

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.