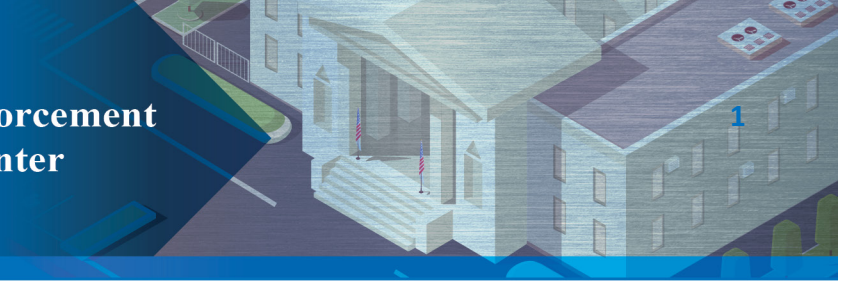


COVID-19 Response

March 30 2020

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Considerations Document

Updated: March 30, 2020

COVID-19 Law Enforcement Response

Note: Please refer to the [IACP Law Enforcement Information on COVID-19 website](#) for the most up-to-date guidance.

I. General Considerations

As the number of cases of Coronavirus Disease 2019 (COVID-19) increases globally, it is important that police departments are prepared to function in a variety of challenging and rapidly evolving situations. While many traditional rules concerning the use of police powers remain in place, Emergency Declarations by the President and Governors may provide additional flexibility in how officers do their jobs, especially in the areas of arrest and detention.

The guidelines presented here are not meant to be all-inclusive. ***Specific guidance will vary by jurisdiction, and officers should be aware of the laws and ordinances in effect in their own jurisdiction as well as how they are expected to respond.*** Additionally, these guidelines are meant to supplement and not replace the community's emergency operations plan. Rather, this document is intended to help prepare officers, as community requests for police services are likely to evolve and reflect the needs of COVID-19 patients.

Officers may be asked to enforce revised local or regional public health ordinances, such as mandatory quarantines, isolation, limitations on public gatherings, or travel restrictions. Traditional detainee or prisoner handling procedures are likely to require substantial modification. Coordination with jails and hospitals is essential to understand what they require before delivering persons to their facilities. Courts and jails are issuing guidelines and limiting access to their facilities. Reducing the number of arrested persons by the use of summonses where appropriate will be helpful.

The Incident Command System (ICS) will be used as always but will become especially important should the demand for services increase, and the availability of Department resources decrease. 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/Provincial and Federal Government.

It is important that officers be aware of how to help protect their own health and safety. The physical and emotional well-being of all staff members is important to the Department. There will be increased pressures and continued obligations outside of work, including the potential that loved ones may fall ill, that will create stress, fear, and anxiety. Where available, the Department should activate support services for officers and their families, including through the municipality or agency's Employee Assistance Program (EAP).

The Department will provide officers with the latest information about the ways the virus can spread and how to protect themselves and others. However, in many instances, the media will supply such information in a more-timely fashion. Although media information is easily accessible, it should either be cross-referenced with other sources or checked with the Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO) guidelines for verification to ensure false information is not being followed.

Agency personnel are encouraged to have plans to take care of their families while they are assigned to critical functions for prolonged periods of time.

Unlike many other businesses or even certain governmental agencies, the police are required to report to work and carry on with their duties during this pandemic. It is important to realize that police are but one part of a comprehensive, coordinated effort. The Department's chief administrator may assume the role of coordinator or may designate a command staff leader or team to spearhead coordination with external agencies and disseminate information to Department staff.

A. What is COVID-19

Coronavirus Disease 2019 (COVID-19) is the name given by the World Health Organization for a new respiratory disease first identified in Wuhan, China, in December 2019. It has now spread across the globe. Coronaviruses are a family of viruses found in people and animals causing a range of illnesses from the common cold to severe respiratory infection. Due to the increased availability of testing, more COVID-19 infections are being identified every day. As it is a newly identified virus, this is an emerging and rapidly evolving situation. Information provided in this document will be updated as research progresses, and new data emerges.

COVID-19 has been declared a pandemic by the World Health Organization (WHO). A pandemic is defined as an outbreak of disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population. Designating a disease as a pandemic is rare and has only been applied in five previous infectious disease outbreaks.

