What Patrol Officers Need to Know and Do in Response to the Novel Coronavirus (COVID-19)

January 2022

*America’s first responders stand at the front lines of all emergencies.*

- Janet Napolitano, Former Secretary
  Department of Homeland Security

This document is provided as a resource for law enforcement personnel, specifically uniformed patrol officers, regarding the novel coronavirus (COVID-19). The nature of their work requires that patrol officers be vigilant and take reasonable precautions to protect the people they serve, their families and colleagues, and themselves. Patrol officers are primary players in preventing and responding to COVID-19 and in society’s return to “normalcy” following the pandemic.

The author, Sheldon Greenberg, Ph.D., is a professor of management in the Johns Hopkins School of Education. Prior to joining Johns Hopkins University, Dr. Greenberg served as Associate Director of the Police Executive Research Forum (PERF), one of the nation’s largest law enforcement think tanks and centers for research. He began his career with the Howard County (Maryland) Police Department, where he served as a patrol officer, supervisor, director of research and planning, and commander of the administrative services bureau. He worked with the U.S. Marshals Service, U.S. Border Patrol, Department of Justice, and Department of State, as well as with police agencies in Cyprus, Jordan, Kenya, Panama, Hungary, Pakistan, and the Czech Republic. He currently serves on the Board of the Global Law Enforcement and Public Health Association (GLEPHA) and is a past president of the Maryland Crime Prevention Association and former Chair of the Forum on Global Violence Prevention, National Academies of Sciences, Engineering, and Medicine.

Greenberg received a [Launchpad Grant from the JHU Alliance for a Healthier World](#) to provide new and enhanced evidence-based information to patrol officers in critical areas relevant to COVID-19. Patrol officers are at the forefront in protecting individual rights and providing direct support to people in crisis regardless of social or demographic factors. Officers are primary responders to and problem solvers on behalf of vulnerable and marginalized populations.

The COVID-19 pandemic is expanding with the Delta and Omicron variants driving new waves (Duong, 2021). Collecting evidence to detail the impact of the Omicron variant is underway. Whether the pandemic will evolve into an endemic is yet to be determined.

Controversy over vaccinations and mandated mask wearing and distancing continue to garner national headlines. Protests, political debate, conflicting information, and one-on-one confrontations exacerbate people’s concerns and fears. As the pandemic continues, police officers will play a significant role in maintaining order, implementing prevention and mitigation strategies, and attending to the health, safety, and well-being of all people.
Protecting the public’s health routinely and in time of crisis is an interagency, multi-sector, cross-profession responsibility (Laufs & Waseem, 2020). When it began, the COVID-19 pandemic presented an opportunity to bring police and public health together in new ways to protect people and communities in need (Jennings & Perez, 2020). The nation’s uniformed patrol officers are an exceptional and available resource to serve as the extended eyes, ears, messengers, and problem-solvers on behalf of the public health community. More than ever, today’s police patrol officers are first-on-scene “public health problem solvers.”

People’s perspective on their police varies. Police officers in the U.S. and other nations are viewed simultaneously as heroic in response to crises such as COVID-19 and mass casualty events and condemned for use of excessive force and bias against people of color. Public anger over the death of George Floyd and Breonna Taylor, injury to Jacob Blake, and other high-profile force and bias incidents has advanced the discourse on changing the culture of policing. As the national focus on rethinking and restructuring policing gains momentum, officers continue to serve their communities and meet new and challenging demands, including those related to the COVID-19 pandemic. The COVID-19 pandemic and calls to rethink and restructure policing are intersecting events (Jean, 2020).

If frontline officers are to succeed in responding to matters related to COVID-19 and other tasks, they must build, strengthen, and draw on people’s trust. People’s trust and confidence in their police officers is essential to effective prevention, intervention, and enforcement activities. Building and maintaining trust and engaging with people in the community is a mission, challenge, and priority for all law enforcement personnel (Jackson, 2015). Gaining, building, and sustaining people’s trust and engagement requires a myriad of persistent, multifaceted efforts (Greenberg, 2017; Van Craen, 2013; Jackson & Bradford, 2010)).

