



**BJA** Bureau of Justice Assistance

**JUSTICE AND PUBLIC HEALTH SYSTEMS PLANNING:  
CONFRONTING A PANDEMIC OUTBREAK**

Westin Airport Hotel  
Chicago, Illinois  
May 24–25, 2006

**REPORT OF SYMPOSIUM DISCUSSIONS**

**Strategies, Practices, and Protocols**

**Bureau of Justice Assistance  
Office of Justice Programs  
U.S. Department of Justice  
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## Introduction

In November 2005, President George W. Bush announced the release of the White House Homeland Security Council's *National Strategy for Pandemic Influenza*.<sup>1</sup> At that time, President Bush communicated to the American people that "A new strain of influenza virus has been found in birds in Asia, and has shown that it can infect humans. If this virus undergoes further change, it could very well result in the next human pandemic." Among the key aspects of the President's strategy is preparing for a multilevel emergency response by local, state, and federal government. Of critical importance, however, is that local and state justice systems be prepared to respond to and uphold the rule of law throughout any crisis, whether natural or manmade. A pandemic, with elements of continued crisis and contagion, would present unique challenges to the justice system, including law enforcement, courts, and corrections.

The strategy's implementation plan,<sup>2</sup> released in May 2006, called for the U.S. Department of Justice (DOJ)—in coordination with the U.S. Departments of Health and Human Services, Homeland Security, and Labor—to convene a forum for selected tribal, local, state, and federal law enforcement and public safety personnel to discuss issues they might face in the event of a pandemic influenza outbreak and to then publish their findings in the form of recommended practices and protocols.

In response to this directive, DOJ's Office of Justice Programs, Bureau of Justice Assistance (BJA), facilitated a symposium on May 24–25, 2006 in Chicago, Illinois entitled "Justice and Public Health Systems Planning: Confronting a Pandemic Outbreak," which brought together experts within the justice and public health communities to collaborate and prepare to confront this public health threat to America's communities. This report summarizes the principal strategies participants discussed at the symposium and provides the resulting recommended practices and protocols. Full symposium proceedings may be found at [www.ojp.usdoj.gov/BJA/pandemic/Pandemic\\_Proceedings.pdf](http://www.ojp.usdoj.gov/BJA/pandemic/Pandemic_Proceedings.pdf).

## PART I

### Symposium Overview

#### Symposium Attendees

Approximately 200 representatives of tribal, local, state, and federal courts and corrections, law enforcement, public health, and other agencies relevant to pandemic emergency planning for the justice system participated in the symposium. The following is a breakdown of attendees, by discipline:

<u>Discipline</u>	<u>Number of Attendees</u>
Law Enforcement	68
Courts	40
Corrections	35
Public Health Agencies	16
Other Federal Agencies/National Organizations ( <i>included DOJ's Federal Bureau of Investigation, U.S. Department of Labor, Council of State Governments, Federal Motor Carrier Safety Administration, International Association of Fire Chiefs, National Governors Association, and the National Guard</i> )	15
Pretrial/Probation/Parole	7
Attorneys (includes prosecutors, public defenders, and attorneys general staff)	4
State Administering Agencies	3
Tribes	3

Participants hailed from 45 states and the District of Columbia, representing a mix of small, medium, and large population areas.

#### Symposium Goals

The symposium was designed to provide representatives from the various components of the justice system with an:

- Overview of the nature of a pandemic outbreak and its potential impact on local and state public health and justice systems.
- Awareness of critical issues that could arise and ultimately affect public health, public safety, and the rule of law.
- Opportunity to engage in multidisciplinary and multiagency discussions regarding essential planning and preparation tasks that need to be performed to facilitate the continuity of essential justice system functions in the event of a pandemic emergency.

To accomplish this, the symposium was organized into a mix of plenary sessions, breakout discussions by discipline, and small working groups to complete tabletop exercises developed specifically for the forum.<sup>3</sup>

In preparation for symposium discussions, attendees were sent the following background materials prior to the meeting:

- Chapter Eight of the *Implementation Plan for the National Strategy for Pandemic Influenza*, "Law Enforcement, Public Safety, and Security."

- Fifteen critical questions specially developed to highlight significant planning issues that might arise in the event of a pandemic.

### **Follow Up With Symposium Participants**

Following the symposium, BJA sent each attendee a CD-ROM of the 13 plenary session presentations, as well as a “Participant Followup Form.” Feedback from the followup forms indicates that, since attending the symposium, participants have begun a range of interagency and agency-specific pandemic planning activities.

BJA also created a web site ([www.ojp.usdoj.gov/BJA/pandemic/pandemic\\_main.html](http://www.ojp.usdoj.gov/BJA/pandemic/pandemic_main.html)) dedicated to pandemic planning. Updated on an ongoing basis, the web site houses several symposium presentations and a number of documents and resources developed by justice agencies that relate to pandemic planning.

### **Issues Unique to a Pandemic Emergency**

Concerns regarding an avian flu pandemic are two-fold: (1) the potential for widespread infection, disabilities, and fatalities is great and (2) the spread of the disease may potentially disrupt all aspects of government, business, and other activities. Because of these concerns, it is critical that the justice system adequately plan for the continuity of its operations during a pandemic to uphold the rule of law.

Although a number of justice system agencies have plans in place detailing how to operate during and after an emergency, a *pandemic* emergency presents unique issues not generally addressed in such planning. These include:

- A potentially wide geographic area being affected, reducing the ability of a justice system to acquire assistance from other local resources.
- A potentially greater period of disruption, since pandemics are generally of longer duration and can come in waves, rising and declining until they are contained.
- The potential disability of a significant portion of the justice system workforce.
- The need for interagency planning and coordination with local and state public health agencies—agencies that historically have not been involved with justice system emergency planning.
- The potential need to develop alternative strategies for face-to-face contact with people that justice system staff interact with, including the public; people under the supervision of correctional, parole, and probation agencies; and others involved with the justice system’s day-to-day operations.
- The potential need to deal with a range of substantive legal issues that justice systems do not normally address, including those relating to quarantine and isolation orders, employee liability issues, and union contract provisions relating to potentially hazardous work assignments.

### **Strategies Offered by Participants To Address the Issues**

When discussing the issues listed above, participants focused generally on worst-case scenarios that might occur in the context of current medical knowledge and societal functioning, rather than that of past pandemics, during which the societal and medical care context was different. To that end, participants were advised to base their planning on assumptions that included the following:

- Almost everyone will be susceptible to the virus.

- The virus will have a short incubation period: a maximum of 2 days.
- Approximately 30 percent of the population will become sick.
- The pandemic wave could last 6–8 weeks.
- Work and school absenteeism could be as high as 40 percent.
- The federal government may be able to help very little in any one local community because the introduction of the disease may be at major travel points, with many communities infected simultaneously.<sup>4</sup>
- Realistically, communities will need to rely substantially on voluntary measures (e.g., self-quarantine) to contain the spread of the disease and carry out most components of pandemic plans. The likelihood of issuing mass quarantine orders and successfully enforcing them is slim, given the resources that will likely be available.

### **Strategies Offered in Response to Tabletop Sessions**

Listed below are the strategies that were developed during the symposium that may facilitate continuity of operations during a pandemic. These strategies will help form the basis for each community’s own plan.

#### *Strategy 1*

“To ensure that the rule of law is preserved in the event of a pandemic, justice system officials need to review in advance relevant state constitutional and statutory provisions to (1) identify the essential functions their respective agencies must perform and (2) ensure that there is adequate legal foundation to address potential situations that may arise and challenge their capacity to perform their essential functions.”

In support of this strategy, participants were urged to review their state constitutions and laws, identifying provisions that would affect constitutional rights, court rules, and procedures. When conducting such a review, the following tasks should be completed:

- Review existing legal requirements and authority.
- Remedy inconsistencies and gaps in statutes, rules, policies, and internal agency procedures.
- Anticipate situations that might arise and identify an appropriate justice system response.
- Familiarize/train agency personnel in essential functions that must be performed by their respective agencies and prepare a plan to ensure their performance.

#### *Strategy 2*

“Potential constitutional issues that may arise need to be anticipated and planned for, particularly issues that may challenge an agency’s ability to carry out its critical functions or ensure that constitutional rights are protected.”

To that end, reviewers will need to identify (1) the critical functions courts and justice agencies must perform and the timeframe and other requirements applicable to their performance and (2) the constitutional rights of parties involved in the justice system that must be adhered to. How performance of these “critical functions” and preservation of constitutional rights will play out in the event of a pandemic will need to be anticipated and addressed, most likely through a variety of exercises and hypothetical

scenarios local jurisdictions develop in the course of their pandemic planning. For example, in the event of a serious communicable illness, would jail officials have authority to quarantine the whole jail and not release inmates who are eligible for release? Would they have the authority to not accept prisoners ordered incarcerated by the court?<sup>5</sup>

### *Strategy 3*

“Systemwide justice/public health planning for a pandemic should focus on the specific authority and functions affected agencies will likely have and perform and identify points at which the agencies will likely interact in the event of a pandemic emergency.”

Meaningful pandemic emergency planning by the justice system and public health agencies needs to build on a common understanding of each other’s functions and the framework within which these functions are performed (e.g., governing statutes, policies, etc.), taking into consideration the varying terminology used within each agency.<sup>6</sup> While each agency within the justice system will need to develop a plan specific to its own needs, both justice system and public health agencies should be familiar with each other’s plans and strategies and their potential multiagency impact. For those agencies that will need to collaborate during at pandemic, it is strongly recommended that they work on and develop their emergency plans together.

### *Strategy 4*

“The planning process and use of tabletop exercises should highlight special relationships between justice system and public health agencies that will need to be developed or strengthened to increase the likelihood that they carry out their respective responsibilities effectively and in coordination with each other during a pandemic emergency.”

These relationships will be important in developing adequate emergency plans and addressing practical issues that may likely arise in the event of a pandemic. For example, if a physician orders an inmate to be isolated, some correctional facilities may be able to accommodate this order because they have their own isolation units; others, however, will not, thus contingency planning will be needed. Or, an inmate may be infectious but not sick enough to go to a hospital; in this case, the medical personnel who make the diagnosis—whether they are correctional, contract, or other medical staff—should be responsible for reporting the situation to public health authorities.

Similarly, protocols may be needed to address situations in which a court orders the incarceration of a defendant/offender who may have been exposed to the virus, but the local jail does not want to admit for fear of exposing other inmates. Alternate facilities and supervision strategies, such as house arrest need to be considered, while taking into consideration how to protect public health. Numerous other situations may arise in which law enforcement, correctional, and public health responsibilities overlap. These need to be anticipated and planned for.

