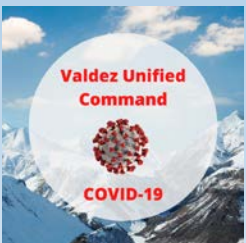


VALDEZ COVID-19 SITUATION UPDATE

Valdez Unified Command
03 November 2020



DESCRIBE/UPDATE CURRENT SITUATION



State of Alaska Case Count (Updated 11/04)

New Resident Cases Yesterday 405 Updated Daily by Noon	Total Resident Cases 16,764 Cumulative (includes recovered cases)	Recovered Resident Cases 6,475 Statewide Total	Currently Hospitalized 86 Confirmed COVID Positive	Total Resident 84 Deaths Statewide
New Nonresident Cases Yesterday 8 Updated Daily by Noon	Total Nonresident Cases 1,096 Cumulative (includes recovered cases)	Active Resident Cases 10,289	Total Hospitalizations 463 Cumulative (does not reflect current status)	Total Nonresident 0 Deaths Statewide

Local Case Count

VALDEZ COVID-19 CASE COUNT					
Last updated 11.03.2020 @ 7:00 p.m.					
	CUMULATIVE CASES TO DATE	ACTIVE CASES	RECOVERED CASES	CUMULATIVE HOSPITALIZATIONS	DEATHS
VALDEZ RESIDENT	29	3	25	1*	1
NON-RESIDENT	30	2	28	1*	0

*Valdez case hospitalized in ANC.

NOTE: Valdez COVID-19 Case Count table is updated in real time. There is often a data delay before our local cases are reflected on the DHSS Response Hub.

Active State Mandates (Updated 10/15)

- Mandate 010: International & Interstate Travel
- Mandate 014: Non-Congregate Sheltering
- Mandate 015: Services by Health Care Providers
- Mandate 017: Independent Fishing Vessels
- Mandate 018: Intrastate Travel

Active Valdez Health Mandates

Mandate 003: Mask Mandate

Active until November 18, 2020 unless rescinded/extended

Trends: Current trend in active cases: **Up** ↑ Since October 6, 2020, there have been 8,149 new resident cases; Current hospitalizations related to Covid-19 rose from 33 to 86. Transmission: Local resident cases have increased from 15 to 29 from Oct. 6 – Nov. 3; however the local active case number remains manageable at 3. Determining origin of index cases in contact investigations is growing more difficult. Public health officials suspect community transmission of COVID-19 in Valdez may be imminent or occurring now. **Public health officials are concerned with cluster events around the state linked to private social activities and gatherings. This likely indicates additional related cases in the community not yet identified.**

Public Messaging Themes: Wearing cloth face coverings when around those outside your household. Physical distancing. Hand/surface hygiene. Keep your bubble small. Avoid gatherings. Bolster resiliency. Importance of getting tested to slow spread. Understanding of contact tracing. Kindness, compassion, & mental health. Avoiding complacency.

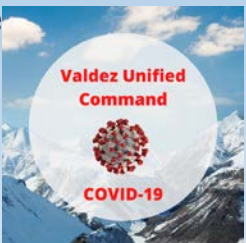
Community Areas of Concerns: (1) Active school year, (2) Economic impacts of COVID-19, (3) testing, (4) local mask mandate, & (5) impacts of state mandates.

