

Special Order

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<i>Subject</i> Pandemic Flu Planning and Response		
<i>Reference</i>		<i>Special Instructions</i>
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I. PURPOSE

This special order provides guidance for development of contingency plans, organization of resources, and establishment of departmental protocols that can be used to respond to and help mitigate the effects of a pandemic influenza or similar health emergency.

II. POLICY

Health care professionals predict that a pandemic influenza outbreak is highly likely, if not inevitable, based on current conditions and historical data. Should the current bird flu influenza virus (H5N1) or a mutation thereof spread efficiently between humans, a worldwide pandemic could take place within as little as three weeks. The inevitable shortages of employees and resources make it essential that the department establish plans and take measures in advance to ensure that crucial law enforcement services are not unreasonably disrupted and that employees are provided with the means to prevent or mitigate the spread of infection.

III. DEFINITIONS

Avian Influenza: Also known as the bird flu, a strain of influenza that naturally occurs among wild birds. It is deadly to domestic poultry. Highly pathogenic avian influenza such as H5N1 has crossed the species barrier to infect humans, but person-to-person spread has thus far been rare, if it has occurred at all, according to some authorities. The potential for it to mutate into a form that is efficiently transmitted between humans who have no immunity has caused it to be closely monitored. There is no human immunity and no vaccine is yet generally available for public consumption.

Essential Positions and Assignments: Employees who possess special knowledge, skills, or abilities and whose extended absence would create serious disruptions to a critical departmental function.

High-Pathogenicity Avian Influenza (HPAI): Any form of avian influenza—H5N1 being only one potential form—that demonstrates high efficiency in human-to-human transmission.

Incubation Period: Interval between infection and onset of symptoms.

Influenza: Referred to as the flu, an acute infectious viral disease marked by inflammation of the respiratory tract, fever, muscular pain, and bowel irritation.

Isolation: Separation of infected persons from those who are not infected.

Pandemic Influenza: Occurs when a new influenza virus emerges for which there is little or no immunity among humans, begins to cause serious illness, and then spreads easily from person to person worldwide.

Quarantine: Legally enforceable order that restricts movement into or out of the area of quarantine of one person, a large group of people, or community; designed to reduce the likelihood of transmission of contagious disease among persons in and to persons outside the affected area. When applied to all inhabitants of an area (typically a community or neighborhood), the intervention is referred to as a cordon sanitaire (sanitary barrier).

Seasonal (or Common) Flu: A respiratory illness that can be transmitted from person to person. Most people have some immunity, and a vaccine is available.

Social Distancing: Measures taken to reduce contacts between individuals in order to lower the chance of spreading the disease.

Strategic National Stockpile: A national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration equipment, airway

maintenance supplies, and medical and surgical items designed to supplement and resupply state and local public health agencies in the event of a national emergency.

Voluntary Quarantine: A request that persons remain at home, ban visitors, wear a mask when in the same room as other members of the household, and sleep in a separate room. These protocols were developed to decrease the risk of transmitting the SARS coronavirus during its outbreak in Toronto and would likely be the primary means of social distancing during an influenza pandemic.

Volunteer: Someone who performs a service for the department without promise, expectation, or receipt of compensation for services rendered. Volunteers may include unpaid chaplains, unpaid reserve officers, unpaid interns, unpaid persons providing administrative support, and unpaid youths involved in a Law Enforcement Explorer post, among others.

IV. PROCEDURES

A. Organization

1. Pandemic influenza coordination committee

The chief executive officer (CEO) of the department shall appoint an individual or individuals, as appropriate, to lead and coordinate the department's preparation for and response to pandemic flu by means of a pandemic influenza coordination committee (hereafter the committee). The committee shall include departmental and interdepartmental personnel who bear directly on plan development and who can make preliminary decisions in the following issue areas:

- a. Personnel (including volunteers)
- b. Training
- c. Equipment and supplies
- d. Human resources
- e. Legal
 - (1) City or county attorney
 - (2) District attorney
 - (3) Representative of the judiciary
- f. Public information
 - (1) Media relations
 - (2) Community relations
- g. Communications
 - (1) Dispatch
 - (2) Intraoffice communications
- h. Finance
- i. Management

