



# A Guide to Occupational Health and Safety for Law Enforcement Executives



September 2010



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



POLICE EXECUTIVE  
RESEARCH FORUM

This project was supported by Grant No. 2006-DG-BX-K071, awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime. Points of view or opinions in this document are those of the author and do not necessarily represent the official positions or policies of the U.S. Department of Justice.

Police Executive Research Forum, Washington, D.C. 20036  
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Edited by Craig Fischer and Daniel Kanter

Cover and interior design by Dave Williams

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# Acknowledgements

**W**e would like to thank the many people who have contributed to this publication. Without their willingness to share their experiences and their time with PERF, this guide would not exist. We have thoroughly enjoyed working with police executives, police personnel, and health experts on the creation of this guide. We were continually impressed with police executives who took time from their extremely busy schedules to contribute their thoughts on occupational health. Their leadership not only in their individual departments, but nationally, will mean safer and healthier department employees, resulting in the continued safety of all communities.

Thank you to those who served on our law enforcement and occupational health advisory panel. In addition to reviewing the entire document they received many e-mails and phone calls, and were always happy to provide feedback in a timely manner.

Special appreciation to:

- Richard Alt, Department of Homeland Security, for his insight into how explain the cost-saving benefits of an occupational health program;
- Inspector Alain Bernard, Ottawa Police Service, for sharing his public health emergency planning experience;
- Master Police Officer Kenneth Brennan (retired), NREMT/P, Fairfax County (VA) Police Department, for sharing his experience working with Fairfax County's Safety Officer program and the sidebar he authored;
- Chief Jim Burack, Milliken (CO) Police Department, for his insight into veterans' return-to-work issues;
- Craig DeAtley, PA-C, Fairfax County (VA) Assistant Medical Director, for sharing his first-hand experience working and communicating with law enforcement personnel and keen eye for detail;
- Captain Nancy Demme, Montgomery County (MD) Police Department, for working with PERF from the beginning of this project in 2006 and for ongoing assistance and knowledge-sharing throughout;
- Chief John Douglass, Overland Park (KS) Police Department, for sharing his knowledge of how occupational health and safety programs will be received in smaller agencies;
- Captain Stan Duncan, Sarasota (FL) Police Department, for his insight into the risks officers face daily in their jobs;
- Steven Edwards, Senior Policy Advisor for Law Enforcement, Bureau of Justice Assistance, for the freedom to explore this topic and for his continued support of PERF;

- Commissioner Julian Fantino (retired), Ontario Provincial Police, for sharing his expertise in leadership during a public health emergency and his thoughtful review of multiple drafts of the document;
- Dr. William Hauda II, FACEP, FAAP, Operational Medical Director, Fairfax County (VA) Police Department, for sharing his significant expertise of law enforcement health and wellness issues;
- Lieutenant David Hutchinson, Washington D.C. Metropolitan Police Department, for sharing his experience with police wellness programs;
- Tom Imrie, Toronto Police Service (retired), for working with us since the beginning of our work on law enforcement and public health, for his thoughtful review and significant contributions to all of our work (including this guide), and for sharing his extensive experience in occupational health and the SARS outbreak in particular;
- Major Larry Moser, Fairfax County Police Department, for his valuable assistance with the pandemic influenza scenario, review of multiple drafts, and presentation at PERF's annual meeting;
- Deputy Chief Kerr Putney, Charlotte-Mecklenburg Police Department, for his insight into law enforcement communications planning for occupational health;
- Tim Stephens, Public Health Advisor, National Sheriffs' Association, for sharing his knowledge of pandemic flu operational realities; and
- Chief Jon Zumalt, North Charleston (SC) Police Department, for his insight into the leadership process of promoting health and safety in a law enforcement agency.

Thanks are due to our sponsors at Bureau of Justice Assistance (BJA) for their support of the *Law Enforcement Preparedness for Public Health Emergencies: Guidance and Resource Development* project. BJA has been a steadfast supporter of PERF for many years.

Special thanks to BJA's Acting Director James Burch, Associate Deputy Director Pam Cammarata, Senior Policy Advisor Steven Edwards, and Project Manager Geislia Barnes for guiding this project from start to finish. We also thank the many other BJA staff who reviewed and edited this document.

Craig Fischer, PERF's Director of Communications, and Daniel Kanter, PERF Project Assistant, did an excellent job editing this guide. We also thank Jacob Berman for his keen eye for detail and assistance in reviewing the final version of this document. And, as always, many thanks to our supportive Executive Director, Chuck Wexler, for his support of this project.

Most importantly, thank you to those of you in law enforcement who work so hard to make our communities safe. We hope that this guide provides you with resources and information to assist you and your departments in creating and maintaining effective occupational health and safety programs and policies.

*The Authors*  
September 2010

# About the Series

This report is one in a series of three documents created by the Police Executive Research Forum (PERF), with support from the U.S. Department of Justice, Office of Justice Programs' Bureau of Justice Assistance (BJA), on the law enforcement response to public health emergencies. This *Occupational Health and Safety* guide focuses on steps a law enforcement agency can take to ensure the best possible health of the agency's workforce.<sup>1</sup> The guide provides an overview of occupational health and safety for law enforcement, explains the benefits of these programs for police agencies, presents a comprehensive three part approach to occupational health and safety programs, and offers solutions to various obstacles a department may encounter while implementing a plan or program of this nature.

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

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

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

While these documents can be used as stand-alone resources, readers undertaking the public health emergency planning process will find it useful to refer to the other guides as they work through the *Occupational Health and Safety* document.

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<sup>1</sup> The word "workforce" includes both sworn and civilian staff.

## What is a Public Health Emergency?

From the national perspective, the formal declaration of a “Public Health Emergency” enables federal agencies to prepare and mobilize resources to respond to disasters and emergencies.<sup>2</sup> Numerous hazards<sup>3</sup> have the potential to cause the declaration of a Public Health Emergency, including chemical emergencies (ricin, nerve agents), radiation emergencies (dirty bombs, nuclear blasts), bioterrorism (anthrax), natural disasters/severe weather (hurricanes, floods, earthquakes, tsunamis), infectious disease outbreaks/pandemics (severe acute respiratory syndrome or “SARS”; 2009 H1N1 “Swine” Flu), and mass casualties resulting from terrorist attacks and bombings.<sup>4</sup> An “all-hazards” approach is recommended nationally for emergency operations planning, including planning for public health emergencies. This approach encourages planning activities that increases preparedness for any type of threat rather than developing plans that just focus on one specific threat.<sup>5</sup> This publication provides planning recommendations that can apply to any public health emergency.

## Using a Flu Pandemic as a Worst-Case Scenario

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

An influenza pandemic has the potential to be catastrophic, causing millions of deaths (or more) and significantly disrupting society and the economy worldwide.<sup>6</sup> There have been three very serious flu pandemics in the last century, the least deadly of which caused 34,000 deaths in the United States alone. While much less severe in comparison, the most recent 2009 H1N1 “swine” flu pandemic was linked to over 18,000 deaths worldwide.<sup>7</sup> The World Health Organization declared an end to this pandemic on August 10, 2010.<sup>8</sup> While the pandemic phase has ended, we remain in a “post pandemic” phase. Cases of the H1N1 virus will continue to occur, and we must continue

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2 U.S. Department of Health & Human Services, (2010). *Flu.gov*. <http://www.flu.gov>; U.S. Department of Health & Human Services, (2010). <http://www.dhhs.gov>

3 For the purpose of this document the terms “hazards” or “threats” generally refer to something that may cause harm.

4 The Center for Disease Control and Prevention, (2010). “Preparing for & responding to specific hazards.” <http://www.bt.cdc.gov/hazards-specific.asp>

5 The Center for Disease Control and Prevention, (2010). “Preparedness for all hazards.” <http://www.bt.cdc.gov/hazards-all.asp>; U.S. Department of Homeland Security, (2010). “National response framework.” [http://www.dhs.gov/files/programs/editorial\\_0566.shtm](http://www.dhs.gov/files/programs/editorial_0566.shtm)

6 U.S. Department of Health & Human Services, (2010). *Flu.gov*. <http://www.flu.gov>

7 World Health Organization, (2010). *Global Alert and Response: Pandemic (H1N1) 2009 – Update 112*. [http://www.who.int/csr/don/2010\\_08\\_20/en/index.html](http://www.who.int/csr/don/2010_08_20/en/index.html)

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



to monitor the situation carefully.<sup>9</sup> Pandemic influenza still remains an active threat and experts caution that it is only a matter of time before another major flu pandemic strikes.

Using a pandemic flu as the case example for writing these guides would help readers see the critical importance of effectively preparing for such an event. The following scenario is a fictional description of how a flu pandemic could affect a community and its law enforcement agency.

### *Potential Flu Pandemic Scenario*

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

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

from reporters or give local health experts an opportunity to provide more detailed information.

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

Residents are anxious and angry because they have not been able to get treatment. Despite the mayor’s instructions not to leave home, people are rushing to grocery stores to stock up on food and water, creating additional challenges for law enforcement. Many motorists decide to top off their tanks, resulting in traffic jams and heightened tension at gas stations. Ambulances carrying sick patients are delayed by the gridlock,

<sup>9</sup> According to the World Health Organization, “post pandemic” means that the influenza pandemic patterns are transitioning towards more seasonal patterns

of influenza. For more information on “post pandemic” influenza go to <http://www.who.int/csr/disease/>

[swineflu/frequently\\_asked\\_questions/post\\_pandemic/en/index.html](http://www.who.int/csr/disease/swineflu/frequently_asked_questions/post_pandemic/en/index.html)

and when they arrive at the hospital, emergency technicians are mobbed by residents demanding care. Radio traffic makes it clear that law enforcement assistance is needed at each of the scenes, as hostility and violence are imminent.

- What should the department's priorities be?
  - Enforcing traffic laws to open traffic access?
  - Facilitating pedestrian movement?
  - Enforcing crowd control?
- Where should resources be deployed first: at the POD, hospitals, or other sites?
- Are there enough officers available to respond to all of these sites?

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

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

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

### *The Effects on Law Enforcement*

A pandemic flu outbreak will affect how local law enforcement agencies operate. Most importantly, departments will lose staff members. Some experts predict that the percentage of employees affected in some way (e.g., exposed, infected, or unable to work because of sick loved ones) will range from 10 to 40 percent.<sup>10</sup> Agencies will need to activate their internal emergency operations plans, shifting resources to the most critical duties. Calls for service will

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<sup>10</sup> U.S. Department of Labor, (2010). "Guidance on preparing workplaces for an influenza pandemic." [http://www.osha.gov/Publications/influenza\\_pandemic.html](http://www.osha.gov/Publications/influenza_pandemic.html)

likely increase dramatically; however, with fewer officers available to work, response time will suffer and services will be reduced. Outbreaks often circle the globe in waves, so these issues will likely hit departments several times over the course of the pandemic.

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

### *Operational Realities*

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

However, an influenza pandemic will not follow the usual pattern for critical incidents: it will affect multiple regions simultaneously throughout the world; depending on its severity “business as usual” will be nearly impossible. The following is a table of operational realities that public health and policing experts believe will complicate the law enforcement response to a flu pandemic:

**Table 1: General and Law Enforcement-Specific Operational Realities Associated with an Influenza Pandemic**

GENERAL REALITIES	LAW ENFORCEMENT-SPECIFIC REALITIES AND RELATED CONSIDERATIONS
COMMUNITIES SHOULD NOT RELY ON MUTUAL AID AGREEMENTS WITH NEIGHBORING JURISDICTIONS, BECAUSE THE VIRUS WILL LIKELY SPREAD REGIONALLY, SO NEARBY COMMUNITIES WILL THEMSELVES BE LOOKING FOR HELP.	There will be little or no mutual aid available to local law enforcement agencies during a serious flu pandemic. Smaller agencies might be highly affected by absenteeism or the death of department staffers; larger agencies or private security firms may need to take over the law enforcement role for smaller agencies.
A FLU PANDEMIC COULD LAST 12 TO 18 MONTHS, STRIKING IN MULTIPLE 6- TO 8-WEEK LONG WAVES.	The likelihood of ever-greater absenteeism calls for succession planning at all agency levels and cross-training between divisions.
VACCINES WILL NOT EXIST FOR SEVERAL MONTHS; ANTI-VIRALS WILL LIKELY BE IN SHORT SUPPLY.	Law enforcement officials will need to reinforce general hygiene messages and activate other protective and social distancing measures (e.g., the mandatory use of personal protective equipment).

GENERAL REALITIES	LAW ENFORCEMENT-SPECIFIC REALITIES AND RELATED CONSIDERATIONS
<p>AT LEAST 30% OF THE COUNTRY'S POPULATION MAY BE AFFECTED IN SOME WAY BY THE VIRUS (E.G., INFECTED OR CARING FOR SICK LOVED ONES).</p> <p>ABSENTEEISM FROM THE WORKFORCE COULD REACH 50% OR HIGHER.</p>	<p>Law enforcement agencies may see the number of available personnel decline significantly. Small, specialized units may be impacted disproportionately.</p>
<p>THE HEALTH SYSTEM MAY BE OVERWHELMED, AND THERE MAY BE A LARGE NUMBER OF DEATHS.</p>	<p>The law enforcement system may become overwhelmed by calls for service, personnel absence, mass casualties, the lack of mutual aid, etc.</p>
<p>LOCAL AGENCIES WILL NEED TO COORDINATE EFFORTS IN AN EMOTIONALLY CHARGED ATMOSPHERE.</p>	<p>In some jurisdictions, emergency operations plans may have been developed without law enforcement input, and they may reflect unrealistic expectations of local law enforcement. Law enforcement leaders must work with other entities <b>now</b> to define realistic law enforcement roles based on the severity of the pandemic.</p> <p>Furthermore, most local law enforcement officials have rarely (if ever) had to enforce public health orders. During a flu pandemic, local law enforcement agencies and public health departments might find themselves working side-by-side enforcing these orders. Officers will need to be informed of the orders as well as penalties for violating them and the respective enforcement roles of law enforcement and public health officers.</p>
<p>THE ECONOMY MAY BE SEVERELY IMPACTED AND THE SPEED AND EFFICIENCY OF PROVIDING SERVICES AND RESOURCES (E.G., FOOD, MEDICINE, AND BANKING) WILL BE ADVERSELY AFFECTED.</p>	<p>Law enforcement may run out of specific supplies or have to do without scheduled services as vendors and service providers may be unavailable. Law enforcement may need to plan ahead by reaching out to alternative suppliers for mission critical goods and services.</p>
<p>THE PSYCHOLOGICAL IMPACT OF THE OUTBREAK COULD BE SIGNIFICANT.</p>	<p>The psychological effect of a pandemic influenza could be significant for all community members, especially law enforcement. Law enforcement will likely be dealing with mass casualties, distressed family members, and social unrest.</p>
<p>LOCAL AGENCIES MUST PLAN FOR RECOVERY.</p>	<p>Because some law enforcement duties will have been curtailed or eliminated as a flu pandemic runs its course, law enforcement will operate very differently during and immediately after a flu pandemic. Recovery will not happen quickly or automatically.</p>

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

# A Guide to Occupational Health and Safety for Law Enforcement Executives

## Introduction

Law enforcement is a unique profession that requires personnel to interact with a wide range of people and often under unpredictable circumstances. Specifically, research finds that law enforcement officers are faced with a high risk<sup>11</sup> for injury, whether from firearms, motor vehicle crashes, or other traumatic events.<sup>12</sup> In addition to these threats, officers also have a high rate of coronary vascular disease<sup>13</sup> and suicide.<sup>14</sup> Few professionals face the health and safety threats that some law enforcement personnel do in the course of their careers.

