

ANNEX E10 ASD EOP



Anchorage School District
Educating All Students for Success in Life

INFECTIOUS DISEASE PLAN

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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 “seasonal flu,” these epidemics occur each year. Americans may be presented with a slightly different strain of virus each flu season, because the influenza virus comes from many sources and mutates and/or recombines rapidly. In varying degrees, most people have some resistance to the common strains of influenza. Many will become infected but show few or no symptoms and may not even be aware they have contracted the seasonal flu. Many others will become ill—perhaps very ill—but will recover without difficulty. Since 2010 between 12,000- 61,000 people have died each year from the seasonal flu. For that reason, epidemiologists spend great energy tracking the spread and genetic alteration of all known flu strains, and the medical and pharmaceutical fields are ever in pursuit of new vaccines and antivirals that will be effective against the latest version of this adaptable and vexing bug.

Vaccines and Antivirals

For our purposes, “vaccine” refers to a preventative treatment derived from a virus strain that is identical to (or as similar as possible to) the targeted form. The vaccine allows a person receiving it to develop (or increase) some resistance to infection. Vaccines must be “re-invented” often to keep pace with viral changes. As used here, “antiviral” refers to a medicine administered to treat people who have already contracted the a virus. Antiviral also must be changed over time, but some are broad spectrum in nature, and can remain useful longer and against a greater number of related forms of a given virus than vaccines.

Pandemic

History suggests that about three times per century the world is presented with a strain of a virus for which humans have essentially no natural resistance, and which can be readily passed between humans. Humans have no resistance to these strains either because they represent a mutation that is entirely new to the planet, or because the viral forms have not appeared in so many human generations that any previously acquired resiliency has long been lost. Unlike an epidemic, which is generally contained within a region or continent, such a “new” virus can quickly spread around the world. When and if it does, it is called a “pandemic.”

History suggests (but does not guarantee) that a pandemic may 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 been 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 regions 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 others 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
- share accurate information about how the virus spreads

- 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, Alaskan 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 panic, control our utilization of what supplies and resources we do have, and develop (and commit to) courses of action likely to render a devastating situation bearable. To do so requires education, planning, and will. We may not have a pandemic plague in Alaska, but our public and private sector leaders do not believe that such uncertainty justifies a state of un-preparedness. Besides, like earthquakes and hurricanes, some form of pandemic is always around the corner, so there is no down-side to preparing.

This plan reflects the Anchorage School District’s commitment to its community to help maintain health and public order during a pandemic.

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 stand-alone capacity; however, it will be published and maintained internally 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 plan is built around (and actions are laid out by) pandemic periods and phases as defined by the World Health Organization (WHO). There are three pandemic periods accounting for six pandemic phases. The phases are numbered by severity, with 1 being lowest and 6 being highest.

Pandemic Periods

The *Interpandemic Period* encompasses Phases 1 and 2 (Low risk).

Phase 1: A virus in animals has caused no known infections in humans.

Phase 2: An animal virus has caused infection in humans.

The *Pandemic Alert Period* contains Phases 3, 4, and 5.

Phase 3: Sporadic cases or small clusters of disease occur in humans. Human-to-human transmission, if any is insufficient to cause community level outbreaks.

Phase 4: The risk for a pandemic is greatly increased but not certain.

Phase 5: Spread of disease between humans is occurring in more than one country of a WHO region.

The *Pandemic Period* deals only with Phase 6 (Full Blown Pandemic).

Phase 6: Community level outbreaks are in at least one additional country in a different WHO region from phase 5. A global pandemic is under way.

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, or "elements," are as 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 de-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 its non-healthcare institutions.

Vaccines and Antivirals (if available)

Efforts to provide vaccines to those most at risk, and antivirals to those most in need, within the context of allocating meager stockpiles in a way that serves the greatest public good.

Communications

Collaborative efforts by healthcare providers, government, other community leaders, and the media to ensure that institutions remain operational and that the public obtains timely information and appropriate advice.

Student Education

Efforts to continue educating PK-12 students, particularly high school juniors and seniors, during periods of lengthy forced school closure.

Student Nutrition

Efforts to continue food service through lengthy periods of forced school closure for those PK-12 students who traditionally rely on school breakfast and lunch programs to meet their baseline nutritional needs.

