

ANNEX E10 ASD EOP



INFECTIOUS DISEASE PLAN
REVISED FEBURARY 2020

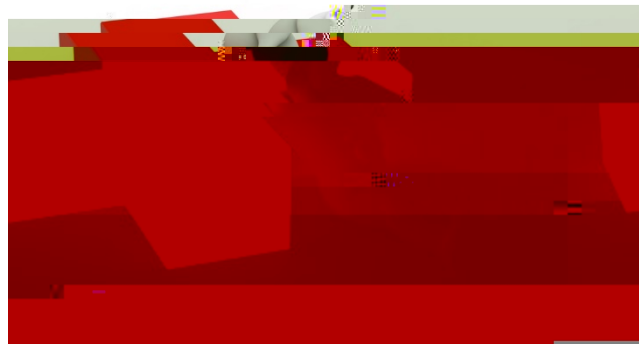


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INFECTIOUS DISEASE PLAN

Anchorage School District

OVERVIEW

Epidemic

Everyone is familiar with the concept of an epidemic. Sometimes this comes in the form of the

History suggests (but does not guarantee) that a pandemic will present itself in waves. A given location may experience two or three waves of widespread illness, lasting for about one to two months each, over a period of a year to a year and a half. Work on vaccine development cannot commence until the first wave strikes somewhere, because until that event happens, the genetic nature of the adversary cannot be known. Therefore, it is likely that the first vaccines will only be emerging (and thus not available in quantity) when a second wave hits. Antivirals are being stockpiled now, but it will be a long time before there are sufficient supplies to treat the general public.

Because many viruses have an incubation period during which symptoms are not felt, and because people are sometimes contagious during the incubation period, it is almost certain that the virus will have spread to several people in a given community before the first case is identified. This phenomenon occurs with the seasonal flu, but seasonal flu does not usually have the same death rate as experts expect in a pandemic. When the first cases show up in a given town, and the news breaks, two unfortunate things will likely happen: hospitals will quickly become overwhelmed, and the public will panic. Subsequent measures to stem the virus' spread (through various forms of personal isolation) will affect the ability of people to work, which in turn affects the availability of goods and services and the ability of people to afford them if/when they are available. The potential trickle-down impact to the economy and the infrastructure is substantial.

During a Pandemic, public health officials often have to fight fear, stigma, and rumors. Even if the risk is low, some people will still be worried about the disease. Fear and anxiety can lead to social stigma towards a population or nationality, even though not everyone in that population or from that region is specifically at risk for the disease. Stigma hurts everyone by creating more fear or anger towards ordinary people instead of the disease that is causing the problem. We can fight stigma and help not hurt by providing social support. We can communicate that being of a certain ethnicity does not increase the chance of getting a disease. Viruses cannot target people from specific populations, ethnicities, and racial backgrounds.

Communicators and public health officials can help counter stigma by:

- maintaining privacy and confidentiality of those seeking healthcare and those who may be part of a contact investigation
- communicate the risk or lack of risk from associations with products, people, and places
- raise awareness without increasing fear
-

- speak out against negative behaviors, including negative statements on social media about groups of people or exclusion of people who pose no risk from regular activities
- be cautious about the images that are shared, make sure that they do not reinforce stereotypes
- engage with stigmatized groups in person and through media channels
- share the need for social support for people who have returned from recent travel to the affected area

Impact on Alaska

Experts assume that once initiated—it will take one to six months for a pandemic to arrive in Alaska, provided it does not start here. Alaska sits in a vulnerable position for two reasons. First, Alaska migratory birds (users of the “Pacific Flyway”) mix at the end of their range with birds from Asia. Viruses could, in theory, arrive here and subsequently mutate/recombine into a pandemic form. The second reason for our vulnerability concerns our position on the “Great Circle Route” from Asia. Air freight, crews, and passengers arrive in Anchorage from Asia either because it is their destination, or because their aircraft must stop here for refueling and/or freight consolidation before moving on. Because air travel makes Asia just hours away, people infected with a new pandemic strain, could theoretically enter the state during their incubation stage—not knowing they are sick—and introduce the virus here.