Personnel are the foundation of any law enforcement agency. Healthy personnel who are properly educated and protected while on the job are better able to perform their duties and serve the community. Police executives must ask a number of questions to ensure that agency policies and practices fully support their employees' safety and well-being. For example, is the department adequately protecting its personnel from the diverse threats they face? What basic occupational health and safety (OHS) protections should a department offer its employees? During a public health emergency (such as pandemic influenza) or other large-scale incident, what steps should be taken to ensure that personnel remain healthy and able to report for duty? How can these expenses be justified during such difficult economic times? What benefits can be derived, including cost-savings, from an occupational health and safety program provided by a department?

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11 While the terminology varies across disciplines, for this document the term “risk” is used to refer to the likelihood of harm occurring. As opposed to “hazards” and “threats”, which cannot be eliminated in law enforcement, many steps can be taken to minimize risk.

12 Clarke, C., & Zak, M.J., (2009). “Fatalities to law enforcement officers and firefighters, 1992–97.” *Compensation and Working Conditions*; Summer: 3–7.

13 Reviere, R., & Young, V.D., (1994). “Mortality of police officers: Compari-

sons by length of time on the force.” *American Journal of Police*, 13(1):51–64.

14 Violanti, J.M., (1997). “Suicide and the police role: A psychosocial model.” *Policing*; 20(4):698–715.

## About the Guide

This guide explains the value of occupational health and safety programs for law enforcement agencies and provides considerations for creating or strengthening current OHS programs and policies for all agency personnel.<sup>15</sup> The document begins with an overview of occupational health and safety for law enforcement and explains the benefits of these programs, stressing that providing OHS programs is the right thing to do for personnel, and the department will significantly benefit from providing such programs. Next, a comprehensive, three-part approach to OHS programs is presented along with considerations for developing or improving related programs within the department. The guide then discusses how departments can use these programs to respond to personnel health and safety needs during a public health emergency such as pandemic influenza. The guide concludes by addressing obstacles departments have encountered while implementing OHS programs and presents recommendations for helping to overcome them. A series of quotes and comment boxes are included which provide practitioners' perspectives on many current occupational health and safety programs and issues facing law enforcement.

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<sup>15</sup> The document focuses exclusively on post-hire occupational health and does not address pre-hire health considerations.

# Section I.

## Occupational Health and Safety and Law Enforcement

### Principles of Occupational Health

The occupational health and safety (OHS) field is a multi-disciplinary field that combines disciplines such as public health, epidemiology, general medicine, behavioral and social sciences, and others. OHS programs are designed to keep workers healthy and safe during the course of his or her job duties. According to the World Health Organization and the International Labour Organization, OHS programs should aim towards:

- “The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations;
- The prevention amongst workers of departures from health caused by their working conditions;
- The protection of workers in their employment from risks resulting from factors adverse to health; and
- The placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities.”<sup>17</sup>

Traditionally, OHS programs have primarily focused on the health and safety of employees; however, a growing number of employers are now recognizing the value of extending program efforts to employee family members and others impacted by the work environment.

“Occupational health is the science of designing, implementing and evaluating comprehensive health and safety programs that maintain and enhance employee health, improve safety and increase productivity in the workplace.”<sup>16</sup>

<sup>16</sup> U.S. Department of Health & Human Services, (2010). “What is occupational health?” <http://www.foh.dhhs.gov/Public/WhatWeDo/OHDefinition.asp>

<sup>17</sup> Rantanen, J., Kauppinen, T., Toikkanen, J., Kurppa, K., Lehtinen, S., Leino, T.,

(2001). “Country profiles and national surveillance indicators in occupational health and safety.” *People and Work—Finnish Institute of Occupational Health*. 44. [http://www.who.int/occupational\\_health/regions/en/](http://www.who.int/occupational_health/regions/en/)

[oeheurcountryprofiles.pdf](#); International Labour Organization, (2010). “International Labour Organization.” <http://www.ilo.org/global/lang-en/index.htm>

## Occupational Health and Safety within Law Enforcement

Law enforcement personnel routinely face on-the-job health and safety threats such as criminal assault, high-stress situations, and exposure to HIV/AIDS, hepatitis, severe acute respiratory syndrome (SARS), methicillin-resistant *Staphylococcus aureus* (MRSA), and anthrax, to name a few. Yet occupational health and safety as a science has not traditionally been a focus within the law enforcement field in the United States, and there are very few, if any, large-scale studies on the numbers or types of programs offered by law enforcement.

**While we do not know exactly how many police departments offer occupational health and safety programs or what programs they offer, we do know that, in general, the law enforcement field could significantly benefit from adopting a standardized and comprehensive approach to occupational health and safety.**

In the United States, the Occupational Safety and Health Act of 1970 (OSH Act) created the Occupational Safety and Health Administration

### Occupational Health and Safety in International Police Departments

While not common in the U.S., occupational health and safety units within police departments are frequently found in both Canada and the United Kingdom (UK). In 2004, the UK Parliament passed a **“Strategy for a Healthy Police Service,”** which was intended to achieve and maintain a healthier police service. The Strategy charged the Health and Safety Executive, a non-departmental public body, with helping police: 1) maintain good health; 2) reduce injuries and ill health in police staff; 3) assist those who have become ill, whether at work or not, to return to full performance; and 4) reduce ill health retirements.<sup>18</sup>

To promote this policy, two touring medical vans were sent out on a ten-month campaign to visit London Metropolitan Service (MPS) employees in every borough (policing district). During this tour, over 15,000 officers and other staff voluntarily took cholesterol and blood tests, and received advice on maintaining a healthy lifestyle. Dr. Eileen Cahill-Canning, MPS’s senior occupational physician said, “This campaign was an amazing success and was extended because demand was outstripping supply. If you give people an opportunity to take responsibility for their own preventative health, then they will take that chance, even if they are rough and tough police officers.”<sup>19</sup> In Canada, a review of the Royal Canadian Mounted Police occupational health and safety programs found, “It is now becoming more and more apparent that helping employees to stay healthy can not only prevent unnecessary hardships to employees, but also benefit the organization. It is becoming generally more apparent that prevention is better than cure.”<sup>20</sup>

18 UK Parliament Select Committee on Work and Pensions (2004). “Strategy for a healthy police service.” *Minutes of Evidence*, May 19. <http://www.publications.parliament.uk/pa/cm200304/cmselect/cmworpen/456/4051908.htm>

19 Police Specials, (2006). “Met Police health screening a success.” *Police Specials News Forum*, July 11. [www.policspecialchars.com](http://www.policspecialchars.com)

20 Royal Canadian Mounted Police External Review Committee, (1992). “Occupational health and safety—An employer perspective.”



(OSHA) to provide occupational health regulations for all private-sector and federal government employees.<sup>21</sup> OSHA, part of the U.S. Department of Labor, is also responsible for developing and enforcing workplace safety and health regulations.<sup>22</sup> OSHA has established requirements with which most general industry employers<sup>23</sup> must comply with. These include informing employees of hazardous chemicals on the job, having an Emergency Action Plan, a Fire Prevention Plan, complying with exit route requirements at the workplace, meeting walking/work surface requirements, and providing appropriate medical supplies/first aid to employees. Other important OSHA laws and regulations require employers to properly train employees for certain dangerous job duties, to have appropriate personal protective equipment (PPE) for employees performing specific job tasks, and for selected workplaces to keep records of accidents or illness on the job.<sup>24</sup> Section 19 of the OSH Act specifically addresses federal agency safety programs and responsibilities. According to this section, each federal agency, including federal law enforcement agencies, must:

- “[P]rovide safe and healthful places and conditions of employment, consistent with the Pub. L. 50-241 standards set under section 6 (Occupational Health and Safety Standards);<sup>25</sup>
- Acquire, maintain, and require the use of safety equipment, personal protective equipment, and devices reasonably necessary to protect employees;
- Keep adequate records of all occupational accidents and illnesses for proper evaluation and necessary corrective action;
- Consult with the Secretary (of Labor) with respect to occupational accidents and injuries and the agency’s program under this section; and
- Make an annual report to the Secretary (of Labor) with respect to occupational accidents and injuries and the agency’s program under this section.”<sup>26</sup>

**21** The OSH Act also created the National Institute for Occupational Safety and Health (NIOSH) to conduct research, and provide information, education and training on OHS topics. NIOSH is discussed further in Section II.

**22** U.S. Department of Labor, (2010). “OSH Act of 1970-Full Act.” [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=OSHACT&p\\_id=2743](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=OSHACT&p_id=2743)

**23** “General industry” is one of several OSHA classifications for employers. Examples of employers that fall

within this classification include manufacturing, wholesale, and retail.

**24** While researching the rules and regulations of the OSHA Act, the authors referred to the U.S. Department of Labor, Occupational Health and Safety Administration website. This site provides a variety of resources for both businesses and other agencies regarding occupational health and safety standards and best practices. The link below is to the General Industry Compliance Assistance Quick Start reference. It provides seven detailed steps with numerous resource and reference links

that may also be helpful to local law enforcement officials in their program planning efforts: [http://osha.gov/dcsp/compliance\\_assistance/quickstarts/general\\_industry/gi\\_library.html](http://osha.gov/dcsp/compliance_assistance/quickstarts/general_industry/gi_library.html)

**25** For examples, see the listing of general industry requirements cited earlier in this section.

**26** U.S. Department of Labor, (2010). “OSH Act of 1970- SEC. 19. Federal Agency Safety Programs and Responsibilities.” [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=OSHACT&p\\_id=3373](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=OSHACT&p_id=3373)

While the act covers *federal law enforcement agencies*, it does not apply to state and local law enforcement agencies.<sup>27</sup>

**There are no national occupational health and safety requirements specific to state and local law enforcement. These law enforcement agencies are only subject to any local and state laws, accreditation standards, and bargaining contracts that may exist.**

Section 18 of the OSH Act promotes the development of state job safety and health programs. States have the option of developing and operating their own programs with OSHA approval. States with occupational health regulations—which vary widely—*may* apply to state and local law enforcement agencies. For example, Minnesota law requires that all public-sector organizations, including law enforcement agencies, be subject to the same standards as private-sector companies.<sup>28</sup> But its neighboring state, North Dakota, does not have this requirement.<sup>29</sup> Currently, 22 states and jurisdictions have OHS plans that apply to both the private sector and state and local government employees. At a minimum for OSHA approval, states with their own programs must have standards that are at least comparable to the federal standards. States also have the option of raising their standards to address various hazards.<sup>30</sup>

**In summary, less than half of U.S. states mandate that law enforcement agencies meet even basic occupational health and safety program components, which generally include maintaining a safe and healthful work environment, using and maintaining PPE, tracking workplace accidents or injuries and reporting annually on these incidents.** The need to provide basic safety protections may seem like a no-brainer, but these requirements are not in place for all law enforcement agencies. In general, law enforcement has lagged behind other fields in this area.

Despite a lack of specific regulatory controls, many departments offer *components* of occupational health and safety programs (e.g., by providing officers with bullet-resistant vests, access to other forms of PPE, and/or access to some form of employee assistance program, etc.). More progressive departments in this area have initiated preventative efforts, such as “wellness checks” and physical fitness programs. Some departments are even conducting preventative health screenings for diseases such as high blood pressure and colon cancer. The Commission on Accreditation for Law Enforcement Agencies (CALEA), although not specifically mandating occupational health and safety programs, does require some protections under a “preparedness program” that would fall under the

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27 U.S. Department of Labor, (2010). “Safety and health standards: Occupational safety and health.” <http://www.dol.gov/compliance/guide/osha.htm#CompAssist>

28 U.S. Department of Labor, (2010). “About the Minnesota state plan.”

<http://www.osha.gov/dcsp/osp/stateprogs/minnesota.html#pubsec>

29 U.S. Department of Labor, (2010). “OSHA coverage of state and local government workers.” [http://www.osha.gov/dcsp/osp/public\\_sector.html](http://www.osha.gov/dcsp/osp/public_sector.html)

30 U.S. Department of Labor, (2010). “Frequently asked questions about state occupational safety and health plans.” <http://www.osha.gov/dcsp/osp/faq.html#oshaprogram>

## Research on the Benefits of Various Occupational Health Program Components

Occupational health and safety practices within law enforcement agencies benefit officers, the department, and ultimately the community. Research on a number of occupational health and safety efforts, particularly those focusing on overall wellness, have been shown to positively impact officers in a variety of ways, such as reducing stress and increasing job satisfaction. Whereas we were unable to find prior studies on the benefits of comprehensive efforts, such as those recommended in this document, studies on individual program components, including physical fitness and stress management programs, have also demonstrated these effects.<sup>31</sup>

### Physical Fitness Programs

The positive impact of regular exercise has been widely proven for the general population. In the article “Exercise and Physical Fitness: The Impact on Work Outcomes, Cognition, and Psychological Well-Being for Police,” the authors state that, while little research has been done on the benefits of fitness for police officers specifically, “abundant health literature has demonstrated that participating in regular exercise can prevent coronary heart disease, hypertension, and obesity; improve flexibility; and prevent back pain and injury.... In this way, it appears that there is a strong argument for the development and maintenance of fitness among police throughout their career spans, particularly since police work is characterized by stress, shift-work, and long periods of inactivity.” It has also been suggested that risk of injury to both the officer and suspect can be minimized when officers are physically fit, as they can more easily pursue and arrest suspects without depending on excessive or deadly force. Another study found that law enforcement officers who participated in four months of circuit weight training had statistically significant improvements in different components of mental health, including improvements in mood and decreased anxiety, depression, and hostility. It also found an increase in job satisfaction.<sup>32</sup>

### Stress Management Programs

Stress and stress management is becoming a more prominent component of occupational health and safety programs. The National Institute of Justice’s publication *Developing a Law Enforcement Stress Program for Officers and Their Families* lists eight reasons for instituting a stress reduction program in a department. These include:

- increasing morale and productivity;
- increasing the agency’s overall effectiveness;
- improving officers’ abilities to cope with stress;
- reducing the number of early retirements and workers’ compensation claims due to stress-related disabilities;
- reducing on-the-job accidents;
- improving police families’ well-being;

*continued on page 8*

31 Norvell, N. & Belles, D., (1993). “Psychological and physical benefits of circuit weight training in law

enforcement personnel.” *Journal of Consulting and Clinical Psychology*. Volume 61. No 3 pp 530–537.

