



Los Angeles County Emergency Medical Services Agency

Recommended Actions for  
Law Enforcement Agencies to  
Prepare For and Respond To Pandemic Influenza

**Updated June 2010**

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## EXECUTIVE SUMMARY

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In 2009, we gained experience and learned lessons as we responded to the Influenza A H1N1 pandemic. As a result, the Los Angeles County Emergency Medical Services Agency has released this updated guidance, *Recommended Actions for Law Enforcement Agencies to Prepare for and Respond to Pandemic Influenza*.

In addition to performing essential law enforcement duties, agencies' primary function will be to support the public health response by maintaining public order and enforcing community disease containment measures. It will also be essential to maintain a healthy staff and prevent the transmission of disease among personnel, subjects, and inmates.

To assist law enforcement agencies in their pandemic influenza planning, this document has three main components:

- *Quick Reference Charts* for Management and Responders
- *Recommended Actions* which further define and provide guidance and considerations
- *Additional Resources* including checklists, tools, fliers, and supportive information

In the vein of all-hazards planning, this document focuses on pandemic influenza planning as a whole, rather than specific H1N1 preparedness and response. These recommended actions and resources can also be applied to any infectious disease outbreak, not just influenza.

## BACKGROUND

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Making optimal decisions concerning the allocation of scarce resources could make a big difference in the degree to which systems continue to function; ultimately it could mean saving many thousands of lives. Pandemic planning is not planning to maintain business as usual, but rather planning to maintain operations under unknown and austere circumstances. Disruption to national and community infrastructure and services are inevitable.

All of the preplanning in the world will not eliminate the increased demand that comes with a pandemic, but preparation can ease the burden. In order to assist law enforcement agencies to better prepare for, support, and cope with a region-wide pandemic, the Los Angeles County (LAC) Emergency Medical Services Agency (in cooperation with local law enforcement) developed *Recommended Actions to Prepare Law Enforcement Agencies for Pandemic Influenza by Pandemic Phase for Management and Responders*, released in October 2007.

In 2009, we gained experience and learned lessons as we responded to the Influenza A H1N1 pandemic. As a result, the LAC Emergency Medical Services (EMS) Agency has released this updated guidance, *Recommended Actions for Law Enforcement Agencies to Prepare for and Respond to Pandemic Influenza*. The most notable change is the decreased reliance on the World Health Organization's Pandemic Influenza Phases as triggers for action, and the increased need for local situational awareness, assessment and impact as the basis for alterations in operations.

In the vein of all-hazards or generalized planning, these *Recommended Actions* continue to focus on pandemic influenza planning as a whole, rather than specific H1N1 preparedness and response. They can also be applied to any infectious communicable disease outbreak, not just influenza. During a pandemic, all stakeholders will have to collaborate to assure the best achievable coordination and outcome for patients, staff and their families.

NOTE: In the initial response phase to a novel (new) virus, a more conservative approach may be taken, e.g., implementing the use of airborne protection (N95 respirators). This may change to droplet precautions (e.g., the use of surgical masks) or remain at airborne precautions based on the mode of virus transmission, communicability, and virulence of the circulating virus as more information becomes known.

To make recommendations for future updates, please contact Kay Fruhwirth, Assistant Director, LAC EMS Agency, at 562-347-1602 or [kfruhwirth@dhs.lacounty.gov](mailto:kfruhwirth@dhs.lacounty.gov).

## **ROLE OF LAW ENFORCEMENT DURING A PANDEMIC**

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Law enforcement's primary function will be to support the public health response by maintaining public order and enforcing community disease containment measures while maintaining a healthy staff and continuing to perform essential law enforcement duties.

Providing security and crowd control may include protection for:

- Medical facilities overwhelmed with persons seeking medical attention (whether ill or worried well)
- The transport of limited supplies of vaccine
- The transport of limited supplies of antiviral medications
- Points of medication dispensing and vaccination
- The transport of ill persons
- Vulnerable targets for crimes of opportunity such as vacated schools, office complexes, etc.
- Basic needs sources such as supermarkets, warehouse stores (e.g., Costco, Sam's Club), all purpose stores (e.g., Target, Wal-Mart), etc.

Other:

- Preventing civil disturbance problems among persons who are violently competing for scarce resources such as vaccines, antiviral medications, food, and other supplies.
- Detecting and preventing crimes of opportunity such as fraudulent schemes which often target special population groups, such as the elderly.
- Implementing alternative protocols for investigating a potential large number of unattended deaths, and arranging for the secure disposition of decedents when usual resources may be scarce.

Enforcing community containment measures (issued by the Los Angeles County Department of Public Health) may include:

- Enforcing quarantine orders
- Enforcing isolation orders
- Enforcing other required (non-voluntary) community containment measures such as
  - Facility closures
  - Road closures, mass transit, and other travel restrictions

State statute supports law enforcement in its role in enforcing public health measures. See page 31, Public Health Authority During a Declared Public Health Emergency, for more details.

## **COMMUNITY WIDE COORDINATION AND CONTROL**

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### **Declaration of an Influenza Pandemic Emergency**

Responsible for declaring when an outbreak of a novel (new) virus has reached the pandemic stage:

- Globally: World Health Organization (WHO)
- United States: U.S. Centers for Disease Control and Prevention (CDC)
- California: California Department of Public Health (CDPH)
- Los Angeles County: The LAC Health Officer, as Incident Manager for the county's public health response, will determine when the novel or pandemic virus is present and impacting LAC.

Once the novel or pandemic virus has been identified locally, the Health Officer may do any or all of the following:

- Activate the operational aspects of LAC's Pandemic Influenza Preparedness and Response Planning Guidelines
- Notify the members of the LAC Emergency Management Council
- Notify the LAC Board of Supervisors
- May declare a local Public Health Emergency and enact legislated public health powers detailed in the State Health and Safety Code, but the Board of Supervisors must approve the declaration of a local emergency. See page 31 for more details.
- If the county's Emergency Operations Center (EOC) is activated to manage the county's response effort, the Health Officer will designate personnel to staff the county EOC and represent the Department at the Operational Area level

### **Coordination of the LAC Health Response**

The coordination of the LAC's medical and health response will be a collaborative effort between the LAC Department of Health Services (DHS) and Department of Public Health (LACDPH). The DHS Department Head will activate the DHS Department Operations Center (DOC) to assist with the management of the healthcare system and emergency medical services response. The DOC is organized according to the Incident Command System.

### **Coordination of the LAC EMS Response**

As part of an overall preparedness plan for dealing with periods of excess demand on emergency medical services, LACDHS, in cooperation with EMS Provider Agencies and hospitals, may implement the following actions:

1. Initiate a tracking system for trending the impact of the pandemic on EMS providers and hospitals.

2. The EMS Agency may permit BLS ambulances to honor emergency department diversion and transport patients to the next closest facility.
3. If the trend indicates a region-wide crisis and there is no value in diverting ambulances away from emergency departments, the Director of the EMS Agency may require all hospitals to maintain an “open” emergency department and no emergency department diversions will be honored. Re-evaluation of this policy would take place every 24 hours until the pandemic is over.
4. LACDPH may issue advisories to the public regarding the pandemic and the appropriate use of 9-1-1 services and emergency departments versus clinics, urgent care and/or alternate care centers.
5. The EMS Agency, EMS Provider Agencies, LACDPH, Hospital Association of Southern California, Disaster Resource Centers, Los Angeles County Medical Association, Los Angeles County Emergency Medical Directors Association, Community Clinic Association of Los Angeles County and other stakeholders may participate in ongoing conference calls to assist in the development of appropriate coordination and response planning to the pandemic.

### **Pandemic Response Guidance**

During the pandemic, LACDPH will provide guidance on infection control (including PPE), altered standards of care, alternate care sites, vaccine, antiviral medications, and community containment measures. The guidance will be based on information and best practices from WHO, CDC, CDPH, and other jurisdictions affected by the pandemic.

### **KEY CONTACTS**

#### **Los Angeles County Department of Health Services Emergency Medical Services Agency**

- General: 562-347-1500
- 24/7 Medical Alert Center (MAC): 866-940-4401
- <http://ems.dhs.lacounty.gov>

#### **Los Angeles County Department of Public Health Acute Communicable Disease Control**

- Business hours: 213-240-7941; After hours: 213-974-1234
- <http://www.lapublichealth.org>

#### **Los Angeles County Department of Mental Health**

- 24/7 hotline: 888-854-7771
- <http://dmh.lacounty.gov>

#### **Los Angeles County Department of Coroner**

- 24/7: 323-343-0714
- <http://coroner.lacounty.gov>



## PANDEMIC INFLUENZA RECOMMENDED ACTIONS FOR LAW ENFORCEMENT – MANAGEMENT

<b>PREPAREDNESS</b>	
TRIGGERS FOR ACTION	ACTIONS
<p><b>Impact on Day-to-Day Law Enforcement Operations</b> None; this is a period of preparedness</p>	<ol style="list-style-type: none"> <li>1. Review and update disaster operations/response, pandemic, , and continuity of operations plans</li> <li>2. Review the differences between seasonal and pandemic flu</li> <li>3. Educate staff on how they can stop the spread of germs</li> <li>4. Post 'respiratory etiquette' posters and signs in work areas</li> <li>5. Assess supplies needed for infection control</li> <li>6. Provide boxes of facial tissues and trash receptacles</li> <li>7. Provide alcohol-based hand washing gel</li> <li>8. Subscribe to LAC Public Health Flu Watch Listserv</li> </ol>
<b>ENHANCED OPERATIONS</b>	
TRIGGERS FOR ACTION	ACTIONS
<p><b>Impact on Day-to-Day Law Enforcement Operations</b> Possible impacts that may trigger the need for enhanced or altered operations include:</p> <ul style="list-style-type: none"> <li>▪ Confirmed or suspect cases near Los Angeles County</li> <li>▪ Increased staff absenteeism by x%</li> <li>▪ Increased call volume by x%</li> <li>▪ Increased wait times by x%</li> </ul> <p>Decreased resource availability</p> <p>NOTE: Each LEA will need to determine its own thresholds based on baseline assessments of these trigger points and the level of impact upon the agency.</p>	<ol style="list-style-type: none"> <li>1. Continue to review and update disaster plans. Activate emergency operations plans, if triggers are met.</li> <li>2. Consider placing masks on all subjects with flu-like symptoms and /or flu screenings of all subjects brought into custody</li> <li>3. Begin procuring infection control supplies</li> <li>4. Reinforce infection control practices</li> <li>5. Educate staff on the current situation on an ongoing basis</li> <li>6. Begin implementing adjusted staffing patterns</li> <li>7. Educate staff on staffing and procedures changes</li> <li>8. For updated information, review:                             <ul style="list-style-type: none"> <li>▪ US DHHS, <a href="http://www.pandemicflu.gov/">http://www.pandemicflu.gov/</a></li> <li>▪ LAC Public Health, <a href="http://lapublichealth.org/acd/Pandemicflu.htm">http://lapublichealth.org/acd/Pandemicflu.htm</a></li> </ul> </li> </ol>
<b>PANDEMIC RESPONSE</b>	
TRIGGERS FOR ACTION	ACTIONS
<p><b>Impact on Day-to-Day Law Enforcement Operations</b> Possible impacts that may trigger the need for enhanced or altered operations include:</p> <ul style="list-style-type: none"> <li>▪ Confirmed or suspect cases in Los Angeles County, and/or among staff</li> <li>▪ Increased staff absenteeism by x%</li> <li>▪ Increased call volume by x%</li> <li>▪ Increased wait times by x%</li> <li>▪ Decreased resource availability</li> </ul>	<ol style="list-style-type: none"> <li>1. Implement emergency operations plans</li> <li>2. Educate staff on the current situation on an ongoing basis</li> <li>3. Enforce PH guidelines on community containment strategies</li> <li>4. Implement adjusted staffing patterns</li> <li>5. Implement essential staffing and services only</li> <li>6. Limit the number of responders to the minimum necessary</li> <li>7. Perform health screenings of all staff</li> <li>8. Ensure officers maintain at least a 3 foot separation between subjects (6 feet is ideal)</li> <li>9. Perform flu screening of all subjects brought into custody</li> <li>10. Consider placing masks on all subjects transported</li> <li>11. Conserve usage of supplies needed for infection control</li> <li>12. Use vehicles with solid security screening</li> <li>13. Decontaminate vehicles using standard operating procedures</li> <li>14. Maintain at least a 3 foot separation of all staff in sleeping quarters</li> <li>15. Follow PH guidelines for personal protection, vaccine, and antivirals</li> <li>16. Follow Coroner guidelines for managing the dead, as available</li> </ol>
<b>RECOVERY</b>	
TRIGGERS FOR ACTION	ACTIONS
<p><b>Impact on Day-to-Day Law Enforcement Operations</b> Possible impacts that may trigger the need for enhanced or altered operations include:</p> <ul style="list-style-type: none"> <li>▪ All triggers returns to baseline</li> </ul>	<p>Prepare for a possible next wave:</p> <ol style="list-style-type: none"> <li>1. Conduct staff debriefings</li> <li>2. Participate in community debriefings</li> <li>3. Implement appropriate changes and update plans</li> <li>4. Replenish supplies</li> <li>5. Continue to monitor the health of staff</li> </ol>

## PANDEMIC INFLUENZA RECOMMENDED ACTIONS FOR LAW ENFORCEMENT – RESPONDERS

<b>PREPAREDNESS</b>	
<b>TRIGGERS FOR ACTION</b>	<b>ACTIONS</b>
<p><b>Impact on Day-to-Day Law Enforcement Operations</b> None; this is a period of preparedness</p>	<ol style="list-style-type: none"> <li>1. Learn the difference between seasonal and pandemic influenza</li> <li>2. Learn how to stop the spread of germs</li> <li>3. Follow 'respiratory etiquette'</li> <li>4. Use facial tissues and trash receptacles</li> <li>5. Use alcohol-based hand washing gel after all subject contact</li> </ol>
<b>ENHANCED OPERATIONS</b>	
<b>TRIGGERS FOR ACTION</b>	<b>ACTIONS</b>
<p><b>Impact on Day-to-Day Law Enforcement Operations</b> Possible impacts that may trigger the need for enhanced or altered operations include:</p> <ul style="list-style-type: none"> <li>▪ Confirmed or suspect cases near Los Angeles County</li> <li>▪ Increased staff absenteeism by x%</li> <li>▪ Increased call volume by x%</li> <li>▪ Increased wait times by x%</li> </ul> <p>Decreased resource availability</p> <p>NOTE: Each LEA will need to determine its own thresholds based on baseline assessments of these trigger points and the level of impact upon the agency.</p>	<ol style="list-style-type: none"> <li>1. Perform safe work practices</li> <li>2. Review emergency operations plans and procedures</li> <li>3. Consider placing masks on all subjects with flu-like symptoms and /or flu screenings of all subjects brought into custody</li> <li>4. Participate in staff health screenings as needed</li> <li>5. Notify receiving facility that the subject has flu-like symptoms</li> <li>6. Attend briefings on the current situation</li> </ol>
<b>PANDEMIC RESPONSE</b>	
<b>TRIGGERS FOR ACTION</b>	<b>ACTIONS</b>
<p><b>Impact on Day-to-Day Law Enforcement Operations</b> Possible impacts that may trigger the need for enhanced or altered operations include:</p> <ul style="list-style-type: none"> <li>▪ Confirmed or suspect cases in Los Angeles County, and/or among staff</li> <li>▪ Increased staff absenteeism by x%</li> <li>▪ Increased call volume by x%</li> <li>▪ Increased wait times by x%</li> <li>▪ Decreased resource availability</li> </ul>	<ol style="list-style-type: none"> <li>1. Enforce PH guidelines on community containment strategies</li> <li>2. Use infection control precautions for every encounter</li> <li>3. Maintain at least 3 feet between officers and subjects (6 feet is ideal), or stand behind subjects if safe to do so</li> <li>4. Consider performing flu screenings on all subjects before transport</li> <li>5. Consider placing masks on all subjects transported</li> <li>6. Use a vehicle with solid security screening, if possible</li> <li>7. Ventilate vehicles (roll down windows, etc.) during transport and in buildings, if possible</li> <li>8. Notify receiving facility that the subject has flu-like symptoms</li> <li>9. Limit the number of responders to the minimal necessary</li> <li>10. Decontaminate vehicles using standard operating procedures</li> <li>11. Maintain at least a 3 foot separation of all staff in sleeping quarters</li> <li>12. Follow PH guidelines for personal protection, vaccine and antivirals, as available</li> <li>13. Follow Coroner guidelines for managing the dead, as available</li> </ol>
<b>RECOVERY</b>	
<b>TRIGGERS FOR ACTION</b>	<b>ACTIONS</b>
<p><b>Impact on Day-to-Day Law Enforcement Operations</b> Possible impacts that may trigger the need for enhanced or altered operations include:</p> <ul style="list-style-type: none"> <li>▪ All triggers returns to baseline</li> </ul>	<p>Prepare for a possible next wave:</p> <ol style="list-style-type: none"> <li>1. Participate in debriefings on what went well and what needs improvement</li> <li>2. Participate in staff health screenings as needed</li> </ol>

## RECOMMENDED ACTIONS: PREPAREDNESS PERIOD

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### TRIGGERS FOR ACTION

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#### Impact on Day-to-Day Law Enforcement Operations

None; this is a period of preparedness

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### MANAGEMENT

1. Review and update disaster operations and response, pandemic, and continuity of operations plans. Review the Checklist: US DHHS Law Enforcement Pandemic Influenza Planning Checklist and the Sample Plan Tables of Contents on pages 22 and 28. Review and update mobilization and emergency operations plans; review current biological plans (such as for TB, MRSA, lice) to see if components can be adapted for pandemic influenza.
  - Develop a plan to enforce Public Health guidelines on pandemic influenza community containment strategies, as available. See page 31 for public health authority in a public health emergency.
  - Consider what is the threshold at which it may not be possible to respond to all calls for service, and what operational procedures would need to be altered to respond as effectively as possible.
  - Consider needs to ensure the maintenance of police work of major importance with 30% reduction in staff. Create plans for adjusted staffing patterns. See Staffing Considerations on page 42. Adjusting the minimum number of essential personnel required; cross-training staff; and using volunteers/others for non-technical positions. Staff assignments may be affected by influenza/health status; review Occupational Health Management During an Influenza Pandemic (“Fit for Work”) on page 51. Consider how staff health information will be identified in relation to HIPAA requirements. Consult with human resources and legal counsel.
  - Develop a plan to conduct health screening of all staff before they report for duty. See Employee Health Considerations on page 46. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34 and consider using a form similar to the Worker Influenza-Like Illness Monitoring Form on page 49.
  - Consider how canine and equine resources will be used or cared for if the number of qualified handlers and caretakers diminishes (dogs and horses will not catch influenza).
  - Develop plans to maintain operations if one or more external industries is disrupted as a result of staffing shortages. These may include a reduction or lack of services in utilities, sanitation, transportation (including fuel, vehicle towing, etc.), information technology, healthcare services and capacity, supply chain, jail capacity and communications.
2. Review the differences between seasonal, pandemic and H1N1 influenza. See the chart on page 20.