Law enforcement agencies, officers, and civilian employees must be flexible and willing to modify practices rapidly as the ever-changing pandemic evolves. As elected and public health officials continue to debate COVID-19 evidence, policies, and preventive practices, police officers will continue to be called to calm fears and frustrations, respond to and manage emergencies, maintain order, and provide reasonable enforcement. Throughout the pandemic, police officers in cities, towns, and suburban, rural, and tribal communities will continue to:

- Handle calls for service, community needs, and other issues related to the pandemic.
- Enforce COVID-19 mandates, policies, regulations, and laws.
- Respond to emergency medical calls and support fire/EMS personnel.
- Protect public health and emergency health workers.
- Protect COVID-19 test and vaccine sites, clinics, and hospitals.
- Address complaints and confrontations related to people refusing to get vaccinated, wear masks, social distance, etc.
- Maintain order at public events, including protests.
- Support contact tracing.
- Support the reopening of schools, college and university campuses, and businesses.
The pandemic will tax the capabilities of local, state, and federal law enforcement agencies. Officers and civilian personnel should assume that their engagement in dealing with COVID-19 will continue for some time as the Delta and Omicron variants expand.

The pandemic will impose new and compounded stresses and strains on officers particularly in agencies already dealing with a shortage of personnel and increased demand for service. Heightened levels of support to protect officers’ physical, mental, and emotional health and well-being will be required (Stogner, Miller, & McLean, 2020).

Changes in the virus and state of the pandemic can occur quickly. COVID-19-related training provided in the police academy, at roll call, or through other means may not cover recent changes and protocols. Individual officers must assume responsibility for staying current.

This document focuses on the role of patrol officers in dealing with the pandemic. Criminal investigators, public health officials, and others will benefit from the content. The document is divided into four sections:

I. **Overview of COVID-19** (page 3).


III. **What Law Enforcement Agencies and Patrol Officers Can Do: Advancing Data, Theory, and Identified Need to Action Steps** (page 7) – provides detailed suggestions and considerations for police executives and frontline officers in managing daily operations, handling calls for service, protecting themselves and others, and more. The recommendations in this section are grouped into five categories:

   A. Self-Protection
   B. Information sharing
   C. While on Patrol and Managing calls for service
   D. Equipment and vehicle
   E. Special circumstances and quarantine

IV. **References and Sources for Additional Information** (page 16).

The information provided in the following sections reflects a review of evidence and input from public health and emergency health officials; police officers, supervisors, and executives; and fire/EMS officials. Police executives and frontline officers should apply what they deem appropriate based on people’s needs; public health and police or sheriff’s department guidelines; workload and type of activity; community characteristics and culture; and experience, instinct, and attention to their own well-being.

I. **Overview of COVID-19**
Clinical information, recommended preventive measures, and intervention strategies change in response to COVID-19 as new evidence evolves. Information provided in this document will be updated as research progresses and new data and CDC guidelines emerge.

COVID-19 is a pandemic, defined as outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population. According to the CDC, coronavirus is a group of viruses common throughout the world in people and different species of animals. COVID-19 was declared a pandemic by the World Health Organization (WHO).

WHO announced that the global spread of COVID-19 is a “public health emergency of international concern.” This designation is rare and was applied in only five previous infectious disease outbreaks. In the United States, the Secretary of Health and Human Services (HHS) declared COVID-19 a “national public health emergency.” Unless provided by reliable sources such as WHO and health agency officials, some of the statistics, recommendations, and information being disseminated on COVID-19 and the recent Delta and Omicron variants may be incomplete or inaccurate and should be viewed judiciously. The CDC reports:

- COVID-19 is contagious. The Delta and Omicron variants are exponentially more contagious than the original virus.
- Symptoms of COVID-19 are like those of other illnesses – fever, tiredness, dry cough, and breathing difficulties. Breathing difficulties may be severe. Sense of smell and taste may be adversely affected.
- For most people, exposure to the virus and resulting health risk from COVID-19 is lessened by taking reasonable precautions (vaccination, wearing masks, practicing social distancing, avoiding crowds, washing hands, and self-quarantine).
- Some people who are elderly, reside in impoverished areas, and/or have weakened immune systems and/or underlying medical conditions are more likely to contract COVID-19 and suffer severe complications.
- Most people (estimated at over 80%) who contract the virus recover. Research is underway on the long-term effects of the virus, which range from depression to a weakened heart.
- For people in communities where the COVID-19 has been reported at an elevated level, risk is high regardless of age or other characteristics or circumstances.
- Younger people are not immune. In some communities, younger people account for a significant percentage of the people who contracted the virus. Young people are more vulnerable to the Delta variant than the original strain.
- People in some communities (poor, rural, tribal) who lacked access to medical care and other services prior to the pandemic are especially vulnerable to spread of the virus.
The COVID-19 virus has mutated and, as with past viruses, will continue to do so. As new variants or strains are identified, such as the Delta and Omicron variants, prevention and response tactics may change.