32 Norvell & Belles, (1993).

- reducing negative media attention; and
- reducing the potential for civil liability due to officers' stress-related inappropriate behavior.<sup>33</sup>

A study of 65 participants from seven police departments over a 16-week period tracked changes in physiological and psychological measurements during the implementation of a stress and emotional self-management training program. Participating personnel were taught to: identify issues that contribute to stress, communicate more effectively with coworkers, and make changes in perceptions and attitudes toward specific stressors. The study found that the program improved officers' capacities to manage stress and reduced "damaging physiological and psychological responses" to both acute and chronic stress, including stresses faced during high-speed pursuit and domestic violence response scenarios.<sup>34</sup>

## Economic Benefits

While more work has been done in the private sector, there is little information on the specific economic and productivity value of occupational health and safety programs for law enforcement agencies. For example, Johnson and Johnson's Wellness Program, initiated in 1995, provided health risk assessments, health education and training, and ergonomics assessments for employees who volunteered to participate in the program. Researchers studied the program's impacts by examining employees' absentee records and overall health up to five years before and four years after it was implemented. They found that implementing the wellness program resulted in significant health and economic benefits for participants and the company. Once participants were in the program, hospital out-patient use, mental health visits, and outpatient service use decreased. Moreover, there was a savings of more than \$260 per employee per year in medical expenses.<sup>35</sup>

"occupational health and safety" category. For example, CALEA standards, like federal standards, require certain protections for officers from hazardous materials after a traffic accident, and that agencies offer access to an Employee Assistance Program to address personal or professional problems adversely affecting the employees well-being.<sup>36</sup>

33 Finn, P., & Esselman Tomz, J. (1996). "Developing a law enforcement stress program for officers and their families." <http://www.ncjrs.gov/pdffiles/163175.pdf>

34 McCraty, R., Tomasino, D., Atkinson, M., & Sundram, J., (1999). "Impact

of the HeartMath Self-Management Skills Program on psychosocial and psychological stress in police officers. <http://www.heartmath.org/research/rp-impact-of-heartmath-self-management-skills-program-on-physiological-and-psychological-stress/Page-7.html>

35 Ozminkowski et al., (2002). "Long-term impact of Johnson & Johnson Health and Wellness Program on health care utilization and expenditures." *Journal of Emergency Medicine*. January: v44.

36 See Appendix B for a selection of relevant CALEA standards.

## Why Should Comprehensive Occupational Health and Safety be a Priority for Law Enforcement?

—It is “smart business.”

Personnel are a department’s most valuable resource. Departments invest a large amount of resources in hiring, training, and maintaining personnel, with some police executives estimating upward of 80 percent of their operating budgets are allocated for personnel costs.<sup>37</sup> The health and safety of police personnel is critical to ensure the department can operate effectively and achieve its mission of public safety. Most experts agree that officers who are healthy are less likely to suffer injuries at work, are more likely to return to duty quickly, and are more satisfied with their employment. OHS programs in the private sector have been found to reduce inpatient medical and mental health visits, and ultimately economically benefits the organization by reducing the annual amount spent on medical visits per employee.<sup>38</sup> Thus, it is “smart business” to continue to invest in personnel health and safety throughout their careers.<sup>39</sup>

“OSHA has concluded that effective management of worker safety and health protection is a decisive factor in reducing the extent and the severity of work-related injuries and illnesses. Effective management addresses all work-related hazards, including the potential hazards that could result from a change in worksite conditions or practices. Additionally, it addresses hazards whether or not they are regulated by government standards.”<sup>40</sup>

—It can reduce legal liability.

In the absence of an effective occupational health and safety program, the employer may face liability lawsuits. Occupational health and safety programs may help reduce liability and the number of lawsuits against a department. For example, physically fit officers may be more likely to use less forceful tactics when faced with a situation that has potential for excessive force. In *Parker v. District of Columbia*, the Washington, D.C. Metropolitan Police Department was found to be liable for an officer using excessive force due to the officer’s poor physical fitness. The Court found that the officer’s lack of physical fitness prevented him from using less-than-lethal options.<sup>41</sup>

—It can improve police-community relationships.

Even if a department is not legally liable, police agencies are ultimately responsible for the actions of its personnel. Personnel behavior can also impact the overall relationship and trust between the police and

37 PERF Advisory Meeting, December 2007.

38 Ozminowski et al., (2002). “Long-term impact of Johnson & Johnson Health and Wellness Program on health care

utilization and expenditures. *Journal of Emergency Medicine*. January: v44.

39 Some agencies even offer health services, such as annual physicals, after an employee has retired.

40 U.S. Department of Labor, (2010). Safety and health programs.” <http://www.osha.gov/dsg/topics/safetyhealth/index.html>

41 *Parker v. District of Columbia*, 850 F.2d 708 (D.C. Cir. 1988).

community, and the chief executive will have to answer for any violations of this trust. Healthy officers may also be less likely to be the subject of complaints. For example, negative media attention and resident complaints can be brought on by officers' stress-related behavior (such as excessive force or reckless driving). Stress reduction programs may help officers to work with the community in a more positive manner.

*—It is the right thing to do for personnel and for the public safety of your community*

Proponents of developing a comprehensive approach to occupational health for law enforcement agree that while there are economic and other reasons for a department to provide occupational health and safety programs to its staff, departments should ultimately provide these programs because it is the "right thing to do." While the primary focus of the law enforcement field is to protect the safety and well being of others, departments must also protect the safety and well being of its employees to accomplish this mission.

The entire department benefits from showing a commitment to providing resources to prevent illness or injury and to care for ill or injured employees, and employees will recognize that the department is doing everything it can to provide for their safety and health. When officers are healthy and their morale is high, the department as a whole is more productive, as more officers are on the street and responding to calls for service. This, in turn, could increase community satisfaction as well.

"We have gone from policing in a fishbowl to policing under the microscope now. It doesn't matter how small you are, the eyes of the media and of the world can be focused on you."

**Commissioner Julian Fantino (retired), Ontario Provincial Police<sup>42</sup>**

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

**Commissioner Julian Fantino (retired), Ontario Provincial Police<sup>43</sup>**

## The Value of Law Enforcement Occupational Health and Safety Efforts in Public Health Emergencies

During a public health emergency, a police department's occupational health and safety programs and policies can help protect officers, the department, and the community. During the SARS outbreak, the Toronto Police Service's Occupational Health and Safety Unit was crucial to providing the assistance and support needed to prevent officers from contracting SARS.

The Toronto Police Service's OHS Unit had been around for nearly 10 years prior to SARS but had not faced such a widespread public health emergency until the outbreak in 2003. During the SARS incident, the OHS Unit was responsible for researching and regularly providing information

<sup>42</sup> PERF Advisory Meeting, December 2007.

<sup>43</sup> PERF Advisory Meeting, December 2007.

about SARS to personnel by maintaining contact with health authorities on both the local and provincial level. Members of the unit interacted regularly with Toronto Public Health and provided timely up-to-date information on risk management and, later, risk tolerance strategies. The OHS Unit was able to address and discount rumors and false information that were widely circulated by both legitimate media and the internet chat rooms. By the time the City of Toronto declared a state of emergency, 25 cases of SARS had already been reported, and numerous officers had likely already been exposed while responding to calls for service and while in local hospitals. The OHS Unit was instrumental in quickly identifying and acting on these high-risk contacts to determine the necessary preventive response. By the end of the SARS epidemic, over 1,500 officers were flagged as having high-risk contacts and over 300 employees were quarantined for a 10-day period.

However, despite this large number of quarantines and contacts, *not one member of the department contracted SARS from an occupational exposure*. Then-Toronto Police Chief Julian Fantino said that the Occupational Health and Safety Unit played a large role in preventing the spread of the disease to the department.<sup>44</sup> Having an existing unit in place was imperative to the department's ability to react quickly and knowledgeably to the SARS threat.

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<sup>44</sup> Fantino, J., (2005). "2003 SARS outbreak: The response of the Toronto Police Service" *Police Chief Magazine*, 72(3):1-8.

## Section II: Comprehensive Occupational Health and Safety Programs

**P**ERF hosted an Advisory Panel meeting in December 2007 to advance the conversation on occupational health and safety programs for law enforcement. During this meeting, nationally-recognized public health, medical, emergency planning, law enforcement, and other experts met to discuss existing OHS efforts in law enforcement agencies, promising practices, and how to advance the field in this area.

Several recommendations from the panel emerged for law enforcement executives interested in creating or strengthening existing occupational health and safety programs.

Key points of consensus were that:

1. Law enforcement needs a comprehensive approach to occupational health and safety that includes three basic components:
  - a. Awareness of and education about existing and new health and safety threats that employees may face;
  - b. Equipment and programs that can help prevent illness and injury; and
  - c. Training on proper use of equipment and other steps that can be taken to reduce the risk associated with these threats.
2. This comprehensive approach needs to be proactive in nature and lay the foundation for addressing day-to-day needs rather than only being reactive or in response to emergency situations.
3. Making occupational health and safety routine requires a culture change within the department which may take time. However, transitioning to a culture of health and safety *now* can help ensure a department's resilience during a major incident, such as a pandemic flu, and help mitigate the impact on the department.

Based on these points of consensus, PERF and the advisory panel identified a three-part framework for conceptualizing and implementing a comprehensive approach to law enforcement occupational health and safety.

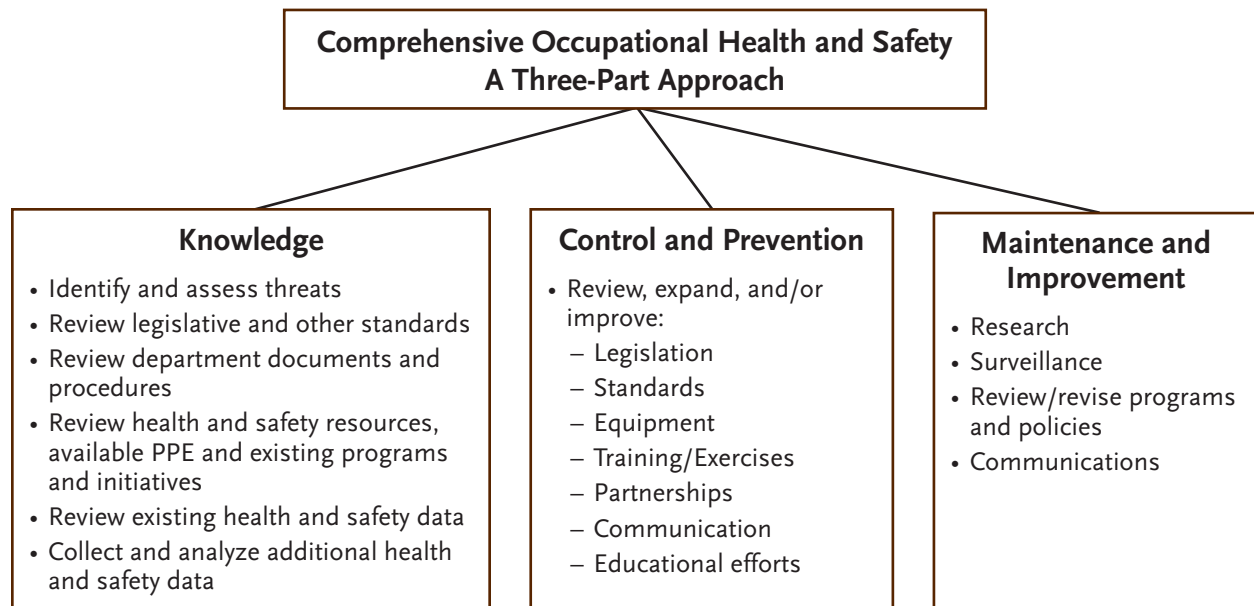


# About the Comprehensive Approach to Occupational Health and Safety

Occupational health and safety requires three basic components: 1) knowledge, 2) control and prevention, and 3) maintenance and improvement.<sup>45</sup> These components do not represent a complete checklist; rather, this approach provides law enforcement executives with a framework from which they can build their own program or expand their department's efforts.<sup>46</sup> This framework provides a *starting point* for creating or improving a department's occupational health and safety programs and policies. Agencies should reach out to subject matter experts if they have specific, technical questions or concerns about health and safety threats or programs.

"Most departments already have some components of occupational health and safety. Having the [components] is more important than having it all in one place."  
**Captain Nancy Demme,**  
**Montgomery County (MD)**  
**Police Department<sup>47</sup>**

**Figure 1**



<sup>45</sup> This framework is focused on identifying the basic program elements for creating new or strengthening and maintaining existing occupational health and safety programs for law enforcement agencies and is intended to apply regardless of the specific threats identified; however, threat identification and assessment fall within this framework. While the elements of this framework are not new, the application of the framework to developing comprehensive state and local law enforcement programs has been inconsistent at best, with most health and safety efforts being adopted in a reactive and piecemeal fashion as new threats are

recognized by the field or as the legal or social environment dictates. Consider, for example, that some departments have only recently required the use of bulletproof vests. Some departments have only relatively recently begun providing vests for officers whether or not they choose to wear the vests while on duty.