3. Educate staff on stopping the spread of germs at the work place. Ensure staff understands their duty to keep healthy, and not to work if they are contagious because they can infect and deplete the rest of the force. Consider disseminating information at roll call and posting in staff congregating areas. See CDC handout on page 37, and Sample Roll Call Briefing Contents on page 29.
4. Post 'respiratory etiquette' posters and signs in work areas. See CDC poster on page 39.
5. Review the Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34.
  - Assess what and how many supplies will be needed for infection control including gloves, masks, facial tissues, trash receptacles, alcohol-based hand washing gel, etc.
  - Fit test staff for N-95 masks if those will be used. However, surgical masks may be used as needed. For more information about when and how to use masks, see Use of Masks During a Pandemic on page 40.
6. Provide boxes of facial tissues and trash receptacles in the work place and for subject transport and holding.
7. Provide alcohol-based hand washing gel in all vehicles and the work place and promote its use.
8. Subscribe to Los Angeles County Department of Public Health Flu Watch Listserv. The Influenza Watch LISTSERV of the LAC Department of Public Health is maintained by the Acute Communicable Disease Control Program. The purpose of this LISTSERV is to keep health professionals informed about local, state and national influenza activity. Influenza Watch is sent out to all subscribers every week during flu season. Send an email to LISTSERV@listserv.ladhs.org, and in the body of the email enter SUBSCRIBE FLUWATCH. No information in the subject line is needed. Included in this listserv is the monthly Pandemic Flu and You update.

## **RESPONDERS**

1. Learn the differences between seasonal, pandemic and H1N1 influenza. See the chart on page 20.
2. Learn how and follow steps to stop the spread of germs. Consider the duty to keep healthy, and not to work if contagious because you can infect and deplete the rest of the force. Get fit tested for N-95 masks, if needed. See Use of Masks During a Pandemic on page 40.
3. Follow 'respiratory etiquette' procedures.
4. Use facial tissues and trash receptacles.
5. Use alcohol-based hand washing gel after all subject contact.

## **RECOMMENDED ACTIONS: ENHANCED OPERATIONS**

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### **TRIGGERS FOR ACTION**

#### **Impact on Day-to-Day Law Enforcement Operations**

Possible impacts that may trigger the need for enhanced or altered operations include:

- Confirmed or suspect cases near Los Angeles County
- Increased staff absenteeism by x%
- Increased call volume by x%
- Increased wait times by x%
- Decreased resource availability

NOTE: Each LEA will need to determine its own thresholds based on baseline assessments of these trigger points and the level of impact upon the agency.

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### **MANAGEMENT**

1. Continue to review and update disaster plans. Activate emergency operations plans, if triggers are met.
2. Consider placing masks on all subjects transported with flu-like symptoms. Consider performing flu screenings on all subjects brought into custody. See the Influenza-Like Illness Assessment Tool on page 48 for guidance on a simple screening. Review Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34 for additional considerations when screening subjects.
3. Begin procuring supplies that will be needed for infection control including gloves, facial tissues, waste receptacles, alcohol-based hand washing gel, masks, etc.
4. Reinforce proper infection control practices. Encourage safe work practices among staff to prevent transmission of influenza. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34.
5. Educate staff on the current pandemic influenza situation. Disseminate updates and status (even if the situation and procedures are the same from the previous update) at roll call (or other regular staff contact time) and post in staff congregating areas. See Sample Roll Call Briefing Contents on page 29.
6. Begin implementing adjusted staffing patterns.
7. Educate staff on staffing and procedure changes.
8. For updated information, review: US DHHS, [www.pandemicinfluenza.gov](http://www.pandemicinfluenza.gov), and Los Angeles County Department of Public Health, <http://lapublichealth.org/acd/Pandemicflu.htm>.

### **RESPONDERS**

1. Perform safe work practices to prevent transmission of influenza, such as:
  - Use infection control supplies
  - Avoid touching one's face with contaminated gloves

- Avoid unnecessary touching of surfaces in the police vehicle
  - Maintain at least 3 feet of separation (6 feet ideal), or stand behind subject
2. Review emergency operations plans and procedures.
  3. Consider placing masks on all subjects transported with flu-like symptoms. Review the Influenza-Like Illness Assessment Tool on page 48.
  4. Participate in staff health screenings as needed.
  5. Notify the receiving facility that the subject has flu-like symptoms.
  6. Attend briefings on the current pandemic influenza situation.

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## STAFF HEALTH SCREENINGS VS SUBJECT FLU SCREENINGS

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### **Staff Health Screenings**

Include both a quick assessment to determine if staff have flu-like symptoms as well as monitoring staff after they have been exposed to influenza

#### *Resources*

- Employee Health Considerations, page 46: information on screening and sleeping quarters
- Influenza-Like Illness Assessment Tool, page 48: guidance on a simple flu screening
- Influenza-Like Illness Monitoring Form, page 49: 10 day symptom monitoring or post-exposure tracking form
- Sample Employee Health Evaluation and Management Flowchart, page 50
- Pandemic Influenza Infection Control Considerations for Law Enforcement, page 34: additional considerations when screening staff

### **Subject Flu Screenings**

Quick assessment to determine if subjects have flu-like symptoms

#### *Resources*

- Influenza-Like Illness Assessment Tool, page 48: guidance on a simple flu screening
  - Pandemic Influenza Infection Control Considerations for Law Enforcement, page 35: additional considerations when screening subjects.
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## **RECOMMENDED ACTIONS: PANDEMIC RESPONSE**

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### **TRIGGERS FOR ACTION**

#### **Impact on Day-to-Day Law Enforcement Operations**

Possible impacts that may trigger the need for enhanced or altered operations include:

- Confirmed or suspect cases in Los Angeles County, and/or among staff
  - Increased staff absenteeism by x%
  - Increased call volume by x%
  - Increased wait times by x%
  - Decreased resource availability
- 

#### **MANAGEMENT**

1. Implement emergency operations procedures.
2. Educate staff on the current situation on an ongoing basis through briefings, at roll call, and other opportunities.
3. Implement plan to enforce Public Health guidelines on pandemic influenza community containment strategies, as available.
4. Implement adjusted staffing patterns. Reassess staffing and consider redistribution of resources as the pandemic continues.
5. Implement essential staffing and services only.
6. Limit the number of responders to the minimum necessary.
7. Implement plan to conduct health screening of all staff before they report for duty. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34 and consider using a form similar to the Worker Influenza-Like Illness Monitoring Form on page 49.
8. Ensure officers maintain at least 3 feet between subjects if there is no barrier (6 feet is ideal). If safe to do so, an officer may also stand behind the subject. Consideration should be taking during investigative interviews. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34 for additional concerns and sample solutions.
9. Consider performing flu screenings on all subjects before being transported and brought into custody. See the Influenza-Like Illness Assessment Tool on page 48 for guidance on a simple screening. Review Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34 for additional considerations when screening subjects.
10. Consider placing masks on all subjects transported. If the subject refuses or is unable (i.e., it would compromise respiratory status, difficult for the patient to wear) to wear a mask, have the subject cover the mouth/nose with tissue when coughing, or consider the use of other methods of controlling fluid transmission such as those used to reduce spitting.
11. Conserve usage of supplies needed for infection control. See poster on reusing an N-95 respirator on page 41.

12. If available, ensure the use of a vehicle with solid security screening. This may help reduce disease transmission, but will not eliminate it. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34.
13. Decontaminate vehicles using standard operating procedures. The objective is to safely clean vehicles used for transport of subjects to prevent pandemic influenza transmission to staff and future subjects. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34.
14. Maintain at least a 3 foot separation of all staff in sleeping quarters. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34.
15. Follow Los Angeles County Department of Public Health guidelines for personal protection, vaccine and antivirals, as available.
16. Follow Los Angeles County Department of Coroner guidelines for managing decedents, as available. Consider implementing alternative protocols for investigating a potential large number of unattended deaths, and arranging for the secure disposition of decedents when usual resources may be scarce.

## **RESPONDERS**

1. Implement procedures to enforce Public Health guidelines on pandemic influenza community containment strategies, as available.
2. Use infection control precautions for every encounter unless otherwise instructed.
3. Maintain at least 3 feet between subjects if there is no barrier (6 feet is ideal). If safe to do so, an officer may also stand behind the subject. Consideration should be taking during investigative interviews. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34 for additional concerns and sample solutions.
4. Consider placing masks on all subjects transported. If the subject refuses or is unable (i.e., would further compromise respiratory status, difficult for the patient to wear) to wear a mask, have the subject cover the mouth/nose with tissue when coughing, or consider the use of other methods of controlling fluid transmission such as those used to reduce spitting.
5. Consider performing flu screenings on all subjects before being transported and brought into custody. See the Influenza-Like Illness Assessment Tool on page 48 for guidance on a simple screening. Review Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34 additional considerations when screening subjects.
6. During transport, use a vehicle with solid security screening, if possible, to prevent disease transmission. This may help reduce transmission, but will not eliminate it. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34.
7. Ventilate vehicles. Open windows unless vehicles have separately ventilated compartments.
8. Notify the receiving facility that the subject has flu-like symptoms.
9. Limit the number of responders to the minimal necessary. Ensure unnecessary public contact.



10. Decontaminate vehicles using standard operating procedures. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 34.
11. Maintain at least a 3 foot separation of all staff in sleeping quarters.
12. Follow Los Angeles County Department of Public Health guidelines for personal protection, vaccine and antivirals, as available.
13. Follow Los Angeles County Department of Coroner guidelines for managing the dead, as available. Consider implementing alternative protocols for investigating a potential large number of unattended deaths, and arranging for the secure disposition of decedents when usual resources may be scarce.

## **RECOMMENDED ACTIONS: RECOVERY**

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### **TRIGGERS FOR ACTION**

#### **Impact on Day-to-Day Law Enforcement Operations**

Possible impacts that may trigger the need for enhanced or altered operations include:

- All triggers returns to baseline
- 

### **MANAGEMENT**

Prepare for a possible next wave:

1. Conduct staff debriefings on what went well and what needs improvement.
2. Participate in community debriefings on what went well and what needs improvement.
3. Implement appropriate changes based on debriefing and other analysis; update plans.
4. Replenish supplies.
5. Continue to monitor the health of staff. Ensure appropriate follow-up and care of staff who transported subjects with influenza.

### **RESPONDERS**

Prepare for a possible next wave:

1. Participate in debriefings on what went well and what needs improvement.
2. Participate in health monitoring, as needed.

## WEB RESOURCES

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### Law Enforcement Pandemic Influenza Guidance

#### Federal: US DHHS

- Law Enforcement Pandemic Influenza Planning Checklist:  
<http://pandemicflu.gov/professional/business/lawenforcement.html>
- Correctional Facilities Pandemic Influenza Planning Checklist:  
<http://pandemicflu.gov/professional/business/correctionchecklist.html>
- Pandemic Influenza Plan Part 2. Public Health Guidance on Pandemic Influenza for State and Local Partners, November 07, 2005, [www.hhs.gov/pandemicflu/plan/part2.html](http://www.hhs.gov/pandemicflu/plan/part2.html)
- The National Action Agenda for Public Health Legal Preparedness. Journal of Law, Medicine and Ethics. [Special Supplement to 2008;36(1):23–27.]: [www2a.cdc.gov/phlp/docs/Journalpdf.pdf](http://www2a.cdc.gov/phlp/docs/Journalpdf.pdf)
- CDC: Federal Public Health Emergency Law: Implications for State and Local Preparedness and Response, April 2009: [www2a.cdc.gov/phlp/webinar\\_04\\_29\\_2009.asp](http://www2a.cdc.gov/phlp/webinar_04_29_2009.asp)

#### Federal: Bureau of Justice Assistance

- Preparing the Justice System for Pandemic Influenza Resources:  
[www.ojp.usdoj.gov/BJA/pandemic/resources.html](http://www.ojp.usdoj.gov/BJA/pandemic/resources.html)
- Benchmarks for Developing a Law Enforcement Pandemic Flu Plan, October 2009:  
[www.ojp.usdoj.gov/BJA/pdf/PERF\\_PandemicBenchmarks.pdf](http://www.ojp.usdoj.gov/BJA/pdf/PERF_PandemicBenchmarks.pdf)
- The Role of Law Enforcement in Public Health Emergencies: Special Considerations for an All-Hazards Approach, [www.ojp.usdoj.gov/BJA/pdf/role\\_law\\_enforce.pdf](http://www.ojp.usdoj.gov/BJA/pdf/role_law_enforce.pdf)
- Coordinated Implementation of Community Response Measures (Including Social Distancing) to Control the Spread of Pandemic Respiratory Disease, July 2008:  
[www.ojp.usdoj.gov/BJA/pdf/CRM\\_MOU.pdf](http://www.ojp.usdoj.gov/BJA/pdf/CRM_MOU.pdf)
- A Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response Action Steps for Public Health, Law Enforcement, the Judiciary, and Corrections July 2008: [www.ojp.usdoj.gov/BJA/pdf/Framework.pdf](http://www.ojp.usdoj.gov/BJA/pdf/Framework.pdf)
- Communication and Public Health Emergencies: A Guide for Law Enforcement, August 2009:  
[www.ojp.usdoj.gov/BJA/pdf/PERF\\_Emer\\_Comm.pdf](http://www.ojp.usdoj.gov/BJA/pdf/PERF_Emer_Comm.pdf)

#### State

- California Department of Public Health: Interim Guidance for Employers and Employees on Novel Influenza A (H1N1) Virus (general guidance and page 5), June 24, 2009:  
[www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH\\_Interim\\_Guidance\\_H1N1Flu\\_Employers\\_Employees.pdf](http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPH_Interim_Guidance_H1N1Flu_Employers_Employees.pdf)

- Preparedness Planning Considerations for Pandemic Flu Virus, California's Governor's Office of Emergency Services, Law Enforcement Branch, March 13, 2006,  
[www.oes.ca.gov/Operational/OESHome.nsf/PDF/Pandemic%20Flu%20Planning%20Considerations/\\$file/PandemicFlu.pdf](http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/Pandemic%20Flu%20Planning%20Considerations/$file/PandemicFlu.pdf)

#### County

- Law Enforcement Pandemic Influenza Preparedness Checklist, Contra Costa Health Services,  
[www.cchealth.org/topics/pandemic\\_flu/pdf/preparedness\\_checklist.pdf](http://www.cchealth.org/topics/pandemic_flu/pdf/preparedness_checklist.pdf)

