

Hawaii Department of the Attorney General
Coronavirus Emergency Supplemental Funding Program

STRATEGIC PLAN

Revised August 2020

Overview

The Strategic Plan for the Coronavirus Emergency Supplemental Funding (CESF) Program¹ allocated to the State was developed by the Department of the Attorney General (Department) with information from members of the State Law Enforcement Coalition, the Governor’s Committee on Crime, and the Local Edward Byrne Memorial Justice Assistance Grant (Local JAG) recipients. This document is crafted as a working document to be responsive to changes that are needed to prevent, prepare for, and respond to the Coronavirus.

The original plan and the revised plan were approved by the Attorney General and the First Deputy Attorney General on May 29, 2020 and August 20, 2020 respectively. The revised plan is in response to the COVID-19 outbreak, specifically an increase in the number of daily COVID-19 cases on Oahu that began in late July 2020 and continues in August 2020. The revised plan will move the start date of Phase 2 projects to cover COVID-19 related activities, supplies, equipment, and other expenses. The revised period of support will be July 1, 2020 to December 31, 2021. The original Phase 2 was to support the activities and expenditures for the period covering January 1, to December 31, 2021. By rolling out Phase 2 a few months earlier, agencies can have additional resources to prevent and respond to the increase in COVID-19 spread, and/or to be responsive to the COVID-19 related state and county, and judicial orders issued in August 2020. The spread of COVID-19 on Oahu is being attributed to large gatherings (family get-togethers, funerals, bars) where social distancing and the wearing of masks were not followed.

After the statewide directives evolved from “Stay-at-Home” (March 2020) to “Safer-at-Home (May 2020), to the present “Act with Care” (June 2020), the number of COVID-19 cases on Oahu have risen. For example, in early August 2020, due to the increase in COVID-19 cases, the City and County of Honolulu has mandated that bars and parks close, and gatherings are limited to 10 people or less. For interisland travel, Governor Ige has reinstated the 14-day quarantine for all persons traveling to any of the counties except the City and County of Honolulu. From July 10, 2020 to August 11, 2020, a one-month period, the number of COVID-19 daily new cases rose from 28 (on July 10th) to 118 (on August 11). For the same period, the

¹ The CESF Program is authorized by Division B of H.R. 748, Pub. L. No. 116-136 (Emergency Appropriations for Coronavirus Health Response and Agency Operations); 28 U.S.C. 530C.

total number of deaths increased by 44% from 19 to 34 deaths, and the total number of new cases rose more than 300% from 1,158 to 3,756 cases².

The recent outbreak of COVID-19 on Oahu has resulted in an renewed effort to prevent the disease from spreading further that includes, but is not limited to, allowing professional and support staff to work from home, extending the delay of jury trials, increasing surveillance and monitoring of travelers that are required to quarantine, increasing enforcement and policing of COVID-19 county directives, deep cleaning/sanitizing of government offices as a result of staff/guest with COVID-19, quarantining inmates that are awaiting test results and/or tested positive for COVID-19 and sanitizing Oahu Community Correctional Facility.

On April 30, 2020, the Department was awarded the state-allocated Coronavirus Emergency Supplemental Funding (CESF) Program in the amount of \$3,642,919. The program is administered by the U.S. Department of Justice, Bureau of Justice Assistance. CESF is part of the CARES Act enacted on March 27, 2020. Refer to page 4 for information on the CARES Act. The Department's role is to administer the state-allocated CESF and to ensure that the funds are used in the most advantageous and coordinated manner and when possible, CESF is not duplicative with other CARES funding.

According to the World Health Organization (WHO), viruses, and the diseases they cause, often have different names. People often know the name of a disease, but not the name of the virus that causes it. The pandemic that is affecting Hawaii and the rest of the world is caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The disease is the 2019 Novel Coronavirus that was renamed to "COVID-19" on February 11, 2020 by the WHO.

For the purpose of this Strategic Plan, the WHO, the U.S. Department of Health and Human Services, Center for Disease Control (CDC), and the State of Hawaii, Department of Health (DOH), provide real time information that aid in the understanding of and response to COVID-19. What is known about the virus and the disease has continued to evolve and change, including effective responses to COVID-19. The April 14, 2020, WHO *COVID-19 Strategic Plan* states, "*It has now been more than 100 days since WHO was notified of the first cases ... and much has changed since we launched the first Strategic Preparedness and Response Plan two months ago... This document guides the public health response to COVID-19 at national and subnational levels, including practical guidance for strategic action, tailored to the local context.*"

What is understood about the virus and the disease, how to best prevent, prepare for, and respond to COVID-19 will be evolving in the proceeding months and possibly into 2021. Hawaii's criminal justice system, public safety, and its stakeholders have been significantly impacted by COVID-19. In March, parole hearings were cancelled, all inmate personal visits were suspended, the bar exam was postponed, most traffic, criminal, and civil cases were postponed, and access to the courts was limited. Cases that required hearings were conducted remotely and/or in non-traditional settings. The police, sheriff, probation and parole officers, as first

² Figures are from the Hawaii COVID-19 Joint Information Center, Daily News Digest for July 10, 2020 and August 11, 2020.

responders or essential workers, are at increased risk for COVID-19. KITV news reported in April 2020, 59 Honolulu Police Officers were tested for COVID-19 of which there were 46 negative results, 3 positive results, and 10 test results pending. Most criminal justice and public safety agencies initially developed plans for immediate and short-term needs to address COVID-19 and are now moving towards plans for long-term strategies as the threat of COVID-19 continues.

Since the initial positive result of COVID-19 in Hawaii, Hawaii has moved from the initial phase of COVID-19 testing and identification, to lowering the curve and preventing the spread of COVID-19. Hawaii is entering the next phase of the pandemic, the post-peak period that may include reoccurring cases.

A. 2019 Novel Coronavirus (COVID-19)

COVID-19 is everywhere, with 24/7 broadcasts dominating local, national, and international news. It can be overwhelming when the news is coming from differing sources with conflicting opinions and information. And, with information continuously evolving, the questions for criminal justice and public safety organizations is how to determine what changes are needed to keep the public, employees, clients, and those in their care safe and, how can CESF best support their efforts?

A response to COVID-19 requires information from reliable public health organizations to shape decisions that can improve the health and well-being of the community. Also assisting criminal justice and public safety agencies as they navigate under COVID-19 are the national professional organizations and associations that can provide resources and information related to COVID-19.

It is therefore strongly recommended that use of CESF should be based on information from:

1. Public health organizations such as WHO, CDC, and DOH that provide up-to-date information on COVID-19 and related resources;
2. National organizations and associations that have safety guidelines and resources related to COVID-19 for their members; and
3. State and local officials tasked with enforcement of state quarantine, and stay-at-home and safer-at-home orders as developed by the Department of the Attorney General, in close partnership with the corporation/county counsels, county prosecutors, and police departments.

Using information from these sources ensures that CESF is used to support policies and practices that are appropriate to prevent, prepare for, and respond to COVID-19.