<sup>46</sup> See Appendix A for a sample Occupational Health and Safety Gap Analysis Checklist Specific to a Public Health Pandemic. This checklist is not intended to be exhaustive but to assist departments in starting the assessment process and looking at various aspects of their departments' preparedness

plans with the threat of a pandemic flu in mind. The chief executive, his/her designee, or a team of personnel can use this checklist to help guide a review of a department's occupational health planning. For step-by-step guidelines about how to approach the larger public health planning issues and for more comprehensive guidance on pandemic flu planning, see Benchmarks for Developing a Law Enforcement Pandemic Flu Plan, available at [http://www.policeforum.org/upload/benchmarks%20guide\\_v6\\_596059234\\_1012009170513.pdf](http://www.policeforum.org/upload/benchmarks%20guide_v6_596059234_1012009170513.pdf).

<sup>47</sup> PERF Advisory Meeting, December 2007.

It is recommended that a law enforcement executive, after reviewing this framework, assess his or her department's ability to deal with a public health emergency such as a pandemic influenza.

## Part 1: Knowledge

The first component of a comprehensive approach to occupational health and safety calls for the department to have a detailed understanding of the types of health and safety threats faced by personnel, the risks associated with these threats, and how the department can, should, or is required to protect personnel from these threats. Agencies must understand what health, safety, and wellness programs they are already providing, and must determine how current efforts measure up to legal requirements and best practices. Are basic requirements being met? What additional programs or initiatives must or should be implemented? Do these efforts cover both routine and exceptional threats to personnel health and safety?

A department should determine its own "state of health," and identify the health and safety threats that most impact its personnel. To accomplish this, existing department data can be a useful resource, such as data on traffic accidents, on-the-job injuries and exposures, absentee rates, use of sick leave, job satisfaction, physical exams, immunization levels, insurance usage, and workers compensation requests. Such data can also be used to establish a baseline for measuring the impacts of new programs and for surveillance purposes down the road (See Part 3: Maintenance and Improvement).

### *Routine vs. Exceptional Occupational Health and Safety*

Some agencies have grouped the threats that law enforcement health and safety programs address into four categories—physical, biological, chemical, and psychological.<sup>48</sup> Many of these threats or hazards cannot be eliminated. OHS programs seek to recognize, control, and prevent/minimize the risk of these threats to personnel.<sup>49</sup> This process usually involves identifying and categorizing threats according to risk and frequency: e.g., high risk/high frequency, high risk/low frequency, low risk/high frequency, or low risk/low frequency.<sup>50</sup> How threats are assessed and prioritized and the resources available for addressing them will undoubtedly vary across agencies.

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<sup>48</sup> There is quite a bit of variance in how threats are categorized by law enforcement agencies and even by occupational health professionals. These categories are for illustrative purposes only. For a comprehensive overview of occupational health and

safety issues and threats, please refer to the International Labour Organization's *Encyclopaedia of Occupational Health and Safety*, available via the ILO website at [www.ILO.org](http://www.ILO.org).

<sup>49</sup> Imrie, T., (2008). Personal communication.

<sup>50</sup> There are a number of models for categorizing threats. Risk assessments commonly involve identifying and categorizing threats according to risk and frequency (or similar categories).

For the purposes of creating a comprehensive program, we have identified two categories of threats that departments need to prepare for: daily (or routine) threats and exceptional threats. For example, any sort of personal protective equipment (PPE) that employees are trained to use on a daily basis, such as bullet-resistant vests or disposable medical barrier gloves, are examples of *daily* occupational health and safety efforts that help personnel mitigate the risk associated with daily threats. Stress reduction and fitness programs also work toward this end. Instructing employees to don additional PPE during a major incident such as biological or chemical threat is an example of an *exceptional* occupational health effort. Providing emergency vaccinations (such as a tetanus booster) in response to a specific incident would be another example of responding to *exceptional* occupational threats. Some departments have also addressed the mental health component of occupational health by instituting stress reduction programs (routine), and providing counseling and other services through an Employee Assistance Program (EAP) after a critical incident (exceptional).

**If department personnel are aware of—and know how to mitigate—the risk of routine threats, they will already possess the foundation of knowledge necessary to respond rapidly in the event of an exceptional situation.** For example, if a department has protocols in place for hand washing or anti-bacterial gel use, then during a public health emergency the department can build on those protocols to encourage more frequent hand hygiene, and perhaps increasing the locations where anti-bacterial gel is available in the workspace and the frequency of cleaning shared work surfaces, among other strategies. If departments employ programs that help personnel effectively manage daily stressors, these personnel will be better equipped to respond and recover from extremely stressful incidents.

### *Legislative and Other Standards*

Law enforcement officials must research and understand applicable legislative and other standards (e.g., state/local laws, OSHA standards, CALEA requirements, etc.) to ensure that their OHS programs meet certain basic requirements. Once these minimum standards are met, an executive can determine if more extensive actions are appropriate to meet the full health and safety needs of his/her personnel.

### *Documents and Procedures*

Existing department documents and agency procedures should be reviewed to determine if existing efforts can be applied to an OHS program or if they need to be altered to better serve the agency from a health and safety perspective. Many existing procedures and programs can

be incorporated into an OHS program. Memoranda of Understanding (MOUs) with providers for health and safety services (or MOUs with other agencies to share services or facilities), existing department policies, communication protocols, sick and holiday leave policies, return-to-work plans, and fitness standards are just some of the items an executive should consider reviewing before creating or altering a health and safety program.<sup>51</sup>

### Resources

In the event of an emergency, resources could become scarce and difficult to obtain. It is critical to thoroughly examine the agency's PPE, including expiration dates (if applicable) and purchasing schedules, and check inventory amounts to determine if the current inventory is sufficient to meet the requirements of personnel and circumstances. Additionally, are there sufficient plans in place to obtain additional PPE if needed? As some departments have found, stockpiling items with expiration dates may not be the best or only solution needed. Depending on the threat, short notice or priority ordering agreements with vendors may be preferable.

Also, it is important to know what additional facilities (e.g., health clinics, local gyms, training facilities), supplies (e.g., bullet resistant vests, eye protections, antibacterial gel), and professionals (e.g., police physicians, counselors) are available to personnel for both daily routine wellness and emergencies allows an executive to decide if some resources can be made available daily and what resources should be reserved for a critical incident.

“You don't need a staff of physicians as long as you have access to them.”  
**Commissioner Julian Fantino (retired), Ontario Provincial Police<sup>52</sup>**

### New Information and Research

An agency can be better prepared for an emergency by staying up to date with the most recent information on emerging health and safety threats. For example, the National Institute for Occupational Safety and Health (NIOSH), also created as part of the Occupational Safety and Health Act of 1970, is an important source of information and research on this specific topic. NIOSH, part of the Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services, was established as the federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and

51 See also Brito, C.S., Luna, A.M., & Sanberg, E.L., (2009). “Benchmarks for developing a law enforcement pandemic flu plan.” *Police Executive Research Forum*, October. <http://www.policeforum.org/>

upload/benchmarks%20guide\_v6\_596059234\_1012009170513.pdf; Brito, C.S., Luna, A.M., & Sanberg, E.L., (2009). “Communication and public health emergencies: A guide for law enforcement.” *Police Executive Research*

*Forum*, August. [http://www.policeforum.org/upload/risk%20comm\\_jan%202010\\_197534764\\_1222010145938.pdf](http://www.policeforum.org/upload/risk%20comm_jan%202010_197534764_1222010145938.pdf)  
52 PERF Advisory Meeting, December 2007.

illness. NIOSH provides research, information, education, and training in the field of occupational safety and health. NIOSH also provides email updates and Really Simple Syndication (RSS) alerts on breaking news and the latest publications. These alerts notify subscribers directly of the latest information as it is released.<sup>53</sup> Information on general health and safety threats, such as a pandemic influenza, can also be obtained directly from the CDC, the World Health Organization, Department of Homeland Security, and state and local government websites, among others.

By staying up to date, plans and resources can be arranged in advance of a specific event or health threat in order to keep the agency functional and its personnel safe. Executives and senior staff should continuously educate themselves on threats and the related risks through research and communication with officials and experts about potential emergencies and how to prepare for them.<sup>54</sup> Experts recommend reaching out to hospitals, health care centers and medical colleges for advice in developing programs and potential access to funding and medical resources (See also Part 2: Control and Prevention).

### *Department-Specific Information*

No health and safety plan should be implemented without a thorough understanding of an agency's personnel and their specific health and safety needs. Departments often have untapped information resources in-house. For example, the daily needs of personnel can be analyzed using existing department data such as physical exam results or injury rates. Informal surveys or formal evaluations to collect data on job satisfaction, individual health and safety practices, and stress can be used. This information can assist in tailoring an occupational health and safety plan to best serve the employees and ultimately the community at large.

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<sup>53</sup> The Center for Disease Control and Prevention, (2010). "The National Institute for Occupational Safety and Health." <http://www.cdc.gov/niosh/>

<sup>54</sup> See the discussion on Surveillance in Part 3: "Maintenance and Improvement."

## Knowledge Summary: Sample Self-Assessment Questions

The following is a summary of the specific questions to ask and items to review during the first phase of creating or expanding an agency's occupational health and safety program.

### *Legislative and Other Standards:*

- National Institute for Occupational Health and Safety (NIOSH) and OSHA Standards:
  - Do NIOSH recommendations or OSHA standards apply to the department?
  - What is the department legally required to provide to employees under these requirements or standards?
- Other State, Tribal, and Local Laws: What is the department legally required to provide to employees under state and local law?
  - What financial support is available through state/local legislation for OHS efforts?
- Bargaining Contract: Is the department legally required to provide OHS programs under union and collective bargaining contracts?
- CALEA: What health and safety standards does CALEA require or recommend?<sup>55</sup>

Importantly, departments should examine whether its policies and standards meet the basic recommendations and requirements set forth by these entities.

### *Documents and Procedures:*

- Memoranda of Understanding (MOU) or Service Contracts:
  - What existing MOUs already exist with public health or the municipality's occupational health program?
  - Are there specific MOUs or service contracts that could be activated in the event of a critical incident?
- Department Policy:
  - What existing written procedures related to OHS already exist in the department? (For example, the department may have a written policy mandating yearly physicals or in-service training on stress reduction techniques.) How can these policies contribute to a comprehensive OHS program?
  - What additional health and safety procedures are activated during critical incidents according to departmental emergency operations plans? For instance, the plan may require that N-95 masks and goggles are made available for all personnel in the event of a public health emergency.
- Leave Policies:
  - What sick leave policy is currently in place?
  - What type of bereavement policy is in place?
  - What annual/holiday leave is currently in place?

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<sup>55</sup> See Appendix B for selected CALEA standards.

- Will the leave policies change during a public health emergency (e.g., if an officer is exposed to illness on the job)?
- Fitness Standards:
  - What fit-for-duty standards are in place?
  - What fitness standards, if any, are in place for officers once they are on the job?
- Communication:
  - What health and safety information is routinely disseminated throughout the department?
  - How is that information disseminated?
  - How will the health and safety information be disseminated during a public health emergency?
  - Does the department have a “family plan” in place to assist personnel in emergency planning for their loved ones?
- Return-to-Work:
  - What return-to-work plans and polices does the department have in place for when an officer is sick or injured?
  - What return-to-work programs and policies does the department have for veterans who are returning to work?

*Resources:*

- Personal Protective Equipment:
  - What PPE is available for daily use (e.g., bullet-resistant vests, antibacterial gel, disposable barrier gloves)?
  - What types of PPE are stored for emergencies (e.g., eye protection, protection against chemical, biological, radiological, and nuclear agents, N-95 masks)? What are the plans for replenishing these supplies in the event of an emergency?
  - Is PPE available to all officers? All *personnel*? Or only certain units? Are employees trained in how to don, remove, and otherwise employ PPE?
- Available Facilities and Professionals:
  - What facilities and professionals are available for personnel for general, routine wellness (e.g., training academy, local gyms)?
  - What facilities and professionals are available for personnel when they are injured (e.g., joint police/emergency medical services/fire occupational health clinic, a police physician who has privileges at the local emergency department)?

*New Information:*

- Baseline Health Data: An excellent way to understand the department’s *daily* occupational health and safety needs is to gather baseline data about existing health and safety threats that affect department personnel. A department likely already collects information on:
  - Physical exam results
  - On-duty injury rates
  - Absenteeism (which may be able to be broken down by unit and be examined over time to determine when workers were most likely to be absent and what staffing adjustments were made)

*continued on page 20*

- Motor vehicle crashes
- Immunization levels (which would allow a department to identify where its personnel might be especially vulnerable)
- Departments may also choose to gather additional data through informal or formal assessments. A department may choose to administer an anonymous, informal, internal, voluntary survey during roll calls, via pay stubs, or posted on its intranet. Or, a formal assessment can be conducted by a licensed health assessment company. The survey/assessment may collect information on:
  - Level of job satisfaction
  - Sick leave usage
  - Individual health practices, such as:
    - » Sleep patterns
    - » Tobacco use
    - » Fitness routines
    - » Nutritional habits
    - » Alcohol use
  - Level of job stress
  - Family history of disease
  - Height-to-weight ratios or Body Mass Index (BMI)



## Part 2: Control and Prevention

Control and prevention is the second component of a comprehensive occupational health and safety program; it involves eliminating threats or minimizing the risk or impact of threats that cannot be eliminated. These efforts can come in many forms: policies, standards, equipment, training, educational efforts and partnerships, to name a few. These efforts may mandate safety procedures or provide health, safety, and wellness programs; equipment and training; and educational efforts aimed at department personnel, their families, and the community at large; as well as encourage and facilitate partnerships to ensure safety and wellness.

A number of police agencies in the U.S. and Canada have taken steps to provide control and prevention programs. For example:

- Fairfax County (VA) Police Department implemented an ongoing Injury Care and Prevention Program by hiring a full-time certified athletic trainer. The athletic trainer is available 40 hours a week for evaluation and treatment of acute injuries or to provide follow up evaluations for prior injuries (occurring either on or off duty). Since hiring the athletic trainer, medical costs have dropped nearly 50% and rehabilitation costs for the department decreased nearly 22%.<sup>56</sup> Fairfax County also has a Safety Officer Program in place, which is described in a sidebar later in this section.
- The Toronto Police Service hired a workplace health and wellness consulting firm to produce a health risk and productivity assessment of the department. The consulting firm conducted an employee survey and provided recommendations to the department including: creating new practices within the department to lower stress and increase job satisfaction, and promoting individual employee health and wellness efforts such as cardiovascular / diabetes screening clinics, smoking cessation efforts, and weight management and nutrition education.<sup>57</sup>

A 2008 survey conducted by the Major Cities Chiefs Human Resources Committee identified the following program efforts:

- The St. Paul (MN) Police Department's Health and Wellness Program provides personnel with the time and facilities for physical fitness conditioning and monitors employee progress with medical screenings and testing. Other health programs offered include smoking cessation, cholesterol control and blood pressure management.

