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	<b>Subject:</b> <b>Pandemic Planning and Response</b>				
	<b>Issuing Authority:</b> <b>David Fallon</b> <b>Chief of Police</b>		<b>Signature:</b> 	<b>Effective Date:</b> April 13, 2015	
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## Purpose

Like those who predict another major terrorist attack against the United States, community health experts predict that it is not a question of if, but when, pandemic influenza will strike. Furthermore, all agree that if planning and preparation should be delayed until efficient human-to-human transmission of a highly pathogenic strain emerges, it will be too late to take any meaningful precautions. In a pandemic, the Somerville Police Department will be required to mitigate unnecessary community fears as well as to help ensure that medical services are not overrun and that critical community infrastructure is unharmed—all with the possibility of reduced staff. Early departmental preparation for pandemic influenza or a similar health threat is essential in order to meet these basic needs of our community. [46.1.2] [Checklist Chapter 46](#)

## Policy

The Somerville Police Department shall have a written plan for responding to critical incidents such as natural and man-made disasters, pandemics, civil disturbances, mass arrests, bomb threats, hostage/barricaded person situations, acts of terrorism, and other unusual incidents. The Plan will follow standard Incident Command System (ICS) protocols.

## Procedures

### 1. Response

#### A. Characteristics and Symptoms of Pandemic Influenza

1. Persons at greatest risk include infants, the elderly, pregnant women, and persons with chronic medical conditions. The typical incubation period for the disease is two to three days. Infected persons can transmit infection (through a process called viral shedding) for up to one day before the onset of symptoms, and the risk of transmission is greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission. Modes of transmission include coughing and sneezing, as well as contact with virus on household, work, and

other objects in daily life. Signs of infection can include fever, headache, chills, muscle ache, extreme tiredness, sore throat, runny nose, nausea, and cough and progressive shortness of breath. In addition, staff should be educated on the emotional and mental health aspects of anticipated and actual infection. It should also be made clear that the lag time in development of vaccines is up to six months; availability of the vaccine to law enforcement personnel is in accordance with the U.S. Centers for Disease Control (CDC) vaccination priority list and state regulations. Regulations are also in place to cover Strategic National Stockpile (SNS) applicability and distribution plans.

## **B. Prevention and Control**

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

## **C. Personal Hygiene**

1. Maintain at least six feet distance from others. Do not cough into the hand or the air in public; cough into the elbow if tissues are not available. Otherwise, use tissues and dispose of them properly. Eliminate handshaking, and wash hands frequently and thoroughly after coughing, sneezing, or touching potential contaminants. Use antiseptic towelettes or antiseptic gels if soap and water are not readily available, and make sure these antiseptic gels are readily available at work for each person. Avoid touching the eyes and mouth.

## **D. Avoiding Contact with Infected Persons or Objects**

1. Obtain an annual flu vaccination to mitigate the impact of possible pandemic strains. Identify drugs to help mitigate the impact of an influenza infection. Disinfect vehicles to whatever degree possible and practicable between transportation of prisoners. Disinfect surfaces and common areas to whatever degree possible. Use disposable cups and utensils in the workplace. Adhere to universal precautions or other measures outlined by public health officials.

## **E. Assistance to Family Members**

During a pandemic, many employees may feel compelled to use leave in order to assist ill family members. In order to prevent undue loss of employees for this purpose and to provide employees with reassurance of their family's well-being, the department should assist employees' families by providing all reasonable information and all assistance to reduce the chances of infection. Additionally, all employees should take the following steps with family members, roommates, or other household members to assist in this effort:

1. Obtain annual seasonal flu vaccinations to help mitigate potential impact of pandemic influenza

2. Stockpile flu aids (such as Tamiflu) and over-the-counter treatments as available
3. Obtain vaccination against pandemic strain when developed and approved
4. Stockpile enough food, fuel, water, required prescription medications, and related living supplies for at least 14 days
5. Share all information on prevention and treatment with family members
6. Provide family members with relevant information on the department's pandemic response plan that may affect them, such as temporary housing arrangements for sworn personnel and policy modifications concerning sick leave and mandatory isolation when symptomatic
7. Review relevant employee assistance programs that may be used
8. Discuss voluntary quarantine or isolation measures and the use of protective masks or other PPE that may be provided
9. Develop a family plan and practice drills.

## **2. Organization**

### **A. Pandemic Influenza Coordination Committee**

1. The Chief of Police should appoint an individual or individuals, as appropriate, to lead and coordinate the department's preparation on the Local Emergency Planning Committee (LEPC). The committee should include the Operations Commander and his designee.
2. The LEPC should identify public and private entities that will have bearing on overall community pandemic response planning and that will interact closely with the department during a pandemic. The committee should integrate key agencies in the planning process in a manner that will explore problem scenarios and solutions, mutual expectations, and support opportunities. Plans should be drawn up and coordinated in conjunction with the necessary response partners to avoid confusion or misunderstanding of roles and expectations. The LEPC should be made up of a member from each of the following committees:
  - a. Fire Department
  - b. Police Department
  - c. School System
  - d. Board of Health

- e. Council on Aging
  - f. Mayor's Office
  - g. Board of Alderman
  - h. Citizen Volunteers
  - i. Somerville Housing Authority
3. The LEPC should monitor updates from public health authorities on changes in the nature or spread of influenza and relay important developments to committee members and the Chief of Police.

