

Los Angeles Police Department

SEASONAL AND PANDEMIC INFLUENZA ANNEX 2016

DIRECTION AND CONTROL ANNEX

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LOS ANGELES POLICE DEPARTMENT SEASONAL AND PANDEMIC INFLUENZA ANNEX

I. INTRODUCTION

The word “pandemic” describes the scope of viral infection, not a specific virus or disease. Pandemic influenza viruses are unique in their ability to cause infection in all age groups on a global scale. The importance of influenza viruses as biological threats is due to a number of factors, including the high transmissibility, the vast reservoir of novel variants (primarily aquatic birds), the unique properties of the viral genome, and their ability to cause severe disease and death. The infamous “Spanish flu” of 1918-19 was responsible for 20-50 million deaths worldwide, especially among young, healthy adults. Mortality rates associated with the more recent pandemics of 1957 (A/Asia [H2N2]) and 1968 (A/Hong Kong [H3N2]) were reduced, in part, by antibiotic therapy for secondary bacterial infections and more aggressive supportive care. However, both of these later pandemics were associated with high rates of morbidity and social disruption. Pandemic influenza is a unique public health emergency and community disaster. It is considered to be a relatively high probability event, even inevitable by many experts, yet no one knows when the next pandemic will occur, and there may be very little warning. Outbreaks are expected to occur simultaneously throughout much of the United States, preventing relocation of human and material resources. The effect of influenza on individual communities will be relatively prolonged – six to eight weeks – when compared to the minutes-to-hours observed in most other natural disasters.

The impact of the next pandemic could have a devastating effect on the health and well being of the American public. The Centers for Disease Control and Prevention (CDC) estimates that, in the United States alone, up to 90 million people will be infected, up to 45 million people will require outpatient care, between 865,000 and 9,900,000 will be hospitalized, and between 209,000 and 1,900,000 will die. Effective preventive and therapeutic measures – including vaccines and antiviral agents – will likely be delayed and in short supply, as may some antibiotics used to treat secondary infections. Health-care workers and other first responders will likely be at even higher risk of exposure and illness than the general population, further impeding the care of victims. Widespread illness in the community will also increase the likelihood of sudden and potentially significant shortages of personnel who provide other essential community services.

II. SCOPE

This annex will address the Los Angeles Police Department's responsibilities to its members, partner agencies, local government, and the public in a large-scale influenza pandemic.

Many of the procedures set forth in this annex will apply at all times; others will only be initiated under specific conditions.

III. ASSUMPTIONS

The following assumptions are based upon the research compiled by the City of Los Angeles Emergency Management Department. The following planning assumptions were used in the development of the Seasonal and Pandemic Influenza Annex:

TIME PERIOD

- There may be less than six (6) weeks of warning from the time the pandemic is announced before it reaches the City.
- The time interval between alert stages may be rapid (ranging from days, to weeks, to months).
- The pandemic may last as long as 18 months and occur in several waves, with mortality and morbidity increasing and decreasing sporadically.

PREVENTION AND TREATMENT

- A vaccine may not be available for at least six (6) to eight (8) months after an influenza pandemic begins.
- Antiviral medicines, if effective, may be in very limited supply and their distribution may occur in phases.
- Infection control strategies will be used to slow the spread of disease (e.g., respiratory etiquette, hand hygiene, social distancing, postponing public gatherings, isolation of ill people, etc.).

STAFFING

- Increased absenteeism may result from workers becoming ill, staying home to care for children/family members, or refusing to go to work in fear of infection.
- Every person who becomes ill may miss days or even weeks of work.
- Absenteeism rates of 20-50% of employees may occur.
- The Department may not be able to rely on mutual aid resources from local, state or federal agencies to support local response efforts.

VENDORS OF SERVICES/PRODUCTS

- Contract vendors and other service providers may also experience a 20-50% employee absenteeism, which will impact their ability to supply resources on a regular basis.
- Department employees who have been exposed to the virus may be quarantined until it can be determined that they have not been infected.

IV. CONCEPT OF OPERATIONS

The Department relies upon the World Health Organization (WHO) to identify the phases leading up to a pandemic. Based upon the phase of the influenza strain, the Department will implement the appropriate measures. The WHO has a six-phase system that progresses up to a pandemic which is Phase Six (see Attachment 3).

PREPAREDNESS PHASE

PHASE 1: No new influenza virus subtypes have been detected in humans.

PHASE 2: No new influenza virus subtypes. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

PHASE 3: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

A. AUTHORITY AND PROTOCOLS

1. Authority

The Department Director of Emergency Operations (Chief of Police or designee) has the authority to activate and de-activate the Department's Emergency Plan. The plan includes this Seasonal and Pandemic Influenza Annex, leadership succession, operations, planning, response, mitigation, and recovery activities (see Attachment 1).

2. Procedures

Some portions of this Annex will go into effect following a declaration of an Influenza Pandemic Emergency by the Los Angeles County Health Officer. The remainder of this Annex is only activated when the scope of the pandemic grows to a point where absenteeism affects *essential* patrol operations.