In regard to risk associated with COVID-19:

- COVID-19 is highly contagious and is believed to mainly spread from person-to-person through **respiratory droplets** from coughing or sneezing that can be inhaled or land in the noses/mouths of people in close proximity (approximately six feet).¹
- For most people, exposure to the virus and the immediate health risk from COVID-19 is considered low.²
- For most healthy individuals, exposure to the virus will result in a mild upper-respiratory flu-like syndrome.³
- Current COVID-19 cases and prior coronavirus infections suggest that the most vulnerable populations include older persons; individuals with pre-existing medical conditions, such as hypertension and heart disease, lung disease, or cancer that has been treated with radiation or chemotherapy; and pregnant women.
- The overwhelming majority of people infected with COVID-19 experience mild symptoms and recover from the disease without needing to seek medical treatment.

The virus is thought to spread mainly by person-to-person contact. This means close contact within six feet and through respiratory droplets produced when an infected person coughs or sneezes. While humans are thought to be most contagious when symptomatic, the virus can spread even when an infected person is not showing symptoms. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching his/her mouth, nose, or possibly eyes, but this is not thought to be the main way the virus spreads. Symptoms may appear in as few as two days or as long as 14 days after exposure to the virus that causes COVID-19.

Symptoms of COVID-19 are similar to those of other common illnesses – fever, sneezing, coughing, and breathing difficulties. Less common symptoms may include nausea, fatigue, sore throat, chills, and nasal congestion. People who are older, have weakened immune systems, and/or underlying medical conditions are more likely to develop severe complications.⁴

Every contact that law enforcement has with any member of the public has the potential for exposure to COVID-19. In much the same way that the healthcare profession may be overburdened by a spike in patients, public safety will be dramatically impacted by a spike in exposed officers who are forced into quarantine. As with weather-related disasters where law enforcement activities are limited during the height of the storm, law enforcement must consider using these same principles during this health-related emergency.

COVID-19 prevention and response tactics continue to evolve. Currently there is no specific antiviral treatment or vaccine for COVID-19. It is currently being assessed whether treatments for diseases similar to

¹ <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html>.

² <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/share-facts.html>.

³ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/share-facts.html>.

⁴ See also <https://www.theiacp.org/sites/default/files/COVID-19-Families.pdf> and https://www.theiacp.org/sites/default/files/IACP_Covid-19_General_Factsheet.pdf.

COVID-19 may be beneficial; however, this has not been confirmed. Officers and civilian personnel should assume that global and national efforts to deal with COVID-19 will continue to last for some time.

II. Definitions

- *Coronavirus (COVID-19)*: Coronaviruses are a family of viruses found in people and animals causing a range of illnesses from the common cold to severe respiratory infection. The Novel Coronavirus Disease 2019 (COVID-19) is the name given by the World Health Organization for a new respiratory disease first identified in Wuhan, China, in December 2019. As it is a newly identified virus, **this is an emerging and rapidly-evolving situation and new information becomes available daily.**
- *Disease*: A condition that impairs normal functioning of a living organism.⁵
- *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.
- *Pandemic*: COVID-19 has been designated as a pandemic, defined as an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.
- *Personal Protective Equipment (PPE)*: Equipment such as respirators, non-permeable gloves, aprons, coveralls, shoe covers, splash and eye protection adequate to protect the wearer from exposure to contaminants, bodily fluids, airborne pathogens or other disease specific transmission routes.
- *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 and coronavirus.
- *Self-quarantine*: The voluntary act of putting oneself in quarantine.
- *Shelter-in-place*: Requires individuals stay in a safe non-public location (home), except for essential activities, until told otherwise.
- *Social distancing*: Maintaining distance between people to avoid the spread of disease.
- *Virus*: A non-living infectious agent that causes disease capable of growth and multiplication in other living cells.⁶

⁵ [https://www.merriam-webster.com/dictionary/disease.](https://www.merriam-webster.com/dictionary/disease)

⁶ [https://www.merriam-webster.com/dictionary/virus.](https://www.merriam-webster.com/dictionary/virus)

III. Policy

Departments are encouraged to:⁷

1. Provide frequent, accurate, and timely information to the public and all officers regarding enforcement orders. Effective partnerships between the police and communities will ensure higher levels of compliance, especially regarding voluntary quarantine and social distancing.
2. Ensure proper use of personal protective equipment (PPE) and cleaning supplies, and develop enforcement plans that limit risk and exposure to disease.
3. Provide officers with appropriate contact information to their command staff for referral to public health personnel should they encounter an individual demonstrating COVID-19 symptoms. Many agencies are designating locations as high-risk within their Computer-Aided Dispatch (CAD) systems for the duration of this outbreak.
4. Ensure coordination between police departments and other agencies.
5. Keep officers and staff members up to date on information about how to protect themselves and their families from the coronavirus. This includes making staff aware of available resources to help maintain their physical and emotional well-being.
6. Maintain communications with local health and governmental officials.
7. Work with municipal officials to explore the availability for federal or state emergency funding.
8. Train officers on procedures for responding to calls for service where persons exposed to or infected with the coronavirus are involved. Encourage patrol officers to work from their vehicle as much as possible.