Planning

We cannot predict or control what new viruses will do. We cannot predict, and have almost no ability to control, when or where a pandemic will arrive in our country. We in Anchorage cannot control how quickly pharmaceuticals can be developed and stockpiled, or how effective they will be. We can, if we choose to do so, control our

ABOUT THE PLAN

This plan is intended to guide the actions of ASD employees during a pandemic, and to inform the public of the ASD's intentions during such an event.

This plan generally follows the format utilized by the State of Alaska and the Municipality of Anchorage for their respective pandemic plans. Adopting this format allows for easy cross-reference between the aforementioned plans and promotes compatibility with federal plans and expectations. The format of this plan thus differs from that of ASD's other plans.

This plan can be read and understood in a ~~same~~ capacity; however, it will be published and maintained ~~initially~~ as an Annex to the ASD Emergency Operations Plan

This plan has been prepared with input from the Municipality of Anchorage's Department of Health and Human Services and its Office of Emergency Management, and from the State of Alaska's Division of Public Health and its Office of Homeland Security and Emergency Management. Materials from the US Department of Health and Human Services, particularly from the Centers for Disease Control and Prevention (CDC), were also used in preparing this plan.

Like the US, Alaska, and MOA plans, the ASD ~~pla~~ built around (and actions are laid

The differences between the six individual phases may seem subtle to the lay person, and do not necessarily indicate new actions on the part of a school district. For that reason, and for simplicity, the ASD Plan will be organized around the three broader periods: Interpandemic, Pandemic Alert, and Pandemic.

Local Conditions vs. World Conditions

Local periods and phases will be determined by the MOA in consultation with the State of Alaska and the CDC.

As Anchorage moves from one period to another, new measures are implemented or discontinued as appropriate. It must be stressed that measures will be adjusted as pandemic periods change in Anchorage. For purposes of this plan's organization, within each Pandemic Period there will be listed eight categories of tasks to be undertaken. These task groupings, "elements" areas follows.

Plan Elements

Planning and Coordination

Efforts to prepare for a pandemic that include partnering with other agencies, agreeing on tasks and responsibilities, writing new plans and/or conflicting existing plans, establishing present capabilities, determining desired and/or achievable levels of disaster service, and working to fill identified or probable gaps.

Surveillance and Investigation

Efforts to monitor the arrival and spread of the anticipated virus, and to rapidly identify individuals that need to be isolated.

Health Care Systems

Efforts to educate healthcare providers on pandemic diagnosis and treatment, and on infection control strategies, and efforts to help the healthcare industry cope with the exploding workload associated with an event of this scale.

Community Disease Control

Efforts to prevent, delay, or reduce viral transmission within the community and non-healthcare institutions.

- f* The tremendous social, psychological, economic, and political impacts of a pandemic may create pressure from many fronts to prematurely declare an end to the emergency and ease infection control measures.
- f* Hospitals and other health care systems will be quickly overwhelmed with ill people requiring outpatient care and hospitalization.
- f* Hospitals and clinics will have to modify their operational structure to respond to high patient volumes and maintain functionality of critical systems, exploring altered standards of care and differentiated practice to increase capacity.
- f* The health care system may have to respond to increased demands for service while the medical workforce experiences up to 40% absenteeism due to illness, caring for sick loved ones, and fear of infection.

- f* Support vaccination programs; monitor vaccine safety.
- f* Investigate pandemic outbreaks; define the epidemiology of the disease.
- f* Monitor the nationwide impact of a pandemic.
- f* Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile.
- f* Coordinate the implementation of international – U.S. travel restrictions.

STATE ROLE

States are individually responsible for coordination of the pandemic response within and between their jurisdictions. Administrative Order No. 228 orders the Department of Military and Veterans Affairs, Division of Homeland Security and Emergency Management (DHS & EM) to assume overall responsibility for interagency coordination of pandemic preparedness and the Department of Health and Social Services, Division of Public Health (DPH) to assume primary functional and technical responsibility for pandemic preparedness.