1. Public Health Organizations

WHO reports that COVID-19 is an “emerging, rapidly evolving situation.” Therefore, it is clear that State and county leaders overseeing criminal justice agencies and security should periodically check public health organizations for up-to-date guidance, specifically, but not exclusively, WHO, CDC, DOH COVID-19 websites. This provides State and county leaders

with current information as they plan how to prevent, prepare for, and respond to COVID-19 when using CESF. The respective websites are available at:

WHO <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
CDC <https://www.coronavirus.gov/>
DOH <https://health.hawaii.gov/coronavirusdisease2019/>

2. National Organizations and Associations

A large number of national criminal justice organizations and associations have provided their members with timely and on-going information about the impact of COVID-19 on their respective professions/disciplines and ways to address the fallout. Many of these national organizations and associations have also polled their members to gauge their members' response to COVID-19 which provides the members and the public a unique perspective of how COVID-19 is impacting various criminal justice operations. These national organizations and associations have also provided guidance and areas for consideration for institutions needing to conform to public health guidelines and stay-at-home directives and, more recently, how institutions can safely conduct criminal justice, public safety and security operations. Below is a listing of several large criminal justice organizations and associations, but it is not meant to be an exhaustive list.

The American Correctional Association (ACA) provides a link to the CDC webpage for CDC's *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>). "For more than 149 years, the American Correctional Association has championed the cause of corrections and correctional effectiveness. Founded in 1870 as the National Prison Association, ACA is the oldest association developed specifically for practitioners in the correctional profession."

The American Probation and Parole Association (APPA) serves as the field's leading professional membership association with members at all levels of government and the private sector. In response to COVID-19, APPA is regularly sharing its resources and updates from the CDC and WHO as well as material specific to probation and parole. APPA resources include their support for best practices for supervision during COVID-19.

<https://www.exitprobationparole.org/covid19statement>

The International Association of Chiefs of Police (IACP), the world's largest and most influential professional association for police leaders, has a *Law Enforcement Information on COVID-19* webpage that includes a number of guidance and areas of consideration for police. This includes: *Staying Healthy as a Police Officer during COVID-19*, *Organizational Readiness: Ensuring Your Agency is Prepared for COVID-19*, *How to Request Support from the National Guard*, and *Law Enforcement Role in Enforcing Public Health Protections*. IACP also published a March 30, 2020, *COVID-19 Law Enforcement Response*, a "guidance document intended to help prepare officers, as community requests for police services are likely to evolve and reflect the needs of COVID-19 patients." For this document, refer to Appendix A.

The National Association of Criminal Defense Lawyers (NACDL) is committed to enhancing the capacity of the criminal defense bar to safeguard fundamental constitutional rights, and with its members advocate for policy and practice improvements in the criminal justice system. NACDL has created a Coronavirus Resources page in its efforts to provide services and support for members, clients, and community throughout this virus emergency. An example is a webinar NACDL is hosting on *Protecting Privilege in a Pandemic*.

The National Center for State Courts (NCSC) is the “organization courts turn to for authoritative knowledge and information because its efforts are directed by collaborative work with the Conference of Chief Justices, the Conference of State Court Administrators, and other associations of judicial leaders.” NCSC released a May 1, 2020, *A Pandemic Resource, Considerations in Resuming Court Operations*. This document covers nine areas of court operations that include working with vulnerable populations, social distancing, and face covering. Refer to Appendix B. NCSC also provides technical assistance and consultation and resources such as a webinar on *Expanding Court Operations II: Outside the Box Strategies: Administering the Courts While the COVID-19 Curve is Flattened*.

The National District Attorney Association (NDAA) and the Center for Naval Analyses (CNA) have “partnered during the COVID-19 pandemic to arm prosecutors with the most current information, effective best practices, and targeted resources to keep their communities safe and secure.” On April 3, 2020, NDAA and CNA started a weekly bulletin, *Response to COVID-19 for Prosecutors and Courts*. This weekly bulletin shares helpful information and resources, as well as upcoming virtual networking events. <https://ndaa.org/covid-19/#Agency-Responses>

B. Coronavirus Aid, Relief, and Economic Security (CARES) Act

On March 27, 2020, President Trump signed the Coronavirus Aid, Relief, and Economic Security Act, or the CARES Act (116 P.L. 136), a \$2.2 trillion stimulus package that is meant to: stabilize the national economy; provide immediate resources to most Americans; extend unemployment insurance; provide relief for industries particularly impacted by social distancing; provide blanket support to states and local governments; and, provide additional funding for grant programs and federally-funded services intended to help communities respond to the pandemic.³

The Coronavirus Emergency Supplemental Funding Program and Coronavirus Relief Fund are two sources of funding from the CARES Act that may be used to support COVID-19 related costs incurred by criminal justice agencies and members of the State Law Enforcement Coalition. A general description of the two sources of funding is provided below.

Coronavirus Emergency Supplemental Funding (CESF) Program

Amount: \$5,532,947 (Hawaii allocation)
Period: January 20, 2020 – January 31, 2022
Federal Agency: U.S. Department of Justice

³ National Criminal Justice Association <https://www.ncja.org/covid-19-resources>

The \$5,532,947 CESF to Hawaii includes a State allocation of \$3,642,919 and local allocations to each of the respective counties that total \$1,890,028.

Funds awarded under the CESF Program⁴ must be utilized to prevent, prepare for, and respond to the Coronavirus. Allowable projects and purchases include, but are not limited to, overtime, equipment (including law enforcement and medical personal protective equipment), hiring, supplies (such as gloves, masks, sanitizer), training, travel expenses (particularly related to the distribution of resources to the most impacted areas), and addressing the medical needs of inmates in state, local, and tribal prisons, jails, and detention centers.

Restrictions include non-supplanting. Expenditures that require DOJ prior approval are individual items costing \$500,000 or more, and unmanned aerial systems (UAS), unmanned aircraft (UA), and/or unmanned aerial vehicles (UAV).

The State and local allocation amounts by jurisdiction and administering agency are listed below.

CESF Recipient	Administering Agency	Amount
State of Hawaii	Department of the Attorney General	\$3,642,919
City & County of Honolulu	Honolulu Police Department	\$1,296,475
Maui County	Maui Department of the Prosecuting Attorney	\$260,083
Hawaii County	Hawaii Police Department	\$246,300
Kauai County	Kauai Office of the Prosecuting Attorney	\$87,170
Total		\$5,532,947

The plan for the State allocation of \$3,642,919 less 10% administrative cost, or \$3,278,628, is detailed on pages 13-16.

For the City and County of Honolulu allocation, the Honolulu Police Department will utilize 66.5% of the award with 33.5% pass-through to the Honolulu Department of the Prosecuting Attorney. For the Maui County allocation, the Maui Department of the Prosecuting Attorney will utilize 48% of the award with 52% pass-through to the Maui Police Department. For the Hawaii County allocation, the Hawaii Police Department will utilize 52.4% of the award with 47.6% pass-through to the Hawaii Office of the Prosecuting Attorney. And, for the Kauai County allocation, the Kauai Office of the Prosecuting Attorney will utilize 50% of the award with 50% pass-through to the Kauai Police Department. The table below reflects the administering local agency by county (in gray), the amount they will utilize, and the pass-through amount.