#### Articles from Police Chief Magazine

- Considerations for Pandemic Flu Planning and Response, August 2007:  
[http://policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article\\_id=1239&issue\\_id=82007](http://policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=1239&issue_id=82007)
- Law Enforcement and Public Health, August 2007:  
[http://policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article\\_id=1238&issue\\_id=82007](http://policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=1238&issue_id=82007)
- Pandemic Influenza and Bird Flu: The State of Delaware State and Local Law Enforcement Preparedness, February 2006,  
[www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article\\_id=806&issue\\_id=22006](http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=806&issue_id=22006)
- Quarantines: The Law Enforcement Role, February 2006,  
[www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article\\_id=807&issue\\_id=22006](http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=807&issue_id=22006)
- The Pandemic Influenza Plan: Implications for Local Law Enforcement, January 2006,  
[www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article\\_id=784&issue\\_id=12006](http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=784&issue_id=12006)
- 2003 SARS Outbreak: The Response of the Toronto Police Service, April 2005:  
[http://policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article\\_id=565&issue\\_id=42005](http://policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=565&issue_id=42005)

#### **Los Angeles County Pandemic Influenza Guidance**

Department of Health Services Emergency Medical Services Agency: <http://ems.dhs.lacounty.gov/>

- Medical Alert Center: <http://ems.dhs.lacounty.gov/MAC/MAC.htm>
- Disaster Services: <http://ems.dhs.lacounty.gov/Disaster/Disaster.htm>
- H1N1 Information: <http://ems.dhs.lacounty.gov/Home/SwineFlu.htm>
- Manuals and Protocols: <http://ems.dhs.lacounty.gov/ManualsProtocols/Manuals.htm>

- Recommended Actions for Law Enforcement Agencies to Prepare for and Respond to Pandemic Influenza

Department of Public Health: <http://www.publichealth.lacounty.gov/>

- Pandemic Influenza: <http://www.publichealth.lacounty.gov/acd/Pandemicflu.htm>
- H1N1 Influenza: <http://www.publichealth.lacounty.gov/acd/h1n1.htm>
- Acute Communicable Disease Control Pandemic Influenza: <http://lapublichealth.org/acd/Pandemicflu.htm>
- Biological Incident Plan: Pandemic Influenza Guidelines:  
<http://lapublichealth.org/acd/docs/Flu/pandemicfluexec011106.pdf>
- Free resources: <http://www.publichealth.lacounty.gov/acd/HealthEdH1N1.htm>

## California

Department of Public Health: <http://www.cdph.ca.gov/>

- Division of Communicable Disease Control: <http://www.cdph.ca.gov/programs/dcdc/>
- Pandemic Influenza: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/PandemicFlu.aspx>
- H1N1 Influenza: <http://www.cdph.ca.gov/HealthInfo/discond/Pages/H1N1Home.aspx>
- Vaccination Registration: <http://www.calpanflu.org>

Division of Occupational Safety and Health (Cal/OSHA): <http://www.dir.ca.gov/dosh/>

- H1N1 Guidance: <http://www.dir.ca.gov/dosh/SwineFlu/SwineFlu.htm>
- Cal/OSHA Interim Enforcement Policy on H1N1 and Section 5199 (Aerosol Transmissible Diseases) Issue Date: 10-22-09: [www.dir.ca.gov/dosh/SwineFlu/Interim\\_enforcement\\_H1N1.pdf](http://www.dir.ca.gov/dosh/SwineFlu/Interim_enforcement_H1N1.pdf)
- Appendix A: Respiratory Supply Documentation:  
[www.dir.ca.gov/dosh/SwineFlu/H1N1\\_Interim\\_Guidance-Respiratory\\_Supply\\_Documentation.pdf](http://www.dir.ca.gov/dosh/SwineFlu/H1N1_Interim_Guidance-Respiratory_Supply_Documentation.pdf)
- Cal/OSHA Guidance for Employers and Employees Regarding Recent H1N1 (Swine Flu) Cases (7-15-09): <http://www.dir.ca.gov/dosh/SwineFlu/Cal-oshaguidanceswineflu.pdf>

## Federal

Department of Health and Human Services: <http://www.pandemicflu.gov/>

- Business Planning Checklist: <http://pandemicflu.gov/professional/business/businesschecklist.html>

Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/flu/>

- Stopping the Spread of Germs at Work: <http://www.cdc.gov/germstopper/work.htm>
- Cover Your Cough: <http://www.cdc.gov/flu/protect/covercough.htm>
- Guidance for Businesses and Employers To Plan and Respond to the 2009-2010 Influenza Season, Oct 21, 2009: <http://pandemicflu.gov/professional/business/guidance.html>
- Community Strategy for Pandemic Influenza Mitigation:  
[http://pandemicflu.gov/plan/community/community\\_mitigation.pdf](http://pandemicflu.gov/plan/community/community_mitigation.pdf)

Department of Homeland Security

- Pandemic Influenza Preparedness, Response and Recovery Guide for Critical Infrastructure and Key Resources: <http://www.pandemicflu.gov/plan/pdf/cikrpandemicinfluenzaguide.pdf>

Federal Emergency Management Agency: <http://www.fema.gov/>

- Continuity of Operations (COOP) Planning Guidance: [www.fema.gov/government/coop/index.shtm](http://www.fema.gov/government/coop/index.shtm)

Occupational Safety and Health Administration: <http://www.osha.gov/>

- Guidance on Preparing Workplaces for an Influenza Pandemic:  
[http://www.osha.gov/Publications/influenza\\_pandemic.html](http://www.osha.gov/Publications/influenza_pandemic.html)

## **International**

World Health Organization

- Pandemic Preparedness: <http://www.who.int/csr/disease/influenza/pandemic/en/index.html>
- Pandemic Influenza Preparedness and Response (WHO guidance document):  
<http://www.who.int/csr/disease/influenza/pipguidance2009/en/index.html>
- Pandemic (H1N1) 2009 Influenza: <http://www.who.int/csr/disease/swineflu/en/index.html>
- Avian (H5N1) Influenza: [http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)

## **Other**

American Probation and Parole Association: Pandemic Influenza Preparedness and Response Planning: Guidelines for Community Corrections, August 2009: [www.appa-net.org/eweb/docs/appa/pubs/PIPRP.pdf](http://www.appa-net.org/eweb/docs/appa/pubs/PIPRP.pdf)

CIDRAP/SHRM: Doing business during an influenza pandemic: human resource policies, protocols, templates, tools, & tips, Nov 2009: <http://www.cidrap.umn.edu/cidrap/files/33/cidrap-shrm-hr-pandemic-toolkit.pdf>

## COMPARISON OF SEASONAL, PANDEMIC AND H1N1 INFLUENZA

- Susceptibility to the pandemic influenza virus will be universal.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios.
- The typical incubation period (interval between infection and onset of symptoms) for seasonal influenza is approximately 2 days.
- Persons who become ill may shed virus during and before the onset of illness. Viral shedding and the risk of transmission are likely to be greatest during the first 2 days.
- An influenza pandemic could last from 18 months to several years, with two to three waves of activity. Waves may last 6 to 8 weeks in affected communities.

	<b>Seasonal Flu</b>	<b>Pandemic Flu</b>	<b>H1N1 Influenza</b>
<b>Cause</b>	Known circulating flu viruses	A novel virus <i>Implication:</i> Since no previous exposure, <b>humans will have little or no pre-existing immunity</b>	Novel virus: Influenza A 2009 H1N1
<b>Transmission</b>	Large droplet and fomites	Large droplet and fomites	Large droplet and fomites. Appears to be transmitted from person to person through close contact in ways similar to other influenza viruses.  All respiratory secretions and bodily fluids, including diarrheal stools, of patients with 2009 H1N1 influenza are considered to be potentially infectious.
<b>Infectious Period</b>	<ul style="list-style-type: none"> <li>▪ Adults: 1 day prior to symptom onset, 5 days post illness</li> <li>▪ Children: 10 days</li> <li>▪ Immune-compromised shed for weeks to months</li> </ul>	<ul style="list-style-type: none"> <li>▪ Unknown</li> <li>▪ Likely similar to seasonal flu, but unknown.</li> </ul> <i>Implication:</i> Complicates the use of quarantine, isolation and masks for protection.	<ul style="list-style-type: none"> <li>▪ Adults: 1 day prior to symptom onset, 7 days post illness or until 1 day after fever is gone</li> </ul>
<b>Prevention &amp; Treatment</b>	<ul style="list-style-type: none"> <li>▪ Annual vaccination</li> <li>▪ Respiratory hygiene</li> <li>▪ Four antivirals for treatment and prophylaxis</li> <li>▪ <b>However</b>, viral strains are becoming resistant</li> </ul>	<ul style="list-style-type: none"> <li>▪ Unknown</li> <li>▪ No vaccine currently exists</li> <li>▪ Antiviral effectiveness is unknown.</li> </ul> <i>Implication:</i> Still using a 1950s model for vaccine production. Availability and effectiveness of antivirals for pandemic flu is uncertain.	<ul style="list-style-type: none"> <li>▪ Tamiflu® (oseltamivir) or Relenza® (zanamivir)</li> <li>▪ 2009 H1N1 vaccine</li> </ul>

	<b>Seasonal Flu</b>	<b>Pandemic Flu</b>	<b>H1N1 Influenza</b>
<b>When does it occur and how is it spread?</b>	Winter seasons in the Northern and Southern Hemispheres	<ul style="list-style-type: none"> <li>▪ Unknown</li> <li>▪ Year-round without warning</li> <li>▪ Rapid worldwide spread.</li> </ul> <i>Implication:</i> Most important differentiating factor.	<p>Cases began in Mexico, and spread to the US in April 2009. Proximity to Mexico and tourist travel hastened its spread in the US.</p> <p>Appears to be transmitted from person to person through close contact in ways similar to other influenza viruses.</p>
<b>Who is seriously affected?</b>	<ul style="list-style-type: none"> <li>▪ Elderly</li> <li>▪ Young children</li> <li>▪ Chronic conditions</li> </ul>	<p>Everyone including the young and healthy.</p> <p><i>Implication:</i> Could greatly impact community infrastructure.</p>	<ul style="list-style-type: none"> <li>▪ Children</li> <li>▪ Pregnant women</li> <li>▪ Immunosuppressed or compromised</li> <li>▪ Serious cases of pneumococcal disease coincident with increases in influenza-associated hospitalizations</li> </ul>
<b>How many are affected?</b>	<p>In US...varies each season, on average:</p> <ul style="list-style-type: none"> <li>▪ 36,000 deaths</li> <li>▪ 200,000 hospitalizations</li> </ul>	<p>In US*...</p> <ul style="list-style-type: none"> <li>▪ 314,000–734,000 hospitalizations</li> <li>▪ 89,000–207,000 deaths</li> </ul> <p><i>Implication:</i> Can have a devastating impact on hospitals, funeral homes, etc.</p>	<p>CDC updated estimates from April 2009 and January 16, 2010:</p> <ul style="list-style-type: none"> <li>▪ 57 million people were infected with 2009 H1N1.</li> <li>▪ 257,000 H1N1-related hospitalizations.</li> <li>▪ 11,690 2009 H1N1-related deaths.</li> </ul> <p>Latest updates:  <a href="http://www.cdc.gov/h1n1flu/estimates/April_January_16.htm">http://www.cdc.gov/h1n1flu/estimates/April_January_16.htm</a></p>

\* A wide range of estimates exists. This is a midrange estimate provided by the Centers for Disease Control and Prevention.



## **LAW ENFORCEMENT PANDEMIC INFLUENZA PREPAREDNESS CHECKLIST**

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The US DHHS checklist is available at <http://pandemicflu.gov/plan/workplaceplanning/lawenforcement.html>, or for PDF download at <http://pandemicflu.gov/plan/workplaceplanning/lawenforcement.pdf>. A correctional facilities checklist is available at <http://pandemicflu.gov/plan/workplaceplanning/correctionchecklist.html>.

In the event of pandemic influenza, law enforcement agencies (e.g., State, local, and tribal Police Departments, Sheriff Departments, Federal law enforcement officers, special jurisdiction police personnel) will play a critical role in maintaining the rule of law as well as protecting the health and safety of citizens in their respective jurisdictions. Planning for pandemic influenza is critical.

To assist you in your efforts, the Department of Health and Human Services (HHS) has developed a checklist for law enforcement agencies. This checklist provides a general framework for developing a pandemic influenza plan. Los Angeles County has adapted the checklist (see below).

The checklist is comprehensive but not complete; each agency will have unique and unanticipated concerns that will also need to be addressed as part of a pandemic planning exercise. Some items on the checklist might not be applicable to all agencies. Collaborations among hospital, public health and public safety personnel are encouraged for the overall safety and care of the public. The key planning activities in this checklist are meant to complement and enhance your existing all-hazards emergency and operational continuity plans. Many of the activities identified in this checklist will also help you to prepare for other kinds of public health emergencies.

Law enforcement agencies can use this tool to self-assess and identify the strengths and weaknesses of current planning. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and monitoring of selected websites for new and updated information will be necessary.

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### **Checklist Sections**

1. Develop a pandemic influenza preparedness and response plan for your agency or organization
  2. Plan for the impact of a pandemic on your employees
  3. Plan for providing services to the public during a pandemic
  4. Plan for coordination with external organizations and help your community
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**1. Develop a pandemic influenza preparedness and response plan for your agency**

Done	In Progress	Not Started	Tasks
			<p>A person has been assigned responsibility for coordinating pandemic influenza preparedness planning for the agency. (Insert name, title, and contact information.)</p> <p>Primary: _____</p> <p>Backup: _____</p>
			<p>A multidisciplinary planning committee has been formed. The committee should include at a minimum: human resources, health and wellness, computer support personnel, legal system representatives, partner organizations, and local public health resources. (List committee members and contact information below or attach separately).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
			<p>Review Federal, State, and local public health and emergency management agencies' pandemic plans in areas where you operate or have jurisdictional responsibilities.</p>
			<p>Review the agency's mission to determine what organizational functions would be altered in the event of a pandemic when staff may be reassigned to maintaining public order and enforcing community containment infection control measures.</p>
			<p>Verify Command and Control areas of responsibility and authority during a pandemic. Identify alternative individuals in case primary official becomes incapacitated.</p>
			<p>Outline the organizational structure to be used during a pandemic, consider:</p> <ul style="list-style-type: none"> <li>▪ needs when staffing is reduced</li> <li>▪ key contacts having multiple backups/designees</li> <li>▪ an alternative chain of command</li> <li>▪ how external agency staff might be incorporated to augment leadership and staffing, if necessary</li> </ul>
			<p>Review policies on the chain of command for overall incident management during a public health emergency.</p>
			<p>Review the authority granted to law enforcement to take action during a declared health emergency.</p>
			<p>Determine the potential impact of a pandemic on the agency by using multiple possible scenarios of varying severity relative to illness, absenteeism, supplies, availability of resources, access to legal system representatives, etc.</p>
			<p>Determine the potential impact of a pandemic on outside resources on which your agency depends (e.g., vehicle towing, jail capacity, hospital services).</p>

**1. Develop a pandemic influenza preparedness and response plan for your agency**

Done	In Progress	Not Started	Tasks
			Identify current activities (by location and function) that will be critical to maintain during a pandemic. These essential functions might include 911 systems in communities where law enforcement is responsible for this activity, other communications infrastructures, community policing, information systems, vehicle maintenance, etc. Identify critical resources and inputs (e.g., employees, supplies, subcontractor services/products, and logistics) that are necessary to support these crucial activities.
			Ensure that your plan is NIMS (National Incident Management System) compliant and align your plan with the local Incident Command System (ICS) and local pandemic influenza plans to achieve a unified approach to incident management.
			Develop, review, and approve an agency pandemic influenza preparedness and response plan or annex.
			Distribute pandemic plan throughout the agency and develop means to document staff received and read the plan.
			Develop templates and messages for the Public Information Officer (PIO) and other spokespeople to use during the outbreak to provide information to the public in a timely and accurate manner regarding security and other issues, and coordinate those messages with LAC Department of Public Health (LACDPH) PIO (213-240-8144 or media@ph.lacounty.gov).
			Develop templates and messages for other public information management tools such as websites, hotlines, and the protocols on when to enact these and how to update content.
			Review local and state mutual aid agreements. If the pandemic is serious, mutual aid agreements may not be able to be honored.
			Allocate resources through the budgeting process as needed to support critical components of preparedness and response identified in your plan.
			Enhance communications and information technology needed to support telecommuting where possible.
			Develop procedures to decontaminate vehicles. Use solid security screens if possible.
			Develop procedures to ensure sleeping room set up and supplies are appropriate.
			Periodically test both the preparedness and response plan and the communications plan through drills and exercises; incorporate lessons learned into the plans.