Spread of the virus is most likely to occur when there is proximity to someone (or a group) who is infected. The risk increases when this contact is prolonged. According to the CDC, the virus is spread primarily through respiratory secretions such as droplets and aerosols. The secretions can be directly transferred into the mouth, nose, and eyes of another person. Symptoms may appear in as few as two days or as long as 14 days after exposure to the virus.

Initially, there was great concern about the virus being transferred by touching objects. The virus can be transmitted through surfaces or objects that are handled by someone who then touches his or her mouth, nose, or eyes, but the likelihood of such transmission is minimal.

COVID-19 is “out of the norm.” Prevention and response tactics including increased testing of the general population and administering the COVID-19 vaccines continue. No one can predict how long COVID-19 will continue or its long-term effect on populations and communities.

II. Issue and Facts: Frontline Patrol Officers and COVID-19

There are characteristics of uniformed patrol officers that separate them from other frontline practitioners in time of crisis. Understanding these characteristics is fundamental to assigning tasks and advancing the work of patrol officers as they become increasingly involved in responding to COVID-19-related calls for service and related duties. The following information summarizes the responsibilities and scope of work, expectations for, demands imposed on, and risks assumed by police patrol officers in response to the COVID-19 pandemic.

1. Beat or area patrol officers are first responders, first protectors, and first preventers. They respond to any situation they observe or to which they are called. They are the most visible representatives of government routinely and in time of crisis. This will not change, regardless of the pandemic or the scope of any event, circumstance, problem, or threat.

2. Patrol officers often are the first responders to emergency calls for medical assistance, particularly in rural areas, small towns, tribal communities, and on college and university campuses. They often are first responders in communities in which the fire/EMS service is fully or partially volunteer or delayed due to other calls for service.

3. Patrol officers go places, respond to situations, know and interact with people in need, and observe routine and unusual occurrences that vary from workers in most other government and non-profit response agencies.

4. People call for police response when they believe there is no other agency or service worker available to provide support or resolve a crisis.

5. People anticipate that police officers will respond quickly to any circumstance regardless of time of day or day of the week.
6. With few exceptions, patrol officers work alone.

7. Patrol officers routinely move toward the unknown element of danger unaided. In many jurisdictions, particularly small towns and rural areas, back up officers may be a distance away.

8. Patrol officers may handle calls for service without knowing the presence of COVID-19. They often learn about the presence of COVID-19 and other physical and mental health issues while or after addressing the primary event or crisis that generated the call for help.

9. Generally, police officers are not trained to recognize or respond to communicable diseases but can be taught and mobilized to address them as part of the public health community.

10. Patrol officers are primary protectors of public health, emergency health, and medical workers. They are called to protect these workers when they are confronted with hostility, misconduct, and assault, or are in fear or at risk. As threats and violence against public health workers increases, this role will become a greater priority.

11. People depend on their local or state police agency and officers for accurate information in time of crisis. People ask patrol officers for information about COVID-19 and expect them to have answers.

12. Situations such as rescues, dispute resolution, traffic stops, arrests, crowds, and crimes in progress do not afford officers the opportunity to distance themselves from others who have contracted or were exposed to COVID-19.

13. An officer who is exposed to COVID-19 (or any infectious disease) will encounter many people by the end of his or her shift. As such, patrol officers inadvertently may be transmitters.

14. Patrol officers routinely interact with society’s most vulnerable populations including homeless people, young people, elderly people, people who have disabilities, people who have mental illness, and those in emotional distress.