⁴ Coronavirus Emergency Supplemental Funding Program Solicitation FY 2020 Formula Grant Solicitation

Local CESF Administering Agency, Award with with Pass-Through Amount				
C&C HNL	Honolulu Police Department	\$862,156	66.50%	\$1,296,475
	C & C HNL Dept of the Prosecuting Attorney	\$434,319	33.50%	
Maui County	Maui Department of the Prosecuting Attorney	\$124,840	48.00%	\$260,083
	Maui Police Department	\$135,243	52.00%	
Hawaii County	Hawaii Police Department	\$129,061	52.40%	\$246,300
	Hawaii Office of the Prosecuting Attorney	\$117,239	47.60%	
Kauai County	Kauai Office of the Prosecuting Attorney	\$43,585	50.00%	\$87,170
	Kauai Police Department	\$43,585	50.00%	
Total Local CESF				\$1,890,028
<input type="checkbox"/> Administering Agency				

Coronavirus Relief Fund (CRF)

Amount: \$1.25 billion (Hawaii allocation)
 Period: March 1, 2020 – December 30, 2020
 Federal Agency: U.S. Department of Treasury

CRF payments may only be used to cover costs that:

1. are necessary expenditures incurred due to the public health emergency with respect to COVID-19;
2. were not accounted for in the budget most recently approved as of March 27, 2020 for the State; and
3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

The \$1.25 billion in CRF allocated to Hawaii includes a direct allocation of \$863 million to the State of Hawaii and \$387 million to the City and County of Honolulu. While funding decisions on the use of the CRF are being made by the Governor and Honolulu Mayor, the legislative branches of the state⁵ and city⁶ are also working on recommendations on the best and most advantageous public use of the CRF.

City and County of Honolulu \$387 million

As announced by Mayor Kirk Caldwell:

- \$25 million for Small Business Relief and Recovery Fund starting May 18th.
- \$25 million for Individual COVID-19 Hardship Relief Program starting May 18th.
- \$3.9 million for COVID-19 testing with John A. Burn School of Medicine announced on May 19th.

State of Hawaii \$863 million

⁵ SB75, SD 2, HD 1 Relating to Appropriations, Report Title: CARES Act; Paycheck Protection Program and Health Care Enhancement Act; Coronavirus Disease 2019; Municipal Liquidity Facility; Counties; Appropriation

⁶ May 5, 2020 Memo from Council Chair Ikaika Anderson to Council Members on the Select Committee on Economic Assistance and Revitalization.

As allocated under Senate Bill 75 SD2, HD1:

- \$80.009 million to Hawaii County
- \$66.598 million to Maui County
- \$28.715 million to Kauai County
- \$40 million to Department of Defense
- \$1.360 million to Department of Labor and Industrial Relations
 - Pandemic Unemployment Assistance Program
- \$8.154 million to Department of Labor and Industrial Relations
 - IT & Staffing
- \$2 million to Department of Human Services
- \$635.986 million to the Emergency and Budget Reserve Fund

C. Coronavirus (COVID-19) Pandemic – FEMA Public Assistance (PA) Grant Program for State and Local Governments and Private Non-profit (PNP) Organizations

The President declared a National Emergency for the COVID-19 pandemic on March 13, 2020. Under the emergency declaration, FEMA is authorized to reimburse local governments for costs associated with “emergency protective measures” in response to the COVID-19 pandemic.⁷ The FEMA Public Assistance Grant provides assistance to state and local units of government and certain types of private non-profits.

Period: January 1, 2020 – Continuing
Designated Areas: Supplemental grants to state and local governments, and certain types of private non-profits so that communities can quickly respond to and recover from major disasters or emergencies.
Cost Share: 75% Federal, 25% Non-Federal Match

This FEMA grant is to provide assistance under the Emergency Protective Measures (Category B). For application instructions and guidance, go to the Hawaii Department of Defense website at <https://dod.hawaii.gov/hiema/rpa-covid-19/> and to the COVID-19 FEMA Applicant Briefing Template at <https://dod.hawaii.gov/hiema/files/2020/04/COVID-19-FEMA-Applicant-Briefing-Template-04.24.20-Rev-002.pdf>

D. CESF Survey

In April 2020, the Department sent an on-line survey to the members of the Governor’s Committee on Crime, State Law Enforcement Coalition, and the Local JAG recipients. The purpose of the survey was gather information from State and local government agencies regarding current and future needs to prevent, prepare for, and respond to the Coronavirus (COVID-19). Respondents were informed that the information collected would be used to strategize the use of the FY 2020 CESF Program funds (state allocation).

⁷ <https://dod.hawaii.gov/hiema/rpa-covid-19/>

Fourteen survey responses were received from: Department of Public Safety (3); The Judiciary; Department of the Attorney General; Office of the Public Defender; Hawaii Paroling Authority; Kauai, Hawaii, Honolulu, and Maui Police Departments; Honolulu and Maui Departments of the Prosecuting Attorney; and the Hawaii Office of the Prosecuting Attorney.

The survey included the following questions:

Question 1 In your department/organization, has a survey been taken of your organization's needs to prevent, prepare for, and/or respond to COVID-19?

If yes, please provide a summary of the survey and results.

Question 2 In your department/organization, since January 20, 2020, what has been purchased as a result of COVID-19? What is the approximate cost for these expenses?

Question 3 In your department/organization, what areas will need to be funded that the CESF program could cover? List the approximate cost by area.

Question 4 Is there a need to have the Department of the Attorney General (AG) act as a central office to purchase equipment or supplies for the State Law Enforcement Coalition, the Governor's Committee on Crime Members, and/or Local JAG members? The AG would be responsible for the purchasing and distributing of designated items to members.

If yes, then please identify the top 3 equipment or supplies for such a program.

The survey responses were:

Question 1 Of the 14 responses, 9 replied "yes," a survey had been taken.

Questions 2/3 Of the 14 responses, all indicated that their department/organization has made purchases as a result of COVID-19 and indicated that the CESF program could assist with their needs. A breakdown of the amount by State entities and local (county) entities are listed below. (#) indicates the number of responses. Not all responses included an estimated cost.

	Question #2		Question #3	
Respondents	In your department/organization, since January 20, 2020, what has been purchased as a result of COVID-19? What is the approximate cost for these expenses?	%	In your department/organization, what areas will need to be funded that the CESF program could cover? List the approximate cost by area.	%
PSD (3)	\$7,192		\$824,092	
JUD	\$1,121,499		\$1,996,308	
AG	\$25,650		\$1,000,000	
HPA	\$30,000		\$30,000	
OPD	\$583		\$188,000	
State Subtotal	\$1,184,924	77.30	\$4,038,400	64.07
Kauai County	\$11,574		\$43,585	
Maui County (2)	\$69,113		\$263,863	
Hawaii County (2)	\$16,145		\$450,000	
C&C HNL (2)	\$251,131		\$1,507,453	
County Subtotal	\$347,963	22.70	\$2,264,901	35.93
Total	\$1,532,887	100.00	\$6,303,301	100.00

Question 3 “What areas will need to be funded that the CESF program could cover?”
The top 7 responses were:

- Overtime (8 responses)
- Supplies that include hand sanitizer, janitorial cleaning, etc. (8 responses)
- Laptops (7 responses)
- Personal Protective Equipment – non-descriptive (6 responses)
- Video conferencing or similar (6 responses)
- Personal Protective Equipment – masks, gloves, Plexiglass, shoe covers, gowns (5 responses)
- Equipment – thermometers, air purification systems, electrostatic sprayers (4 responses)

Responses also included 19 areas that were noted once. In alpha order, these were:

- Alternative Shelter (for inmates)
- Cell phones
- Computers (1-25)
- Contracted Services (professional cleaning, etc)
- Electronic Monitoring (for offenders)
- Equipment (non-descriptive)
- Equipment (panels/hardware)
- Equipment (printers, scanners)
- Equipment (t.v.)
- Interisland Travel
- Internet Security Features/Connection
- Medical Supplies (variety)

- Police One (law enforcement tool)
- Respiratory Protection Program
- Special LE Response Equipment and Supplies
- Street Smart (law enforcement tool)
- Translation Services
- Uniforms
- Webcams with Microphones (141 units)

The following is a list of needs by department/organization and the approximate/anticipated cost that could be covered by the CESF program. The listing is organized from the highest to the lowest cost. Most of the respondents provided a dollar amount, but one respondent did not.

1.	The Judiciary Needs were provided by Circuit, Appellate Court, and other Admin services	\$1,996,308
2.	Honolulu Police Department Overtime	\$1,300,000
3.	Department of the Attorney General Overtime for SLEC members & PPE	\$500,000 - \$1,000,000
4.	Department of Public Safety (All Divisions) PPE \$400K, alternative shelter \$150K, teleconferencing \$30K, electronic monitoring \$200K, respiratory program \$20K	\$800,000
5.	Hawaii Police Department Overtime	\$165,000 - \$450,000
6.	Honolulu Dept of the Prosecuting Attorney On-line meeting platform, wi-fi connection, mobile printers, mobile scanners, virtue email encryption.	\$207,453
7.	Maui Police Department Street smart \$67.5K, Police One \$22.5K, on-line reporting \$22.3K, uniforms \$69,113	\$180,413
8.	Office of the Public Defender Cleaning/sanitizing supplies for 5 branches \$1K, webcams with microphones for desktops \$141K, laptops \$46K.	\$188,000
9.	Maui Department of the Prosecuting Attorney PPE, equipment for court, overtime	\$83,450

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|-----|---|---------------------|
| 10. | Kauai Police Department
Disinfectant devices \$17,068, overtime \$26,517 | \$43,585 |
| 11. | Department of Public Safety (2) – Sheriff Division
PPE | \$7,092 - \$17,000 |
| 12. | Hawaii Paroling Authority
Telework equipment (laptops, licensure, cell phones),
PPE, and sanitation supplies statewide. | \$10,000 - \$30,000 |

Question 4 Of the 14 respondents, 7 responded “Yes” to the question, “Is there a need to have the Department of the Attorney General (AG) act as a central office to purchase equipment or supplies for the State Law Enforcement Coalition, the Governor's Committee on Crime Members, and/or Local JAG members?”.

Respondents that responded “Yes” were asked to identify the top 3 equipment or supplies for such a program. Of the responses, only 2 rose to the top. They were:

- Disinfecting and Sanitizing Products/Dispenser
- Gloves/Nitrile Gloves

E. Eligible Entities for CESF Program (State)

The eligible entities for the CESF as administered by the Department are the members from the State Law Enforcement Coalition, Governor’s Committee on Crime, and the Local JAG recipients. Together, they represent the collective total of Hawaii’s criminal justice system and the State agencies responsible for public safety and security. Appendix C provides a listing of the members for each group. Non-members, such as non-profit service providers that provide assistance to victims and offenders, may partner with one of the eligible entities and be a subrecipient of that entity. Applicants for CESF funding must be a State or county agency.

State Law Enforcement Coalition

The State Law Enforcement Coalition (SLEC) was activated in April 2020 as allowed under the State Plan for Emergency Preparedness Disaster Response and Assistance. The lead agency for the disaster response and assistance is the Hawaii Department of Defense (DOD), Civil Defense Division (a.k.a. State Civil Defense). The Emergency Support Function Annex to the State Plan for Emergency Preparedness Disaster Response and Assistance (February 2009) includes 20 Emergency Support Functions (ESF). ESF #13 is to address Public Safety & Security.

The purpose of ESF Public Safety & Security is to coordinate and integrate “*State public safety and security resources and capabilities to support the State and the counties across the full spectrum of incident management activities for potential or actual disasters and emergencies.*”

Public Safety & Security “provides a mechanism for coordinating federal-to-State and State-to-county support for law enforcement, public safety, and security operations.” It also assesses “*public safety and security needs, responses to requests, and mission assignments, or tasks for law enforcement resources and planning/technical assistance as needed.*” The Public Safety & Security Coordinator is the Department. The primary agency is the Department of Public Safety, and the support agencies include but are not limited to the Departments of Agriculture, Defense, Health, Land & Natural Resources, and Transportation.

The ESF Public Safety & Security operations plan includes the activation of the State Law Enforcement Coalition (SLEC) as needed. The SLEC includes senior representatives with decision-making authority from each of the State law enforcement agencies. The terms of agreement by the SLEC members are outlined in the SLEC Memorandum of Agreement (MOA) for Civil Defense Related Law Enforcement Activities dated June 24, 2003. The MOA is signed by the department heads of the Director of Civil Defense, Department of the Attorney General, Department of Public Safety, Department of Land and Natural Resources, and Department of Transportation.

The SLEC surveyed their members on personal protective equipment (PPE) needs. The survey results are listed in Appendix D.

Governor’s Committee on Crime

The Governor’s Committee on Crime (GCOC) is the advisory committee to the Attorney General for the Edward Byrne Memorial Justice Assistance Grant (JAG) Program. The GCOC advises the Attorney General on crime-related issues including identifying/selecting priority areas for JAG funds, setting administrative rules, and recommending awards. The Committee is composed of key members from various State and local criminal justice agencies throughout Hawaii. Membership consists of: the Attorney General, two of four Prosecuting Attorneys, two of four Chiefs of Police, the State Public Defender, the Director of Public Safety, the Director of Health, the Superintendent of Education, the Administrative Director of the Courts (The Judiciary), a Circuit Court Judge, the Chairperson of the Hawaii Paroling Authority, and the U.S. Attorney for the District of Hawaii (Ex-Officio).

GCOC members are a resource, providing analytic information on crime topics within their jurisdiction.

Local JAG

Under the Edward Byrne Memorial Justice Assistance Grant, the U.S. Department of Justice, Bureau of Justice Statistics calculates the Local JAG allocation and identifies the Local JAG recipients. For Hawaii, the four local JAG eligible recipients are the City and County of Honolulu, Hawaii County, Maui County, and Kauai County.

For City and County of Honolulu, the applying agency for the Local JAG is the Honolulu Police Department which subgrants one-third of the award to the Honolulu Department of the Prosecuting Attorney.

For Hawaii County, the applying agency for the Local JAG alternates annually, with the Hawaii Police Department applying for the award on years ending in an odd number, and the Hawaii Office of the Prosecuting Attorney applying for the award on years ending in an even number.