UPDATE FROM ALASKA DHSS – NOVEMBER 04, 2020

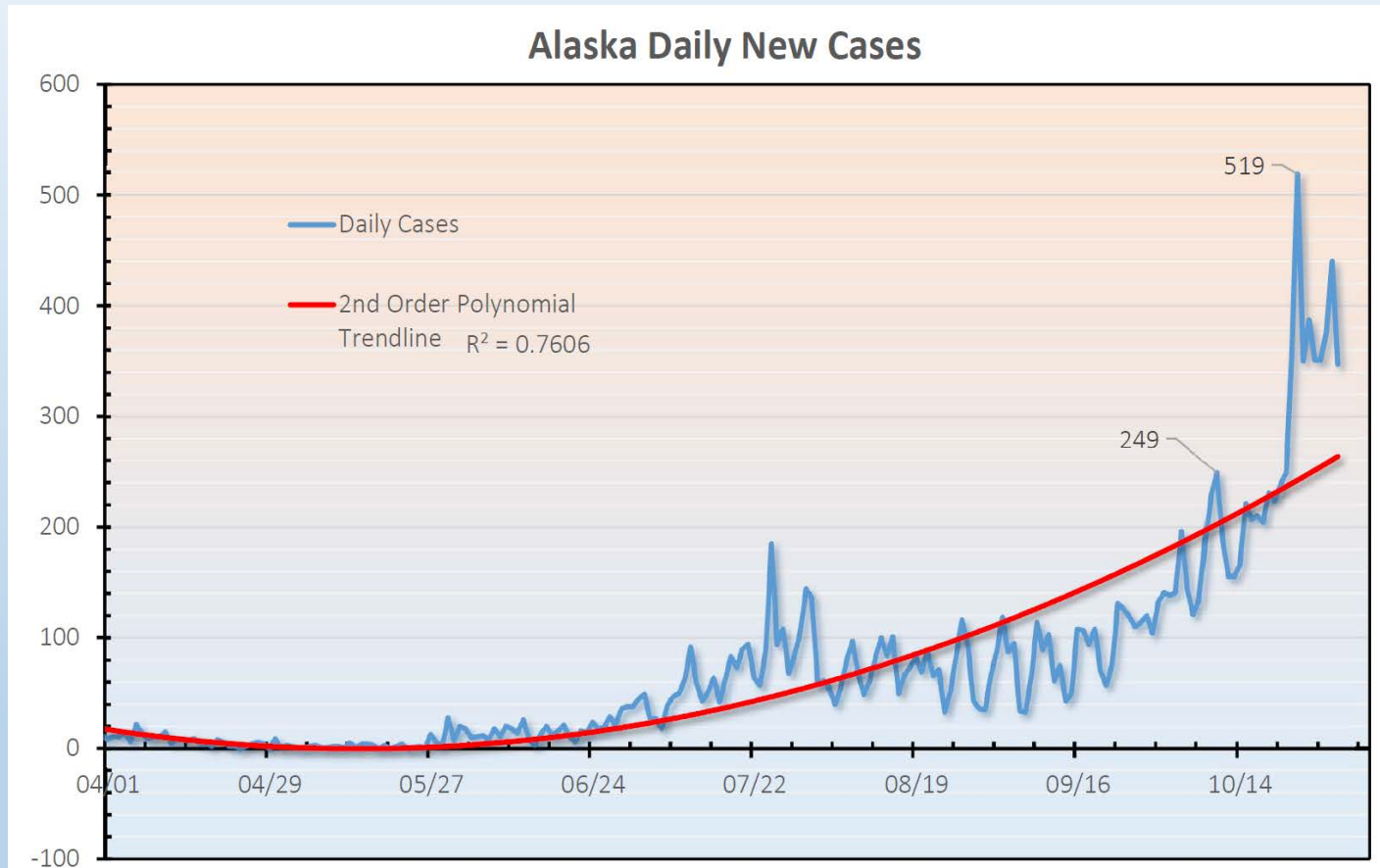
- For the fifth week in a row, more cases (2,602) were reported in Alaska this week than any previous week, a 29% increase over last week.
- Hospitalizations for COVID-19 are rising and hospital capacity is a concern.
- The statewide positivity rate is at a record high for the fifth week in a row. Increases in testing are not keeping up with increases in cases.
- Alaskans should get tested immediately at the first sign of any symptoms. Testing is our best tool for understanding virus transmission and risk in our communities.
- Most Alaskans get COVID-19 from a friend, family member or coworker. Alaskans should avoid indoor gatherings with non-household members, wear masks when around non-household members and stay six feet from anyone not in their household.
- An updated model epidemic curve predicts Alaska's cases will continue to accelerate over the next week and are expected to double again within the next 2-3 weeks or sooner, with a daily growth rate near 4%.

DHSS urges urging Alaskans to exercise caution and take the following steps to help prevent the spread of COVID-19:

- Anyone with even one new symptom of COVID-19 (fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle aches, body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, or diarrhea), even if it is very mild, should get tested for COVID-19 right away and immediately isolate themselves from others by staying home, staying away from others, and not leaving their house except to seek testing or other medical care. Tests are most accurate in the first few days of symptoms, so testing as soon as possible after the first symptom starts is important, even if the symptom is very mild. Getting tested right away also helps contact tracers move as quickly as possible.
- Alaskans can help contact tracers work to slow the spread of COVID-19 by answering the phone promptly and providing accurate information.
- Alaskans should avoid gatherings, wear masks when around any non-household member, keep six feet of distance from anyone not household and wash hands frequently to slow community transmission of COVID-19.

