools, the local community was somewhat familiar with the virus.

At the outset of the outbreak, Sheriff C.T. Woody developed an Emergency Response team (ERT), composed of representatives from each jail department, to handle issues relating to inmates and staff arising as a result of the outbreak. During the outbreak, the EMRT met several times daily and, subsequently, has continued to meet bimonthly to ensure preparation planning for any future infectious outbreaks.

During the period of the outbreak, Richmond City Jail staff and inmates adhered to the protocol recommended by the local health department to ensure decontamination of the jail and containment of the virus. Educational instructions were distributed to inmates providing information about necessary hand washing and other preventive measures. Additionally, an anti-viral solution recommended by the local health department was used to disinfect surface areas throughout the jail.

B. Norovirus Infection Characteristics and Control Procedures

Noroviruses cause acute gastroenteritis in humans. The latent period of the virus generally ranges between 24 to 48 hours. The most common complication from the virus is dehydration as a result of the acute vomiting and diarrhea associated with infection. The symptomatic period typically lasts from 24 to 60 hours. However, individuals can be contagious before symptoms are identified and up to 72 hours after an individual appears to have recovered.

The Virginia Department of Health (VDH) recognizes Norovirus has a highly contagious disease but not necessarily life threatening. Noroviruses are found in the stool or vomit of infected people. People can become infected with the virus in several ways, including:

- eating food or drinking liquids that are contaminated with norovirus;
- touching surfaces or objects contaminated with norovirus, and then placing their hand in their mouth;
- having direct contact with another person who is infected and showing symptoms (for example, when caring for someone with the illness, or sharing foods or eating utensils with someone who is ill).

It is widely accepted that a Norovirus infection cannot be treated with antibiotics; the only treatment for the virus is use of an antiemetic to relieve nausea and vomiting and additional intake of fluids.

Measures to prevent the spread of the disease and/or decrease the likelihood of infection include:

- Frequently washing one's hands, especially after toilet visits and before eating or preparing food.
- Carefully washing fruits and vegetables, and steaming oysters before eating them.
- Thoroughly cleaning and disinfecting contaminated surfaces immediately after an episode of illness by using a bleach-based household cleaner.
- Immediately removing and washing clothing or linens that may be contaminated with the virus after an episode of illness (use of hot water and soap is advised).
- Flushing or discarding any vomitus and/or stool in the toilet and making sure that the surrounding area is kept clean

III. CONTEXT: DESCRIPTION OF THE RICHMOND CITY JAIL, CITY OF RICHMOND, AND RELEVANT STATUTORY AND OTHER PROVISIONS RELEVANT TO THE JAIL’S OPERATIONS

A. Description of Richmond, Virginia and the Richmond City Jail

The Richmond City Jail is the second largest jail in the state of Virginia. The average daily population has ranged between 1500 to 1600 inmates. During the Norovirus outbreak, from 27 February, 2007 through 8 March 2007, approximately three percent (3%) of the inmates manifested symptoms.

As of 2006, the population of the City of Richmond, Virginia, was 192,913, approximately two and a half percent (2.5%) of Virginia’s total population. The ethnicity of the City of Richmond reflects a substantially higher proportion of blacks and lower proportion of whites than reflected in the overall state population, as further described in the table below.

Table 1: Population Estimates by Gender, Race and Ethnicity¹

	City of Richmond City	State of Virginia
Female persons, percent	53.60%	50.80%
White persons, percent	40.80%	73.60%
Black persons, percent	56.20%	19.90%
American Indian and Alaska Native persons, percent	0.20%	0.30%
Asian persons, percent	1.40%	4.60%
Native Hawaiian and Other Pacific Islander, percent	0.20%	0.10%
Persons of Hispanic or Latino origin, percent	3.60%	6.00%
White persons not Hispanic, percent	38.20%	68.20%

¹ Table developed from information provided by U.S. Census Bureau .2005.

The 1999 Per Capita Personal income in the City of Richmond was \$20,337, compared with the statewide Virginia per capita personal income of \$23,975. The poverty rate in the City of Richmond in 2004 was approximately 19.8%, compared with the statewide rate of 9.5%.

Table 2 depicts population estimates by age for 2005, based on data provided by the U.S. Census Bureau.

