



**BE READY,  
ALEXANDRIA!**

City of Alexandria  
Interim Report:  
Mayor's Pandemic  
Influenza Planning  
Working Group

William D. Euille, Mayor  
October, 2006



## Acknowledgements

On the following pages is a list of the people throughout Alexandria who have participated in this planning process. They come from virtually every segment of our community, and one of the most exciting – and ultimately most beneficial – aspects of this planning process has been the wide range of participation. Some have already contributed enormous amounts of time and creativity. Others have volunteered for subject matter groups that are just beginning their most intense level of work.

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There are remaining issues requiring attention, and many of the Groups are continuing to work as this interim report is being submitted. The generous on-going contributions of these people – and others who will join in the efforts – will help assure the City of Alexandria is ready.

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# Executive Summary

## City of Alexandria Interim Pandemic Flu Planning Report

### October, 2006

In the Fall of 2005, Mayor William Euille established a Working Group to plan for a possible influenza pandemic and its potential impact on the City of Alexandria. After a number of meetings, the Mayor's Working Group formed several Subject Matter Groups, with the Health Department providing initial staff support. These Groups were to address specific issues such as communicating with the public, medical and public health surge, quarantine and isolation, fatality management, mass care, and continuity of services. The Subject Matter Groups reflected a range of public and private involvement, including representatives from key City Departments, the Circuit Court, neighborhood associations, non-profits, the hospital, the private medical community, volunteers, the mortuary association, the Medical Examiner's office, business and the hospitality industry, community shelters, and others. The Alexandria City Public Schools is engaged in a parallel process.

Three key assumptions influence the work of these groups: (1) the challenge of pandemic flu or any other potential Public Health hazard is on-going and is constantly evolving, (2) potential Public Health emergencies are a challenge encompassing all elements of the City, and (3) the planning should be potentially applicable to a wide range of potential emergencies – i.e., “all hazards” in nature. This report summarizes the Subject Matter Groups' findings and recommendations to date.

At the leading edge of issues – and crossing the work of all the Groups -- is the need to effectively and continually communicate with the public. This communication includes what to expect, how services might be impacted, what the City government is doing, and what individuals and families can do before and during a potential pandemic. Special communication challenges exist with people whose language, culture, physical attributes, or transitory stay in Alexandria make traditional methods of communication less effective. The plan includes a matrix of presentation modalities and potential forums to reach all the residents and visitors in Alexandria as well as organizations of which they are a part.

The Subject Matter Groups developed a number of innovative and quite comprehensive plans, procedures, and materials including:

- Brochures, posters, and pre-designed presentations in multiple languages and formats.
- Community Care Stations to diminish the impact of a pandemic on our medical care system with pre-hospital triage and support.
- Alternative Care Facilities to provide more medically-demanding care outside a hospital setting.
- A description of the roles, facilities, and procedures necessary to support the community if there are significantly more fatalities than usual.

- Legal and law enforcement procedures for an isolation and quarantine order with extensive involvement of the Circuit Court and legal community.
- Food, water, and medicine support for people unable to leave home.

Much has been accomplished with a solid foundation of preparedness. All groups also identified a range of “remaining issues” to be addressed that included a need for further refinement and implementation of plans, and planning for the continuity of services and infrastructure throughout the community. Staffing and financial challenges will persist, although some significant short-term financial grants have been obtained to assist.

This is an “interim” Plan in that it will continue to evolve as the work is refined and new information is acquired. As a City-wide initiative, the City can be better prepared not only for the possibility of an influenza pandemic but for other potential emergencies as well.

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# City of Alexandria Interim Pandemic Flu Planning Report October, 2006

## Background

In November, 2005, the Mayor, the City Manager, the Deputy City Manager, the Emergency Management Coordinator, and the Health Director met to begin formulating a planning process for a possible influenza pandemic. Shortly thereafter, an interim report was presented to City Council, and the Mayor initiated and convened a Mayor's Pandemic Flu Working Group. This initial group included City officials involved in emergency planning and response and representatives from Inova Hospital. They met several times and decided to establish a number of Subject Matter Groups to focus on major topics of concern.