PURPOSE

On the broadest level, the purpose of this plan is to educate and prepare ASD employees for their roles in facilitating public health and order during a possible pandemic disaster in Anchorage. By extension, this plan will also serve to educate parents and students on what they may expect of the ASD during such a time, and may help prepare them for what they, as families, must do for themselves.

More specifically, this plan is intended to inform and instruct ASD staff on how services will be provided (and who will provide them) in two pandemic scenarios: when school as we know it remains in session, and when schools—at least in the physical sense—are closed.

The daily work of the ASD involves assembling in close proximity nearly 50,000 students and 6,000 employees. This fact entwines the district with community health issues and concerns. Because schools bring so many students and staff together, it may well be the ASD that first produces evidence of a pandemic's arrival in Alaska.

This plan is therefore also intended to refine our ability to detect early on the presence of a new virus in Anchorage, and to change the hygiene habits of students and staff in a way that discourages the spread of infectious disease.

Lastly, this plan describes the ways in which ASD facilities and other resources can be converted to support the medical response efforts of other agencies once schools are closed for instruction.

ASSUMPTIONS

This ASD plan is based on certain assumptions for how the disease might spread and how it might affect our population. They are listed below. Most of these assumptions were taken from the municipal and state plans.

- A pandemic will result in the rapid spread of the infection with outbreaks throughout the world. Communities across the state and the country may be impacted simultaneously.
- Public fear, misinformation, and rumors will create an atmosphere of anxiety necessitating an aggressive public information campaign.
- No effective vaccine will be available early in the course of the pandemic.
- If an effective vaccine becomes available, it will be in short supply.
- Supplies of antiviral medications that are effective against the virus will also be inadequate and will be distributed based on current national guidelines and in consultation with the State of Alaska Department of Health and Social Services.
- Infection control measures such as isolating the sick, screening travelers, social distancing, and reducing the number of public gatherings may help to slow the spread early in the pandemic period if they are properly enforced.
- Maintaining essential services and infrastructure may reduce mortality. Sick persons who lack access to clean water, food, fuel, and medical care may suffer higher mortality.
- Maintenance of critical infrastructure such as utilities and police and fire protection will be vital to maintain social order, the loss of which could add exponentially to the disaster of a pandemic.
- Local collaboration with other health organizations will be crucial in attempting to deliver adequate medical care.
- Federal and state declarations of emergency will change legal and regulatory aspects of providing public health services during a pandemic.

- 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.
- Hospitals and other health care systems will be quickly overwhelmed with ill people requiring outpatient care and hospitalization.
- 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.
- 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.
- Demand for inpatient beds and assisted ventilators will increase by 25% or more, and prioritization criteria for access to limited services and resources may be needed.
- The health care system may need to develop alternative care sites or designated clinics to relieve demand on hospital emergency rooms and to care for persons who are not ill enough to merit hospitalization but cannot be cared for at home.
- Emergency Medical Service responders will face extremely high call volumes for several weeks and may face up to 40% reduction in available staff.
- The number of fatalities experienced during the first few weeks of a pandemic could overwhelm the resources of the medical examiner's office, hospital morgues, and funeral homes.
- During the initial stages of a pandemic, aid from federal and state governments will be nearly non-existent.
- The identification of a novel virus with sustained human-to-human spread may give warning of a pandemic weeks or months before the first cases are identified in Alaska.
- Most people who have access to clean water, food, sanitation, fuel, and nursing and medical care while they are sick will survive.
- Communities across the state and the country may be impacted simultaneously.
- There could be significant disruption of public and privately owned critical infrastructure.

- The type of virus that will cause the next pandemic, its pathogenicity, and the time and place of emergence cannot be determined in advance.
- Alaska may not be able to rely on resources from other states, Canada, or the Federal government.
- Maintaining social order and compliance with health recommendations during a pandemic might prove to be problematic.
- The Anchorage School District will attempt to educate its students in spite of school's closures, although the quality of educational services may suffer.
- In spite of school closures, the ASD will attempt to feed those students who have been relying upon free and reduced meals to meet their basic nutritional needs.