Specific Alaska Division of Public Health responsibilities include:

- f* Prepare and maintain a public health Pandemic Response Plan as Annex to the DPH Emergency Operations Plan.
- f* In conjunction with DHS & EM, maintain an interagency incident management team (IMT).
- f* Identify public and private sector partners needed for effective planning and response.
- f* Develop key components of pandemic preparedness: surveillance and investigation, distribution of vaccine and antivirals, health care systems including infection control, isolation and quarantine, community disease control including social distancing, and communications.
- f* Integrate pandemic planning with other planning activities conducted under CDC and Health Resources and Services Administration (HRSA) bioterrorism preparedness cooperative agreements with states.
- f* Coordinate with local areas to ens.

the ASD has determined it will provide certain basic services during the crisis, while maintaining social distancing.

In the event schools are closed due to social distancing associated with a pandemic, the

- f* Maintain an information campaign, utilizing multiple languages and multiple dissemination methods, to keep the public (particularly parents and students), and staff, informed of district related developments.

- f* Establish a crew, consisting of the ~~prop~~at minimum number of employees needed to fulfill the tasks noted above during times when social distancing is in force, and keep them operational during such times.

World Health Organization (WHO)

- f* Monitor global pandemic conditions and provide information updates.
- f* Facilitate enhanced global pandemic preparedness, surveillance, vaccine development, and health response.
- f* Declare global pandemic phase and adjust phases based on current outbreak conditions.

COMMAND AND CONTROL

As with all natural and manmade disasters and emergencies, all levels of government will utilize National Incident Management System (NIMS) principles in responding to a pandemic event. The Anchorage School District will do so as well. ASD's existing Emergency Action Plans are all written to conform to NIMS, and to one of its subsystems known as the Incident Command System (ICS).

To learn more about NIMS and ICS you are encouraged to take FEMA's online tutorial courses [IS-700: National Incident Management System, an Introduction](https://training.fema.gov/IS/NIMS.asp) and [IS-100: Introduction to the Incident Command System, for Schools](https://training.fema.gov/IS/NIMS.asp). You may access these courses at <https://training.fema.gov/IS/NIMS.asp>

Both the State of Alaska and the Municipality of Anchorage will utilize their Emergency Operations Plans and emergency management centers and staff (in conjunction with their specific pandemic plans) handling a widespread infectious disease outbreak.

The State of Alaska Director of Public Health will declare when it is time to activate plans for the

The Superintendent of the Anchorage School District will, after consultation with the Mayor of Anchorage and the Department of Health, determine when ASD will initiate the Pandemic Period measures identified in this plan. The Superintendent will direct the ASD response.

A pandemic can incapacitate decision makers as well as workers. The Superintendent's authority and responsibilities transfer to the Chief Operations Officer and then to the Deputy Superintendent, if necessary.

KEY PANDEMIC RESPONSE ELEMENTS

As mentioned earlier, this plan is structured around eight "elements" (or categories of tasks) that need to be performed in a successive Pandemic Period. The elements are generally described below. You will see these elements used as task list headings in this plan.

Planning and Coordination

This element concerns efforts, generally in advance of the Pandemic Period, to prepare for actual and active disaster response. There are internal administrative, financial, and logistical issues that must be settled before many of the tasks set forth under the other seven elements can be implemented. Identifying critical function employees, paying them, paying other bills, tracking employees ordered home (and dealing with attendant labor, leave, and pay issues), identifying funding to support "make school sessions (and attendant labor issues), acquiring distance learning technology and developing associated emergency curricula, -2 ((s)-1 (s)-1 e)4 (n (d)2-10 (as)-1 (ue)4 (s)-1 (t)-2ble)4 (nt)-2 (ue)4

f the number of people infected, hospitalized, and dead,

f the population groups most severely affected.

On a nationwide level, there are numerous networks that compile and regularly report symptoms observed by healthcare workers and other professionals. These reporting systems are categorized as Outpatient Surveillance, Hospital Surveillance, Mortality Surveillance, and State-level Assessments (health department reports based on several sources).