If the Emergency Operations Center (EOC) is activated, the EOC provides coordination of resource support to the incident command structure as well as

situational awareness to supporting departments, agencies, and elected officials. The EOC Director will be appointed from the appropriate department with primary jurisdictional responsibility for the current operation. The EOC will be appropriately staffed with enough personnel necessary to support the incident. In addition to the EOC staff, representatives from other City departments will send representatives which may be asked to provide support to the current operation. Neighboring jurisdictions may also be requested to send a representative to the EOC in support of the operation.

3. Administration

The Department's Seasonal and Pandemic Influenza Annex must be reviewed annually or whenever significant policy or procedural changes may affect this annex.

Emergency Operations Division (EOD) shall be responsible for developing and maintaining the Department Seasonal and Pandemic Influenza Annex. The EOD will audit and update the Department Seasonal and Pandemic Influenza Annex annually. All revisions and amendments shall be completed by EOD no later than December 1 of each year. The updated Seasonal and Pandemic Influenza Annex will be submitted to Counter-Terrorism and Special Operations Bureau (CTSOB) for review and final approval by the Commanding Officer, CTSOB.

4. Planning

Real-Time Analysis and Critical Response (RACR) Division shall conduct, develop and exercise Department Operations Center (DOC) staff to practice activations at all levels (1 through 3) for effective response to a declaration of an Influenza Pandemic Emergency by the Los Angeles County Health Officer. The exercises shall include procedures for gathering and analyzing Department resource status to determine absenteeism trends or patterns associated with the Influenza Pandemic Emergency. The DOC shall be prepared to staff at minimum a Resource Unit to track the daily resource status of the Department and identify any deficiencies or trends that may occur within the Department during the Influenza Pandemic Emergency.

DOC Resource Unit shall be prepared to compile a daily Resource Status Report for distribution to Department Command Staff. This Resource Status Report shall be utilized to determine the necessity to allocate and/or reassign Department resources to entities in need of staffing essential patrol operations.

Department Director of Emergency Operations shall have full written authority to allocate and temporarily reassign resources within the Department whenever operational necessity exists during an Influenza Pandemic Emergency. Prior to reassignment of personnel the Department Director of Emergency

Operations shall notify the appropriate Director that such reassignments are necessary.

Testing of the Plan

The Department Operations Center shall test the plan each year utilizing key participants through a pandemic scenario exercise. The scenario will include measurable objectives to ensure that the plan is realistic and effective. Emergency Operations Division will make adjustments to the plan as suggested through the After-Action Review/Improvement Plan generated after each exercise.

B. OPERATIONS ASSESSMENT

1. Essential Operations

During the Preparedness Phase (Phases 1, 2 and 3) the following procedures shall be initiated:

Commanding Officer, EOD, shall prepare informational bulletins on how to safeguard personnel during an Influenza Pandemic Emergency.

Commanding Officer, Information Technology Bureau, shall direct the Department Webmaster to immediately post all current Department publications and informational bulletins relative to Pandemic Influenza onto the Department Local Area Network (LAN) in prominence until the termination of the potential Influenza Pandemic Emergency.

All Commanding Officers shall direct supervisory personnel to review all pertinent Department Publications regarding Pandemic Influenza. Provide regular roll call training to all Department personnel (including civilian personnel) during the time period preceding a potential Influenza Pandemic Emergency.

Bureau Commanding Officers shall ensure that their commands are complying with all directives contained within this annex.

Commanding Officer, Fiscal Operations Division, shall identify and establish contracts with vendors who can provide personal protective equipment, hand sanitizing solution and wipes, gloves and masks that can be obtained and deployed immediately following the declaration of an Influenza Pandemic Emergency.

Commanding Officer, Personnel Division, shall prepare, produce and distribute to all commanding officers the guidelines for assigning Department personnel home due to signs of influenza-like symptoms during a declared Influenza Pandemic Emergency.

2. Critical Resources

Commanding Officers shall review and identify the essential patrol functions that should be staffed during an Influenza Pandemic Emergency. The primary function of the Department during any emergency shall be to maintain essential patrol services for the community. Critical resources shall be deemed those resources necessary to staff and support the primary function of the Department, which is providing essential patrol functions and responding to calls for service from the community (see Attachment 4).

3. Demand Changes

Real-Time Analysis and Critical Response (RACR) Division will develop systems and controls to be utilized by the **DOC** to assess changes in demand (increases and decreases) for services, which may occur during a pandemic. The assessment tool will be utilized by the Department Director of Emergency Operations to determine the allocation and/or redistribution of Department resources in order to meet the demands and provide essential patrol functions throughout the City during an Influenza Pandemic Emergency.

4. Alternative Services

Information Technology Bureau shall identify and implement alternative ways for the public to access the Department's services during an Influenza Pandemic Emergency.

5. Security Needs

Counter-Terrorism and Special Operations Bureau will identify security needs that will be required for safeguarding personnel, supplies, or buildings during an Influenza Pandemic Emergency.

