


MELROSE POLICE DEPARTMENT		Department Manual: Policy No. 7.02
Subject: <p style="text-align: center;">EMERGENCY PROCEDURES W.H.O. DECLARATION OF A <i>PANDEMIC</i> PUBLIC HEALTH EMERGENCY PROTOCOL</p>		
• MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: 46.3.4 Historical Perspective: Click: https://www.youtube.com/watch?v=UG8YbNbdaco		GENERAL ORDER 20-001
Effective Date: 03/13/2020	Issuing Authority <i>Michael L. Lyle</i> Michael L. Lyle Chief of Police	

I. GENERAL DISCUSSION

A pandemic is any disease epidemic occurring over a very wide area (several countries or 1 or more continents) that affects a large proportion of the population. An influenza (flu) pandemic is considered the most probable of all disease pandemics. The likelihood of a pandemic influenza remains high. Pandemic influenza is a virulent human flu that causes a global outbreak, or pandemic, of serious illness. The virus will spread easily from person to person, mostly through coughing and sneezing when people are in close proximity of 6 feet or less. Because there is little natural immunity, the disease can spread easily from person to person relatively quickly. Pandemic influenza has the potential to become global relatively quickly, for prolonged periods and could have several waves/intervals (lasting 2-3 months each) which could reoccur for a period of up to two years.

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II. ASSUMPTIONS

The rate of departmental absenteeism could be as high as 40% or more during a pandemic as a result of employee illness, or the need for an employee to care for an ill family member or child who is not in school as a result of school closings¹. It is likely that a pandemic will lead to a major disruption of basic economic supply chains as well as public and private infrastructure. During a moderate to severe influenza pandemic, it is projected that demand for police services will be extraordinarily high. Emergency Communications Division call takers and dispatchers may be overwhelmed with calls for assistance as well as police response units who in addition to a surge in traditional enforcement duties, may be called upon to enforce movement restrictions, quarantines, or provide security services for health and medical services and to control civil disturbances resulting from probable rationing and shortages. It is highly unlikely that the department could expect to receive mutual aid assistance to supplement the police department's resources during a pandemic. Therefore, it is very likely that the department will be forced to reduce services as a result of personnel shortages and greater than normal demand for service to deal directly with the public health crisis.

III. DEFINITIONS:

- Quarantine:** To separate and restrict the movement of people who have been or may have been potentially **exposed** to a communicable disease and are not yet ill. Quarantined persons may become ill and infectious over a certain period of time after exposure thus presenting a risk for spread of the communicable disease. A period of two (2) weeks has been recommended by the CDC for many influenzas.
- Isolation:** Separating people who are in fact ill and have tested positive for a particular strain of a deadly virus from other people to prevent the spread of the communicable disease.
- PPE:** Personal Protective Equipment such as respirators, non-permeable gloves, aprons, coveralls, shoe covers, splash and eye protection adequate to protect wearer from exposure to contaminants, bodily fluids, airborne pathogens or other disease specific transmission routes.

A. EXTERNAL RESPONSE MEASURES

¹ Pandemic Influenza Preparedness, Response, and Recovery, Guide for Critical Infrastructure and Key Resources, Department of Homeland Security, September 19, 2006, Section 3.3.3

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1. Response to a pandemic will occur at the local level and will inevitably be ramped up to a multi-agency and multidisciplinary response. The nature of a rapidly spreading, highly contagious disease will require coordination not only between multiple municipal agencies, but also across jurisdictional lines with assistance from the State and Federal Government.
2. Command and control of disaster operations during a pandemic will be conducted according to the National Incident Management System's (NIMS) Incident Command Structure/System (ICS). Chain of command will be organized under the Incident Command System (ICS) which will often time operate as a Unified Command Structure with multiple disciplines as the top of the command structure (e.g., HHS, Police, Fire, EMS, Local Government CEO) . As specified under NIMS, a Joint Information System or Joint Information Center (JIC) will be used to coordinate the release of timely information among all the involved agencies and jurisdictions to the residents and stakeholders of a given municipality. The City's website (www.cityofmelrose.org) will act the primary repository of all messaging to allow for the appropriate dissemination of important updates and information and related links.
3. The Melrose Police Department response will be coordinated through the Emergency Operations Center (EOC). Officers may be called upon to maintain public order and to:
 - (a) Provide security for vaccine/treatment transport and vaccine distribution sites;
 - (b) Assist in enforcing public health orders;
 - (c) Provide site security as needed at medical facilities and similar venues, and
 - (d) Assist with handling of any mass fatalities.
4. The Melrose Police Department will work in partnership with other supporting pandemic response plans to include:
 - (a) Massachusetts Department of Public Health (DPH)
<https://www.mass.gov/orgs/departments-of-public-health>
 - (b) DHHS Pandemic Influenza Plan, U.S. Department of Health and Human Services.
<https://www.hhs.gov/>
 - (c) Massachusetts Emergency Management Agency (MEMA)