IMPACT OF A PANDEMIC ON ANCHORAGE

Interruption of Services

Several characteristics of a pandemic differentiate it from other public health emergencies. First, it has the potential to cause illness suddenly in a very large number of people, who could easily overwhelm the healthcare system throughout the nation. A pandemic outbreak could also jeopardize essential community services by causing high levels of absenteeism in critical positions in every workforce. It is likely that vaccines against the new virus will not be available for six to eight months following the emergence of the virus. Basic services such as healthcare, law enforcement, fire, emergency medical response, communications, transportation, and utilities could be disrupted during a pandemic. Finally, the pandemic, unlike other emergency events, could last for several weeks, if not months. It is also likely to occur in a sequence of waves, as demonstrated in past pandemics.

During periods when social distancing is in force, schools will be closed and children will be home. Many parents will have to be home too, either to take care of their children or because they have been sent home by their employers fulfilling the same social distancing requirement that closed the schools. As a result of not working, people will have less money to spend on needed food, supplies, fuel, and medication. Of course, food, supplies, fuel, and medication will be very hard to get even for people who can afford them, either because of dwindling supplies or because the people required to sell these things are not themselves working.

FEDERAL ROLE

A pandemic will represent a national health emergency requiring a coordinated response. The Department of Homeland Security has the primary responsibility for coordinating domestic incident management and will coordinate all non-medical support and response

actions across all federal departments and agencies. The U.S. Department of Health and Human Services (HHS) will coordinate the overall public health and medical emergency response efforts across all federal departments and agencies. Authorities exist under the Public Health Service Act for the HHS Secretary to declare a public health emergency and to coordinate response functions. In addition, the President can declare an emergency and activate the Federal Response Plan, in accordance with the Stafford Act, under which HHS has much leadership authority.

HHS response activities will be coordinated in the Office of the Assistant Secretary for Public Health Emergency Preparedness in collaboration with the Office of the Assistant Secretary for Public Health and Science and will be directed through the Secretary's Command Center. The Command Center will maintain communication with HHS agency emergency operations centers and with other departments.

HHS agencies will coordinate activities in their areas of expertise. Chartered advisory committees will provide recommendations and advice. Expert reviews and guidance also may be obtained from committees established by the National Academy of Sciences, Institute of Medicine or in other forums.

U.S. Department of Health and Human Services (HHS):

- Provide overall guidance on pandemic planning within the United States.
- Coordinate the national response to a pandemic.
- Provide guidance and tools to promote pandemic preparedness planning and coordination for states and local jurisdictions.
- Provide guidance to state and local health departments regarding prioritization of limited supplies of antiviral medications and vaccines.
- Determine and communicate the pandemic phase for the U.S. based on the global pandemic phase (established by WHO) and the extent of disease spread throughout the country.

Centers for Disease Control and Prevention (CDC):

- Conduct national and international disease surveillance.
- Serve as a liaison to WHO.
- Develop reference strains for vaccines and conduct research to understand transmission and pathogenicity of viruses with pandemic potential.
- Develop, evaluate, and modify disease control and prevention strategies.

- Support vaccination programs; monitor vaccine safety.
- Investigate pandemic outbreaks; define the epidemiology of the disease.
- Monitor the nationwide impact of a pandemic.
- Coordinate the stockpiling of antiviral drugs and other essential materials within the Strategic National Stockpile.
- 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:

- Prepare and maintain a public health Pandemic Response Plan as Annex to the DPH Emergency Operations Plan.
- In conjunction with DHS & EM, maintain an interagency incident management team (IMT).
- Identify public and private sector partners needed for effective planning and response.
- 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.
- Integrate pandemic planning with other planning activities conducted under CDC and Health Resources and Services Administration (HRSA) bioterrorism preparedness cooperative agreements with states.
- Coordinate with local areas to ensure development of local plans as called for by the state plan and to provide resources, such as templates to assist in the planning process.

- Coordinate with the Municipality of Anchorage Department of Health and Human Services in planning pandemic services and activities.
- Coordinate with the Department of Environmental Conservation (DEC) for animal health issues related to a pandemic
- Coordinate with tribal health organizations to ensure equitable delivery of medications, vaccine, and other health services to Alaska Natives.
- Develop data management systems needed to implement components of the plan.
- Assist local areas, the Alaska State Hospital and Nursing Home Association Preparedness Program, and other organizations in exercising plans.
- Coordinate with Division of Behavioral Health.
- Coordinate with the adjoining jurisdictions of British Columbia, Yukon Territory, and Washington State.