6. Financial Processes

Fiscal Operations Division will identify ways to expedite purchases that may be necessary and unforeseen during each stage. Identify special funding authorities that will apply and establish written protocols to be followed during a declared Influenza Pandemic Emergency.

C. JOB FUNCTIONS

1. Essential Job Functions

Commanding Officers shall identify essential job functions required to maintain patrol operations during an Influenza Pandemic Emergency if absenteeism reaches 20-50%. Commanding officers shall ensure that patrol functions are staffed to essential levels during the Influenza Pandemic Emergency. When staffing of essential patrol functions is insufficient, commanding officers shall reassign non-essential function positions to patrol in order to fulfill the essential function of safeguarding the community. In preparation of a possible Influenza Pandemic Emergency, commanding officers shall identify and maintain a list of non-essential positions that can be reassigned to essential function positions during the Influenza Pandemic Emergency.

NOTE: The list of non-essential positions should be listed by position rather than name to avoid issues that can occur due to movement of personnel within those positions.

Emergency Preparedness Unit (EPU), EOD, shall provide training to Department Emergency Preparedness Coordinators in compliance with Special Order No. 10, dated March 4, 2008 (Emergency Preparedness Coordinator Program). The training will include responsibilities and security protocols during Point of Dispensing (POD) activations. The EPU will also provide training bulletins and make them available on the Department LAN.

Emergency Preparedness Coordinators (EPC) shall be responsible for disseminating information on Point of Dispensing (POD) locations and protocols to divisional personnel in anticipation of POD activations. The EPCs shall develop a POD deployment plan to fulfill POD site security plans.

Counter-Terrorism and Special Operations Bureau shall be responsible for coordinating and supporting POD site security plans. In the event that a geographic division is unable to staff a POD site, CTSOB shall notify the DOC to obtain resources to be reallocated to fulfill the POD-site security plan.

Department Operations Center shall allocate or reassign available resources to fulfill POD site security needs without delay.

CRITICAL INFRASTRUCTURE AND KEY RESOURCES

During an Influenza Pandemic Emergency, the Department will be tasked with numerous functions including the protection of medical facilities overwhelmed by persons seeking medical attention. Law enforcement presence will be required to maintain order at those locations.

Commanding Officers shall review their divisional Standing Plans for the critical infrastructure and key resources (CIKR) such as supermarkets, warehouse stores (e.g., Costco, Sam's Club), all-purpose stores (e.g., Target, Wal-Mart), etc. that may become targets of criminal behavior during an Influenza Pandemic Emergency. The development of contingency plans shall include measures to maintain lawful order at these locations from persons who may compete violently for scarce resources. In addition to CIKR targets, plans shall identify those venues that may become vacant due to the Influenza Pandemic Emergency and may become targets for other crimes of opportunity. Special attention should be given to locations such as vacated schools, office complexes, etc.

Commanding Officers shall develop contingency plans to prevent and investigate crimes of opportunity such as fraudulent schemes that often target special population groups, such as the elderly, during such emergencies.

CRITICAL RESOURCE LEVELS

In the event that a geographic Area within the City reaches an absenteeism level that hinders essential patrol operations, the following procedures shall be initiated:

- **Area Commanding Officers** shall be prepared to reassign personnel from within his/her command to fulfill the essential patrol operational positions.
- In the event of a prolonged pandemic, geographic divisions shall consider the need to initiate **twelve-hour watch** procedures for the division. Refer to Area Standing Plans and Department Emergency Operations Guide (EOG) Volume 1/B000 for procedures.
- When a commanding officer is unable to provide sufficient personnel to maintain essential patrol operations, the commanding officer shall request assistance from the geographic bureau commanding officer.
- **Geographic Bureau Commanding Officer** shall reallocate bureau resources to support the essential patrol operational needs of each geographic commanding officer within the affected bureau.
- When bureau resources reach levels that will not support essential patrol operations, the bureau commanding officer shall request assistance from the Department Director of Emergency Operations.
- **Department Director of Emergency Operations** shall reassign personnel from non-essential positions within the Department to meet the essential patrol operational needs of the geographic patrol divisions.
- Once Department resources have been exhausted and the Department is unable to provide the essential patrol operations to maintain public safety, the Department shall request Mutual Aid.

2. Primary and Alternate Staff

During the Preparedness Phase of an impending Influenza Pandemic Emergency, each commanding officer shall assess skill requirement needs and identify personnel who may fill essential job functions other than patrol functions. Once identified, those personnel shall be documented in the divisional Standing Plans with up to date contact information and alternate essential job assignments. This will provide a quick reference list during the Influenza Pandemic Emergency.

3. Disaster Service Worker Obligations

The EPC program was established to encourage employees to develop a personal/family disaster plan to ensure that home and family obligations are attended to during an emergency. During the Preparedness Phase, commanding officers shall remind personnel of their obligation to report to work during an Influenza Pandemic Emergency.