For Maui County, the applying agency for the Local JAG alternates annually, with the Maui Department of the Prosecuting Attorney applying for the award on years ending in an odd number and the Maui Police Department applying for the award on years ending in an even number.

For Kauai County, the applying agency for the Local JAG is the Kauai Office of the Prosecuting Attorney which subgrants 50% of the award to the Kauai Police Department.

In short, the Hawaii recipients of Local JAG funding are the 4 police departments and the 4 departments/offices of the prosecuting attorney.

F. Plan for the Coronavirus Emergency Supplemental Funding (CESF) Program

The goal listed in the Department's CESF application for the State allocation remains unchanged; however, the objectives have been adjusted in light of how other CARES and FEMA funding may be supporting SLEC, GCOC, and Local JAG recipients. The revised objectives allow for a more leveraged use/distribution of funds.

Goal: To address the critical gaps and needs in public safety and the criminal justice system to prevent, prepare for, and respond to COVID-19.

The original objectives were:

- Objective #1 To support critical areas of members of the SLEC in preventing, preparing for, and responding to COVID-19, in coordination with the Emergency Performance Management Grant.
- Objective #2 To support critical areas of members of the GCOC in preventing, preparing for, and responding to COVID-19.
- Objective #3 To support critical areas of the Local JAG recipients in preventing, preparing for, and responding to COVID-19, in coordination with the CESF local allocation.

The revised objectives are:

- Objective #1 To support critical areas of members of the SLEC in preventing, preparing for, and responding to COVID-19, in coordination with the Coronavirus Relief Fund, and the FEMA Public Assistance Grant.

Objective #2 To support critical areas of members of the GCOC in preventing, preparing for, and responding to COVID-19 in coordination with the FEMA Public Assistance Grant.

Objective #3 To support critical areas of the Local JAG recipients in preventing, preparing for, and responding to COVID-19, in coordination with the CESF local allocation, Coronavirus Relief Fund, and the FEMA Public Assistance Grant.

Charting CARES and FEMA funding is a work in progress. Funding decisions of the various grant programs are in flux, with the exception of the amounts that are being allocated and shared under the Local CESF. In addition to Local CESF, the Honolulu Police Department and the Honolulu Prosecuting Attorney are reporting that they will be receiving a portion of the city’s \$387 million Coronavirus Relief Fund (CRF). For the Honolulu Police Department, they are considering using the CRF funds that will lapse December 30, 2020 before tapping into their Local CESF funds that will lapse January 31, 2022.

SB 75, SD2, HD1 appropriated State CRF to Hawaii, Maui, and Kauai counties. The bill further states that the Hawaii, Maui, and Kauai mayors will need to work with their respective county council on the planning and use of approximately \$80 million, \$66.5 million, and \$28.7 million, respectively. The table below notes that Hawaii, Maui, and Kauai counties may determine that their police department and the department/office of the prosecuting attorney will receive a portion of the State CRF. Similarly, the Department of Defense was appropriated \$40 million in State CRF that includes support for the State Law Enforcement Coalition (SLEC). The column for the State CRF is marked for the SLEC members as ‘SR’ Subrecipient. The bill is pending Governor Ige’s approval.

As reflected in the table below, the GCOC, SLEC, and Local JAG recipients are eligible to apply for the DOD-FEMA Public Assistance Grant; however, they should contact DOD to determine whether their specific request meets the program and match requirements.

AGENCY	CARES Funding				DOD-FEMA Public Assistance (25% Match Required)
	HNL-Coronavirus Relief Fund	State-Coronavirus Relief Fund	Local* CESF	State CESF	
	3/1 - 12/30/2020	3/1 - 12/30/2020	1/20/2020-1/31/2022	1/20/2020-1/31/2022	
Honolulu Police Department	SR		R	E	E
Honolulu Dept of the Prosecuting Attorney	SR		SR	E	E
Maui Department of the Prosecuting Attorney		CE	R	E	E
Maui Police Department		CE	SR	E	E
Hawaii Police Department		CE	R	E	E
Hawaii Office of the Prosecuting Attorney		CE	SR	E	E
Kauai Office of the Prosecuting Attorney		CE	R	E	E
Kauai Police Department		CE	SR	E	E
Department of Defense		R		E	E
Department of the Attorney General- INV		SR		E	E
Department of Land and Natural Resources -DOCARE		SR		E	E
Department of Public Safety - Sheriff Division		SR		E	E
Department of Public Safety - All Divisions				E	E
The Judiciary				E	E
Office of the Public Defender				E	E
Hawaii Paroling Authority				E	E

The Department’s strategy for the state allocated CESF is based on the April 2020 survey of needs for state allocated CESF to address COVID-19; the SLEC and GCOC members and Local JAG recipients status as a recipient or subrecipient of other CARES funding as of May 31, 2020; and the Department’s goal to expend \$2,600,000 of the state allocated CESF by December 30, 2020, the same date as the CRF.

While there are five funding streams (CARES Act and FEMA Public Assistance) identified in the table above, funding opportunities are the most limited for four agencies, highlighted in gray, who are not a current recipient or subrecipient of CARES funding. Two agencies are a recipient or subrecipient of at least two funding sources, and ten agencies are a recipient or subrecipient of at least one funding source.

The four agencies that are not a recipient or subrecipient of CARES funding are statewide agencies: Department of Public Safety (all divisions), The Judiciary, Office of the Public Defender, and Hawaii Paroling Authority. As a result, a set aside of \$2 million for these four agencies is listed under Phase 1 of this State CESF Strategic Plan. The remaining agencies, that have been awarded other CARES funding, will be eligible to apply for State CESF funding, up to \$600,000.

PHASE 1

Applications for State Allocated CESF:

CATEGORY A

Eligible agencies: Department of Public Safety (all divisions except Sheriff Division), The Judiciary, Office of the Public Defender, and Hawaii Paroling Authority. (Note: One application per agency.)

Application Period: June 1, 2020 – June 30, 2020
Application Due: June 30, 2020
Project Period: January 20, 2020 – December 30, 2020
Award Amounts: \$50,000 - \$750,000
Total Available: **\$2 million**

CATEGORY B

Eligible agencies: Police departments, prosecuting attorneys, Department of Defense, Department of the Attorney General, Department of Public Safety-Sheriff Division, and other SLEC members. (Note: One application per agency.)

Application Period: June 1, 2020 – June 30, 2020
Application Due: June 30, 2020
Project Period: January 20, 2020 – December 30, 2020
Award Amounts: Up to \$50,000
Total Available: **\$600,000**

PHASE 2 -Revised

The original Phase 2 had set aside CESF funding to be made available covering January 1, to December 31, 2021. The Phase 2 – Revised is a result of the upward curve of positive COVID-19 in the community, especially on Oahu. The revision is reflective of the need to prevent, prepare for, and respond to COVID-19 against the urgent and changing demands that are being placed on the criminal justice, and public safety and security agencies. As COVID-19 is a disease transmitted from person-to-person, a statewide agency will be given priority for funding followed by the four counties, based on population size of the county.

All eligible entities can apply for Phase 2.

