

Jefferson County Department of Emergency Services



Newsletter
“SPECIAL EDITION”

Dealing with H1N1 Swine Influenza
Monday, May 4, 2009

A message from the Director of Emergency Services:

As all of you are aware from the news media the past several days, our nation is on alert for the H1N1 virus more commonly known as the Swine Flu. As there is good reason to be concerned from this information, we must remain calm and not to panic. There is a lot of information that our national news media partners are reporting that is not totally accurate. Confirmed cases of the H1N1 virus will be announced by the Centers for Disease Control (CDC) and the Department of Health and Human Services (HHS).

At this time, there is only one confirmed case within the Commonwealth of Pennsylvania. We continue to be vigilant and remain alert if this would increase. Department staff has been busy over the last couple of days gathering information and proper protection techniques to disseminate to you. We will continue to monitor this situation and prepare for it. We will also disseminate information to you if it is relevant to your protection. As always, please feel free to contact our office at any time. Stay Safe.

Tracy William Zents, Director

**INTERIM GUIDANCE FOR EMERGENCY MEDICAL SERVICES AN
9-1-1 PUBLIC SAFETY ANSWERING POINTS FOR MANAGEMENT OF
POTENTIAL H1N1 INFECTION**

Coordination among PSAPs, the EMS system, healthcare facilities and the public health system is important for a coordinated response to swine-origin influenza A (H1N1). Each 9-1-1 and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. Given the uncertainty of the disease, its treatment, and its progression, the ongoing role of EMS medical directors is critically important. The guidance provided by the CDC is based on current knowledge of swine-origin influenza.

EMS agencies should always practice basic infection control procedures including vehicles/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical personal protective equipment (PPE).

9-1-1 dispatchers will be asking a series of additional questions to conform with CDC guidance and to fall in line with EMD protocol sections 6 Breathing Problems, 10 Chest Pains, 18 Headache, and 26 Sick Person type incidents. Dispatch of EMS units will not be delayed by the asking of these questions. All information received will be relayed to EMS / QRS responding personnel prior to their arrival on scene. Confidential information will be relayed via telephone.

“Does he or she or anyone there have any of the following symptoms?”

- a. Nasal Congestion*
- b. Cough*
- c. Fever*
- d. Dizziness*
- e. Nausea / Vomiting*
- f. Other flu-like symptoms*

EMS personnel involved in the transfer or care of patients with suspected or confirmed cases of swine-origin influenza should take necessary precautions for your protection.

Additional guidance can be found at: www.pandemicflu.gov and at www.cdc.gov.

Information Update on Swine Influenza for School Settings

The following provides updated information from the Pennsylvania Department of Health (PADOH) in consultation with the Pennsylvania Department of Education (PDE) and the Pennsylvania Emergency Management Agency (PEMA) regarding the emerging swine flu situation. These recommendations are based on currently available information. However, since the situation is dynamic, recommendations are likely to change due to evolving circumstances. PADOH is committed to providing continuing guidance and recommendations to school systems throughout the Commonwealth. In addition, all schools should continue to monitor the PADOH web site (www.health.state.pa.us) along with other authoritative public health sources including the Centers for Disease Control and Prevention (CDC) (www.cdc.gov).

Pennsylvania has had a robust pandemic influenza plan in place for several years that includes extensive guidance for the school setting as part of an overall community mitigation strategy (www.pandemicflu.state.pa.us). School systems throughout the Commonwealth have performed exercises and adapted the plan to their local circumstances. The guidance in the Pennsylvania pandemic plan should be examined because much of the information is helpful for the current swine flu situation.

Monitoring of students and staff

All schools in the Commonwealth should monitor on a daily basis the (1) absenteeism rate for any reason and (2) the occurrence of respiratory illness among students and staff. The signs and symptoms of swine influenza reported to date are similar to those seen with typical seasonal influenza. The following is the commonly accepted definition for Influenza like Illness (ILI):

A febrile respiratory illness with cough, coryza, or sore throat in the absence of a known cause other than influenza.

At the present time, we are at the tail end of the winter influenza season. Although overall seasonal influenza activity in Pennsylvania is low, small numbers of cases are still occurring throughout the state. There is no way to clinically distinguish seasonal influenza from swine influenza.

Any student or staff member with ILI should immediately be referred to the school nurse for evaluation. In addition, any case of ILI in a student or employee should be reported to your local health department in order to discuss further measures such as specimen collection and appropriate interventions. Parents of the student should be notified in accordance with the schools usual procedures.

Things Law Enforcement Needs to Know in regards to Swine Flu

At the time of this writing, only the potential for a pandemic has been mentioned, and summer approaches; not your “usual” cold and flu season. One school of thought is that we will see a relatively minor wave of flu cases which will diminish toward the end of the summer. However, when fall starts and schools are back in session and traditional cold and flu season begins, it’s possible we’ll see a more massive wave of infection and reach true pandemic status.

This short article is not intended to be a medical or scientific discussion of the current strain of flu or its treatment. Instead, this piece is meant to inform law enforcement of some of the many unique threats and assets that will present themselves during a developing pandemic, along with some tips on what to do at present to mitigate future problems or obstacles.

Aside from the obvious concerns related to staffing, service, and supply shortages that will affect police work in general, a pandemic scenario carries with it unique issues based not on the disease itself, but on both official and societal reactions to the emergency.

