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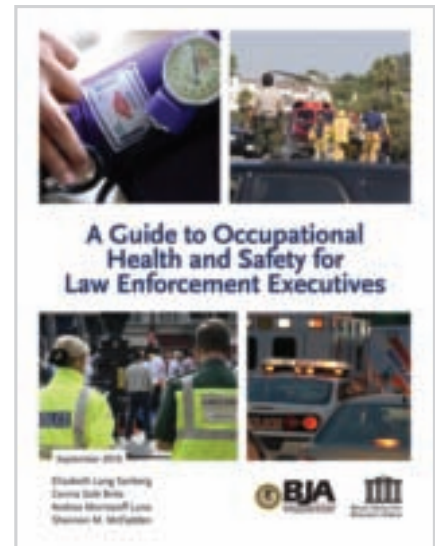
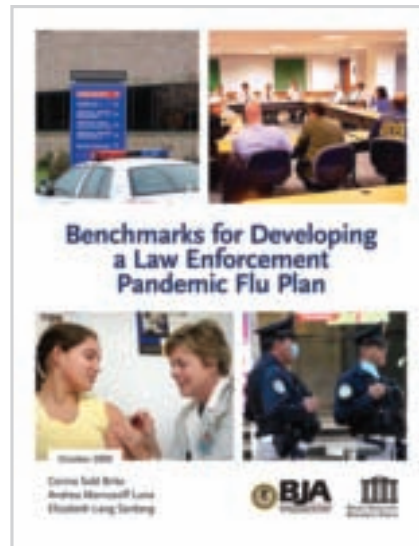
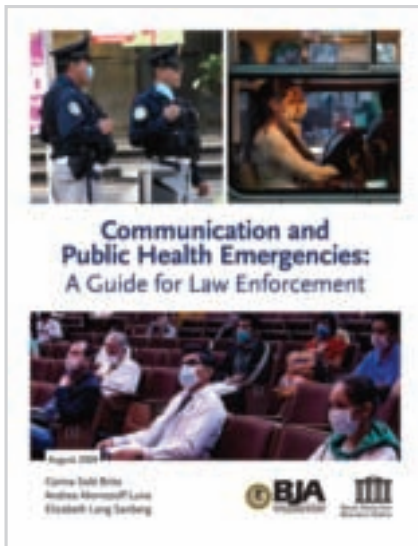
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Law Enforcement Preparedness for Public Health Emergencies: An Executive Summary of the Resources Series

Communication and Public Health Emergencies:
A Guide for Law Enforcement

Benchmarks for Developing a Law Enforcement
Pandemic Flu Plan

A Guide to Occupational Health and Safety
for Law Enforcement Executives

September 2010



BJA
Bureau of Justice Assistance
U.S. Department of Justice



POLICE EXECUTIVE
RESEARCH FORUM

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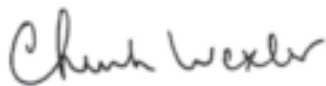
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We would like to thank the many police executives, public safety and emergency planning officials, and public health and communications experts who have contributed to the *Law Enforcement Preparedness for Public Health Emergencies: Guidance and Resource Development* project. We were continually impressed with the willingness of these leaders to take time out of their busy schedules to contribute their thoughts on public health emergency planning, communications, and occupational health. This publication series would not exist without their effort and insights. Their leadership at a local and national level will mean safer and healthier law enforcement officers, which will help ensure the continued safety of all of our communities.

Special thanks to those who served on our advisory panels for each guide. These experts were always happy to provide timely, helpful feedback when it was requested. Their expertise and input made this series a set of comprehensive tools for police executives throughout the country.

We are extremely grateful to our sponsors at the Bureau of Justice Assistance (BJA) for their assistance in developing the subject matter for the three documents in this series: *Communication and Public Health Emergencies: A Guide for Law Enforcement*, *Benchmarks for Developing a Law Enforcement Pandemic Flu Plan*, and *A Guide to Occupational Health and Safety for Law Enforcement Executives*, as well as this final executive summary. In particular, BJA's Acting Director James Burch and Senior Policy Advisor Steven Edwards provided critical guidance to us on this project from start to finish. BJA's steadfast support of PERF over the years is greatly appreciated.

Most importantly, thank you to all those in law enforcement who work so hard to make our communities safe. We hope that this series of resources assists you and your departments in your public health emergency and occupational health and safety planning efforts.



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About the Series

With support from the U.S. Department of Justice, Office of Justice Programs' Bureau of Justice Assistance (BJA), the Police Executive Research Forum (PERF) created a series of documents to help improve the law enforcement response to public health emergencies. The documents in this series are intended to apply to agencies of all sizes and types. How the suggested strategies are implemented will undoubtedly vary according to a department's specific size and nature.

The first report, *Communication and Public Health Emergencies: A Guide for Law Enforcement*, is a guide for law enforcement executives that identifies the crucial components of an effective public health communications plan. It examines the necessary considerations for both internal communications (within the law enforcement agency) and external communications (with other agencies or with the public).

The second document, *Benchmarks for Developing a Law Enforcement Pandemic Flu Plan*, is an interactive guide that helps readers navigate through the planning process for ensuring the continuity of law enforcement operations during a flu pandemic. An influenza pandemic is one of the most severe public health emergencies that a law enforcement agency might have to handle. This guide provides links to sample plans and templates for readers to download and customize to their own agencies.

The third document, *A Guide to Occupational Health and Safety for Law Enforcement Executives*, stresses the importance of occupational health and safety programs for law enforcement agencies. Currently, federal occupational health and safety requirements do not apply to state, local, and tribal law enforcement agencies. And there is very little information on existing health and safety programs or standards for local law enforcement. This document seeks to fill these gaps by recommending a three-part approach to occupational health and safety programs for police executives to reference when developing, assessing or improving such programs in their own departments.

While these documents can be used as stand-alone resources, the three guides are intended to be used in tandem to help build a comprehensive approach to preparing for a public health emergency. This publication is an executive summary of each of the documents in this series. Full versions of these three publications are available for download from the PERF and BJA websites.

What is a Public Health Emergency?

From the national perspective, the formal declaration of a “Public Health Emergency” enables federal agencies to prepare and mobilize resources to respond to disasters and emergencies.¹ Numerous hazards have the potential to cause the declaration of a public health emergency, including chemical emergencies (ricin, nerve agents), radiation emergencies (dirty bombs, nuclear blasts), bioterrorism (anthrax), natural disasters/severe weather (hurricanes, floods, earthquakes, tsunamis), infectious disease outbreaks and pandemics (e.g., severe acute respiratory syndrome, or “SARS”; 2009 H1N1 “Swine” Flu), and mass casualties resulting from terrorist attacks and bombings.²

Using a Flu Pandemic as a Worst-Case Scenario

In December of 2007, PERF hosted three Advisory Panel meetings featuring national experts from the fields of communications, health, emergency planning, and law enforcement, who provided feedback on drafts of each guide and the series as a whole. The group agreed that while the purpose of the series was to address the law enforcement response to public health emergencies of any nature, the guides could be improved by providing the example of a worst-case scenario, such as an influenza pandemic.

An influenza pandemic has the potential to be catastrophic, causing millions of deaths (or more) and significantly disrupting society and the economy worldwide.³ There have been three very serious flu pandemics in the last century, the least deadly of which caused 34,000 deaths in the United States alone. While much less severe in comparison, the most recent 2009 H1N1 “swine” flu pandemic was linked to over 18,000 deaths worldwide.⁴ The



Many people may not realize that flu pandemics are not a merely theoretical threat.