Application Period:	August 24, 2020 – September 18, 2020
Application Due:	September 18, 2020
Project Period:	July 1, 2020 – December 31, 2021 (maximum of 12 months)
Award Amounts:	\$50,000 to \$275,000
Limitation:	One application per agency
Total Available:	\$1,427,296

If the total amount of the requests received is greater than the amount available, then priority will be given in the following order:

1. State agencies (Executive Branch & The Judiciary) – due to statewide mission;
2. County by population size: City & County of Honolulu, Hawaii County, Maui County, and Kauai County.

ONGOING -Revised

In the original plan, the Department planned to serve as a central purchaser for the two items that were identified by the respondents most frequently:

- Disinfecting and Sanitizing Products/Dispenser
- Gloves/Nitrile Gloves

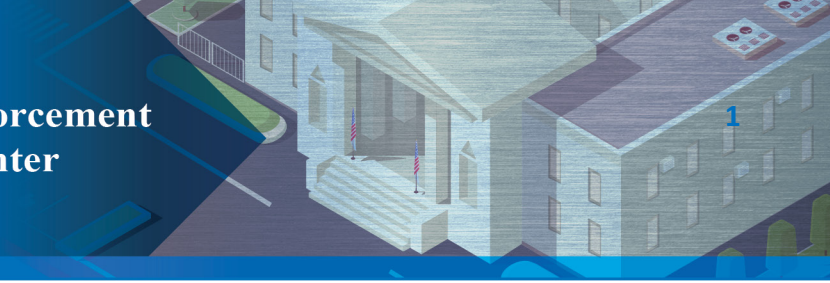
The amount set aside for such purchases was **\$78,628**. However, in August 2020, the Department determined that the set aside funding could be better leveraged and spent by eligible agencies for their most pressing COVID-19 needs that may or may not include disinfecting and sanitizing products/dispensers and gloves/nitrile gloves. By eliminating the Department's role as a central purchaser, the full set aside amount of \$76,628 will be transferred to Phase 2.

APPENDIX A: COVID-19 Law Enforcement Response

COVID-19 Response

March 30 2020

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Considerations Document

Updated: March 30, 2020

COVID-19 Law Enforcement Response

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

I. General Considerations

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

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

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

The Incident Command System (ICS) will be used as always but will become especially important should the demand for services increase, and the availability of Department resources decrease. Response to a pandemic will occur at the local level and will inevitably be ramped up to a multi-agency and multidisciplinary response. The nature of a rapidly spreading, highly contagious disease will require coordination not only between multiple municipal agencies, but also across jurisdictional lines with assistance from the State/Provincial and Federal Government.

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

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

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

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

A. What is COVID-19

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

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

In regard to risk associated with COVID-19:

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

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

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

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

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

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

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

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

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

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

II. Definitions

- *Coronavirus (COVID-19)*: Coronaviruses are a family of viruses found in people and animals causing a range of illnesses from the common cold to severe respiratory infection. The Novel Coronavirus Disease 2019 (COVID-19) is the name given by the World Health Organization for a new respiratory disease first identified in Wuhan, China, in December 2019. As it is a newly identified virus, **this is an emerging and rapidly-evolving situation and new information becomes available daily.**
- *Disease*: A condition that impairs normal functioning of a living organism.⁵
- *Isolation*: Separating people who are in fact ill and have tested positive for a particular strain of a deadly virus from other people to prevent the spread of the communicable disease.
- *Pandemic*: COVID-19 has been designated as a pandemic, defined as an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population.
- *Personal Protective Equipment (PPE)*: Equipment such as respirators, non-permeable gloves, aprons, coveralls, shoe covers, splash and eye protection adequate to protect the wearer from exposure to contaminants, bodily fluids, airborne pathogens or other disease specific transmission routes.
- *Quarantine*: To separate and restrict the movement of people who have been or may have been potentially exposed to a communicable disease and are not yet ill. Quarantined persons may become ill and infectious over a certain period of time after exposure thus presenting a risk for spread of the communicable disease. A period of two (2) weeks has been recommended by the CDC for many influenzas and coronavirus.
- *Self-quarantine*: The voluntary act of putting oneself in quarantine.
- *Shelter-in-place*: Requires individuals stay in a safe non-public location (home), except for essential activities, until told otherwise.
- *Social distancing*: Maintaining distance between people to avoid the spread of disease.
- *Virus*: A non-living infectious agent that causes disease capable of growth and multiplication in other living cells.⁶

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

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

III. Policy

Departments are encouraged to:⁷

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

IV. Procedures

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

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

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

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

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

A. Personal Protection during Potential Exposure⁸

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

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

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

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

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

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

B. Personal Protection when Ill

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

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

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

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

C. Calls for Service and Operations While on Patrol

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

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

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

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

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

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

D. Quarantine, Large Groups, and Special Circumstances

1. Absence of Public Health Orders

- a. In cases where a quarantine order does not exist, but a person is symptomatic, or is perceived as having contracted the disease, swift action is necessary. Officers should work with public health personnel to assess the medical state of the individual.
- b. The police officer must first determine if the person presents an imminent and serious threat to public health. In most instances, a police officer does not have the necessary experience and expertise to assess the likelihood that a person has a highly contagious dangerous/deadly disease and the threat the person presents to public health. Accordingly, a police officer must rely on the expertise and judgment of medical or public health personnel. If not already on scene, a police officer should summon EMS, and if necessary, request that the public health agent or other medical personnel come to the scene. In most cases, a person who is asymptomatic (not yet sick) but may have been exposed to a highly contagious, dangerous/deadly disease and may develop symptoms soon, does not present the type of imminent public health threat that justifies police intervention.

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

2. Enforcing Public Health Orders and Quarantines

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

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

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

- a. Confer with supervisory personnel to develop an enforcement plan that mitigates risk to officer(s) and other personnel.
- b. Obtain and retain a copy of the order for the official police report.
- c. Read the order to determine what conditions it imposes on the subject of the quarantine order, and whether it provides clear instructions on how the order is to be enforced, including the police officer's role in enforcing the order.
- d. Confer with the local public health agent, medical personnel, or EMS, to learn their assessment of the person's medical condition and the extent to which he/she may be contagious.

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

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

- e. Follow all safety guidance concerning the use of PPE. Remember: if the person is sick and may be contagious, stay at least six feet away from the person unless you are equipped with appropriate PPE.

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

E. Unified Command Structure

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

The department's UC representative will consult with the appropriate chief legal officer such as the State Attorney's office, the District Attorney's office, the Attorney General's office, or other legal representative to review procedures guiding the enforcement of community response measures and public health orders such as isolation, quarantine, forced quarantine and the apprehension, prosecution and disposition of quarantine / public health order violators.

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

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

F. Continuity of Operations

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

1. Providing Employee Training – The UC representative or other Designated Infection Control Officer (DICO) in conjunction with the training officer will construct a lesson plan and present training to all departmental personnel that expressly addresses techniques that may be employed to minimize exposure to pandemic illnesses and other infectious diseases, encourage immunization, discourage reporting to work when sick, promote the proper use of Personal Protective Equipment (PPE), and encourage personnel to have family preparedness plans in the event of a pandemic. This training will be mandatory for all employees. This training may be in the form of specialized classroom training or provided in small units at roll call.
2. Determine Personal Protective Equipment Needs – Providing personal protective equipment is one of the most important steps for protecting personnel and is a necessary component of an effective pandemic response plan. The DICO should determine the appropriate quantity and type of personal protective equipment that will be needed by personnel during a pandemic.