Table 3 depicts overall income and poverty statistics for the City of Richmond based on data provided by the U.S. Bureau of Economic Analysis, US Census Bureau. ¹

Table 2: Population Estimates by Age¹

	City of Richmond	State of Virginia
Population ,(2006 estimate)	192,913	7,642,884
Population (2000)	197,790	7,708,515
Persons under 5 years old, percent (2005)	7.90%	6.80%
Persons under 18 years old, percent (2005)	22.90%	24.10%
Persons 65 years old and over, percent (2005)	13.90%	11.40%

¹ Table developed from information provided by U.S. Census Bureau. 2006

Table 3: Population by Education, Disability, Income and Poverty¹

	City of Richmond	State of Virginia
High school graduates, percent of persons age 25+ (2000)	75.20%	81.50%
Bachelor's degree or higher, percent of persons 25+ (2000)	29.50%	29.50%
Persons with a disability, age 5+ (2000)	44,227	1,155,083
Households (2000)	84,549	2,699,173
Persons per household (2000)	2.21	2.54
Median household annual income (2004)	\$32,547	\$51,103
Per capita annual income (1999)	\$20,337	23,975
Persons below poverty, percent (2004)	19.80%	9.50%

¹ Table developed from information provided by U.S. Census Bureau

Table 4: Geographic Information¹

	City of Richmond	State of Virginia
Land Area, 2000 (sq. miles)	60.07	39,594.07
Persons per square mile, 2000	3,296.50	178.80

¹ Table developed from information provided by U.S. Census Bureau

B. Relevant Statutory and Constitutional Provisions Relating to Conditions of Correctional Institutions in Virginia

1. Relevant State Legal Provisions

The Code of Virginia (15.2-530)³ defines the powers and duties of the Sheriff as follows:

“The sheriff shall exercise the powers conferred and perform the duties imposed upon sheriffs by general law. He shall have the custody of, and be charged with the duty of feeding and caring for, all prisoners confined in the county jail. He shall perform such other duties the board imposes upon him.”

Additionally the Virginia Constitution defines the rights of victims of crimes that include the “right to be treated with respect, dignity and fairness at all stages of the criminal justice system”.

2. Relevant Federal Authority

From a national perspective, beginning in the 1960s, the United States Department of Justice began to focus on its responsibility for the safety and well-being of all inmates. The civil rights movement of the 1960’s effectively established that “the protection of the [United States] Constitution extends into correctional facilities, the only question being the extent of those

³ Code of Virginia (15.2-530).

protections”.⁴ *Jail Design and Operation and the Constitution: An Overview*, written by Attorney William C. Collins, outlines the background and issues raised in *Brock v. Warren County*, 713 F. Supp. 238 (E.D. Tenn., 1989), in which Brock, a 62 year old man suffered heat stroke after temperatures in the jail reached 110°. Brock died several days later and the court “found that forcing a person to live in temperature conditions so extreme that they endangered his health was cruel and unusual punishment”⁵ The civil rights movement of the 1960’s effectively established that “the protection of the [United States] Constitution extends into correctional facilities, the only question being the extent of those protections.”⁶

There are four key amendments to the United States Constitution that have obvious implications for detained criminal justice populations are listed below:

First Amendment: *Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances.*

Fourth Amendment: *The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.*

Eighth Amendment: *Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.*

Fourteenth Amendment: *Section 1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the state wherein they reside. No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws*

IV. HANDLING THE OUTBREAK

A. Critical Immediate Tasks

Immediately upon detection of a possible outbreak of the Norovirus, Sheriff Woody had to quickly accomplish the following:

- (1) Identifying those who were ill
- (2) Determining what the illness was and its severity
- (3) Implementing control measures to protect staff and other prisoners from further infection.
- (4) Providing care and medication for those who were ill

⁴ William C. Collins. *Jail Design and Operation and the Constitution: An Overview*.

⁵ *Jail Design and Operation and the Constitution: An Overview* (No. 96 J1052) WC Collins-Washington, DC: National Institute of Corrections, US Department of Justice. 1998.

⁶ *Ibid.*

- (5) Engaging other government officials in addressing various ramifications of the outbreak; and
- (6) Reassuring the public regarding the nature and extent of the outbreak by providing on-going information which addressed the issues and questions being raised and was coordinated with the information being provided by public health officials.

B.. Key Decisions Required

1. *Obtaining a diagnosis and assessment by public health professionals of the nature and severity of the nausea and related symptoms manifested by inmates.*

The first key decision was to recognize the potential outbreak of a contagious virus among the jail's inmates based on the reports from a few inmates of vomiting and diarrhea.