2. The committee shall also identify public and private entities that will have bearing on overall community pandemic response planning and that will interact closely with this department during a pandemic. The committee shall integrate key agencies in the planning process

in a manner that will explore problem scenarios and solutions, mutual expectations, and support opportunities. Plans should be drawn up and coordinated in conjunction with the necessary response partners to avoid confusion, misunderstanding of roles and expectations. At a minimum, these response partners include the following:

- a. State and local public health services
 - b. State occupational safety and health administration (OSHA)
 - c. State and local emergency management agencies
 - d. Medical examiner or coroner
 - e. Emergency medical responders
 - f. Hospitals and urgent care facilities
 - g. Fire department
 - h. Volunteer organizations and disaster response teams
 - i. Vendors and service providers for the police department
 - j. City and county governing body
 - k. State and regional law enforcement agencies
 - l. State department of agriculture
 - m. Animal control
 - n. City or county finance office
 - o. Private business sector leaders
 - p. The Red Cross
 - q. The National Guard
- #### 3. The committee shall monitor updates from public health authorities on changes in the nature or spread of influenza and relay important developments to committee members and the CEO.
- #### 4. The committee shall develop a detailed pandemic influenza preparation and response plan that includes but need not be limited to issues identified herein. Considering that there will be many unexpected developments during a pandemic, the plan should emphasize flexibility and the need to improvise as appropriate. The plan shall be completed within 180 calendar days of the issuance of this order.

B. Staff Training, Education, and Prevention (See annex 1.)

C. Potential New Service Demands

The onset of pandemic influenza will inevitably result in new types of requests for police service, even as the department experiences reduced staffing levels and continues to provide routine law enforcement services. In anticipation of these challenges, the committee shall coordinate with other critical agencies and stakeholders to identify needs, expectations, potential levels of service demands, reasonable alternatives to the use of sworn police personnel, and reciprocal means of

assistance between public and private sectors, among other factors. Additional police responsibilities during a pandemic may include the following:

1. Guarding vaccine distribution chains and distribution sites from the strategic national stockpile to maintain order, establish traffic patterns, and prevent theft
2. Providing protective services to hospital emergency rooms, temporary treatment shelters, and triage centers during patient surges
3. Providing additional preventive patrol or other measures to targets of opportunity resulting from the emergency (such as pharmacies and supermarkets)
4. Providing added security to critical infrastructure components (such as utilities and telecommunication facilities)
5. Providing emergency assistance to special population groups (such as the elderly, the hearing or visually impaired, and nonambulatory)
6. Enforcing closure orders, curfews, travel limitations, and restrictions on gatherings
7. Enforcing quarantine orders, mandatory isolation orders, and other involuntary restrictions or requirements (such as mandatory vaccination or hospitalization of the ill).
8. Arranging for secure disposition of dead bodies during surges in deaths in cooperation with the coroner, funeral homes, and crematoriums
9. Policing civil disturbances and disorders related to forced mandatory vaccinations, shortage of therapeutics or medical care, and similar problems
10. Arranging for additional incarceration facilities should mass arrest be necessary or infected persons need isolation during incarceration
11. Assisting health care providers and other agencies with security for delivery of essential food and medicine to quarantined areas
12. Developing alternative protocols for investigation of unattended deaths

D. Alternate Staffing Strategies

1. Department supervisors shall consider a number of alternative staffing strategies to help prevent the spread of influenza among employees and to better meet service demands with reduced staff. The following should be considered for systematic and progressive implementation coincident with the progressive seriousness of a pandemic and loss of staff:
 - a. Telecommuting
Some employees may be able to perform essential work duties from remote locations, particularly their homes, using telephones and computers linked to the

department and the Internet.

- b. Swing shifts
Some employees presently working only day shifts may be able to perform essential duties during off hours, such as from 4:00 p.m. until midnight, thereby reducing the number of persons on duty at the same time.
 - c. Flex time
Employees may be given greater latitude in when to report to work or when split shifts may be possible.
 - d. "Snow days"
Liberal leave may be provided to personnel who must care for sick family members who are unable to care for themselves or to select employees when the department is experiencing a high incidence of sick employees and an employee can be excused without unreasonable harm to department operations.
 - e. Overtime
Overtime may be authorized in cases where essential employees are unavailable to work due to illness and other employees may effectively fill in to perform their duties with overtime. Personnel who have recovered from illness and are considered immune may also be used for extended work hours.
 - f. Less than full time
Select employees may be allowed or directed to work reduced hours.
 - g. Reassignment
Certain civilian or sworn employees may be reassigned to alternate duties (such as telephone report taking or answering questions at a community service walk-in desk).
 - h. Leave
The department may cancel vacation leave and other forms of leave with or without pay.
 - i. Cross-training of personnel
Personnel in the same unit or in similar jobs may be cross-trained to perform the duties of other employees. Training must begin before the onset of a pandemic.
2. Several alternatives exist that may be used to supplement departmental employees while they are on sick leave during a pandemic.
 - a. Volunteers
Community volunteers may be used to staff select nonsworn positions to include clerical and telephone answering duties. Some of these duties may be conducted from a volunteer's place of residence. Volunteers shall be recruited and trained well in