In Alaska, surveillance is done through the Alaska State Virology Laboratory, the Alaska Division of Public Health, the Anchorage School District, the Alaska Epidemiology Section, and the Alaska State Public Health Laboratory. Each of these efforts involve state communication with local observers and the CDC.

Health Care Systems

Anchorage healthcare institutions, and their staff, operate fairly close to capacity in day-to-day operations. These institutions would be significantly overtaxed by a pandemic, even if they retained all their normal resources. The relative ability to “ramp up” for a period of time to take in higher-than-normal waves of patients is what medical institutions call “surge capacity.” This capacity is a function of beds, space, equipment, medication/supplies, and personnel. There may be little surge capacity in Anchorage today, and that which we have is most abundant when the disaster tends to take its victims from some other pool than the healthcare providers themselves. When the medical workforce is itself decimated by illness, absenteeism, and exhaustion the already-tenuous surge capacity is eliminated. This condition can be expected in the Anchorage pandemic scenario.

Considerations include identification and enrollment of qualified volunteers (medically trained people not currently engaged on front-line healthcare jobs), identification of alternate treatment sites and facilities, and systems to facilitate home care of patients. These efforts require preplanning and agreement among agencies, organizations, and stockpiling of equipment and supplies.

Community Disease Control

Disease control, for purposes of this plan, refers not to pharmaceutical measures but to behavioral measures. The spread of infectious disease may be impeded through improving peoples’ hygienic habits, and by keeping people away from each other.

Hygiene

In the case of hygiene, cough etiquette, hand washing frequency and technique, and use of proper disinfectants are to be encouraged. This issue is largely a function of public

systems. Critical function employees will have to be identified from such groups as technicians, public information officers, and broadcasters if physical infrastructure is to remain operational.

Sufficient personnel must remain on the job within proper organizations to ensure that administrative lines of communication remain open and capable of supporting decision making.

Education

A pandemic could disrupt society, including schools, for a couple of years. It may be easy for a first grader to recover lost educational opportunities over the course of his/her remaining school years. This convenience diminishes for each successive grade level.

Students nearing graduation, for example, will have a difficult time recovering lost educational opportunities.

may actually for a time have excess, due to catered lunch sales during school closure), and since the district owns a kitchen and a food delivery system, the district has resolved it shall attempt to continue feeding its needy students during forced school closures, if deemed possible/feasible

The logistics involved in carrying out this commitment are found in this element.

INTERPANDEMIC PERIOD (WHO Phases 1 &2)

Following are the specific tasks to be carried out by ASD personnel during the Interpandemic Period. These listings do not contain tasks to be performed by other agencies and organizations. The municipality and the state each have identified their own set of tasks, they are complimentary to those listed here and are organized similarly to how ASD has presented tasks below. To see what the municipality and/or the state will be doing coincidentally to a given ASD task, you must refer to the like section ("element" and "period") of the municipal and/or state plan.

Planning and Coordination

- f* Superintendent joins in conversation with the Mayor, Department of Health and JASD Staff, as appropriate
- f* Chief Operating Officer (COO) ASD Infectious Disease Planning Group.
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f ASD Accounts payable begins assessing its ability to pay for essential services

- f Operations and Purchasing Directors ensure that sufficient quantities of proper alcohol-based disinfectants (packaged for use in existing dispensers) are ordered for, delivered to, and stockpiled at, all ASD schools and facilities.
- f Health Services creates hygiene education programs (including hand washing procedures and cough etiquette) targeting students, parents, and staff.
- f Purchasing department orders PPE for critical function employees.

Vaccines and Antivirals

- f Health Services begins plans to train (update training of) ASD nurses in how/when to administer disease related pharmaceuticals.