IV. Procedures

Protecting the public health in time of crisis is an inter-agency, multi-sector, cross-profession responsibility. COVID-19 presents an opportunity to bring police and public health together in new ways to protect people and communities in need. A nation's uniformed patrol officers are an exceptional resource to serve as the extended eyes, ears, messengers, and problem-solvers on behalf of the public health community.

Officers may be required to provide duties outside normal calls for service regarding the protection and security of medical resources to include:

- Guarding distribution chains and distribution sites of protective equipment and supplies from the strategic national stockpile.
- Providing protective services to hospital emergency rooms, temporary treatment shelters, and triage centers during patient surges.

⁷ See also https://www.theiacp.org/sites/default/files/IACP%20Covid-19%20Organizational%20Readiness_0.pdf.

- Providing additional preventive patrol or other measures to targets of opportunity resulting from the emergency (such as pharmacies and supermarkets), to include hoarding and price gauging of critical medical resources.
- Providing added security to critical infrastructure components (such as utilities and telecommunication facilities).

A. Personal Protection during Potential Exposure⁸

All staff members should make prevention a personal priority to reduce exposure and risk. Recognize that exposure can come from someone in the community who is asymptomatic. Exposure may also come from friends and neighbors. The following actions are strongly recommended:

1. Stay healthy to keep your immune system well-functioning. This might include actions such as getting a flu shot, encouraging family members to get flu shots, and checking with department or personal physicians to ensure that other immunizations such as tetanus, are up to date. Contracting any sort of illness could weaken one's immune system and make them more susceptible to coronavirus. Eat a healthy diet, and get an appropriate amount of sleep.
2. Inform department medical personnel or other officials if you have the following pre-existing condition that may increase your risk to developing more severe symptoms:
 - a. Heart Disease or hypertension
 - b. Lung Disease
 - c. Diabetes
 - d. Pregnancy
 - e. Age 65 and over
 - f. Immunocompromised from any other condition or illness.

Similarly, inform department medical personnel or other officials if someone you live with has a pre-existing condition.

3. Practice proper hygiene procedures by washing hands frequently for at least 20 seconds. Reinforce to other officers that hand hygiene is a standard precaution and among the most effective ways to prevent transmission. Remember that handling someone's license and registration, conducting a search of a vehicle during a traffic stop, handling evidence, touching door handles, and other tasks are physical contacts that warrant immediate hand cleaning.
4. Avoid touching face, nose, eyes, and mouth after handing a call for service, traffic stop, or other activity, until hands are washed or sanitized.
5. Carry a personal sanitizing kit on every shift. Carry disposable gloves. Carry hand sanitizer, disinfecting wipes, soap, bottled water, paper towels, and large plastic bags. Put used items in a plastic bag and tie/seal it. Label the bag. Follow agency or health department protocols for disposal.
6. Avoid touching or leaning against furniture, vehicles, or other objects. Avoid using handrails.

⁸ See also https://www.theiacp.org/sites/default/files/IACP_Covid-19_Factsheet_How%20to%20Stay%20Healthy.pdf.

7. Avoid shaking hands.
8. Take sick leave if feeling ill, particularly if symptoms include fever and respiratory problems. Illness of almost any type can cause immune deficiency. Do not take chances.
9. Know who to contact in the department or other agency if a concern or suspicion about personal exposure to COVID-19 arises.
10. If personal exposure to COVID-19 becomes a concern, discuss with Department command staff and then begin self-quarantine. Avoid contact with others until guided by a department official or health professional on how to proceed.
11. If personal exposure to COVID-19 becomes a concern, prepare a list of recent contacts including people in the community and peers. Include the location of the contacts.
12. Discuss risk of and response to personal exposure with family members, friends, and others who may be concerned.⁹ This can be done by:
 - a. Offer perspective supported by evidence and agency information.
 - b. Provide them with a department contact, if needed to gain additional information and support.
 - c. Explaining basic hygiene practice to children
 - d. Engaging in support groups to disseminate official agency messaging to family members

B. Personal Protection when Ill

Distinguish between exposure to the COVID-19 virus and active symptoms. The following actions are strongly recommended if/when a staff member feels ill:

- ***Notify department medical personnel or other officials immediately.***
- Seek help if you have a fever, cough, and hard time breathing. Call a doctor to find out the protocol first, in order to make sure you don't spread the virus to others. Procedures for and availability of testing kits may vary by location.
- If you are self-quarantining at home, don't go out except to see your doctor, and only after calling first. If you do have to go out, avoid public transportation, taxi cabs, and ridesharing.
- Cough or sneeze into the crook of your long-sleeve shirt or use a tissue and dispose of the tissue immediately into a covered bin (you should be doing this whether or not you suspect you have COVID-19 so as not to spread any illnesses).
- Clothing should be washed or dry-cleaned daily. Avoid shaking dirty clothing. On entering your home or station house, use grass or sand as a shuffle pit to clean debris from the bottom of your work shoes or boots. Do not take potentially contaminated gear past your station locker room or your home mud room. Wipe your duty belt with a sanitizer at the end of shift. Shower at the end of your shift.

⁹ See also <https://www.theiacp.org/sites/default/files/COVID-19-Families.pdf>.

- Practice social distancing from others (including but not limited to friends, family, and coworkers) to minimize the spread of the virus. This may include eating and sleeping separately from them, trying to stay in one room, and using a separate bathroom if possible.
- Wear a mask around others if you suspect that you may have the virus.
- Make sure that you, or someone at home, knows how to clean properly. Recent studies have shown that the coronavirus can live on surfaces for a few hours or up to several days. To reduce the chance of spreading COVID-19, wear disposable gloves to clean surfaces regularly with soap and water, followed by a disinfectant to kill the virus. In addition to several over the counter disinfectants that can be used, you can use options such as making a solution of 5 tablespoons of bleach in one gallon of water or 4 teaspoons of bleach in a quart of water. Also, solutions containing at least 70% alcohol reportedly appear to be effective.¹⁰

C. Calls for Service and Operations While on Patrol

As with other emergencies and natural disasters, consideration must be given to how law enforcement will function during the emergency. In order to maintain a high level of public safety it is essential that law enforcement consider how operations will impact close contact spread of COVID-19 and what steps law enforcement can consider to aid in controlling the virus.

1. Call-takers should screen callers to assess risk related to calls for service that may involve people who are ill. Suggested screening questions include:
 - Does the person have a fever?
 - Does the person have a cough?
 - Does the person have respiratory distress?
 - (If yes to any) How long have these symptoms been present?
 - (If no to any) Has the person experienced any of these symptoms in the past two weeks?
 - Has anyone else in the home had any of these symptoms in the past two weeks?
 - (If yes) How long have those symptoms been present?
 - Has the person or anyone else in the home traveled outside of the region in the past three weeks?
 - Has the person or anyone else in the home been exposed to anyone with these symptoms in the past three weeks?
2. Law enforcement operations will generally be limited to those calls of a serious nature where there is an immediate need for investigation i.e. murder, rape, robbery, arson, kidnapping or where there is a threat of injury to a person i.e. domestic assault, assault in progress, murder, rape, robbery, arson, kidnapping etc. Note this is not meant to be an exhaustive list but should convey the idea that if no person is in danger then law enforcement should limit or eliminate in-person responses that expose officers.

¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-your-home.html>.