advance of their assignment. Plans are also required in advance for the anticipated use of spontaneous volunteers or registered or affiliated disaster service volunteers.

- b. Reserve officers
Reserve officers should provide an important resource of manpower to assist in backfilling full-time patrol officer shortages.
- c. Auxiliary personnel
With advance orientation and training, auxiliary personnel may be used to backfill certain nonsworn full-time civilian positions.
- d. Retired officers
Officers who have retired in good standing with the department may be recruited in the early planning and preparation stages to backfill sworn and nonsworn positions. Departmental supervisors and command staff who anticipate the need for such individuals shall determine legally required reentry requirements for reassignment. Retired officers may also be used for investigative assignments involving minor crimes and traffic accidents where sworn status is not required. The department shall compile a list of eligible retired officers and ascertain the willingness of those eligible retired officers to volunteer.
- e. Police cadets
The role of police cadets may be expanded to duties in additional nonenforcement capacities.
- f. Police candidates
Candidates who have not yet graduated from the academy may be temporarily released from training to assume nonsworn duties in the department.
- g. Sworn officers from mutual aid
The department will consider the use of sworn officers from departments under the regional mutual aid agreement where those officers can be spared for full-time or part-time duty.
- h. Neighborhood watch and citizen patrols
To help supplement routine police patrol, the department may establish, reinforce, or reconstitute neighborhood watch programs and may consider providing enhanced communication capabilities between watch groups and the department.
- i. Private enterprise
The private sector may be engaged in contracts to perform some specialized functions that cannot be readily addressed by existing department employees. These may include such duties as equipment maintenance and logistical support, maintenance

or expansion of computer capabilities to meet added demands, or related services needed by the department and available through private contractors.

E. Modification of Department Responses to Calls for Service

Under reduced staffing emergencies during a pandemic, the department shall consider implementation of alternatives to traditional responses to calls for service. These include but are not limited to the following:

1. Prioritization of calls for service
The department may consider modifications to its call prioritization system that would allow for significantly deferred response, or the use of alternative responses to certain types of calls for service (such as suspension of all responses to nuisance offenses, minor thefts, or burglaries).
2. Differential response to calls for service
The department may consider expansion of its telephone reporting unit (TRU) and the types of calls taken by this unit. It may consider the use of sworn and nonsworn employees and trained civilian volunteers as TRU operators. Other differential response modes may also be considered, to include expanded duties of the community service desk and community service officers and Internet reporting of minor property crimes and other misdemeanors or nonviolent crimes.

V. DEVELOPMENT OF DIVISION PLANS

A. Based on the foregoing staffing alternatives and methods of influenza mitigation, division commanders in cooperation with unit supervisors shall develop individual response plans in anticipation of pandemic influenza. Division plans shall be submitted to the committee within 60 days of issuance of this order and shall contain the following information. The committee shall integrate each division plan into the overall departmental response plan and the local or regional plan.

1. Identification of essential assignments and positions.
Each department shall identify essential personnel and assignments. For purposes of this special order, essential personnel are those who meet one or more of the following characteristics.
 - a. Employees who possess specialized knowledge, skills or abilities, such as employees who have unique institutional knowledge; specialized technical skills and training; or unique command or supervisory skills,