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- <https://www.mass.gov/orgs/massachusetts-emergency-management-agency>

B. INTERNAL (POLICE DEPARTMENT SPECIFIC) RESPONSE MEASURES

1. The goal of pandemic planning and response within the Melrose Police Department requires efforts directed toward keeping departmental personnel as disease free as possible and maintaining a continuity of essential operations.

2. PRE-PANDEMIC PLANNING:

- (a) **Providing Employee Training** – The *Designated Infection Control Officer* (DICO) in conjunction with the training officer will construct a lesson plan and present training to all departmental personnel that expressly addresses techniques that may be employed to minimize exposure to pandemic illnesses and other infectious diseases, encourage immunization, discourage reporting to work when sick, the proper use of Personal Protective Equipment (PPE), and encouraging personnel to have family preparedness plans in the event of a pandemic. This training will be mandatory for all employees. This training may be in the form of specialized classroom training or provided in small units at roll call.
- (b) **Determine Personal Protective Equipment Needs** – Providing personal protective equipment is one of the most important steps for protecting personnel and is a necessary component of an effective pandemic response plan. The DICO should determine the appropriate quantity and type of personal protective equipment that will be needed by personnel during a pandemic.

The DICO, in conjunction with the Chief of Police shall plan for and acquire PPE well before an outbreak occurs. The DICO will make provisions for adequate storage of the equipment; routinely rotating the oldest stock of PPE out for everyday departmental use while acquiring new stock for replenishment and document PPE quantities and readiness in quarterly operational readiness reports.

- (c) **Identification of Essential Functions / Critical Components & Personnel** - Planning for sharp reductions in the department's workforce while maintaining a continuity of essential operations is critical to the response plan. The following organizational units or functions are considered **mission critical** under the extreme circumstances of a pandemic, and will maintain normal operations

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as staffing levels allow or temporarily suspend/alter some services in balance with day-to-day capabilities;

- **Patrol Division (Mission Critical)** – At a minimum, respond to life-saving emergencies, serious crimes in progress/recently occurred, crimes against persons, vehicle collisions involving injuries or fatalities, death investigations, and other responses as staffing levels allow. Telephone reporting of minor crimes may be taken by front desk personnel or advise the caller to send in the information via email for a report to be generated at a later date.
- **Criminal Investigations Division** – Reassignment to supplement patrol needs while maintaining capability to investigate all serious crimes against persons and maintain evidence / crime scene processing as needed for major crimes against persons. Resume the investigation of other crimes requiring a follow up as staffing levels allow.
- **Administrative Division** - Reassignment to supplement patrol needs. Resume usual function as staffing levels allow.

- (d) All sworn personnel, regardless of rank are subject to temporary reassignment to mission critical components as the available workforce declines.
- (e) Work schedules and shift hours beyond the normal 8 shifts are subject to change with little or no advance notice to meet needs and maintain operational effectiveness.
- (f) Where possible, employees should be cross trained to step into another's assignment to ensure that basic critical functions are maintained.

3. **OPERATIONS DURING A PANDEMIC:**

- (a) Law enforcement facilities - The goal during a pandemic is to keep the law enforcement workplace as disease-free as possible by increasing the cleaning of police facilities and reducing the possibility of having sick or exposed persons contaminating the work area and thus exposing other personnel to the disease. To address this issue, the following procedures will be in effect:
 - Ensure employees understand self-protection strategies regarding infectious disease control by conducting additional training via internal emails and by posting notices and

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reminders throughout police department facilities as appropriate. Encourage agency personnel to have plans to take care of their families while they are assigned to critical functions for prolonged periods.

