



TOWN OF SENECA FALLS POLICE DEPARTMENT

GENERAL ORDER



GENERAL ORDER #: 286	RESCINDS: New
SUBJECT: Pandemic Influenza Response	NYS ACCREDITATION:
EFFECTIVE DATE: 03/17/2020	
BY ORDER OF: Stuart W. Peenstra, Chief of Police	

- I. **PURPOSE:** The purpose of this order is to establish standard operating procedures while addressing the agencies response to a significant health emergency to include pandemic influenza.
- II. **POLICY:** It is the policy of the Town of Seneca Falls Police Department to ensure that critical law enforcement services are not unreasonably disrupted due to pandemic influenza or other significant health emergencies. The agency will pursue all contingency plans and protocols in advance to help mitigate the effects of such health emergencies.
- III. **DEFINITIONS:**
 - A. **Avian Influenza:** Also known as the bird flu, a strain of influenza that naturally occurs among wild birds. It is deadly to domestic poultry. Highly pathogenic avian influenza such as H5N1 has crossed the species barrier to infect humans, but person-to-person spread has thus far been rare, if it has occurred at all, according to some authorities. The potential for it to mutate into a form that is efficiently transmitted between humans who have no immunity has caused it to be closely monitored. There is no human immunity, and no vaccine is yet generally available for public consumption.
 - B. **High-Pathogenicity Avian Influenza (HPAI):** Any form of avian influenza—H5N1 being only one potential form—that demonstrates high efficiency in human-to-human transmission.
 - C. **Incubation Period:** The interval between infection and onset of symptoms.
 - D. **Influenza:** Referred to as the flu, an acute infectious viral disease marked by inflammation of the respiratory tract, fever, muscular pain, and bowel irritation.
 - E. **Pandemic Influenza:** The emergence of a new influenza virus for which there is little or no immunity among humans, causing widespread serious illness and spreading easily from person to person worldwide.
 - F. **Isolation:** The separation of infected persons from those who are not infected.
 - G. **Quarantine:** A legally enforceable order that restricts movement into or out of the area of quarantine of one person, a large group of people, or community; designed to reduce the likelihood of transmission of contagious disease among persons in and to persons outside the affected area. When applied to all inhabitants of an area (typically a community or neighborhood), the intervention is referred to as a *cordon sanitaire* (sanitary barrier).

- H. **Seasonal (or Common) Flu:** A respiratory illness that can be transmitted from person to person. Most people have some immunity, and a vaccine is available.
- I. **Social Distancing:** Measures taken to reduce contacts between individuals in order to lower the chance of spreading a communicable disease.
- J. **Strategic National Stockpile (SNS):** A national repository of antibiotics, chemical antidotes, antitoxins, life support medications, intravenous administration equipment, airway maintenance supplies, and medical and surgical items designed to supplement and re-supply state and local public health agencies in the event of a national health emergency.
- K. **Voluntary Quarantine:** A request that persons remain at home, ban visitors, wear a mask when in the same room as other members of the household, and sleep in a separate room. These protocols were developed to decrease the risk of transmitting the severe acute respiratory syndrome (SARS) coronavirus during its outbreak in Toronto and would likely be the primary means of social distancing during an influenza pandemic.

IV. **PROCEDURE:**

A. **CHARACTERISTICS AND SYMPTOMS OF THE DISEASE**

1. Persons at greatest risk include infants, the elderly, pregnant women, and persons with chronic medical conditions.
2. 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.
3. Modes of transmission include coughing and sneezing, as well as contact with virus on household, work, and other objects in daily life.
4. Signs of infection can include fever, headache, chills, muscle ache, extreme tiredness, sore throat, runny nose, nausea, and cough and progressive shortness of breath.
5. 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.
6. Regulations are also in place to cover SNS applicability and distribution plans.

B. **PHASE LEVELS** - The World Health Organization uses a phased approach for easy incorporation of new recommendations and approaches into existing national preparedness and response plans.

1. Phase 1 - no viruses circulating among animals which have been reported to cause infections in humans.
2. Phase 2 - an animal influenza virus circulating among domesticated or wild animals known to have caused infection in humans, and is therefore considered a potential pandemic threat.