- abilities, and responsibilities
 - b. Employees who are the only ones—or only one of a few—who have the knowledge, skills, or abilities to perform the duties assigned to a critical position or assignment
 - c. Employees who could not be readily replaced by transfer of another employee to the position or assignment
 - d. Employees whose knowledge, skills, or abilities would be difficult to impart to another employee through cross-training
2. Plans shall identify essential employees by name and position or assignment and shall do the following:
 - a. Provide details of the position and the functions or duties deemed essential
 - b. Identify potential negative impacts on the department should the individual be absent from duty for an extended time
 - c. Identify proposed remedies for overcoming the loss of essential employees
 - d. Identify potential costs and obstacles associated with implementing proposed remedies
 3. Plans shall identify specific strategies to overcome overall losses of employees.
 - a. Strategies shall be recommended in an incremental fashion, ranging from the easiest to the most difficult, recognizing the likely progression of absenteeism during a pandemic
 - b. Strategies may be adopted from those alternatives identified in this special order—modification or reduction of service delivery, use of staff augmentations, or implementation of alternative staffing patterns—or by other means deemed appropriate by supervisors and command staff
 - c. Strategies shall be accompanied by pre-pandemic implementation requirements, estimations of time required for implementation, potential obstacles and negative consequences to the department or the community if implemented, and associated costs of implementation
 4. Plans shall identify those influenza mitigation measures that should be implemented during the progression of a pandemic.
 5. Division plans shall identify all materials, facilities, and personnel resources under their command that may be used to enhance departmental disease mitigation efforts.
 6. Plans shall identify the proposed chain of command to be used during the absence of specific

supervisors or commanders.

VI. DEVELOPMENT OF PANDEMIC FLU PREPAREDNESS AND RESPONSE PLAN

- A. Comprehensive Plan Comprising Division Plans

The committee shall organize division plans into a comprehensive departmental preparedness and response plan. The committee's plan shall also examine the following issues as they affect the overall department:

 1. Legal issues—officer duties and responsibilities

There are a number of legal issues that will come into play during a pandemic influenza. These issues may be addressed through the department's legal service or through the jurisdiction's legal advisor or contract attorneys.

 - a. The legal authority to impose, and the responsibility and authority of law enforcement to enforce, orders during public health emergencies involving containment, isolation, or quarantine of civilians; closure of schools and public facilities; declaration of curfews; prohibitions on travel; and other similar emergency actions
 - b. Limitations on law enforcement uses of force in conjunction with these orders as well as legal authority for other actions, such as restricting the movement of contagious persons; and responsibility for documenting, securing and disposition of bodies of the deceased in unattended deaths
 2. Legal issues—employee health and welfare

Federal and state laws and employee contractual agreements may have bearing on the department with respect to protection of employee health and welfare and conditions of work.

 - a. Union contracts

Collective bargaining agreements and contracts shall be reviewed to establish those issues that may come into play in attempts to address influenza control and reductions in staffing during a pandemic.
 - b. Federal and state laws

Departmental policy and practice and potential emergency modifications to these protocols shall be examined to determine if, and to what degree, they conflict with federal or state laws.

 - (1) Americans with Disabilities Act (ADA)

Provisions for medical clearances prior to returning to work and related matters shall be examined with respect to provisions of the ADA.
 - (2) Occupational Safety and Health Act