As recently as 1968–69, the “Hong Kong flu” caused 34,000 deaths in the United States. The worst flu pandemic in recent history was the ‘Spanish flu’ of 1918–19, which killed as many as 50 *million* people worldwide, and 675,000 in the United States.⁵

Left: Military hospital in Camp Funston, Kansas during 1918–19 influenza epidemic. Photo courtesy of the National Museum of Health and Medicine.

1 www.flu.gov, www.dhhs.gov

2 Hazard examples cited from www.bt.cdc.gov

3 Pandemicflu.gov

4 World Health Organization, (2010). *Global Alert and Response: Pandemic (H1N1) 2009 – Update 112*. http://www.who.int/csr/don/2010_08_20/en/index.html

5 www.pandemicflu.gov/general/historicaloverview.html

World Health Organization declared an end to this pandemic on August 10, 2010.⁶ While the pandemic phase has ended, we remain in a “post pandemic” phase. Cases of the H1N1 virus will continue to occur, and we must continue to monitor the situation carefully.⁷ Pandemic influenza still remains an active threat and experts caution that it is only a matter of time before another flu pandemic strikes.

Using an influenza pandemic as the case example for writing these guides should help readers see the critical importance of effectively preparing for such an event.

Potential Flu Pandemic Scenario

The following is a fictional description of how a flu pandemic could affect a community and its law enforcement agency.

Officials from the World Health Organization (WHO) have been tracking an influenza virus that poses substantial worldwide health risk. Ominously, WHO officials have announced that they have assessed the threat at 4 out of 6 on the WHO pandemic alert scale, meaning that there is “evidence of increased human-to-human transmission” of the flu virus.

Meanwhile, officials in a certain city have noted a sharp increase in local flu incidences, and the responsible authorities have declared an emergency, activating the city’s emergency operation plan. The local law enforcement agency has been asked to provide security at the city hospital and the local prophylactic point of distribution (POD), where general anti-viral medicines will be available. (Vaccines designed to counter the specific flu will not be available for months.) Public concern has led the mayor to appear on local television asking residents to stay away from

shopping malls, movie theaters, sporting events, and any other places where people congregate in close quarters. Unfortunately, the mayor does not take questions from reporters or give local health experts an opportunity to provide more detailed information.

When local law enforcement officers arrive at the hospital, they find lines of people waiting to get into the emergency room; the lines stretch around the building. Some persons appear clearly ill; many who are not showing symptoms are highly anxious and demanding treatment. Some are accompanied by their parents or children. The officers also have to deal with traffic gridlock because the hospital parking lot is full and people are continuing to arrive en masse. A similar scene is playing out at the POD for anti-viral medicines, a centrally located elementary school.

Residents are anxious and angry because they have not been able to

⁶ U.S. Department of Health and Human Services, (2010). *WHO Declares End to 2009 H1N1 Influenza Pandemic*. <http://www.hhs.gov/news/press/2010pres/08/20100810b.html>

⁷ According to the World Health Organization, “post pandemic” means that the influenza pandemic patterns are transitioning towards more seasonal patterns of influenza. For more information

on “post pandemic” influenza go to http://www.who.int/csr/disease/swineflu/frequently_asked_questions/post_pandemic/en/index.html

get treatment. Despite the mayor's instructions not to leave home, people are rushing to grocery stores to stock up on food and water, creating additional challenges for law enforcement. Many motorists decide to top off their tanks, resulting in traffic jams and heightened tension at gas stations. Ambulances carrying sick patients are delayed by the gridlock, and when they arrive at the hospital, emergency technicians are mobbed by residents demanding care. Radio traffic makes it clear that law enforcement assistance is needed at each of the scenes, as hostility and violence are imminent.

- What should the department's priorities be?
 - Enforcing traffic laws to open traffic access?
 - Facilitating pedestrian movement?
 - Enforcing crowd control?

- Where should resources be deployed first: at the POD, hospitals, or other sites?
- Are there enough officers available to respond to all of these sites?

Adding to the difficulties, over the next few weeks it becomes clear that as much as 20 percent of the law enforcement agency's staff is affected by the flu pandemic: either the employees are sick, or they must stay home to care for sick loved ones, or they have been potentially exposed to the flu virus and must stay home to avoid infecting other employees. Some of the officers who report for duty are attempting to protect themselves by donning personal protective equipment (e.g., goggles and gloves) or simply refusing to come in contact with anyone. The situation is deteriorating rapidly, and stress within the workforce is escalating.

Is this scenario an exaggeration? Perhaps. However, in the early stages of an influenza pandemic, scenes like these could very well play out, particularly if residents and law enforcement officers have not been informed ahead of time about the risks posed by such a pandemic, how to prepare for one, and how law enforcement's role will change as the situation unfolds.

In the past, all-hazards planning mainly focused on *physical damage* as a result of man-made or naturally-occurring critical incidents. However, the lessons learned from Hurricane Katrina taught us that all-hazards planning must include preparing for the temporary or permanent loss of *human resources* as well. Preparing for the loss of human resources is central to effective planning for a public health emergency. Law enforcement must be aware of the effect that a large-scale public health incident could have on department personnel and, therefore, on the ability of the department to operate effectively.

The Effects on Law Enforcement

A pandemic flu outbreak will affect how local law enforcement agencies operate. Most importantly, departments will lose staff members. Some experts predict that the percentage of employees affected in some way (e.g., exposed, infected, or unable to work because of sick loved ones) will range from 10 to 40 percent.⁸ Agencies will need to activate their internal emergency operations plans, shifting resources to the most critical duties. Calls for service will likely increase dramatically; however, with fewer officers available to work, response time will suffer and services will be reduced. Outbreaks often circle the globe in waves, so these issues will likely hit departments several times over the course of the pandemic.

A public health emergency may result in closure of public gathering places (e.g., shopping malls, places of worship), the dismissal of students from local schools, the creation of special mechanisms for the distribution of medication and vaccines, and the overcrowding of medical facilities. Law enforcement agencies will be expected not only to maintain public order, but also to assist public health officials in ensuring compliance with federal, state, or local public health orders. Most law enforcement agencies have pre-established communication networks that will be called upon to help broadcast public health messages. Also, law enforcement representatives will have to work with officials from other community agencies to ensure that their pandemic communication plans complement and support each other.

Operational Realities

Most critical incidents only affect a limited geographical area and do not last long. Volunteers are generally able to provide adequate support to victims and responders, and mutual aid agreements can bolster the law enforcement response.

However, an influenza pandemic will not follow the usual pattern for critical incidents: it will affect multiple regions simultaneously throughout the world; depending on its severity, “business as usual” will be nearly impossible.