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<sup>56</sup> Hauda, W., DeAtley, C., & Burke, N. (2007). PERF Advisory Meeting, December.

<sup>57</sup> Imrie, T. (2007). PERF Advisory Meeting, December.

- Some police agencies provide incentives for their personnel to participate in fitness activities and promote wellness. Nassau County (NY) Police Department has held a “Biggest Loser” weight loss competition for employees and provided cash prizes. Montgomery County (MD) Police Department holds an annual fitness competition and awards the winners several hours of additional leave.
- Through their Organizational Consultant Program, the Los Angeles County Sheriff’s Office teaches supervisors how to recognize high risk behaviors in their employees, how to deal with difficult employees, and how to give constructive criticism. Supervisors can provide employees with departmental resources and provide referrals.
- The Pittsburgh Police Department has access to the city intranet where the City’s Safety Manager and staff maintain a wellness calendar highlighting health and wellness related topics. The calendar also tracks upcoming wellness events like intramural sports games, exercise classes, and health program events.
- Ottawa Police Services started the “Real You Program” to provide personnel with aerobic conditioning and strength training, medical surveillance, nutritional advice, and behavioral counseling.<sup>58</sup>

Routine control and prevention efforts focus on reducing employee illness, injury, and exposure on a daily basis, as well as improving employee physical and mental health. During exceptional situations preventive efforts become even more critical, especially when the level of risk increases for personnel. For example, exposure to an exceptional agent (pandemic influenza virus, anthrax, other chemical agents) may result in a greater likelihood of serious illness or death. In response to a major disaster or terrorist attack, such as Hurricane Katrina or the 9/11 attacks, most agency personnel work under high-threat, high risk circumstances for extended periods of time. It is during these exceptional incidents that the benefit of planning and integrating preventative health and safety measures—both routine and exceptional—can demonstrate immediate results.

### *Department Standards*

Departments may consider improving their existing standards for occupational health and safety, or implementing new ones. Such internal policies and standards may mandate or encourage that personnel undertake certain preventative measures. For example, an agency may mandate that

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58 Major Cities Chiefs, & FBI National Executive Institute, (2008). “Promoting health and wellness: Returning to full

duty.” <http://www.neiassociates.org/health/full-duty.pdf>

patrol officers wear bullet-resistant vests. Other standards and departmental policies may have an impact on prevention of occupational illness or injury (e.g., mandating certain standards of training, equipment, fitness training, physicals, and hygiene, or establishing policies for sick/disability leave and teleworking). Departments should consider a flexible “all-hazards” approach (an approach that doesn’t just focus on one specific threat, but that increases preparedness for any type of threat),<sup>59</sup> so that the policies are applicable during day-to-day operations as well as critical incidents.

### Equipment

Appropriate PPE can help prevent or decrease risks faced by personnel in routine or exceptional events. For example, during the SARS outbreak, PPE was critical to protecting Toronto Police Service personnel.<sup>60</sup> Departments may consider providing health and safety equipment such as bullet-resistant vests, medical barrier gloves, and hand sanitizer, along with training on the effective, *daily* use of this equipment. Many departments have already recognized the benefits of equipment such as bulletproof vests because officers’ lives are being saved. As another example, gloves, masks, hand sanitizer, and messages and programs designed to improve basic hygiene practices are being used by law enforcement agencies and others (e.g., businesses, schools, churches) to help minimize the impact of public health threats, such as the seasonal flu and the recent H1N1 “Swine Flu” pandemic.

Police executives must decide what equipment is necessary for all officers and what should be available to officers based on their unit or specialty. Determining what equipment is essential during a critical incident ahead of time allows officers to receive the proper training for that equipment and adds to the uninterrupted functioning of an agency in the event of an emergency. The information and sample questions included in this chapter will provide a good starting point for gathering the information needed to make those decisions.

### Training and Education

Providing training on health, safety, and the correct usage of PPE will help prevent injuries and illnesses and can increase employee confidence in their ability to safely respond on a daily basis, and during critical incidents. This training could take place at roll call or during in-service

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59 The Center for Disease Control and Prevention, (2010). “Preparedness for all hazards.” <http://www.bt.cdc.gov/hazards-all.asp>; U.S. Department of Homeland Security, (2010). “National

response framework.” [http://www.dhs.gov/files/programs/editorial\\_0566.shtm](http://www.dhs.gov/files/programs/editorial_0566.shtm)

60 Richards, E.P., Rathbun, K.C., Brito, C.S., & Luna, A.M., (2006). “The role of

law enforcement in public health emergencies” *U.S. Office of Justice Programs: Bureau of Justice Assistance*, September. [http://www.ojp.usdoj.gov/BJA/pdf/role\\_law\\_enforce.pdf](http://www.ojp.usdoj.gov/BJA/pdf/role_law_enforce.pdf)

training, or be provided through the department's intranet.<sup>61</sup> Departments may also want to consider offering educational programs on general health and wellness topics and programs on nutrition, fitness, weight-loss, smoking cessation, or other issues that are at the top of department concern.<sup>62</sup>

Working with local partners can greatly help in launching new education and training efforts. Many of these program materials are already available and training could be provided at a relatively low cost. As a starting point, police officials could reach out to medical or public health partners for existing programs or search local and state health departments' websites for available resources and training programs.

### Partnerships

OHS prevention efforts should include strengthening existing partnerships and creating new ones with other agencies in the community. As mentioned in the prior section, a department should consider reaching out to local hospitals, clinics, universities, fire departments, EMS or other local organizations. Experts from these fields can assist police leaders with legislation, equipment, and training. As many have found, planning efforts themselves are one way to build and strengthen partnerships. Furthermore, these partners may provide new ideas for preventive efforts or have existing occupational health and safety programs in place, which a police department can emulate. For example, at least one department that participated in the Advisory Panel found that training with the local fire department on safety efforts proved useful in creating a Safety Officer Program.

### Communication

Another important factor for reducing risk for law enforcement is disseminating accurate, timely information containing action-oriented steps.<sup>63</sup> For example, a department might send out an interdepartmental email reminder about routine safety efforts like hand-washing during influenza season. During a critical incident, communication is imperative to protecting personnel, as they will rely on the information they receive to make critical decisions. Having a well-thought-out plan as to what information should be disseminated and when, who coordinates the communications plan, and how executives will receive feedback about these efforts reduce confusion and reduce risk during an emergency.

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<sup>61</sup> It is important to note, however, that more extensive training and pre-testing will be required for certain types of equipment, such as N-95 masks.

<sup>62</sup> Richards, E.P., Rathbun, K.C., Brito, C.S., & Luna, A.M., (2006). "The role of law enforcement in public health

emergencies" *U.S. Office of Justice Programs: Bureau of Justice Assistance*, September. [http://www.ojp.usdoj.gov/BJA/pdf/role\\_law\\_enforce.pdf](http://www.ojp.usdoj.gov/BJA/pdf/role_law_enforce.pdf)

<sup>63</sup> Brito, C.S., Luna, A.M., & Sanberg, E.L., (2009). "Communication and public health emergencies: A

guide for law enforcement." *Police Executive Research Forum*, August. [http://www.policeforum.org/upload/risk%20comm\\_jan%202010\\_197534764\\_1222010145938.pdf](http://www.policeforum.org/upload/risk%20comm_jan%202010_197534764_1222010145938.pdf)

## Safety Officer Program of the Fairfax County Police Department (FCPD)

*Kenneth Brennan, NREMT/P, Master Police Officer (retired)*

**History:** The Safety Officer Program is a long-standing position in fire departments nationwide. Safety Officers in fire departments ensure that firefighters conduct safe operations during an incident. Several years ago, during joint operations with the Fairfax County Fire Department, FCPD determined that they needed field officers to be able to respond to various hazards, including extended police operations, extreme environmental conditions, natural disasters and terrorist incidents. FCPD followed the lead of the fire department, and developed a similar program that strives to have a police Safety Officer on scene during certain operations to ensure the officers' safety.

**Organization:** The program was formally established in 2006 as a non-standing unit with a supervisor assigned to oversee its operation. One officer acts as the lead Safety Officer Coordinator, who manages the training and deployment of four Safety Officers.

**Training:** Safety Officers receive approximately 40 hours of training within their first year of entering the program. Prior to any deployments they must receive eight hours of police department training dealing specifically with officer safety. New officers entering the program work with an experienced Safety Officer on deployments prior to responding to incidents alone. Training topics include: respiratory protection, protective clothing, Special Weapons and Tactics (SWAT), water rescue, handling civil disturbances, and responding to explosive ordnance devices (EOD).

**Role:** The Safety Officers' first priority on scene is to identify any potential hazards to the officers. They will evaluate the entire operation and prepare a Safety Action Plan for the incident commander. This action plan includes current and forecasted weather, terrain hazards, traffic hazards, recommended perimeters based on environmental hazards (e.g., power lines, gas lines, raw sewage or poor air quality), personal protective equipment recommendations, shift hours,<sup>64</sup> decontamination location, and rehabilitation recommendations. The Safety Officer will also identify nutrition and hydration needs and solutions. Safety Officers also play a major preventative role in identifying everyday and future hazards that officers may face. A Safety Officer's primary role is to act as an officer's safety advocate throughout an entire operation.

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<sup>64</sup> Officers and supervisors involved in an event are less likely to take appropriate breaks. Event sustainability is more

likely with a removed party overseeing duration periods.

## Control and Prevention Summary: Sample Self-Assessment Questions

Following is a summary of the specific questions and items to be considered while creating or expanding an agency's control and prevention efforts.

### *Department Standards:*

- What standards and policies should be added to the department's current policies?
  - What is the current sick leave policy? Does it presently encourage personnel to take leave if they are ill?
  - Are there physical fitness policies for personnel?
  - How often are physicals required?
- What standards and policies should be updated?
  - Has the department's requirements for use of PPE been updated to address current and emerging threats?
  - Does the department have standards and policies in place that will protect personnel during an exceptional event?
- If applicable, what standards does CALEA recommend?<sup>65</sup>
- What is the policy concerning use of an employee assistance program (EAP)?

### *Equipment:*

- What equipment should every officer have?
- Would available equipment differ by unit or officer specialty?
- Where should the equipment be stored and how is it replaced after use or expiration?
- What cleaning requirements will be necessary?
- What equipment is needed for critical incidents such as chemical, biological, radiological, nuclear emergencies and public health emergencies such as pandemic influenza?
- What training will be required for personnel to learn to use the equipment properly?
- How often and what type of equipment inspection will be necessary?<sup>66</sup>
- Can any of the equipment be purchased with asset forfeiture money or donated?

<sup>65</sup> See Appendix B for more information on CALEA standards that relate to health and safety.

<sup>66</sup> Some of the answers to types of questions about equipment may be found in existing legislative standards

for other industries/sectors. For example, self-contained breathing apparatus may be regulated by an act or regulation that stipulates frequency of inspections, types of training required, etc. However, law

enforcement should ensure that other industries' regulations are applicable and appropriate for law enforcement equipment.

### *Training and Education:*

- What OHS-specific trainings should the department have in place?
- What kind of OHS training should *all personnel* receive?
  - What kind of OHS training should front-line supervisors and command staff receive?
- How often should personnel be trained?
- Who will be in charge of training personnel?
- How should training be delivered (e.g., electronically, in a classroom setting)?
- Which personnel (e.g., all personnel, just officers, special units) should be trained?
- Should the type and level of training differ by unit or law enforcement role?

### *Partnerships:*

- What partnerships with public health or medical professionals are currently in place?
- What other local/regional law enforcement agencies can the police department collaborate with?
- What other organizations or agencies in the community have relevant subject-matter experts or already have OHS programs or materials (e.g., hospitals or other healthcare organizations, etc.) that can be shared?
- What expertise and resources can these partnerships provide to the police department?
- Who is the best person within the police department to reach out and form partnerships?

### *Communication:*

- How does the department currently distribute regular communications (e.g., via e-mail, phone system, intranet, etc.)?
  - Who coordinates this responsibility?
- How does the department currently distribute emergency communications?
  - Who coordinates this responsibility?
- How quickly can emergency communication be initiated?
- How can the department ensure that certain personnel have received the intended messaging?
- What steps have been taken to ensure these systems will function during a critical incident?
- Do the department's communications policies need to be updated?

## Part 3: Maintenance and Improvement

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

Health and safety is a constantly changing field; new threats continuously emerge. Responses to those threats evolve as new vaccines, protective equipment, and other resources become available. “Surveillance” is a key piece of the third component to developing a comprehensive effort and builds on the initial steps the department has taken to increase its knowledge of OHS issues. In this case, we are borrowing the public health use of the term “surveillance,” which is defined as “the ongoing, systematic collection, analysis, and interpretation of data (e.g., regarding agent/hazard, risk factor, exposure, health event) essential to the planning, implementation, and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control.”<sup>67</sup> Public health surveillance, from a policing standpoint, is important for identifying emerging threats, estimating their impact, designing and evaluating prevention and control efforts, and planning. Constant surveillance of new health and safety threats keeps an agency prepared for a potential incident. This can be accomplished by communicating regularly with local health officials, reviewing research findings, and routinely following news and information on law enforcement safety regulations and recommendations, for example. Surveillance provides an executive with the information needed to continuously review and adjust existing policies based on emerging threats and new lessons learned. Surveillance can also include a review of employee feedback to new health and safety standards, and ongoing analysis of department data to assess the impacts of program efforts. Personnel comments and analysis findings can then be incorporated into policy and procedural changes to better serve the agency.

Any change in an agency’s occupational health and safety program should be effectively communicated to employees. In order for procedures and policies to work as planned, all personnel, as well as other related agencies, must be well aware of any program updates. This reduces the risk of a miscommunication between executives and their personnel, as well as between different agencies.

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<sup>67</sup> The Center for Disease Control and Prevention, (2010). “Public health surveillance slide set.” <http://www.cdc.gov>.