Proposed department emergency

- protocols shall be examined to ensure that the department is taking reasonable precautions to protect employees from contracting influenza in the workplace, protect their medical privacy, and comply with related requirements under the law.
- (3) Family and Medical Leave Act (FMLA)
The department shall determine how best to permit leave for employees to care for family members who are ill, in conformance with FMLA requirements and in light of departmental personnel requirements in an emergency.
 - (4) Health Insurance Portability and Accountability Act (HIPAA)
Issues concerning medical certification for return to work and medical disclosures to local health authorities shall be examined under HIPAA requirements.
 - (5) Wage and hour laws
The department shall ensure that it is consistent with state and federal wage and hour and antidiscrimination requirements in any plans that restrict leave with or without pay.
 - (6) Workers' compensation regulations
The department shall determine whether and under what circumstances employees may be eligible for workers' compensation claims if incapacitated by the influenza.
 - (7) Health care and life insurance contracts
The department and others in the jurisdiction, as necessary, shall examine provisions of the department's health care and life insurance to ensure appropriate coverage of employees specific to a national or local health emergency.
3. Equipment and supplies
The committee shall ensure that an inventory is performed to itemize available departmental equipment and supplies that will be needed in a pandemic. Deficiencies in the following areas will be noted and steps taken to stockpile sufficient supplies (optimally a minimum of 90 days for medical isolation supplies, and at least two weeks of food and water, without re-supply).
 - a. Rubber gloves, eye protection, ventilated N95 masks, disposable outer boots, general antiseptic cleaners, soap and individual antiseptic wipes
 - b. Food, fuel, water, bedding, toiletries, and related personal items to allow for an extended period of self-sufficiency
 4. Information dissemination
The committee will review and make recommendations concerning the adequacy of information dissemination capabilities both within the department and to the community.
 - a. Internal communication
In order to keep employees informed of developments and to provide factual information both before and during a pandemic emergency, the committee shall recommend modifications to current internal information sharing capabilities, as necessary. These may include establishment or refinement of a dedicated employee page on the department's Web site, development of a dedicated department intranet site, use of hotlines, calling trees, and mass e-mails, or related capabilities.
 - b. External communications
The department will be responsible for providing the community with various types of information and news advisories. This information shall be closely coordinated with local and state authorities, to ensure that the public receives consistent factual information and that the source of that information remains constant. To this end, the committee shall recommend improvements that can be made to the department's current public information capabilities and changes that might be required during an emergency.
 - B. Prioritization of Tasks and Establishment of Timelines
Given high-pathogenicity avian influenza's capacity to spread rapidly and the likelihood that there may be as little as three weeks between the onset and development of a pandemic, the committee shall develop a prioritized implementation plan to address immediate, near-term, and long-term tasks. For example, the following matters are among those that shall be addressed as soon as reasonably possible:
 1. Training of staff and volunteers in prevention and control measures should cover such topics as risk factors and behaviors of exposure, flu symptoms, personal hygiene, social isolation and distancing, family preparedness, and essential components of the department's pandemic plan.
 2. Cross-training of staff to fill critical positions.
 3. Identification of community contractual services that may be used to maintain the department's infrastructure.
 4. Development or refinement of mutual aid contracts.
 5. Identification of costs associated with immediate, near-term, and long-term requirements so

that budgetary needs can be addressed.

6. Development of modified policies and procedures that can be readily implemented as needed.
7. Identification of retired officers and other volunteers willing to assist in an emergency and establishment of protocols for their use.

Every effort has been made by the IACP National Law Enforcement Policy Center staff and advisory board to ensure that this model policy incorporates the most current information and contemporary professional judgment on this issue. However, law enforcement administrators should be cautioned that no "model" policy can meet all the needs of any given law enforcement agency. Each law enforcement agency operates in a unique environment of federal court rulings, state laws, local ordinances, regulations, judicial and administrative decisions and collective bargaining agreements that must be considered. In addition, the formulation of specific agency policies must take into account local political and community perspectives and customs, prerogatives and demands; often divergent law enforcement strategies and philosophies; and the impact of varied agency resource capabilities among other factors.

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ADDITIONAL RESOURCE MATERIALS

GlaxoSmithKline

“Pre-pandemic Influenza Vaccine Can Protect against Different Strains of H5N1,” PRNewswire, March 5, 2007, <http://sev.prnewswire.com/health-care-hospitals/20070305/CLM01105032007-1.html>, July 3, 2007.

Summary of results of a study of a potential pandemic influenza vaccine.

Medical Reserve Corps

“Pandemic Influenza Planning Guidance for Medical Reserve Corps Units,” http://www.medicalreservecorps.gov/file/mrc_pandemic_influenza_planning_guidance.pdf, July 3, 2007.

Guidance for pandemic planning.

National Association of County and City Health Officials

“Local Health Department Guide to Pandemic Influenza Planning,” version 1.0, <http://www.naccho.org/topics/infectious/influenza/LHDPanFluGuide.cfm>, July 3, 2007.

Pandemic influenza planning template.

Office of the King County Executive (Seattle, Washington)

“Pandemic Flu Continuity of Operations Plan Elements for Public Health—Seattle and King County,” draft 6, September 18, 2006, <http://72.14.209.104/search?q=cache:co2qC6Vjh1UJ:mkcclcgisearch.metrokc.gov/attachments/22051.doc+overland+park+pandemic+demands+staffing&hl=en&ct=clnk&cd=10&gl=us>, July 3, 2007.

Sample continuity of operations plan for city and county government.

U.S. Department of Health and Human Services

“Community Strategy for Pandemic Influenza Mitigation,” February 2007, <http://www.pandemicflu.gov/plan/community/mitigation.html>, July 3, 2007.

Pandemic mitigation guidelines.

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

“Questions and Answers on the Executive Order Adding Potentially Pandemic Influenza Viruses to the List of Quarantinable Diseases,” August 9, 2006, http://www.cdc.gov/ncidod/dq/qa_influenza_amendment_to_eo_13295.htm, July 3, 2007.