Most of the Subject Matter Groups have been meeting now for more than six months. More than sixty people have been engaged, representing not only City government, but also the hospital, citizen groups, neighborhoods, non-profits, business, volunteers, and others. They have generated some very comprehensive plans, often with creative ideas that have attracted interest throughout the state and the region. A Center for Disease Control and Prevention ("CDC") grant to the Health Department made it possible for us to acquire the services of a team from George Washington University to help oversee the work of these groups. This report summarizes the much more lengthy complete reports from the groups included in Appendices under separate cover.

Three key assumptions have been made in all of our planning:

- The challenge of pandemic flu or any other potential Public Health hazard is on-going and is constantly evolving – none of our planning can be static.
- Potential Public Health emergencies like a pandemic are a challenge encompassing all elements of the City.
- Excellent planning for a pandemic should strengthen our planning for virtually any kind of an emergency – the planning should be "all hazards" in nature.

## The Subject Matter Groups

- Communication with the Public (including Behavioral Health)
- Medical and Public Health Surge
- Isolation and Quarantine
- Fatality Management
- Liaison with Organizations
- Mass Care
- Continuity of Government and City-Wide Prioritization of Services
- Alexandria City Public Schools (formed through ACPS)

## Communication with the Public

This Working Group's plan is multi-faceted, using a comprehensive matrix of audiences and methodologies. The goal is to communicate with all people in Alexandria, with a special focus on communicating with Alexandria's most vulnerable residents for whom traditional communications channels may be less viable. A special brochure, a number of posters to be placed around the City, and a pre-designed presentation applicable to many audiences have already been created. Sessions are being conducted by the Health Department to "train trainers" so that information can be widely disseminated.

### Core Goals and Objectives

- Clearly explain and promote the Alexandria Pandemic Influenza Plan
- Provide information to the public and stakeholders to assist them in making the best possible decisions about their well-being before and during all phases of a pandemic or any other emergency.
- Establish a broad network for disseminating information.
- Provide clear, accurate messaging to all audiences.
- Communicate transparently, accurately and in a timely manner through a variety of methods to reach all audiences

### Core Communications Strategy

- Unique communications for the stages of pandemic
- Multilingual and multiple distribution systems

### Core Key Messages

- What the City of Alexandria is doing to reduce illness and death and minimize societal disruption
- What the general public can do

### Core Methodologies

- Public forums and workshops
- Brochures (in multiple languages) and posters
- Group presentations and distributions (e.g., community meetings, businesses, associations, churches)
- MHMRSA, DHS, and Health Department distributions to clients
- City and Health Department Websites, City newsletter
- City festivals, fairs, and annual events
- Paid advertising/posters for public locales.
- Students delivering messages home

### Remaining Issues

- Staffing, expand the train-the-trainer programs.
- Training: Medical Reserve Corps, pharmacy staff, workers for Community Care Sites and Alternative Care Facilities, hotline workers
- Develop materials for people with special language and physical requirements.
- Develop additional methodologies for communicating with people with limited or no access to traditional communication channels.
- Increase the capacity of the City hotline and training of hotline workers.
- Conduct a public workshop/forum

## Medical and Public Health Surge

There is the possibility that the hospital and private healthcare provider system could be overwhelmed if large numbers of people simultaneously become ill. This group was charged with evaluating and planning for this eventuality.

It is expected that many patients can be safely cared for at home. The availability of hospitalized services will be at a premium, so the focus will be made on limiting hospitalization to those truly requiring such care. The phased plan is based on Inova Alexandria Hospital's very comprehensive plan for temporarily increasing its bed capacity in an emergency. The plan reflects strong preferences for (1) developing a spectrum of clinical care capabilities, and (2) providing truly needed hospital care in a hospital site rather than an alternative site if at all possible.

An innovative concept called Community Care Stations was developed. These are pre-hospital centers for assessment and triage located throughout the City. Individuals who think they have the flu can go to these stations for evaluation to determine whether hospitalization is needed. The Stations would be opened when the influenza pandemic is pervasive in Alexandria, and the hospital's triage system is becoming overwhelmed. The Stations would help to keep the "worried well" out of the hospital emergency department. In most cases, individuals reporting to the CCS would be advised to continue self-care at home. They would be provided with some basic home healthcare supplies such as pain medication, a thermometer, hand sanitizer, and masks for the sick. Those individuals who met pre-determined criteria would be referred to the hospital.