4. Reassignments

During the Preparedness Phase, **RACR Division/DOC** shall develop systems and controls to reassign and track personnel to other divisions, City departments or agencies when necessary during an Influenza Pandemic Emergency. The Minimum Operating Force (MOF) guidelines for patrol divisions shall be revisited and documented for quick reference, and maintained. The EOG defines MOF as one half of the divisional basic cars, two supervisors (one inside the division and one in the field), and only those essential support staff necessary to support the MOF (kit room, desk officer and relief). The Area or Division commanding officer will assess how job functions will be filled and reassigned should personnel be reallocated from their command.

5. Telecommuting

Commanding Officers shall identify which job functions can be achieved remotely during an Influenza Pandemic Emergency. This will enable employees and their alternates to work from home with appropriate security and network applications. The Department will require designated employees to test telecommuting tools prior to deployment.

6. Training

During the Preparedness Phase, Police Sciences and Training Bureau (**PSTB**) will identify subject matter experts who can provide training to employees who may be reassigned to fulfill essential job functions within the Department. This training is often referred to as "Just-in-Time Training." The PSTB will coordinate and implement all "Just-in-Time Training" as necessary.

D. PANDEMIC POLICIES

1. Flexible Work

Employee Relations Group shall review the City's contracted employment requirements within the appropriate MOU, and review current benefits that allow for flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts, extended shifts).

2. Health Care

Medical Liaison Section shall develop guidelines and protocols to ensure that Department personnel utilize contracted health benefits for access to healthcare services during an Influenza Pandemic Emergency, as available. The City EOC Logistics Section staff/Personnel Department will ask County Mental Health and the American Red Cross to provide mental health counselors for City staff, as needed for employee welfare and debriefing.

3. Travel Policies

The DOC will obtain information from the Los Angeles County Public Health directives issued by the Center for Disease Control, the State Department, the WHO, or other official public announcements regarding travel restrictions, and conduct Department business accordingly.

SUSPECT INFLUENZA CASE FORM FOR MANAGEMENT OF STAFF WHO BECOME ILL		
Date:	Staff Name:	Age:
Work Location:		
<u>Symptoms noticed:</u>		
<input type="checkbox"/> Fever	Time of fever on-set: _____	
<input type="checkbox"/> Headache		
<input type="checkbox"/> Dry cough		
<input type="checkbox"/> Cold		
<input type="checkbox"/> Body aches		
<input type="checkbox"/> Fatigue		
<input type="checkbox"/> Other: _____		
Notes:		
Details of Reporter:		
Name:	Job title:	

NOTE

All issues related to ordering a Department employee home due to possible illness shall be referred to the Officer in Charge, Medical Liaison Section, for advice.

E. PRODUCT AND SERVICE VENDORS**1. Critical Vendors**

General Services Department (GSD), Supply Chain Services Division, is responsible for procuring services and supplies as well as finding alternate vendors for the Department. A procurement list is provided by GSD as Attachment 5.

Supply Section, FOD, will work with **General Services Department, Supply Chain Services Division**, to develop a list of critical vendors that can be accessed during an Influenza Pandemic Emergency.

2. Communication Systems

Information Technology Division (ITD) shall ensure that communication systems (e.g., teleconferencing abilities, telecommuting, facsimile services, laptops, radios) are secure, interoperable with other systems, and operational. ITD will also ensure that the equipment is capable of handling increased and constant use. The plan will have built-in layers of redundancy so that if one method fails, another system can take its place. All systems are tested regularly.

3. Staff Communications

Real-Time Analysis and Critical Response (RACR) Division/DOC has developed a method to contact all command staff personnel daily during an Influenza Pandemic Emergency to ensure continuity of operations and that all communication systems are fully functional. The daily communication includes pertinent information on the status of the Department during the Influenza Pandemic Emergency. In the event the DOC is unable to contact command staff via available communication methods, the Department Director of Emergency Operations shall seek alternative means to make such contact. If contact is still unable to be achieved, consideration shall be given to delegation of authority from those command staff positions that are incommunicado. In all cases of delegation of authority, thorough documentation and notification to the Chief of Police shall be made.

G. INFECTION CONTROL AND PREVENTION

1. Hand Hygiene and Respiratory Etiquette

Employees should utilize the following precautions to prevent the spread of the influenza virus:

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions; and dispose of them in the nearest waste receptacle after use;
- If you do not have a tissue, cough or sneeze into your upper sleeve, not your hands; and,
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.

2. Communication Systems

Emergency Operations Division will prepare and distribute informational bulletins on ways to modify the frequency and type of contact that Department employees typically engage in. Department employees should be encouraged to review these publications and educate themselves on how to limit contact during times of Influenza Pandemic Emergencies.