3. When identification is required, have the subject show you his/her identification without taking it from them, so that the officer does not physically touch the document. Take a photo of the card or document with a department-issued phone to verify information on the MDT or radio. Delete the photo after a warning or citation is issued (or other paperwork/forms are complete).
4. Pro-active enforcement will be limited. During person-to-person contact, officers are potentially exposed to individuals who are contagious, whether they are aware of it or not. In every traffic stop, every pedestrian stop, and any other contact, the officer will be in close proximity to the subject and traditionally would be handling items, i.e. license and registration, that the subject just handled.
5. Given the close nature of police-community contacts, officers can become exposed. If exposure or suspected exposure occurs, the officer may be placed under a 14-day quarantine or require medical or more specific care. In such events the overall numbers of public safety personnel available will thereby be diminished leaving an insufficient number of officers available to handle serious public safety events.
6. The Department should attempt to handle calls via telephone when no one is in immediate danger. Reports of thefts, property, damage, and even minor vehicle collisions can be taken over the telephone or online through a department web portal. Counter reports at the station are also discouraged. Minor traffic accidents without injuries and with no indication that an operator is impaired by drugs or alcohol may often be handled by an exchange of driver information and an online report submitted within 72 hours.
7. Officers are encouraged to exercise discretion and avoid arrests for minor offenses that do not endanger others, including property crimes. A concern for law enforcement is the spreading of COVID-19 to officers, to corrections personnel, and to other persons housed in the jail. Additionally, with courts throughout the country being closed, these arrests will only further backlog the system. Limiting the number of persons housed in a jail or correctional facility also plays a role in reducing the potential spread of COVID-19 in jails.
8. When it is necessary to charge someone with a crime, consider citing and releasing the individual rather than taking the subject to a lockup facility.
9. Given the responsibility law enforcement has for the health and safety of arrestees, Department vehicles must be disinfected after the transport of an offender or suspect so that the next passenger will not be exposed. Thus, limiting the number of transports by discouraging non-essential arrests reduces the number of exposures. Also consider designating a limited number of transport vehicles to minimize potential contamination. Vehicles should be disinfected immediately after each transport.
10. Officers should use non-latex gloves (nitrile or vinyl) on all calls for service and should dispose of them properly after each use if sufficient supplies exist. Follow guidance from your agency or jurisdiction for other PPE recommendations or requirements.
11. Officers should maintain safe distances during interviews and other contacts with victims, witnesses, suspects, and others. Six feet between individuals is recommended.

12. To minimize risk of exposure, officers should not enter a community member's home except in cases of serious life-threatening emergencies. If an officer must enter a community member's home, the officer should wear appropriate PPE to do so.
13. Officers, particularly with shared vehicles, should disinfect commonly-touched areas of their vehicle at the start and end of each shift. This process should include computer/MDT keyboards, all accessory buttons, door handles, and any other surfaces generally touched. If fleet assets are sufficient, each officer could operate from home minimizing cross-contamination. Consider virtual roll call to minimize officer-to-officer contamination.
14. Officers are encouraged to informally discuss varied scenarios with squad/shift members to develop a common approach to responding as primary and back up to calls for service and other situations in which there is risk of exposure to COVID-19.
15. Officers should drive with windows open (at least partially) to ventilate the patrol vehicle.
16. At crime and collision scenes, officers should wear protective gloves. If dealing with more than one injured person, change gloves (if possible) between contacts.
17. If a dispatched call for service specifically cites involvement of a person with acute infectious respiratory symptoms, officers should notify fire/EMS and approach with personal protective equipment (PPE, e.g. approved mask and gloves).
18. When arriving at a call for service, if the circumstance allows, officers should make an initial inquiry about whether anyone in the home or business is ill. This can be accomplished from the patrol vehicle by mobile phone (See Item 1 in this section for suggested questions).
19. If exposure to COVID-19 is suspected and the circumstance allows, officers should ask the person who initiated the call for service to meet outside of the home or building.
20. Officers should ask follow-up questions. When handling calls for service, officers may come in contact with people who appear ill or know others who are ill. They often are willing to provide details about their contacts, travels, and experiences. Asking follow-up questions is particularly important if fire/EMS personnel or representatives from other agencies are not involved in the response. Officers should inquire but not assume the person has COVID-19. Officers should ask the following:
 - a. How long has the person been ill?
 - b. Has the person or someone they know recently traveled outside of the state or local community?
 - c. Was the person exposed to someone else with a similar illness? If so, where and when?
 - d. What does the person know or perceive about the illness (what it is, symptoms)?
 - e. Does the person have fever and respiratory problems?
 - f. How long have the symptoms been present?
 - g. Is the person under a doctor's care? Who is the physician?
 - h. Has the person's condition remained stable, improved, or gotten worse?

21. Officers should know the procedures for reporting a situation in which the involved person (people) recently traveled from a quarantined area or high-incident area and feels ill.
22. Officers should minimize exposure (time and distance) to people who exhibit flu-like symptoms. Limit time spent in such interactions. If the situation allows, stand six or more feet away from the person or people involved in a call for service. Keep similar distance from street contacts.
23. Consider having officers designate locations with known infections as high-risk within their CAD systems (these designations can be purged after the current crisis).
24. Officers should encourage some immediate form of quarantine when a person in the community suspects that they have or have been exposed to COVID-19. Suggest that the person stay away from others (at least six feet) and remain in a separate room until he or she makes contact with or is contacted by health authorities.
25. Officers should protect back up officers. If threat of exposure to COVID-19 (or other infectious disease with similar symptoms such as influenza) is present, notify back up officers and supervisors. Provide detailed information to back up officers on approach and positioning (including directive to delay or end response).
26. If required to go to an emergency room for follow up to a call for service or vehicle collision and there is any suspicion of exposure, officers should call ahead to determine risk and needed safety measures.
27. Officers assigned to duties in the station should disinfect their work area at the start and completion of each shift, to include telephones, computer keyboards and any surfaces the officer touches. The department should, to the extent possible, make an effort to limit the use of shared workspaces during this emergency.