MUNICIPAL ROLE

The Municipality of Anchorage roles and responsibilities are outlined as follows in the city's plan.

General Government:

- Facilitate citywide pandemic planning and preparation efforts by creating a team to advise the mayor on policy issues and a pandemic working group to address the logistics and mechanics of pandemic preparedness and response.
- Educate the public, health care system partners, response partners, businesses, community-based organizations and elected leaders about pandemics, expected impacts and consequences, and preventive measures. Identify the roles each sector would have in preparation and response to a pandemic.
- Conduct disease surveillance and investigation as personnel and resources allow and in conjunction with state and federal agencies.
- Coordinate planning for and implementation of disease containment strategies and authorities.
- Provide medical care for victims when hospital resources are overwhelmed. See the MOA Emergency Operations Plan for details about congregate care centers.

- Based upon all available scientific evidence develop and implement policies to prevent the spread of disease through closing non-essential services, limiting public access to facilities and rights of way, closing public gatherings, and other acts designed to change public behavior.
- Support the health care system's planning and response efforts for medical surge capacity including mass casualty and mass fatality incidents through exercises, joint training and regular coordination meetings.
- Support the development and management of local antiviral medication stockpiles consistent with state and federal protocols.
- Develop and implement protocols for the use of limited supplies of vaccines and antiviral medicines consistent with national guidelines and in consultation with the Alaska Department of Health and Social Services.
- Direct distribution and administration of vaccine or antivirals, including mass vaccination efforts.
- Deliver timely, accurate, and useful information to the public, the media, elective officials, health care providers, business and community leaders through all phases of pandemic.
- Cultivate relationships with key private sector partners regarding public awareness, infection control, and continuity of operations
- Activate the DHHS Command Center and the Municipality Emergency Operations Center (EOC) to manage emergency response.
- Maintain vital public services including police, fire, public health, and utilities during a pandemic.
- Enforce quarantine and isolation orders issued by the State of Alaska for persons within the Municipality of Anchorage as appropriate.
- Monitor essential resources such as food, fuel, and supplies to ensure appropriate allocation and timely re-supply.

MOA Department of Health and Human Services:

- Facilitate Municipality-wide pandemic planning and preparedness efforts.
- Coordinate the community's public health response.

- Educate the public, health care system partners, response partners, businesses, community-based organizations and elected leaders about pandemics, expected impacts and consequences, and preventative measures.
- Through coordination with the State Division of Public Health, facilitate Municipality-wide disease surveillance and monitor surveillance data.
- Identify and declare diseases of public health significance and communicate such declarations to health system partners.
- Coordinate planning for and implementation of disease containment strategies and authorities.
- Provide ongoing technical support to the health care system including current surveillance guidelines, recommendations for clinical case management, and infection control measures.
- Support the health care system's planning and response efforts for medical surge capacity.
- Support the development and management of local antiviral medication stockpiles.
- Develop and implement protocols for the use of limited supplies of vaccines and antiviral medicines consistent with national guidelines and in consultation with the State Division of Public Health.
- Direct distribution and administration of vaccine, including mass vaccination efforts.

ANCHORAGE SCHOOL DISTRICT ROLE

The Anchorage School District's role in a pandemic is first to safeguard the wellbeing of its students and staff. Doing so safeguards the community generally. Because the ASD is not a primary response agency, and because a pandemic will not force us to become one by arriving violently and without notice, as with an earthquake, the ASD's role for this type of disaster mainly will be to close schools and comply with public health recommendations. Due to ASD's size, and its connection to all subsets of the community, preventing spread of the virus through closing school will be our largest role. For many employees, if the Anchorage situation becomes quite bad, their jobs will be to do less, not more. Still, there will be a number of ASD employees required to work to keep certain essential functions operating even if schools are not in regular session. Additionally, there are opportunities for the ASD to support the community response by assisting in MOA's emergency management effort, and by providing additional treatment capacity. Finally,

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 Anchorage School District will make an effort to provide a basic instructional program. Our efforts will focus on providing instruction and materials to students, not on collecting and evaluating student work. In the pandemic Phase 6 situation, such service, though critical to the instructional process, is not realistic.