### *Strategy 5*

“Planning should focus on strategies for voluntary compliance, with minimal expectations that formal containment orders of quarantine and/or isolation will be issued.”

For a variety of reasons, including conflicting agency jurisdiction and authority and the likely shortage of resources needed to implement, the feasibility of issuing and enforcing quarantine or isolation orders on a mass scale is highly unlikely.

### *Strategy 6*

“In addition to developing/strengthening interagency relationships, each justice agency should develop a detailed plan for intra-agency operations, including identifying essential functions that will need to be

performed, prioritizing services that will need to be provided, and developing back-up/alternative plans to facilitate the continuity of the justice system operations.”

Particular attention should be given to issues unique to a pandemic emergency, as they often are not addressed when preparing typical emergency plans. To meet agency needs, planners should identify (1) what resources are needed to perform essential functions, (2) where (i.e., location) the essential functions will be performed, and (3) other agencies/resources needed to help complete the functions. For example, options such as video arraignments, teleconferencing, or telecommuting might not be viable if sufficient technology, appropriate policies and procedures, and remote management skills are not in place. Even if they are, telecommunications and Internet infrastructures may still be overwhelmed if there is a sudden demand surge placed on them. Similarly, quarantine and isolation practices, even if voluntary, will likely have a major impact on the staffing resources of every justice agency and its capacity to perform.

#### *Strategy 7*

“Provisions relating to the release of patient information and relevant privacy and confidentiality rights must be complied with.”

Protecting patient privacy will need to be a high priority. No information should be released to the media about individuals who may have been exposed or infected. While information should be communicated to the public regarding the affect of the pandemic on the justice system, the information should be communicated only in terms of aggregate numbers and symptoms.

#### *Strategy 8*

“Clear and consistent communication with the public will be essential.”

In the event of a public health emergency such as a pandemic, it will be important for the justice system to speak with one voice. A qualified, credible individual should be designated to provide ongoing information to the public regarding the justice system’s response to the pandemic and information and assurances regarding the operations of the court system and other justice system agencies. A qualified spokesman from the public health sector also should be designated to speak to the public regarding public health issues. Both designees should collaborate to ensure communications are consistent with each other.

Communication with the public should be regular and frequent until the situation stabilizes. Interpreters in multiple languages should be provided to ensure that all segments of the local population are informed. Consideration should be given to setting up a hotline for the public to use to call for information. Those who answer the hotline should be adequately trained to answer questions.

#### *Strategy 9*

“Lines of communication, both within and among agencies, must be open and clear, with lines of authority specifically delineated.”

These lines of communication should build on existing incident command system (ICS) structures.<sup>7</sup>

#### *Strategy 10*

“Employee union contracts should be reviewed to identify provisions that might be affected in the event of a pandemic.”

Situations to consider under this strategy include the following: (1) Are there provisions for special compensation when employees are required to work in hazardous situations?; (2) Do employees have the right to refuse to work in a hazardous situation?; and (3) What happens if the union contract requires that “all possible means” be used to protect union workers, but the U.S. Department of Health and Human



Services' Centers for Disease Control and Prevention does not list all the affected employees' positions as top priority for purposes of obtaining vaccines?

Policies and protocols for responding to these types of situations need to be agreed to, finalized, and provided to employees in advance of a pandemic.

#### *Strategy 11*

“Once a pandemic emergency plan is developed, planners will need to determine how to implement the plan.”

Ensuring that the plan can be executed is as important as its development. As the Honorable John M. Cleland—Chair of the Pennsylvania Supreme Court Committee on Pandemic Emergency Planning and Presiding Judge of the 48<sup>th</sup> Judicial District of Pennsylvania—stated at the symposium, “Plans developed at the national, state, or regional level must be fashioned with the end in mind, [as] they will only be effective if services can be delivered at the neighborhood level.”

Tasks that will need to be considered in support of this strategy include:

- Developing realistic expectations regarding the resources that will be available to carry out the plan, particularly in light of the depletion of resources that will likely result from a pandemic. What, for example, will be possible in terms of facilitating the essential operations of the justice system? Performing surveillance? Delivering justice system services? Monitoring orders and other directives? Verifying compliance?
- Exploring ways that technology can be used in the event of a pandemic. For example, video technology may be a valuable tool by which to institute “social distancing”<sup>8</sup> methods, particularly for defendants’ first appearances and arraignments.
- Training agency staff regarding the plan provisions and how they will be carried out in light of the resources likely to be available.
- Communicating the justice system plan internally and, as appropriate, to the public in advance.
- Educating the public in advance of the justice system’s pandemic plan and, particularly, how it will impact them.

Once applicable tasks are identified and completed, it will be necessary to provide continual training on what each person’s responsibilities would be during a pandemic emergency and role-playing exercises to sharpen staff’s skills, keep up with staff turnover, and identify areas that need improvement.

#### *Strategy 12*

“Substantial attention needs to be given to the human resource implications of a pandemic on the justice system as a workplace.”

When preparing a pandemic emergency plan, planners will need to take into account the implications of quarantine and isolation orders on justice agency functions and staffing, as well as expect that some employees may need to be absent to care for sick family members. Given these considerations, effective planning will need to include:

- Review of policies regarding employee leave and compensation, particularly in terms of their potential application to a pandemic emergency.
- Review and clarification of lines-of-authority and succession provisions.
- Staff training to ensure familiarity with backup plans in the event personnel are absent. Personnel also should be trained to recognize the symptoms of H5N1 influenza.
- Guidance to agency staff regarding what the symptoms of H5N1 influenza are and what personal hygiene and preventive measures they can employ to avoid and/or minimize the consequences of exposure, including washing hands, traveling and eating alone or at a distance from others, “self quarantining” after work to the extent possible, and using social-distancing methods.
- Guidance on how employees can prepare in advance in the event they or their family members become sick.

While scientific data on the effectiveness of personal protective equipment (PPE) are still being gathered, basic information regarding such equipment should be gathered so once guidelines are issued by the U.S. Department of Labor’s Occupational Safety and Health Administration, justice agencies will be prepared to incorporate PPE into their operations. Among the PPE discussed at the symposium were the N-95 respiratory masks, eye protection, gloves, and alcohol-based gel.

The discussions highlighted the reality that numerous additional issues will likely arise that will need to be dealt with on the spot. The importance of developing consistent policies and responses to these issues, with all involved agencies working together, will be critical.

## **Continued Planning and Collaboration**

To ensure that the nation’s justice community continues planning for a pandemic emergency, BJA formed a Pandemic Consortium to focus policymakers’ and practitioners’ attention on the need to further their efforts to meet this possible threat. The Consortium, composed of organizations representing every aspect of criminal justice, will emphasize the continued need for interagency planning and collaboration, especially with local and state public health authorities. In addition, the Consortium will review the development of specific protocols; identify the resources that will need to be available during such an emergency; emphasize the need for the establishment of clear lines of authority; and focus attention on communication with the public.

By the creation of this Consortium, BJA will be able to monitor the nation’s readiness to respond to a pandemic and intervene, if necessary, to increase the level of training and technical assistance to local communities. Ultimately, by providing continuing oversight of this important emergency preparedness initiative, BJA will provide the leadership needed to ensure that the justice community will uphold the rule of law—even in a most difficult environment.

## PART II

### Justice System Protocols and Strategies

Provided in the following table are summaries of justice system protocols and strategies for operating during a pandemic that were presented during the 2-day symposium; the full descriptions follow. The strategies encompass all segments of justice system operations and their intersection with local and state public health agencies. For the purposes of this report, the protocols and strategies are presented in three categories: (1) corrections (both institutional and community-based), (2) courts and legal services (includes prosecutors, court administrators, and defense attorneys), and (3) law enforcement. Additional protocols and strategies relevant to public health agency operations are presented in a separate public health category.

Nearly all of these protocols are premised on the existence of an incident command system. Within this framework, the recommended strategies address specific operational elements of their respective justice agencies while, at the same time, stressing certain common themes. These common themes include:

- The critical importance of maintaining the rule of law, including (1) the continued performance of justice system functions mandated by state and federal constitutions and statutes and (2) the preservation of fundamental constitutional rights.
- The need to educate and train staff regularly regarding the provisions of the plan and how it will be implemented—particularly in light of the depletion of human and other resources that will likely result from a pandemic.
- The value of providing guidance to staff regarding personal hygiene and social-distancing practices that may protect them and their families from infection.
- The need for law enforcement and other officials to devise a plan for taking care of family members so such personnel can perform their official duties during an emergency.
- The importance for law enforcement agencies to comply with the National Incident Management System (NIMS).<sup>9</sup> While NIMS does not directly address the creation of pandemic outbreak plans, it outlines the basic framework for a planning process: (1) understand the situation, (2) establish incident objectives and strategy, (3) develop the plan, (4) prepare and disseminate the plan, and (5) evaluate and revise the plan.
- The need for each agency to review its constitutional and statutory authority to act in the event of an emergency and identify any gaps or inconsistencies in that authority that need to be remedied.<sup>10</sup>
- The expectation that local officials will be aware of and—to the extent they qualify—make use of the Centers for Disease Control and Prevention’s Strategic National Stockpile, which stores large quantities of medicine and medical supplies to protect the American public if there is a public health emergency severe enough to deplete local supplies.

## Summaries of Justice System Protocols and Strategies

Discipline/ Jurisdiction	Topic	Summary
<b>CORRECTIONS</b>		
<i>State of Kentucky</i> SCOTT A. HAAS, MD Medical Director Kentucky Corrections Health Services Network	<a href="#">Department of Corrections            Critical Incident Management            Plan</a>	At the start of the Chicago symposium, the Kentucky Department of Corrections Critical Incident Management Plan was in its beginning stages. Pandemic protocols were being weaved into the state’s existing emergency plan. The state uses a split command center (i.e., normal and crisis command centers) for pandemic issues. Isolation and quarantine areas will be available at both facilities.
<i>State of North Dakota</i> TIMOTHY T. SCHUETZLE Director Prisons Division North Dakota Department of Corrections and Rehabilitation	<a href="#">North Dakota State            Penitentiary Pandemic            Outbreak Emergency Plan</a>	The North Dakota State Penitentiary (NDSP) is a 500-bed, maximum-security facility located in Bismarck. It houses 538 inmates and 225 staff (including 8 nurses, 1 physician, and 1 pharmacist). In the case of a pandemic emergency, NDSP assumes that it will receive no outside assistance and will need to initiate its own Emergency Operations Command Center. Vaccinations will not be available. At least 25–40 percent of its population (145–215 inmates) will become infected and of these infected an estimated 1–5 percent (5–26 inmates) will die. Staff will operate at a 40–50 percent level—that is, 65–70 of the 135 security staff will be available for work, 40 of the 80 support staff will be available, 4 of the 8 nurses will be at work, and the 1 physician and 1 pharmacist may or may not be available.
<i>National</i> CARL A. WICKLUND Executive Director American Probation and Parole Association	<a href="#">Community Corrections            Perspective</a>	No two probation and parole systems are alike. In a number of states, probation is an Executive Branch function; in others it is a part of the Judicial Branch. Some probation departments fall under local rather than state control, while others are considered part of the federal system. There are jails to be considered, urban areas with staff in the hundreds, and rural areas that may function with two staff members. In addition, caseloads are generally oversized because of the number of offenders situated in the community.

