

Los Angeles County Emergency Medical Services Agency

Recommended Actions to
Prepare Law Enforcement Agencies
for Pandemic Influenza by Pandemic Phase

October 2007

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BACKGROUND

During even normal circumstances, the healthcare system in Los Angeles County (LAC) can be easily overwhelmed. But the projected tremendous and unprecedented demand for healthcare services during a pandemic will likely challenge our healthcare resources to levels not previously experienced, potentially causing serious impact to the entire community infrastructure.

LAC Department of Public Health has projected the impact of an influenza pandemic upon LAC's medical and healthcare system using the Centers for Disease Control and Prevention's (CDC) FluSurge 2.0 software. Estimates were calculated according to a modified model of the 1918 pandemic; it assumed

- a 30% attack rate
- a duration of an initial wave of illness to extend about 12 weeks, and
- hospitalization (if needed) to last about five days.

With those assumptions, the model predicted the number of hospitalizations in LAC to be about 376,000, and the predicted mortality to be about 63,000 deaths. The number of subsequent waves is uncertain. In the 1918-1919 pandemic, there were three waves, and the total pandemic period in the United States lasted 18 months with an estimated 670,000 deaths, and 20 million deaths worldwide.

The World Health Organization (WHO) has developed a global influenza preparedness plan which defines the phases of a pandemic and recommends measures to take before and during a pandemic according to phase. LAC has adopted these phases to facilitate pandemic planning, response and recovery activities. These phases are considered the 'triggers' for recommended actions.

In order to assist law enforcement agencies to better prepare for, support, and cope with a region-wide pandemic, the 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. 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.

The capacity within the healthcare delivery system has declined to the point where it often seems like a crisis despite the absence of a true event. Should a pandemic occur, all stakeholders will have to collaborate to assure the best achievable coordination and outcome for subjects, staff and their families. To make recommendations for future updates, please contact Kay Fruhwirth, Assistant Director, LAC EMS Agency, at 323-890-7539 or kfruhwirth@dhs.lacounty.gov.

ROLE OF LAW ENFORCEMENT DURING A PANDEMIC

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 from airports
- 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 problems from 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.

Enforcing community containment measures (issued by 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

COMPARISON OF SEASONAL AND PANDEMIC INFLUENZA (FLU)

Adapted from: Los Angeles County Department of Public Health Pandemic Influenza Preparedness and Response Planning Guidelines, Chapter 1, Table 1, 3-13-07.

	Seasonal Flu	Pandemic Flu	IMPLICATIONS
Cause	Known circulating flu viruses	A new virus	Since no previous exposure, humans will have little or no pre-existing immunity
Transmission	Large droplet and fomites	Large droplet and fomites*	
Infectious Period**	<ul style="list-style-type: none"> ▪ Adults: 1 day prior to symptom onset, 5 days post illness ▪ Children: 10 days ▪ Immune-compromised shed for weeks to months 	<ul style="list-style-type: none"> ▪ Unknown ▪ Likely similar to seasonal flu, but unknown 	Complicates the use of quarantine, isolation and masks for protection.
Prevention & Treatment	<ul style="list-style-type: none"> ▪ Annual vaccination ▪ Respiratory hygiene ▪ Four antivirals for treatment and prophylaxis ▪ However, viral strains are becoming resistant 	<ul style="list-style-type: none"> ▪ Unknown ▪ No vaccine currently exists ▪ Antiviral drug effectiveness is unknown 	<ul style="list-style-type: none"> ▪ Still using a 1950s model for vaccine production. ▪ Availability and effectiveness of antivirals for pandemic flu is uncertain.
When will it occur and how will it spread?	Winter seasons in the Northern and Southern Hemispheres	<ul style="list-style-type: none"> ▪ Unknown ▪ Year-round without warning ▪ Rapid worldwide spread 	Most important differentiating factor
Who is seriously affected?	<ul style="list-style-type: none"> ▪ Elderly ▪ Young children ▪ Chronic conditions 	Everyone including the young and healthy. (including usual workforce)	Could greatly impact community infrastructure
How many will be affected?	In US, varies each season, on average: <ul style="list-style-type: none"> ▪ 36,000 deaths ▪ 200,000 hospitalizations 	In US***, <ul style="list-style-type: none"> ▪ 314,000–734,000 hospitalizations ▪ 89,000–207,000 deaths 	Can have a devastating impact on hospitals, funeral homes, etc

* Fomites are objects (such as a dish or an article of clothing) that may be contaminated with infectious organisms and transmit disease.