15. In many jurisdictions, particularly small towns and rural communities, immediate support for patrol officers from other service providers (emergency medicine, public health, social services) is limited.

16. Patrol officers engage in situations and locations in which large numbers of people concentrate (crowds, special events, rallies, protests, etc.).

17. Patrol officers are called to intervene in disputes over and enforce government-ordered distancing, mask-wearing, and other mandates.
18. Patrol officers are called to intervene in, manage, and enforce mandates including mask wearing, distancing, and closures or restricted activities of businesses, recreation areas, schools, and campuses.

19. Patrol officers and investigators will respond to increases in child abuse and neglect, domestic and intimate partner violence, mental health crises, suicide and suicide threat, and other types of calls for service that may increase over time due to COVID-19.

20. Some patrol officers will get COVID-19, along with other first responders, health care practitioners, and essential workers. Some police agencies will operate “short-handed” for an extended period.

III. What Law Enforcement Agencies and Patrol Officers Can Do: Advancing Data, Theory, and Identified Need to Action Steps

The following strategies, guidelines, and suggestions for patrol officers are grouped into five categories:

A. Self-protection
B. Information sharing
C. While on patrol and managing calls for service
D. Equipment and vehicle
E. Special circumstances

Officers should apply what they deem appropriate based on type of call or activity, observation, experience, intuition, people’s needs, personal safety, environment, agency policies, and CDC guidelines.

A. Self-Protection

1. 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 colleagues, family members, friends, and neighbors.

2. Get the COVID-19 vaccine. Get any one of the FDA approved vaccines and boosters.

3. Get a flu shot (encouraged or required by most departments). Encourage family members to get flu shots.

4. Check with a personal or department physician to ensure that all vaccines and immunizations are up to date.
5. Avoid vulnerability due to a pre-existing condition. Inform department medical personnel and other officials if one or more personal pre-existing conditions exist that may increase risk or endanger health.

6. Wash hands frequently as one of the most effective ways to prevent transmission. Use sanitizing spray frequently. Remind other officers to do the same. Recognize that administering aid to an injured person, handling someone’s license and registration, conducting a search of a residence or vehicle, handling evidence, making an arrest, and other physical contacts warrant immediate hand cleaning.

7. Wear an approved mask on every vehicle/traffic stop and call for service.

8. Avoid touching face, nose, eyes, and mouth after handing a call for service, traffic stop, or other activity until hands are washed.

9. Carry a personal sanitizing kit. Carry extra disposable gloves, hand sanitizer, disinfecting wipes, soap, bottled water, paper towels, and large and small plastic bags. Put used items in a plastic bag and tie/seal it. Follow agency or health department protocols for disposal.

10. Carry an extra uniform in the event exposure warrants changing clothes. Carry large plastic bags such as tall kitchen bags or outdoor trash bags to seal the exposed uniform.

11. While exposure from touching objects is minimal, avoid touching or leaning against vehicles, furniture, or other objects. Avoid using handrails. Avoid shaking hands.

12. Take sick leave if feeling ill, particularly if symptoms include fever and respiratory problems. Illness of almost any type can cause immune deficiency. Know the symptoms of COVID-19. Do not take chances.

13. Know who to contact in the department or other agency (such as the health department) if illness occurs or concern about personal exposure to COVID-19 arises.

14. If personal exposure to COVID-19 becomes a concern, begin self-quarantine. Make immediate notification. Avoid contact with others including family members until guided by a department or health official on how to proceed.

15. If personal exposure to COVID-19 becomes a concern, aid in rapid contact tracing. Immediately prepare a list of recent contacts including people in the community, family members, and peers. Include the time, location, and purpose of the contacts.

16. Protect family members from possible exposure to COVID-19 that may have occurred during the shift. Maintain distance from family members until washing and disinfecting occurs. Change out of uniform before greeting family members. Clean or bag the uniform.

17. Obtain quality masks for family members.
18. Discuss risk of and response to personal exposure with family members, friends, and others. Provide them with an overview of department procedures. Let them know how to manage an at-home quarantine. Provide an agency contact if family members need support or additional information.