Information about executive order 13295, which makes pandemic influenza viruses quarantinable.

ANNEX 1. DEPARTMENT TRAINING FOR INFLUENZA MITIGATION

The department's training function shall develop and deliver as soon as reasonably possible, in cooperation with public or private health care agencies, information essential to employee understanding of pandemic influenza. This includes but is not necessarily limited to the following issues and topics:

1. Historical information, experiences, and lessons learned from past U.S. pandemics, such as the following:
 - a. 1918: Spanish flu, 500,000 U.S. deaths
 - b. 1957: Asian flu, 70,000 U.S. deaths
 - c. 1968: Hong Kong flu, 40,000 U.S. deaths
 - d. Distinction between seasonal influenza and pandemic influenza
2. Most likely current pandemic threat
 - a. Nature and spread of H5N1 bird flu and other forms of highly pathogenic influenza
 - b. Human infections recorded as of June 27, 2007: 315, with 191 deaths; 60 percent mortality rate (see "Avian Influenza: Current Situation" at www.cdc.gov/flu/avian/outbreaks/current.htm and case totals and deaths worldwide, by country, at www.who.int/csr/disease/avian_influenza/country/cases_table_2007_06_25/en/index.html)
 - c. Estimated timeline of a potential pandemic from establishment of efficient human-to-human transmission to worldwide exposure
 - d. Likely infection rates and number of deaths, nationally, statewide, and locally, and threats posed by secondary bacterial infections such as pneumonia
 - e. Duration and phases of a pandemic for initial phase (12 to 16 weeks and long-term presence in communities)
 - f. Potential impact on manpower, community infrastructure, and services
 - g. Importance of rapid early response (see, for example, www.niaid.nih.gov/news/newsreleases/2007/fluresponse.htm)
 - h. Security concerns such as patient safety and privacy and pharmaceutical supply chain safety
3. Characteristics and symptoms of the disease
 - a. Persons at greatest risk: infants, the elderly, pregnant women, and persons with chronic medical conditions
 - b. Typical incubation period: two to three days
 - c. Viral shedding: Persons can transmit infection for up to one day before the onset of symptoms, and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission
 - d. Modes of transmission, such as coughing and sneezing, contact with virus on household, work, and other objects in daily life
 - e. Signs of infection
 - (1) Fever
 - (2) Headache
 - (3) Chills
 - (4) Muscle ache
 - (5) Extreme tiredness
 - (6) Sore throat
 - (7) Runny nose
 - (8) Nausea
 - (9) Cough and progressive shortness of breath
 - f. Emotional and mental health aspects of anticipated and actual infection
 - g. Lag time in development of vaccines: up to six months (availability of vaccine to law enforcement personnel per CDC vaccination priority list and state regulations)
 - h. Strategic national stockpile applicability and distribution plan
4. Prevention and control

There are several mandatory measures that must be taken and optional measures that may be considered in order to slow the spread of influenza among employees and others. The following measures and practices should be considered and introduced systematically in accordance with progression of a pandemic:

 - a. Personal hygiene
 - (1) Maintain at least six feet distance from others
 - (2) Cough etiquette: do not cough in hand or openly in public; cough into elbow if tissues not available
 - (3) Use tissues and dispose of them properly
 - (4) Eliminate handshaking
 - (5) Wash hands frequently and thoroughly after coughing, sneezing, or touching potential contaminants
 - (6) Use antiseptic towelettes or antiseptic gels if soap and water are not readily available, and make sure these antiseptic gels are readily available at work and to each person
 - (7) Avoid touching eyes and mouth
 - (8) Check body temperature daily
 - b. Preventive practices: avoidance of contact with