D. Quarantine, Large Groups, and Special Circumstances

1. Absence of Public Health Orders

- a. In cases where a quarantine order does not exist, but a person is symptomatic, or is perceived as having contracted the disease, swift action is necessary. Officers should work with public health personnel to assess the medical state of the individual.
- b. The police officer must first determine if 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 or other medical personnel come to the scene. 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 intervention.

- c. In the United States, the Federal government may impose isolation and/or quarantine based on the authority granted in the Commerce Clause of the U.S. Constitution, and the CDC is authorized to detain individuals carrying communicable diseases, in some cases. Officers should work with the CDC and federal resources to obtain an emergency quarantine order, if applicable.¹¹
- d. Quarantine and other public health laws vary across the globe. Consult the applicable rules and regulations within your country, state, or jurisdiction.
- e. Officers should employ the least restrictive and intrusive means of restraining, detaining or isolating the person, such as isolating the person within the person's home or car, and only for so long as it takes for Public Health officials to apply for an emergency order that provides clear direction to the police.
- f. The police officer's actions must be reasonable considering the situation and be no broader than necessary to protect the public from the threat.

2. Enforcing Public Health Orders and Quarantines

Many public health orders are advisory and recommended without the force of law. In some cases, police officers do not have authority to enforce public health orders and may subject themselves to liability in trying to do so. However, in some cases the police may be called upon to intervene. Law enforcement's authority to enforce public health orders vary by state, and officers should understand how they are expected to enforce orders within their jurisdiction.

Shelter-in-place (or stay at home) orders are issued at the state or country level but sometimes may come from local governments. Law enforcement has not typically had to engage in enforcement of public health orders in the past. Agencies should work closely with their public health partners at the state and local level to gain a clear understanding of the specific order(s) and penalties for violations as well as how best to respond to violations at the local level.¹²

Any public health order must include clear directions as to how it is to be enforced, including the police officer's role in enforcing the order. Before using force to restrict a community member's movement, an officer should consult with a supervisor where feasible. A police officer who is asked to enforce a quarantine order should:

- a. Confer with supervisory personnel to develop an enforcement plan that mitigates risk to officer(s) and other personnel.
- b. Obtain and retain a copy of the order for the official police report.
- c. Read the 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.
- d. Confer with the local public health agent, medical personnel, or EMS, to learn their assessment of the person's medical condition and the extent to which he/she may be contagious.

¹¹ <https://www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html>.

¹² https://bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/PERF_Emer_Comm.pdf.

- e. 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.

In the event that someone appeals a public health order, officers must appropriately prepare should the court proceedings occur outside of the physical courthouse, via videoconferencing or other technology.

E. Unified Command Structure

The Chief of Police or his/her designee will serve as or appoint a representative to serve as the department's liaison to the public health emergency Unified Command (UC) structure. This person will be responsible for information exchange between the UC 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.

The department's UC representative will consult with the appropriate chief legal officer such as the State Attorney's office, the District Attorney's office, the Attorney General's office, or other legal representative 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.

When requested, the department will provide support to other departments and agencies, depending on available resources and input from the UC, which will set priorities and guide the responses of individual agencies/sectors during a public health emergency.

Public information communications must be maintained to inform and alert community members of changes in available services and response capabilities, etc. Information should be closely coordinated with the public health unified command structure.

F. Continuity of Operations

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

1. Providing Employee Training – The UC representative or other 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, promote the proper use of Personal Protective Equipment (PPE), and encourage 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.
2. 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.

3. The DICO, in conjunction with the Chief of Police shall acquire PPE. The DICO will make provisions for 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 periodic operational readiness reports.
4. 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 as staffing levels allow or temporarily suspend/alter some services in balance with day-to-day capabilities:
5. Patrol Division – 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 communications center or by patrol officers on their mobile phone, or they may advise the caller to send in the information via text or email for a report to be generated at a later date. Counter reports at district stations should be suspended during the current crisis.
6. Specialist Assignments – 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 specialty assignments as well as the investigation of other crimes requiring a follow up as staffing levels allow.
7. All sworn personnel, regardless of rank are subject to temporary reassignment to mission critical components as the available workforce declines.
8. Work schedules and shift hours beyond the normal shifts are subject to change with little or no advance notice to meet needs and maintain operational effectiveness.
9. Assign officers to be “on call” and immediately available should other on-duty officers become ill or be forced to self-quarantine.
10. Where possible, employees should be cross-trained to step into another function to ensure that basic critical functions are maintained.
11. Employees who test positive for COVID-19 or who show active symptoms of the virus must inform department medical personnel or other officials.
12. If resources allow, departments may consider monitoring officers' temperatures or conducting other health screening mechanisms before the start of each shift. A temperature of 100.4 degrees is the suggested threshold for what constitutes a fever symptomatic of a reportable illness.¹³