** Seasonal influenza viruses are spread from person to person, primarily through respiratory droplet transmission (e.g., when an infected person coughs or sneezes in close proximity to an uninfected person). The typical incubation period for influenza is 1-4 days, with an average of 2 days. Adults can be infectious from the day before symptoms begin through approximately 5 days after illness onset. Children can be infectious for >10 days after the onset of symptoms, and young children also can shed virus before their illness onset. Severely immunocompromised persons can shed virus for weeks or months.

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

PANDEMIC INFLUENZA RECOMMENDED ACTIONS FOR LAW ENFORCEMENT – MANAGEMENT

INTERPANDEMIC PERIOD	ACTIONS
<p>WHO Phase 1</p> <ul style="list-style-type: none"> ▪ No new influenza virus causing illness in humans 	<ol style="list-style-type: none"> 1. Review the differences between seasonal and pandemic influenza 2. Educate staff on how they can stop the spread of germs 3. Post 'respiratory etiquette' posters and signs in work areas 4. Assess supplies needed for infection control 5. Provide boxes of facial tissues and trash receptacles 6. Provide alcohol-based hand washing gel in all vehicles 7. Subscribe to LAC Public Health Flu Watch Listserv
<p>WHO Phase 2</p> <ul style="list-style-type: none"> ▪ No new influenza virus causing illness in humans ▪ Circulating animal influenza virus subtype poses a substantial risk of human disease 	
PANDEMIC ALERT PERIOD	ACTIONS
<p>WHO Phase 3</p> <ul style="list-style-type: none"> ▪ Human cases from the new influenza virus ▪ No human to human transmission ▪ No cases in the United States 	<ol style="list-style-type: none"> 1. Review and update internal emergency operations plans 2. Plan for infrastructure disruptions 3. Begin procuring infection control supplies 4. Consider placing masks on all subjects with flu-like symptoms 5. Educate staff on infection control supplies and the current situation 6. For updated information, review: <ul style="list-style-type: none"> ▪ US DHHS, http://www.pandemicflu.gov/ ▪ LAC Public Health, http://lapublichealth.org/acd/Pandemicflu.htm 7. Activate emergency operations plans and educate staff 8. Develop plan for enforcing Public Health guidelines on pandemic influenza community containment strategies 9. Encourage safe work practices 10. Develop plan to conduct health screening of all staff 11. Begin creating adjusted staffing patterns 12. Consider health screening all subjects brought into custody 13. Conserve usage of supplies needed for infection control 14. Educate staff on the current situation 15. Educate staff on staffing and procedures changes
<p>WHO Phase 4</p> <ul style="list-style-type: none"> ▪ Small clusters with limited human-to-human transmission ▪ No cases in the United States 	
<p>WHO Phase 5</p> <ul style="list-style-type: none"> ▪ Large clusters of illness ▪ Localized human-to-human transmission ▪ Little to no cases in the United States 	
PANDEMIC PERIOD	ACTIONS
<p>WHO Phase 6</p> <ul style="list-style-type: none"> ▪ Widespread illness in the population throughout the world ▪ Sustained human to human transmission 	<ol style="list-style-type: none"> 1. Implement emergency operations plans 2. Enforce PH guidelines on community containment strategies 3. Implement adjusted staffing patterns 4. Implement essential staffing and services only 5. Limit the number of responders to the minimum necessary 6. Perform health screenings of all staff 7. Ensure officers maintain 3 foot separation between subjects 8. Perform health screening of all subjects brought into custody 9. Consider placing masks on all subjects transported 10. Use vehicles with solid security screening 11. Decontaminate vehicles using standard operating procedures 12. Maintain 3 foot separation of all staff in sleeping quarters 13. Reassess staffing and consider redistribution of resources 14. Follow PH guidelines for personal protection, vaccine, and antivirals 15. Follow Coroner guidelines for managing the dead, as available 16. Follow EMS Agency guidelines for subject transport, as available
POST PANDEMIC PERIOD	ACTIONS
<p>Return to WHO Interpandemic Period</p> <ul style="list-style-type: none"> ▪ End of first pandemic wave ▪ Next wave may occur within several months 	<p>Prepare for a possible next wave:</p> <ol style="list-style-type: none"> 1. Conduct staff debriefings 2. Participate in community debriefings 3. Implement appropriate changes based on debriefings 4. Replenish supplies 5. Continue to monitor the health of staff