[gov/ncphi/disss/nndss/phs/overview.htm](http://www.cdc.gov/ncphi/disss/nndss/phs/overview.htm)



## Maintenance and Improvement Summary: Sample Self-Assessment Questions

### *Update Plans and Policies:*

- What lessons learned from local and national incidents can be incorporated into the department's health and safety policies?
- Are there new health and safety standards that need to be incorporated into the department's current standards?
- How can the department acquire and make use of personnel feedback on occupational health and safety services?
- How can the department ensure that occupational health plans and policies are regularly updated to keep pace with new standards and emerging issues?
- Who is in charge of updating the plans?
- How often should the plans be updated?

### *Emerging Issues/Continuous Surveillance:*

- What new health threats exist?
- What new safety threats exist?
- How will these health and safety threats affect personnel?
- What programs and policies can the department initiate to address these emerging issues?
- How is the department maintaining awareness of these emerging issues?
- Is the department performing surveillance for emerging or changing threats to health and safety of personnel?
- What local public health and medical professionals could help the department stay abreast of current health and safety threats?
- What conferences, educational events, and health surveillance websites are available to help local law enforcement executives stay abreast of recent law enforcement and public health studies, guidelines, and policy recommendations?
- What are other local departments doing?
  - What programs do they offer to personnel?

### *Continuous Communication:*

- How will new health and safety information be disseminated to department personnel?
  - Who will disseminate it and how often?
- How does the department ensure that updates to programs and policies are being communicated to personnel?

- What other agencies should the department continuously communicate with regarding its occupational health and safety programs?
- Can the department participate in meetings with local occupational or public health groups, thereby keeping department representatives up-to-date on emerging health issues?

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

**H**aving the right components of an occupational health and safety program is more important than its formal organization in the department. A review or “gap analysis” of a department’s current programs and policies will allow an agency to determine how closely its efforts meet the basic tenets of “knowledge,” “prevention and control,” and “maintenance and improvement” outlined in this document. Interested police executives should consult Appendix A for an evaluation checklist. Any gaps between baseline criteria and a department’s current programs provide the roadmap for change. These gaps in a department’s occupational health and safety policies should be considered before a department is forced to confront an exceptional event such as pandemic influenza.<sup>68</sup>

## How OHS Translates into Preparedness for Pandemic Influenza

As mentioned in the “About the Series” section of this document, a flu pandemic would create new operational realities for law enforcement. A flu pandemic can be considered a worst-case scenario due to the potential number of people affected and the possible duration of the incident. Police departments are prepared for traditional emergencies that require the deployment of additional resources and personnel over a short period of time. During a flu pandemic, however, departments will have to operate with fewer personnel during repeated waves of outbreaks over a course of several months. Daily OHS standards can enable police departments to rapidly respond to a pandemic influenza by building on programs that are already in place. The following section describes how having a comprehensive OHS program can improve law enforcement effectiveness and reduce personnel risk during a pandemic influenza.

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<sup>68</sup> It is strongly recommended that occupational health and safety programs and policies, as they relate to pandemic

influenza and other public health emergencies, be developed in conjunction

with robust all-hazards and emergency plans.

## Why Having a Comprehensive OHS Program Will Help an Agency Cope with an Influenza Pandemic

Identifying the circumstances that will accompany a public health threat gives an agency the ability to incorporate potential solutions into their OHS program ahead of time. For example, a pandemic influenza outbreak could affect at least 30% of the country's population in some way (e.g., infected or caring for sick loved ones). Absenteeism from the general workforce could reach up to 50%. Law enforcement agencies should expect an increase in absenteeism at all levels of the agency and across all divisions. Employees may feel more confident to report for duty in a department led by an executive who:

- Supports occupational health;
- Sets clear and realistic expectations regarding the police role in a public health emergency; and
- Understands the inherent associated threats and risk to personnel, and has programs and policies in place to reduce personnel risk.

Employees who feel that precautions are in place to safeguard their health while on the job are more likely to come in to work. Additionally, if employees know that their loved ones are safe and cared for, they will feel more comfortable leaving their families when reporting for duty during an emergency. Having strong, organized health and safety programs in place will help employees feel protected in their work environment; establishing family preparedness plans will provide employees with peace of mind regarding their loved ones in the event of a public health emergency.

An influenza pandemic could last twelve to eighteen months with six- to eight-week-long waves of intensity. Departments that already have protective equipment, disseminate health and hygiene messages, and maintain a healthy workforce culture will be better able to operate effectively during the flu pandemic by preventing the spread of the virus within the department.

Contributing to the decrease in workforce, vaccines for the virus will not exist for several months and anti-virals will likely be in short supply. Police officials will need to continually reinforce general hygiene messages and institute other protective measures (e.g., the mandatory use of personal protective equipment, social distancing). Those departments with programs already in place will be able to track the virus trends within the community and communicate with staff about the status of various initiatives.

An influenza outbreak could have a significant psychological impact on the general public, as well as law enforcement. Law enforcement may have to deal with mass casualties, distressed family members, and

possible social unrest—simultaneously. Agencies with occupational health and safety programs will already have support groups, chaplain programs, access to counseling, and employee assistance programs (EAP) in place to assist department personnel in addressing the outbreak’s potential psychological effects.

# Section IV: Challenges and Recommendations for Overcoming Them

**A**n executive seeking to refine or create a department's occupational health and safety program is likely to encounter several challenges. The following is a list of some of the challenges encountered by other department executives and suggestions for overcoming those obstacles:

*Challenge:* Implementing a health and safety program takes a corporate culture change within the department.

*Recommendation:* Begin with top-down support: administrative and executive buy-in is needed for the program to be successful.

*Challenge:* Implementing health and safety programs requires a significant amount of human resources.

*Recommendation:* Officers can be trained in supplemental units and personnel can take on additional smaller roles. Community partnerships can also help.

*Challenge:* Health and safety programs require upfront costs; many departments cannot afford programs.

*Recommendation:* Recognize that the upfront costs now will pay dividends down the road. Many agencies have found occupational health and safety programs reduce costs for injury and disability, and also reduce liability. Partnerships with other departments can help diffuse the cost.

*Challenge:* Establishing occupational health and safety may require political will and outside funding.

*Recommendation:* Work with the police board, unions, and/or partner with other local departments to gain the political support needed for these programs. OHS programs are in everyone's best interest.

"As chiefs we have to lead by example; we tell our officers we want them to be healthy and we have to live it ourselves."

**Chief Jon Zumalt,  
North Charleston (SC)  
Police Department**

"Approach hospitals, health care centers, and medical colleges in your jurisdiction. They are often very willing to help and provide expertise. An added benefit is that they may also be able to draw off of other funding sources that the department isn't familiar with."

**Craig DeAtley, PA-C**

*Challenge:* Occupational health and safety is an evolving field requiring departments to stay abreast of new issues.

*Recommendation:* Join working groups and sign up for e-mail notifications, RSS feeds, and newsletters that will enable the department to stay in touch with others who have knowledge of new trends. If no local groups exist, create one.

*Challenge:* Departments may need to demonstrate the program's value to enable the continuation of existing programs and the creation of new ones.

*Recommendation:* Department data can be a useful resource for determining the state of health of personnel and for risk assessment, surveillance evaluation purposes. For example, information regarding physical exams, motor vehicle crash, on-the-job injuries and exposures, demographics, absentee rates, illnesses, job satisfaction levels, immunization levels, training and equipment costs, insurance usage, and worker's compensation requests are all essential pieces of data that departments can use to encourage the continued support of a program. Department-wide health surveys can also be used to gather data that will establish baseline health information to help measure a program's effectiveness.

“What you can't afford by yourself, you can afford with others—cost share with fire, sheriff, other law enforcement, etc. Smaller departments could cost share with larger ones and piggy-back off of their programs” –  
**Commissioner Julian Fantino (retired), Ontario Provincial Police**

# Conclusion

Occupational health and safety programs play a critical role in protecting law enforcement personnel from the hazards they face in routine activities and during emergency events. These programs can be cost-effective and provide short- and long-term benefits to employees, their families, and the department as a whole. As a department prepares for a potential public health emergency, agency leaders should consider how OHS programs could fit into the department's overall vision and their emergency operations plan.

To date, there is very little national-level guidance on occupational health and safety responsibilities for U.S. law enforcement agencies; state and local programs often vary widely in structure and services provided. However, for many departments, many of the OHS program components are already in place—they do not need to build a new program from scratch. Law enforcement executives should consider what occupational health components and policies already exist in their agency, and how those elements can be applied to the specific threats faced by law enforcement during every day operations, as well as during exceptional events, such as a public health emergency. This guide, and the other documents in this series, should help law enforcement executives lead their departments one step farther down the road to preparedness.



# About the Police Executive Research Forum

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

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

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

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

**To learn more about PERF, visit [www.policeforum.org](http://www.policeforum.org).**

*We provide progress in policing.*

# About the Bureau of Justice Assistance

**T**he Bureau of Justice Assistance (BJA), a component of the U.S. Department of Justice, Office of Justice Programs, supports law enforcement, courts, corrections, treatment, victim services, technology, and prevention initiatives that strengthen the nation's criminal justice system. BJA provides leadership, services, and funding to America's communities by:

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

**To learn more about BJA, visit [www.ojp.usdoj.gov/BJA](http://www.ojp.usdoj.gov/BJA).**

# Appendix A: Occupational Health and Safety Program Gap Analysis Checklist Specific to Pandemic Influenza

## Knowledge

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

## Control and Prevention

- What policy or standards changes could help protect the health and safety of personnel during a flu pandemic?
- Are there emergency staffing modification and substitution policies that can be updated to protect officers from stress and fatigue during a flu pandemic?
- Does the department offer resources to its personnel for developing a family preparedness plan?
- Does the department have proper equipment and PPE to protect personnel during a flu pandemic?
- Where do department personnel fall on the vaccinations/prophylaxis tiers for emergency personnel? Is this adequate or should the department work to be moved up on the priority list?
- Does the department's plan for communicating with personnel during an emergency adequately address a flu pandemic scenario?
- Does the department currently provide training on a flu pandemic scenario? Should more trainings and tabletops be conducted? Are other agencies involved in this training?

## Maintenance and Improvement

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

# Appendix B: Selections from Commission on Accreditation for Law Enforcement Agencies (CALEA) Standards for Law Enforcement Agencies, 5th Edition

**E**ach CALEA standard is composed of three parts: the standard statement, the commentary, and the levels of compliance. The standard statements are declarative sentences that place a clear-cut requirement, or multiple requirements, on an agency. The commentary supports the standard statement but is not binding and serves as guidance to clarify the intent of the standard. The authors have identified a number of standards (in italics) and commentary (below each standard) within the accreditation program manual chapters (bolded and in capital letters) that address components of occupational health and safety and all-hazard emergency planning. For the full listing of standards, commentary, and levels of compliance, please reference *Standards for Law Enforcement Agencies: The Standards Manual of the Law Enforcement Agency Accreditation Program, 5th Ed.* (February 2009).

## 1

### LAW ENFORCEMENT ROLE AND AUTHORITY

[...]

**1.3.8** *A written directive requires that any employee, whose action(s) or use of force in an official capacity results in death or serious physical injury, be removed from line-duty assignment, pending an administrative review.*

**Commentary:** The agency should consider removing from line-of-duty status all officers involved in a critical or traumatic incident, not limited to shootings, and may include incidents such as a fatal motor vehicle collision involving the employee. During the period of administrative leave, the agency should consider provisions for post-incident debriefing or counseling for those employees involved. In some critical incidents, the employee's family may require assistance also.

[...]

## ALLOCATION AND DISTRIBUTION OF PERSONNEL AND PERSONNEL ALTERNATIVES

[...]

**16.1.2** *The agency allocates personnel to, and distributes them within, all organizational components in accordance with documented workload assessments conducted at least once every three years.*

**Commentary:** The intent of the standard is to encourage the equalization of individual workloads among and within organizational components. The analysis should specify all incidents and factors used in making each workload assessment and indicate any time and location factors necessary to complete a task. The method used to determine workload assessments in the patrol component will generally differ from other components within the agency; however, all components should periodically receive an assessment, especially if the agency is in a strategic transition such as the implementation of community oriented or problem oriented policing.

Basing the allocation of personnel on workload demands can have a significant influence on the efficiency and effectiveness of the agency. The agency should attempt to prevent over or understaffing by ensuring that the personnel strength of an organizational component is consistent with the workload. The nature or number of tasks and their complexity, location, and time required for completion are some of the factors influencing workload demands. The process of allocating personnel to each organizational component also permits the agency to determine the overall number of personnel required to meet its needs and fulfill its objectives.

The allocation of personnel to the patrol component should, at a minimum, take into account the number of incidents handled by patrol personnel during the specified period; the average time required to handle an incident at the patrol level, which can be computed through a sampling of cases; calculation of the percent of time, on the average, that should be available to the patrol officer for handling incidents during a specified period, such as an eight-hour shift; and time lost through days off, holidays, and other leave, compared to total time required for each patrol assignment.

Patrol personnel should be distributed in accordance with temporal and geographic distribution of incidents or in accordance with community policing strategies. This is one of the primary means of improving the agency efficiency and effectiveness. The agency's system for determining the appropriate proportional distribution should take into account

incidents, locations, variations in workload, and deployment strategies. The workload assessment system should be documented and include an outline of the calculations required, plus any source documents, personnel, and /or equipment necessary to accomplish the task. There is no single assessment system that is suited for every agency's needs. Using reliable data and reasonable calculations, the agency should reach valid conclusions about workload within each component of the agency. Periodic assessments of all components of the agency should help support increased agency performance and service delivery with available resources. The assessments may also help identify unusual workload demands that can be addressed through new management strategies.

[...]

**16.3.2** *Excluding the educational requirements for reserve officers, the selection criteria for reserves are the same as that for full-time officers.*

**Commentary:** Experience, physical condition, and other selection criteria applicable to full-time officers apply equally to reserves. Some reserve officers may bring with them specialized skills not normally found in entry-level, full-time officers. The process of selection may be different from that of full-time officers, but the criteria are the same, with the exception of educational requirements which are addressed in 16.3.9.

**16.3.3** *The agency requires all sworn reserve officers to complete a recruit academy training program comparable to that required in standard 33.4.1, prior to any routine assignment in any capacity in which the reserve officer is allowed to carry a weapon or is in a position to make an arrest, except as part of a formal field training program required in standard 33.4.3. If the agency restricts or prohibits reserves from performing specific functions, topics related to those functions may be omitted from the curriculum.*

**Commentary:** The intent of this standard is to ensure that reserve officers receive training equal to that required of full-time officers in those areas of assigned duties and responsibilities. The training should be the same as that received by full-time officers or an equivalent, parallel course that meets the requirements of standard 33.4.1. The subject matter in the training program should cover topics related to assigned duties and responsibilities to the same extent that fulltime officers are trained to perform like functions. Training hours and schedule may vary to accommodate the reserve schedule and the course duration may be extended.