<b>COURTS &amp; LEGAL SERVICES</b>		
<p><i>State of Arizona</i> ERIC W. CARLSON Director Administrative Services Arizona Supreme Court</p>	<p><a href="#">Supreme Court–Emergency Response Planning for America’s Courts</a></p>	<p>In 2002, the fire season devastated parts of Arizona. In response to this, and in hopes of preventing future devastation, an interdisciplinary committee was established to bolster emergency preparedness and create a contingency plan. The contingency plan was designed to be simple to follow and easily implemented. The hope was that the plan would not only be flexible, but also specify roles and responsibilities for the courts in Arizona, by using guidelines instead of mandates. The state’s general Emergency Operations Plan is now being applied to both pandemic preparedness and planning.</p>
<p><i>State of Florida</i> UNIFIED SUPREME COURT/ BRANCH COURT EMERGENCY MANAGEMENT GROUP</p>	<p><a href="#">Florida State Courts–Strategy for Pandemic Influenza</a></p>	<p>In response to the President’s <i>National Strategy for Pandemic Influenza</i>, the Supreme Court of Florida—in conjunction with the Florida Department of Health—created a pandemic emergency plan for specific use by Florida state courts. The plan outlines the basic responsibilities and actions to be taken during a pandemic outbreak.</p>
<p><i>State of Indiana</i> THE HONORABLE LINDA CHEZEM (RETIRED) Center for Public Health</p>	<p><a href="#">Public Health Law Bench Book for Indiana Courts</a></p>	<p>Within the judicial system, the earmark of any good preparation is the inclusion of a public health law bench book. A bench book provides guidance for judges regarding emergency public health laws. It also provides the court with recommendations for emergency operations during a public health crisis. The document offers model orders (isolation and quarantine) that may be needed during a public health crisis. Indiana’s bench book contains both a Public Health Primer and a Public Health Glossary as its appendixes. A full copy of the book is available online at <a href="http://www.publichealthlaw.info/INBenchBook.pdf">www.publichealthlaw.info/INBenchBook.pdf</a>.</p>
<p><i>State of Pennsylvania</i> THE HONORABLE JOHN M. CLELAND Presiding Judge 48<sup>th</sup> Judicial District of Pennsylvania</p>	<p><a href="#">Judicial Perspective on Pandemic Planning</a></p>	<p>Pandemic planning should not be considered within a vacuum. All aspects of government, from the White House to a state police department to a local county seat, should be considered when creating protocols for dealing with what may become a national outbreak.</p>
<p><i>State of Pennsylvania</i> ZYGMENT PINES Court Administrator and DARREN BRESLIN Special Programs Administrator Administrative Office of Pennsylvania</p>	<p><a href="#">Pennsylvania Public Health Law Bench Guide</a></p>	<p>In the event of a pandemic outbreak, the judicial system may be called on to rule over a variety of public health cases. For Pennsylvania, this may be more challenging than it sounds. The bulk of public health laws in the state predate many current rules of evidence and procedure, as well as current due process standards. In developing a public health bench book under the auspices of the state court administrator’s office, it was decided that, initially, rather than developing a comprehensive bench book along the lines of Indiana’s, a series of “bench guides” with succinct information relating to relevant statutory authority and case law would be of more immediate utility to the state’s judges. The <i>Pennsylvania Public Health Law Bench Guides</i>,</p>

Courts		currently in development, are being designed to provide the most critical information judges may need while attempting to rule over public health violations in the face of a pandemic emergency. The materials are intentionally focused on disease control and prevention measures that will most likely be employed in the event of a pandemic outbreak.
<i>State of South Carolina</i> CHERYL H. BULLARD, JD Chief Counsel for Health Services and MATTHEW S. PENN Staff Attorney for Health Services South Carolina Department of Health and Environmental Control	<a href="#">Practitioner Response: Confronting a Public Health Emergency</a>	In 2003, South Carolina experienced an outbreak of monkey pox. Blanketed by the Centers for Disease Control and Prevention’s recommendation, the state commissioner ordered that the animals be destroyed. Law enforcement agencies were unwilling to enforce such an order without first being granted permission by a judge. The outbreak identified gaps in law enforcement’s understanding of its role in the enforcement of public health orders. Training programs were started with various law enforcement and public safety agencies. The outbreak also identified a need for statewide training on the subject of a pandemic outbreak—training that began with the South Carolina Criminal Justice Academy and has continued with public health law training at the county level.
<i>Toronto, Ontario—Canada</i> JANE SPEAKMAN City of Toronto Legal Services	<a href="#">Justice and Public Health Systems Planning: Confronting a Pandemic Outbreak</a>	Between February 23 and June 11, 2003, more than 13,000 inhabitants of the City of Toronto were quarantined for the presence of Severe Acute Respiratory Syndrome (SARS). By the end of the outbreak, 44 people had died (38 within the city limits), and the 4-month emergency cost the city roughly \$5.9 million. Toronto Police Services (TPS) had their first contact with a disease resembling pneumonia on March 11, 2003. On March 20, 2003, the disease was confirmed as SARS. A medical emergency in the province of Ontario was declared 5 days later. Early challenges included a lack of clearly defined leaders, media reports, and the management of quarantine orders by the Public Health Department. In November 2005, Toronto unveiled its Pandemic Influenza Plan, which was intended to work with existing Provincial and Canadian Federal regulations. Created in response to the SARS outbreak of 2003, the plan includes eight goals that set the framework: surveillance, communications, emergency planning, health care systems, public health measures, vaccines and antiviral medications, infection control, and self-care.
<i>National</i> NATIONAL ASSOCIATION FOR COURT MANAGEMENT BUSINESS CONTINUITY MANAGEMENT SUBCOMMITTEE	<a href="#">The Pandemic Preparedness Checklist</a>	Recognizing that government agencies, particularly courts, are obligated to maintain services during times of disasters, the National Association for Court Management prepared a <i>Business Continuity Planning Guide</i> with a special component addressing issues related to pandemic preparedness. Included in these materials is a 12-step checklist for courts to use in planning for a pandemic emergency. The checklist includes issues to consider relating to maintaining the court’s ability to conduct its business and addressing special issues of concern to employees, such as whether they will be paid if they cannot come to work because they are quarantined.

<b>LAW ENFORCEMENT</b>		
<p><i>Louisville, Kentucky</i>  DR. WILLIAM S. SMOCK  Professor and Co-Section Chief  Division of Protective Medicine  University of Kentucky</p>	<p><a href="#">Law Enforcement Officer Protection: Recommendations for Contact with Influenza H5N1-Infected Individuals</a></p>	<p>In the wake of a Canadian SARS outbreak in 2003 and the recent appearance of avian flu on both the Asian and European continents, the importance of protecting law enforcement officers from such outbreaks has been increasingly recognized. This personal protection may be in the form of respiratory, eye, and/or skin protection. Also of key importance is the fact that court orders may now be issued (as of April 2005) for the isolation and quarantine of individuals infected with either novel or re-emergent influenza.</p>
<p><i>Montgomery County, Maryland</i>  CAPT. NANCY C. DEMME  Montgomery County Police Department</p>	<p><a href="#">Quarantine and Isolation Planning</a></p>	<p>Montgomery County is located adjacent to and north of Washington, DC. Approximately 1 million people reside within its borders. One year ago, the county began both pandemic and quarantine and isolation planning. A meeting was planned between all aspects of the County government system—from courts, to corrections, to law enforcement and public health. This first meeting was intended to educate all parties on both the idea of a pandemic outbreak and the authority of each separate government entity during a possible quarantine and isolation situation.</p>
<p><i>Mecklenburg County (Charlotte), North Carolina</i>  CAPT. GLEN NEIMEYER  Charlotte-Mecklenburg Police Department</p>	<p><a href="#">Regional Law Enforcement Initiatives Directed Towards a Response to a Pandemic Event</a></p>	<p>CMPD currently has planning initiatives in place for a pandemic event, including an Emergency Mobilization Plan (EMP) that has local plans for quarantine, isolation, and mass transportation (in the event of an evacuation).</p>
<p><i>Toronto, Ontario—Canada</i>  THOMAS IMRIE  Manager  Occupational Health and Safety  Toronto Police Service</p>	<p><a href="#">Toronto Police Service Response to SARS 1 and 2</a></p>	<p>The Toronto Police Service (TPS) is composed of approximately 8,000 employees (5,300 officers; 2,700 civilians). There are 35 different workstations across the city, including Marine Unit, Mounted, and K-9 Units. More than 90 percent of TPS facilities run on a 24/7 schedule.</p>
<p><i>New Zealand</i>  New Zealand District Police</p>	<p><a href="#">District Police Pandemic Influenza Response Plan</a></p>	<p>New Zealand’s Pandemic Influenza Response Plan explains how one law enforcement agency would operate with the likely staff shortages resulting from a pandemic outbreak. Highlights include those agency members who are considered essential, as well as the services that must be maintained regardless of staffing levels. While the following information regarding the New Zealand District Police is of interest, it should be noted that New Zealand’s justice system is vastly different than that of the United States. Therefore, the response plan summary below should be considered for informative purposes only, not as a recommendation of practices and protocols.</p>