PANDEMIC INFLUENZA RECOMMENDED ACTIONS FOR LAW ENFORCEMENT – RESPONDERS

INTERPANDEMIC PERIOD	ACTIONS
WHO Phase 1 <ul style="list-style-type: none"> ▪ No new influenza virus causing illness in humans 	<ol style="list-style-type: none"> 1. Learn the difference between seasonal and pandemic influenza 2. Learn how to stop the spread of germs 3. Follow 'respiratory etiquette' 4. Use facial tissues and trash receptacles 5. Use alcohol-based hand washing gel after all subject contact
WHO Phase 2 <ul style="list-style-type: none"> ▪ No new influenza virus causing illness in humans ▪ Circulating animal influenza virus subtype poses a substantial risk of human disease 	
PANDEMIC ALERT PERIOD	ACTIONS
WHO Phase 3 <ul style="list-style-type: none"> ▪ Human cases from the new influenza virus ▪ No human to human transmission ▪ No cases in the United States 	<ol style="list-style-type: none"> 1. Perform safe work practices 2. Review emergency operations plans and procedures 3. Participate in health screenings as needed 4. Consider placing masks on all subjects transported with flu-like symptoms 5. Notify receiving facility that the subject has flu-like symptoms 6. Attend trainings on the current situation
WHO Phase 4 <ul style="list-style-type: none"> ▪ Small clusters with limited human-to-human transmission ▪ No cases in the United States 	
WHO Phase 5 <ul style="list-style-type: none"> ▪ Large clusters of illness ▪ Localized human-to-human transmission ▪ Little to no cases in the United States 	
PANDEMIC PERIOD	ACTIONS
WHO Phase 6 <ul style="list-style-type: none"> ▪ Widespread illness in the population throughout the world ▪ Sustained human to human transmission 	<ol style="list-style-type: none"> 1. Enforce PH guidelines on community containment strategies 2. Use infection control precautions for every encounter 3. Maintain at least 3 feet between officers and subjects 4. Consider performing health screenings on all subjects before transport 5. Consider placing masks on all subjects transported 6. Use a vehicle with solid security screening, if possible 7. Ventilate vehicles (roll down windows, etc.) during transport and buildings if possible 8. Notify receiving facility that the subject has flu-like symptoms 9. Limit the number of responders to the minimal necessary 10. Decontaminate vehicles using standard operating procedures 11. Maintain 3 foot separation of all staff in sleeping quarters 12. Follow PH guidelines for personal protection, vaccine and antivirals, as available 13. Follow Coroner guidelines for managing the dead, as available 14. Follow EMS Agency guidelines for transport, as available
POST PANDEMIC PERIOD	ACTIONS
Return to WHO Interpandemic Period <ul style="list-style-type: none"> ▪ End of first pandemic wave ▪ Next wave may occur within several months 	Prepare for a possible next wave: <ol style="list-style-type: none"> 1. Participate in debriefings on what went well and what needs improvement