¹³ <https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportable-illnesses.html>.

H. Police Station Operation

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:

1. Employees will not be allowed access to the police building if they are sick or show any signs or symptoms of illness. Visitors will be strictly limited. All employees and visitors should be required to clean hands with 70% alcohol-based hand cleaner/sanitizer immediately upon entering the building.
2. Community members that want to meet with staff should be told that the station is doing its part to respect the “social distancing” guidelines from the CDC and other health officials. Options should be explained, including:
 - a. Phone or video calls with staff. Explain how to use online video services if arrangements have been made for staff to use such services.
 - b. Conducting business at the lobby by speaking to on-duty personnel through whatever communication device is available.
 - c. Meeting with staff but maintaining social distance at the office or at other mutually agreeable locations that are not crowded.
3. Employees who are sick will be required to stay home rather than to report to work. Employees should stay at home at least 72 hours after they no longer show symptoms. 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.
4. Concentrate the efforts of custodial staff on the cleaning and sanitizing of all frequently touched surfaces within the building such as counters, doorknobs / handles, telephones, copiers, vending machines, elevators, restrooms, etc.
5. The DICO will ensure an adequate supply of PPE and alcohol-based hand sanitizers are available to all personnel. During a pandemic health emergency, where available, nitrile or vinyl gloves, N-95 respirators or other appropriate face masks, and non-vented eye protection shall be worn when in hands-on contact with members of the general public who are 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 N-95 respirators at the conclusion of the contact, or when cross-contamination may occur.
6. There are varying levels of efficacy pertaining to the wearing of respirators. A respirator, (for example, an N-95 or higher filtering face piece) 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 material. Where equipment is available, personnel should 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 staff must take care of a sick person at home.

7. Personnel should not use other workers' phones, desks, offices, or other work tools and equipment. As noted earlier, 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 70% alcohol content. When sneezing or coughing, always cover your nose and mouth with a tissue (and dispose of it immediately after) or direct the sneeze/cough into your elbow. Avoid touching of the face, eyes, nose and mouth.
8. Except for training related to the COVID-19 virus, normal department in-service and outside training will be suspended during this period. Heed relevant legislated changes.
9. The department fitness room should be closed throughout the duration of the pandemic.
10. Officers should remain at least (6) six feet apart which is intended to reduce the potential opportunity for spread of disease. Consider holding virtual roll call, where officers dial into a conference meeting from their vehicles on their cell phones. If held in person, roll calls will be as brief as possible with no traditional training. Officers should also refrain from hand shaking or other greetings involving personal contact.
11. 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.
12. Suspend any community outreach programs not essential to operations (such as ride-alongs, internship programs, and public service transports).

I. Equipment and Vehicle

The following are recommended procedures:

1. Take inventory of supplies and equipment (such as hazmat kits, first-aid supplies, and personal protection equipment) that were issued personally or are in the patrol vehicle. Determine wear and tear, expiration dates, and anything else that might inhibit effectiveness. Inquire about replacing outdated or worn equipment and materials.
2. Know the purpose and proper use of protective gear (mask/respirator, goggles, face shields, coveralls, gloves, etc.) Make no assumptions about protection/prevention/ safety beyond the stated intent of the equipment. If uncertain about the capabilities of protective gear, make inquiry. If not provided, get accurate information about (and approval to use) personal protective gear before making purchase. If permission is denied get the order in writing and notify your union representative. Unless specified as reusable and disinfected after use, dispose of protective gear (following agency or health department guidelines). Local supplies of PPE may be very low until production increases.