3. Phase 3 - an animal or human-animal influenza 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.
4. Phase - 4 is characterized by verified human-to-human transmission of an animal or human-animal influenza virus able to cause -community-level outbreaks. The ability to cause sustained disease outbreaks in a community marks a significant upwards shift in the risk for a pandemic. Phase 4 indicates a significant increase in risk of a pandemic but does not necessarily mean that a pandemic is a forgone conclusion.
5. Phase 5 - is characterized by human-to-human spread of the virus into at least two countries in one WHO region. 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.
6. Phase 6 - the pandemic phase is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way.
7. During the post-peak period, pandemic disease levels in most countries with adequate surveillance will have dropped below peak observed levels. 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.
8. In the post-pandemic period, influenza disease activity will have returned to levels normally seen for seasonal influenza. At this stage, it is important to maintain surveillance and update pandemic preparedness and response plans accordingly.

C. NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

1. Pandemic events, as all other disaster, will be managed at the Federal, State and local level using elements of the NIMS system.
2. Local emergency management shall be in accord with national standards and follow accepted precedents.
3. The Incident Command System (ICS) will be the management model utilized in any event. Refer to General Order #601 – Emergency Incidents

D. PREVENTION AND CONTROL - 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 will be considered and introduced systematically in accordance with the progression of a pandemic event.

1. Personal Hygiene

- a. When possible, maintain at least six feet distance from others.
- b. 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.
- c. Eliminate handshaking, and wash hands frequently and thoroughly after coughing, sneezing, or touching potential contaminants.
- d. Use antiseptic towelettes or antiseptic gels if soap and water are not readily available.
- e. Avoid touching the eyes and mouth.
- f. Check body temperature daily.
- g. The department will make antiseptic gels available to all members.

2. Avoiding Contact with Infected Persons or Objects

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

3. Facility Modifications

- a. Enhance ventilation of building and offices by opening windows if possible.
- b. Separate work spaces where practical.
- c. Create barrier separation of public service desks from public and related person-to-person contact locations.

4. Changes in Procedures and Practices

- a. When possible and when the department has supplies, place masks on all persons arrested, transported, and/or “questioned in the office”
 - b. Cite violators rather than arresting them when legally possible and judicially sanctioned.
 - c. When possible, avoid the use of temporary holding facilities for interviews and interrogation.
 - d. Hold conference calls instead of meetings.
 - e. Whenever possible, use e-mail or telephone rather than personal contact.
 - f. Eliminate unnecessary travel.
5. **Employee Protections** – Based on the severity of the pandemic event the department may take the following extreme measures to protect employees from becoming ill:
- a. Provide advanced early care and/or vaccinations before public distribution.
 - b. Provide temporary housing for officers and other employees in essential positions where practicable to reduce travel, contact with others, and other exposure.
 - c. Require symptomatic employees to stay home in voluntary quarantine.
 - d. Delay the return to work for employees who have been exposed to family members, friends, roommates, or other persons known to be ill until incubation period has elapsed. (i.e. voluntary snow days)
 - e. The Chief of Police will assign a representative of the agency to perform and implement surveillance protocol to monitor employee wellness.
6. **Personal Protective Equipment (PPE)** – The department will supply members with the following:
- a. N-95 or higher particulate respirators.
 - b. Training and fit testing for effective use of respirators, following OSHA/PESH mask guidance.
 - c. Surgical gloves and eye protection to all officers and other employees as deemed appropriate.
 - d. Hand sanitation materials and products.
- providing reasonable information and assistance to reduce the chances of infection.

7. Assistance to Family Members

- a. 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 will assist employee families by providing reasonable information and assistance to reduce the chances of infection.