4. Management of Ill Employees

During a seasonal or pandemic influenza, the most effective way to limit the spread of disease is to ask persons with influenza-like symptoms to remain home. Healthy adults may be able to infect others up to 48 hours before they exhibit any signs or symptoms and will continue to spread the virus up to five (5) days after getting sick. These time periods are even longer for children. Therefore, it is possible to give someone the flu before you are aware of your illness and for the duration of the event. The CDC recommends that persons stay home for seven (7) days after the on-set of symptoms or 24 hours after symptoms end to make sure they do not spread the virus. One of the unique factors of the flu is that illness can come on very rapidly. It is not uncommon for someone to feel fine and then become symptomatic within a few hours. Personnel who have recovered from a seasonal or pandemic influenza illness are less likely to be reinfected and should be encouraged to return to work.

1. Employees Not at Work

- a. Notify employees they should not come to work if they are exhibiting flu-like symptoms.
- b. Post notices at all workplace/facility entry points advising staff and visitors not to enter if they have flu-like symptoms.

2. Employees at Work

Advise employees that if they start to feel ill, or if someone observes that another person is exhibiting symptoms of influenza, they should contact a supervisor immediately.

- a. Supervisors can use the **Suspect Influenza Case** form to help in the evaluation of the staff member.
- b. Once the Suspect Influenza Case form is completed, contact Personnel Medical Services at (213) 473-6960 and ask for a consultation.
- c. Personnel may recommend the employee leave work or come to Medical Services for an evaluation.
- d. Have the employee follow Medical Services recommendation as to how long they need to stay away from work, if they need to contact their personal physician etc.
- e. Have the employee's workstation cleaned.

SUSPECT INFLUENZA CASE FORM FOR MANAGEMENT OF STAFF WHO BECOME ILL		
Date:	Staff Name:	Age:
Work Location:		
<u>Symptoms noticed:</u>		
<input type="checkbox"/> Fever	Time of fever on-set: _____	
<input type="checkbox"/> Headache		
<input type="checkbox"/> Dry cough		
<input type="checkbox"/> Cold		
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<input type="checkbox"/> Fatigue		
<input type="checkbox"/> Other: _____		
Notes:		
Details of Reporter:		
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NOTE

All issues related to ordering a Department employee home due to possible illness shall be referred to the Officer in Charge, Medical Liaison Section, for advice.

E. PRODUCT AND SERVICE VENDORS**1. Critical Vendors**

General Services Department (GSD), Supply Chain Services Division, is responsible for procuring services and supplies as well as finding alternate vendors for the Department. A procurement list is provided by GSD as Attachment 5.

Supply Section, FOD, will work with **General Services Department, Supply Chain Services Division**, to develop a list of critical vendors that can be accessed during an Influenza Pandemic Emergency.

2. Stockpile Critical Supplies

All perishable items are purchased as needed. The GSD is responsible for maintaining adequate supplies for the Department. The GSD, Supply Chain Services Division, does not stockpile critical supplies.

3. Vendor Continuity

Supply Section, FOD, shall meet with product and service vendors to discuss their plan for ongoing services and/or shipments in the event of absenteeism, shortages, or transportation disruptions.

4. Alternate Vendors

The **City General Services Department (GSD)** will identify other businesses or organizations that can provide essential services and supplies if the regular vendor is unable.

F. EMPLOYEE COMMUNICATION

1. Information Dissemination System

The **RACR Division/DOC** will develop protocols for disseminating information to employees through division roll-call, Department Intranet, broadcasts through Communications Division, broadcast through mobile data computer, mass electronic mails, Blackberry messages, and posted notices in the office. The information disseminated will include health and safety tips or instructions, work schedules, absenteeism rates, and reduction of or changes in services.

In the event of Department mobilization, employees may also be contacted telephonically, in accordance with the phone A/B roster as listed in the Divisional Standing Plans.

Media Relations and Community Affairs Group will develop protocols to release information to the general public. The release of newsworthy information will be administered by the **Department Public Information Officer (PIO)**. The PIO will send information to the Department webmaster and provide notifications to radio, television, and print media through electronic mail listing. Individuals in the media receiving electronic mail notifications have already been established by Media Relations Section. The information will be disseminated in the form of a "Community Alert," "Community Advisory," or "News Release." Information will vary depending upon the entity directing release of operational information.

2. Communication Systems

Information Technology Division (ITD) shall ensure that communication systems (e.g., teleconferencing abilities, telecommuting, facsimile services, laptops, radios) are secure, interoperable with other systems, and operational. ITD will also ensure that the equipment is capable of handling increased and constant use. The plan will have built-in layers of redundancy so that if one method fails, another system can take its place. All systems are tested regularly.

3. Staff Communications

Real-Time Analysis and Critical Response (RACR) Division/DOC has developed a method to contact all command staff personnel daily during an Influenza Pandemic Emergency to ensure continuity of operations and that all communication systems are fully functional. The daily communication includes pertinent information on the status of the Department during the Influenza Pandemic Emergency. In the event the DOC is unable to contact command staff via available communication methods, the Department Director of Emergency Operations shall seek alternative means to make such contact. If contact is still unable to be achieved, consideration shall be given to delegation of authority from those command staff positions that are incommunicado. In all cases of delegation of authority, thorough documentation and notification to the Chief of Police shall be made.