RECOMMENDED ACTIONS: INTERPANDEMIC PERIOD

WHO Phase 1

- No new influenza virus causing illness in humans

WHO Phase 2

- No new influenza virus causing illness in humans
- Circulating animal influenza virus subtype poses a substantial risk of human disease

MANAGEMENT

1. Review the differences between seasonal and pandemic influenza. See the chart on page 3.
2. 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 15.
3. Post 'respiratory etiquette' posters and signs in work areas. See CDC poster on page 17.
4. 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 18.
5. Provide boxes of facial tissues and trash receptacles in the work place and for subject transport.
6. Provide alcohol-based hand washing gel in all vehicles and the work place and promote its use.
7. Subscribe to LAC 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 and pandemic influenza. See the chart on page 3.
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 18.
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: PANDEMIC ALERT PERIOD

WHO Phase 3

- Human cases from the new influenza virus
- No human to human transmission
- No cases in the United States

WHO Phase 4

- Small clusters with limited human-to-human transmission
- No cases in the United States

WHO Phase 5

- Large clusters of illness
- Localized human-to-human transmission
- Little to no cases in the United States

MANAGEMENT

Phases 3-4

1. 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. Review the Law Enforcement Pandemic Influenza Planning Checklist on page 19, and Pandemic Influenza Infection Control Considerations for Law Enforcement on page 26. 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. Consider how canine and equine resources will be used (dogs and horses will not catch influenza) if the number of qualified handlers and caretakers diminishes.
2. 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.
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. Consider placing masks on all subjects transported with flu-like symptoms. Review the Influenza-Like Illness Assessment Tool on page 29.
5. Educate staff on the use of infection control supplies and current pandemic influenza situation.
6. For updated information, review: US DHHS, www.pandemicinfluenza.gov, and LAC Public Health, <http://lapublichealth.org/acd/Pandemicflu.htm>.

Phase 5

7. Activate emergency operations plans and educate staff on these plans.
8. Develop a plan to enforce Public Health guidelines on pandemic influenza community containment strategies, as available.
9. Encourage safe work practices among staff to prevent transmission of influenza. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 26.
10. Develop plan to conduct health screening of all staff before they report for duty. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 26 and consider using a form similar to the Worker Influenza-Like Illness Monitoring Form on page 30.
11. Begin creating adjusted staffing patterns. 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 31. Consider how staff health information will be identified in relation to HIPAA requirements. Consult with human resources and legal counsel.
12. Consider performing health screenings on all subjects brought into custody. Review See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 26, and the Influenza-Like Illness Assessment Tool on page 29.
13. Conserve usage of supplies needed for infection control.
14. 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.
15. Educate staff on staffing and procedure changes.

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
2. Review emergency operations plans and procedures.
3. Participate in health screenings as needed.
4. Consider placing masks on all subjects transported with flu-like symptoms. Review the Influenza-Like Illness Assessment Tool on page 29.
5. Notify the receiving facility that the subject has flu-like symptoms.
6. Attend trainings on the current pandemic influenza situation.

RECOMMENDED ACTIONS: PANDEMIC PERIOD

WHO Phase 6

- Widespread illness in the population throughout the world
- Sustained human to human transmission

MANAGEMENT

1. Implement emergency operations procedures.
2. Implement plan to enforce Public Health guidelines on pandemic influenza community containment strategies, as available.
3. Implement adjusted staffing patterns.
4. Implement essential staffing and services only.
5. Limit the number of responders to the minimum necessary.
6. 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 26 and consider using a form similar to the Worker Influenza-Like Illness Monitoring Form on page 30.
7. Ensure officers maintain at least 3 feet between subjects. Including during investigative interviews. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 26.
8. Consider performing health screenings on all subjects before bring transported and brought into custody. Review See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 26, and the Influenza-Like Illness Assessment Tool on page 29.
9. 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.
10. 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 26.
11. 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 26.
12. Maintain a 3 foot separation of all staff in sleeping quarters. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 26.
13. Reassess staffing and consider redistribution of resources.
14. Follow Public Health guidelines for personal protection, vaccine and antivirals, as available.
15. Follow Department of Coroner guidelines for managing the dead, as available.
16. Follow EMS Agency guidelines for transport, as available.