**2. Plan for the impact of a pandemic on your employees**

Done	In Progress	Not Started	Tasks
			Develop contingency plans for 30 – 40% employee absences. Keep in mind that absences may occur due to personal illness, family member illness, community mitigation measures, quarantines, school, childcare, or business closures, public transportation disruptions, or fear of exposure to ill individuals, as well as first responder, National Guard, or military reserve obligations.
			Establish policies and practices for preventing the spread of influenza at the worksite (requiring respiratory hygiene in places and situations with close quarters and/or public interaction).
			Consider cross training staff (what duties are allowed in addition to or outside of normal civil service classification or title); telecommuting; how to replace staff that get ill during their shift; how to create more LEOs: auxiliary personnel, recent retirees, temporary personnel.
			Establish a list of critical priorities/activities to be covered and determine succession plans, alternative mechanisms, work-arounds for addressing vital tasks such as dispatch, patrol, etc.
			Consider the use of light duty for employees no longer infectious but still suffering from the effects of the disease.
			Review shift lengths and overtime policies.
			Develop a reporting mechanism for employees to immediately report their own possible influenza illness during a pandemic (24/7).
			Establish policies and thresholds for mandatory sick leave use or administrative assignment to home to prevent the spread of influenza. Consult with human resources and legal counsel.
			Review appropriate Memoranda of Understanding with unions; consult with union reps on emergency plans and policies.
			Develop staff health screening procedures. Arrange for availability of medical consultation and advice. Prepare policies that will address needed actions when an ill employee refuses to stay away from work.
			Review policies to establish flexible return-to-work requirements that reflect shortage of medical personnel to certify fitness for duty.
			Educate staff on the emergency procedures, policies, and guidelines that may be implemented as a result of the pandemic.
			Identify employees who may need to stay home if schools dismiss students and childcare programs close for a prolonged period of time (up to 12 weeks) during a severe pandemic. Advise employees not to bring their children to the workplace if childcare cannot be arranged.
			Invite LACDPH (213-240-7941) to provide an introductory briefing to command staff on pandemic influenza, the current situation, and potential consequences. Consider developing an all ranks training program since all levels will be impacted.
			Provide sufficient and accessible infection control supplies (hand- hygiene products, tissues, gloves, face masks) at convenient locations for staff, including signage on proper usage.

## 2. Plan for the impact of a pandemic on your employees

Done	In Progress	Not Started	Tasks
			Work with LACDPH to provide prevention and treatment information to staff and their families, include infection control measures that are available at the worksite.
			Provide individual and family preparedness guidance and information to staff to be self-sustaining during an emergency ( <a href="http://www.pandemicflu.gov/plan/individual/index.html">http://www.pandemicflu.gov/plan/individual/index.html</a> ).
			Work with LACDPH (213-240-7941) to clarify first responder priority vaccination and antiviral policies after guidance is available from CDC.
			Encourage and track seasonal influenza vaccination for employees every year. Encourage all employees and their families to be up-to-date on all adult and child vaccinations recommended by the Advisory Committee on Immunization Practices. See <a href="http://www.cdc.gov/nip/recs/adult-schedule.htm">www.cdc.gov/nip/recs/adult-schedule.htm</a> and <a href="http://www.cdc.gov/nip/recs/child-schedule.htm">www.cdc.gov/nip/recs/child-schedule.htm</a> .
			Ensure employee access to and availability of health care, mental health, social services, community, and faith-based resources during a pandemic, and improve services as needed.

## 3. Plan for providing services to the public during a pandemic

Done	In Progress	Not Started	Tasks
			Consider triggers for altering the priority of calls and response.
			Identify community-based scenarios and needs likely to occur in a pandemic emergency, and plan how to respond. These might include security of health care and/or vaccine distribution sites, sites that store antiviral medications or vaccines, first-responder activities, protection of critical infrastructure, management of public fear, crowd/riot control, enforcement of public health orders, etc.
			Develop traffic flow plans to deal with standard traffic management and traffic flow around health-care delivery sites, including vaccine and antiviral distribution sites
			Consider vulnerable targets for crimes of opportunity and fraudulent schemes (e.g., vacated schools, office complexes, etc) and special population groups (e.g., elderly) and develop a training bulletin to ensure all patrol staff are aware of those issues.
			Work with LACDPH or other relevant resources to ensure health protection and care for detainees or other individuals for whom the agency has responsibility.
			Establish policies on post-arrest management of an ill or exposed individual, including what to do should a care facility, precinct, and/or other law enforcement facility refuse entry to an ill or exposed individual.

**4. Plan for coordination with external organizations and help your community**

Done	In Progress	Not Started	Tasks
			If hospitals are overwhelmed with pandemic cases, consider the use of employee health resources to assess subjects who request medical assistance.
			Review your pandemic influenza preparedness and response plan with key stakeholders inside and outside the agency, including employee representatives, and determine opportunities for collaboration, modification of the plan, and the development of complementary responsibilities.
			Share preparedness and response plans with other law enforcement agencies and law enforcement support agencies.
			Integrate planning with emergency service and criminal justice organizations such as courts, corrections, probation and parole, social services, multi-jurisdictional entities, public works, and other emergency management providers (fire, EMS, mutual aid, etc.).
			Establish/review general orders and other written policies related to enforcement of quarantine and isolation orders and other community containment measures. Also review due process requirements.
			Determine the parameters for the use of force for persons not complying with community containment measures. Review existing codes and consult with LACDPH and legal counsel.
			Work with LACDPH and other local law enforcement agencies to establish clear coordination related to security during the transportation and storage of the Strategic National Stockpile of medication and supplies, if requested.
			Collaborate with local and/or State public health agencies to assist with the possible investigation of contacts within a suspected outbreak, the enforcement of public health orders, as well as the provision of security, protection, and possibly, critical supplies to quarantined persons.
			Develop procedures for the reporting of sudden deaths, including deaths in custody and the subsequent investigation.
			Coordinate with the Department of Coroner regarding pick up and disposition of a large number of dead; determine if normal procedures for waiting for the Coroner or mortuary will be maintained or waived to free up LEOs; identify if there will be any expedited transfer of custody.
			Identify local or regional entities, such as healthcare agencies, community organizations, businesses, or critical infrastructure sites, to determine potential collaboration opportunities. This collaboration might involve situational awareness, exercises or drills, or public safety training.

## **SAMPLE PLAN TABLES OF CONTENTS / ORGANIZATION**

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Below are several examples of the components of and how a pandemic influenza plan may be organized.

<b>Sample 1</b>	<b>Sample 2</b>
<ul style="list-style-type: none"> <li>• Historical Significance</li> <li>• Current Outbreak Information</li> <li>• Assumptions</li> <li>• Responsibilities, Reports, Equipment</li> <li>• Roll Call Hours, Staffing, Additional Staffing and Resources</li> <li>• Communicable Disease Response</li> <li>• Communication and Education</li> <li>• Intake and In Custody Screening and Tracking</li> <li>• Facility Isolation and Quarantine Areas</li> <li>• Inmate Movement, Programs and Activities</li> <li>• Patient Contact and Precautions</li> <li>• Facility Access and Visitation</li> <li>• Housekeeping</li> <li>• Vaccines and Prophylaxis</li> <li>• Deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Planning Team Members and Agencies</li> <li>• Defining the Pandemic Flu Threat</li> <li>• Public Health Law and Law Enforcement, including Use of Force Policies</li> <li>• Continuity of Operations: Critical Activities, Teleworking, Cross-training Personnel</li> <li>• Organizational Structure for Use During an Emergency</li> <li>• Quarantine, Sick Leave, and Bereavement Policies</li> <li>• Staff Protection and PPE</li> <li>• Reducing Disease Transmission</li> <li>• Staff Education</li> <li>• Emergency Communication Plan</li> </ul>
<b>Sample 3</b>	<b>Sample 4</b>
<ul style="list-style-type: none"> <li>• Multidisciplinary Planning Committee</li> <li>• Overview of Relevant Public Health Laws</li> <li>• Command and Control Areas of Responsibility</li> <li>• Emergency Organizational Structure</li> <li>• Essential Functions</li> <li>• Pandemic Functions including Coordination with External Partners</li> <li>• Public Information Plan</li> <li>• Vehicle Decontamination</li> <li>• Sleeping Quarter Maintenance</li> <li>• Preventing the Spread of Influenza</li> <li>• Sick Leave and Return to Work Policies</li> <li>• Staff and Inmate Health Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Plan Overview</li> <li>• Incident Management</li> <li>• Infection Control</li> <li>• Inmate Placement</li> <li>• Inmate Care</li> <li>• Equipment and Supplies</li> <li>• Staffing</li> <li>• Employee Health</li> <li>• Communication</li> <li>• Mental Health</li> <li>• Security and Access Control</li> </ul>

## **SAMPLE ROLL CALL BRIEFING CONTENTS**

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Below are several examples of the components that may be included in a roll call briefing during a pandemic. PowerPoints and videos are other options for roll call briefing dissemination.

<b>Sample 1</b>	<b>Sample 2</b>
<ul style="list-style-type: none"> <li>• Steps the department is taking</li> <li>• Relationship with Public Health</li> <li>• PPE</li> <li>• Basic hygiene steps: wash hands, cover cough, distancing</li> <li>• Staff and safety modifications</li> <li>• Family preparedness</li> <li>• Additional educational resources available</li> </ul>	<ul style="list-style-type: none"> <li>• Pandemic status</li> <li>• Signs and symptoms</li> <li>• How the disease is spread and prevention</li> <li>• Vaccine</li> <li>• Procedures for transporting patients/ill subjects to the hospital</li> <li>• Self and vehicle decontamination</li> <li>• Sources for additional information</li> </ul>
<b>Sample 3</b>	<b>Sample 4</b>
<ul style="list-style-type: none"> <li>• Flu-related definitions</li> <li>• Modification of department responses to calls for services</li> <li>• New service demands/procedures</li> <li>• Alternate staffing strategies</li> <li>• Employee health and welfare issues</li> </ul>	<ul style="list-style-type: none"> <li>• Outbreak/pandemic history and status</li> <li>• FAQ about influenza</li> <li>• Signs and symptoms</li> <li>• What to do if you become ill</li> <li>• How to handle ill subjects/inmates</li> <li>• Department contact information</li> </ul>



## USE OF FORCE POLICIES IN PANDEMIC RESPONSE

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Excerpt from Bureau of Justice Assistance, Benchmarks for Developing a Law Enforcement Pandemic Flu Plan, October 2009: [www.ojp.usdoj.gov/BJA/pdf/PERF\\_PandemicBenchmarks.pdf](http://www.ojp.usdoj.gov/BJA/pdf/PERF_PandemicBenchmarks.pdf)

Pan flu planning team members should review the department's existing use of force policies and other policies on tactical responses that might be used during a pandemic, such as crowd control. Policies should be reviewed with other legal and public health representatives in the jurisdiction to:

- Determine which policies and procedures might be relevant during the enforcement of public health orders (or other tactical responses, such critical site security plans) during a public health emergency such as a pandemic influenza,
- Ensure that the use-of-force policies would be the same, regardless of the nature of the incident,
- Help communicate (to the community and within the department) the benefits of voluntarily complying with public health orders and what the consequences would be for not complying,
- Determine how crowd behavioral dynamics in a pandemic scenario might be different from political or labor protests that law enforcement officers are more typically asked to control. For example, a pandemic influenza scenario might involve a broader range of demographic groups (e.g., older or very young people, people with children, people who are or may fall ill), and
- Understand the effects that wearing PPE may have on officers (e.g., excessive heat related to wearing masks, certain types of gowns that may make it difficult to reach service weapons).

Once approved, any use-of-force policies that are new or unique to a pandemic flu outbreak should be reviewed with all members of the department.

### **Make Sure Officers Can Implement Policies Correctly**

Even when well-defined plans and agreements are in existence, they may lack the clear, definitive guidance that law enforcement officers would require to act. For example, if a quarantine order is defined as "Don't let anybody past this point/door/street," what exactly does that mean? Does "anybody" really mean *anybody*? Should transgressors be arrested? (If so, where would they be taken, especially if a local jail is locked down?) How much force is appropriate? If force is used, what kind of liability would an officer and agency face? How will officers who come into contact with exposed or infected individuals be protected? Currently, answers to many of these questions are not clearly defined and would be left to the interpretation of officers on the street—a situation that both commanders and personnel, for good reason, try to avoid.

## **LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH: AUTHORITY DURING A DECLARED PUBLIC HEALTH EMERGENCY**

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*Note:* Within Los Angeles County, there are three public health departments: Los Angeles County Department of Public Health, Long Beach Department of Health and Human Services, and Pasadena Public Health Department. Additional medical and health governmental agencies include the Los Angeles County Department of Health Services, Los Angeles County Department of Mental Health, and the City of Vernon Health and Environmental Control Department.

### **Authority**

1. For the purposes of Public Health related emergencies, the Public Health Officer (HO) of the County of Los Angeles is granted powers under the Health and Safety Code of the State of California.
2. As such, and when exercising these powers, the HO may declare a Countywide Public Health Emergency. This may or may not trigger a State or Nationwide response effort.
3. The HO serves as the senior public health executive at the County Emergency Management Council and may, when an emergency is declared, serve as part of the overall incident management team for the County at the Operational Area level.
4. It is determined, in regard to Public Health emergency events within the unincorporated areas of the County or cities which do not maintain a Public Health agency, the Department of Public Health, County of Los Angeles, is the local jurisdictional authority for Public Health issues.
5. When an event affects the Cities of Long Beach, Pasadena, or Vernon jurisdictional control will be devolved to those respective health agencies. The Department will assist and coordinate aid to these agencies as requested and available.
6. Coordination for Public Health events will be undertaken according to memorandums of understanding or agreements developed between the affected public health agencies. LACDPH will first notify CDPH and neighboring jurisdictions before any actions are taken.

### **California Health and Safety Codes**

#### *Public Health Authority*

101000. Each board of supervisors shall appoint a health officer who is a county officer.
101025. The board of supervisors of each county shall take measures as may be necessary to preserve and protect the public health in the unincorporated territory of the county, including, if indicated, the adoption of ordinances, regulations and orders not in conflict with general laws, and provide for the payment of all expenses incurred in enforcing them.
101040. (a) **The local health officer may take any preventive measure that may be necessary to protect and preserve the public health from any public health hazard**

**during any "state of war emergency," "state of emergency," or "local emergency,"** as defined by Section 8558 of the Government Code, within his or her jurisdiction.

*Role of Law Enforcement to Support Public Health*

101029. The sheriff of each county, or city and county, may enforce within the county, or the city and county, all orders of the local health officer issued for the purpose of preventing the spread of any contagious, infectious, or communicable disease. Every peace officer of every political subdivision of the county, or city and county, may enforce within the area subject to his or her jurisdiction all orders of the local health officer issued for the purpose of preventing the spread of any contagious, infectious, or communicable disease. This section is not a limitation on the authority of peace officers or public officers to enforce orders of the local health officer. When deciding whether to request this assistance in enforcement of its orders, the local health officer may consider whether it would be necessary to advise the enforcement agency of any measures that should be taken to prevent infection of the enforcement officers.

101080.2. (a) The local health officer may issue, and first responders may execute, an order authorizing first responders to immediately isolate exposed individuals that may have been exposed to biological, chemical, toxic, or radiological agents that may spread to others. An order issued pursuant to this section shall not be in effect for a period longer than two hours and shall only be issued if the means are both necessary and the least restrictive possible to prevent human exposure.

(b) Before any implementation of the authority in subdivision (a), the local health officer shall establish a related memorandum of understanding with first responders in his or her jurisdiction that shall require consultation with the Office of Emergency Services operational area coordinator, consistent with the standardized emergency management system established pursuant to Section 8607 of the Government Code, and shall include where and how exposed subjects will be held pending decontamination in the local jurisdiction. That memorandum of understanding shall be made available to the public.

(c) A violation of an order issued by the local health officer and executed by a first responder pursuant to subdivision (a) is a misdemeanor, punishable by a fine of up to one thousand dollars (\$1000), or by imprisonment in the county jail for a period of up to 90 days, or by both.

## **LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH: QUARANTINE**

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Los Angeles County Department of Public Health regulations state that when the Health Officer believes that there is probability that any infectious or contagious disease will invade this county, it shall take such action and adopt and endorse such rules and regulations as it deems efficient in preventing the introduction or spread of such infectious or contagious disease or diseases within this county, and to accomplish these objectives, shall establish and strictly maintain quarantine and isolation at such places as it deems proper.

Isolation and quarantine may have limited use in an influenza pandemic due to the short incubation period of influenza (1-4 days), the short infectious period (from 1 day before symptoms to 5 days after onset of illness), the large proportion of asymptomatic infections, the non-specific nature of clinical illness from influenza infection, and the sheer number of cases that makes contact tracing impossible.