If a comparable recruit training program for reserves exists in the state, successful completion of this program will fulfill the requirements of this standard.

[...]

## 22

# COMPENSATION, BENEFITS, AND CONDITIONS OF WORK

[...]

**22.2.1** *A written directive describes the agency's leave program, to include:*

- a. administrative leave;*
- b. holiday leave;*
- c. sick leave;*
- d. vacation (annual) leave; and*
- e. family medical leave.*

**Commentary:** The circumstances and conditions under which administrative leave would be afforded to an employee should be described... Policies regarding sick and vacation (annual) leave should be described, including accrual rates, limitation rates, if any, procedures for scheduling, supervision, and control.

**22.2.2** *The agency has written directives that describe the following personnel programs:*

- a. retirement program;*
- b. health insurance program;*
- c. disability and death benefits program;*
- d. liability protection program; and*
- e. employee educational benefits, if any.*

**Commentary:** The agency should, through insurance programs or direct financial support, provide compensation for temporary, partial, or total service connected disability. A monthly compensation for survivors in case of a service-connected death should be provided.

Specific provisions of the liability protection program should cover employees for actions or omissions directly related to their law enforcement function. The program should protect employees from liability arising from acts or omissions leading to personal injury, death, or property destruction that, in turn, could lead to legal civil action against them.

**22.2.3** *A written directive describes the agency's program for the provision of support services to employees.*

**Commentary:** Agencies, particularly larger agencies, may wish to consider establishing a separate employee services unit to facilitate the provision of support services to employees. Such services might include providing information on employee benefits and help for the employee



family in cases of injury or death. The services available should be described in writing to ensure that employees will know what services are available and that services are provided uniformly.

**22.2.4** *A written directive defines assistance services to be rendered to agency personnel and their families following line-of-duty deaths or serious injuries.*

**Commentary:** Appropriate agency-provided services include notifying the family of the dead or injured officer in a timely, personal manner, assisting the family at the hospital, supporting the family at the funeral and burial, helping the family with legal and benefits matters, counseling the family regarding finances and other possible problems, supporting the family during criminal proceedings (if any), and maintaining long-term contact with the family and keeping informed of family needs. See Chapter 55, Victim/Witness Assistance.

**22.2.5** *A written directive describes the provision of clothing and equipment used by employees in performing law enforcement functions.*

**Commentary:** Certain employees are required to wear the agency's uniform and others are required to wear civilian clothes in law enforcement activities. Equipment is also needed by certain employees in the performance of their duties. The written directive should specify those eligible for clothing and equipment issue or allowances, specify the amount to be provided, and indicate the period for which it will be provided (see standards 41.3.4 and 41.3.5).

**22.2.6** *The agency makes available to employees an Employee Assistance Program (EAP) designed to assist in the identification and resolution of concerns or problems (personal or job related), which may adversely affect an employee's personal or professional well-being or job performance. These personal concerns may include, but are not limited to, health, marital status, family, financial, substance abuse, emotional/stress and other personal matters. The Employee Assistance Program shall include, at a minimum:*

- a. a written directive describing program services;*
- b. procedures for obtaining program services;*
- c. confidential, appropriate and timely problem assessment services;*
- d. referrals to services, either workplace or community resources for appropriate diagnosis, treatment, and follow-up;*
- e. written procedures and guidelines for referral to and/or mandatory participation; and*
- f. training of designated supervisory personnel in the program services, supervisor's role and responsibility, and identification of employee behaviors which would indicate the existence of employee concerns, problems and/or issues that could impact employee job performance.*

**Commentary:** An employee assistance program is intended to assist employees who are suffering from persistent problems that may tend to jeopardize the employee's psychological and/or physical well being. The goal of this type of program is to help individuals who have developed problems by providing services for consultation, treatment, and rehabilitation in order to prevent their condition from progressing to a degree that it will prevent the employee from functioning effectively in the workplace (*See 22.2.5*).

An employee's referral may either be voluntary, in which the employee elects to participate in the program, or it may be a supervisory referral, in which a supervisor uses agency guidelines to refer an employee into the program. An employee has the option to refuse referral into the program and should be given the right to discontinue participation at any time. Appropriate measures should be taken to ensure confidentiality of records for employees admitted to the program, according to established agency directives, personnel guidelines and state and federal regulations.

[...]

**22.3.1** *A written directive describes the agency's policy regarding physical examinations for employees. Any examination required of employees in permanent, full-time jobs must be provided at no cost to the employee.*

**Commentary:** A physical examination is a benefit to both the employee and the agency. Any physical examination should be conducted only to confirm the employees' continued fitness to perform the tasks of their assignments and to inform them of their general physical condition, not to identify employees with disabilities who are otherwise able to perform their assigned duties, with or without reasonable accommodation.

The nature of some specific positions or responsibilities may necessitate periodic specific health screenings, such as those for crime scene personnel, firearms instructors, or range technicians who are repeatedly exposed to hazardous chemicals or lead contaminants.

**22.3.2** *A written directive describes the agency's policy regarding general health and physical fitness to perform job tasks identified for sworn employees.*

**Commentary:** The functions of a law enforcement agency require a level of physical fitness not demanded by many other occupations, and fitness requirements should be specified. Standards of fitness should be those that have been shown to be directly related to the tasks performed, and not serve to eliminate or penalize employees who can otherwise perform the tasks of their assignment, with or without reasonable accommodation.

**22.3.3** *The agency has a written directive that addresses a fitness and wellness program which includes:*

- a. mandatory or voluntary participation by agency personnel;*
- b. a trained program coordinator;*
- c. individual health screening and fitness assessment;*
- d. individual education and goal setting; and*
- e. ongoing support and evaluation.*

**Commentary:** A fitness and wellness program has two main elements. The first is physical performance, i.e., the development and maintenance of physical performance capability to satisfactorily perform job tasks and personal activities. The second is the individual's present health status as well as the risk for future disease. The is impacted greatly by life-styles choices, including smoking, nutrition, weight, stress management, inactivity, etc. The agency should also consider incentives to encourage employee participation.

[...]

## 26 DISCIPLINARY PROCEDURES

[...]

**26.1.1** *A written directive specifies a code of conduct and appearance guidelines, which are readily available to all agency personnel.*

**Commentary:** This directive should include compliance with agency directives; unbecoming conduct; use of alcohol and drugs; acceptance of gratuities, bribes, or rewards; abuse of authority; use of force; and proper care and maintenance of equipment. Prohibitions should be specific, whereas approved behavior may be stated in general terms, e.g., courtesy, punctuality. Directives about grooming and uniform appearance also should be specific. The code of conduct may be in the form of rules and regulations.

[...]

**26.1.4** *A written directive establishes a disciplinary system, to include:*

- a. procedures and criteria for using training as a function of discipline;*
- b. procedures and criteria for using counseling as a function of discipline;*  
*and*
- c. procedures and criteria for taking punitive actions in the interest of discipline.*

**Commentary:** The elements of the disciplinary system should identify the measures to be applied to officer conduct in the interest of discipline. The system should be based on fairness to the employee and the agency and should stimulate employee morale and motivation.

The written directive should encourage training as a means of improving employee productivity and effectiveness through positive and constructive methods (see standard 33.1.5).

The written directive should provide guidelines regarding alternatives to be considered in counseling. In theory and practice, the severity attached to disciplinary counseling increases with the position of the counselor in the hierarchical structure of the agency. The directive should also provide guidance concerning the recording of the purpose and effect of the counseling experience.

[...]

## 31 RECRUITMENT

[...]

**31.1.2** *Individuals assigned to recruitment activities are knowledgeable in personnel matters, especially equal employment opportunity.*

**Commentary:** Prior to initiating recruitment activities, recruiters should undergo a training program that provides knowledge and skills in the following areas: the agency's recruitment needs and commitments; agency career opportunities, salaries, benefits, and training; federal and state compliance guidelines; the community and its needs (including demographic data, community organizations, and educational institutions, etc.); cultural awareness, or an understanding of different ethnic groups and subcultures; techniques of informal record-keeping systems for candidate tracking; the selection process utilized by the central personnel operation or agency (including procedures involved in conducting background investigations and written, oral, or physical agility examinations); recruitment programs of other jurisdictions; characteristics that disqualify candidates; and medical requirements.

[...]

## 32 SELECTION

[...]

**32.1.2** *All elements of the selection process for sworn personnel use only those rating criteria or minimum qualifications that are job related.*

**Commentary:** The intent of this standard is to ensure that candidates are evaluated by a selection process that measures traits or characteristics that are a significant part of the job. It is not sufficient for an agency to merely say in a directive that its procedures are job related.

There are a variety of means by which job-relatedness can be shown. An agency may choose, for example, to demonstrate that an oral examination measures traits that are shown by the task analysis to be significant or necessary to perform the job. An assessment center may be shown to measure the performance of tasks or skills that the task description has shown to be essential job functions (see Chapter 21 regarding task analysis and job descriptions).

The agency may also demonstrate job-relatedness through a process which validates the selection mechanism as a predictor of future job success. A written test may be statistically validated as being able to assess skills necessary for the job of sworn officer. Many commercially produced tests have documentation that will support validation. Agencies are encouraged to seek assistance in this area from competent personnel resources, as many of the validation concepts are technical and/or unfamiliar to police professionals.

[...]

**32.1.4** *At the time of the formal application, candidates for all positions are informed, in writing of:*

- a. all elements of the selection process;*
- b. the expected duration of the selection process; and*
- c. the agency's policy on reapplication.*

**Commentary:** A listing of selection elements should include, but is not limited to, all written physical and psychological examinations, polygraph examinations, oral interviews, and background investigations. From the outset, candidates should be made aware that sensitive or confidential aspects of their personal lives may be explored. Written notification of the expected duration of the selection process not only is a courtesy but also helps the agency better plan and coordinate its selection process.

[...]

**32.2.7** *A medical examination is conducted, prior to appointment to probationary status, to certify the general health of each candidate for a sworn position.*

**Commentary:** None.

**32.2.8** *An emotional stability and psychological fitness examination of each candidate for a sworn position is conducted and assessed by a qualified professional prior to appointment to probationary status.*

**Commentary:** None.

**32.2.9** *The agency has a policy regarding the retention of the results of medical examinations, emotional stability and psychological fitness examinations.*

**Commentary:** The agency should maintain a report of each physical examination and emotional stability and psychological fitness examination to ensure proper procedures are followed and to provide data for continuing research and legal defense, if needed. All records should be stored in a secure area. Access should be restricted to those persons legally entitled to review these records. The files or records may be maintained in agency files or at the location of the medical examination provider.

[...]

## 33 TRAINING AND CAREER DEVELOPMENT

[...]

**33.2.2** *If the agency operates an academy facility, the facility includes, at a minimum:*

- a. classroom space consistent with the curriculum being taught;*
- b. office space for instructors, administrators, and secretaries;*
- c. physical training capability; and*
- d. a library.*

**Commentary:** The agency should have access to training facilities but need not necessarily own the facilities. The size and type of the facilities should be consistent with the academy curriculum. The academy should also have access to a firing range and a paved driver-training track with a minimum of a circular driving surface of one-quarter mile, a skidpan, and a straightaway. The driver training track and the firing range may be located away from the academy's main facility.

[...]

## 41 PATROL

[...]

**41.3.3** *a written directive specifies the requirements for the use of occupant safety restraints devices in every vehicle.*

**Commentary:** The use of seat belts can have a significant effect in reducing the number of deaths and the severity of injuries resulting from traffic crashes, and assist officers in maintaining proper control of their vehicles during pursuit or emergency high-speed operations. The directive should require use of occupant safety restraining devices, including the use of child-safety restraints, as applicable. This standard applies to all vehicles normally equipped with factory-installed occupant safety restraining devices (see 71.2.1 for exceptions).

[...]

**41.3.5** *the agency makes available protective vests for all sworn personnel and establishes written guidelines for the wearing and availability of those vests.*

**Commentary:** the wearing of protective vests is important to officer safety. Protective vests should afford protection consistent with the threat to which officers are exposed. Possible reasons for not wearing protective vests could include, but are not necessarily limited to, excessively warm weather conditions, the regular assignment of patrol personnel to non-line duties, etc. Protective vests donated to the agency, or provided by other means, meet the requirement of the standard.

For reasons of proper fit and hygiene, it is strongly recommended the agency provide a vest for each of its' sworn personnel. This does not preclude an agency from placing exterior armor (one size fits all) in each of its cars for use by the vehicle operator(s).

**41.3.6** *A written directive requires the wearing of protective vests by personnel engaged in pre-planned, high-risk situations as defined by the agency.*

**Commentary:** The intent of the standard is to require that personnel involved in the execution of high-risk tactical duties are required to wear agency-provided protective vests whenever discharging those responsibilities, regardless of exceptions that may have been delineated under agency guidelines meeting standard 41.3.5. Examples of high-risk tactical situations include, but are not necessarily limited to, planned warrant executions and drug raids, etc.

[...]

## 46

# CRITICAL INCIDENTS, SPECIAL OPERATIONS, AND HOMELAND SECURITY

[...]

**46.1.1** *A written directive specifies a position in the agency tasked with planning a response to critical incidents.*

**Commentary:** The person holding this position should be the principal planner and advisor on critical incidents to the agency's chief executive officer. In larger agencies, an important part of the duties attendant to this position may be to act as an expediter of resources during critical incidents.

**46.1.2** *The agency has a written "All Hazard" plan for responding to critical incidents such as natural and man-made disasters, pandemics, civil disturbances, mass arrests, bomb threats, hostage/barricaded person situations, acts of terrorism, and other unusual incidents. The plan will follow standard Incident Command System (ICS) protocols, which include functional provisions for: command (46.1.3), operations (46.1.4), planning (46.1.5), logistics (46.1.6), and finance/administration (46.1.7).*

**Commentary:** The Incident Command System (ICS) has proven very effective in federal and fire services emergencies over the past two decades. The system permits a clear point of control and can be expanded or contracted with ease to escalating or diminishing situations. The Federal Emergency Management Agency's (FEMA) ICS is comprehensive, available on the Internet, and widely used.