3. Disinfect the patrol vehicle when starting a shift and after transporting prisoners and others. If using a shared vehicle, do not rely on the officer from a previous shift to do it. If not issued by the department, purchase, carry and use readily available disinfectant wipes. Wear gloves and other protection when cleaning the vehicle.
4. Disinfect duty belt (gun belt/equipment belt), tactical vest, and other personal gear at the end of each shift or during the shift if concerned about exposure. Disinfect handcuffs after an arrest. If available, use flex-cuffs in place of handcuffs. If concerned about exposure, seek guidance from the Department and/or health department about protocols and other steps related to disinfecting equipment.
5. If exposed to COVID-19 or concerned about the possibility of exposure, arrange to take the vehicle out of service (i.e., deadline the patrol vehicle). Know the department's protocol for deadlining and, if needed, labeling a vehicle that may be contaminated. Make notification about the location of the dead lined vehicle.

J. Arrest and Summons Procedures

Officers should summons offenders to court whenever practical to keep lock-up facilities as clean and sterile an environment as possible.

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 outside of the state or local community
6. 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 appropriate transfer personnel (such as sheriff and court personnel) should be advised and consulted with prior to transporting the prisoner to the jail or court.

K. How to Request Support from the National Guard¹⁴

In the United States, under the approval of each state's Governor, law enforcement agencies may request to use National Guard resources from the U.S. Army and U.S. Air Force in order to capitalize on their unique skillset and ease resource hardship in local communities.¹⁵

¹⁴ See also https://www.theiacp.org/sites/default/files/COVID-19_National%20Guard.pdf.

¹⁵[https://www.nationalguard.mil/Portals/31/Resources/Fact%20Sheets/National%20Guard%20Reaction%20Force%20Fact%20Sheet%20\(Dec.%202017\).pdf](https://www.nationalguard.mil/Portals/31/Resources/Fact%20Sheets/National%20Guard%20Reaction%20Force%20Fact%20Sheet%20(Dec.%202017).pdf).

1. National Guard capabilities during times of crises include:
 - Enforcing quarantines
 - Checkpoint operations
 - Traffic control
 - Conduct Site Security
 - Crowd control
 - Mobile patrols
 - Distribution of groceries, water and food
 - Transport and use of special equipment
2. This Department should request support through our servicing Emergency Operations Center (EOC) or Emergency Management Agency (EMA). When requesting support, the Department should be prepared to articulate:
 - Type of support requested
 - Anticipated duration of support
 - Quantity of personnel needed
 - Type and quantity of equipment (including lethal and less-lethal weapons)
 - Credentialing/deputizing requirements
3. Areas of Consideration
 - States may request support from out-of-state National Guard forces or active duty forces if their state cannot meet the need.
 - Emergency declarations carry additional powers and resources that vary from state to state, including:
 - Activation of emergency operations centers and response plans
 - Deployment of state personnel, equipment, supplies, and emergency stockpiles,” per Association of State and Territorial Health Officials.

L. Employee Use of Accrued Leave

Leave shall be used consistent with agency policy and or current collective bargaining agreements. However, the restrictions on the use of leave may modified at the Chief’s discretion based on federal, state, or locally issued guidelines.

M. The Importance of Accurate Information and Information Sharing

1. Follow department or local and state health department policy, directives, and guidelines. Inquire if there is conflict with department-issued information.
2. Routinely check updates and other information published by the CDC and WHO. The CDC has been providing information specific to the needs of patrol officers and fire/EMS.¹⁶

¹⁶ See <https://www.cdc.gov/coronavirus/2019-ncov/community/first-responders.html>.

3. Speak to the facts and guide others to do the same. Avoid participating in and fostering rumor, misperception, and myth.
4. Report the suspicious and unusual. Recognize that in a health crisis, the smallest or most innocuous piece of information may prove incredibly valuable. Assume that public health officials will value any information provided as a potential piece of a complex jigsaw puzzle.
5. During calls for service and other activities, officers may observe people who exhibit symptoms. Know who to contact if suspicion arises about a person in the community who may have COVID-19. Until the department provides contact information, report the circumstances to dispatch or the local health department. Do not hesitate. The information may be invaluable to public health officials in tracing sources and containing exposure.
6. Expect questions. Know the referral agencies and be prepared to provide people with accurate and timely information on how and where to get answers to their questions about COVID-19. If available through the department or public health authorities provide fact sheets and other information through the web and social media.
7. Bring attention to COVID-19 contacts and issues in reports. Go beyond including information in report narratives. Contact a supervisor or dispatch personnel to expand incident classifications and use other means to ensure that rapid attention is drawn to COVID-19 information.
8. Offer suggestions through channels. COVID-19 is a new virus and approaches to prevention and response are evolving. Ideas to better serve people in need, protect personnel, and foster effective agency policies and practices are needed from officers on the frontline.



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