1. The Health Officer will serve as the coordinator of isolation or quarantine activities in the event of an outbreak in Los Angeles County. The powers to quarantine and isolate are state powers delegated by the California Department of Public Health to the local Health Officer. Local and/or state statutes regarding public health authorities for isolation and quarantine of potentially infected and incubating persons shall be followed.
2. A state of quarantine may be instituted only as a last resort to control an outbreak situation when other previously listed containment measures have failed or are falling behind the accrual of new cases.
3. California laws establish adequate authority for the Governor to institute quarantine measures at local, county, or state level in a declared emergency.
4. If quarantine is indicated, the Governor of California, in consultation with the Secretary of Health, Commissioner of Health and the State Epidemiologist, will be responsible for declaring this state of emergency and marshalling resources to implement the quarantine plan.
5. Infectious patients that are manifesting the same disease process may be grouped in negative pressure isolation rooms in the hospital or other area designed for isolation protocol.

## **PANDEMIC INFLUENZA INFECTION CONTROL CONSIDERATIONS FOR LAW ENFORCEMENT**

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Compliance with hand washing, good hygiene, and cough covering recommendations is the key to infection control, and may be the only preventive measure available during a pandemic.

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### **GENERAL INFORMATION**

Adapted from: Los Angeles County Department of Public Health Pandemic Influenza Plan, Guidelines for Acute Care Hospital Settings, 3-1-06, available at <http://search.lapublichealth.org/acd/Pandemicflu.htm>.

Droplet transmission refers to large droplets (greater than or equal to 5 $\mu$  in diameter) generated from the respiratory tract of the infected individual during coughing or sneezing. These droplets are propelled a distance of less than three feet through the air, and are deposited on the nasal or oral mucosa of the newly infected individual or the immediate environment. These large droplets do not remain suspended in the air; therefore, special ventilation is not required since true aerosolization does not occur.

Organisms remain viable in droplets that settle on objects in the immediate environment of the individual. The influenza viruses have been shown to survive on hard, non-porous surfaces for 24-48 hours, on cloth, paper and tissue for 8-12 hours and on hands for 5 minutes. The virus survives better at the low relative humidity encountered during winter in temperate zones. Contact with respiratory secretions and large droplets, accounts for most transmissions of influenza.

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### **PERSON-TO-PERSON**

#### **Supplies**

- Gloves, tissues, waste receptacles, alcohol-based hand gel, masks
- Ensure enough are procured or stockpiled, and made available to staff and subjects
- Ensure staff is trained on proper usage for themselves and on subjects
- Ensure staff wears clean uniforms, if possible, since the influenza virus has been shown to survive on cloth for 8-12 hours.
- Ensure sleeping quarters are arranged and equipped to ensure at least a **3 foot separation**, and have clean linens for each use (perhaps use disposable linens (with instructions) or have officers bring their own linens. If your boosters support your cot area, will they have access to the facility during a pandemic? Will you need to ensure they are not symptomatic and will not transmit disease?

#### **Health Screening - Staff**

- Screening for influenza-like illness symptoms, and monitoring if exposed
- When will staff be screened? During a pandemic, will all staff be screened before and after shift?

- Who will do the screening? Do you have qualified healthcare personnel in the department or do you need external assistance? Do you have this arrangement established?
- Since this is personal health information, are there HIPAA requirements on who knows the outcome of the screening? Who maintains the record for ongoing monitoring? Consult human resources (HR) and legal counsel.
- Where do you screen? Do you let potentially infectious staff enter the building, or do you set up an external screening area? Do you have equipment and supplies to do this (e.g., tents, tables, privacy screens, heating/cooling)?
- If a staff member is found to be symptomatic, how will their job duty and healthcare be managed? Will they be allowed to continue to work? Will they need to be assigned to home until all symptoms have disappeared? Will they have to use sick days? Consult HR and legal counsel.

### **Flu Screening - Subjects**

- Screening for influenza-like illness symptoms, and monitoring if have been exposed
- When will subjects be screened? During a pandemic, will all apprehended subjects be screened before they enter a vehicle? How would this become part of normal operating procedures to consider influenza-like illness symptoms?
- Who will do the health screening? Do you need / have qualified healthcare personnel in the department or do you need external assistance? Do you have this arrangement established?
- Will walk-in visitors need to be screened? Will walk-in visitors be allowed to enter, or will stations go under lockdown?
- If a subject is held for more than one day, will repeated monitoring be required?
- Since this is personal health information, are there HIPAA requirements on who knows the outcome of the screening? Who maintains the record for ongoing monitoring?
- If a subject is found to be symptomatic, how will their healthcare be managed?

### **Contact with Subjects**

- During apprehension, ensure infection control supplies are available to staff and subjects, and follow protocols for the use of these supplies
- If subjects refuse typical infection control supplies, consider the use of other methods of controlling fluid transmission such as those used to reduce spitting
- Minimize close contact as much as possible
- Will interviewing procedures and/or locations to ensure proper infection control need to be altered? How will proper distancing (e.g., staying at least 3 feet apart) be ensured? Consider using a larger table, larger room, room with ventilation, clear barrier table, etc.
- If subjects do not follow infection control procedures, what are the consequences?

### **Control Among Subjects**

- How will proper distancing and infection control be maintained in settings where subjects are congregated?

- Do you have enough space to keep potentially infectious subjects separated?
- Is there an education program that can be implemented while subjects are in custody to enforce infection control practices?
- If subjects do not follow infection control procedures, what are the consequences?

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## **VEHICLES**

### **Ventilation**

- Ventilation may help draw droplets away from contaminating surfaces in the vehicle.
- The easiest way is to open windows.
- If possible, use vehicles that have separate driver and subject compartments that can provide separate ventilation to each area. Close the door/window between these compartments before bringing the subject on board. Set the vehicle's ventilation system to the non-recirculating mode to maximize the volume of outside air brought into the vehicle.

### **Decontamination**

- Supplies such as disinfecting solution, towels or wipes, infection control protection for the cleaner
- Clean and disinfect the vehicle in accordance with standard operating procedures. Personnel performing the cleaning should wear a disposable gown and gloves (a respirator should not be needed) during the clean-up process; the PPE should be discarded after use. All surfaces that may have come in contact with the subject or materials contaminated during transport (e.g., seats, floors, walls, armrests, etc.) should be thoroughly cleaned and disinfected using an EPA-registered disinfectant in accordance with manufacturer's recommendations.
- Develop method to denote which vehicles are in need of cleaning or ready for use
- Who will conduct decontamination? Is there enough vehicle maintenance staff to decontaminate every vehicle on a regular basis? Would it become the responsibility of officers/staff using the vehicle?
- What will be the frequency of decontamination - after each subject with suspected flu-like illness or exhibiting symptoms, after each new subject, after each shift?
- While vehicles are being decontaminated, are there vehicles that can be used in place? Or will the process of decontaminating the vehicles decrease the amount of readily available vehicles? Will shifts need to be overlapped to ensure enough vehicles are in rotation?

### **Barriers**

- Solid security screening (e.g., Plexiglas, Lucite, polycarbonate, lexan) may help reduce droplet transmission between subjects and officers
- Consider prioritizing and maximizing the use of these vehicles for officers working in higher risk situations, such as those with contact with the public or transporting subjects with influenza or flu-like illness symptoms



## INFLUENZA (FLU)

### STOPPING THE SPREAD OF GERMS AT WORK

To download this in PDF, Spanish, Chinese, Vietnamese, or Tagalog, visit the CDC site <http://www.cdc.gov/germstopper/work.htm>

#### How Germs Spread

Illnesses like the flu (influenza) and colds are caused by viruses that infect the nose, throat, and lungs. The flu and colds usually spread from person to person when an infected person coughs or sneezes.

#### How to Help Stop the Spread of Germs

Take care to:

- Cover your mouth and nose when you sneeze or cough
- Clean your hands often
- Avoid touching your eyes, nose or mouth
- Stay home when you are sick and check with a health care provider when needed
- Practice other good health habits.

#### Cover your mouth and nose when you sneeze or cough

**Cough or sneeze into a tissue and then throw it away.** Cover your cough or sneeze if you do not have a tissue. Then, clean your hands, and do so every time you cough or sneeze.

#### Clean your hands often

**When available, wash your hands -- with soap and warm water -- then rub your hands vigorously together and scrub all surfaces.** Wash for 15 to 20 seconds. It is the soap combined with the scrubbing action that helps dislodge and remove germs.

**When soap and water are not available, alcohol-based disposable hand wipes or gel sanitizers may be used.** You can find them in most supermarkets and drugstores. If using a gel, rub the gel in your hands until they are dry. The gel doesn't need water to work; the alcohol in the gel kills germs that cause colds and the flu.\*

\*Source: FDA/CFSAN Food Safety A to Z Reference Guide, Sept 2001: Handwashing, [www.cfsan.fda.gov/%7Edms/handwashing](http://www.cfsan.fda.gov/%7Edms/handwashing)

#### Avoid touching your eyes, nose, or mouth

**Germs are often spread when a person touches something that is contaminated with germs and**



**then touches their eyes, nose, or mouth.** Germs can live for a long time (some can live for 2 hours or more) on surfaces like doorknobs, desks, and tables.

### **Stay home when you are sick and check with a health care provider when needed**

**When you are sick or have flu symptoms, stay home, get plenty of rest, and check with a health care provider as needed.** Your employer may need a doctor's note for an excused absence. Remember: Keeping your distance from others may protect them from getting sick. Common symptoms of the flu include:

- fever (usually high)
- headache
- extreme tiredness
- cough
- sore throat
- runny or stuffy nose
- muscle aches, and
- nausea, vomiting, and diarrhea, (much more common among children than adults).

### **Practice other good health habits**

**Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.** Practicing healthy habits will help you stay healthy during flu season and all year long.

### **More Facts, Figures, and How-To Ideas**

CDC and its partner agencies and organizations offer a great deal of information about handwashing and other things you can do to stay healthy and avoid the germs that cause flu, the common cold, and other illnesses. See Other Resources (<http://www.cdc.gov/germstopper/resources.htm>) and Posters (<http://www.cdc.gov/germstopper/materials.htm>) on this Stop the Spread of Germs site for a select listing of Web sites, materials, and contact information.

## COVER YOUR COUGH

To download this in PDF, Spanish, Portuguese, French, Chinese, Vietnamese, Hmong, Khmer or Tagalog, or to get a poster size version, visit the CDC site <http://www.cdc.gov/flu/protect/covercough.htm>

**Stop the spread of germs that make you and others sick!**

# Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands.



cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

**Clean  
your  
Hands**  
after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or  
clean with alcohol-based hand cleaner.



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Missouri State Police  
Jefferson City, MO



## USE OF MASKS DURING A PANDEMIC

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Adapted from: Use of Masks During a Pandemic - Healthcare Workers, Los Angeles County Department of Public Health Pandemic Influenza Plan, Guidelines for Acute Care Hospital Settings, 3-1-06, available at <http://search.lapublichealth.org/acd/Pandemicflu.htm>.

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### WHEN NOT TO WEAR A MASK \*

**At this time, there are no recommendations for the community, non-healthcare workers, or non-symptomatic persons to wear masks.**

Masks are not needed if:

- You are more than 6 feet away from the symptomatic individual
- You are not in close contact with symptomatic individuals

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### WHEN TO WEAR A MASK \*

*\* This refers to surgical masks, not to N95s, special masks or respirators.*

- Masks should be worn by subjects to prevent transmission of organisms if they have an undiagnosed cough or other influenza-like illness symptoms.
- If subjects refuse or are unable to wear a mask, it may be prudent for law enforcement to wear masks when interacting in close face-to-face contact with coughing subjects to minimize influenza transmission.
- Even when the virus is circulating widely in the community, there is no evidence that the use of masks in general public settings will be protective.

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### HOW TO USE MASKS

- Use only once and change if wet or contaminated(masks become ineffective when wet)
- Cover both the nose and the mouth
- Avoid touching the mask while it is being worn
- Do not dangle around the neck
- Discard masks into an appropriate receptacle

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### Additional mask information can be found at:

- OSHA Guidance on Preparing Workplaces for an Influenza Pandemic:  
[http://www.osha.gov/Publications/influenza\\_pandemic.html#mask\\_respirator\\_difference](http://www.osha.gov/Publications/influenza_pandemic.html#mask_respirator_difference)
- US DHHS Interim Guidance on Planning for the Use of Surgical Masks and Respirators in Health Care Settings during an Influenza Pandemic:  
<http://pandemicflu.gov/plan/healthcare/maskguidancehc.html>

## **SAMPLE: STEPS FOR SAFE REDONNING (REUSE) OF YOUR N95 RESPIRATOR**

- N95 may be reused until crushed, soiled, wet or difficult to breathe through.
- Never use a N95 respirator for longer than one shift!
- Employees are not required to reuse respirators.
- Staff should use the N95 respirators for which they were fit –tested.

 <p>1. Wash hands</p>	 <p>2. Or use alcohol rub if hands are not soiled</p>	 <p>3. Take out new mask</p>
 <p>4. Put on mask and fit check</p>	 <p>5. Get paper bag; write your name on bag, leave on counter, and enter subject room</p>	 <p>6. After exiting subject room, remove N95</p>
 <p>7. Insert N95 for later reuse</p>	 <p>8. Hands are contaminated; perform hand hygiene</p>	 <p>9. Upon return, remove 95 from bag, being careful not to touch inside of mask</p>
 <p>10. Redon N95; perform fit check</p>	 <p>11. Throw away bag after one use</p>	 <p>12. Hands are contaminated; perform hand hygiene</p>

## STAFFING CONSIDERATIONS

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Adapted from CDC *Guidance for Businesses and Employers To Plan and Respond to the 2009-2010 Influenza Season*, Oct 21, 2009: <http://pandemicflu.gov/professional/business/guidance.html>; CA Emergency Medical Services Authority *Pandemic Influenza Planning and Preparedness Framework For Local Emergency Medical Services Agencies*, October 8, 2009: [www.emsa.ca.gov/about/files/PandemicFrameworkForEMSProviders.doc](http://www.emsa.ca.gov/about/files/PandemicFrameworkForEMSProviders.doc); and CIDRAP/SHRM: *Doing business during an influenza pandemic: human resource policies, protocols, templates, tools, & tips*, Nov 2009.

The entire infrastructure may be severely impacted by illness and absenteeism among employees, and resources may be in high demand during the pandemic as the system copes not only with the normal patient volume but also with the surge of influenza-like illness.

Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.

### Preservation of the Workforce

- Provide education and training for personnel.
- Telecommuting may be an option for employees. Investigate the feasibility of working from home for appropriate employees to decrease exposures and maintain productivity.
- Plan for housing and feeding of employees who must remain close to work.
- Provide psychosocial and employee family support.
- Plan for enhanced security for employees, facilities, supplies and equipment.

### Augmentation of the Workforce

- Implement adjusted or flexible staffing plans, especially during peak call times
  - Implement longer shifts (e.g., 12-16 hour shifts) and provide rest periods between shifts, as appropriate.
- Expand the workforce
  - During an influenza pandemic, normal sources of mutual aid personnel are also likely to be affected. The following represent potential sources of skilled personnel with appropriate skills:
    - Reinstate retired personnel or volunteers to assume support roles.
    - Plan and develop processes for the use of support personnel from outside the jurisdiction.
    - Collaborate with training programs to use students as staffing extenders.
- Cross-train existing workers to expand the availability of skills and abilities.

- Plan for succession and delegation of authorities for the key leadership and decision-making/authority positions within the organization
  - Identify 2-3 successors for the key leadership positions to ensure coverage for illness and absenteeism.

### **Absentee Patterns**

Agencies should have an understanding of their normal seasonal absenteeism rates and know how to monitor their personnel for any unusual increases in absenteeism through the fall and winter.

Monitoring absentee patterns during a pandemic can alert you before spikes of sick workers occur in different regions where your agency operates. To do so requires that you (1) know what your typical absentee patterns is, particularly regarding seasonal influenza, (2) provide an efficient way for employees to notify you so that you can collect data, and (3) understand the threshold beyond which your agency's operations will be threatened. Running scenarios about what could happen at different levels of severity is a tool some agencies have used, though its usefulness is more for planning decisions rather than actually predicting changes. Some agencies put in place hotlines to allow employees to call in sick if they have symptoms of an influenza-like illness.

## **HUMAN RESOURCES POLICY CONSIDERATIONS**

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Adapted from CDC *Guidance for Businesses and Employers To Plan and Respond to the 2009-2010 Influenza Season*, Oct 21, 2009: <http://pandemicflu.gov/professional/business/guidance.html>; CA Emergency Medical Services Authority *Pandemic Influenza Planning and Preparedness Framework For Local Emergency Medical Services Agencies*, October 8, 2009: [www.emsa.ca.gov/about/files/PandemicFrameworkForEMSPProviders.doc](http://www.emsa.ca.gov/about/files/PandemicFrameworkForEMSPProviders.doc); and CIDRAP/SHRM: *Doing business during an influenza pandemic: human resource policies, protocols, templates, tools, & tips*, Nov 2009.