B. Information Sharing

19. Recognize and be prepared to interact with people who fall into five categories in response to vaccines and mandates such as mask wearing and distancing. There are those who:
   
   a. Accept without question.
   b. Accept following inquiry.
   c. Hesitate and require additional information or motivation.
   d. Refuse to follow.
   e. Refuse to follow and challenge.

20. Routinely check updates and other information published by the CDC. The CDC provides information specific to the needs of patrol officers and fire/EMS.

21. Expect questions about COVID-19. Know the referral agencies and be prepared to provide people with information on how and where to get answers to their questions. If available through the department or health authorities, carry brochures, fact sheets, and web and social media contact information.

22. Speak to the facts. Avoid fostering speculation, rumor, misperception, political rhetoric, and myth about the COVID-19 virus.

23. Be prepared to explain delayed response to calls caused by increased demands for service and/or shortage of personnel. Determine how the agency wants shortages and delays explained. Determine how call-takers explain possible delayed response to people in need. Be consistent in providing the information.

24. Obtain information on the security operations of each hospital and health clinic located in the patrol work area (beat, sector, or zone). Obtain current contact information for the security office and security supervisors or officers serving the health facilities. Provide current police agency contact information to hospital and health clinic security personnel.

25. Know the differences between the initial virus and the recent Delta and Omicron variants. Be able to explain the differences (contagion, seriousness, and preventive practices) to people.

26. Report immediately any suspicious and unusual activities related to COVID-19 such as groups gathering without precautions. Recognize that the smallest or most innocuous piece of information may prove valuable to public health officials. Assume that public
health officials will view any information provided as a potential piece of a complex virus-reduction puzzle.

27. Know who to contact if suspicion arises about a person who may have COVID-19. If the department has not provided a contact procedure, report the circumstance to the local or state health department. Do not hesitate. The information may be vital to health officials in providing care and tracing.

28. Bring attention to any COVID-19-related information incorporated in the narrative section of incident reports. Notify a supervisor that COVID-19 information is in the report narrative. File a separate departmental communication to draw attention to the report.

29. Share ideas. Offer suggestions on handling calls and approaches to prevention and response. Ideas to better serve people in need, protect personnel, and foster agency policies and practices are needed from frontline officers.

30. Share information with supervisors on the quality of multi-agency response to COVID-19-related calls and activities. Provide information on shared response with health agencies, fire/EMS, and others. Provide perspective on calls or activities requiring response to hospitals, particularly emergency rooms, and health clinics.

C. While on Patrol and Managing Calls for Service

31. Discuss varied scenarios with squad/unit/shift members, particularly those who work adjoining beats or sectors, to ensure consistency in responding as primary and back up to calls and other situations involving risk of exposure to COVID-19.

32. Know the call-taker/dispatcher protocols related to calls for service that involve potential exposure to COVID-19.

33. If a dispatcher provides information on a call involving a person with acute symptoms, notify fire/EMS and approach wearing protective gear beyond an approved mask and gloves. Personal Protective Equipment (PPE) – coverall protective suits, shields, slip-on shoe covers, and others protection – should be used in addition to masks and gloves.

34. Drive with windows open (at least partially) to ventilate the patrol vehicle. Make sure windows are open (at least partially) to maintain air flow when transporting a prisoner or other person or people.

35. At crime and crash scenes, assume potential exposure to COVID-19 and wear protective gear (masks and gloves, minimally). If dealing with more than one injured person, change gloves (if possible) between contacts.
36. When arriving at a call for service and if the circumstance allows, make an initial inquiry about whether anyone in the home, business, or other location is ill or has been recently exposed to COVID-19.

37. If exposure to COVID-19 is suspected and the circumstance allows, casually ask the person who initiated the call for service to meet outside of the home or building.

38. If a call involves a person who has or is suspected of having COVID-19, anticipate that others in the home or building may be infected (CDC, 2020).