- Employees and visitors to the police department facility will not be allowed access to the police building if they are sick or show any signs or symptoms of illness. All employees and visitors should be required to clean hands with 60% alcohol-based hand cleaner/sanitizer immediately upon entering the building.
- Employees who are sick will be required to stay home rather than to report to work. Employees should stay at home at least 24 hours after they no longer have a fever. This should be determined without the use of fever-reducing medicines (any medicine that contains aspirin, ibuprofen or acetaminophen). Employees should constantly monitor themselves for signs of illness. If symptoms exist, it is imperative that the employee stays at home. This is an important component of protecting the health and safety of others in the workplace.
- Concentrate the efforts of custodial staff on the cleaning and sanitizing of all frequently touched surfaces within the building such as counters, door knobs / handles, telephones, copiers, vending machines, elevators, restrooms, etc. Viruses can live on hard objects up to 8 hours or longer.
- The DICO will ensure an adequate supply of personal protective equipment and alcohol-based hand sanitizers are available to all personnel. During a pandemic health emergency, latex or nitrile gloves, N95 respirators and non-vented eye protection shall be worn when possible, in hands-on contact with members of the general public known or suspected to be ill or who are in quarantine or isolation. Appropriate PPE is to be worn when in contact with their personal items or effects as well. Remove and properly dispose of gloves and N95 respirators at the conclusion of the contact, or when cross-contamination may occur.
- There are varying levels of efficacy pertaining to the wearing of respirators. A respirator, (for example, an N95* or higher filtering face piece respirator*) is designed to protect the wearer from breathing in very small particles, which might contain viruses. These types of respirators fit tightly to the face so that when properly worn, air is inhaled through the filter

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material. Personnel shall wear a respirator if they are well and expect to be in close contact with people who are known or thought to be infected with a pandemic illness. Personnel should always limit the amount of time they are in close contact with ill people. These recommendations also apply if you must take care of a sick person at home. N95 respirators* should be worn once and then disposed of properly.

***Note: FIT TESTING:** Personnel must be properly fit tested prior to being issued or using an N95 or similar respirator

- Personnel should not use other workers phones, desks, offices, or other work tools and equipment. Personnel are encouraged to wash hands frequently with soap and water for at least 20-30 seconds. If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol content. Always cover the mouth and nose with a tissue or into your elbow when coughing or sneezing. Avoid touching of the face, eyes, nose and mouth.
- Department in-service and outside training will be suspended during this period.
- The department fitness room may be closed throughout the duration of the pandemic. If it remains open employees are expected to continually wipe down all equipment and properly dispose of all paper towels.
- During daily roll calls and as practical as possible officers will remain at least (6) six feet apart which is intended to reduce the potential opportunity for spread of disease. Rolls calls will be as brief as possible with no training.
- Wherever possible, employees should maintain a social distance from each other and the public of at least six (6) feet. Refrain from hand shaking or other greetings involving personal contact.
- Certain functions or equipment require shared use of surfaces such as vehicle steering wheels and door handles, communications center phone keypads and handsets, cruiser microphones, handheld radar units, adjustable rear-view mirrors etc. At the completion of use or end of shift, employees shall wash all contacted surfaces with an appropriate disinfectant which is provided by the department.

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(b) **Preferred Response (Summons) absent mandatory arrest or serious felony:**

- Officers should summons offenders to court whenever practical to keep the police headquarters as clean and sterile an environment as possible.

Prisoners (When necessary to make an arrest):

- In the event that it is necessary to take someone into custody during the declaration of the pandemic and/or the state of emergency declared by the Governor, all prisoners shall be asked the following questions:
 1. Do you have a fever or have you had one in the past two weeks?
 2. Do you have a cough or have you experienced coughing recently?
 3. Have you or anyone in your family, or that you live with currently have any of the above mentioned health issues/symptoms?
 4. Has anyone that you associate with (friends, relatives, co-workers, etc.) experienced any of the above mentioned health issues within the past two to three weeks?
 5. Within the past 21 days have you or anyone that you associate with traveled to China, Iran, S. Korea, Italy or Japan?
 6. Have you or those that you are close to been out of the country or been on a cruise in the past 14 to 21 days?
 7. Have you had contact with or been close to anyone in the past 14 days that is being monitored for or was sick with the COVID-19 Coronavirus?
- If the prisoner responds in the affirmative to any of the questions above, the Malden District Court Officers should be advised and consulted with prior to transporting the prisoner to court.
- If the court refuses the prisoner for health reasons, the officer should inquire about immediate bail and/or a telephonic arraignment, or if the court will be arraigning the prisoner from the cell at the CPD.