Review and modify policies for sick leave, vacation time, and employee compensation (e.g., overtime) as appropriate:

- Leave policies should be flexible and non-punitive.
- Policies should allow and encourage ill personnel to stay at home and away from co-workers, or to stay at home to care for ill family members.
  - Consider not requiring a doctor's note for workers who reported ill with influenza and were off work, if this is a current workplace policy.
- In the event of school closures, allow flexible work schedules or other accommodations to allow employees to attend to child care.
- Review employee assistance programs available to assist with coping and stress during the pandemic.
- Assess the feasibility of clerical and administrative personnel telecommuting from home.  
Consider the nature of the duties they perform, infrastructure support needed, etc.

### **Leave Policies**

Employees want and need clarity about your position on sick leave during an influenza pandemic, which understandably is not easy, given the unpredictability of influenza. The CDC asks employers to allow sick workers to stay home without fear of losing their jobs and to plan for two scenarios: (1) mild illness, and (2) more severe illness, in which absenteeism is likely to be more widespread and public health officials invoke more restrictive measures such as school and child care closures. How long they may need to stay home if they have influenza depends on the severity and impact of the outbreak.

For flexible leave policies to effectively encourage sick employees to stay home, an argument can be made that such policies should be communicated as soon as possible to employees and supervisors.

- A mild case of influenza can produce symptoms that resemble other kinds of respiratory illnesses. Some employees may not be able to distinguish the symptoms of a cold or seasonal allergy attack from symptoms of an influenza-like illness.
- Unless managers model staying home when sick, employees will receive a mixed message and not trust that their jobs will be secure if they follow the CDC recommendation

To provide more flexibility, employers discussed having adopted or having considered adopting the following options:

- Allowing employees to exhaust paid time off (PTO) hours and go into negative balances
- Advancing sick time up to a year of accrual (if, for example, the employee normally accrues 5 days of sick time per year and has used all 5 days, then you may want to consider advancing another 5 days)
- Suspending point attendance policies during the influenza pandemic
- Providing a special time off allotment for the influenza pandemic
- Allowing employees to donate leave to others

### **Pay Policies**

When an employee is absent with no paid leave eligibility, the question arises whether federal or state wage and hour laws, nevertheless, may require the employee to be paid. Under the federal Fair Labor Standards Act (FLSA), for example, so-called “nonexempt” employees are required to be paid only for the hours they actually work. So if an employer sends an apparently ill employee home after less than a full day’s work, the employer need only pay the employee for the time worked.

For so-called “exempt” employees lacking any available paid leave, time away from work for 1 or more full days for personal reasons or due to sickness can be unpaid as long as it is in full-day increments (and not FMLA leave). For time off mandated by employers (e.g., closing the business for 3 days), the time away from work for exempt employees can be unpaid only if the employee performs no work whatsoever in that workweek; then, the exempt employee would not receive pay for the full week. If, however, an exempt employee performs any work during a given workweek, the employee must receive the entire weekly salary for that week, even though the employer required the employee to take some time off. Many employers are opting to advance employees vacation/PTO to cover pandemic influenza absences to help ensure workers sick with pandemic influenza do not come to work.



## **EMPLOYEE HEALTH CONSIDERATIONS**

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Adapted from CDC *Guidance for Businesses and Employers To Plan and Respond to the 2009-2010 Influenza Season*, Oct 21, 2009: <http://pandemicflu.gov/professional/business/guidance.html>; CA Emergency Medical Services Authority *Pandemic Influenza Planning and Preparedness Framework For Local Emergency Medical Services Agencies*, October 8, 2009: [www.emsa.ca.gov/about/files/PandemicFrameworkForEMSPProviders.doc](http://www.emsa.ca.gov/about/files/PandemicFrameworkForEMSPProviders.doc); CIDRAP/SHRM: *Doing business during an influenza pandemic: human resource policies, protocols, templates, tools, & tips*, Nov 2009; and CDC *Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel*, October 14, 2009: [http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm)

### **Screening**

The symptoms of influenza can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, nausea, diarrhea, and vomiting. If your organization adopts screening of employees, become familiar with CDC guidelines for infection control, which state: "In general, the incubation period for influenza is estimated to range from 1 to 4 days with an average of 2 days.

Influenza virus shedding (the time during which a person might be infectious to another person) begins the day before illness onset and can persist for 5 to 7 days. The amount of virus shed is greatest in the first 2-3 days of illness and appears to correlate with fever, with higher amounts of virus shed when temperatures are highest."

### **Staying Home When Ill**

Advise all employees to stay home if they are sick until at least 24 hours after they no longer have a fever (100°F or 38°C) or signs of a fever (have chills, feel very warm, have a flushed appearance, or are sweating). Make sure fever is gone without the use of fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen).

If flu conditions become more severe: Extend the time sick employees stay home to at least 7 days, even if they feel better sooner. People who are still sick after 7 days should continue to stay home until at least 24 hours after symptoms have gone away.

### **Suspending the Requirement for a Doctor's Note**

Consider suspending the requirement for a doctor's note for workers who are ill with influenza-like illness to validate their illness or to return to work, as doctors' offices and medical facilities may be extremely busy and may not be able to provide such documentation in a timely way.

Without question, few employees will be able to produce a doctor's note if they become ill, owing to widespread public health recommendations that people who are sick with mild symptoms not seek medical care, the fact that the healthcare systems will likely be overwhelmed, and the fact that testing for the pandemic virus is reserved for only the sickest who likely will require hospitalization. Requiring a doctor's note for return to work is likely to keep employees away from the workplace longer than

necessary. And yet this is one area with which many organizations are struggling, particularly if legal counsel advises against it.

### **Sleeping Quarters**

- Arrange physical work spaces to provide a 6 foot separation between employees, as possible. (e.g., desks, kitchen areas, recreational areas)
- Provide a 6 foot separation between staff in sleeping quarters
- Cleaning Sleeping Quarters
  - Use the cleaning agents that are usually used in these areas and follow the directions on the label. No additional disinfection beyond routine cleaning is recommended. Special cleaning with bleach and other non-detergent based cleaners is not necessary.
  - Clean surfaces and items that are likely to have frequent hand contact by multiple people (e.g., computer keyboards, elevator buttons, shared equipment, doorknobs, and counters).
  - Previous recommendations from the CDC and CDPH referred to the use of disinfectants. However, influenza is an extremely fragile virus that remains infectious for only minutes and is easy to kill after exposure to air. Simple cleaning will remove most of virus along with other material, leaving the remaining virus to be exposed to air and rendered non-infectious within minutes.

## **INFLUENZA-LIKE ILLNESS (ILI) ASSESSMENT TOOL**

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Adapted from: Los Angeles County Department of Public Health Pandemic Influenza Plan, Guidelines for Acute Care Hospital Settings, 3-1-06, available at <http://search.lapublichealth.org/acd/Pandemicflu.htm>.

An ILI assessment tool is to be used for immediate and brief screenings of subjects or staff, and for accommodation or grouping of subjects *prior* to further clinical management. This is not intended to be used as a clinical management tool.

### **Symptoms**

**ILI in the general population is determined by the presence of 1, 2, 3 and any of 4 (a–f) which could be due to influenza virus:**

Please check the following.

- 1. Acute onset of respiratory illness
- 2. Fever (>100°F/ 38 C)\*
- 3. Cough
- 4. One or more of the following:
  - a. sore throat
  - b. arthralgia or joint pain
  - c. myalgia / muscle pain or prostration
  - d. diarrhea\*\*
  - e. vomiting\*\*
  - f. abdominal pain\*

\* May not be present in elderly people

\*\* May be present in children

## INFLUENZA-LIKE ILLNESS (ILI) MONITORING FORM

Adapted from the WHO Interim Infection Control Guideline for Health Care Facilities, 24 August 2006

*This form may be used to regularly monitor the health of staff, or used for post-exposure monitoring (for 10 days).*

NAME	HOME TELEPHONE
JOB TITLE	WORK LOCATION

**Monitor for any of the following influenza-like illness (ILI) symptoms including the presence of 1, 2, 3 and any of 4 (a–d) which could be due to influenza virus:**

- |                                       |                                  |                              |
|---------------------------------------|----------------------------------|------------------------------|
| 1. Acute onset of respiratory illness | 4. One or more of the following: |                              |
| 2. Fever (>100.4°F or 38°C)           | a. sore throat                   | c. muscle pain or exhaustion |
| 3. Cough                              | b. joint pain                    | d. abdominal pain            |

Day 1	Day 2	Day 3	Day 4	Day 5
Date: ___/___/___	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___
AM temperature: _____	AM temperature: _____	AM temperature: _____	AM temperature: _____	AM temperature: _____
PM temperature: _____	PM temperature: _____	PM temperature: _____	PM temperature: _____	PM temperature: _____
ILI Symptoms: No ___ Yes ___	ILI Symptoms: No ___ Yes ___	ILI Symptoms: No ___ Yes ___	ILI Symptoms: No ___ Yes ___	ILI Symptoms: No ___ Yes ___
Day 6	Day 7	Day 8	Day 9	Day 10
Date: ___/___/___	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___	Date: ___/___/___
AM temperature: _____	AM temperature: _____	AM temperature: _____	AM temperature: _____	AM temperature: _____
PM temperature: _____	PM temperature: _____	PM temperature: _____	PM temperature: _____	PM temperature: _____
ILI Symptoms: No ___ Yes ___	ILI Symptoms: No ___ Yes ___	ILI Symptoms: No ___ Yes ___	ILI Symptoms: No ___ Yes ___	ILI Symptoms: No ___ Yes ___

**If any symptoms of ILI occur, immediately limit your interactions with others, exclude yourself from public areas, and notify \_\_\_\_\_ at \_\_\_\_\_.**

Date/s of exposure (list all, use back of page if necessary): ___/___/___ ___/___/___ ___/___/___ ___/___/___
Type of contact with influenza subject, environment, or virus:  _____
Was personal protective equipment (PPE) used: No _____ Yes _____
If yes, list PPE used (e.g., gloves, surgical mask, eye protection, etc.):  _____
List any non occupational exposures (e.g., family members, etc.):  _____

## SAMPLE EMPLOYEE HEALTH EVALUATION AND MANAGEMENT FLOW CHART

Courtesy of American Medical Response.

EMPLOYEE WITH POSSIBLE INFLUENZA EXPOSURE		
Employee	<b>Has the employee been exposed to:</b> <ul style="list-style-type: none"> <li>Unprotected exposure or breach of PPE</li> <li>Subject with flu symptoms</li> <li>AND Community has known pan flu outbreak</li> </ul>	
Infection Control Coordinator	NO	YES  Action: Document detail of exposure
Safety Risk	Does the employee feel sick?	
	NO	YES
Actions	<ul style="list-style-type: none"> <li>Go back to work</li> <li>Re-evaluate if symptoms develop</li> </ul>	Follow Employee with Possible Influenza Symptoms

EMPLOYEE WITH POSSIBLE INFLUENZA SYMPTOMS				
Employee	<b>Does the employee have these possible influenza symptoms:</b> Fever (>100°F) PLUS <ul style="list-style-type: none"> <li>Respiratory symptoms</li> <li>Malaise/fatigue</li> <li>Nausea/vomiting</li> </ul>			
Infection Control Coordinator	NO Symptoms	YES		
		Action: Conduct Nasal Swab Test <i>If not doing nasal swabs, follow positive result flow</i>		
Safety Risk		Negative result	Positive result	
			NO	YES
Actions	<ul style="list-style-type: none"> <li>Go home if too sick to work (sick leave or unpaid)</li> <li>Re-evaluate if flu symptoms develop or worsen</li> <li>Return to work when healthy</li> </ul>	<ul style="list-style-type: none"> <li>Go home if too sick to work (sick leave or unpaid)</li> <li>Re-evaluate if flu symptoms develop or worsen</li> <li>Return to work when healthy</li> </ul>	<ul style="list-style-type: none"> <li>Recommend visit to primary care provider and get Influenza A and/or pan flu virus testing</li> <li>If confirmed pan flu, isolation &amp; antiviral therapy per CDC recommendations</li> <li>PTO plan if appropriate</li> <li>Return to work per MD</li> </ul>	<ul style="list-style-type: none"> <li>MD visit with Influenza A and/or pan flu virus testing</li> <li>If confirmed pan flu, isolation &amp; antiviral therapy per CDC recommendations</li> <li>Workers Comp plan, if appropriate</li> <li>PTO plan, if appropriate</li> <li>Return to work per MD</li> </ul>

## **OCCUPATIONAL HEALTH MANAGEMENT DURING AN INFLUENZA PANDEMIC**

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Adapted from: Occupational Health Management of Health Care Workers During an Influenza Pandemic, Los Angeles County Department of Public Health Pandemic Influenza Plan, Guidelines for Acute Care Hospital Settings, 3-1-06, available at <http://search.lapublichealth.org/acd/Pandemicflu.htm>.

The phrases “fit for work,” “unfit for work” and “fit to work with restrictions” are used by Occupational Health to communicate a worker’s ability to remain at or return to work depending upon their susceptibility to influenza, immunization status and agreement to use antivirals.

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### **FIT FOR WORK**

(a) Ideally, workers are **fit to work when one** of the following conditions applies:

- **Recovered** from an influenza-like-illness during earlier phases of the pandemic
- **Immunized** against the pandemic strain of influenza
- Taking appropriate **antiviral medications**

*Scope:* May work with all subjects

(b) **Healthy, unexposed workers**

*Scope:* Should work in non-influenza areas

(c) **Asymptomatic workers** may work even if influenza vaccine & antivirals are unavailable

*Scope:* Meticulous attention to hand hygiene; avoid touching mucous membranes of the eye and mouth to prevent exposure to the influenza virus and other infective organisms.

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### **UNFIT FOR WORK**

Ideally, **staff with an influenza like illness** should be considered “unfit for work” and should not work; nonetheless, due to limited resources, these LEOs may be asked to work if they are well enough to do so

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### **FIT TO WORK WITH RESTRICTIONS – THIS MAY ONLY APPLY IN CAPTIVE POPULATIONS, SUCH AS PRISONS; THIS MAY ALSO BE CONSIDERED LIGHT DUTY**

**Symptomatic workers** who are well enough to work (*Note: during the 2009 H1N1 outbreak, people who were symptomatic were so ill that they were not able to work. In future pandemics, the illness may be less or more severe.*)

*Scope:*

- Should only work with subjects with an influenza-like-illness
- If they must work with non-exposed subjects (non-influenza areas), they should be required to wear a mask if they are coughing and pay meticulous attention to hand hygiene
- Should not be redeployed to areas with severely immuno-compromised subjects

## VACCINE INFORMATION

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Adapted from US DHHS and US DHS *Guidance on Allocating and Targeting Pandemic Influenza Vaccine*, <http://www.flu.gov/individualfamily/vaccination/allocationguidance.pdf>; LA County EMS Agency H1N1 Interim Guidelines, October 01, 2009: <http://ems.dhs.lacounty.gov/Home/SF-H1N1InterimGuidelines.pdf>; CA Emergency Medical Services Authority *Pandemic Influenza Planning and Preparedness Framework For Local Emergency Medical Services Agencies*, October 8, 2009: [www.emsa.ca.gov/about/files/PandemicFrameworkForEMSPProviders.doc](http://www.emsa.ca.gov/about/files/PandemicFrameworkForEMSPProviders.doc); and California Department of Public Health *All Facilities Letter: H1N1 Influenza Vaccination Requirements*, October 1, 2009

Effective allocation of pandemic influenza vaccine will play a critical role in preventing influenza and reducing its effects on health and society when a pandemic arrives. The specific type of influenza that causes a pandemic will not be known until it occurs. Developing a new vaccine in response will take several months and pandemic vaccine may not be available when cases first occur in the United States. Moreover, once vaccine production begins, it will not be possible to make enough new vaccine to protect everyone in the early stages of a pandemic.

Vaccination will be only one of several tools that can be used to fight the spread of influenza when a pandemic emerges. Additional approaches include non-pharmaceutical public health measures in communities, businesses, and households to reduce and slow the spread of infection; using antiviral medications for treatment and prevention; using facemasks and respirators in appropriate settings; and washing hands and covering coughs and sneezes. These strategies will be the initial mainstay of a pandemic response before vaccine is available and continue to have important effects throughout a pandemic. Guidance around vaccine use is meant to be applied in conjunction with and in the context of these other pandemic response efforts.