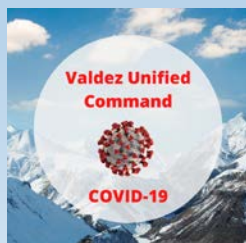


ALASKA NEW CASES GRAPH

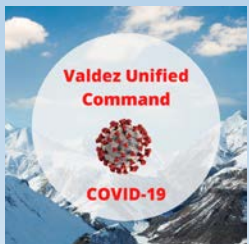
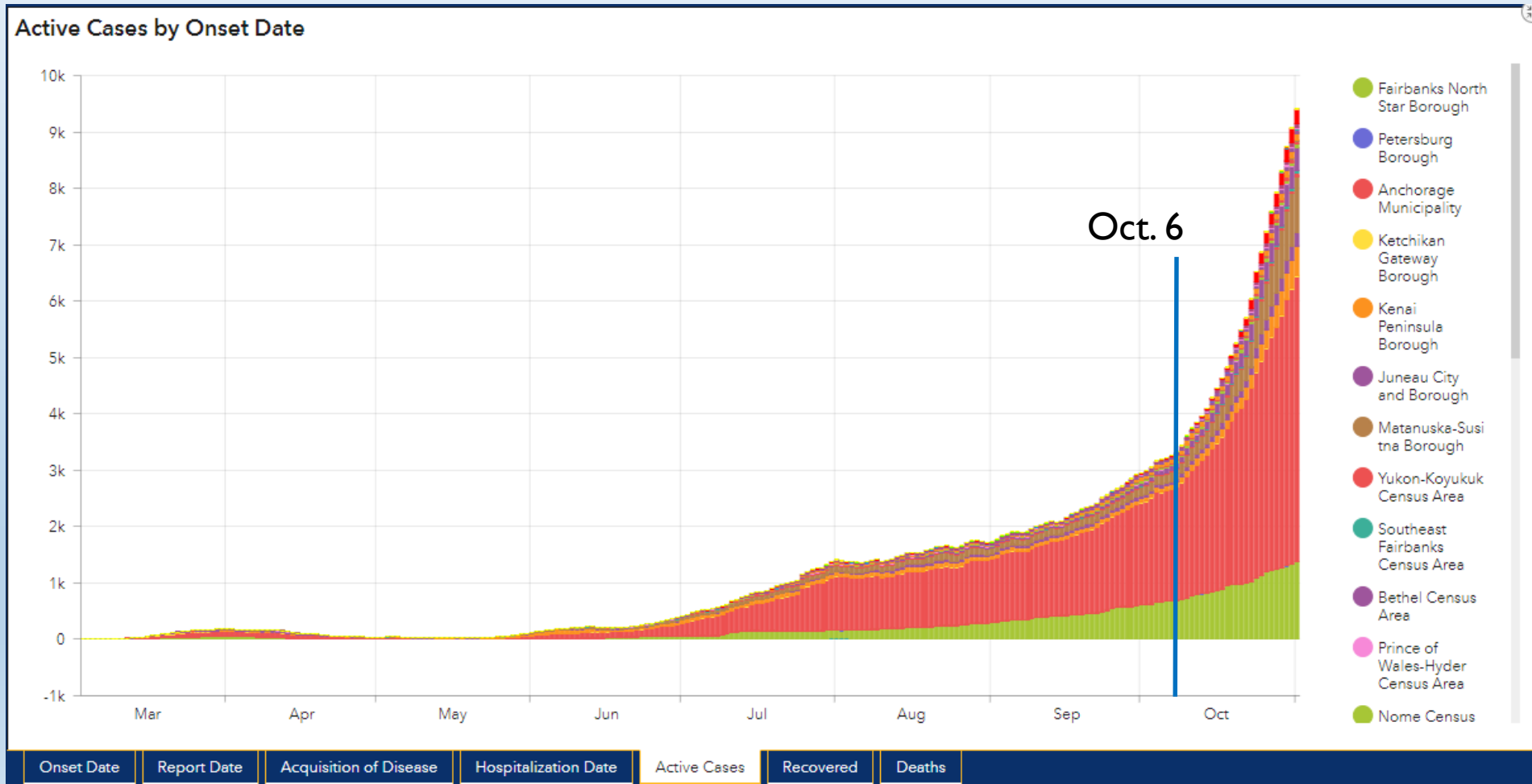