ASD is committed to perform the following functions/activities:

- Confer with the Municipality of Anchorage and the State of Alaska in planning for a pandemic and establish cooperative understandings.
- Participate in the MOA's planning process and, during an actual disaster, participate in the MOA's emergency management response.
- Continue disease surveillance activities currently conducted for the State of Alaska. Cooperate, to the extent possible, with any municipal or state efforts to improve or expand surveillance activities.
- Educate students and staff on disease control practices such as cough etiquette and proper method and frequency of hand washing. Stock schools and facilities in advance with alcohol-based hand cleaners/disinfectants, for deployment at pandemic onset.
- Educate students, staff, and parents on the importance of staying home from work or school when ill during times when a pandemic threat is significant.
- If possible/feasible, provide food during forced closures through home delivery for students already relying on free and reduced meal programs.
- If possible/feasible, provide some level of continuing education through a) "distance learning" during closures that may occur during the regular school year and/or b) make-up sessions during regular school breaks (if gathering is possible during those times).
- Provide vacated school facilities as appropriate for use as overflow treatment centers operated by public health entities.
- Administer pharmaceuticals from the Strategic National Stockpile to ASD students and their families, and to ASD staff, if such medications are available for those categories of people (and if requested by the MOA).

- 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.
- Establish a crew, consisting of the proper but 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.
- Provide Personal Protective Equipment (PPE) for these “critical function” employees.
- Seek inclusion of ASD critical function employees at appropriate level on state and municipal priority lists for access to pharmaceuticals (i.e. attempt to position them with “essential government workers and infrastructure support”).

OTHER ENTITIES’ ROLES

Private Sector

- Establish an ethic of infection control at the workplace, including hand washing and other public health measures.
- Establish contingency systems and continuity of operations plans to ensure the ability to maintain delivery of essential goods and services.
- Establish feasible options for working offsite to include policy and technical infrastructure to allow for telecommuting, so that ill staff, staff caring for ill family members, or staff working offsite to maintain social distancing can remain isolated and maintain productivity.

Individuals and Families

- Take precautions to prevent the spread of infection to others.
- Be prepared to follow public health guidance that may include limitations on travel or large gatherings.
- Store supplies, including food, water, and medications, at home, as recommended to support essential needs for at least five to seven days.

Local Hospitals, Clinics, Providers, and Other Health System Partners

- This section is under development in cooperation with the local health care system providers. The details of this section will be included in a subsequent version of this plan.

World Health Organization (WHO)

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

COMMAND AND CONTROL

As with all natural and man-made 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 free on-line tutorial courses, [IS-700: National Incident Management System, an Introduction](#) and [IS-100.SC: Introduction to the Incident Command System, for Schools](#). 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 existing Emergency Operations Plans and emergency management centers and staff (in conjunction with their specific pandemic plans) in 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 *Pandemic Period* (i.e. Phase 6) of the state's plan. It is anticipated that the state health department, with a couple exceptions, will implement plans for the state excluding the Municipality of Anchorage. [One exception concerns the ordering of Isolation and Quarantine, authority for which rests solely with the state (AS 18.15.355-18.15.385). The other concerns requesting medication from the CDC's Strategic National Stockpile, an appeal that will be accepted only if made at a state level]. Of course, the Governor has additional powers to declare a state disaster.

The Mayor of Anchorage will declare when it is time to implement the city's Phase 6 plans within municipal boundaries. These measures may include "social distancing," which is less restrictive than quarantine or isolation. It is anticipated that the Mayor will make such decisions after consulting with the Department of Health. Social distancing could include closing schools. The Mayor has additional powers that can be invoked during major emergencies.

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 each successive Pandemic Period. The elements are generally described below. You will see these elements used as task list headings later 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-up" school sessions (and attendant labor issues), acquiring distance learning technology and developing associated "emergency curricula," and establishing the means by which food can be delivered to needy students without assembling them are but a few examples.

Additionally, agreements and protocols must be established between the many agencies that will have to work together in extraordinary ways. Agreeing how schools will be prepped for clinic use, how they will be disinfected prior to reinstatement as schools, and who will do what portions of these activities, are examples.

Surveillance and Investigation

Surveillance efforts seek to determine:

- the arrival time of the virus,
- the point of entry of the virus,
- the severity of the virus,
- the activity (increase/decrease, geographic spread) of the virus,

- the number of people infected, hospitalized, and dead,
- the population groups most severely affected.