The ICS established standardized incident management processes, protocols, and procedures that all responders—federal, state, tribal, and local—will use to coordinate and conduct response actions. With responders using a common language and standardized procedures, they will all share a common focus, and will be able to place full emphasis on incident management when a critical incident occurs—whether terrorism or national disaster.

**46.1.3** *At a minimum, the command function will address the following:*

- a. activating the incident command system;*
- b. establishing a command post;*
- c. initiating the notification and mobilization of additional agency personnel;*
- d. obtaining support from other agencies;*
- e. establishing a staging area, if necessary;*



- f. providing public information and maintaining media relations;*
- g. maintaining the safety of all affected personnel; and*
- h. preparing a document after action report.*

**Commentary:** None

**46.1.4** *At a minimum, the operations function will address the following:*

- a. establishing perimeters;*
- b. conducting evacuations;*
- c. maintaining command post and scene security;*
- d. providing for detainee transportation, processing, and confinement;*
- e. directing and controlling traffic; and*
- f. conducting post-incident investigation.*

**46.1.5** *At a minimum, the planning function will address the following:*

- a. preparing a documented incident action plan;*
- b. gathering and disseminating information and intelligence; and*
- c. planning post-incident demobilization.*

**Commentary:** The planning function is vital to the success of the critical incident plan. Preparation of a documented incident action plan is one of the first responsibilities of the planning function. This function is also responsible for collecting and evaluating information about the incident, the status of resources, and anticipated equipment and manpower needs. The planning function is typically tasked with assembling information on current and alternative strategies, identifying needs for special resources, providing periodic predictions on incident potential, and preparing recommendations for release of resources.

**46.1.6** *At a minimum, the logistics function will address the following:*

- a. communications;*
- b. transportation;*
- c. medical support;*
- d. supplies; and*
- e. specialized team and equipment needs.*

**Commentary:** The logistics function provides manpower, facilities, services, and materials in support of the critical incident.

**46.1.7** *At a minimum, the finance/administrative function will address the following:*

- a. recording personnel time;*
- b. procuring additional resources;*
- c. recording expenses; and*
- d. documenting injuries and liability issues.*

[...]

**46.1.8** *The agency completes a documented quarterly inspection for operational readiness of equipment designated for use in support of its critical incident plan.*

**Commentary:** To ensure the readiness of equipment to be used in support of emergency operations, critical incident plans should show the numbers and types of equipment and supplies needed for various emergencies.

**46.1.9** *A written directive provides for documented annual training on the agency's "All Hazard" plan for affected agency personnel.*

**Commentary:** The expanding scope and sophistication of emergency operations, along with increased possibilities of pandemics and acts of terrorism, require law enforcement agencies to quickly act to stabilize and control emergency situations. Increasingly, law enforcement agencies must deal with large catastrophes with little or no notice. Immediate and decisive action is required to minimize loss of life, reduce property damage, and permit involved authorities to fulfill their responsibilities

[...]

Training should included tabletop, actual exercises, multiple agency involvement, and may be in conjunction with specific plans required in other standards and operations in Chapter 46.

[...]

**46.2.2** *If the agency participates in tactical operations, either on a part-time or full-time basis, a written directive establishes criteria for the selection of officers assigned to those operations.*

**Commentary:** Officers who are assigned to tactical operations, whether full—or part-time, should be carefully selected. Special criteria for selection should be identified, such as a stipulation that the assignment is voluntary; prior law enforcement experience in a field assignment; physical fitness and agility...a comprehensive background investigation to assess the applicant's potential performance and mental suitability for tactical assignment. These criteria should be publicized to ensure that all qualified and interested officers have equal opportunity to apply for these positions.

**46.2.3** *If agency personnel participate in a full-time or part-time tactical team, the agency ensures that specialized equipment is provided for its personnel.*

**Commentary:** Special equipment is needed to provide tactical officers with proper protection and to facilitate successful resolution of tactical operations...Such equipment is not limited to but may include...a flash-light; a chemical agent mask; body armor; a utility uniform; a ballistics helmet...

**46.3.4** *The agency provides awareness level training for events involving hazardous materials.*

**Commentary:** The purpose of this standard is to provide responding law enforcement officers the basic knowledge to recognize a hazardous situation and immediately implement basic procedures to have authorities with the technical ability assess the situation. Also, law enforcement personnel need to understand basic self-protection measures for themselves and others, while being able to protect the incident scene and controlling the area to prevent unauthorized or unknowing persons from entering into a possible contamination zone.

## 52 INTERNAL AFFAIRS

[...]

**52.2.7** *A written directive specifies the circumstances in which an employee may be relieved from duty.*

**Commentary:** The written directive should be supported by other documents establishing the powers and authority of the office of the chief executive. The relief from duty may be a temporary administrative action pertaining to an employee's physical or psychological fitness for duty or an action pending disposition of an internal affairs investigation. The authority to relieve an officer from duty should extend to supervisory levels.

[...]

## 53 INSPECTIONAL SERVICES

[...]

**53.1.1** *A written directive requires line inspections within the agency and includes provisions for the following, at a minimum:*

- a. procedures to be used in conducting line inspections;*
- b. frequency of inspection;*

- c. responsibilities of the supervisor in each organizational component for both the conduct of inspections and correction of conditions discovered by the inspection;
- d. criteria to identify those inspections that require a written report; and
- e. follow-up procedures to ensure corrective action has been taken.

**Commentary:** Line inspections should be an ongoing activity to ensure that employees are acting in concert with agency requirements in such areas as personal appearance, use and maintenance of equipment, and adherence to agency directives and orders...

[...]

## 61 TRAFFIC

[...]

- 61.1.7** *A written directive establishes procedures for motorist stops, to include:*
- a. traffic law violators;
  - b. unknown risk stops; and
  - c. high risk stops.

**Commentary:** Although enforcing traffic laws is one of the more basic functions that law enforcement officers perform, all too frequently officers are injured or killed in the process. Therefore, the agency should provide detailed instructions to officers on procedures for making contact with offending motorists, methods for making effective stops that are safe for the officer and the motorist, approach procedures, and responsibilities for calling in traffic stop information. The instructions should cover all potential situations from basic motorist stops to high-risk stops.

[...]

- 61.2.3** *A written directive specifies collision scene responsibilities for responding officers, including procedures for:*
- a. determining the officer or investigator who is in charge at the scene;
  - b. identifying and dealing with injured persons;
  - c. identifying and dealing with fire hazards and/or hazardous materials;
  - d. collecting information;
  - e. protecting the collision scene; and
  - f. controlling property belonging to collision victims.

**Commentary:** The intent of the standard is to provide procedural guidance to officers responding to collision scenes, who may be the first to arrive, as well as to establish a procedure by which the officer in charge

or investigator in charge is determined (see 12.1.2). The first arriving officer has important responsibilities that include, but are not limited to, providing basic or advanced life support until the arrival of fire/rescue personnel, identifying potential or actual fire hazards or other dangerous conditions so that appropriate action can be taken, summoning additional assistance, protecting the scene, establishing a safe traffic flow around the scene, identifying and interviewing witnesses, and expediting the removal of debris and the vehicles involved from the roadway.

Procedural guidance for hazardous material incidents is necessary to protect the officer and other highway users and to ensure the prompt control and removal of material. The procedures should specify what actions the officer can take to identify materials, protect the scene, isolate the immediate area, evacuate nonessential personnel, and obtain appropriate technical assistance. The law enforcement agency generally will be responsible for preliminary hazard identification, e.g., spill, leak, fire, and identification of vehicles and container placards. The directive should ensure that only properly trained and equipped agency personnel attempt to enter areas where hazardous materials may be encountered or suspected.

[...]

## 70 DETAINEE TRANSPORTATION

[...]

**70.1.3** *A written directive requires that transporting officers in vehicles without safety barriers be seated in specific locations within the vehicle, depending upon the number of detainees to be transported and the number of transporting officers used.*

**Commentary:** For safety reasons, the detainee should be under control at all times. Opportunities for escape or attack on transporting officers should be reduced as much as possible. The detainee should be made as comfortable as reasonably possible, given the length of the trip being made, and should be secured to the maximum degree with appropriate restraining devices.

[...]

**70.4.1** *Vehicles used primarily for transporting detainees must have driver separated from the detainee by a safety barrier.*

**Commentary:** The safety barrier prevents the detainee from having access to the driver’s compartment of the vehicle. Communication between the front and rear compartments should not be impaired to the point that precludes conversation. Installation of such a barrier should be done in a manner that promotes the safety of occupants in the front and rear compartments.

[...]

## 71

### PROCESSING AND TEMPORARY DETENTION

[...]

**71.2.1** *Personnel charged with monitoring temporarily detained individuals in the facility are provided initial training on the use of the temporary detention room(s) or area(s) and retraining at least once every three years.*

**Commentary:** Temporary detention occurring outside the confines of a facility such as a holding facility, jail, or other more secure correctional institution can involve close contact with detainees under challenging and less than ideal conditions. To reduce complacency, officer safety issues should be a priority of the agency training for both initial and retraining sessions...(alternative procedures) will create a more efficient and safe environment for detainees and agency personnel.

[...]

## 72

### HOLDING FACILITY

[...]

**72.1.1** *A written directive requires that personnel receive initial training on the operations of the holding facility, to include fire suppression and equipment provided for use by the agency, and retraining at least once every three years.*

**Commentary:** Types and levels of training should vary with the nature of assignments and responsibilities. Employees who work in direct, continuing contact with detainees require special training, including use of physical restraint, to ensure safety and security of staff and detainees. Employees who do not work in direct contact with detainees should

receive an orientation on the operation of the holding facility and their role, if any.

Fire suppression may include smoke and fire detectors, fire extinguishers, fire hoses to one and one-half inches, and air packs (see standard 72.3.1).

[...]

**72.3.1** *The facility has an automatic fire alarm and heat and smoke detection system, fire equipment approved in writing by state and local fire officials, and a written directive prescribing fire prevention practices and procedures, to include:*

- a. a weekly documented visual inspection and a semiannual documented testing of fire equipment; and*
- b. a daily visual inspection; and documented testing of the automatic fire detection devices and alarm systems as required by local fire code.*

**Commentary:** Reasonable provisions for testing and/or self-testing of the technology employed should be established to ensure the integrity and reliability of the system. The agency should plan and execute all reasonable procedures for the prevention and prompt control of fire.

**72.3.2** *There is a written and posted emergency evacuation plan for the facility and a designated and signed emergency exit directing evacuation of persons to hazard-free areas.*

**Commentary:** If possible, two separate means of emergency exit should be provided. The evacuation plan should specify route of evacuation and subsequent disposition and housing of detainees. The plan also should include provisions for first aid and hospital transportation.

**72.3.3** *A written directive requires a documented weekly sanitation inspection of the facility and specifies procedures for control of vermin and pests.*

**Commentary:** Any condition conducive to harboring or breeding insects, rodents, or other vermin should be eliminated. If necessary, pest control professionals should be used to clean or fumigate the facility.

[...]

**72.6.2** *A first-aid kit is available in all facilities and is subjected to a documented weekly inspection and replenished, as necessary.*

**Commentary:** First-aid equipment available to facility personnel should provide a capability for proper response to a broad range of anticipated emergencies.

[...]

## 73 COURT SECURITY

[...]

**73.2.1** *The court security function operates in collaboration with court personnel to include, at a minimum:*

- a. facilities;*
- b. equipment; and*
- c. plans/procedures based on a documented security survey conducted once every three years.*

**Commentary:** The intent of this standard is to meet the needs of a variety of situations that may offer in the court.

“Facilities” refers to interior and exterior doors/windows, interior and exterior lighting, emergency lighting and power, fire/smoke detection and suppression equipment, alarms, e.g., intrusion, fire, duress, circulation patterns, secure areas, key control, ADA (Americans with Disabilities Act) accessibility and communications.

“Equipment” include fire suppression, medical supplies, retraining devices, communications, weapons (ammunition, gas), magnetometers, and alarms.

“Plans/procedures” refer to the establishment of plans and/or procedures to deal with emergencies (fire, medical, hostage, bomb, disaster), high-risk trials, searches (area, person), weapons, use of retraining devices, detainee movement, and circulation pattern.

[...]

**73.5.9** *The facility has an automatic fire alarm and heat and smoke detection system, fire equipment approved in writing by the state or local fire officials, and a written directive prescribing fire prevention practices and procedures, to include:*

- a. a weekly documented visual inspection and a semiannual documented testing of fire equipment; and*
- b. a daily visual inspection; and documented testing of the automatic fire detection devices and alarm systems as required by local fire code.*

**Commentary:** Reasonable provisions for testing and/or self-testing of the technology employed should be established to ensure the integrity and reliability of the system. The agency should plan and execute all reasonable procedures for the prevention and prompt control of fire.



**73.5.10** *There is a written and posted emergency evacuation plan for the facility and a designated and signed emergency exit directing evacuation of persons to hazard-free areas.*

**Commentary:** If possible, two separate means of emergency exit should be provided. The evacuation plan should specify route of evacuation and subsequent disposition and housing of detainees. The plan also should include provisions for first aid and hospital transportation.

[...]

## **81**

### **COMMUNICATIONS**

[...]

**81.2.1** *The agency provides 24-hour; toll-free voice and TDD telephone access or an equivalent system for emergency calls for service.*

**Commentary:** The public should be able to contact the law enforcement agency at all times for information or assistance that may be needed in emergencies. Agencies that are unable to maintain 24-hour telephone service should arrange for such service through neighboring departments, sheriff's departments, or the state police. Access to emergency services should be toll free within the agency's jurisdiction or permit free access to the operator. Each emergency answering point for the agency should be equipped with a system capable of handling assistance calls from persons who are hearing impaired.

**81.2.2** *The agency has continuous two-way communication capability between the communications center and officers on duty.*

**Commentary:** Immediate communications capability provides a measure of safety and security to law enforcement officers and the public. The nature of an officer's assignment, such as undercover, might dictate an exception to this continuous communication requirement.

The intent of this standard is to ensure that on-duty officers have the means for constant communication. In most situations, portable transceivers are required to enable officers on foot patrol and those away from their patrol vehicles to maintain communications with the dispatch center for exchanging information, requesting assistance, receiving orders or instructions, and responding to calls for service.

[...]

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

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

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

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

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

While these documents can be used as stand-alone resources, readers undertaking the public health emergency planning process will find it useful to refer to the other guides as they work through the *Occupational Health and Safety* document.



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