<b>PUBLIC HEALTH</b>		
<p><i>State of Delaware</i> DAVID B. MITCHELL, JD Secretary Delaware Department of Safety &amp; Homeland Security</p>	<p><a href="#">Avian and Pandemic Flu: The Delaware Experience</a></p>	<p>Delaware’s poultry industry produces 240 million chickens per year and accounts for 70 percent of the total Annual Farm Cash Receipts. It is led by the Department of Agriculture, with coordination and support provided through the Delaware Department of Safety &amp; Homeland Security. In February 2004, two poultry farms confirmed outbreaks of avian flu. As a result, in 2005, the Governor directed Delaware’s Department of Safety &amp; Homeland Security, Department of Agriculture, and Department of Health &amp; Social Services to establish a cabinet-level committee to plan for and monitor the threat of a pandemic outbreak in Delaware. The result was the Delaware Pandemic Influenza Plan.</p>
<p><i>State of Indiana</i> SENATOR BRENT STEELE Indiana State Senate</p>	<p><a href="#">Indiana State Senate: Quarantine and Isolation Statute</a></p>	<p>A quarantine and isolation (Q/I) statute recently enacted in Indiana (effective July 2006) establishes procedures for the public health authority to follow to obtain or issue a quarantine and/or isolation order. Keeping in mind the need for widespread public participation in quarantine procedure, Indiana lawmakers wrote straightforward legislation to afford citizens their due process rights as much as possible.</p>
<p><i>Harris County (Houston), Texas</i> HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES</p>	<p><a href="#">Public Health Preparedness and Response Plan: Pandemic Influenza and Highly Infectious Respiratory Diseases</a></p>	<p>Harris County Public Health &amp; Environmental Services (HCPHES) created its “Public Health Preparedness and Response Plan: Pandemic Influenza and Highly Infectious Respiratory Diseases” in November 2005. The plan details how the county should respond before, during, and after a pandemic event. Also contained within the document are plans for mass vaccination activities and local administration of the Strategic National Stockpile. An emergency response structure, authorities, and responsibilities of the pandemic plan are based on and also identified within the “Harris County Basic Plan.” A full version of the Harris County’s “Public Health Preparedness and Response Plan” is available at <a href="http://www.hcpbes.org/phs/HCPHESFluResponsePlan1105.pdf">www.hcpbes.org/phs/HCPHESFluResponsePlan1105.pdf</a>.</p>
<p><i>National</i> BRUCE GELLIN, MD, MPH Director National Vaccine Program Office U.S. Department of Health and Human Services</p>	<p><a href="#">Influenza and Pandemic Influenza Preparedness</a></p>	<p>H5N1 is considered the current strain of avian flu passed between birds and humans. In its current state, H5N1 does not typically infect humans; however, reports of infection are accumulating. Thus far, the number of people infected is 208, with a mortality rate of 55 percent. It is important to note that those who have become infected with H5N1 have had direct contact with an infected bird, either through eating uncooked meat or exposure through avian feces. Cases of human-to-human exposure are extremely rare and have not continued beyond one person’s infection.</p>



# Breakout of Justice System Protocols and Strategies

## CORRECTIONS – Institutional

*State of Kentucky*

Department of Corrections Critical Incident Management Plan  
Scott A. Haas, MD, Medical Director, Kentucky Corrections Health Services Network

### INTRODUCTION

At the start of the Chicago symposium, the Kentucky Department of Corrections Critical Incident Management Plan was in its beginning stages. Pandemic protocols were being weaved into the state's existing emergency plan. The state uses a split command center (i.e., normal and crisis command centers) for pandemic issues. Isolation and quarantine areas will be available at both facilities.

#### Plan Preparation

- Determine who key players are and whom information is needed from to develop any appropriate policies.
- Collect information on the number of inmates, the daily jail/prison population, and number of staff on duty during each shift.
- Compile such information into a concise document to be used from meeting to meeting as a point of reference.
- Expand the current emergency plan to include a section specifically tailored to a pandemic influenza outbreak.
- Be certain to structure a pandemic plan for the long term, as pandemic outbreaks come in waves.
- Identify what ethical considerations should be made. For example, what should be done for those people who do not arrive for treatment within the 72-hour contact window?

#### Plan Activation

- Have a detailed medical response plan ready, making certain to include information on personal protective equipment and who will be using such equipment.
- Have a clear internal and external communications plan.
- Designate someone to monitor routine and crisis operations and keep track of information.
- In the event the Critical Incident Management Plan is activated, the Warden or his designee shall become the Incident Commander.
- When developing policies, use the language and format key players are accustomed to.
- Develop training modules and educational tools on a pandemic outbreak and how to implement the plan.
  - Educate and train staff, in that order.
  - Inmates should be educated immediately following plan implementation.
- Estimate the impact of implementation on the correctional system's resources.

#### Post-Plan Implementation

- Share newly drafted policies with public health officials and others, as necessary.
- Train staff and inmates on the implemented plan.
- Read everything possible on a pandemic.
- Reassess and revise plans, as necessary.
- Continually revise policies to include new developments.

## **CORRECTIONS – Institutional**

*State of North Dakota*

North Dakota State Penitentiary Pandemic Outbreak Emergency Plan  
Timothy T. Schuetzle, Director, Prisons Division,  
North Dakota Department of Corrections and Rehabilitation

### **INTRODUCTION**

The North Dakota State Penitentiary (NDSP) is a 500-bed, maximum-security facility located in Bismarck. It houses 538 inmates and 225 staff (including 8 nurses, 1 physician, and 1 pharmacist). In the case of a pandemic emergency, NDSP assumes that it will receive no outside assistance and will need to initiate its own Emergency Operations Command Center. Vaccinations will not be available. At least 25–40 percent of its population (145–215 inmates) will become infected and of these infected an estimated 1–5 percent (5–26 inmates) will die. Staff will operate at a 40–50 percent level—that is, 65–70 of the 135 security staff will be available for work, 40 of the 80 support staff will be available, 4 of the 8 nurses will be at work, and the 1 physician and 1 pharmacist may or may not be available.

#### Planning Stage: Equipment and Supplies

- N-95 masks (enough for the 2-week quarantine period)
- Gloves, goggles, isolation gowns, and covers
- Plastic bags, hydration supplies, cleaning supplies, and body bags
- Facility lockdown supplies (food, plasticware, and water)

#### Planning Stage: Preparation and Training

- Prepare the facility's air handling units and filters and inmate bunks and mattresses in a separate location within the facility.
- Train all staff members and inmates in the facility's pandemic plan.
- Prepare protocols for the "Trigger Point" (i.e., the point at which to switch from normal operations to emergency operations, which in turn will lock down the facility).

#### Trigger Point Protocols

- NDSP will lock down the facility at the first confirmed pandemic death in the county.
- The Emergency Operations Command Center structure will be initiated.
- Lockdown policies will be implemented.
- Intake and transfer of inmates will cease, as will the arrival of visitors, volunteers, and inside deliveries.
- Staff will be informed to remain home if they are at all ill.
- In the event a case is diagnosed in the facility, the precautions listed below should be taken.

#### Facility Diagnosis Protocols

- N-95 masks and protective gear will be issued to all staff members.
- Infected inmates will be isolated in one designated area. (Is there an area of the facility that can contain 25 percent of your population?)
- Uninfected inmates will remain in lockdown, be issued N-95 masks, and be asked to use a 10-percent bleach solution for hygiene.
- In the event of an inmate's death, existing policy will be followed, when possible. Body storage capabilities should be determined early in the planning stages.

- Assess the facility's staffing needs and determine alternate plans, if necessary.
- Determine discharge and quarantine options.

#### Memorandum of Understanding

- A Memorandum of Understanding (MOU) was established with the Highway Patrol.
- The MOU allows for the alternative removal of bodies during a pandemic outbreak, as well as procedures for moving prisoners from an infected area to a clean area within the facility.

## **CORRECTIONS – Community Corrections/Probation & Parole**

*National*

Community Corrections Perspective

Carl A. Wicklund, Executive Director, American Probation and Parole Association

### **INTRODUCTION**

No two probation and parole systems are alike. In a number of states, probation is an Executive Branch function; in others it is a part of the Judicial Branch. Some probation departments fall under local rather than state control, while others are considered part of the federal system. There are jails to be considered, urban areas with staff in the hundreds, and rural areas that may function with two staff members. In addition, caseloads are generally oversized because of the number of offenders situated in the community.

#### Planning Questions

- Whom does one coordinate with? Who will take the lead, externally and internally, within the agency?
- To whom does one report information? Some areas have city and county health departments.
- Is there an automated case management system?
- What kind of personal protective equipment is recommended and available to community corrections personnel?
- To whom will the equipment be distributed?
- Are office hours going to be continued?
- If there is a drop in the workforce, whom is going to receive attention?
- Will there be quarantine areas?
- What about parole violators?
- What about the economic issues involved?
- Will pretrial assessments and supervision still occur?
- Should all high-risk parolees be electronically monitored?
- Will mental health services be available?
- How will families of officers be assisted?
- What happens if quarantined staff fails to remain in quarantine?

#### Important Suggestions and Reminders

- Get assistance and buy-in from others in the justice system when developing plans.
- Develop protective measures now and involve staff in development of procedures and policy.
- Develop a continuity plan for essential services and define what those services will be.
- Sustain infrastructure.
- Determine how to communicate with stakeholders.
- Community corrections often are overlooked by the rest of the justice system.
- You will need a lot of help with resources.

## **COURTS & LEGAL SERVICES**

*State of Arizona*

Supreme Court–Emergency Response Planning for America’s Courts  
Eric W. Carlson, Director, Administrative Services, Arizona Supreme Court

### **INTRODUCTION**

In 2002, the fire season devastated parts of Arizona. In response to this, and in hopes of preventing future devastation, an interdisciplinary committee was established to bolster emergency preparedness and create a contingency plan. The contingency plan was designed to be simple to follow and easily implemented. The hope was that the plan would not only be flexible, but also specify roles and responsibilities for the courts in Arizona, by using guidelines instead of mandates. The state’s general Emergency Operations Plan is now being applied to both pandemic preparedness and planning.

#### Planning Approach

- The plan should be flexible (i.e., applicable to all courts).
- Presiding and chief judges should take the lead in planning.
- Simple preparations will allow court staff to manage an incident.
- Presiding and chief judges should provide an initial direction and framework for the plan.

#### Minimum Preparations

- Determine a chain of command.
- Create an emergency team.
- Develop internal and external communication protocols.
- Identify alternate facilities to hold court.
- Plan to manage people under court supervision (i.e., defendants).
- Identify critical court functions.
- Educate, train, and test court staff on pandemic planning.

#### Avian Flu Planning

- Health department: help create a public health law bench book.
- Education and training: educate staff about the plan, train them in plan protocols, and test them occasionally.
- Human resources: consider policy issues regarding staffing levels, compensation, and administrative structure.