On a nation-wide 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 their 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 call-up 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/self-treatment. These efforts require preplanning and agreement among agencies and 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

education, but also involves people and organizations stockpiling and using the right products.

Social Distancing and Isolation

Social distancing involves the authorities—in this case the MOA—dictating where people generally cannot go. These are non-medical measures intended to reduce the spread of disease from person to person by discouraging or preventing people from coming in close contact with each other. Schools could be closed, as could malls, theaters, restaurants, and any other place people tend to gather in large numbers. Emergency staffing plans for both the public and private sector will likely keep much of the Anchorage workforce at home. Many services may have to be accessed on a drive-through basis only. Telecommuting and flex-schedule opportunities will have to be maximized.

Isolation and quarantine involves the authorities—in this case the State of Alaska—dictating where specific people must go. Isolation refers to the separation and restriction of movement or activities of ill infected persons (i.e. patients) who have a contagious disease, for the purpose of preventing transmission to others. Quarantine refers to the separation and restriction of movement or activities of persons who are not ill, but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease. The decision to use isolation and quarantine authorities during a pandemic may depend, in part, on the transmission rate of the virus, susceptibility of the public, geographic distribution of infected persons, and severity of illness associated with infection. All of these parameters may change over the course of a pandemic, so frequent re-evaluation of isolation/quarantine decisions would be required. There are due process considerations associated with isolation and quarantine.

Vaccines and Antivirals

As mentioned in the introduction, vaccines are used as a preventative measure. However, a vaccine for the anticipated pandemic cannot be developed until the pandemic actually materializes and therefore can be studied by scientists. When a vaccine is initially developed, the first limited supplies will go to the areas of the country where they are likely to do the best. It is impossible to determine in advance when Anchorage would receive vaccines. Vaccines designated for Anchorage would be channeled through the State from the CDC. When Anchorage does receive an initial supply of vaccine, it is likely there will not be enough for the entire population. The state is in the process of establishing priorities for a limited supply of vaccines. Healthcare providers, first responders, and workers essential to maintain critical infrastructure would receive first priority.

By contrast, broad spectrum antivirals already exist. Antivirals may have some limited preventative use, but in all likelihood will be employed almost exclusively for treatment of established illness. Antivirals will be in short supply, but drug companies are currently

manufacturing them at an accelerated rate, and world stockpiles are improving. The longer it takes for a pandemic to materialize, the better off Anchorage will be in terms of antivirals. Because more is known about the likely state of affairs with antivirals, more planning has concluded regarding their probable distribution. The State of Alaska has determined that antivirals, if in short supply as expected, will be offered for treatment according to the following priorities.

1. Patients hospitalized
2. Healthcare workers and emergency medical service providers with direct patient contact
3. Public safety workers (fire, police), pandemic responders (public health investigators and responders), essential workers in government and infrastructure-support industry
4. Highest risk outpatients: immunocompromised persons and pregnant women
5. Increased risk outpatients: children aged 12-23 months, persons aged 65 and older, and persons with non-immunocompromising medical conditions
6. Others with symptoms of the virus

Mechanisms need to be developed to distribute or administer these pharmaceuticals to those who qualify for them, and to do so in a fair and orderly fashion. This task will require multi-agency cooperation, coordination, and planning in advance of a pandemic.

Notwithstanding earlier discussions of the unknown nature of the pandemic strain, it will be important for people to get currently existing annual vaccinations throughout the Pandemic Alert and Pandemic phases. This course of action will not keep one from getting a pandemic virus, but having a strong physical condition is critical to survival if one does contract the pandemic form. Furthermore, confusion between the two forms of illness could lead to unnecessary depletion of the more critical antivirals.

Communications

This element concerns the ability to keep communications technology operational during a pandemic disaster, the ability for agencies to share critical information in a timely fashion, and the ability for government to keep citizens informed and instructed so as to keep panic and confusion to a minimum.

Unlike other disasters such as earthquakes and storms, a pandemic does not damage the physical infrastructure of communications systems. However, absenteeism within the communications workforce (due to illness, fear, or competing interests such as family responsibilities and forced social distancing) will impact society's ability to utilize those

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, high school juniors and seniors particularly, could have their futures altered in significant ways if pandemic interrupts instruction. How curricula are to be streamlined, how instruction is to be conducted when people cannot meet face to face, how (and if) tests will be issued/collected and grades recorded, are all issues that must be addressed.