2. *Following the Medical Director's recommendation to quarantine the jail*

The second key decision made was to follow the recommendation of the Medical Director to order the jail inmates quarantined. The quarantine included prohibiting visitation during the period of the outbreak as well as coordinating with the local court to suspend court hearings in order to avoid having inmates transported to and from the court and thereby spread the virus further. All judicial hearings were therefore temporarily suspended while the virus was contained and efforts could focus on containing and stopping the outbreak.

3. *Recognizing that the health of all inmates and staff needed to be assessed.*

The third key decision made was to assess the health status of all inmates and staff, not simply those who were presenting symptoms of the virus. Everyone in the jail was evaluated for symptoms.

4. *Disseminating and Updating Information to the Public Promptly and on an On-Going Basis*

Promptly developing communication with the public regarding the outbreak and providing on-going updates on the situation was a critical element of the emergency response, all the more critical because the news media had already been informed of a possible outbreak by an inmate.

5. *Establishing an Emergency Response Team Representing all Jail Departments*

In response to the outbreak, Sheriff. Woody developed an Emergency Response team, representative of each jail department, and charged with monitoring the situation in their respective departments and handling all of the issues that the jail staff and inmates faced as a result of the outbreak. The members of the Emergency Management Response Team included:

Captain Walter Allmon, Professional Standards
Manager Jerry Baldwin, Professional Standards
Sgt. Robert Brawley, Staff and Support
Lt. Col William J. Burnett, Commander of Jail Operations;
Tara Dunlop, Media Relations

Major Gary Hill, Chief Inspector
Sgt. Adrian Lee, Quartermaster
Lt. Ken L. McRae, Uniform Operations
Lt. Sandra Middleton, Chief Inspector
Captain Cheryl Robinson, Medical Services
Captain Alfred Venable, Culinary Services
Captain Michael S. Whitt, Commander of Uniform Operations
Captain Roy Witham, Records; and
Lt. Clarence Woody, III, Transportation

The Emergency Management Response Team created on the day after the initial identification of the outbreak held daily meetings two and three times a day to assess the situation within the jail and the community. As the outbreak of the Norovirus subsided, the frequency of meetings was reduced and presently the EMRT meets bimonthly to ensure that the Jail is prepared in the event another public health emergency develops..

V. LESSONS LEARNED

The experience of the Richmond City Jail in dealing with the Norovirus outbreak reinforced the importance of having a sound management structure and working relationships with other local agencies. According to the Richmond City Jail staff, some medical professionals advised that, in similar situations, at least 50% of the jail population might be expected to become infected. In Richmond, however, fewer than 3% of the inmates and staff (including one nurse) actually infected. The containment of the virus is attributed to the excellent working relationships and communication mechanisms already established as well as the determination to prevent the spread of the infection exhibited by Jail staff and inmates who volunteered to clean the facility.

In terms of guidance for other jurisdictions that may be faced with a similar infectious disease outbreak, Sheriff Woody offers the following suggestions gleaned from the Richmond City Jail experience:

- Develop a system to ensure active monitoring of inmates' health, including:
 - conducting health checks of inmates before releasing them into the general population, including during the intake process.
 - ensuring consistent compliance with sick call protocols.
- Implementing continuous education meetings with medical staff on such topics as recognizing the symptoms of any contagious diseases
- Reporting medical information to the local health department and receiving reports from the department that provide jail staff with updated information regarding infectious outbreaks in the local area.
- Developing/enhancing cooperative relationships with the local health department through regular exchange of information and training.
- Providing continuous education for all jail staff about common outbreaks that exist endemically in the local area.
- Recognizing the importance of hands-on exercises and training.

Early in 2007, the entire Richmond City Jail staff, consisting of approximately 452 deputy/staff personnel, completed the National Incident Management System (NIMS) training. The training was conducted by the local fire department and every member of the Jail staff received a

certificate within approximately two weeks of the start of the program. Sheriff Woody is convinced that this education helped prepare the staff for the effective response and containment measures put in place at the onset of the outbreak.

- Having a plan in place for internal and external communication and providing public information in the event of an infectious outbreak which includes answers to common questions that are appropriate to the various disciplines with which the Jail needs to coordinate.