Vaccine program objectives are most important:

- Protecting those who are essential to the pandemic response and provide care for persons who are ill
- Protecting those who maintain essential community services
- Protecting children
- Protecting workers who are at greater risk of infection due to their job
- Protecting those who are essential to maintaining homeland and national security
- Protecting those most at risk for complications

## ANTIVIRAL INFORMATION

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Based on LA County EMS Agency H1N1 Interim Guidelines, October 01, 2009: <http://ems.dhs.lacounty.gov/Home/SF-H1N1InterimGuidelines.pdf>; CA Emergency Medical Services Authority Pandemic Influenza Planning and Preparedness Framework For Local Emergency Medical Services Agencies, October 8, 2009: [www.emsa.ca.gov/about/files/PandemicFrameworkForEMSProviders.doc](http://www.emsa.ca.gov/about/files/PandemicFrameworkForEMSProviders.doc); and CDC Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season, Oct 16, 2009: <http://www.flu.gov/individualfamily/prevention/medicine/antiviralsrecommend.html>

### Treatment

Most people with influenza will recover without complications. Some people are at higher risk of influenza-related complications and are prioritized for treatment with influenza antiviral drugs. In general, the CDC recommends antiviral treatment for:

- People with more severe illness requiring hospitalization
- People with suspected or confirmed influenza who are high risk for complications
- Children younger than 2 years of age
- Adults 65 years or older
- Pregnant women
- People with certain chronic medical conditions and/or weakened immune systems

Treatment recommendations may be revised by the CDC based upon the epidemiology of the pandemic virus.

### Antiviral Therapy

Oseltamivir (TAMIFLU®) and zanamivir (RELENZA®) have been shown to be effective in treating the seasonal flu, H5N1, and the 2009 H1N1 flu. In addition, PERAMIVIR IV, was authorized under an Emergency Use Authorization (EUA) to treat certain patients with suspected or confirmed 2009 H1N1 influenza virus infection.

### Chemoprophylaxis for Exposure

The CDC recommends post-exposure chemoprophylaxis (the use of drugs to *prevent* the development of illness or disease) for healthcare workers or public health workers who were not using appropriate personal protective equipment during close contact with an infectious patient, co-worker, or household contact. Most of these exposures can be prevented by using recommended infection control measures.

Anyone who thinks they were exposed should be counseled about the early signs and symptoms of influenza, and advised to immediately contact their healthcare provider for evaluation, if clinical signs or symptoms develop.



## **WORKFORCE SUPPORT: PSYCHOSOCIAL CONSIDERATIONS**

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Adapted from US DHHS *Pandemic Influenza Plan, Supplement 11 Workforce Support*: psychosocial considerations and information needs, excerpt – Impact of pandemic influenza on healthcare workers and checklist for workforce support services/resources: <http://www.hhs.gov/pandemicflu/plan/sup11.html>

### **Rationale**

The response to an influenza pandemic will pose substantial physical, personal, social, and emotional challenges to emergency responders and essential service workers. Experience with disaster relief efforts suggests that enhanced workforce support activities can help responders remain effective during emergencies.

During an influenza pandemic, however, the occupational stresses experienced by responders are likely to differ from those faced by relief workers in the aftermath of a natural disaster. Globally and nationally, a pandemic might last for more than a year, while disease outbreaks in local communities may last 5 to 10 weeks. Responders and their families will be at personal risk for as long as the pandemic continues in their community. Special planning is therefore needed to ensure that first-responder organizations, and employers of essential service workers are prepared to help employees maximize personal resilience and professional performance. An essential part of this planning effort involves the creation of alliances with community-based organizations and nongovernmental organizations with expertise in and resources for psychosocial support services or training.

### **Impact of Pandemic Influenza on Essential Workers**

In addition to the issues faced by all response workers, essential workers may experience:

- Increased risk of exposure to pandemic influenza
- Constant need to take special precautions to avoid exposure to the pandemic virus
- Illness and death among subjects, as well as among colleagues and family members
- Stigmatization and discrimination associated with being perceived as a source of contagion
- Increased difficulty in performing crucial tasks and functions as the number of severely ill subjects and inmates increases, staff decreases, and medical and infection control resources are depleted
- Frustration regarding the need/expectation to maintain business as usual
- Physical isolation associated with use of infection control measures that limit interpersonal contact

## CHECKLIST FOR WORKFORCE SUPPORT SERVICES/RESOURCES

PREPARE			
Completed	In Progress	Not Started	Actions
			<b>Include psychosocial issues in planning:</b>
			<ul style="list-style-type: none"> <li>▪ Incorporate psychosocial support services into emergency preparedness planning for an influenza pandemic.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Develop a demographic picture of your staff (e.g., ethnic, racial, and religious groups; most vulnerable; special needs; language minorities) and plan for how they might be reached in a disaster.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Identify rest and recuperation sites for staff. These sites can be stocked with healthy snacks and relaxation materials (e.g., music, relaxation tapes, movies), as well as pamphlets or notices about workforce support services.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Develop confidential telephone support lines to be staffed by behavioral health professionals.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Use behavioral health expertise to train staff on the psychological impact of the use of personal protective equipment (PPE), and conduct other relevant activities.</li> </ul>
			<b>Identify and access existing resources:</b>
			<ul style="list-style-type: none"> <li>▪ Work with community-based organizations to determine the types of psychological and social support services and training courses available in your area.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Establish links with the public sector and private mental health resources, such as Red Cross.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Develop a plan to manage offers of assistance and invited/uninvited volunteers.</li> </ul>
			<b>Develop resources and materials:</b>
			<ul style="list-style-type: none"> <li>▪ Prepare educational and training materials on psychosocial issues for distribution to workers during an influenza pandemic.</li> </ul>

## CHECKLIST FOR WORKFORCE SUPPORT SERVICES/RESOURCES

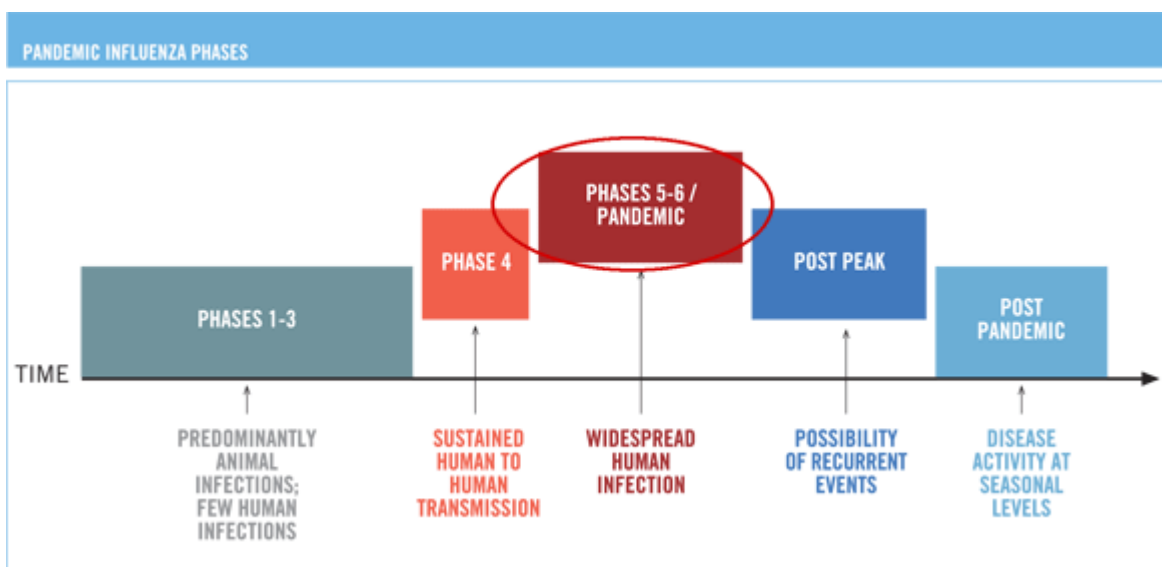
RESPONSE			
Completed	In Progress	Not Started	Actions
			<b>During the first 4 weeks:</b>
			<ul style="list-style-type: none"> <li>▪ Meet basic needs such as food, shelter, and clothing.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Show support and appreciation for the work that staff is doing.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Provide basic psychological support (psychological first aid).</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Provide outreach and information to staff.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Foster resilience, coping, and recovery.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Provide psychological and social support services for staff and their families.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Address stigmatization issues that might be associated with being a first responder.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Address stigmatization issues that might be associated with participation in mental health support services.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Implement staff resilience programs.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Work with communications experts to shape messages that reduce the psychological impact of the pandemic.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Receive educational and training materials from LAC Department of Mental Health.</li> </ul>
			<b>During subsequent weeks:</b>
			<ul style="list-style-type: none"> <li>▪ Continue to show support and appreciation for the work that staff is doing.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Provide continued outreach, triage, and services.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Monitor staff for signs of chronic or severe psychological distress.</li> </ul>
			<ul style="list-style-type: none"> <li>▪ Provide assistance in reintegration for staff who worked with the ill or were isolated from work and family.</li> </ul>

## WHO PANDEMIC INFLUENZA PHASES

Source: [http://www.who.int/csr/disease/avian\\_influenza/phase/en/index.html](http://www.who.int/csr/disease/avian_influenza/phase/en/index.html)

In the 2009 revision of the phase descriptions, the World Health Organization (WHO) has retained the use of a six-phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans. The grouping and description of pandemic phases have been revised to make them easier to understand, more precise, and based upon observable phenomena.

- Phases 1-3 correlate with preparedness, including capacity development and response planning activities.
- Phases 4-6 clearly signal the need for response and mitigation efforts.
- Periods after the first pandemic wave are elaborated to facilitate post pandemic recovery activities.



WHO PHASE	KEY INDICATOR	ACTIONS
PHASE 1	In nature, influenza viruses circulate continuously among animals, especially birds. Even though such viruses might theoretically develop into pandemic viruses, in Phase 1 <b>no viruses circulating among animals have been reported to cause infections in humans.</b>	Usual surveillance.
PHASE 2	An <b>animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans</b> , and is therefore considered a potential pandemic threat.	Heightened surveillance.

WHO PHASE	KEY INDICATOR	ACTIONS
PHASE 3	<p><b>An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.</b> Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.</p>	Heightened surveillance for disease outbreaks and disease transmission pathways.
PHASE 4	<p><b>Verified human-to-human transmission of an animal or human-animal influenza reassortant virus able to cause “community-level outbreaks.”</b> The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic.</p> <p>Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a foregone conclusion.</p>	Any country that suspects or has verified such an event should urgently consult with WHO so that the situation can be jointly assessed and a decision made by the affected country if implementation of a rapid pandemic containment operation is warranted.
PHASE 5	<p><b>Human-to-human spread of the virus into at least two countries in one WHO region.</b></p>	While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.
PHASE 6	<p>The pandemic phase is characterized by <b>community level outbreaks in at least one other country in a different WHO region</b> in addition to the criteria defined in Phase 5.</p> <p>Designation of this phase will indicate that a global pandemic is under way.</p>	Full implementation of pandemic influenza emergency operations plans. Surveillance may be curtailed due to the high number of cases.
POST PEAK	<p><b>Pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels.</b></p> <p>The post-peak period signifies that pandemic activity appears to be decreasing; however, it is uncertain if additional waves will occur and countries will need to be prepared for a second wave. Previous pandemics have been characterized by waves of activity spread over months.</p>	<p>Once the level of disease activity drops, a critical communications task will be to balance this information with the possibility of another wave.</p> <p>Pandemic waves can be separated by months and an immediate “at-ease” signal may be premature.</p>
POST PANDEMIC	<p><b>Influenza disease activity will have returned to levels normally seen for seasonal influenza.</b></p> <p>It is expected that the pandemic virus will behave as a seasonal influenza A virus.</p>	<p>Maintain surveillance</p> <p>Update pandemic preparedness and response plans accordingly.</p> <p>An intensive phase of recovery and evaluation may be required.</p>

## PANDEMIC SEVERITY INDEX

Source: US DHHS / CDC *Community Strategy for Pandemic Influenza Mitigation*, February 2007, <http://www.pandemicflu.gov/professional/community/commitigation.html>

In February 2007, the CDC released a community mitigation interim guidance to help local communities make appropriate decisions about what actions to take to help delay or mitigate the spread of a pandemic, and when to take those actions. These community mitigation actions would be especially critical in the first six months of a pandemic. The interim guidance introduced a Pandemic Severity Index (PSI), akin to the National Weather Service's hurricane intensity scale. Both scales move up from 1 to 5 as the severity of the situation increases.

Pandemic Severity Index, which uses case fatality ratio as the critical driver for categorizing the severity of a pandemic.

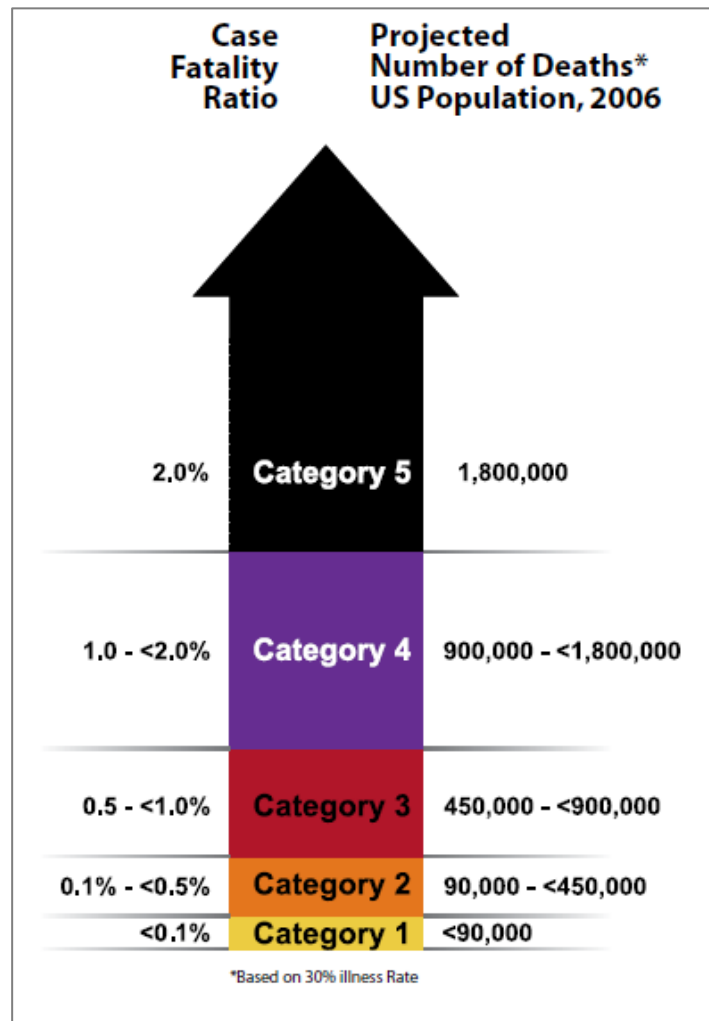
**Note that the projected number of U.S. deaths refers to a pandemic in which no response measures are undertaken.**

**Health impacts in the context of an effective response would be much less.**

The index is designed to enable estimation of the severity of a pandemic on a population level to allow better forecasting of the impact of a pandemic and to enable recommendations to be made on the use of mitigation interventions that are matched to the severity of future influenza pandemics.

The Pandemic Severity Index links information about the severity of disease spread (number of fatalities) to specific measures that could be implemented

These measures range from encouraging individuals to stay home voluntarily when they become ill, to more stringent "social distancing" measures such as closing schools and canceling public gatherings. By quickly adding these multiple actions, communities could help balance the need to protect the public's health and the need to minimize a pandemic's social and economic disruptions.



**Use of Nonpharmaceutical Interventions (NPI) by Severity Category**

This interim guidance proposes a community mitigation strategy that matches recommendations on planning for use of selected NPIs to categories of severity of an influenza pandemic. These planning recommendations are made on the basis of an assessment of the possible benefit to be derived from implementation of these measures weighed against the cascading second- and third-order consequences that may arise from their use.

Cascading second- and third-order consequences are chains of effects that may arise because of the intervention and may require additional planning and intervention to mitigate. The term generally refers to foreseeable unintended consequences of intervention. For example, dismissal of students from school may lead to the second-order effect of workplace absenteeism for child minding. Subsequent workplace absenteeism and loss of household income could be especially problematic for individuals and families living at or near subsistence levels. Workplace absenteeism could also lead to disruption of the delivery of goods and services essential to the viability of the community.

For Category 4 or Category 5 pandemics, a planning recommendation is made for use of all listed NPIs. This approach to pre-pandemic planning will provide a baseline of readiness for community response. Recommendations for use of these measures for pandemics of lesser severity may include a subset of these same interventions and potentially for shorter durations, as in the case of social distancing measures for children.

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Home</b>			
<b>Voluntary isolation</b> of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
<b>Voluntary quarantine</b> of household members in homes with ill persons†† (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
<b>School</b>			
<b>Child social distancing</b>			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of-school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
<b>Workplace / Community</b>			
<b>Adult social distancing</b>			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Table Legend

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

\*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks.

†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available.

§Many sick individuals who are not critically ill may be managed safely at home.

¶The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

\*\*To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than 4 weeks.

§§Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.