Student Nutrition

In 2018 the Alaska Food Coalition commissioned a study of nutrition and hunger in seventeen Alaska communities, including Anchorage. Their findings include these observations:

- 1 in 7 Alaskans are not always certain about their next meal. This includes 1 in 5 children.
- 32% of food pantry clients are under the age of 18
- 59% choose between food and utilities. 15% don't have a way to preserve fresh food. 7% don't have a stove or hot plate.
- 64% choose between food and transportation.
- 56% choose between food and medical care. All 56% have unpaid medical bills.

Furthermore, ASD's Student Nutrition department reports that 40% of the district's Title 1 students access the free or reduced-price lunch program here.

These circumstances lead ASD to conclude that a significant segment of its students (and therefore of its community) rely on the district to provide for their baseline nutritional needs. The worst time to interrupt food availability to such people would be when sickness taxes them and their families physically. Since ASD has the food anyway (and

may actually for a time have excess, due to curtailed 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 taskings; they are complimentary 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

- Superintendent joins in conversation with the Mayor, Department of Health and JASD Staff, as appropriate.
- Chief Operating Officer (COO) convenes ASD Infectious Disease Planning Group.
- Directors of Security & Emergency Preparedness, Safety & Risk Management, and others as directed by the COO join ASD’s Infectious Disease Working Group.
- ASD Infectious Disease Planning Group determines what services the district should provide during the pandemic crisis, identifies what currently non-existent resources will be needed to deliver said services, and initiates efforts to fill these gaps.
- ASD Planning Group identifies organizations with which partnering is necessary in order to implement the ASD plan and seeks cooperative agreements as necessary.
- ASD Planning Group determines essential functions and identifies “critical function employees.”
- ASD Payroll department begins assessing its ability to differentiate between those employees not at work and those working on the critical function crews and pay employees accordingly (while utilizing a reduced crew itself).

- ASD Accounts payable begins assessing its ability to pay for essential services that continue while other activities are suspended, utilizing minimal staff.
- ASD Human Resources reviews collective bargaining agreements, and meets with labor groups as necessary, to determine how sick leave encouragement, stay-home requirements, call-back requirements, and school year extensions shall be handled and funded.
- Deputy Superintendent begins discussions with Alaska Department of Education and Early Development on how attendance, testing, graduation, and other state requirements will be modified to accommodate the realities of a pandemic, and how the state will fund additional education efforts that may be required.
- Chief Operating Officer or designated representative briefs ASD principals on plan as early as possible to ensure timely and successful execution of the plan.
- Superintendent, Chief Operating Officer and Deputy Superintendent finalize ASD's Incident Command System organizational structure and make final ASD Command Center staffing decisions.

Surveillance and Investigation

- ASD Health Services ensures that the district's historical surveillance activities are continued.
- ASD Health Services ensures that current surveillance efforts are formalized and documented, and that ASD receives early warning and other feedback from Alaska DHSS.
- ASD Health Services will begin planning for ways by which school nurses may train school staff to recognize and report early signs of disease.

Health Care Systems

- ASD Planning Committee works with municipal Department of Health to determine which ASD schools are best suited (and will most likely be needed) as back up clinics, how schools should be prepped for transfer to healthcare operators, and how these facilities shall be disinfected and returned to regular school service.
- ASD Health Services will coordinate with the Alaska Nurse Alert System to preplan for ASD's role in facilitating potential school clinics.

Community Disease Control

- 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.
- Health Services creates hygiene education programs (including hand washing procedures and cough etiquette) targeting students, parents, and staff.
- Purchasing department orders PPE for critical function employees.

Vaccines and Antivirals

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

Communications

- 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 any school. Thus, we will need a communications plan to keep parents informed. Possibilities include:
 - Web site storyboard
 - 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?
 - Information on how to access Plato, Apex, etc.
 - Home-schooling tips (see books developed at the elementary level that are already translated and are on-line)
- 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 (content provided by DHHS)
 - Forecasts for duration of school closure
 - Status updates on closure impacts to services, academic year, etc.