- infectious persons or objects
- (1) Receive annual flu vaccination to mitigate impact of possible pandemic strains
 - (2) Identify drugs to help mitigate impact of influenza (see www.niaid.nih.gov/factsheets/fludrugs.htm)
 - (3) Disinfect vehicles to degree possible and practicable between transportation of prisoners
 - (4) Disinfect surfaces and common areas to the degree possible
 - (5) Use disposable cups and utensils in the work place
 - (6) Adhere to universal precautions or other measures outlined by public health officials (see <http://www.niehs.nih.gov/odhsb/biosaf/univers.htm>)
- c. Preventive measures: changes in procedures and practices
- (1) Place masks on all persons when arrested, transported, and questioned
 - (2) Identify temporary housing for officers and other employees in essential positions where practicable to reduce travel, contact with others, and otherwise reduce exposure (arenas and hotels, for example)
 - (3) Create a departmental disease surveillance protocol to monitor employees for signs of illness
 - (4) Eliminate unnecessary travel
 - (5) Cite violators rather than arrest when legally possible and judicially sanctioned
 - (6) When possible, avoid use of temporary holding facilities for interviews and interrogation
 - (7) Hold conference calls instead of meetings
 - (8) Whenever possible, use e-mail or telephone rather than personal contact
 - (9) Require employees who are symptomatic to stay home in voluntary quarantine
 - (10) Delay return to work of employees who have been exposed to known ill family members, friends, roommates, or other persons until incubation period has elapsed
- d. Preventive measures: facility modifications
- (1) Enhance ventilation of building and offices by opening a window if possible
 - (2) Separate work spaces where practical
 - (3) Create barrier separation of public service desks from public and related person-to-person contact locations
- e. Preventive measures: personal protective equipment (PPE)
- (1) Make N-95 or higher particulate respirators available to all employees and provide training and fit testing for effective use of respirators, and follow OSHA mask guidance
 - (2) Provide surgical gloves and eye protection to all officers and other employees as deemed appropriate
 - (3) Provide hand sanitation materials and products to all officers and nonsworn employees
- f. Assistance to family members
- During a pandemic, many employees may feel compelled to use leave in order to assist ill family members. In order to prevent undue loss of employees for this purpose and to provide employees with reassurance of their family's well-being, the department shall assist employees' families by providing all information and providing all reasonable assistance to reduce the chances of infection. Additionally, all employees should take the following steps with family members, roommates, or other household members to assist in this effort:
- (1) Receive annual seasonal flu vaccinations to help mitigate potential impact of pandemic influenza
 - (2) Stockpile flu aids (such as Tamiflu) and over-the-counter treatments as available
 - (3) Receive vaccination against pandemic strain when developed and approved (see www.pandemicflu.gov/vaccine/#vaccines)
 - (4) Stockpile enough food, fuel, water, required prescription medications, and related living supplies for at least 14 days (consult the National Crime Prevention Council's "Making Sure" at www.ncpc.org/publications/text/making_sure.php)
 - (5) Share all information on prevention and treatment with family members
 - (6) Provide family members with relevant information on the department's pandemic response plan that may affect them, such as temporary housing arrangements for sworn personnel and policy modifications concerning sick leave and mandatory isolation when symptomatic
 - (7) Review relevant employee assistance programs that may be used
 - (8) Discuss voluntary quarantine or isolation measures and the use of protective masks or other PPE that may be provided
 - (9) Develop a family plan and practice drills (see <http://www.pandemicflu.gov/plan/individual/index.html>)

ANNEX 2. SAMPLE DEVELOPMENT PLAN: PANDEMIC FLU PLANNING AND RESPONSE—TIME-PHASED TASK ASSIGNMENTS

PHASE I: IMMEDIATE ACTIONS

- Establish or organize the pandemic influenza coordination committee
- Identify essential personnel and job functions
- Begin cross-training of essential personnel and job functions
- Identify duties and responsibilities that could be handled through alternative means (such as telephone reporting, use of remote workstations)
- Identify Personal Protective Equipment (PPE) needs and related supplies for staff and initiate stockpile purchases and PPE training and fit testing
- Begin training of all staff regarding preparation for, and prevention and treatment of, pandemic influenza, including aid to family members
- Identify adjuncts to staff, including reserve and retired officers, police auxiliaries, and civilian volunteers, as well as potential services they may perform
- Identify all relevant public service agencies that bear on the department's responsibilities and performance capabilities before, during, and after a pandemic
- Identify special population groups and critical infrastructures that may require special services during a pandemic
- Update mutual-aid agreements, and adopt unified command system for internal training and joint training with other departments

PHASE II: NEAR-TERM ACTIONS (Up to three months)




- Identify potential environmental related physical modifications that may be undertaken in police facilities for preventative purposes
- Develop or refine mutual-aid agreements as necessary
- Identify community agencies that may provide emergency assistance and establish contacts or agreements as necessary
- Identify available alternatives to police response to calls for service
- Prioritize calls for service
- Identify communications hardware and software necessary to establish remote workstations and maintain staff communication
- Identify legal issues involving use of force, warrant service, quarantine or isolation enforcement, restrictions on travel, and related enforcement actions under emergency conditions
- Identify legal obstacles involving employee health, welfare, and working conditions that would affect implementation of emergency response strategies