4. **Unified Command Structure:**

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- (a) The Chief of Police or his designee will serve as or appoint a representative to serve as the department's liaison to the public health emergency Unified Command structure. This person will be responsible for information exchange between the Unified Command and the Chief of Police or his designee and coordinate the department's response regarding the deployment of personnel and equipment for the UC response.
- (b) The department's UC representative will consult with the District Attorney's office and if necessary, the Attorney General's office to review procedures guiding the enforcement of community response measures and public health orders such as isolation, quarantine, forced quarantine and the apprehension, prosecution and disposition of quarantine / public health order violators.
- (c) When requested, the department will provide support to other departments and agencies, depending on available resources and input from the Unified Command, which will set priorities and guide the responses of individual agencies/sectors during a public health emergency.
- (d) Public information communications must be maintained to inform/alert citizens of changes in available services and response capabilities etc. Information should be closely coordinated with the public health unified command structure.

The City of Melrose Website will serve to facilitate this purpose:

See: www.cityofmelrose.org

5. POLICE AUTHORITY TO ENFORCE SUPERIOR COURT QUARANTINE ORDERS

A police officer has legal authority to enforce a quarantine order that has been issued by the Superior Court. The order must include clear directions on how it is to be enforced, including the police officer's role in enforcing the order. A police officer who is asked to enforce a quarantine order issued by the Superior Court should:

- Confer with supervisory personnel to develop an enforcement plan that mitigates risk to the police officer(s) and other personnel;
- Be provided with, and retain a copy of the court order for the official police report;

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- Read the court order to determine what conditions it imposes on the subject of the quarantine order, and whether it provides clear instructions on how the order is to be enforced, including the police officer's role in enforcing the order;
- Confer with the local Public Health Department or DPH, medical personnel, or EMS, to learn their assessment of the person's medical condition and the extent to which he/she may be contagious;
- Assess whether the subject of the court order may resist enforcement actions, thereby posing an increased risk to the police officer;
- Follow all safety guidance concerning the use of PPE.
 - Remember: if the person is sick and may be contagious, stay at least six feet away from the person unless you are equipped with appropriate PPE.
- If the court order fails to provide clear direction on how it is to be enforced, officers should request the Health Agent, Board of Health or DPH to go back to Court to obtain a more detailed order. While waiting for a new court order to be issued, officers may act under the authority of the Community Caretaking Doctrine to detain the subject of the quarantine order, if he or she presents an imminent danger to public health and safety.

6. POLICE AUTHORITY TO ENFORCE PUBLIC HEALTH QUARANTINE ORDERS

When facing a situation in which the subject of a quarantine order is violating, or is threatening to violate a quarantine order issued by a Board of Health or DPH, the police officer should request the Board of Health or DPH to apply to the Superior Court for a court order that provides clear instructions on how the order is to be enforced, including the role of the police officer. As mentioned above, in limited circumstances, a police officer may act under the authority of the Community Caretaking Doctrine to detain the subject of a quarantine order who presents an imminent danger to public health and safety.

7. POLICE AUTHORITY TO DETAIN OR ISOLATE IN THE ABSENCE OF A QUARANTINE ORDER

COMMUNITY CARETAKING DOCTRINE:

When acting in furtherance of his or her community caretaking responsibilities, a police officer has authority to act to render aid and prevent serious injury to

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people or property. The Supreme Judicial Court has concluded that the constitution does not require a police officer to sit idly by if immediate action is needed to prevent serious harm to people or property. If a police officer acts in furtherance of his community caretaking responsibility, he has authority to take immediate action to render aid, assess and respond to situations posing an imminent serious threat to life or property, and otherwise protect the public health and safety from imminent harm.

Four conditions must be present for a police officer to act under the community caretaking doctrine that otherwise might be considered an unlawful search and seizure under the 4th Amendment and Article 14 of the Massachusetts Declaration of Rights:

1. The police officer must have reasonable grounds to believe that an emergency exists that presents an imminent and serious threat to life or property;
2. The police officer must in fact take immediate action – delay in acting suggests that immediate action was not necessary. However, it may be reasonable to delay action in order to bring appropriate emergency personnel and resources to the scene or protect the safety of the police officer;
3. The police officer's conduct must be motivated by a desire to render aid or protect the public, rather than to gather evidence of a crime, apprehend a criminal, or otherwise exercise his law enforcement authority;
4. The police officer's actions must be reasonable considering the emergency, and be no broader than necessary to alleviate the emergency at hand.

Under appropriate circumstances and when reasonably necessary, the community caretaking doctrine permits a police officer dealing with a public health emergency to forcibly isolate people who pose a serious threat to others because of their exposure to contagions. Although a competent person may refuse emergency medical treatment, the police may nonetheless isolate him if he poses an immediate threat to others because of his exposure to a dangerous or deadly contagion.