Data taken from the State of Alaska Corona Virus Response Hub. Data Current as of 10-31-2020

Total Cases 15,622



ALASKA NEW CASE TRENDS

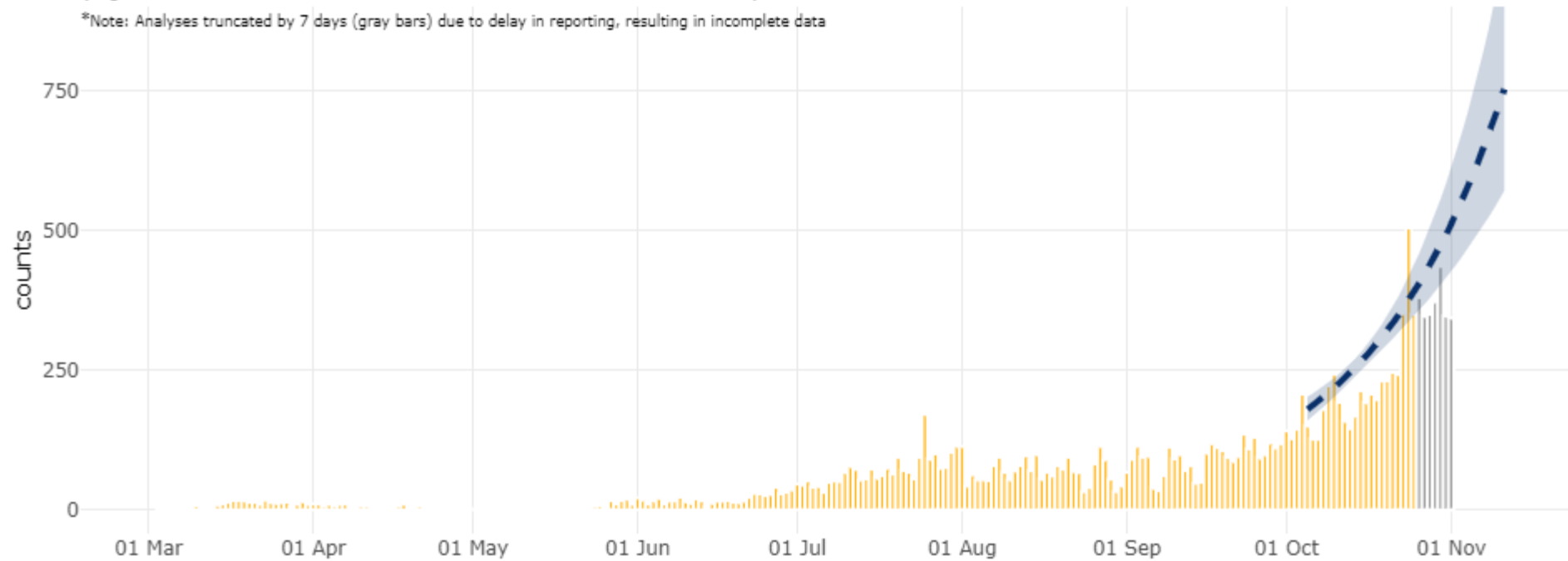


ALASKA NEW CASE PREDICTION

Epidemic curve by onset date, Statewide

(log-linear model: short term forecast with 95% confidence band)

*Note: Analyses truncated by 7 days (gray bars) due to delay in reporting, resulting in incomplete data



Projection Statistics

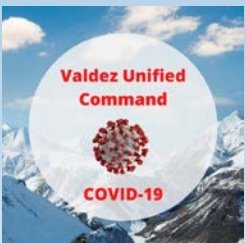
Estimated number of days to doubling: 17.89