PHASE III: LONG-TERM ACTIONS (Five months and beyond)


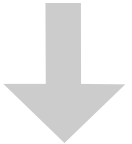
- Begin environmental modifications to work areas and facilities and alternatives that can be implemented quickly
- Initiate actions to purchase necessary computer hardware and software
- Begin training of all identified volunteers
- Develop modifications to policies, procedures, and rules as necessary to address law enforcement issues and conditions of employment under an emergency
- Discuss emergency procedures with staff bargaining units and pursue agreements on working conditions under an emergency

ANNEX 3. SAMPLE ACTIVATION PLAN: PANDEMIC FLU PLANNING AND RESPONSE

The following flowchart is offered as a conceptual model for identifying and structuring potential agency responses to pandemic influenza. It is not designed to suggest that police departments institute strategies on a strict, formulaic basis. Rather, every police department needs to customize its approach based on individual circumstances and recognize that the course and impact of a pandemic will vary between jurisdictions. It is essential that departments prepare to implement strategies in a coherent manner to mitigate the impact of widespread illness. But it is also important that the plan provide sufficient flexibility to meet shifting and rapidly changing circumstances in their department and their community.

Progression of a Pandemic Influenza	Continuum of Possible Response Strategies
Efficient human-to-human transmission has been documented together with increased incidence of infection 	<ul style="list-style-type: none"> • Increase vigilance of CDC health advisories • Renew or enhance local health-care agency interface • Maintain communication with state homeland security offices and the U.S. Department of Health and Human Services • Review pandemic response plan and implement modifications made necessary by changes over time • Provide refresher training for employees in prevention and control • Distribute PPE and ensure sanitation supplies are easily available • Encourage flu shots to help mitigate influenza attack
Cases of influenza identified in the United States 	<ul style="list-style-type: none"> • Cancel all out of town training and work related travel • Emphasize need for employee family preparations • Alert volunteers, reserves, retirees, and others for potential use • Alert community of departmental contingency plans that may affect them if flu spreads • Coordinate media with city or county health care and governmental agencies • Review emergency health and operational policies with staff
Cases of influenza identified regionally or locally 	<ul style="list-style-type: none"> • Cancel all in-service and academy training • Cancel vacations and leave • Implement all department-wide sanitation and personal hygiene measures • Substitute teleconferencing or group e-mail for group meetings • Begin staggered shifts and increased flex time among civilian employees where possible • Provide added distance between workstations • Implement mandatory stay-at-home policy when symptomatic • Close community service desk or implement engineering controls to minimize employee exposure • Conduct roll call by phone or radio
Loss of 10 percent of employees either department-wide or by work unit 	<ul style="list-style-type: none"> • Expand use of telephone reporting unit (TRU) and implement work-at-home complaint-taking capabilities • Use TRU for reporting of select property crimes where violence or more serious crimes are not involved • Begin transfer of cross-trained employees to backfill staff vacancies • Alert neighborhood watch of reduced response to calls for service • Integrate trained volunteers and retired officers into workforce where needed • Allow probationary officers to work individually when approved by field training officer • Reassign academy cadets to vacancies as possible • Increase distances between workstations and erect environmental controls

**ANNEX 3. SAMPLE ACTIVATION PLAN:
PANDEMIC FLU PLANNING AND RESPONSE
CONTINUED**

<p>Loss of 20 percent of employees either department-wide or by work unit</p> 	<ul style="list-style-type: none"> • Request assistance of additional retirees, auxiliaries, reserves, and trained volunteers • Activate mutual-aid plan • Expand patrol shifts to 12 hours • Augment patrol with officers assigned to vice, auto theft, traffic, intelligence, training, or property • Encourage overtime • Expand flex time • Implement delayed responses to lower-priority calls for service • Cite in lieu of arrest whenever possible
<p>Loss of 30 percent or more of employees either department-wide or by work unit</p> 	<ul style="list-style-type: none"> • Further reduce response time to calls for service • Limit officer response to lesser violent crimes to the degree possible • Implement work-at-home policy wherever technically feasible • Implement extended sick leave with pay where permissible • Expand TRU reporting to the fullest extent practicable where solvability factors are limited