### 3. Potential New Service Demands

- A. The onset of pandemic influenza will inevitably result in new types of requests for police service, even as the department experiences reduced staffing levels and continues to provide routine law enforcement services. In anticipation of these challenges, the committee should coordinate with other critical agencies and stakeholders to identify needs, expectations, potential levels of service demands, reasonable alternatives to the use of sworn police personnel, and reciprocal means of assistance between public and private sectors, among other factors. Additional police responsibilities during a pandemic may include the following:
- 1. Guarding vaccine distribution chains and distribution sites from the SNS to maintain order, establish traffic patterns, and prevent theft.
  - 2. Providing protective services to hospital emergency rooms, temporary treatment shelters, and triage centers during patient surges.
  - 3. Providing additional preventive patrols or other measures to targets of opportunity resulting from the emergency (such as pharmacies and supermarkets.)
  - 4. Providing added security to critical infrastructure components (such as utilities and telecommunications facilities.)
  - 5. Providing emergency assistance to special population groups (such as the elderly, the hearing or visually impaired, and the non-ambulatory.)
  - 6. Enforcing closure orders, curfews, travel limitations, and restrictions on gatherings
  - 7. Enforcing quarantine orders, mandatory isolation orders, and other involuntary restrictions/requirements(such as mandatory vaccination or hospitalization of the ill.)
  - 8. Arranging for secure disposition of dead bodies during surges in deaths in cooperation with the coroner, funeral homes, and crematoriums.

9. Policing civil disturbances and disorders related to forced mandatory vaccinations, shortage of therapeutics or medical care, and similar problems.
10. Arranging for additional incarceration facilities should mass arrests be necessary or infected persons need isolation during incarceration.
11. Assisting health-care providers and other agencies with security for delivery of essential food and medicine to quarantined areas.
12. Developing alternative protocols for investigation of unattended deaths.

#### **B. Alternative Staffing Strategies**

1. Staffing Options: Department supervisors should consider a number of alternative staffing strategies to help prevent the spread of influenza among employees and to better meet service demands with reduced staff. The following should be considered for systematic and progressive implementation coincident with the progressive seriousness of a pandemic and loss of staff.

#### **C. Modification of Department Responses to Calls for Service**

1. Under reduced staffing emergencies during a pandemic, the department should consider implementation of alternatives to traditional responses to calls for service. This may include, but is not limited to, the prioritization of calls for service. The department may consider modifications to its response deployment system that would allow for significantly deferred response or the use of “stacking” certain types of calls for service (such as responses to nuisance offenses, minor non-violent crime, etc.)

### **4. Development of Division Plans**

#### **A. Equipment and Supplies**

1. The pandemic influenza committee should ensure that an inventory is performed to itemize available departmental equipment and supplies that will be needed in a pandemic. Deficiencies in the following areas should be noted, and steps should be taken to stockpile sufficient supplies (optimally a minimum of 90 days for medical isolation supplies and at least two weeks of food and water, without re-supply).
  - a. Rubber gloves, eye protection, ventilated N-95 masks, disposable outer boots, general antiseptic cleaners, soap, and individual antiseptic wipes.
  - b. Food, fuel, water, bedding, toiletries, and related personal items to allow for an extended period of self-sufficiency.

#### **B. Information Dissemination**

1. The committee should review and make recommendations concerning the adequacy of information dissemination capabilities both within the department and to the community.

2. **Internal Communications:** In order to keep employees informed of developments and to provide factual information both before and during a pandemic emergency, the committee should recommend modifications to current internal information sharing capabilities, as necessary. These may include establishment or refinement of a dedicated employee page on the department's Web site; development of a dedicated department intranet site; use of hotlines, calling trees, and mass e-mails; or related capabilities.
3. **External Communications:** The department should be responsible for providing the community with various types of information and news advisories. This information should be closely coordinated with local and state authorities to ensure that the public receives consistent factual information and that the source of that information remains constant. To this end, the committee should recommend improvements that can be made to the department's current public information capabilities and changes that might be required during an emergency.

### **C. Prioritization of Tasks and Establishment of Timelines**

1. Given the ability of any form of avian influenza to spread rapidly and the likelihood that there may be as little as three weeks between onset and development of a pandemic, the committee should develop a prioritized implementation plan to address immediate, near-term, and long-term tasks. The following matters are among those that should be addressed as soon as reasonably possible:
  - a. Training of staff and volunteers in prevention and control measures, covering such topics as risk factors and behaviors of exposure, flu symptoms, personal hygiene, social isolation and distancing, family preparedness, and essential components of the department's pandemic plan.
  - b. Cross-training of staff to fill critical positions.
  - c. Identification of community contractual services that may be used to maintain the department's infrastructure.
  - d. Development or refinement of mutual-aid contracts.
  - e. Identification of costs associated with immediate, near-term, and long-term requirements so that budgetary needs can be addressed.
  - f. Development of modified policies and procedures that can be readily implemented as needed.
  - g. Identification of retired officers and other volunteers willing to assist in an emergency and establishment of protocols for their use.