G. INFECTION CONTROL AND PREVENTION

1. Hand Hygiene and Respiratory Etiquette

Employees should utilize the following precautions to prevent the spread of the influenza virus:

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions; and dispose of them in the nearest waste receptacle after use;
- If you do not have a tissue, cough or sneeze into your upper sleeve, not your hands; and,
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.

2. Communication Systems

Emergency Operations Division will prepare and distribute informational bulletins on ways to modify the frequency and type of contact that Department employees typically engage in. Department employees should be encouraged to review these publications and educate themselves on how to limit contact during times of Influenza Pandemic Emergencies.

3. Personal Protective Equipment (PPE)

Emergency Operations Division will identify personal protective equipment needs (e.g., hand sanitizing lotions, hygiene products, masks, gloves, etc.) and provide **FOD** with the specifications to procure the necessary items when needed.

4. Workplace Cleaning

Police Sciences and Training Bureau will provide training for all Department employees on workplace sanitizing, such as wiping down those items that may be shared with others (e.g., telephone, computer keyboard, etc.). Employees whose workspace may be visited by the public will be provided additional guidance on how to limit the public's use of shared items such as pens, pencils, etc.

H. CLIENT COMMUNICATION

1. Client Information Dissemination Plan

Media Relations and Community Affairs Group will develop protocols to release information to the general public. In the case of newsworthy information, the **Department PIO** will release information in the form of a Community Alert, Community Advisory, or News Release. The **Department PIO** will also contact the **Department Webmaster** and provide notifications to radio, television, and print media through electronic mail blast. Individuals in the media receiving electronic mail notifications have already been established by Media Relations Section. Information will vary depending upon the entity directing the release of operational information.

V. RESPONSE PHASE

PHASE 4: Small cluster(s) with limited human-to human transmission, but spread is highly localized, suggesting that the virus is not well-adapted to humans.

PHASE 5: Larger cluster(s), but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).

PHASE 6: Pandemic phase: increased and sustained transmission in general population.

A. ACTIVATION AND COMMAND

1. Unified Command

Department Director of Emergency Operations (Chief of Police or designee), shall notify **RACR Division** to activate the DOC to Level 1, and make contact with the City EOC if activated. In addition to contacting the City EOC, the DOC shall contact the Los Angeles City Fire Department (LAFD) DOC to notify them of the Police Department's Level 1 activation, and establish a liaison with LAFD.

Commanding Officer, RACR Division, shall staff the Resource Unit of the DOC during the Level 1 activation. The DOC, Resource Unit, will monitor daily resource status Department wide to ensure that sufficient personnel are available to maintain essential patrol functions.

Commanding Officers shall monitor absenteeism daily and provide daily reports for all shifts to their bureau commanding officer twice daily (1000 hours and 1800 hours).

Bureau Commanding Officers shall obtain the daily reports of absenteeism from their commands and disseminate to the Resource Unit, DOC, twice daily (1100 hours and 1900 hours).

All reassignments of non-essential functions to essential function positions shall be documented on the daily resources report provide to the corresponding bureau.

2. Internal Briefings

Department Director of Emergency Operations will disseminate regular briefings to all appropriate command staff daily to keep them informed on the Department's status. All non-essential meetings and gatherings of personnel and community members shall be curtailed until the termination of the pandemic incident.

3. External Briefings

The **EOC Liaison Officer** will coordinate with County and other partner agencies to attend and/or receive important briefings (e.g., Pandemic Influenza Task Force, EOC).

4. Review Continuity of Operations Plan

Emergency Operations Division will annually review and update the Seasonal and Pandemic Influenza Annex to ensure continuity of operations protocol and procedures are sufficient to meet the needs of the Department during an Influenza Pandemic Emergency.

B. OPERATIONS

1. Assessment of Operations

The Department will:

- Identify available personnel, material resources and its ability to provide regular calls for services; and,
- Closely monitor the criminal activity within its 21 geographic divisions, which may impact its ability to provide routine service to the community.

2. Essential Operations

The Department will:

- Re-deploy its resources to those services which are essential to public safety; and,
- Suspend non-essential operations as resources become limited. (In the event a Tactical Alert is called, see Attachment 2 for Tactical Alert procedures.)

C. JOB FUNCTIONS

1. Absenteeism

The Department will record absenteeism with its standard Deployment Planning System (DPS) tracking. The DPS is maintained at the divisional level. Currently there is no system in place to track the specific nature of sick days. It is the responsibility of the employee to make a sick notification to their supervisor. Upon receiving notification from a Department employee, the supervisor shall complete a Sick Report (LAPD Form 01.30.00).

2. Reassign Employees

Department Operations Center will reassign personnel to essential or prioritized job functions and provide job action sheets as required. The job action sheets will be prepared and distributed by **Police Sciences and Training Bureau (PSTB)** in conjunction with the "Just-in-Time Training" program.