### Court Functions and Legal Considerations

- Hearings
- Legal representation
- Juries
- Statutes of limitation
- Speedy trial rules
- Basic due process
- Public health law bench book

### Policy Considerations

- Human resources policies
- Procurement and finances
- Security and workplace safety
- Administrative structure
- Use of technology in the courtroom

## **COURTS & LEGAL SERVICES**

### *State of Florida*

#### Florida State Courts—Strategy for Pandemic Influenza Unified Supreme Court/Branch Court Emergency Management Group

### **INTRODUCTION**

In response to the President's *National Strategy for Pandemic Influenza*, the Supreme Court of Florida—in conjunction with the Florida Department of Health—created a pandemic emergency plan for specific use by Florida state courts. The plan outlines the basic responsibilities and actions to be taken during a pandemic outbreak.

#### Strategic Goals

- Deal with the crisis in a way that protects both the health and safety of everyone within court facilities.
- Keep courts open to ensure justice for the community.

#### Tactical Objectives

- Short-Term Tactical Objectives (Up to 90 Days)
  - Capacity to perform all essential functions, as designed in continuity of operations plan.
  - Capacity to address all emergency matters generated and associated with the quarantine and isolation of individuals.
- Long-Term Tactical Objectives (Past 90 Days)
  - Capacity to perform all criminal matters, including jury trials.
  - Capacity to address all emergency civil matters.
  - Capacity to perform all other essential functions under a situation where only limited face-to-face contact is possible.

#### Planning Assumptions

- There will be an increase in cases of individuals seeking relief.
- Court operations may be detrimentally impacted for up to 18 months.
- Response and recovery will likely originate with local court officials.
- Each court should ensure they have the capacity to perform their essential functions, as defined by the Continuity of Operations Plan.
- Face-to-face contact between all court members necessary to perform essential functions may be dramatically limited or unavailable.

#### Seven Planning Tasks

- Task 1: Engage local and state public health and other officials in advance.
- Task 2: Prepare for legal considerations in a pandemic.
- Task 3: Update court technology continuity and disaster recovery plans.
- Task 4: Provide education to court staff regarding the threat posed by a pandemic.
- Task 5: Improve communications with public health agencies and others within the
  - justice system.
- Task 6: Strengthen Court Emergency Management Teams and address other personnel
  - questions.
- Task 7: Consider jury management—a nontraditional approach.

## COURTS & LEGAL SERVICES

*State of Indiana*

Public Health Law Bench Book for Indiana Courts  
The Honorable Linda Chezem (Retired), Center for Public Health

### INTRODUCTION

Within the judicial system, the earmark of any good preparation is the inclusion of a public health law bench book. A bench book provides guidance for judges regarding emergency public health laws. It also provides the court with recommendations for emergency operations during a public health crisis. The document offers model orders (isolation and quarantine) that may be needed during a public health crisis. Indiana's bench book contains both a Public Health Primer and a Public Health Glossary as its appendixes. A full copy of the book is available online at [www.publichealthlaw.info/INBenchBook.pdf](http://www.publichealthlaw.info/INBenchBook.pdf).

#### Content Outline

- 1.00 Jurisdiction of Public Health Issues
- 2.00 Health Agencies and Boards
- 3.00 Searches, Seizures, and Other Government Actions To Ensure Public Health
- 4.00 Proceedings Regarding Limitations on Individual Liberties
- 5.00 Operation of the Courts Amid Public Health Threats
- 6.00 State of Emergency
- 7.00 Model Orders
- APX A: Public Health Primer
- APX B: Public Health Glossary

#### 7.00 Model Orders

- Included within the Model Orders section is 7.22: Model Order for Isolation of Individual Pursuant to Ind. Code § 16-20-1-21.
- The model isolation order gives general details regarding the relevant outbreak, including symptoms and the known methods for isolating the disease.
- The person being ordered into isolation is told of his/her rights regarding the isolation. (There will be few rights, as isolation is not voluntary).
- An expiration date for the order must be given, and the order must be signed by a judge.

#### Bench Book Appendixes

- Appendix A: Public Health Primer
  - Provides a definition and history of public health.
  - Details the role of government in public health.
  - Explains what an individual's rights are concerning public health.
- Appendix B: Public Health Glossary
  - Provides definitions for more than 100 words associated with the public health field, including medical and statistical terminology.



## **COURTS & LEGAL SERVICES**

*State of Pennsylvania*

Judicial Perspective on Pandemic Planning  
The Honorable John M. Cleland, Presiding Judge, 48<sup>th</sup> Judicial District of Pennsylvania

### **INTRODUCTION**

Pandemic planning should not be considered within a vacuum. All aspects of government, from the White House to a state police department to a local county seat, should be considered when creating protocols for dealing with what may become a national outbreak.

#### Principles for Consideration

- Keep the planning group small. This creates group cohesion, which is needed for any plan's success.
- Work with public, private, and government groups and organizations to identify issues and problems.
- Initially, focus on the issues likely to arise during those first moments of chaos.
- Know any applicable laws before developing solutions.
- Include staff from every organizational level in the planning process.

#### Disaster Planning for Dummies

- Anyone with the responsibility to decide also should have the authority to act.
- A decisionmaker should not only be *getting* good information, but also should be *giving* good information.
- A decisionmaker should have access to expert technical advice at all times.

## COURTS & LEGAL SERVICES

*State of Pennsylvania*

Pennsylvania Public Health Law Bench Guide  
Zygmunt Pines, Court Administrator, and Darren Breslin, Special Programs Administrator,  
Administrative Office of Pennsylvania Courts

### **INTRODUCTION**

In the event of a pandemic outbreak, the judicial system may be called on to rule over a variety of public health cases. For Pennsylvania, this may be more challenging than it sounds. The bulk of public health laws in the state predate many current rules of evidence and procedure, as well as current due process standards. In developing a public health bench book under the auspices of the state court administrator's office, it was decided that, initially, rather than developing a comprehensive bench book along the lines of Indiana's, a series of "bench guides" with succinct information relating to relevant statutory authority and case law would be of more immediate utility to the state's judges. The *Pennsylvania Public Health Law Bench Guides*, currently in development, are being designed to provide the most critical information judges may need while attempting to rule over public health violations in the face of a pandemic emergency. The materials are intentionally focused on disease control and prevention measures that will most likely be employed in the event of a pandemic outbreak.

#### Section One: Public Health Issue Bench Guides

This section details a variety of public health orders that may be affected during the course of a pandemic outbreak. The laws associated with these orders also are explained.

- Searches of Persons
- Searches and Seizure of Property
- Isolation and Quarantine Orders
- Ordered Medical Examination and Treatment
- Evacuation Orders
- Public/Private Property Closure or Quarantine Orders
- Writs of Habeas Corpus
- Temporary Restraining Orders
- Public Health Emergency Measures

#### Section Two: Legal Issues in a Public Health Context

- Jurisdiction
- Parties
- Notice
- Hearing
  - Procedures
  - Burden of Proof: this rests with the petitioner
  - Standard of Proof: *Addington v. Texas*, 441 US 418 (1979) [standard of proof in civil commitment cases]; *City of Newark v. J.S.*, 652 A.2d 265, 271-72 (NJ Super 1993) [standard of proof required for involuntary commitment of tuberculosis (diseased) patient]
- Remedies
- Enforcement

- Miscellaneous
  - Costs: if a local health authority commits an individual to either isolation or quarantine, that authority must pay for any medical treatment provided
  - Appointment of Counsel: involuntarily committed individuals are entitled to counsel, and counsel may be appointed
  - Special Populations

### Section Three: Appendixes

- Glossary
- Model Orders
- Court Rules
- Relevant Statutes and Regulations
- Relevant Cases

## **COURTS & LEGAL SERVICES**

### *State of South Carolina*

Practitioner Response: Confronting a Public Health Emergency  
Cheryl H. Bullard, JD, Chief Counsel for Health Services, and  
Matthew S. Penn, Staff Attorney for Health Services,  
South Carolina Department of Health and Environmental Control

#### **INTRODUCTION**

In 2003, South Carolina experienced an outbreak of monkey pox. Blanketed by the Centers for Disease Control and Prevention's recommendation, the state commissioner ordered that the animals be destroyed. Law enforcement agencies were unwilling to enforce such an order without first being granted permission by a judge. The outbreak identified gaps in law enforcement's understanding of its role in the enforcement of public health orders. Training programs were started with various law enforcement and public safety agencies. The outbreak also identified a need for statewide training on the subject of a pandemic outbreak—training that began with the South Carolina Criminal Justice Academy and has continued with public health law training at the county level. To help with training efforts, South Carolina has followed the lead of other states in developing a public health law bench book—an important feature of educating the justice system because public health law cases are rare and judges and law enforcement officials are typically not familiar with such cases. A bench book provides a convenient tool for the education of lawyers, judges, and involved law enforcement personnel; provides a quick reference for emergency cases; and allows for the development of orders and pleadings on short notice.

#### South Carolina's Public Health Law Bench Book – Background and Status

- Basic Structure of the Book
  - Section 1: Basic Legal Authorities Written like a Treatise on Public Health Law
  - Section 2: Practical Application Checklists of Process and Procedure
  - Section 3: Sample Petitions, Affidavits, and Orders
- Subject-Matter Groupings for Initial Research
  - Jurisdiction of Public Health Issues
  - Organic Authorities for Health Agencies and Boards
  - Search and Seizure in Public Health Law
  - Isolation and Quarantine – Definition and Authority
  - Isolation and Quarantine – Procedures
  - States of Emergency and Governmental Powers

#### Emergency Health Powers Act – Training County by County

- The Department of Health and Environmental Control is in the process of visiting each county in the state to train first responders and other local public health partners on South Carolina's basic public health laws and Emergency Health Powers Act, with a special emphasis on pandemic influenza preparedness and law enforcement's role in disease outbreaks.
  - Basic Public Health Laws
    - Disease Reporting Requirements
    - Disease Investigation Authorities
    - Day-to-Day Isolation and Quarantine Authorities
  - Purpose of South Carolina's Emergency Health Powers Act (S.C. Code of Laws, 44-4-100 to -570)

- “. . . new and emerging dangers, including emergent and resurgent infectious diseases and incidents of civilian mass casualties, pose serious and immediate threats”
- South Carolina’s Emergency Health Powers Act authorizes expanded governmental powers in five broad topic areas:
  - Collection of data and records
  - Disposition of property
  - Management of people
  - Disposal of human remains
  - Protection of health information
- Focus on Law Enforcement’s Role
  - Delivery and enforcement of public health orders, such as isolation and quarantine orders
  - Destruction of property
  - Security for hospitals and other health care facilities, shipments of pharmaceuticals and other medical supplies, and distribution and dispensing of medicines

## **COURTS & LEGAL SERVICES**

*Toronto, Ontario, Canada*

Justice and Public Health Systems Planning: Confronting a Pandemic Outbreak  
Jane Speakman, City of Toronto Legal Services

### **INTRODUCTION**

Between February 23 and June 11, 2003, more than 13,000 inhabitants of the City of Toronto were quarantined for the presence of Severe Acute Respiratory Syndrome (SARS). By the end of the outbreak, 44 people had died (38 within the city limits), and the 4-month emergency cost the city roughly \$5.9 million. Toronto Police Services (TPS) had their first contact with a disease resembling pneumonia on March 11, 2003. On March 20, 2003, the disease was confirmed as SARS. A medical emergency in the province of Ontario was declared 5 days later. Early challenges included a lack of clearly defined leaders, media reports, and the management of quarantine orders by the Public Health Department. In November 2005, Toronto unveiled its Pandemic Influenza Plan, which was intended to work with existing Provincial and Canadian Federal regulations. Created in response to the SARS outbreak of 2003, the plan includes eight goals that set the framework: surveillance, communications, emergency planning, health care systems, public health measures, vaccines and antiviral medications, infection control, and self-care.