## GLOSSARY AND ACRONYMS

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*Below is a listing of terms and acronyms used in this document as well as other relevant pandemic influenza, health and medical disaster-related terms. This listing is intended to provide law enforcement agencies with a familiarity with common terminology used by the health and medical disaster community.*

### A

**Adjuvant:** A substance added to a vaccine to improve the immune system's production of antibodies, which is the desired response to vaccines. The successful addition of an adjuvant means that a given supply of vaccine can be used to treat more people.

**Antibody:** A protein produced by the body's immune system in response to a foreign substance (antigen). Our bodies fight off an infection by producing antibodies. An antibody reacts specifically with the antigen that triggered its formation and its function is to inactivate the antigen.

**Antigen:** Any foreign substance, usually a protein, that stimulates the body's immune system to produce antibodies. (The name antigen reflects its role in stimulating an immune response - antibody generating.)

**Antiviral drugs:** Prescription medicines (pills, liquid or an inhaler) that can be used to treat flu, or to prevent infection with flu viruses. These medications must be prescribed by a health care professional. If you get sick, antiviral drugs can make your illness milder and make you feel better faster. They may also prevent serious influenza complications. The sooner a sick person is treated with an antiviral, the greater effect it will have on the patient's recovery. Influenza antiviral drugs also can be used to prevent influenza when they are given to a person who is not ill, but who has been or may be near a person with influenza.

### C

**California Department of Public Health:** CDPH's dedicated professionals and staff are working behind the scenes to keep us all safe and healthy through the delivery of quality public health services throughout the State - from maintaining safe drinking water to protecting our communities from communicable diseases, epidemics, and contaminated food. <http://www.cdph.ca.gov/>, <http://bepreparedcalifornia.ca.gov/epo/>

**California Emergency Medical Services Authority:** The mission of the California Emergency Medical Services Authority is to ensure quality patient care by administering an effective, statewide system of coordinated emergency medical care, injury prevention, and disaster medical response. <http://www.emsa.ca.gov/>

**California Hospital Association:** CHA seeks to develop consensus, establish public policy priorities, and represent and serve hospitals and health systems. In concert with its member organizations, CHA is committed to establishing and maintaining a financial and regulatory environment within which hospitals can continue to provide high-quality patient care. <http://www.calhospital.org/>, <http://www.calhospitalprepare.org/>

**CCALAC:** See Community Clinic Association of Los Angeles County.

**CDC:** See Centers for Disease Control and Prevention.

**CDPH:** See California Department of Public Health.

**Centers for Disease Control and Prevention:** The CDC is a United States federal government agency based in the Department of Health and Human Services. For over 60 years, the CDC has been dedicated to protecting health and promoting quality of life through the prevention and control of disease,

injury, and disability. The CDC is committed to programs that reduce the health and economic consequences of the leading causes of death and disability, thereby ensuring a long, productive, healthy life for all people. <http://www.cdc.gov/>, <http://emergency.cdc.gov/>

**CHA:** See California Hospital Association.

**Chemoprophylaxis:** The use of chemicals (i.e., medications or drugs) to prevent the development of illness or disease.

**Community Clinic Association of Los Angeles County:** CCALAC represents non-profit community and free clinics that operate primary care sites throughout Los Angeles County. Members serve as the medical home for over 700,000 patients per year. CCALAC's central role is to help its members serve their patients in an efficient and cost-effective manner while they provide quality care. The association strives to identify and address the collective needs of members at the local, state and federal levels. CCALAC delivers a variety of member services including policy advocacy, education and peer support. CCALAC connects clinics, share and leverage resources, increase organizational capacity (including disaster preparedness), and raise a unified voice on behalf of clinics. <http://www.ccalac.org/>

**Community mitigation strategy:** A strategy for the implementation at the community level of interventions designed to slow or limit the transmission of a pandemic virus.

**Cough etiquette:** Covering the mouth and nose while coughing or sneezing; using tissues and disposing in no-touch receptacles; and washing of hands often to avoid spreading an infection to others.

**Countermeasures:** Refers to pre-pandemic and pandemic influenza vaccine and antiviral medications.

## D

**Department of Health and Human Services:** DHHS is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. DHHS also administers the Hospital Preparedness Program through the Office of the Assistant Secretary for Preparedness and Response (ASPR), and the Public Health Emergency Preparedness and Response Program through the Centers for Disease Control and Prevention. <http://www.hhs.gov/>, <http://www.hhs.gov/aspr/>, <http://www.hhs.gov/disasters/>

**Department of Homeland Security:** DHS is the United States government's principal agency to secure the nation from the many threats we face. Five main areas of responsibility: Guarding against Terrorism, Securing our Borders, Enforcing our Immigration Laws, Improving our Readiness for, Response to and Recovery from Disasters, and Maturing and Unifying the Department. <http://www.dhs.gov/>

**DHHS:** See Department of Health and Human Services.

**DHS:** See Department of Homeland Security or Los Angeles County Department of Health Services.

**Disaster Resource Center:** The DRC Program was established by the Los Angeles County Emergency Medical Services Agency to address medical surge capacity. There are 13 DRC hospitals geographically located throughout LA County. Each DRC has 8-10 'umbrella hospitals' that they work with in planning, training, exercises and facilitating a regional disaster preparedness plan. EMS provider agencies, clinics and other healthcare entities are included in the planning to encourage a streamlined workable plan. <http://ems.dhs.lacounty.gov/Disaster/DRCBrochure.pdf>

**DMAT:** Disaster Medical Assistance Team: a component of NDMS of deployable medical teams or professionals and paraprofessionals capable of providing critical and primary care.

**DMH:** See Los Angeles County Department of Mental Health.

**DMORT:** Disaster Mortuary Team, a component of NDMS of deployable medical examiners, pathologists, and funeral directors trained and equipped to assist the medical examiner/coroner with recovery, identification, and processing of the deceased.

**DPH:** See Los Angeles County Department of Public Health.

**DRC:** See Disaster Resource Center.

## E

**Emergency Medical Services:** A branch of emergency services dedicated to providing out-of-hospital acute medical care and/or transport to definitive care, to patients with illnesses and injuries which the patient, or the medical practitioner, believes constitutes a medical emergency.

**Emergency Network Los Angeles:** ENLA is the recognized VOAD (Voluntary Organizations Active in Disasters) for Los Angeles County. ENLA serves as the forum where organizations share knowledge and resources throughout the disaster cycle—preparation, response and recovery—to help disaster survivors and their communities. Members form a coalition of nonprofit organizations that respond to disasters as part of their overall mission. <http://www.enla.org/>

**EMS:** See Emergency Medical Services or Los Angeles County Medical Services Agency.

**EMSA:** See California Emergency Medical Services Authority.

**ENLA:** See Emergency Network Los Angeles.

## F

**Face mask:** Disposable surgical or procedure mask covering the nose and mouth of the wearer and designed to prevent the transmission of large respiratory droplets that may contain infectious material.

**Flu:** See Influenza.

## H

**Hand hygiene:** Hand washing with either plain soap or antimicrobial soap and water or use of alcohol-based products (gels, rinses, foams containing an emollient) that do not require the use of water.

**HASC:** See Hospital Association of Southern California.

**HCC:** See Hospital Command Center.

**HEAR:** Hospital Emergency Administrative Radio: a two way radio system between the Los Angeles County EMS Agency and LA County-area hospitals.

**Hospital Association of Southern California:** The mission of HASC is to serve the political, economic, informational and educational needs of hospitals in southern California AND to help improve the quality and accessibility of health services. <http://www.hasc.org/>

**Hospital Command Center:** Location where the hospital's incident management team is convened to coordinate response activities, resources. The activities at the HCC are directed by the Incident Commander, who has overall responsibility for all response activities. May also be considered the hospital's incident command post.

I

**Incubation period:** The interval (in hours, days, or weeks) between the initial, effective exposure to an infectious organism and the first appearance of symptoms of the infection.

**Infection control:** Hygiene and protective measures to reduce the risk of transmission of an infectious agent from an infected person to uninfected persons (e.g., hand hygiene, cough etiquette, use of personal protective equipment, such as face masks and respirators, and disinfection).

**Immune system:** The cells, tissues and organs that help the body to resist infection and disease by producing antibodies and/or altered cells that inhibit the multiplication of the infectious agent.

**Influenza:** Flu refers to illnesses caused by a number of different influenza viruses. Flu can cause a range of symptoms and effects, from mild to lethal. Most healthy people recover from the flu without problems, but certain people are at high risk for serious complications. Flu symptoms may include fever, coughing, sore throat, runny or stuffy nose, headaches, body aches, chills and fatigue. Annual outbreaks of the seasonal flu usually occur during the late fall through early spring. Most people have natural immunity, and a seasonal flu vaccine is available. In a typical year, approximately 5 to 20 percent of the population gets the seasonal flu and approximately 36,000 flu-related deaths are reported.

**Isolation of ill people:** Separation or restriction of movement of persons ill with an infectious disease in order to prevent transmission to others.

L

**Los Angeles County Department of Health Services:** The DHS mission is to improve health through leadership, service, and education in Los Angeles County. DHS provides acute and rehabilitative patient care, trains physicians and other health care clinicians, and conducts patient care-related research. DHS operates four hospitals, six comprehensive health centers and multiple health centers throughout the Los Angeles County, many in partnership with private, community-based providers. <http://www.ladhs.org/>

**Los Angeles County Department of Mental Health:** DMH is the largest county mental health department in the country. It directly operates more than 80 program sites and contracts with more than 700 providers, including non-governmental agencies and individual practitioners who provide a spectrum of mental health services to people of all ages to support hope, wellness and recovery. DMH works with its stakeholders and community partners to provide clinically competent, culturally sensitive and linguistically appropriate mental health services to our clients in the least restrictive manner possible. <http://dmh.lacounty.gov/>

**Los Angeles County Department of Public Health:** LACDPH protects health, prevents disease, and promotes the health and well-being for all persons in Los Angeles County. The focus is on the population as a whole, and LACDPH conducts activities through a network of public health professionals throughout the community. Public health nurses make home visits to families with communicable diseases; epidemiologists investigate the sources of disease outbreaks; environmental health specialists ensure safe food, water, and housing; and all work with community coalitions to advocate for public policies to protect and improve health. <http://publichealth.lacounty.gov/>,  
<http://publichealth.lacounty.gov/eprp/index.htm>

**Los Angeles County Emergency Medical Services Agency:** The EMS Agency is responsible for coordinating the county's emergency medical services system including hospitals, fire departments, and ambulance companies. EMS works with both the private and public sectors to bring paramedic coverage to our county's more than 10 million residents and visitors. The EMS Agency administers the Hospital Preparedness Program in Los Angeles County. <http://ems.dhs.lacounty.gov/>

**Los Angeles County Office of Emergency Management:** OEM has the responsibility for organizing and directing the preparedness efforts of the Emergency Management Organization of Los Angeles

County. OEM is the day-to-day Los Angeles County Operational Area coordinator for the entire geographic area of the county. This broad responsibility includes: Planning and Coordination, Operations Training, Technical Operations, and Public Education. <http://www.lacoa.org/>

## M

**MAC:** See Medical Alert Center or Multiagency Coordination.

**Medical Alert Center:** Based in the Los Angeles County EMS Agency, the MAC coordinates the transfer of patients from private hospitals to county operated hospitals and tracks the bed availability and diversion status of 911 receiving hospitals 24 hours a day. <http://ems.dhs.lacounty.gov/MAC/MAC.htm>

**Multiagency Coordination:** The coordination of assisting agency resources and support to emergency operations.

## N

**National Disaster Medical System:** NDMS is a federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to supplement an integrated National medical response capability for assisting State and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas armed conventional conflicts. <http://www.hhs.gov/aspr/opeco/ndms/index.html>

**NDMS:** See National Disaster Medical System.

**Nonpharmaceutical intervention (NPI):** Mitigation measure implemented to reduce the spread of an infectious disease (e.g., pandemic influenza) but one that does not include pharmaceutical products, such as vaccines and medicines. Examples include social distancing, cancelling events, and infection control measures.

**Novel virus:** A virus that has never previously infected humans, or hasn't infected humans for a long time. It is likely that almost no one will have immunity, or antibodies to protect them against the novel virus. Many novel flu viruses originate from animals, such as birds or pigs.

## P

**Pandemic influenza:** A pandemic is a global disease outbreak. An influenza pandemic occurs when a new influenza A virus emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily person-to-person worldwide. A pandemic is determined by spread of disease, not its ability to cause death.

**Personal protective equipment:** PPE is any type of clothing, equipment, or respiratory protection device (respirators) used to protect workers against hazards they encounter while doing their jobs. PPE can include protection for eyes, face, head, torso, and extremities. Gowns, face shields, gloves, face masks, and respirators are examples of PPE commonly used within healthcare facilities. When PPE is used in a workplace setting to protect workers against workplace hazards, its use must be consistent with regulations issued by the Occupational Safety and Health Administration ([www.osha.gov/index.html](http://www.osha.gov/index.html)).

**PHO:** See Public Health Officer.

**POD:** Mass Prophylaxis/Vaccination Point of Distribution (POD). Distributes medications and vaccinations in addition to risk communication and public education information during a public health emergency (can also be used as site for food and water distribution in non-medical-related disasters). A POD is usually coordinated by the local public health department with assistance from other local

agencies and organizations, and is likely to be operational 24 hours a day until objectives are met. Depending on the size of the community, multiple sites may be operational.

**Prophylaxis:** Prevention of disease or of a process that can lead to disease. With respect to pandemic influenza, this specifically refers to the administration of antiviral medications to healthy individuals for the prevention of influenza.

**Public Health Officer:** Also referred to as LHO, Local Health Officer, in California when based at the County level. The Health Officer has specific actions and requirements he/she must take as defined in the California Health and Safety Code. The Health Officer may also proclaim a public health emergency, and enact actions that are in the best interest of the public's health.

## Q

**Quarantine:** A restraint upon the activities or communication (e.g., physical separation or restriction of movement within the community/work setting) of an individual(s) who has been exposed to an infection but is not yet ill to prevent the spread of disease; quarantine may be applied voluntarily (preferred) or on compulsory basis dependent on legal authority.

## R

**ReddiNet:** An emergency medical communications network linking the LA County EMS Agency, hospitals, paramedics, dispatch centers, and other healthcare system participants.

**Respirator:** An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. In addition to blocking splashes, sprays and large droplets, the respirator is also designed to prevent the wearer from breathing in very small particles that may be in the air. However, even a properly fitted N95 respirator does not completely eliminate the risk of illness or death.

## S

**Seasonal flu:** Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It spreads from person-to-person and can cause mild to severe illness; and in some cases, can lead to death. In the United States, yearly outbreaks of seasonal flu usually happen during the fall through early spring. The best way to prevent the flu is by getting a flu vaccination each year. Flu viruses can cause illness in people of any age group. Children are most likely to get sick because their immune systems aren't strong enough to fight off the infection.

**SNS:** See Strategic National Stockpile.

**Social distancing:** Measures to increase the space between people and decrease the frequency of contact among people.

**Strategic National Stockpile:** CDC's Strategic National Stockpile (SNS) has large quantities of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, earthquake) severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, medicines will be delivered to any state in the U.S. within 12 hours. Each state has plans to receive and distribute SNS medicine and medical supplies to local communities as quickly as possible. <http://www.bt.cdc.gov/stockpile/>

**Surge capacity:** Refers to the ability to expand provision of services beyond normal capacity to meet transient increases in demand. Surge capacity within a medical context includes the ability of healthcare or laboratory facilities to provide care or services above their usual capacity and to expand manufacturing capacity of essential medical materiel (e.g., vaccine) to meet increased demand.

**Surgical mask:** Disposable face mask that covers the mouth and nose and comes in two basic types. The first type is affixed to the head with two ties and typically has a flexible adjustment for the nose bridge. This type of surgical mask may be flat/pleated or duck-billed in shape. The second type of surgical mask is pre-molded, or cup shaped, and adheres to the head with a single elastic strap and usually has a flexible adjustment for the nose bridge. Surgical masks are used to prevent the transmission of large particles.

## V

**Vaccine:** A preparation consisting of antigens of a disease-causing organism which, when introduced into the body, stimulates the production of specific antibodies or altered cells. This produces immunity to the disease-causing organism. The antigen in the preparation can be whole disease-causing organisms (killed or weakened) or parts of these organisms.

**Vaccine for pandemics:** Effective allocation of pandemic influenza vaccine will play a critical role in preventing influenza and reducing its effects on health and society when a pandemic arrives. The specific type of influenza that causes a pandemic will not be known until it occurs. Developing a new vaccine in response will take several months and pandemic vaccine may not be available when cases first occur in the United States. Moreover, once vaccine production begins, it will not be possible to make enough new vaccine to protect everyone in the early stages of a pandemic.

**Viral shedding:** Discharge of virus from an infected person.

**Virulence:** The ability of the pathogen to produce disease; or the factors associated with the pathogen to affect the severity of diseases in the host.