As a pandemic progresses in severity, the most probable reaction will be “mass social distancing” whether instituted or spontaneous. “Instituted” would insinuate that government entities have enacted measures leading to social distancing such as the closure of schools, public gatherings, non-essential business, and possibly setting curfews, leaving people with little to do but remain home. “Spontaneous” social distancing would occur when families take it upon themselves to stay out of public locations. We may see spontaneous school closures when parents keep their children home en masse, and parents remaining at home to care for their children will see some business curtailed as a result. Other threats will present themselves as well.

1. **Robberies**, particularly bank robberies, will increase. People will begin wearing the N95 cloth masks in public, and one of the first groups of people to take advantage of this will be the criminal element who will realize they can easily walk around in public already wearing a mask. Given the current financial situation, the stress and civil unrest added by a developing pandemic and the resulting economic effect of a pandemic, it is probable that the numbers of potential robberies will increase substantially.
2. **Domestic violence** will increase dramatically since social distancing will alter the family dynamic. Families are accustomed to being apart for most of the day, and in this scenario, everyone will be home and “on top of each other” with the pandemic itself adding a level of stress. The potential for

loss of income will also add considerable agitation to an already difficult situation and domestic violence will be a likely result.

3. **Suicide** and **suicide attempts** will also increase for obvious reasons.
4. Thought not directly police-related, there will also be an **increase in fire**. Cold and flu season is traditionally during the colder months and social distancing means that more people will be at home for longer periods of time and possibly using alternative heating devices (especially if there are issues with out critical infrastructure) for longer periods of time. Add to this the fact that more people will be cooking at home and we can readily see the risk for fire increases significantly.
5. The potential for **terrorism** increases. We know pretty much every metropolitan area of the country has terror cells, and we must assume that some have standing orders to make a bad situation worse. For example, if we see mass social distancing that appears to be stemming the progress of the pandemic, we may see an attack on critical infrastructure. Water tops the list because people would have to venture out of their houses into groups to collect water from delivery trucks. This close proximity between people would negate the benefits of social distancing. Too, the loss of water would cripple effective treatment at hospitals.

Though we may be at the beginning stages of a global pandemic, there is still time to set certain things in place to mitigate the negatives and strengthen reactive capabilities.

1. Ensure your officers' abilities to report for duty and remained focused on the tasks at hand by providing enhanced family preparedness instruction. Officers will more readily report when they know the family they leave at home is as well-prepared as possible. The short list of preparedness goals includes 4 weeks of food and medication, current medical checkups and adequate prescription meds (including dental checkups and vet checkups for pets), and entertainment for long periods of time in isolation at home. For a detailed preparedness information source, visit <http://www.disasterprep101.com>
2. Maintain communication with your department of public health or primary source of medical care to make sure officers receive prophylactic flu treatment if and when available.
3. Set MOUs in place for those assets you may wish to utilize in a pandemic scenario. (For a list of assets identified by PEMA – contact the Jefferson County Department of Emergency Services)
4. Establish orientation / training sessions with those groups you may wish to utilize. Though most would not be directly involved in police work, many can be called upon to monitor their own neighborhoods to some extent or fulfill some lower level security function and thereby shoulder a small percentage of the workload.
5. Set a policy to top off the gas tanks of all vehicles on a daily basis in case fuel supplies are interrupted.
6. Start stocking a certain amount of non-perishable foods at the station in anticipation of a loss of food supply.

7. Encourage your PIOs to perform community outreach functions and speak to civic groups on the topic of enhanced / last-minute preparedness. Fewer victims in a scenario such as this is always a good thing, and cementing the relationship between law enforcement and the general public is worth its weight in gold.
8. Train all officers on infection control procedures to be used during arrests, to include masking suspects, regular hand washing, and squad car sanitation (see [CDC interim guidelines for cleaning EMS transport vehicles](#)). Officers should be equipped with N95 masks, eye protection visors, and nitrile gloves to protect themselves when handling arrestees, and while operating a contaminated vehicle.
9. Determine a codified “altered standards of response” for periods of reduced staffing. For example, you might be able to justify a “no response” to nuisance calls such as someone playing a stereo too loud, but could you ignore a home invasion? Putting your reasoning in writing and in detail now may prevent future lawsuits.
10. Once a pandemic is declared and mass social distancing enacted, raise the terror threat alert levels at critical infrastructure sites to red / high, and be ready for this eventuality by assisting these facilities in a review of their preparedness / business continuity plans today.

These are just a few details law enforcement officers should know during a pandemic. We will try over the coming weeks to provide additional short articles to cover additional concepts.

About the author: Paul Purcell is a security analyst and preparedness consultant with extensive experience in pandemic influenza readiness planning. More information and additional articles may be found at www.disasterprep101.com.

CURRENT FLU ACTIVITY

From the Pennsylvania Department of Health
Flu

Screening and Administration
Latest Cases As Of:

5/3/2009

4:30 PM EST

Confirmed
<u>1</u>
Probable
<u>7</u>

PLEASE NOTE: “Probable” cases may decrease as they are either identified as “confirmed” or “non cases.” Updated daily cases counts are based on results of confirmatory testing by the Centers for Disease Control and Prevention (CDC)

*In the United States 286 cases
1 death*