APPENDICES

APPENDIX 1: LIST OF ACRONYMS

ACLU- American Civil Liberties Union

CCJ- Chesterfield County Jail

CDC- Centers for Disease Control and Prevention

DMT- Decision Making Team

EMRT- Emergency Management Response Team

LHD- Local Health Department

NIMS- National Incident Management System

PPE- Personal Protective Equipment

RCJ- Richmond City Jail

VDH- Virginia Department of Health

APPENDIX 2: WORKS CITED

1. (7 May 2007). Richmond city QuickFacts from the US Census Bureau <http://quickfacts.census.gov/qfd/states/51/51760.html>, (13 June 2007).
2. (3 August 2006). CDC: Norovirus Technical Fact Sheet <http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus-factsheet.htm>, (22 June 2007).
3. Richmond City Sheriff's Office <http://www.ci.richmond.va.us/sheriff/index.htm>, (22 June 2007).
4. The Official Web Site of the Commonwealth of Virginia http://www.virginia.gov/cmsportal2/government_4096/codes_and_laws.html, (8 July 2007).
5. Virginia Department of Corrections <http://www.vadoc.virginia.gov/offenders/institutions/institutions-overview.shtm>, (8 July 2007).
6. (7 March 2007). News Release <http://www.ci.richmond.va.us/sheriff/newimages/Norovirus.End.03.07.07.pdf>, (8 July 2007).

APPENDIX 3: CONSTITUTION OF VIRGINIA

<http://legis.state.va.us/Laws/search/Constitution.htm>

Article I: Bill of Rights

Section 8-A. Rights of victims of crime.

That in criminal prosecutions, the victim shall be accorded fairness, dignity and respect by the officers, employees and agents of the Commonwealth and its political subdivisions and officers of the courts and, as the General Assembly may define and provide by law, may be accorded rights to reasonable and appropriate notice, information, restitution, protection, and access to a meaningful role in the criminal justice process. These rights may include, but not be limited to, the following:

1. The right to protection from further harm or reprisal through the imposition of appropriate bail and conditions of release;
2. The right to be treated with respect, dignity and fairness at all stages of the criminal justice system;
3. The right to address the circuit court at the time sentence is imposed;
4. The right to receive timely notification of judicial proceedings;
5. The right to restitution;
6. The right to be advised of release from custody or escape of the offender, whether before or after disposition; and
7. The right to confer with the prosecution.

This section does not confer upon any person a right to appeal or modify any decision in a criminal proceeding, does not abridge any other right guaranteed by the Constitution of the United States or this Constitution, and does not create any cause of action for compensation or damages against the Commonwealth or any of its political subdivisions, any officer, employee or agent of the Commonwealth or any of its political subdivisions, or any officer of the court.

The amendment ratified November 5, 1996 and effective January 1, 1997—Added a new section (8-A).

Article VII:

Section 1. Definitions

(2) "city" means an independent incorporated community which became a city as provided by law before noon on the first day of July, nineteen hundred seventy-one, or which has within defined boundaries a population of 5,000 or more and which has become a city as provided by law,... (4) "regional government" means a unit of general

government organized as provided by law within defined boundaries, as determined by the General Assembly, (5) "general law" means a law which on its effective date applies alike to all counties, cities, towns, or regional governments or to a reasonable classification thereof, and (6) "special act" means a law applicable to a county, city, town, or regional government and for enactment shall require an affirmative vote of two-thirds of the members elected to each house of the General Assembly.

Section 4. County and city officers.

There shall be elected by the qualified voters of each county and city a treasurer, a sheriff, an attorney for the Commonwealth, a clerk, who shall be clerk of the court in the office of which deeds are recorded, and a commissioner of revenue. The duties and compensation of such officers shall be prescribed by general law or special act.

APPENDIX 4: VIRGINIA DEPARTMENT OF CORRECTIONS [Description –
Excerpt]

<http://www.vadoc.virginia.gov/offenders/institutions/institutions-overview.shtm>

The DOC protects the public by managing prison facilities in a manner which:

- Prevents Escapes
- Prevents Assaults on Staff, Volunteers, Visitors and Inmates
- Prevents Introduction of Contraband
- Provides Safe and Clean Conditions

The prison system offers a range of programs and services to more than 30,000 state prisoners that support the effective operation of facilities by constructively occupying otherwise idle inmate time and reducing unrest. Programs also provide those inmates who choose to change criminal behaviors with meaningful opportunities for positive growth.

Prison programs are aligned within the Department so that inmates with long sentences or behavior problems (those housed in maximum or close custody prisons) receive programs that promote positive prison adjustment. Those inmates nearing release (those housed in medium or minimum custody facilities) receive programs aimed at reducing recidivism.