⁸ www.osha.gov/Publications/influenza_pandemic.html

General and Law Enforcement-Specific Operational Realities Associated with an Influenza Pandemic

GENERAL REALITIES	LAW ENFORCEMENT-SPECIFIC REALITIES AND RELATED CONSIDERATIONS
COMMUNITIES SHOULD NOT RELY ON MUTUAL AID AGREEMENTS WITH NEIGHBORING JURISDICTIONS, BECAUSE THE VIRUS WILL LIKELY SPREAD REGIONALLY, SO NEARBY COMMUNITIES WILL THEMSELVES BE LOOKING FOR HELP.	There will be little or no mutual aid available to local law enforcement agencies during a serious flu pandemic. Smaller agencies might be highly affected by absenteeism or the death of department staffers; larger agencies or private security firms may need to take over the law enforcement role for smaller agencies.
A PANDEMIC COULD LAST 12 TO 18 MONTHS, STRIKING IN MULTIPLE 6- TO 8-WEEK LONG WAVES.	The likelihood of ever-greater absenteeism calls for succession planning at all agency levels and cross-training between divisions.
VACCINES WILL NOT EXIST FOR SEVERAL MONTHS; ANTI-VIRALS WILL LIKELY BE IN SHORT SUPPLY.	Law enforcement officials will need to reinforce general hygiene messages and activate other protective and social distancing measures (e.g., the mandatory use of personal protective equipment).
AT LEAST 30% OF THE COUNTRY'S POPULATION MAY BE AFFECTED IN SOME WAY BY THE VIRUS (E.G., INFECTED OR CARING FOR SICK LOVED ONES).	Law enforcement agencies may see the number of available personnel decline significantly. Small, specialized units may be impacted disproportionately.
ABSENTEEISM FROM THE WORKFORCE COULD REACH 50% OR HIGHER.	
THE HEALTH SYSTEM MAY BE OVERWHELMED, AND THERE MAY BE A LARGE NUMBER OF DEATHS.	The law enforcement system may become overwhelmed by calls for service, personnel absence, mass casualties, the lack of mutual aid, etc.
LOCAL AGENCIES WILL NEED TO COORDINATE EFFORTS IN AN EMOTIONALLY CHARGED ATMOSPHERE.	<p>In some jurisdictions, emergency operations plans may have been developed without law enforcement input, and they may reflect unrealistic expectations of local law enforcement. Law enforcement leaders must work with other entities now to define realistic law enforcement roles based on the severity of the pandemic.</p> <p>Furthermore, most local law enforcement officials have rarely (if ever) had to enforce public health orders. During a flu pandemic, local law enforcement agencies and public health departments might find themselves working side-by-side enforcing these orders. Officers will need to be informed of the orders as well as penalties for violating them and the respective enforcement roles of law enforcement and public health officers.</p>
THE ECONOMY MAY BE SEVERELY IMPACTED AND THE SPEED AND EFFICIENCY OF PROVIDING SERVICES AND RESOURCES (E.G., FOOD, MEDICINE, BANKING) COULD BE ADVERSELY AFFECTED.	Law enforcement may run out of specific supplies or have to do without scheduled services as vendors and service providers may be unavailable. Law enforcement may need to plan ahead by reaching out to alternative suppliers for mission critical goods and services.

GENERAL REALITIES	LAW ENFORCEMENT-SPECIFIC REALITIES AND RELATED CONSIDERATIONS
THE PSYCHOLOGICAL IMPACT OF THE OUTBREAK COULD BE SIGNIFICANT.	The psychological effect of an influenza pandemic could be significant for all community members, especially law enforcement. Law enforcement will likely be dealing with mass casualties, distressed family members, and social unrest.
LOCAL AGENCIES MUST PLAN FOR RECOVERY.	Because some law enforcement duties will have been curtailed or eliminated as a flu pandemic runs its course, law enforcement will operate very differently during and immediately after a pandemic. Recovery will not happen quickly or automatically.

Readers should keep these operational realities in mind as they make their way through this series of guides. Imagining the worst-case scenario can help officials prepare their departments to respond effectively to a public health emergency.

Series Resource 1: *Communication and Public Health Emergencies: A Guide for Law Enforcement*

Fear and uncertainty during a public health emergency can fuel erratic responses by the public, law enforcement, and public health officials. However, well-laid plans for effective communications can help reduce the chaos and minimize the damage caused by a public health disaster. Law enforcement officials are now being tasked with understanding and communicating public health risks—both internally to agency employees and externally to the public.

This guide provides a summary of the goals, principles, and strategies for developing a communications plan in the event of a public health emergency, with specific emphasis on the importance of risk communications (i.e., conveying information about a threat for the purpose of impacting individual behavior). This document discusses the factors that influence an individual's perception of risk, and how officials can manage fear and provide useful, non-inflammatory information to concerned residents during a public health emergency. The *Communications* guide also outlines anticipated community expectations of law enforcement during a public health emergency, the advantages of educating the public about potential threats prior to an emergency, how this emergency communications role for law enforcement fits with existing community policing practices, and how and when to activate a risk communications plan once an emergency has been declared.



Ten Tips for Effectively Communicating About Law Enforcement/Public Health Issues⁹

- 1 Understand that, regardless of the type of emergency, residents will look to law enforcement for reassurance and guidance.
- 2 Establish trust-based, two-way communication within the agency, between the agency and the community, and between the law enforcement and other local agencies *before an emergency strikes* to ensure a calm, cooperative response during an emergency.
- 3 Plans for internal communications (within the agency) should address who will be in charge of developing the public health emergency plan, how the plan will be triggered, how the agency will educate personnel on basic disease prevention, and how personnel can protect themselves and their loved ones during a public health emergency.
- 4 Understand other agencies' expectations of law enforcement's role in communicating during a public health emergency, and correct any unrealistic expectations prior to a public health emergency.
- 5 Prepare residents for potential changes in law enforcement's role prior to a public health emergency to help alleviate concern when a public health emergency strikes.
- 6 Be cognizant of the different demographic groups served by the agency. Community groups can help a department determine what communication tools will reach residents most effectively. Have materials translated as necessary.
- 7 When a public health emergency occurs, local law enforcement should keep the public apprised of the changing status of the incident and how the agency is modifying its roles accordingly.
- 8 Know who will represent the agency during press conferences and interviews. Have a media plan in place regarding when and how briefings will take place, and be sure to have a succession plan in case the law enforcement agency's media representative becomes ill or is otherwise affected by the crisis.
- 9 Engage the media before a public health emergency occurs, and when a crisis happens, prepare as much as possible for press conferences by anticipating potential questions.
- 10 As soon as possible after a public health emergency is concluded, incorporate "lessons learned" into the department's communications plan. Share this information throughout the agency and with the community at large.

⁹ Tips summarized by PERF staff from an extensive review of existing

literature and in working with subject matter experts on this issue.

Section I: Overview of Risk Communication

Compliance with official recommendations and orders is critical during an emergency. How information about a threat is communicated can determine whether individuals will choose to comply. Risk communication refers to the act of conveying information about a threat for the purpose of impacting individual behavior, and is an essential component of risk management.

Communicate Essential Information Effectively: Effective presentation of information—before, during, and after a public health emergency—is essential to maintaining public order and helping residents protect themselves in the event of an emergency. The type of public emergency and the characteristics of the intended audience should impact the content, format, and medium of the message. For any communication to be effective, it must be a *two-way* process—particularly when communicating risk. There must be mechanisms in place that allow the intended audience to respond to the information they are receiving, thereby letting officials know if the messages being delivered to the public are “getting through.” This allows the police department to be sure that it is communicating effectively and encouraging the most reasonable response from its audience.

The Value of Planning Ahead: Law enforcement officials can reduce the potential for chaos during a public health emergency by creating a communication plan *before* an incident occurs. The many agencies that will play a role in responding to the incident (e.g., hospitals, public safety agencies, government officials, fire departments, medical leaders) should be involved in the communications planning process. This process should include defining the communication responsibilities of each agency in advance and developing communication guidelines and messaging strategies to help ensure efficient coordination during an emergency.