Alternative Care Facilities, another kind of facility, would provide a more advanced level of care, although not as sophisticated as a hospital setting. They will be used primarily for the administration of antibiotics and IV rehydration, but would not accommodate a patient needing oxygen (an indication of a need for hospitalization). Another potential uses would be to move patients out of the hospital who need medical supervision but do not need hospital equipment. They could also be used for people who do not meet the criteria for hospitalization but are unable to manage home care.

### Remaining Issues:

- Staff recruitment, training and facility identification need to be completed.
- Additional CDC funding has been acquired to support the Community Care Stations and a portion of one Alternative Care Facility, but significant additional funding will be required. Further planning is required.
- Alternative Care Facilities will require some medical professionals in attendance, and such staff will be in very short supply.
- Alternative Care Facilities raise significant potential liability issues.
- Completing communications plans which facilitate realistic patient expectations.
- Completing plans with other care facilities such as independent and assisted living facilities and with private practitioners

## Isolation and Quarantine

Isolation – the separation of people who are already ill – will be a commonly encouraged practice in a pandemic. Quarantine – the separation of people who are not ill but have been exposed to an ill person – will be encouraged, but once a pandemic is fully occurring, quarantines are not likely to be effective. Most acts of isolation and quarantine will be voluntarily undertaken.

At the onset of a pandemic, however, there may be limited instances in which it will be important or necessary to place individuals in involuntary isolation or quarantine. Proper legal and other procedures that must be followed, and only the Commissioner of Public Health has the authority to issue such an order, but these procedures have rarely if ever been fully tested – especially under the new Virginia statutes.

The Isolation and Quarantine Subject Matter Group includes Circuit Court Judges, the Clerk of the Courts, hospital representative, the City Attorney's office, local attorneys, City Information Technology representatives, local law enforcement, and Public Health nursing. The group has decided to test the isolation and quarantine system and procedures as a part of a state-wide pandemic drill in October. They have been coordinating their work with the Commonwealth's Attorney General's office as well as the Virginia Department of Health. They have already made some recommendations for possible Virginia statute and procedural changes.

A part of the plan includes establishing virtual courtrooms, allowing the potentially infectious subject person or family to remain away from the courtroom. Funding has been established to acquire the technology for one of these virtual courtrooms.

### Remaining Issues

- Acquiring and testing the virtual courtroom.
- Potentially acquiring equipment to allow more than one such courtroom.
- Testing the legal and law enforcement procedures and processes, including electronic signature recognition of the Commissioner of Health's signature.
- Identifying facilities for those challenging court orders
- Developing list of counsel to be appointed by courts for appellants.

## Fatality Management

This Working Group has included the participation of a wide range of experts from mortuaries, the Office of the Chief Medical Examiner, Inova Alexandria Hospital, and an ethicist. Because the number of deaths in Alexandria due to a pandemic could well exceed the capacity of the existing system, it will be essential for all relevant City agencies and partners to work together in assisting with the management of fatalities as needed. This includes the Alexandria Health Department, the city police detective and forensic divisions, Emergency Medical Services, local mortuaries, physicians, hospitals, nursing homes, and religious leaders. The Subject Matter Group has created a very

extensive plan identifying the kinds of roles that will need to be filled, as well as the other resources required.

Once a limited number of deaths have been attributed to the pandemic, the role of the Office of the Chief Medical Examiner is significantly reduced with pandemic-related deaths. The Office would continue to play its traditional consultative role, and would take the lead with any death occurring at a location under involuntary isolation or quarantine. Fundamentally, in most instances, it will be incumbent upon the deceased's family to make necessary arrangements. The City will, however, have an important role in attempting to assure that resources and procedures are in place. These will include:

- Personnel to determine cause of death, assist with transportation, conduct mortuary activities, work in temporary facilities, and provide cemetery or crematorium services – personnel that may be in short supply.
- Procedures for dealing with transportation services if traditional means are not available.
- Identification of, and equipping, potential temporary facilities on a local or regional basis. Some possible facilities have been identified, but the necessary equipment and supplies are not in place.
- Training of first responders in what may be an extension of their traditional roles.
- Security of facilities.
- Plans for communicating with the public, especially if the situation makes it impossible for them to receive normally-expected assistance or for them to fulfill their traditional religious or cultural requirements.
- Mechanisms for providing behavioral health support.