39. Ask follow-up questions. When handling calls for service, officers may encounter people who appear ill or have family or others in the home or other facility who are ill. They may be willing to provide details about their contacts, travels, and experiences. A patrol officers’ role in asking follow up questions is important to rendering aid, contact tracing, and data collection and analysis. Pursue the following:

   a. How long has the person been ill?
   b. Has he or she or someone he or she knows recently traveled to one of the nation’s “hot spots” or out of the country?
   c. Was he or she exposed to someone else with a similar illness? If so, where, and when?
   d. What does she or he know or perceive about the illness (what it is/symptoms)?
   e. Does the person have a fever, dry cough, respiratory problems, or other symptoms?
   f. How long have the symptoms been present?
   g. Is he or she under a doctor or clinic’s care? Who is the physician? Which clinic?
   h. Has he or she remained stable, improved, or gotten worse?
   i. Has she or he been tested and, if so, when and what were the results?
   j. Has he or she been vaccinated? If so, where, and when?

40. In an unintended death situation, assume that COVID-19 may be the primary or a contributing factor (CDC, 2020).

41. Know the police agency and or health department’s procedures for reporting a situation in which a person who feels ill reports that he or she travelled from a high-risk or high-incident region or state.

42. Encourage self-quarantine when a person in the community suspects that he or she has symptoms or has been exposed to COVID-19. Suggest that the person stay away from others (social distancing), including family members, until he or she contacts health officials.

43. Protect back up officers. If threat of exposure to COVID-19 is present, notify back up officers and supervisors. Provide detailed information to back up officers on approach and positioning (including a directive to keep distance or delay response). Whenever possible, limit the number of back up officers responding to the situation or entering a home or building in which COVID-19 is suspected.
44. If required to go to a hospital for follow up to a serious call or vehicle crash, call ahead to get advice from emergency room doctors and nurses on risk and needed safety measures. Explain urgency to the doctors or nurses.

45. If evidence must be collected from an emergency room, residence, or other facility where COVID-19 was present or suspected of being present, seek guidance on how to handle and store it. Ask if procedures vary from routine handling of evidence. Seek assistance from medical personnel to collect evidence from a hospital or other health facility.

46. Where an approved mask such as an N95 for the entire time when transporting a prisoner or other person or people in the patrol vehicle.

47. When questioning prisoners after an arrest, ask about health, symptoms, and exposure to COVID-19. Know the policies and protocols related to quarantine of and medical contingencies for prisoners during transport and in processing areas and lockups. If COVID-19 is suspected, notify a supervisor and/or dispatcher before taking the prisoner to the station or lockup facility. Ask if the prisoner should be transported to a medical facility (CDC, 2020).

D. Equipment and Vehicle

48. Take inventory of supplies and equipment (such as protective equipment, hazmat kits, and first-aid supplies) that were issued personally or are in a shared patrol vehicle. Determine wear and tear, expiration dates, and anything else that might hinder effectiveness. Replace as needed.

49. 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 effectiveness of protective gear, make inquiry. Get accurate information about and approval to use private protective gear before making any purchase. Unless specified as reusable and properly disinfected after use, dispose of protective gear (following agency or health department guidelines).

50. If exposure to COVID-19 is likely and no other protective wear is available or fits the situation, consider wearing a rain jacket and pants (and hood, if available) for added protection. Disinfect or dispose of the rain gear when done.

51. Disinfect the patrol vehicle when starting a shift and after transporting prisoners and others. Routinely disinfect vehicle door handles, steering wheel, and other in-vehicle knobs and devices. If using a shared vehicle, do not rely on the officer from the previous shift to do it. If not issued by the department, purchase, carry and use readily available disinfectant wipes. If disinfectant wipes and sprays are unavailable, make a bleach/water or other approved mix in a spray bottle. Wear gloves when cleaning the vehicle.
52. 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 concerned about exposure, seek guidance from the agency and/or health department officials about protocols and other steps related to disinfecting equipment.

53. Disinfect portable radio after every shift or use if exposed to potential COVID-19. If using a vehicle microphone, disinfect it before and after every shift or use following potential exposure to COVID-19.

54. If exposed to COVID-19 or concerned about the possibility of exposure and unable to provide thorough disinfecting, take the patrol vehicle out of service. Know the department’s protocol for dead lining and, if needed, labeling a vehicle that may be contaminated. Park the vehicle in a location away from other vehicles. Make notification about the location of the vehicle. Place a note in the vehicle to prevent other officers from using it until it is disinfected.

E. Special Circumstances and Quarantine

55. Become familiar with the schools on the beat or sector that are supported full-time or part-time by school resource officers (SROs). Since many SROs are responsible for more than one school, determine when SROs are present.