Information on local planning efforts and what to expect in the event of a public health emergency should also be communicated to the public. Planning ahead in this way will help facilitate clear and integrated messages between agencies, and will help ensure that the public is well informed and prepared. It will also ensure that agencies are prepared for working together and for communicating collaboratively with the media during a public health emergency.

“If I were to list the three top problems we experienced, they would be communication, communication, and communication...the challenge is coordinating the message.”

—Dr. Anthony Billittier, Erie County, NY, Health Commissioner, in response to a recent Hepatitis A scare and an associated mass inoculation effort, 2008.¹⁰

¹⁰ Henry L. Davis, “Hepatitis Scare Gives County a Preview of How to Handle a

Pandemic,” *The Buffalo News*, February 27, 2008.

Section II: Internal Communication Planning

Share Information within the Department in Advance: Efforts to educate and prepare law enforcement personnel before a pandemic strikes can help an agency maintain critical operations during a public health emergency. Personnel needs both prior to and during a public health emergency should be considered during communication planning. Providing agency staff members with basic knowledge on disease transmission and prevention can ensure a healthier, better-staffed workforce should a public health emergency strike. Also, internal agency preparation and effective communication is essential to managing personnel fear and ensuring an effective response in the event of a public health emergency.

Consider Employees' Families: During a public health emergency, agency personnel may be kept away from their homes for an extended period of time (due to long duty hours, quarantine, etc.), causing additional stress for personnel and their families. To ensure the most personnel possible will report for duty, it is important to communicate agency plans in advance so that all department employees can create their own household plans and let their family members know what to expect in the event of a public health emergency.

Once a public health emergency has been confirmed, frequent and accurate updates concerning the emergency and its impact on the department should be shared with the agency's entire staff. This information should include the number of employees who are available for duty and the number who are out sick. Additionally, officers should have a communication mechanism they can use to share questions or topics of concern with command staff.

Questions for Law Enforcement Executives to Consider: **Developing an internal emergency communications plan**

- What information should be shared internally as part of emergency communications?
 - What should be shared on a regular, ongoing basis? What should be shared in the event of an emergency?
- When should your emergency communication plan be activated?
 - For example: Will it be triggered when the World Health Organization or the U.S. government announces that a certain phase or stage of public health emergency has been reached?
- Who will be responsible for disseminating information in the event of an emergency?
 - In some agencies, this duty falls under the unit responsible for occupational health. If no such unit exists, this duty is often carried out by the training academy or human resources.
- How should crucial information be communicated to agency personnel? Some options:
 - Weave information into roll call or other personnel meetings.

- Have command staff meet with public health officials and then communicate what they learn to law enforcement personnel.
- Send automated voice mails to personnel/families in the event of an emergency.
- Disseminate information via email and text messaging, agency-wide intranet, or memoranda.
- Institute awareness campaigns and refresh plans annually, just prior to the “regular” flu season.
- Refer staff members to public health websites (e.g., the local and state agencies of public health, or BJA’s “Preparing the Justice System for a Pandemic Influenza” page [www.ojp.usdoj.gov/BJA/pandemic/resources.html]).
- Provide training and education on basic public health (e.g., disease transmission, basic hygiene tips) and the law enforcement role in a public health emergency.
- How will the agency ensure that the communication was received? Some options:
 - Create sign-off sheets or online logs to track whether officers have received the appropriate messages.
 - Create online training with built-in tracking capacity.
- How will the communications process be documented during drills or an actual event?
- Should the agency provide guidance and resources on officer family plans?
- What key public health partners can help educate agency personnel?

Section III: Interagency Communications

Departments should also collaborate with other relevant local and state agencies on their emergency communications plans before an actual emergency strikes. This way, law enforcement and public officials can meet each other in a calm environment, rather than in the heat of a crisis. It is important that local officials coordinate plans and establish the roles each stakeholder will play during a public health emergency. If necessary, any unrealistic expectations should be corrected. This will help to prevent communication breakdowns during an actual incident. Furthermore, by working jointly with public health officials, law enforcement officials can build their credibility with the public.

Once a public health emergency has been declared, oftentimes a Joint Information Center (JIC) is established where public information officers (PIOs) from law enforcement, fire, and public health departments, local hospitals, and other local agencies can work to ensure that frequent, accurate messages about the emergency are being delivered to the public. Advance preparation with local agencies can help ensure an efficient, coordinated response.

“What makes a good crisis communication plan? Simple: it’s the process used to develop the plan that determines the value of the plan, not what ends up on paper.”¹¹

¹¹ “Crisis and Emergency Risk Communication: by Leaders for Leaders,” Centers for Disease Control and Prevention,

2006, p. 24. www.bt.cdc.gov/erc/leaders.pdf

Section IV: Communicating to the Public

Prior to a public health emergency: Residents are likely to expect their local law enforcement chief or sheriff to provide them with critical information during a crisis. Law enforcement officials need to be prepared to participate in press conferences and other media events (both alone and with health officials) to effectively communicate with the public about flu pandemics and other public health emergencies—both before and after they happen.

Agencies can prepare residents for what to expect by organizing informational community meetings featuring law enforcement and public health officials, fire/emergency medical services (EMS) representatives, and medical experts. These meetings can also be a forum for law enforcement officials to explain the potential changes in their roles and what is to be expected from the community.

During a public health emergency: Messages to the community should answer the three questions that residents will have: “Why me?”, “Why now?” and “What can I do?” Agencies should advise community members on what steps are *necessary* to ensure their safety, what steps are *desirable but optional* and possible steps that are *completely optional*.

“The critical role of individuals and families in controlling a pandemic cannot be overstated.... An infection carried by one person can be transmitted to tens or hundreds of others. For this reason, individual action is perhaps the most important element of pandemic preparedness and response.”¹²

Questions for Law Enforcement Executives to Consider: **Communicating with the public about a public health emergency before one occurs**

- How can the agency prepare the community for the new roles law enforcement will play in the event of a public health emergency?
- How can the agency prepare its personnel to deliver risk-reduction advice to residents?

¹² www.whitehouse.gov/homeland/pandemic-influenza.html

Questions for Law Enforcement Executives to Consider: **What to tell the public during a public health emergency**

- What information should a local law enforcement agency share with the public during the initial stages of a public health emergency?
 - Public health orders and an explanation of law enforcement’s role in enforcing them
 - The value of complying with voluntary quarantine or other civil orders
 - Reasons behind the reprioritization of calls for service
 - Reassuring messages (e.g., that the agency is still responding to crime, but that they will be focusing their efforts on the most serious incidents while they are short-staffed)
- How can a local law enforcement agency continue to keep the community apprised of the emergency situation?
 - Email notifications, webcasts, website, links to the local public health department
 - Law enforcement leaders could consider offering the public health department use of variable message sign boards in public areas of the agency to direct residents to view websites and/or use information lines
 - Distribute flyers (remember those who do not speak English, the homeless, and other special populations)
 - Local hotline
 - High volume telephone notification systems (e.g., Reverse 911, etc.)
 - Non-emergency information line

Section V: Working with the News Media

The news media can play a significant role in disseminating messages about risk reduction and emergency planning, both prior to and during a public health emergency. The World Health Organization suggests several steps that local agencies should take when preparing to work with the media during a public health emergency, including:

- Assessing the needs of the media;
- Developing a written media communications plan;
- Identifying local media outlets; and
- Planning specifically for the first 24 to 72 hours after a critical event begins.