Detaining or Isolating a Person Who May Have Highly Contagious, Dangerous/Deadly Diseases:

In the absence of a Superior Court quarantine order, a police officer may exercise his authority under the community caretaking doctrine to detain, isolate or quarantine a person who may have a highly contagious dangerous or deadly diseases under the following circumstances:

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- The police officer must first determine that the person presents an imminent and serious threat to public health. In most instances, a police officer does not have the necessary experience and expertise to assess the likelihood that a person has a highly contagious dangerous/deadly disease and the threat the person presents to public health. Accordingly, a police officer must rely on the expertise and judgment of medical or public health personnel. If not already on scene, a police officer should summon EMS, and if necessary, request that the public health agent, Board of Health member, State DPH or other medical personnel come to the scene. On-scene personnel (police or EMS) should immediately contact the DPH Epidemiology Program at 617-983-6800 and public health personnel will assess whether the individual meets the criteria for consideration as a suspect case of a highly contagious dangerous or deadly disease. Additionally, on-scene personnel may request assistance by calling MEMA's Communications Center at 508-820-2000.
- A police officer should rely on the determination of EMS, public health, or other medical personnel that a person does or most likely has a highly contagious, dangerous/deadly disease and poses an imminent and significant threat to public health by refusing to voluntarily isolate or quarantine themselves. This determination should preferably be presented to the police officer in writing prior to the police officer taking any action to detain or isolate the person. In any case, the determination should be reduced to writing before or as soon as possible after the police officer acts and be included in the officer's official report.
- In most cases, a person who is asymptomatic (not yet sick) but may have been exposed to a highly contagious, dangerous/deadly disease and may develop symptoms soon, does not present the type of imminent public health threat that justifies police action under the community caretaking doctrine. When dealing with an asymptomatic person who is refusing to comply with an isolation or quarantine order that has been issued by a local health agent, Board of Health or State DPH, the advisable course of action is for public health officials to seek an emergency order from the Superior Court that provides clear direction to the police. But, if after consulting with EMS, medical or public health personnel, and considering the facts and circumstances of the situation, the police officer has a reasonable belief that the person presents an imminent and significant danger, the officer may take immediate action after consulting with their supervisor, and in accordance with this General Order. Such action includes ordering the person to isolate himself or herself in a residence or other location. If necessary, the police officer may forcibly restrain, detain or isolate the person. A police officer should not approach within six feet of such a person without proper PPE. Contact should only be made if the officer is

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wearing appropriate PPE and is trained and practiced in donning, doffing, and using PPE.

- The police officer should employ the least restrictive and intrusive means of restraining, detaining or isolating the person, such as isolating the person within his home or car, and only for so long as it takes for Public Health officials to apply for an emergency order from the Superior Court that provides clear direction to the police.
- The police officer's actions must be reasonable considering the situation and be no broader than necessary to protect the public from the threat.

Melrose Police Department Quick Reference Guide Responding to Covid-19 Incident

Signs and Symptoms of People with COVID-19:

- A. Have a mild to severe respiratory illness.
- B. Data suggest the symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes the COVID-19 Coronavirus.
- C. Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
- D. The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person to person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby.
- E. Close contact may include:
 - a. Being within approximately 6 feet of an individual with COVID-19 for a prolonged time.
 - b. Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from individuals with COVID-19.

Protect Yourself from Exposure:

- A. If possible, maintain a distance of at least 6 feet.
- B. Practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, use alcohol-based hand sanitizer with at least 60% alcohol.
- C. Do not touch your face with unwashed hands.
- D. Have a trained EMS/EMT assess and transport anyone you think may have COVID-19 to a health care facility.
- E. Ensure only trained personnel wearing appropriate protective equipment (PPE) have contact with individuals who have or may have COVID-19.

Recommended Personal Protective Equipment (PPE):

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According to the CDC, Law Enforcement who must make contact with individuals who have or who are suspected to have COVID-19 should follow CDC's Interim Guidance for EMS.

Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e. coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.

The minimum PPE recommended is:

- A. A single pair of disposable examination gloves,
- B. Disposable isolation gown or single-use/disposable coveralls,
- C. Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator), and
- D. Eye protection (i.e. goggles or disposable face shield that fully covers the front and sides of the face).

*If unable to wear a disposable gown or coveralls because it limits access to duty belt or gear, ensure duty belt and gear are disinfected as soon as possible after contact with individuals.

If Close Contact Occurred During Apprehension:

- A. Clean and disinfect duty belt and gear prior to reuse, with a household cleaning spray or wipe, according to the product label.
- B. Follow standard operating procedure for the containment and disposal of used PPE.
- C. Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.