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 officers and subjects. Including during investigative interviews. See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 26.
4. Consider performing health screenings on all subjects before being transported and brought into custody. Review See Pandemic Influenza Infection Control Considerations for Law Enforcement on page 26, and the Influenza-Like Illness Assessment Tool on page 29.
5. 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.
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 26.
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 26.
11. Maintain a 3 foot separation of all staff in sleeping quarters.
12. Follow Public Health guidelines for personal protection, vaccine and antivirals, as available.
13. Follow Department of Coroner guidelines for managing the dead, as available.
14. Follow EMS Agency guidelines for subject transport, as available.

RECOMMENDED ACTIONS: POST-PANDEMIC PERIOD

Return to WHO Interpandemic Period

- End of first pandemic wave
- Next wave may occur within several months

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.
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.

COMMUNITY WIDE COORDINATION AND CONTROL

Declaration of an Influenza Pandemic Emergency

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

- Globally: World Health Organization (WHO)
- United States: U.S. Centers for Disease Control and Prevention (CDC)
- Los Angeles County: The LAC Health Officer, as Incident Manager for the county's public health response, will determine when the new virus has reached LAC.

Once the new virus has been identified locally, the Health Officer does following:

- Activates the operational aspects of LAC's Pandemic Influenza Preparedness and Response Planning Guidelines
- Notifies the members of the LAC Emergency Management Council
- Notifies 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
- 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 health response will be a collaborative effort between the LAC Department of Health Services (DHS) and LACDPH. The DHS Department Head will activate the DHS Department Operations Center (DOC) to assist with the management of the public health and emergency medical services response. The DOC is organized according to the Incident Command System.

Pandemic Response Guidance

During the pandemic, the Department of Public Health 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, CA Dept of Health Services, and other jurisdictions affected by the pandemic.

Contact Information

- LA County Dept of Health Services Medical Alert Center: 24/7: 323-887-5310
- Los Angeles Dept of Public Health Acute Communicable Disease Control, Biological Incident Reporting: Business hours: 213-240-7941

ADDITIONAL RESOURCES: WEBSITES

Law Enforcement

Federal

- US DHHS Law Enforcement Pandemic Influenza Planning Checklist:
<http://pandemicflu.gov/plan/workplaceplanning/lawenforcement.html>
- Bureau of Justice Assistance, Preparing the Justice System for Pandemic Influenza Resources:
www.ojp.usdoj.gov/BJA/pandemic/resources.html
- Bureau of Justice Assistance, 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
- US DHHS 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
- US DHHS Correctional Facilities Pandemic Influenza Planning Checklist:
<http://pandemicflu.gov/plan/workplaceplanning/correctionchecklist.html>

State

- Pandemic Influenza and Bird Flu: The State of Delaware State and Local Law Enforcement Preparedness, Police Chief Magazine, February 2006, www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=806&issue_id=22006
- 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

Articles

- Quarantines: The Law Enforcement Role, Police Chief Magazine, February 2006, www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=807&issue_id=22006
- The Pandemic Influenza Plan: Implications for Local Law Enforcement, Police Chief Magazine, Jan 2006, www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=784&issue_id=12006

Los Angeles County

Department of Health Services Emergency Medical Services Agency: <http://ladhs.org/ems/index.htm>

Department of Public Health Acute Communicable Disease Control Pandemic Influenza:

<http://lapublichealth.org/acd/Pandemicfu.htm>

California

Department of Health Services Division of Communicable Disease Control:

<http://www.dhs.ca.gov/ps/dcdc/dcdcindex.htm>

Federal

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

- Provides one-stop access to U.S. Government avian and pandemic flu information
- 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>

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>
- Community Strategy for Pandemic Influenza Mitigation:
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>