E. POST OUTBREAK SERVICE DEMANDS

1. 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 continue to provide routine law enforcement services.
2. In anticipation of these challenges, the agency will coordinate with other critical agencies 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.
3. Additional police responsibilities during a pandemic may include the following:
 - a. Guarding vaccine distribution chains and distribution sites from the SNS to maintain order, establish traffic patterns, and prevent theft.
 - b. Providing protective services to health care facilities, temporary treatment shelters, and triage centers during patient surges.
 - c. Providing additional preventive patrols or other measures to targets of opportunity resulting from the emergency (such as pharmacies and supermarkets.)
 - d. Providing added security to critical infrastructure components (such as utilities and telecommunications facilities.)
 - e. Providing emergency assistance to special population groups (such as the elderly, the hearing or visually impaired, and the non-ambulatory.)
 - f. Enforcing closure orders, curfews, travel limitations, and restrictions on gatherings.
 - g. Enforcing quarantine orders, mandatory isolation orders, and other involuntary restrictions or requirements (such as mandatory vaccination or hospitalization of the ill.)
 - h. Arranging for secure disposition of dead bodies during surges in deaths in cooperation with the coroner, funeral homes, and crematoriums.
 - i. Policing civil disturbances and disorders related to forced mandatory vaccinations, shortage of therapeutics or medical care, and similar problems.
 - j. Arranging for additional incarceration facilities should mass arrests be necessary or infected persons need isolation during incarceration.
 - k. Assisting health-care providers and other agencies with security for delivery of essential food and medicine to quarantined areas.
 - l. Developing alternative protocols for investigation of unattended deaths.

F. QUARANTINE AND ISOLATION ENFORCEMENT

1. Prior to or during a major pandemic event, government entities may implement pandemic influenza containment measures.
2. Disease control measures range from limited or closed travel, individual containment or community-based containment.
3. Officers may be called upon to contain the spread of infection by enforcing the quarantine or isolation of individuals or groups.
4. The department will research and confirm the legality of such orders prior to enforcement activity.
5. Officers may use reasonable levels of force to enforce legal isolation and containment orders.

G. STAFFING

1. Depending on the level and type of services required, the department may consider a reduction in staffing to help prevent the spread of influenza among employees.
2. When a higher staffing level is needed, the department will utilize its emergency mobilization plan as described in General Order# 610 – Emergency Mobilization Plan
3. Several alternatives may be used to supplement departmental employees while they are on sick leave during a pandemic, the following supplemental staffing may be considered:
 - a. **Volunteers:** Community volunteers may be used to staff select non-sworn positions, including clerical and telephone answering duties. Some of these duties may be conducted from a volunteer's place of residence. Volunteers should be recruited and trained well in advance of their assignment. Plans are also required in advance for the anticipated use of spontaneous volunteers or registered or affiliated disaster service volunteers.
 - b. **Retired Officers:** Officers who have retired in good standing with the department may be recruited in the early planning and preparation stages to backfill sworn and non-sworn positions. Departmental supervisors and command staff who anticipate the need for such individuals should determine legally required reentry requirements for reassignment. Retired officers may also be used for investigative assignments involving minor crimes and traffic accidents where sworn status is not required. The department should compile a list of eligible retired officers and ascertain the willingness of those eligible retired officers to volunteer.

- c. **Police Cadets:** The role of police cadets may be expanded to duties in additional non-enforcement capacities.
- d. **Sworn Officers from Mutual Aid:** The department may consider the use of sworn officers from departments under the regional mutual-aid agreement where those officers can be spared for full-time or part-time duty.
- e. **Neighborhood Watch and Citizen Patrols:** To help supplement routine police patrols, the department may establish, reinforce, or reconstitute neighborhood watch programs and may consider providing enhanced communication capabilities between watch groups and the department.
- f. **Private Enterprise:** The private sector may be engaged in contracts to perform some specialized functions that cannot be readily addressed by existing department employees. These may include such duties as equipment maintenance and logistical support, maintenance or expansion of computer capabilities to meet added demands, or related services needed by the department and available through private contractors.

H. CALLS FOR SERVICE MODIFICATIONS

1. Under reduced staffing emergencies during a pandemic, the department will consider implementation of alternatives to traditional responses to calls for service. These include but are not limited to the following:
 - a. Non response to certain calls unless law enforcement is needed.
 - b. Modification of call prioritization which would allow for significantly deferred response or the use of alternative responses to certain types of calls for service.
 - c. Telephone reporting, utilizing non-sworn employees or trained civilian volunteers to collect information via telephone to be documented and followed up at a later time.
 - d. Internet reporting of minor property crimes and other misdemeanors or nonviolent crimes.

I. MULTI AGENCY INVOLVEMENT AND COOPERATION

1. The department will coordinate efforts with federal, state and local agencies to ensure the success of this plan.
2. The department will maintain communication at a minimum with the following agencies:

- a. Seneca County Department of Health
- b. New York State Center for Disease Control
- c. U.S. Center for Disease Control
- d. World Health Organization