A partnership between law enforcement and the media can benefit both sides: media can help law enforcement get their message out, and law enforcement can give the media access to the emergency operations side of their agency. Most importantly, collaborating with the media to disseminate important safety messages to the public can facilitate a more informed, calmer response to a public health emergency.

Questions for Law Enforcement Executives to Consider: Working with the news media

- Will there be joint press conferences with other local officials? If so, when?
- Who will represent the law enforcement agency to the media? In what situations will the chief executive personally deliver news briefings?
- How can the agency prepare the designated spokesperson and chief executive for delivering key messages during a public health emergency?
- Who is responsible for working with the mayor's or governor's office to determine who will speak when?
- If the identified spokesperson has been infected or is otherwise unavailable, who will take his/her place?
- How often will the agency stagger spokespeople ("fatigue creates mistakes")?¹³
- Should the agency consider using other law enforcement officials (e.g., PIOs) for more routine media requests, and reserve executives for "the greatest possible reach" and for "pivotal moments"?¹⁴
- Who will update the agency's communications staff on current medical situations and local public health orders?

Section VI: Recovery and Incorporating Lessons Learned

Even if a law enforcement agency is proficient at ramping up its safety efforts during an emergency, there is still much work to be done after the crisis has abated. Returning to pre-incident operations takes time and energy.

In the aftermath of a pandemic flu, a law enforcement agency may face several difficult challenges. Departments may be understaffed. Law enforcement employees may have lost family members or witnessed a large number of casualties in their communities—either situation could necessitate mental health assistance. There may also be a delay in obtaining essential and non-essential supplies (e.g., paper, ink cartridges, disposable cups) or services (e.g., cleaning, repairs), and personnel might have to "make do" or improvise.

Law enforcement communication does not end after the emergency has passed. Messages and updates regarding the department and safety

¹³ "Crisis and Emergency Risk Communication: by Leaders for Leaders," Centers

for Disease Control and Prevention, 2006. www.bt.cdc.gov/erc/leaders.pdf

¹⁴ *Ibid*; p. 47.

issues should still be disseminated frequently and honestly to personnel, other agencies, and the community. The department should assess its efforts and the lessons learned during the emergency should be incorporated into new messages as well as into communication plans and strategies.

Questions for Law Enforcement Executives to Consider: **Assessing communications after a public health emergency**

Internal Communication

- Was the plan activated at the right time?
- Was the communication process documented during the event?
- Were there any challenges associated with collecting and disseminating information from medical and public health sources?
- Did all employees receive messages throughout the event? If not, why?
- If the agency chose to provide information to employees' family members, how was it received? How could that communication be improved in the future?
- Were staff absentee numbers adequately communicated?
- Was the emergency communication process evaluated in real-time, and were changes made as needed?
- Did off-duty and sick officers receive the necessary messages?

Interagency Communication

- Were messages to the public well coordinated with those from public health and other local agencies?
- Did other agencies understand and support the role of the agency? Did law enforcement understand and support the role of public health?
- If a JIC was activated, were there challenges in communicating between general staff and those detailed to the JIC?
- What other local institutions (e.g., schools, places of worship) helped with communications? What were their impressions of the effectiveness of the law enforcement response?

Community Communication

- Did messages reach intended audiences? Were messages understood?
 - If not, what can be done to address this challenge?
 - Were there particular populations that were harder to reach than others? Why?
 - Did the public comply with public health orders?
 - Did the public use the tools provided (e.g., a community hotline)?
- Were officers prepared to deliver messages to the community?
- Was the agency well represented at community meetings?
- Were the messages disseminated through the most effective means possible (e.g., text messaging, television, posters)?
- Did residents feel they were kept up-to-date by the agency?

Media Communication

- Was media coverage of the agency's activities accurate? Was it fair?
- Did agency spokespersons feel well prepared for press conferences and interviews?
- Was the JIC (or other location chosen for press conferences) convenient for personnel?
- Did personnel have any trouble going from the JIC to the emergency operations center?

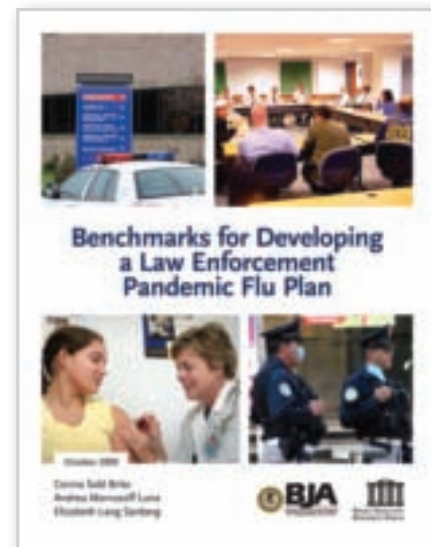
The full text version of this resource is available at:
http://www.ojp.usdoj.gov/BJA/pdf/PERF_Emer_Comm.pdf.

Series Resource 2: *Benchmarks for Developing a Law Enforcement Pandemic Flu Plan*

Planning for a flu pandemic or other public health emergency is similar to planning for any other type of critical incident. The primary difference is that, in planning for general critical incidents, plans to ensure the continuity of operations typically focus on replacing *physical* structures and resources. Planning for public health emergencies requires departments to focus on sustaining *human* resources and maintaining critical operations despite a reduction in staff.

This guide is designed to help law enforcement personnel from departments of all sizes navigate the pandemic influenza planning process and to ensure that their plans are as comprehensive, adaptable, and current as possible. It is also meant to help agencies comply with the National Incident Management System (NIMS) guidelines.¹⁵

The *Benchmarks* guide includes links to templates and other resources that can help guide law enforcement officials through the planning process. Within the details of any one topic, there may be additional links to download sample plans, checklists, or interactive forms that can be customized and filled out electronically.



Section I: Identify the Department Planning Team

For a law enforcement agency to effectively plan for an influenza pandemic, there must be buy-in from the department's chief executive officer (and any law enforcement oversight groups, if applicable). Leadership must be committed to being kept apprised of the planning process or involved in it. The members of the planning team should represent all of the personnel critical to a department's ability to maintain operations,

¹⁵ See www.fema.gov/emergency/nims/ for more information on NIMS and standards.

such as senior staff, medical advisors, administrative representatives, and communications personnel. Team members can also include representatives of agencies outside the department (e.g., neighboring law enforcement representatives, union representatives, public health officials, and hospital and EMS representatives) and secondary representatives (e.g., school officials, religious community leaders, transit providers, social service representatives).

Section II: Gather Information and Resources

The next step in planning for an influenza pandemic is to become familiar with the threats law enforcement may face in such an event. To learn about these health threats, law enforcement agencies can refer to informational materials provided by government agencies (such as the Center for Disease Control and Prevention) and reach out to local hospitals and public health departments for assistance. After the team is well versed on the potential impact of an influenza pandemic on the agency, they must educate department personnel about this potential public health threat, the department's response plans, and how to keep themselves healthy and safe.

It is also important to research any relevant public health laws within your city, county, and/or state. These laws or procedures may contain information regarding who has the authority to implement a community response to a flu pandemic, what are voluntary and mandatory community response measures, and how to terminate the community response once the crisis has passed.