3. The DICO, in conjunction with the Chief of Police shall acquire PPE. The DICO will make provisions for storage of the equipment; routinely rotating the oldest stock of PPE out for everyday departmental use while acquiring new stock for replenishment and document PPE quantities and readiness in periodic operational readiness reports.
4. Identification of Essential Functions / Critical Components & Personnel - Planning for sharp reductions in the department's workforce while maintaining a continuity of essential operations is critical to the response plan. The following organizational units or functions are considered mission critical under the extreme circumstances of a pandemic, and will maintain normal operations as staffing levels allow or temporarily suspend/alter some services in balance with day-to-day capabilities:
5. Patrol Division – At a minimum, respond to life-saving emergencies, serious crimes in progress/recently occurred, crimes against persons, vehicle collisions involving injuries or fatalities, death investigations, and other responses as staffing levels allow. Telephone reporting of minor crimes may be taken by communications center or by patrol officers on their mobile phone, or they may advise the caller to send in the information via text or email for a report to be generated at a later date. Counter reports at district stations should be suspended during the current crisis.
6. Specialist Assignments – Reassignment to supplement patrol needs while maintaining capability to investigate all serious crimes against persons and maintain evidence / crime scene processing as needed for major crimes against persons. Resume specialty assignments as well as the investigation of other crimes requiring a follow up as staffing levels allow.
7. All sworn personnel, regardless of rank are subject to temporary reassignment to mission critical components as the available workforce declines.
8. Work schedules and shift hours beyond the normal shifts are subject to change with little or no advance notice to meet needs and maintain operational effectiveness.
9. Assign officers to be “on call” and immediately available should other on-duty officers become ill or be forced to self-quarantine.
10. Where possible, employees should be cross-trained to step into another function to ensure that basic critical functions are maintained.
11. Employees who test positive for COVID-19 or who show active symptoms of the virus must inform department medical personnel or other officials.
12. If resources allow, departments may consider monitoring officers' temperatures or conducting other health screening mechanisms before the start of each shift. A temperature of 100.4 degrees is the suggested threshold for what constitutes a fever symptomatic of a reportable illness.¹³

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

H. Police Station Operation

The goal during a pandemic is to keep the law enforcement workplace as disease-free as possible by increasing the cleaning of police facilities and reducing the possibility of having sick or exposed persons contaminating the work area and thus exposing other personnel to the disease. To address this issue, the following procedures will be in effect:

1. Employees will not be allowed access to the police building if they are sick or show any signs or symptoms of illness. Visitors will be strictly limited. All employees and visitors should be required to clean hands with 70% alcohol-based hand cleaner/sanitizer immediately upon entering the building.
2. Community members that want to meet with staff should be told that the station is doing its part to respect the “social distancing” guidelines from the CDC and other health officials. Options should be explained, including:
 - a. Phone or video calls with staff. Explain how to use online video services if arrangements have been made for staff to use such services.
 - b. Conducting business at the lobby by speaking to on-duty personnel through whatever communication device is available.
 - c. Meeting with staff but maintaining social distance at the office or at other mutually agreeable locations that are not crowded.
3. Employees who are sick will be required to stay home rather than to report to work. Employees should stay at home at least 72 hours after they no longer show symptoms. Employees should constantly monitor themselves for signs of illness. If symptoms exist, it is imperative that the employee stays at home. This is an important component of protecting the health and safety of others in the workplace.
4. Concentrate the efforts of custodial staff on the cleaning and sanitizing of all frequently touched surfaces within the building such as counters, doorknobs / handles, telephones, copiers, vending machines, elevators, restrooms, etc.
5. The DICO will ensure an adequate supply of PPE and alcohol-based hand sanitizers are available to all personnel. During a pandemic health emergency, where available, nitrile or vinyl gloves, N-95 respirators or other appropriate face masks, and non-vented eye protection shall be worn when in hands-on contact with members of the general public who are known or suspected to be ill or who are in quarantine or isolation. Appropriate PPE is to be worn when in contact with their personal items or effects as well. Remove and properly dispose of gloves and N-95 respirators at the conclusion of the contact, or when cross-contamination may occur.
6. There are varying levels of efficacy pertaining to the wearing of respirators. A respirator, (for example, an N-95 or higher filtering face piece) is designed to protect the wearer from breathing in very small particles, which might contain viruses. These types of respirators fit tightly to the face so that when properly worn, air is inhaled through the filter material. Where equipment is available, personnel should wear a respirator if they are well and expect to be in close contact with people who are known or thought to be infected with a

pandemic illness. Personnel should always limit the amount of time they are in close contact with ill people. These recommendations also apply if staff must take care of a sick person at home.

7. Personnel should not use other workers' phones, desks, offices, or other work tools and equipment. As noted earlier, personnel are encouraged to wash hands frequently with soap and water for at least 20-30 seconds. If soap and water are not available, use an alcohol-based hand sanitizer with at least 70% alcohol content. When sneezing or coughing, always cover your nose and mouth with a tissue (and dispose of it immediately after) or direct the sneeze/cough into your elbow. Avoid touching of the face, eyes, nose and mouth.
8. Except for training related to the COVID-19 virus, normal department in-service and outside training will be suspended during this period. Heed relevant legislated changes.
9. The department fitness room should be closed throughout the duration of the pandemic.
10. Officers should remain at least (6) six feet apart which is intended to reduce the potential opportunity for spread of disease. Consider holding virtual roll call, where officers dial into a conference meeting from their vehicles on their cell phones. If held in person, roll calls will be as brief as possible with no traditional training. Officers should also refrain from hand shaking or other greetings involving personal contact.
11. Certain functions or equipment require shared use of surfaces such as vehicle steering wheels and door handles, communications center phone keypads and handsets, cruiser microphones, handheld radar units, adjustable rear-view mirrors etc. At the completion of use or end of shift, employees shall wash all contacted surfaces with an appropriate disinfectant which is provided by the department.
12. Suspend any community outreach programs not essential to operations (such as ride-alongs, internship programs, and public service transports).

I. Equipment and Vehicle

The following are recommended procedures:

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

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

J. Arrest and Summons Procedures

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

In the event that it is necessary to take someone into custody during the declaration of the pandemic and/or the state of emergency declared by the Governor, all prisoners shall be asked the following questions:

1. Do you have a fever, or have you had one in the past two weeks?
2. Do you have a cough, or have you experienced coughing recently?
3. Have you or anyone in your family, or that you live with currently have any of the above-mentioned health issues/symptoms?
4. Has anyone that you associate with (friends, relatives, co-workers, etc.) experienced any of the above-mentioned health issues within the past two to three weeks?
5. Within the past 21 days have you or anyone that you associate with traveled outside of the state or local community
6. Have you had contact with or been close to anyone in the past 14 days that is being monitored for or was sick with the COVID-19 coronavirus?