3. Just-in-Time Training/Alternative Function Training

Police Sciences and Training Bureau will initiate the “Just-in-Time Training” program to facilitate the reassignment of non-essential functions to essential patrol function position during the Influenza Pandemic Emergency. “Just-in-Time Training” is a spontaneous training program that can be initiated to provide job training for Department employees who may be reassigned to positions that they are not normally assigned. Due to the emergency nature of such reassignments, the responsibilities for providing training will be situational based upon the subject matter expertise needed to conduct such training. An example of such training might include the training of a Clerk Typist reassigned to Communications Division to dispatch radio calls. In this example, the training would be conducted by a Subject Matter Expert from Communications Division. When non-essential positions are reassigned to new functions, it is important to ensure that the new responsibilities are reasonable and not a complete departure from their current job functions.

D. PANDEMIC POLICIES

The Department will activate applicable policies and procedures (i.e., employee leave, flexible work schedules, travel, health care, management of ill employees). Notify staff of policy changes and provide with necessary claim forms.

E. COMMUNICATION

1. Inform Employees

Department Operations Center shall ensure that on-duty personnel receive information at roll call, Department Intranet, broadcast through Communications Division, broadcast by Mobile Data Computer, mass electronic mail, text messages, and posted notices in offices.

The information disseminated will include health and safety tips or instructions, work schedules, absenteeism rates, and reduction of service or change in services. Personnel will be updated as significant changes in the situation or procedure occur.

Department Operations Center shall ensure that off-duty Department personnel receive updates through the Department website, electronic mail, and telephone calls (if necessary).

2. Inform Product and Service Vendors

Department Operations Center shall contact **General Services Department, Supply Chain Services Division**, and have them notify vendors of any changes in the needs of the Department due to the Influenza Pandemic Emergency.

3. Inform Clients

Department Operations Center PIO or Emergency Operations Center PIO shall have the responsibility of preparing press releases for dissemination to the public via the news media and other resources (website, Twitter, etc.).

4. Communication System

Information Technology Bureau shall be prepared to activate communication systems (e.g., teleconferencing, telecommuting, facsimile services, radio, and internet) and ensure that they are in working order during the Influenza Pandemic Emergency.

F. INFECTION CONTROL

1. Hand Hygiene and Respiratory Etiquette

Commanding Officers shall direct all employees to employ the following precautions to prevent the spread of the influenza virus:

- Cover the nose/mouth with when coughing or sneezing;
- Use tissues to contain respiratory secretions; and dispose of them in the nearest waste receptacle after use;
- If you do not have a tissue, cough or sneeze into your upper sleeve, not your hands; and,
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.

2. Social Distancing

Commanding Officers shall implement ways to modify the frequency and type of face-to-face contact (e.g., telecommuting, teleconferencing, no handshaking, limiting shared workstations) among employees and between employees and the public.

3. Personal Protective Equipment (PPE)

Supply Section, FOD, shall *immediately* requisition and distribute sufficient quantities of protective hand sanitizing solution, wipes, protective facial masks and gloves for Department personnel to utilize during the Influenza Pandemic Emergency.

4. Workplace Cleaning

Police Sciences and Training Bureau shall conduct refresher training for all employees on protocols for workplace sanitizing, such as wiping down those items that may be shared with others (e.g., telephone, computer keyboard, etc.).

Employees whose workspace may be visited by the public will be provided additional guidance on how to limit the public's use of shared items such as pens, pencils, etc.

5. Illness Reporting Protocol

Department Operations Center and Medical Liaison Section will maintain a record of personnel who contract the virus. These records shall be deemed confidential to protect the privacy of the effected employees.

6. Return to Work

Commanding Officers shall contact employees that have recovered from the pandemic influenza and inform them that they are less likely to be reinfected and should be encouraged to return to work.

In the event that the illness is related to an Injury on Duty (IOD), the employee will be required to be cleared through the City's Medical Services Section prior to returning to work. In the event that a sworn employee's illness is not IOD, Department policy states that any employee, who is ill in excess of five consecutive days, may be directed to Occupational Health and Safety, Personnel Department, prior to returning to duty (consult the current Memorandum of Understanding, No. 24, Article 7.5 for further information). Civilian employees may be directed to obtain a doctor's note after three consecutive days of illness (Department Manual Section 3/711.80).

VI. RECOVERY PHASE

Post Pandemic

A. OPERATIONS

1. Assess Operations

Department Director of Emergency Operations will convene a task force to assess the impact of the pandemic on Department operations, personnel, partners, and vendors, and make a determination based on the Department's needs and abilities as to when it can return to normal operations.

2. Normal Operations

Department Director of Emergency Operations will determine the Department's ability to return to routine operations based on available personnel and material resources.

3. Community Recovery

Department Director of Emergency Operations will identify community recovery needs and provide assistance.

B. PROCESS ASSESSMENT

1. Conduct Evaluation

Department Director of Emergency Operations will conduct an internal after-action evaluation of the Department's pandemic response. The **Department Director of Emergency Operations** will also participate in the City and County evaluations.

2. Update Plans

Emergency Operations Division will update the Seasonal and Pandemic Influenza Annex and other emergency response plans as appropriate.