#### Emergency Management

- Voluntary compliance.
- Development of an Incident Command System with an inherent chain of command.
- Coherent communication strategy.
- Creation of an emergency supply distribution network.

#### Compensation Strategy

- Emergency legislation enacted to pay people to stay home from their jobs.
- Unemployment insurance eligibility period was waived.
- Special income replacement program was created.

#### Risk Management

- Communication: Develop a clear communication strategy.
- Cooperation: Agree to work together and establish a chain of command.
- Coordination: Create a working list of key players, and establish partnerships with those members who are willing to be available 24 hours, 7 days a week.
- Collaboration: Work together to execute the pandemic plan; know who has what position in the chain of command and what that position entails.

#### Legal Preparedness

- Know the legislation and the legal limitations, and fix whatever gaps lie in between.
- Anticipate what might be required.

#### Courts and Legal Counsel: Key Players

- Identify key contacts and exchange information.
- Legal counsel should be available at all times to address legal issues that may arise.

- Limit court access for people who are or may be infected to telephone access and taped proceedings for related hearings.

# **COURTS & LEGAL SERVICES**

*National*

The Pandemic Preparedness Checklist  
National Association for Court Management Business Continuity Management Subcommittee

## **INTRODUCTION**

Recognizing that government agencies, particularly courts, are obligated to maintain services during times of disasters, the National Association for Court Management prepared a *Business Continuity Planning Guide* with a special component addressing issues related to pandemic preparedness. Included in these materials is a 12-step checklist for courts to use in planning for a pandemic emergency. The checklist includes issues to consider relating to maintaining the court's ability to conduct its business and addressing special issues of concern to employees, such as whether they will be paid if they cannot come to work because they are quarantined.

## **12 Steps You Can Take to Prepare for a Pandemic Influenza Outbreak**

### **1. Get Organized**

- Create a pandemic planning team.
- Appoint/select a pandemic planning coordinator.
- Form work groups.
- Develop project plans.
- Monitor worldwide, national, and local pandemic developments.

### **2. Conduct a Risk Assessment: Estimate Potential Impact of a Pandemic on Internal and External Essential Services**

- Determine exposure points for employees (public contacts).
- Determine facilities that may be closed.
- Anticipate the consequences.
- Plan to deliver essential services.

### **3. Engage State, Local, Health, and Other Officials**

- Ensure courts are "at the planning table."
- Stay informed of local efforts.
- Meet with health officials, law enforcement agencies, prosecutors, public defenders, and bar organizations to coordinate efforts.

### **4. Protect Employee Health**

- Increase hygiene, cleaning, and infection control awareness (e.g., the use of N-95 masks, gloves, sanitizers, and eye guards).
- Make sure staff maintain a safe social distance (i.e., at least 3 feet).
- Take measures to separate staff from public.
- Prepare to sequester essential staff.
- Establish entry screening policy and procedures.

### **5. Prepare and Review Employee Policies**

- Discuss how to cope with illness.
- Review employee leave policies.
- Create plans to support workers.



- Create plans for flexible work hours and shifts.
- Require ill employees to stay at home.
- Prepare to fill vacancies, considering:
  - Temporary workers
  - New/replacement hires
  - Critical staff capabilities
  - Training.

#### **6. Plan for Business Continuity**

- Prioritize functions.
- Develop pandemic scenarios (minor, moderate, and severe).
- Analyze potential business impacts.
- Prepare to adapt operations.
- Test key plan components.
- Prepare policy for suspending some operations.

#### **7. Prepare for Supply Service Interruptions**

- Understand needs.
- Explore reliance on “just-in-time” delivery.
- Stockpile critical resources.
- Establish contingency funds.
- Identify contingencies for water, electric, gas, garbage, telephone, and/or custodial service disruptions.

#### **8. Legal Considerations**

- Process for issuing quarantine and isolation orders.
- Due process considerations.
- Explore adopting administrative orders for tolling speedy trial statutes/rules and extensions of civil filing deadlines.

#### **9. Expand Online and Self Service**

- Plan for or implement technology to reduce face-to-face interactions.
- Prepare a “dark” web site, to be turned on when needed.
- Plan to conduct services manually if technology fails.

#### **10. Consider Jury Management Issues**

- Impact on jury yield.
- Obtain correct addresses after widespread disruption.
- How will jurors report for service?
- How they will assemble?
- How will jurors be selected and then deliberate?

#### **11. Prepare a Pandemic Management Plan**

- Pandemic Planning Team prepares plan.
- Consult with others.
- Implement (training).
- Exercise and test the plan.
- Modify plan from lessons learned.
- Assign responsibility for keeping plan current.
- Develop a phased plan that has “triggers” and “actions.”

#### **12. Inform Employees and Stakeholders**

- Identify key stakeholders.
- Keep staff and key stakeholders informed.
- Share risk information.

- Determine whom employees will inform of their situation.
- Advise all concerned of planning efforts.
- Designate single spokesperson for all internal and external communication.

## **LAW ENFORCEMENT**

*Louisville, Kentucky*

Law Enforcement Officer Protection:  
Recommendations for Contact with Influenza H5N1-Infected Individuals  
Dr. William S. Smock, Professor and Co-Section Chief, Division of Protective Medicine, University of  
Kentucky

### **INTRODUCTION**

In the wake of a Canadian SARS outbreak in 2003 and the recent appearance of avian flu on both the Asian and European continents, the importance of protecting law enforcement officers from such outbreaks has been increasingly recognized. This personal protection may be in the form of respiratory, eye, and/or skin protection. Also of key importance is the fact that court orders may now be issued (as of April 2005) for the isolation and quarantine of individuals infected with either novel or re-emergent influenza.

#### **Quarantine and Isolation**

- Suspects or prisoners with a potentially infectious disease should be interviewed and transported with a surgical mask in place over the nose and mouth.
- If the potential for infectious disease exists, officers and/or agents are not to have face-to-face contact with the suspect or prisoner without first participating in extensive training on how to deal with exposed prisoners and wearing personal protective equipment.

#### **Agency Equipment Recommendations**

- N-95 masks (within 6 feet of a potentially infected individual)
- Eye protection (within 6 feet)
- Gloves (any physical contact)
- Alcohol-based gel
- Mask intended for use by potentially infected individual (place mask on suspect)

#### **Hygiene Recommendations**

- The most effective way to wash your hands is with an alcohol-based hand rub.
- Personnel should wear masks and gloves and practice efficient and effective hand hygiene at all times.
- Eye protection also is important; wear goggles or glasses when interacting with potentially infectious individuals.
- Do not report for duty if experiencing influenza symptoms.

### Agency Preparedness

- Plan for the agency to be impacted.
- Protect employees and their families.
- Establish policies relevant to the procedures and protocols in place during a pandemic outbreak.
- Obtain and allocate resources for use during a pandemic outbreak.
- Engage employees in preparedness tasks.
- Coordinate with external agencies.

## **LAW ENFORCEMENT**

*Montgomery County, Maryland*

Quarantine and Isolation Planning  
Capt. Nancy C. Demme, Montgomery County Police Department

### **INTRODUCTION**

Montgomery County is located adjacent to and north of Washington, DC. Approximately 1 million people reside within its borders. One year ago, the county began both pandemic and quarantine and isolation planning. A meeting was planned between all aspects of the County government system—from courts, to corrections, to law enforcement and public health. This first meeting was intended to educate all parties on both the idea of a pandemic outbreak and the authority of each separate government entity during a possible quarantine and isolation situation.

#### **Importance of Creating Subcommittees**

- Judicial
  - Civil
  - Criminal
- Law Enforcement
  - Arrest
  - Transport
  - Other Functions During a Pandemic
- Corrections
  - Bond Review
  - Inmate Placement

#### **Issues for Consideration**

- Goal of emergency plan
- Staffing levels during a pandemic outbreak
- Violators of quarantine orders (i.e., what to do with them)
- Level of force authorized in dealing with violators
- Face-to-face contact with violators or video conference contact
- Union issues
- Spokesperson for crisis communication

#### **Concerns**

- Law enforcement is not listed in the top tier of the Centers for Disease Control and Prevention's vaccination list.
- Public health tends to draft plans that use an unlimited pool of law enforcement.

#### **Union Issues**

- Vaccination concerns
- Workmen's compensation issues, such as family compensation in the event an officer infects his or her family
- Line-of-duty death compensation, in the event an officer is infected and dies

#### **Steps In the Evolution of and Response to a Pandemic Event**

1. Public health surveillance: data gathering and analysis (local, state, national, and international).
2. Confirmation of disease case (by the authorized public health agency).

3. Declaration of state of emergency (by the Governor).
4. Isolation and quarantine orders for affected people.
5. Public health monitors those in isolation and quarantine.
6. Police and public health may join forces to establish compliance with isolation and quarantine orders.
7. If compliance is not met, a citation will be issued.
8. If citation compliance is not met, the violator will be arrested and confined and enter the judicial process (emergency detention order, *ex parte* court review, and appeals process).

## **LAW ENFORCEMENT**

*Mecklenburg County (Charlotte), North Carolina*

Regional Law Enforcement Initiatives Directed Towards a Response to a Pandemic Event  
Capt. Glen Neimeyer, Charlotte-Mecklenburg Police Department (CMPD)

### **INTRODUCTION**

CMPD currently has planning initiatives in place for a pandemic event, including an Emergency Mobilization Plan (EMP) that has local plans for quarantine, isolation, and mass transportation (in the event of an evacuation).