#### Remaining Issues

- All of the above challenges need additional planning.
- Clear identification of who in the City has what specific responsibilities.
- Significant (currently non-existent) funding will be required to fully implement the plan.
- Individuals will need to be identified and trained in the roles described in the plan

#### Liaison with Organizations

Rather than form a special Subject Matter Group, this task has been undertaken on an as-needed or as-invited basis. There has been a series of meetings with a range of organizations including small businesses, large housing complexes, neighborhood associations, a few religious organizations, and other community groups. Much work has also been done with some assisted living and similar facilities in the City.

The work being done by the Communications with the Public Subject Matter Group will be a major aid to this effort. Trainers will be taught to train others to make presentations, complementary hand-out material will be created, and presentations will be designed that can be easily applied in a variety of settings. Funding has been obtained to support the additional training, material-development, and outside support that will be required.

## Remaining issues

- Continue the identification and “recruitment”, with the assistance of City leadership, of other organizational leaders and presenters
- Continue development of specialized materials and resources for targeted audiences, including persons with special needs, specific cultural groups, business organizations, and others.

## Mass Care

In a pandemic, “Mass Care” is likely to be provided in ways that differ from more typical disasters. For example, traditional shelters are unnecessary. However, there are a number of potential situations in which the distribution of food, water, and other essentials may be required. This Subject Matter group has deliberately waited for the reports from other Subject Matter Groups before engaging in extensive planning. Now that the outlines of the reports have been received, this Group can begin its work more thoroughly.

- For those placed in involuntary isolation or quarantine, the City will be required to assure that they have necessary food, water, and medicine.
- For those voluntarily in isolation or quarantine, it is in the City’s best interest to make it possible for them to stay at home.
- The Community Care Stations will require some Mass Care support.
- The Alternative Care Facilities will require some Mass Care support.

## Continuity of Government and Prioritization of Services

It is an on-going process to seek to assure that essential government services continue in the face of a pandemic. Continuity of Operations (COOP) in a pandemic is both simpler and more challenging than with other potential emergencies. It is “simpler” because physical structures are not impacted. It is more challenging because essential human resources are potentially severely impacted. As general guidance, every City department must (1) prioritize and rank order all of its services, and (2) base their plans on the assumption that up to 40% of its workforce may be absent.

More broadly, it is also essential that the City prioritize all of its services – in effect, combining the inputs from all the departments. This will foster planning that could include moving people from one agency to another if necessary. In addition, while state and federal guidance will direct the overall prioritization of vaccine distribution, the City government will have to prioritize further within the broad guidance.

City government will also need to establish the decision-making process to be used if a pandemic occurs. For example, it is far preferable to determine in advance how decisions will be made, and by whom, concerning the closing of events or facilities.

## Alexandria City Public Schools

The Alexandria City Public Schools are engaged in a comprehensive process of pandemic planning that includes both how, when, and if the system will deal with students and staff in a pandemic, and also how it will organize for a continuity of service with staff shortages. The report of the ACPS planning process is being generated separately.

### Summary

There is no “conclusion” to the process of planning for a possible pandemic because much is unknowable until a particular strain arrives, and it is an on-going process with always more to be done. A great deal has been accomplished by a dedicated group of City staff, volunteers, and representatives of broad segments of the community.

- Plans have been created to address communicating with the public, preparing for a surge of patients exceeding the capacity of the health care system, managing the potential process of isolating and/or quarantining people, managing fatalities, managing the school system, and assuring the continuity of essential services.
- Plans of action have been submitted both to the state and federal government.
- Significant funding has been acquired that will help cover some of the future expenses.
- The plans strengthen the City’s preparations for “all hazards”.
- New working relationships have been fostered within the City that have a wealth of long-term advantages.
- Many of the plans are at a stage where they could be successfully implemented very quickly.

We also need to continue to move forward in a number of realms.

- Utilize grants from Centers for Disease Control and Urban Area Security Initiative to continue to strengthen City-wide readiness.
- A number of “communication with the public” plans need to be implemented.
- Physical settings, equipment, and staffing for “patient surge” need to be acquired.
- Lessons learned from testing the isolation and quarantine process will need to be implemented.
- The care of people staying at home presents major financial and logistical challenges.
- More work needs to be done to be ready to deal with potential fatalities.
- More outreach to community organizations needs to occur, especially focusing on the segments of our population that might be most vulnerable.
- Pockets of opportunity have been identified where additional funding could strengthen key City services.
- Planning for the continuity of City government and other essential community services will be continually on-going.
- The process and the criteria for making key City decisions in a pandemic require more deliberation.