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

Education

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

Nutrition

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

PANDEMIC ALERT PERIOD (WHO Phases 3, 4, & 5)

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 taskings; they are complimentary 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

- Superintendent will confer with Mayor

- Directors of Security & Emergency Preparedness and Safety & Risk Management will confer with Department of Health as necessary to ensure ASD keeps pace with developments.
- ASD Planning Group determines, by name, who ASD's critical function employees will be.
- HR notifies critical function employees and begin briefing them on duties and ramifications.
- ASD Planning Group works to get designated ASD people on MOA's pharmaceutical distribution priority list.
- 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.
- JDO determines the authority (or limits thereof) of President, Governor, and Mayor to compel school district employees (particularly nurses) to work during disaster.
- 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).

Surveillance and Investigation

- No change in collection activities unless new requests or requirements are received from the municipality or the state. If so, Health Services (and possibly I.T.) will accommodate as appropriate and/or able.
- Superintendent copied daily on all illness and absenteeism reports sent to the state.

Health Care Systems

- ASD Planning Group obtains signatures on MOUs necessary to safely and successfully convert schools to and from back-up clinics. Final approval for ASD rests with the Chief Operating Officer.
- ASD Planning Group meets with volunteers who staff school clinics and conducts "walk-throughs" for these people in the likely facilities.

- HR briefs nurses on their employment status if called to work in school clinics or other facilities (operated by DPH, DHHS, Alaska Nurse Alert System, etc). [Paid or volunteer?]

Community Disease Control

- Schools and facilities begin using alcohol-based disinfectants previously stockpiled on site in place of soaps.
- Health Services, with support of principals and Communications Department, provides previously designed hygiene training (including hand washing procedures and cough etiquette) to students, parents, and staff.
- Safety & Risk Management and Purchasing Departments issue PPE to critical function employees. Risk Management trains employees on proper use.
- 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

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

Communications

- Communications Department initiates previously designed public information campaign aimed at suppressing panic, educating ASD families on the nature and pace of the growing threat, advising on ASD intentions and state of readiness, and recommending home preparedness activities.
- To the extent feasible, ASD I.T. Department begins upgrading equipment, software, and/or service contracts as indicated by previously conducted assessment of system capabilities.

Education

- Educational Technology installs delivery system.
- Educational Technology and Curriculum departments “load” delivery system, and train selected teachers to use it.

- Selected teachers develop student instructions to be issued during Pandemic Period.

Nutrition

- Student Nutrition plans food delivery schedules and points of distribution.

PANDEMIC PERIOD (WHO Phase 6)

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 taskings; they are complimentary 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

- Superintendent connects with Mayor regularly, perhaps daily.
- ASD staffs its positions at the municipal Emergency Operations Center as requested.
- Chief Operating Officer disbands the ASD Infectious Disease Planning Group.
- Chief Operating Officer assembles the ICS Command Center group (possibly a “virtual center;” not co-located).

Surveillance and Investigation

- No change until schools close, in which case this activity ceases.

Health Care Systems

- Certain schools open as overflow clinics operated by healthcare organizations external to ASD.
- Nurses called upon by DPH, DHHS, or Alaska Nurse Alert System to assist in treatment of public.

Community Disease Control

- Schools close pursuant to direction from Superintendent and Mayor.

- Majority of ASD employees sent home and are advised to limit travel and contact with people outside of household.
- Critical function employees wear PPE when working around others.

Vaccines and Antivirals

- Critical function employees receive vaccinations, if available (highly unlikely).
- Critical function employees receive antivirals if ill, subject to availability of medication.
- ASD transportation and/or Warehouse assists in picking up and delivering SNS pharmaceuticals for nurses to administer (unlikely).

Communications

- ASD Communications department begins previously deigned emergency notification public information campaigns.
- ASD PIOs work in conjunction with EOC in preparing near continuous press releases.
- I.T. Department begins trouble shooting communications systems failures, making repairs or developing work-around procedures as necessary.
- Communications will distribute information regarding meal points of distribution for families.

Education

- Distance Learning programs commence.

Nutrition

The following will be accomplished to the degree deemed possible/feasible:

- Nutritional meals will be prepared and stored under safe and secure conditions at the Student Nutrition facility and delivered utilizing existing equipment and personnel.
- Student Nutrition drivers will wear PPE and deliver meals to pre-designated points of distribution.

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