#### EMP Components Currently In Place

- Continuity of Government Plan
- Center City Evacuation Plan
- All Hazards Advisory Committee

#### Interagency Preparedness

- Awareness
- Training
- Equipment
- Resources
- Planning
- Exercises

#### Hospital Protection Plan

- Works with the CMPD Command Computer System.
- Frequent meetings are held with both state and federal public health entities to determine the expectations of local law enforcement agencies.

#### Planning Initiatives

- Ensured compliance with National Incident Management System regulations.
- Developed a Continuity of Government Plan.
- Worked with representatives from regional first responder agencies, nongovernmental organizations, and private-sector companies (e.g., utilities, transportation, banking, and insurance) to establish an All Hazards Advisory Committee.

### Training Initiatives

- 2,000+ employees (nonsworn) received mandatory pandemic event training via a web-based training program.
- All sworn officers received online training.



## **LAW ENFORCEMENT**

*Toronto, Ontario, Canada*

Toronto Police Service Response to SARS 1 and 2  
Thomas Imrie, Manager, Occupational Health and Safety, Toronto Police Service (TPS)

### **INTRODUCTION**

The Toronto Police Service (TPS) is composed of approximately 8,000 employees (5,300 officers; 2,700 civilians). There are 35 different workstations across the city, including Marine Unit, Mounted, and K-9 Units. More than 90 percent of TPS facilities run on a 24/7 schedule.

#### Ongoing Primary Risk Management

- Establish a comprehensive communicable disease awareness and prevention program.
- Have ready access to any necessary protective equipment.
- Have ready access to detailed information regarding staff health care professionals.
- Establish and use a functioning Incident Management System.

#### Communicable Diseases Planning

- Establish biannual practical risk management training as component of first aid recertification.
- Add basic protective equipment (e.g., gloves, air valve, and antiseptic wipes) to the duty belt.
- Prioritize procedures on decontamination and post-exposure medical care—discuss via training.

#### Incident Management System

- Must have both an internal and external response structure.
- Must have a defined and specific leadership structure.
- Leaders must be trained and prepared to act.
- Occupational Health & Safety is always a part of leadership structure.
- Experts should be identified ahead time for rapid deployment.

#### Challenges

##### *Internal*

- Civilian exposure and reporting for duty.
- Keeping up with the demand for masks, gloves, and hand wash.
- Stopping rumors before they have a chance to spread.

##### *External*

- There were no clearly defined leaders.
- Regulated Health Professions Act (confidentiality rules created voids in treatment).
- The necessity of managing quarantine orders issued by the public health agency.
- Media reports, which may fuel rumors.

#### Lessons Learned

- There must be one internal leader, acknowledged and appointed.

- Every report should be acknowledged, but not necessarily accepted.
- Employ effective risk management.
- Ingrain an awareness of the risks.
- Police training now includes how to manage SARS and similar risks.
- Currently developing a Biological Disaster Management Plan.

# **LAW ENFORCEMENT**

*New Zealand*

## District Police Pandemic Influenza Response Plan New Zealand District Police

### **INTRODUCTION**

New Zealand's Pandemic Influenza Response Plan explains how one law enforcement agency would operate with the likely staff shortages resulting from a pandemic outbreak. Highlights include those agency members who are considered essential, as well as the services that must be maintained regardless of staffing levels. While the following information regarding the New Zealand District Police is of interest, it should be noted that New Zealand's justice system is vastly different than that of the United States. Therefore, the response plan summary below should be considered for informative purposes only, not as a recommendation of practices and protocols.

#### Maintained Services

- Public contact point
- Communications
- Incident response
- Investigations
- Prisoner custody (detention and process of arrested people)
- Arrest and prosecution (processing and prosecution)
- Traffic management

#### 1-Hour Notice Deployment

- District Headquarters staff
- Intel Section staff
- Youth Education staff
- Community constables
- Recruiting officer

#### 4-Hours' Notice Deployment

- Noncritical sworn staff (minimal supervision staff)

#### 8-Hours' Notice Deployment

- Some prosecutorial staff
- Youth Aid staff
- Law enforcement teams
- Traffic Alcohol group
- Training Section
- Some Highway Patrol staff
- K-9 Section
- Some jailers and/or temporary constables

#### 12-Hours' Notice (Relief) Deployment

- Staff on annual leave
- Staff on scheduled days off

## **PUBLIC HEALTH**

*State of Delaware*

Avian and Pandemic Flu: The Delaware Experience  
David B. Mitchell, JD, Secretary, Delaware Department of  
Safety & Homeland Security

### **INTRODUCTION**

Delaware's poultry industry produces 240 million chickens per year and accounts for 70 percent of the total Annual Farm Cash Receipts. It is led by the Department of Agriculture, with coordination and support provided through the Delaware Department of Safety & Homeland Security. In February 2004, two poultry farms confirmed outbreaks of avian flu. As a result, in 2005, the Governor directed Delaware's Department of Safety & Homeland Security, Department of Agriculture, and Department of Health & Social Services to establish a cabinet-level committee to plan for and monitor the threat of a pandemic outbreak in Delaware. The result was the Delaware Pandemic Influenza Plan.

#### **Delaware Emergency Operations Plan**

- Incident Command System
- Multiagency Coordination Systems
- Public Information Systems

#### **Delaware Pandemic Influenza Plan**

- Comprehensive plan addressing a potential outbreak
- Identifies response roles
- Includes surveillance methods to identify start of pandemic
- Practices for limiting the spread of a pandemic outbreak and treating citizens
- Would add funding to both the University of Delaware's avian flu research program and antiviral stockpile

#### **Inter-Pandemic Preparation** (Department of Health & Social Services and Department of Public Health)

- Surveillance
- Lab capacity
- Incident Response Teams
- Vaccine management
- Health care
- Isolation and quarantine
- Public Education Committee
- Medication management

#### **Inter-Pandemic Coordination** (Department of Health & Social Services and Department of Public Health)

- Exercises
- Collaboration
- Train partners

- Delaware Department of Safety & Homeland Security
- Faith-based communities
- Major employers
- Stockpiling distribution
- Delaware Department of Agriculture

### **State of Emergency**

- Division of Public Health → Delaware Superior Court → Local Municipality (Quarantine and Isolation; Security; Communications) → Delaware State Police Coordination and Support
- Governor declares state of emergency

## **PUBLIC HEALTH**

*State of Indiana*

Indiana State Senate: Quarantine and Isolation Statute  
Senator Brent Steele, Indiana State Senate

### **INTRODUCTION**

A quarantine and isolation (Q/I) statute recently enacted in Indiana (effective July 2006) establishes procedures for the public health authority to follow to obtain or issue a quarantine and/or isolation order. Keeping in mind the need for widespread public participation in quarantine procedure, Indiana lawmakers wrote straightforward legislation to afford citizens their due process rights as much as possible.

#### Quarantine and Isolation Statute

- Isolation: physical isolation from the general public.
- Out-of-home quarantines should be as close to home as possible, with respect for familial visitation.
- Public health authorities may petition either the circuit or the superior court for a quarantine order.
- A quarantined or isolated individual is entitled to a notice of petition, a hearing, and counsel.
- A petition for quarantine must be sworn, with the facts identifying a public health threat explained in detail.
- The court has the right to restrict an infected individual's appearance in court.
- The court, which sets the conditions of isolation, shall impose the least restrictive conditions possible.
- Public health officers have the right to seek emergency Q/I orders without a hearing if there is a chance of further exposure before the individual has a chance for a hearing.
- Emergency Q/I orders expire within 72 hours.
- The public may be notified of a quarantine/isolation situation through the media or via signs posted in public areas.
- The quarantined/isolated individual has a right to be compensated for any property confiscated or destroyed, in relation to the Q/I order.
- Any violation of this statute is considered a Class A misdemeanor and holds a penalty of up to 1 year in jail and a hefty fine.

# **PUBLIC HEALTH**

*Harris County (Houston), Texas*

## Public Health Preparedness and Response Plan: Pandemic Influenza and Highly Infectious Respiratory Diseases Harris County Public Health & Environmental Services

### **INTRODUCTION**

Harris County Public Health & Environmental Services (HCPHES) created its “Public Health Preparedness and Response Plan: Pandemic Influenza and Highly Infectious Respiratory Diseases” in November 2005. The plan details how the county should respond before, during, and after a pandemic event. Also contained within the document are plans for mass vaccination activities and local administration of the Strategic National Stockpile. An emergency response structure, authorities, and responsibilities of the pandemic plan are based on and also identified within the “Harris County Basic Plan.” A full version of the Harris County’s “Public Health Preparedness and Response Plan” is available at [www.hcphe.org/phe/HCPHESFluResponsePlan1105.pdf](http://www.hcphe.org/phe/HCPHESFluResponsePlan1105.pdf).

#### I. Command and Control

##### A. Inter-Pandemic Period

- HCPHES will plan the public health response to pandemic influenza for Harris County.
- The Epidemiology Section will define and quantify local priority populations to receive the vaccine or antiviral medications.

##### B. Pandemic Alert Period

- The Executive Director will initiate communication with local, state, and national counterparts.
- The Epidemiology Section will coordinate surveillance and case tracking.
- The Office of Public Information will develop and disseminate appropriate information to the public.

##### C. Pandemic Period

- The Executive Director will initiate an incident command structure.
- The Executive Director will consider implementing isolation and quarantine measures for the population.

##### D. Post-Pandemic Period

- The Executive Director will debrief relevant parties on response activities.
- The Executive Director will communicate the response to appropriate local, state, and federal authorities.
- The Office of Public Planning will review and update the Response Plan based on lessons learned.

#### II. Surveillance

##### A. Virologic Surveillance

- Each week, 75 U.S. laboratories and 50 National Respiratory and Enteric Virus Surveillance laboratories report the number of clinical specimens tested for influenza and the number of positive results, by virus type and subtype.

##### B. Surveillance for Influenza-Like Illness (ILI)



- Approximately 1,000 health care providers/clinics located in the United States regularly report the number of patient visits for ILI by age group and the total number of patient visits each week.
- C. Surveillance for Influenza and Pneumonia Deaths
- The Vital Statistics Offices of 122 U.S. cities report each week the percentage of total deaths that may be influenza-related.
- D. State and Territorial Epidemiologist Surveillance
- Influenza activity levels in each state are assessed each week and reported as “widespread,” “regional,” “local,” sporadic,” or “no activity.”