Next, law enforcement planning personnel must familiarize themselves with their jurisdiction's public health emergency plans to ensure that:

- The local government's expectations of the law enforcement agency's roles during a flu pandemic are realistic and appropriately defined,
- The department is aware of its legal obligations,
- The department's role in incident command is clear and reasonable, and
- The department's current and future efforts complement the citywide/countywide plans.

In particular, agency planners should review any emergency plans for the city or essential agencies (e.g., hospitals, emergency rooms) that are specifically designed for an influenza pandemic. Planners should identify any responsibilities placed on the local law enforcement agency by these plans and determine whether they are consistent with the department's existing emergency operations plan. All of the gathered information should be summarized for the team and saved so that members can easily refer to it in the future.

Section III: Develop Plan Components that Ensure Continuity of Operations

The next step is to develop a plan to ensure that the agency can remain functional during a flu pandemic outbreak.

Identify Essential Functions: Planners must identify the essential functions that must continue during an influenza pandemic, and develop short- and long-term operations plans before a flu pandemic occurs. The team should consider what fundamental operations are necessary for the department to function, and then determine what key skills are needed for those essential operations and who possesses them, and the minimum staffing levels required.

Anticipate Absences: The plan should also account for the potential absence of infected or quarantined employees, as well as those who are away from work to care for ill family members. Plans for alternative sources of contract goods and services (such as clean uniforms, food, personal protective equipment (PPE), and other supplies) must be developed as well. Because influenza pandemics tend to strike in waves, the team may plan for periods of brief recovery throughout the duration of the crisis.

Cross Train Personnel: One way to ensure the continuity of an agency's operations is to cross train employees to provide essential functions and critical administrative support in times of high absenteeism. An organizational structure with multiple backups for key personnel and a clear alternative chain of command can prove essential when a department must function undermanned.

Review Policies: The planning team should review the department's internal quarantine and sick and bereavement leave policies and refine these policies as needed. Representatives from the department's worker's compensation agency, the legal department, and labor unions (if applicable) can help the team understand when certain policies could be activated and how they can be amended.

Protect Workforce Health: Additionally, measures to protect healthy agency personnel must be included in a department's pandemic plan. This can include obtaining appropriate personal protective equipment and training employees in proper equipment use, establishing guidelines or policies on personal hygiene as it relates to disease transmission, and providing guidance and other assistance to employees' family members. Team members should also look at establishing policies to reduce the transmission of disease to law enforcement officers on the job. For example, the department's pandemic plan may require officers to wear masks on the job, encourage sick leave, and mandate the use of anti-bacterial gel and wipes.

“A pandemic would likely comprise multiple six to eight week long waves; these waves might be like aftershocks. One and two would likely be the strongest and each wave would diminish in severity and duration.”
—Chief John Douglass,
Overland Park, KS,
Police Department

Section IV: Communications Prior to and During an Influenza Pandemic

This section provides a condensed overview of the communications topic. Risk communication is defined as conveying information about a threat for the purpose of impacting individual behavior. Effective risk communication is critical before and during a public health emergency and will require law enforcement to educate their own personnel and the public, and respond to the concerns of both. The department’s planning team should develop a flu pandemic communication plan, and decide how personnel will be informed prior, during, and following an emergency. The department is responsible for working with other city agencies to share information and to work together to release unified messages and to encourage two-way communication with the public.¹⁶

Section V: Planning for Activation

Once an emergency pandemic plan is in place, the planning team must decide how it will be activated: by the federal government’s assessments of a public health threat, state or local assessments, World Health Organization guidelines, or other means. The team must ensure that a current list of agency representatives and their responsibilities is available when activation occurs. Key team members should have a binder of critical documents such as timesheets, purchasing forms, policies, and laws for smooth transitions between shifts.

Section VI: Planning for Recovery (Between Waves of the Flu Pandemic and at the Conclusion of the Event)

Having a recovery plan in place can make the de-escalation process easier in the wake of the pandemic by preparing the agency for its aftereffects. A recovery plan would address the psychological impact of the event on personnel, how to return to full staff strength, how and when equipment and supplies will be restocked, when and who will write an after-action report, and how to gauge community reactions and expectations. Post-pandemic (and between-wave) activities also need to include a regular review and revision of emergency plans, incorporating any lessons learned during the incident, and perhaps

“What is learned from the first wave and the adjustments made may determine how well the community and agencies weather the next wave.”
—Captain Nancy Demme, Montgomery County, MD, Police Department

¹⁶ This section of the *Benchmarks for Developing a Law Enforcement Pandemic Flu* provides readers with an overview of the first series resource guide,

Communication and Public Health Emergencies: A Guide for Law Enforcement. See section “Series Resource 1” or the

full document at http://www.ojp.usdoj.gov/BJA/pdf/PERF_Emer_Comm.pdf.

even determining if there are new operational realities that would change the department's routine policies going forward.

Section VII: Exercise and Update the Plan

Planning for a flu pandemic is not a linear process. While some steps may fall into a natural chronological order, others may occur simultaneously or repeat throughout the planning process. This guide was written for law enforcement representatives in any stage of the process.

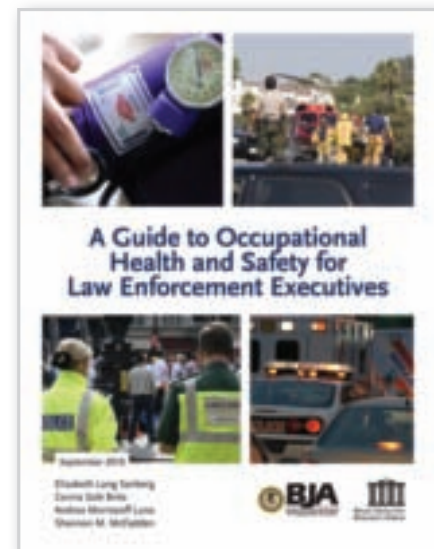
The planning process will need to continually evolve to be effective. Like all emergency operations plans, this plan should be considered a living document that will need to be regularly updated to reflect best practices, lessons learned, and emerging health threats that would have a specific impact on law enforcement personnel or how they conduct their job.

The full text version of this resource is available at:
http://www.ojp.usdoj.gov/BJA/pdf/PERF_PandemicBenchmarks.pdf

Series Resource 3: *A Guide to Occupational Health and Safety for Law Enforcement Executives*

Law enforcement officers routinely face a number of threats to their health and safety. These threats include criminal assault, high stress situations, exposure to disease, and many other potentially harmful circumstances. Few professionals face the health and safety threats that some law enforcement personnel do in the course of their careers.

This guide explains the value of occupational health and safety (OHS) programs for law enforcement and provides a framework for creating or strengthening current occupational health and safety programs and departmental policies for all agency personnel.¹⁷ The document begins with an overview of law enforcement occupational health and safety issues and explains the benefits of these programs. Next, a comprehensive, three-part approach to developing and assessing occupational health and safety programs within a department is detailed. The guide concludes with suggested solutions to various obstacles departments have encountered in implementing occupational health and safety program elements. A series of quotes and comment boxes provide practitioners' perspectives and case examples of current occupational health and safety programs and issues facing law enforcement.



Section I: Occupational Health and Safety in Law Enforcement

Occupational health and safety is a multidisciplinary field that combines public health, epidemiology, medicine, behavioral and social sciences, and other relevant fields. OHS programs are designed to keep workers healthy and safe during the course of their job duties. This section

¹⁷ The document focuses exclusively on post-hire occupational health

and does not address pre-hire health considerations.

introduces the principles of occupational health and safety, and how it relates to the law enforcement field.