C. COMMUNICATION

1. Employee Communication

Department Operations Center will notify employees about change in pandemic status (e.g., whether they are to return to business as usual) and any applicable policy changes.

2. Product and Service Vendor Communication

Supply Section, FOD, will notify product and service vendors of return to operations as usual.

3. General Public Communication

Media Relations and Community Affairs Group will notify the general public of resumption of services through radio, television, print media, and social media, as applicable.

VII. TERMINOLOGY

Avian Influenza

Avian influenza, also referred to as bird flu, is a disease of birds (e.g., ducks, chickens). Between 2003 and 2006 the H5N1 avian influenza virus has infected millions of birds. Although it is primarily a disease of birds, a small number of people have also been infected after having close contact with birds. (Also see influenza, seasonal influenza, and pandemic influenza.)

Contact

A contact is a term used to refer to someone who has been in close proximity with an individual who is, or is suspected of being, infected with an infectious disease like influenza.

H5N1

H5N1 is the latest avian influenza virus subtype of concern, and there appears to be little human immunity to it. The predominant winter strain of human influenza is H3N2. Most adults have some partial immunity to this strain, which caused a pandemic in 1968 when it evolved from avian influenza.

Hand Hygiene

Hand hygiene is a term that applies to the cleaning of one's hands. This is usually done with soap and water, hand sanitizer, or hand wipes. To kill influenza virus, hands must be washed with soap and water for 15 seconds, and hand sanitizers or wipes must be used for 10 seconds and have an alcohol content of at least 60%.

Human-to-Human Transmission

Human-to-human transmission refers to the ability of an infectious disease to be passed continuously from one person to another. Some viruses can be transmitted between animals (animal-to-animal), some can be transmitted animal-to-human and vice versa, and some can be transmitted human-to-human.

Infection Control

Infection control is a broad term used to describe a number of measures designed to detect, prevent, and contain the spread of infectious disease. Some measures include hand washing, respiratory etiquette, use of personal protective equipment (PPE), prophylaxis, isolation, and quarantine.

Infectious Disease

An infectious disease, or communicable disease, is caused by the entrance of organisms (e.g., viruses, bacteria, fungi) into the body which grow and multiply there to cause illness. Infectious diseases can be transmitted, or passed, by direct contact with an infected individual, their discharges (e.g., breath), or with an item touched by them.

Influenza

Influenza is a viral disease that causes high fever, sore throat, cough, and muscle aches. It usually affects the respiratory system but sometimes affects other organs. It is spread by infectious droplets that are coughed or sneezed into the air. These droplets can land on the mucous membranes of the eyes or mouth or be inhaled into the lungs of another person. Infection can also occur from contact with surfaces contaminated with infectious droplets and respiratory secretions. (Also see seasonal, avian, and pandemic influenza.)

Isolation

Isolation is when sick people are asked to remain in one place (e.g., home, hospital), away from the public, until they are no longer infectious.

Pandemic Influenza

A pandemic influenza, or pandemic flu, occurs when a new subtype of influenza virus: 1) develops and there is little or no immunity (protection due to previous infection or vaccination) in the human population; 2) it is easily passed from human to human; 3) is found in many countries; and, 4) causes serious illness in humans. (Also see influenza, seasonal influenza, and avian influenza.)

Personal Protective Equipment (PPE)

The PPE is specialized clothing or equipment worn to protect someone against a hazard, including an infectious disease. It can range from a mask or a pair of gloves to a combination of gear that may cover some or all of the body.

Prophylaxis

Prophylaxis is an infection control measure whereby antimicrobial, including antiviral, medications are taken by a healthy individual (e.g., nurse, doctor) to prevent illness before or after being exposed to an individual with an infectious disease (e.g., influenza).

Quarantine

A quarantine is when people who have been in close proximity to an infected person, but appear healthy, are asked to remain in one place, away from the general public, until it can be determined that they have not been infected.

Respiratory Etiquette

Respiratory etiquette, or good coughing and sneezing manners, is one way of minimizing the spread of viruses which are passed from human to human in the tiny droplets of moisture that come out of the nose or mouth when coughing, sneezing, or talking. Healthy and sick people should cover their nose and mouth when sneezing, coughing, or blowing their nose and then put the used tissue in the trash to prevent the spread of germs.

Seasonal Influenza

Seasonal influenza, commonly referred to as the flu, is an infectious disease. In the United States, flu season usually occurs between December and March. The influenza virus is one that has the ability to change easily; however, there is usually enough similarity in the virus from one year to the next that the general population is partially immune from previous infection or vaccination. Each year experts monitor the influenza virus and create a new vaccine to address changes in the virus. For this reason people are encouraged to get a flu shot each year. (Also see influenza, avian influenza, and pandemic influenza.)

Social Distancing

Social distancing is an infection control strategy that includes methods of reducing the frequency and proximity of contact between people to limit the spread of infectious diseases. Generally, social distancing refers to the avoidance of gatherings with many people.