Communications

- f ASD Communications department begins planning for public information campaigns of an educational nature to run during the Pandemic Alert Period. Particularly at the later stages around Phase 5—it is anticipated that the informational needs of our community could overwhelm a school. Thus, we will need a communications plan to keep parents informed. Possibilities include:
 - Web site storyboard
 - o FAQ page addressing various issues such as the following:
 - What can parents do at home to encourage learning?
 - What should parents expect when school closes?
 - Activities issues such as eligibility and scholarships
 - What about my student's special education services?
 - Will my student graduate on time if schools are closed?
 - Will my student be promoted to the next grade if schools close?
 - How will school closure days be made up?
 - What about free/reduced lunch?
 - o Information on how to access Plato, Apex, etc.
 - o Homeschooling tips (see books developed at the elementary level that are already translated and are online)
- f ASD Communications department begins planning for public information campaigns of an emergency notification nature to run during the Pandemic Period when schools are closed. Daily information (via web, etc.) that students and families will need include:
 - School lessons
 - Family health advice

- Eventual return to school instructions
- f* ASD Communications department begins planning to overcome language and technology obstacles to delivery of aforementioned campaigns.
- f* ASD I.T. department begins assessing likely points of failure in the various communications system upon which the ASD relies.

Education

- f* ASD Curriculum department begins work on what should/can be taught to whom during physical school closures.
- f* ASD Educational Technology department begins work on how the above curricula can be delivered to students at home.
- f* ASD CIO identifies costs associated with above effort and begins search for funding.
- f* Classes are consolidated (if deemed) to offset impact of teacher absences.

Nutrition

- f* ASD Student Nutrition department works out logistics of point of distribution of food for students if providing this service is deemed feasible
- f* ASD Student Nutrition department begins coordination with National School Lunch program to waive (at least for pandemic crisis) apparent existing prohibition of reimbursement for costs incurred in producing and delivering home meals

PANDEMIC ALERT PERIOD (WHO Phases 4, & 5)

Following are the specific tasks to be carried out by DAS personnel during the Interpandemic Period. These listings do not contain tasks to be performed by other agencies and organizations. The municipality and the state each have identified their own set of taskings; they are complementary to those listed here and are organized similarly to how ASD has presented its tasks below. To see what the municipality and/or the state will be doing coincidentally to a given ASD task, you must refer to the like section ("element" and "period") of the municipal and/or state plan.

Planning and Coordination

- f* Superintendent will confer with Mayor

- f* Directors of Security & Emergency Preparedness and Safety & Risk Management will confer with Department of Health as necessary to ensure ASD keeps pace with developments.
- f* ASD Planning Group determines, by name, who ASD's critical function employees will be.
- f* HR notifies critical function employees and begin briefing them on duties and ramifications.
- f* ASD Planning Group works to get designated ASD people on MOA pharmaceutical distribution priority list.
- f* Director of Security & Emergency Preparedness begins training appropriate staff in ICS and related matters, included will be "virtual command center" concepts, as disease may render traditional center inadvisable.
- f* JDO determines the authority (or limits thereof) of President, Governor, and Mayor to compel school district employees (particularly nurses) to work during disaster.
- f* Students who are home during this period of time will be kept apprised of homework to the best of the school's ability using current procedures (this is likely a later—probably Phase 5—activity).

- f* HR briefs nurses on their employment status if called to work in schools or other facilities (operated by DPH, DHHS, Alaska Nurse Alert System), paid or volunteer?

Community Disease Control

- f* Schools and facilities begin using alcohol-based disinfectants previously stockpiled on site in place of soaps.
- f* Health Services, with support of principals and Communications Department, provides previously designed hygiene training (including hand washin procedures and cough etiquette) to students, parents, and staff.
- f* Safety & Risk Management and Purchasing Departments issue PPE to critical function employees. Risk Management trains employees on proper use.
- f* All principals begin insisting that students stay home if not feeling well. All supervisors begin insisting same of employees.
- All teacher training cancelled to relieve pressure on substitute pool.

Vaccines and Antivirals

- f* No change at this time. Health Services monitors developments and continues to increase nurse protocol knowledge and treatment skill.

Communications

- f* Communications Department initiates previously designed public information campaign aimed at suppressing panic, educating ASD families on the nature and pace of the growing threatsng p(AI)-1 De pa ar(t)-2(nd)]/TT1 1 e10 (ne)4 (d w (em4 (d w (

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- f* Above routine will be continued until authorities declare schools reopening for normal operation, supplies are depleted, or relinquished to state or federal authorities.