56. Identify how schools on the beat are or will handle short-term closures, reopening, security checks, and quarantine when one or more students report or are found to have possible COVID-19 symptoms. Be familiar with the processes associated with students, teachers, and others who show symptoms of COVID-19. Be familiar with how schools handle notification to parents, temporary quarantine, transport, etc.

57. Know how the department and squad/shift leaders want patrol officers to protect emergency rooms, clinics, COVID-19 testing and vaccination sites, and, in some cases, vaccine shipments. Plan when to make site visits and conduct perimeter patrols.

58. When using a language interpreter, ask about the effect of COVID-19 protections such as wearing a mask and distancing on the quality of interpreting. Determine if such protections may lessen the effectiveness of interpreting. Do not relax the protections. Inform a supervisor. If possible, postpone the interpretation until safe arrangements can be made with guidance from medical or public health practitioners. Make note in the incident report or supplement of any interpreter concerns.

59. Recognize that some people who have disabilities may not be able to wear masks or distance themselves in some circumstances or receive a vaccine. Ask for guidance from the individual about COVID-19 protection and limitations. If in a crisis such as a vehicle crash in which the individual is unable to provide information, seek guidance from family members or others. If available, obtain bulletins and seek out in-service training on meeting the needs of people who have disabilities during the pandemic.
60. Know recent history of threats and assaults against public health and emergency medicine workers. Know the circumstances generating potential threats against these workers. Inquire about the agency’s approach toward prevention of and intervention in threats and assaults against public health and emergency medicine workers, particularly methods of investigation, referrals to other agencies, and reporting.

61. If not provided, inquire about protocols for responding to emergency rooms, medical clinics, hospitals, temporary hospitals, medical offices, and testing and vaccination sites generally and when someone is becoming aggressive. Determine if there are any changes to standard response tactics to address such situations.

62. If not provided, inquire about policies and protocols for enforcing mandates for closures, partial or limited openings, quarantine, and other practices in the community. Inquire about parameters for enforcement and action related to individuals, businesses, schools, homes, etc.

63. Know the policies and protocols for intervening in violations of mask wearing and social distancing particularly in lines at businesses, test and vaccination sites, and other locations that limit the number and/or spacing of clients and customers. Know department expectations related to warnings, requiring people to move, issuing citations, and making arrests. Inquire if expectations are not clear.

64. Be certain about how the department and squad/shift leaders want patrol officers to respond to and manage special events such as religious services, sports events, public protests, and other situations that may involve large crowds that form in violation of government authorization or public health mandates on COVID-19 prevention practices.

65. Be certain about how the agency wants officers to maintain COVID-19 protections when responding to and intervening in emergency management situations such as barricaded suspects, active shooters, and mass casualty events.

66. Monitor and be an advocate for other officers. Observe the activities of other officers and advise them immediately when they have done something that increases their risk of exposure or exposure to peers.

67. If personally quarantined by the department and/or medical/public health authority, follow guidelines and keep perspective. Quarantine is a preventive measure. If details are not provided, ask about protocols to be followed particularly as they relate to contact with family members, length of time, access to daily essentials, etc.

**Concluding Comment**

The COVID-19 pandemic may continue for some time and while stabilization has begun, no one can predict precisely when it will subside or end. Some experts say that it will evolve into an endemic, meaning that it may be prevalent well into the future.
As society responds to the Delta and Omicron variants, it is feasible that other variants may emerge. Data on the number of COVID-19 vaccinations, cases, hospitalizations, and deaths changes daily. People’s commitment to prevention, adherence to public health guidance, trust in the vaccine, and reasonable and irrational fears drive their response. How they are influenced by public health experts, news, popular and social media, politics, and family varies considerably.

Throughout the pandemic, people will rely on their beat or area patrol officers, deputies, and troopers for protection, reassurance, guidance, and, when needed, intervention. This includes calls for support from colleagues in public health, emergency medicine, education, and other fields. They will continue to rely on their patrol officers to protect them and their community throughout the period of recovery and beyond.

IV. References


Duong, D. (2021). Alpha, Beta, Delta, Gamma: What’s important to know about SARS-CoV-2 variants of concern?.