If the prisoner responds in the affirmative to any of the questions above, the appropriate transfer personnel (such as sheriff and court personnel) should be advised and consulted with prior to transporting the prisoner to the jail or court.

K. How to Request Support from the National Guard¹⁴

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

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

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

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

L. Employee Use of Accrued Leave

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

M. The Importance of Accurate Information and Information Sharing

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

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

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



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APPENDIX B: A Pandemic Resource, Considerations in Resuming Court Operations

Considerations in Resuming Court Operations

A Pandemic Resource from NCSC

May 1, 2020 | Version #1



1. **Judge and Court Staff Health – how the courts will ensure judges and court staff do not enter the courthouse if they are sick or show signs or symptoms of being sick and will limit judges and court staff from exposure to the degree possible.**

Courts should take precautions to ensure judges and courts staff do not enter the courthouse when there is a likelihood that they may have COVID-19, and courts should take reasonable steps to protect judges and court staff from contracting COVID-19. Courts should consider encourage teleworking for judges and court staff whenever possible and feasible.

2. **Scheduling – how the courts will coordinate scheduling to reduce occupancy in the courthouse to the lowest degree possible.**

In-person proceedings must be scheduled to reduce the number of people entering or congregating in the courthouse at any one period of time. Judges in counties and cities with multiple judges in a courthouse must coordinate scheduling of any in-person proceedings to reduce the number of people in the courthouse at one time.

3. **Criteria for In-Person Hearings**

Courts should continue remote proceedings in all cases where it is possible and practicable. Courts should establish criteria that will provide clear guidance on when an in-person hearing will be held (if a remote proceeding is not possible or impracticable).

4. **Vulnerable Populations – how the courts will work with vulnerable individuals and those who live with or are caregivers for vulnerable individuals and provide accommodations to reduce the appearance of those individuals at the courthouse.**

Vulnerable individuals are those over age 65 and individuals with serious underlying health conditions, such as high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems that are compromised, such as by chemotherapy for cancer or other conditions requiring such therapy.

5. Social Distancing – how the courts will ensure that adequate social distancing of at least 6 feet will be maintained for all individuals in a courthouse.

Courts should consider how to ensure distancing in public common areas, galleries of courtrooms, wells of the courtroom, hallways, elevators, restrooms, or other locations where the public might gather. Special attention should be given to scheduling in buildings with multiple courtrooms, as common areas such as halls and elevators may become crowded in such a way that it is impossible to maintain appropriate social distancing.

6. Hygiene – how the courts will ensure that individuals in the courthouse will have access to supplies to maintain high levels of hygiene

Courts should consider having hand sanitizer dispensers available at various locations around the courthouse, including at the entry and exits from the building and courtrooms. Courts should ensure that tissues are available for public use in courtrooms and other public areas. Courts should post readily visible signage reminding individuals of best hygiene protocols.

7. Screening – how the courts will ensure temperature screening of all individuals entering the courthouse or courtroom areas

Individuals feeling feverish or with measured temperatures equal to or greater than 100°F, or with new or worsening signs or symptoms of COVID-19 such as cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, or having known close contact with a person who is confirmed to have COVID-19 must not be permitted entry. Special attention should be given to how inmates from jail facilities who may be transported to a courtroom will be screened, including consideration of a lower threshold temperature of 99.6°F as an indicator of symptoms. Screeners should be provided appropriate face protection and gloves.

8. Face coverings – how the courts will ensure face coverings over the nose and mouth are worn

Cloth face coverings, at a minimum, are highly recommended for individuals while in the courthouse. Courts should consider requiring face coverings, and should consider providing face coverings for those seeking entrance to a court facility. Should an individual be in the courthouse for lengthy periods of time, surgical face masks should be considered.

9. Cleaning – how the courts will ensure frequent and appropriate cleaning of surfaces in and around courtrooms and common areas

Sanitizing should be routinely and more regularly performed, including when a transition of participants occurs within a courtroom (i.e. between hearings).

APPENDIX C: SLEC, GCOC, Local JAG Member Listing

The following are the eligible entities for the state allocated Coronavirus Emergency Supplemental Funds (CESF). Non-profits may partner with one of the entities; however, the applying agency must be a state or county agency.

State Law Enforcement Coalition (SLEC)

Department of Land and Natural Resources
Department of Defense
Department of Public Safety
Department of the Attorney General

Governor's Committee on Crime (GCOC)

Department of the Attorney General
Department of Public Safety
Office of the Prosecuting Attorney, Hawaii County
Department of the Prosecuting Attorney, City and County of Honolulu
Kauai Police Department
Maui Police Department
Hawaii Paroling Authority
The Judiciary
Office of the Public Defender

Local Byrne JAG (FY 2019)

Office of the Prosecuting Attorney, Kauai County
Department of the Prosecuting Attorney, Maui County
Hawaii Police Department
Honolulu Police Department

APPENDIX D: SLEC Survey – Personal Protective Equipment Needs

Item	Agency	Qty (size)	Estimated Burn Rate
Disposable examination gloves	SD	1000 for each size: S/M/L/XL/XXL	1000 per week
	NED	1000 for each size: S/M/L/XL/XXL	250 per week
	AG	1000 each L/XL/XXL	250 per week
	DOCARE	1000M, 4000L, 4000X, 20002X	250M, 1000L, 1000XL,
	DOTH	1 case for each size: S/M/L/XL	
Disposable isolation gowns	SD	500	90 per week
	NED	700 (672)	168 per week
	AG	200	50
	DOCARE	11200	2800 per week
	DOTH	20	
Coveralls	SD	1000 Large, 1000 XL, 1000 XXL	300-500 per week deper 2-5 per person per week
	NED		
	AG	21L, 30KL, 252X, 103X, 84X, 65x	
	DOCARE		
	DOTH	20	
NIOSH – approved particulate respirators (N-95 or higher level respirator)	SD	1200	300 per week
	NED	700 (672)	168 per week
	AG	700	250 per week
	DOCARE	11200	11200 per week
	DOTH	600	600 per week
Surgical Masks	SD	10,500	
	NED		
	AG	800	
	DOCARE	1,400	
	DOTH	600	
Face Shields	SD	300	Initial Issue
	NED	32	8 per week
	AG	100	Initial Issue
	DOCARE	200	2,800 per week
	DOTH	Yes	
Eye protection – goggles	SD	300 (non-disposable)	Initial Issue
	NED	32 (non-disposable)	8 per week
	AG	80 (non-disposable)	Initial Issue
	DOCARE	1500	375 per week
	DOTH		
Hand Sanitizer	SD	20 2 liter pump bottles	5 per week
	NED	20	5 per week
	AG	25	5 per week
	DOCARE	56-2 Liter pump, 600-12oz pump	14-2 Liter pump, 150-12
	DOTH	50	
Cleaning Wipes	SD	100 containers	25 per week
	NED	32 containers	8 per week
	AG	80 containers	20 per week
	DOCARE	300 containers	75 containers per week
	DOTH		
Spray Disinfectant	SD	200 (like Lysol)	50 per week
	NED	32 containers	8 per week
	AG	50 containers	20 per week
	DOCARE	300 (like Lysol)	75 (like Lysol) per week
	DOTH		