OSHA Guidance on Preparing Workplaces for an Influenza Pandemic:

http://www.osha.gov/Publications/influenza_pandemic.html

International

World Health Organization

- Pandemic and Pandemic Alert and Response, Avian Influenza:
http://www.who.int/csr/disease/avian_influenza/en/
- Global Influenza Preparedness Plan:
http://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_5/en/index.html



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

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

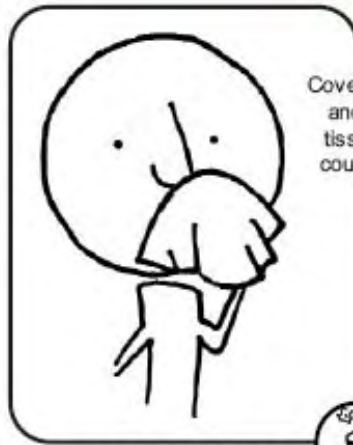
CDC and its partner agencies and organizations offer a great deal of information about handwashing and other things you can do to stay healthy and avoid the germs that cause flu, the common cold, and other illnesses. See Other Resources (<http://www.cdc.gov/germstopper/resources.htm>) and Posters (<http://www.cdc.gov/germstopper/materials.htm>)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



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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American
Public Health
Association



USE OF MASKS DURING A PANDEMIC

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>.

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

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.

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

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
- 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>

LAW ENFORCEMENT PANDEMIC INFLUENZA PREPAREDNESS CHECKLIST

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.

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
-

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

Completed	In Progress	Not Started	Tasks
			A person has been assigned responsibility for coordinating pandemic influenza preparedness planning for the agency. (Insert name, title, and contact information.) Primary: _____ Backup: _____
			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). _____ _____ _____ _____
			Review Federal, State, and local public health and emergency management agencies' pandemic plans in areas where you operate or have jurisdictional responsibilities.
			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.
			Verify Command and Control areas of responsibility and authority during a pandemic. Identify alternative individuals in case primary official becomes incapacitated.
			Outline the organizational structure to be used during a pandemic, consider: <ul style="list-style-type: none"> ▪ needs when staffing is reduced ▪ key contacts having multiple backups/designees ▪ an alternative chain of command ▪ how external agency staff might be incorporated to augment leadership and staffing, if necessary
			Review policies on the chain of command for overall incident management during a public health emergency.
			Review the authority granted to law enforcement to take action during a declared health emergency.
			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.

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

Completed	In Progress	Not Started	Tasks
			Determine the potential impact of a pandemic on outside resources on which your agency depends (e.g., vehicle towing, jail capacity, hospital services).
			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

Completed	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.

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

Completed	In Progress	Not Started	Tasks
			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.
			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 (http://www.pandemicflu.gov/plan/individual/index.html).
			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 www.cdc.gov/nip/recs/adult-schedule.htm and www.cdc.gov/nip/recs/child-schedule.htm .
			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

Completed	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

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

Completed	In Progress	Not Started	Tasks
			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

Completed	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.

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

Completed	In Progress	Not Started	Tasks
			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.

PANDEMIC INFLUENZA INFECTION CONTROL CONSIDERATIONS FOR LAW ENFORCEMENT

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.

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 μ 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.

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 wear 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 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 Phase 6, 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.

Health Screening - Subjects

- Screening for influenza-like illness symptoms, and monitoring if have been exposed
- When will subjects be screened? During Phase 6, 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?

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., plexiglass, 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-LIKE ILLNESS (ILI) ASSESSMENT TOOL

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 triage of subjects or staff, and for accommodation or cohort of subjects *prior* to further clinical management. This is not intended to be used as a clinical management tool.

ILI in the adults 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 (>100.4°F or 38°C)
- 3. Cough
- 4. One or more of the following:
 - a. sore throat
 - b. joint pain
 - c. muscle pain or exhaustion
 - f. abdominal pain

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.):

OCCUPATIONAL HEALTH MANAGEMENT DURING AN INFLUENZA PANDEMIC

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>.

Occupational Health Management of Workers During an Influenza Pandemic

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.

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 **antivirals**

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.

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

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

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