Currently, occupational health and safety programs in most U.S. law enforcement agencies are lagging behind programs in the private sector and in other agencies around the world, particularly in the United Kingdom and Canada, which offer more comprehensive and standardized programs. Research on the application of occupational health science to law enforcement is relatively limited in scope, and information on the types of programs U.S. law enforcement agencies offer to their personnel is scattershot. To date, there are no national occupational health and safety requirements specific to state, local, and tribal law enforcement. Only some state and local laws address health and safety requirements for law enforcement and these requirements vary from one jurisdiction to the next. Less than half of U.S. states mandate that law enforcement agencies meet even basic occupational health and safety program components, which generally include maintaining a safe and healthful work environment, using and maintaining PPE, tracking workplace accidents or injuries and reporting annually on these incidents.

Despite a lack of regulatory controls, many departments do offer some components of occupational health and safety programs by providing safety equipment (e.g., bullet-resistant vests, personal protective equipment) or taking basic health and safety preventative measures (e.g., physical fitness programs and health screenings). Professionals representing the fields of law enforcement and occupational health agree that, in general, departments and personnel can greatly benefit from adopting a more comprehensive and standard approach to occupational health and safety.

Personnel are a law enforcement agency's most valuable resource. Investing in the health and safety of its personnel is critical to a department's performance. This investment benefits not only the officers, but also the department as a whole: occupational health and safety programs can reduce medical expenses and legal liability and can even help improve police-community relationships.

“Whether you are in a 25 person department or a 2500 person department, [providing an occupational health and safety program] is the right thing to do, especially since it is a high risk, high threat environment that we work in today. It is even more critical for the small departments to have these things in place. ... [Occupational health] isn't a burden on police departments; it's the right thing to do. If our core business is public safety then we also need to keep our own people safe, well trained, and well equipped.”

**Commissioner Julian Fantino (retired), Ontario Provincial Police,
PERF Advisory Meeting, December 2007**

Section II: Comprehensive Occupational Health and Safety Programs

Section II discusses a recommended three-part approach to conceptualizing and implementing comprehensive occupational health and safety programs specifically for law enforcement. This method was developed by a panel of nationally-recognized subject matter experts convened by PERF and BJA. The components of the approach include: 1) knowledge, 2) control and prevention, and 3) maintenance and improvement. This approach serves as a guide for creating a broad framework from which agencies can build their own program or expand on current efforts to suit their specific needs.¹⁸

Part 1: Knowledge

The first component, knowledge, calls for the department to have a detailed understanding of the types of health and safety threats faced by personnel, the risks associated with those threats, and how the department could or should provide protection. Departments must understand what health, safety, and wellness programs they are already providing, and must determine how current efforts measure up to legal requirements and best practices. OHS programs seek to recognize, control, and prevent/minimize the risk of threats to personnel. Agencies must be prepared for both routine threats, those threats faced on a daily basis, and exceptional threats, those faced less often, such as in the case of a public health emergency. If department personnel know how to recognize and mitigate the risk of routine threats, they will already possess the foundation of knowledge necessary to respond rapidly in the event of an exceptional situation. Policies addressing routine occupational health and safety threats include using PPE or wearing disposable medical gloves. Using PPE for a specific incident such as a biological threat would be considered a policy to combat an exceptional threat.

Law enforcement executives should also consider what health and safety protection policies the department is legally required to provide and ensure that those standards are met. A thorough review of existing departmental documents, procedures, and resources is critical to determining if changes are necessary to meet OHS needs on a daily basis and during a critical incident. Additionally, staying up to date with emerging health and safety threats, as well as any department-specific information will better prepare and tailor OHS plans.

¹⁸ This framework provides a *starting point* for creating or improving a department's occupational health and safety programs and policies. It should be

noted that there are no easy ways to address many of these components. Rather, research must be conducted to ensure accurate information about

these sometimes extremely technical issues. Agencies should reach out to subject matter experts with specific questions and concerns.

Part 2: Control and Prevention

Control and prevention is the second component of the three-part approach; it involves eliminating threats and minimizing the risk of threats that cannot be eliminated. Control and prevention efforts can come in many forms: policies, standards, equipment, training, educational efforts, and partnerships, to name a few. These efforts may mandate safety procedures or provide health, safety, and wellness programs; equipment and training; and educational efforts aimed at department personnel, their families, and the community at large; as well as encourage and facilitate partnerships to ensure safety and wellness. For example, the St. Paul (MN) Police Department's Health and Wellness Program provides personnel with the time and facilities for physical fitness conditioning, and monitors employee progress with medical screenings and testing.¹⁹ The Toronto Police Service hired a workplace health and wellness consulting firm to produce a health risk and productivity assessment of the department.²⁰

Part 3: Maintenance and Improvement

Maintenance and improvement is the third component of a comprehensive occupational health and safety plan. This includes prioritizing ongoing efforts to review policies; maintaining and improving existing programs; increasing awareness of new programs, research, and practices; and identifying and addressing emerging threats and challenges. These steps will ensure that a department is prepared to face routine and exceptional situations.

Health and safety is a continuously changing field; new threats are constantly emerging. Responses to those threats evolve as new vaccines, protective equipment, and other resources become available. "Surveillance" is a key piece of the third component to establishing a comprehensive effort and builds on the initial steps the department has taken to develop its knowledge of occupational health and safety issues. Public health surveillance, from a policing standpoint, is important for identifying emerging threats, estimating their potential impact, and designing and evaluating prevention and control efforts. Surveillance information will assist police agencies in making wise policy adjustments based on emerging threats and lessons learned from local or national events.

¹⁹ This effort was identified by a 2008 survey conducted by the Major Cities Chiefs Human Resources Committee.

²⁰ Imrie, T. (2007). PERF Advisory Board Meeting, December.

Section III: Assessing Current Efforts: Identifying Program Gaps Prior to a Public Health Emergency

Having the right components of an occupational health and safety program is more important than its formal organization in the department. A review or “gap analysis” of the department’s current programs and policies allows a department to identify how closely its efforts meet the basic tenets of “knowledge,” “prevention and control,” and “maintenance and improvement” described earlier. Any gaps between baseline criteria and a department’s current programs provide the roadmap for change. These gaps in a department’s occupational health and safety policies should be considered before a department is forced to confront an exceptional event such as pandemic influenza.

“Most departments already have some components of occupational health and safety. Having the [components] is more important than having it all in one place.”
— Captain Nancy Demme, Montgomery County, MD, Police Department, PERF Advisory Meeting, December 2007

Occupational Health and Safety Program Gap Analysis Checklist Specific to a Pandemic Influenza

Knowledge

- What federal, state, and local plans already exist that discuss pandemic influenza?
 - Where does law enforcement fit into these plans?
 - Is there legislation about public health orders and who is responsible for enforcing those orders?
- What department plans or policies already exist that apply to pandemic influenza?
 - Do telework policies need to be updated?
 - Do sick leave policies need to be updated?
- What partnerships exist between the department and other agencies that could be beneficial in the event of a pandemic influenza?
- What data will help the department prepare for pandemic influenza?
 - Can existing data be used to project how the department will operate during pandemic influenza?
- What resources does the department routinely use to identify new information and research?