APPENDIX 5: STANDARD MINIMUM RULES FOR THE TREATMENT OF PRISONERS (ACLU – excerpt)
<http://www.aclu.org/hrc/PrisonsStates.pdf>

Adopted Aug. 30, 1955 by the First United Nations Congress on the Prevention of Crime and the Treatment of Offenders, U.N. Doc. A/CONF/611, annex I, E.S.C. res. 663C, 24 U.N. ESCOR Supp. (No. 1) at 11, U.N. Doc. E/3048 (1957), amended E.S.C. res. 2076, 62 U.N. ESCOR Supp. (No. 1) at 35, U.N. Doc. E/5988 (1977).

Medical Services:

24. The medical officer shall see and examine every person as soon as possible after his admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures; the segregation of prisoners suspected of infectious or contagious conditions; the noting of physical or mental defects which might hamper rehabilitation, and the determination of the physical capacity of every prisoner for work.

APPENDIX 6: PRESS RELEASE



Richmond City Sheriff's Office
Sheriff C. T. Woody, Jr.



NEWS RELEASE

For Immediate Release:
Wednesday, March 7, 2007

Media Contact: Tara Dunlop
(804) 646-0222 Ofc.
(804) 837-0446 Cell

JAIL SUCCESSFULLY HOLDS NOROVIRUS AT BAY

RICHMOND, VA—Sheriff C.T. Woody, Jr. today announced that the Richmond City Jail will resume normal operations, including inmate personal and professional visits on **Monday, March 12th**. The courts will decide later this week when Richmond inmates will resume court appearances.

In all, 59 inmates and five deputies were diagnosed with the virus since the quarantine (officially deemed an "isolation" by the Richmond Health District) began seven days ago on Wednesday, February 28. In an unprecedented effort, Sheriff Woody worked with the Richmond Health District, the Office of Emergency Management and Richmond courts to limit outside contact and restrict inmate movement inside the Jail and local courts.

"I am proud of the quick response of my team and I thank our partnering agencies for their willingness to lend a hand, along with sound advice." Sheriff Woody continued, "Also, I appreciate the cooperation of inmates and their families and other professionals who come to visit the jail. We turned what could have been a bad situation into a good learning experience—not just for this agency, but for others around the nation."

According to Dr. Donald Stern, Richmond Health District Director, "Under these circumstances, with the Jail's crowded, old facility, it would not have been surprising to have about a 50 percent attack rate." Richmond Jail Medical Director Dr. Stanley Furman agreed.

Yet, bucking the odds, the Jail held the virus to a 3.7 percent infection rate for inmates and a 1 percent infection rate for deputies.

In fact, a team of Staff and Support deputies completed a top-to-bottom cleaning, using a virus fighting cocktail suggested by the Health Department. Over six days, the team cleaned the Jail Annex and Jail facility, which spans 1.2 million square feet. Deputy illnesses were curbed with the issuance of hundreds of protective suits and kits provided by the Office of Emergency Management that included disposable coveralls, masks, gloves, and hand sanitizer.

-More-

JAIL HOLDS NOROVIRUS AT BAY, PAGE 2 OF 2

During the quarantine, inmate behavior improved, with inmate incidents dropping noticeably from an average of five to 10 per week to only two incidents (two today in the female section and zero on the men's side) during the week of the quarantine.

In total, 36 inmates were housed in the Chesterfield County Jail and will return to the Richmond City Jail on March 12 to finish serving their time. Given the help of surrounding agencies, the Jail Annex, which holds up to 120 inmates, now has 18 open cells and has not reached capacity during the quarantine. Also, previously scheduled deputy training was able to continue when the Richmond Police Department opened their facilities for training use.

During the past seven days, 500 inmate court movements were impacted as the Jail followed the courts' decision to cease all hearings during the quarantine.

According to Bevill Dean, Clerk of the Circuit Court of the City of Richmond, "The impact on the Court has been tremendous and it will necessitate juggling our already full dockets for quite a while.... However, I am extremely pleased with not only the communication between this office and that of the Sheriff, but also with the extraordinary job that the Sheriff has done containing the virus to a minimum of the jail population."

To best contain the virus, Jail Medical staff implemented numerous precautions including:

- Sample collection for Health Department analysis,
- Inmate and staff education,
- Tours at least twice daily of infected areas,
- Distributed masks, gowns and gloves to staff members during first days of outbreak,
- Provided medical assistance to help lessen effects of virus symptoms, while providing routine medical treatment, and
- Maintained constant with Health Department medical staff.

Given the Jail's recent experiences, the Richmond City Sheriff's Office Emergency Response Team was recently invited to attend a Pandemic Preparedness Exercise at Peumansend Creek Regional Jail at the end of the month.

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