### III. Prevention and Containment

- A. Implementation of Community Control Methods
- Slow the spread of pandemic influenza as much as possible.
  - Provide additional time for the development, manufacture, distribution, and administration of an influenza vaccine and antiviral medications.
  - Key strategies for preventing transmission:
    - Decrease the probability that contact will result in infection through proper hygiene.
    - Decrease contact between infected and uninfected individuals through isolation and quarantine.
- B. Use of Antivirals
- Antiviral medications can be used for both prophylaxis and treatment.
  - There is a limited supply of antiviral medications; therefore, antiviral medications intended for prophylaxis use may not be feasible, except in very limited circumstances.
  - Ensure the plan designates a treatment delivery site for antiviral medications.
- C. Use of Vaccine
- It takes 6 to 8 months for large amounts of a vaccine to become available.
  - Once a vaccine does become available, production capacity may allow for just 1–2 percent of the population to be vaccinated per week.
  - The federal government will collaborate with states to work with the pharmaceutical industry to acquire appropriate vaccine levels.
  - The federal government will distribute this and any related vaccines.

### IV. Emergency Response: Health Systems and Critical Infrastructure

- A. Inter-Pandemic Period
- HCPHES will work with area hospitals to ensure that policies, plans, and protocols for pandemic influenza are developed and maintained.
  - A list of personnel whose absence would pose a serious threat to public safety or would significantly interfere with pandemic response activities will be developed.
- B. Pandemic Alert Period
- HCPHES will establish regular communication with the Office of Homeland Security & Emergency Management (OHS&EM), providing updated information about the virus’s epidemiology.
- C. Pandemic Period
- OHS&EM will activate a local Emergency Operations Center to manage the needs of health, medical, and essential service agencies during a pandemic.
- D. Post-Pandemic Period

- HCPHES will participate in recovery and demobilization efforts in coordination with the Emergency Operations Center.
- HCPHES will provide OHS&EM with an assessment of the impact, response, and control of the public health response during the pandemic outbreak.

V. Communicating with the Public

- Pandemic influenza is a unique situation and therefore requires detailed crisis and risk communications planning.
- As such, HCPHES will develop messages to ensure that the public receives the following information during a pandemic event:
  - Basic information about influenza, high-risk populations, and recommended preventative practices
  - The epidemiology of the pandemic
  - Symptoms that should prompt seeking medical assistance
  - Availability of vaccines and antiviral medications
  - Instructions for receiving vaccines and antiviral medications at mass vaccination sites
  - Directives for community-level containment activities
  - Explanations of isolation and quarantine

## **PUBLIC HEALTH**

### *National*

#### Influenza and Pandemic Influenza Preparedness

Bruce Gellin, MD, MPH, Director, National Vaccine Program Office, U.S. Department of Health and Human Services

### **INTRODUCTION**

H5N1 is considered the current strain of avian flu passed between birds and humans. In its current state, H5N1 does not typically infect humans; however, reports of infection are accumulating. Thus far, the number of people infected is 208, with a mortality rate of 55 percent. It is important to note that those who have become infected with H5N1 have had direct contact with an infected bird, either through eating uncooked meat or exposure through avian feces. Cases of human-to-human exposure are extremely rare and have not continued beyond one person's infection.

#### Basis for Pandemic Planning and Preparedness

- Assumptions on pandemic characteristics
- Key pandemic response actions
  - Current pandemic response capabilities
  - Gaps to address for an effective response

#### U.S. Department of Health and Human Services Pandemic Influenza Plan

Elements of pandemic influenza preparedness and response:

- Influenza vaccine
- Antiviral drugs
- Diagnostics
- Surveillance, investigation, and response
- Health care surge capacity
- Infection control
- Risk communications
- State and local planning

#### State and Local Pandemic Influenza Planning Checklist

- Community Leadership and Networking
- Surveillance
- Health System Partnerships
- Infection Control and Clinical Care
- Vaccine Distribution and Use
- Antiviral Drug Distribution and Use
- Community Disease Control and Prevention
- Workforce Support
- Communications

## PART III

### Resources, Contacts, and Endnotes

#### Resources

BJA developed a web site ([www.ojp.usdoj.gov/BJA/pandemic/pandemic\\_main.html](http://www.ojp.usdoj.gov/BJA/pandemic/pandemic_main.html)) dedicated exclusively to pandemic planning. This web site includes a reference library and portal for local justice agencies that consists of useful web links for official information, guides, and publications prepared to assist in planning efforts, as well as documents from local efforts where BJA has been involved or other agencies have supported justice system planning for a pandemic.

Other web sites dedicated to justice system pandemic issues include:

- Association of State Correctional Administrators ([www.asca.net](http://www.asca.net)).
- Law Enforcement Information Technology Standards Council ([www.leitsc.org](http://www.leitsc.org)).
- National Institute of Corrections ([www.nicic.org](http://www.nicic.org)).
- U.S. Department of Health and Human Services' [PandemicFlu.gov](http://PandemicFlu.gov).

In addition, the following resources are of specific relevance to justice system pandemic planning:

Centers for Disease Control and Prevention, "Public Health Emergency Law Training," [www2a.cdc.gov/phlp/phel.asp](http://www2a.cdc.gov/phlp/phel.asp).

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White House Homeland Security Council, 2006, *Implementation Plan for the National Strategy for Pandemic Influenza*, [www.whitehouse.gov/homeland/nspi\\_implementation.pdf](http://www.whitehouse.gov/homeland/nspi_implementation.pdf).

## Contacts

*American Probation and Parole Association*: Mr. Carl Wicklund, Executive Director, P.O. Box 11910, Lexington, KY 40578, Phone: (859) 244-8216, [www.appa-net.org](http://www.appa-net.org).

*Arizona Supreme Court*: Mr. Eric Carlson, Director of Administrative Services, Administrative Office of the Courts, 1501 West Washington Street, Phoenix, AZ 85007, Phone: (602) 542-9301, [www.supreme.state.az.us](http://www.supreme.state.az.us).

*Charlotte–Mecklenburg Police Department*: Capt. Glen Neimeyer, 601 East Trade Street, Charlotte, NC 28202, Phone: (704) 563-1606, [www.charmeck.org/Departments/CMPD](http://www.charmeck.org/Departments/CMPD).

*Delaware Department of Safety and Homeland Security*: Secretary David Mitchell, 303 Transportation Circle, Dover, DE 19903, Phone: (302) 744-2680, <http://dshs.delaware.gov>.

*Harris County (Texas) Public Health and Environmental Services*: Mr. Mac McClendon, Emergency Response Coordinator, 2223 West Loop South, Houston, TX 77027, Phone: (713) 439-6020, [www.hcphes.org](http://www.hcphes.org).

*Kentucky Department of Corrections*: Dr. Scott Haas, Medical Director, 275 East Main Street, Frankfort, KY 40602, Phone: (502) 564-4726, [www.corrections.ky.gov](http://www.corrections.ky.gov).

*Louisville Metro Police Department*: Dr. William Smock, Department of Emergency Medicine, University Hospital, 530 South Jackson Street, Louisville, KY 40202, Phone: (502) 852-7630, <http://louisville.edu/medschool>.

*Montgomery County (Maryland) Police Department*: Capt. Nancy Demme, 101 Monroe Street, 2<sup>nd</sup> Floor, Rockville, MD 20850, Phone: (240) 773-5070, [www.montgomerycountymd.gov/police](http://www.montgomerycountymd.gov/police).

*North Dakota State Penitentiary*: Mr. Timothy Schuetzle, Director, North Dakota Department of Corrections and Rehabilitation, Prisons Division, 3100 Railroad Avenue, Bismarck, ND 58501, Phone: (701) 328-6390, [www.state.nd.us/docr](http://www.state.nd.us/docr).

*South Carolina Department of Health and Environmental Control*: Mr. Matthew Penn, Counsel for Courts and Emergency Preparedness, 2600 Bull Street, Columbia, SC 29201, Phone: (803) 898-1485, [www.scdhec.net](http://www.scdhec.net).

*Supreme Court of Pennsylvania*: Judge John M. Cleland, McKean County Courthouse, 500 West Main Street, Smethport, PA 16749, Phone: (814) 887-3200, [www.courts.state.pa.us/Index/Supreme/IndexSupreme.asp](http://www.courts.state.pa.us/Index/Supreme/IndexSupreme.asp).

*Toronto Police Service*: Mr. Tom Imrie, Manager, Occupational Health and Safety, 40 College Street, Suite 200, Toronto, Ontario, Canada M5G 2J3, Phone: (416) 808-2222, [www.torontopolice.on.ca](http://www.torontopolice.on.ca).

## Endnotes

<sup>1</sup> White House Homeland Security Council, *National Strategy for Pandemic Influenza*, Washington, D.C., November 2005. Available at [www.whitehouse.gov/homeland/nspi.pdf](http://www.whitehouse.gov/homeland/nspi.pdf).

<sup>2</sup> White House Homeland Security Council, *Implementation Plan for the National Strategy for Pandemic Influenza*, Washington, D.C., May 3, 2006, Section 8.1.2.1, p. 161. Available at [www.whitehouse.gov/homeland/nspi\\_implementation.pdf](http://www.whitehouse.gov/homeland/nspi_implementation.pdf).

<sup>3</sup> The symposium proceedings can be found at: [www.ojp.usdoj.gov/BJA/pandemic/Pandemic\\_Proceedings.pdf](http://www.ojp.usdoj.gov/BJA/pandemic/Pandemic_Proceedings.pdf).

<sup>4</sup> Gellin, Bruce, “Influenza and Pandemic Influenza Preparedness,” presentation made May 24, 2006 at the “Justice and Public Health Systems Planning: Confronting a Pandemic Outbreak” symposium in Chicago, Illinois.

<sup>5</sup> Five tabletop exercises were developed for small group discussion at the symposium and for continued use by participants once they returned to their respective jurisdictions.

<sup>6</sup> For example, in a *public health* context, the term “case management” refers to supervision and service delivery; in the context of *court operations*, it refers to the management of the caseload. Similarly, the term “surveillance” in a *public health* context refers to gathering and analyzing information relating to diseases and other activity relevant to public health issues; in a *justice system* context, it refers to intensive monitoring of behavior and other activities of an individual under justice system supervision or investigation.

<sup>7</sup> An ICS is a management system used within the United States, parts of Canada, the United Kingdom, and other countries to organize an emergency response. It was designed to offer a scalable response to incidents of any magnitude.

<sup>8</sup> Social distancing refers to methods to redirect the frequency and closeness of contact to people. These methods can be applied to law enforcement, courts, and corrections settings to limit exposure to a virus.

<sup>9</sup> NIMS was established after the terrorist attacks of September 11, 2001. The system provides a framework for the creation of an individual Emergency Operations Plan by local, state, and federal agencies.

<sup>10</sup> The court systems in several states (Indiana, Kentucky, and Pennsylvania, for example) have begun this process through the development of public health law bench books for judges.