Control and Prevention

- What policy or standards changes could help protect the health and safety of personnel during an influenza pandemic?
- Are there emergency staffing modification and substitution policies that can be updated to protect officers from stress and fatigue during a pandemic?
- Does the department have a family preparedness plan?
- Does the department have proper equipment and PPE to protect personnel during an influenza pandemic?
- Where do department personnel fall on the vaccinations/prophylaxis tiers for emergency personnel? Is this adequate or should the department work to be moved up on the priority list?

- Does the department’s plan for communicating with personnel during an emergency adequately address an influenza pandemic scenario?
- Does the department currently provide training on an influenza pandemic scenario? Should more trainings and tabletops be completed? Are other agencies involved in this training?

Maintenance and Improvement

- Once the department has a plan in place, how will it continue to be updated?
- Who will be responsible for updating the plan?
- How often will the plan be reviewed?
- Are strategies in place to stay abreast of new information and to receive updates from other sources? How is the department tracking emerging trends in the influenza pandemic?
- Is the department communicating these updates and trends to personnel?
- If a tabletop exercise has occurred, what lessons learned can be incorporated into existing plans?

Identifying the circumstances that will accompany a public health threat gives an agency the ability to incorporate potential solutions into their OHS programs ahead of time. For example, during an influenza pandemic, departments will have to operate with fewer personnel during waves of outbreaks over the course of several months. Awareness of routine disease prevention and OHS standards can enable police departments to initiate a rapid response to an emergency health situation by building on OHS components that are already in place in the department. Basic OHS plans can be applied to an influenza pandemic by addressing the specific realities of the situation for an agency, the individual police personnel, and the community.

Section IV: Challenges and Recommendations for Overcoming Them

A law enforcement executive seeking to create or improve a department’s occupational health and safety program is likely to encounter obstacles along the way. These can include the challenge of changing officer attitudes and department culture, covering the costs of health and safety programs, and keeping up with frequent changes in the OHS field. This section provides examples of challenges that other departments have encountered while implementing OHS programs and suggests potential solutions.

The full text version of this resource is available at:
www.ojp.usdoj.gov/BJA/pdf/PERF_LE_OccHealth.pdf

Series Guide Conclusion

While public health emergencies are often not a police agency's top concern, the events over the past decade—the anthrax attacks of 2001, the severe acute respiratory syndrome (SARS) outbreak of 2003, the Indian Ocean earthquake and tsunami of 2004, Hurricane Katrina in 2005, the ongoing threat of an H5N1 avian flu, and the recent H1N1 swine flu pandemic, to name a few—have both individually and collectively demonstrated the importance of ensuring public health issues are an emergency planning priority for all departments.

Law enforcement agencies play very critical roles in the response to public health emergencies, whether the incident is man-made (e.g., acts of biological terrorism) or naturally occurring (e.g., flu pandemics or natural disasters). A department's ability to respond effectively to any emergency—public health or otherwise—greatly depends on its preparedness, and this is directly linked to the quality of a department's planning and its partnerships.

The goals for this series are to assist in educating law enforcement on the importance of preparedness for public health emergencies and to provide guidelines, recommendations, and resources to assist local law enforcement agencies in their emergency planning efforts. The guides in this series identify basic, yet important planning considerations that will help to ensure local law enforcement agencies are prepared to respond before, during, and after any type of public health emergency, especially a flu pandemic.

About the Police Executive Research Forum

The Police Executive Research Forum (PERF) is a professional organization of progressive chief executives of city, county and state law enforcement agencies who collectively serve more than 50 percent of the U.S. population. In addition, PERF has established formal relationships with international police executives and law enforcement organizations from around the globe. Membership includes police chiefs, superintendents, sheriffs, state police directors, university police chiefs, public safety directors, and other law enforcement professionals.

Established in 1976 as a nonprofit organization, PERF is unique in its commitment to the application of research in policing and the importance of higher education for police executives. PERF has developed and published some of the leading literature in the law enforcement field. Recently, PERF's "Critical Issues in Policing" series has provided early and continuing analysis of the impact on police departments of the economic crisis that began in 2008. Other Critical Issues reports have focused on local police agencies' efforts to control gun crime and gang-related crime, and on police departments' successful efforts to reverse nationwide increases in violent crime that occurred in 2005 and 2006. PERF produced a landmark study of the controversial immigration issue in *Police Chiefs and Sheriffs Speak Out on Local Immigration Enforcement*.

In its 2009 book *Leadership Matters: Police Chiefs Talk About Their Careers*, PERF interviewed 25 experienced police chiefs about their strategies for succeeding as chiefs and working well with their mayors, their officers, and their communities. PERF also explored police management issues in "Good to Great" *Policing: Application of Business Management Principles in the Public Sector*.

PERF also released *Exploring the Challenges of Police Use of Force and Police Management of Mass Demonstrations: Identifying Issues and Successful Approaches*, which serve as practical guides to help police leaders make more informed decisions. Other publications include *Managing a Multijurisdictional Case: Identifying Lessons Learned from the Sniper Investigation* (2004) and *Community Policing: The Past, Present and Future* (2004). Other PERF titles include the only authoritative work on racial profiling, *Racial Profiling: A Principled Response* (2001); *The Police Response to Mental Illness* (2002); *Managing Innovation in Policing* (1995); *Crime Analysis Through Computer Mapping* (1995); *And Justice For All: Understanding and Controlling Police Use of Deadly Force* (1995); and *Why Police Organizations Change: A Study of Community-Oriented Policing* (1996).

To learn more about PERF, visit www.policeforum.org.

We provide progress in policing.



About the Bureau of Justice Assistance

The Bureau of Justice Assistance (BJA), a component of the U.S. Department of Justice, Office of Justice Programs, supports law enforcement, courts, corrections, treatment, victim services, technology, and prevention initiatives that strengthen the nation's criminal justice system. BJA provides leadership, services, and funding to America's communities by:

- Emphasizing local control, based on the needs of the field.
- Developing collaborations and partnerships.
- Providing targeted training and technical assistance.
- Promoting capacity building through planning.
- Streamlining the administration of grants.
- Creating accountability of projects.
- Encouraging innovation.
- Communicating the value of justice efforts to decision makers at every level.

To learn more about BJA, visit www.ojp.usdoj.gov/BJA.

This report is an executive summary of three documents created by the Police Executive Research Forum (PERF), with support from the U.S. Department of Justice, Office of Justice Programs' Bureau of Justice Assistance (BJA), on the law enforcement response to public health emergencies.

Communication and Public Health Emergencies: A Guide for Law Enforcement identifies the considerations that law enforcement executives should address in their public health communications plans, regarding internal communications (those that remain within the law enforcement agency) as well as external communications (those that go to other agencies or the public).

Benchmarks for Developing a Law Enforcement Pandemic Flu Plan is an interactive guide that leads the reader through a planning process to help ensure continuity of law enforcement operations during a flu pandemic. An influenza pandemic is considered one of the most severe types of public health emergencies that a law enforcement agency could be called upon to handle. The guide provides links to sample plans and templates for the reader to download and customize to his/her agency.

A Guide to Occupational Health and Safety for Law Enforcement Executives focuses on steps a law enforcement agency can take to ensure the best possible health of the agency's workforce, including educating agency staff members before a public health emergency occurs, so that they are better able to protect their health and the health of their loved ones.

The documents in this series are intended to apply to agencies of all sizes and types. How the suggested strategies are implemented will no doubt vary according to the jurisdiction's size and other characteristics.