Estimated daily growth rate: 3.88%

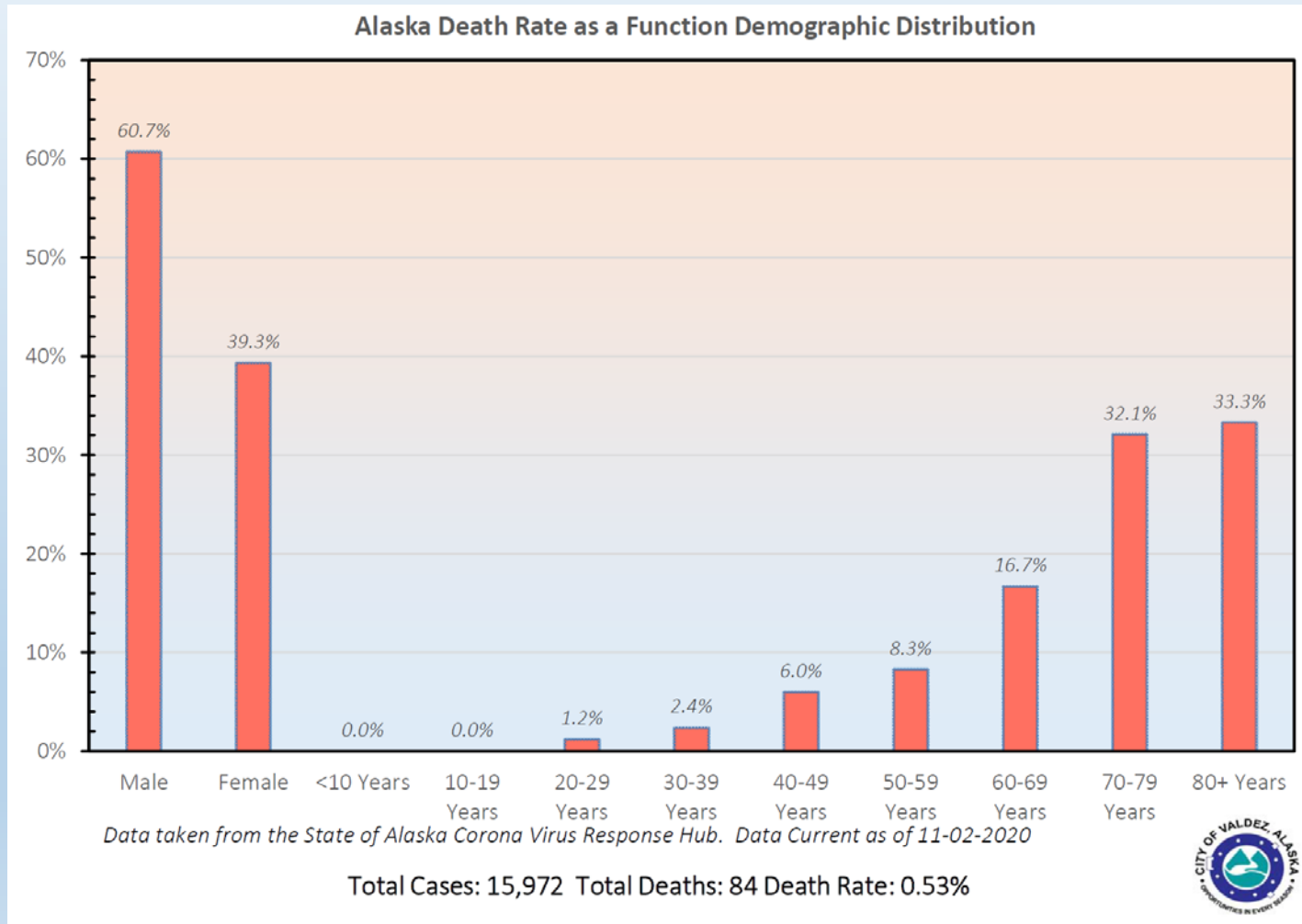
Previous: (Oct. 6, 2020)

22.37

3.1%



ALASKA DEATHS



VACCINATION UPDATE

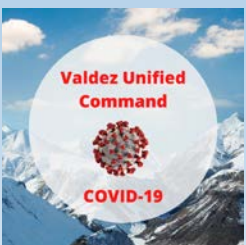
The State of Alaska is recommending local jurisdictions:

- Be prepared to receive and distribute COVID-19 vaccines using existing community Point of Dispensing (POD) plans tailored to unique pandemic precautions.
- Use local EMS agencies in conjunction with local Public Health to the lead COVID-19 vaccine PODs.
- Plan to receive the vaccine from the state in a three phase approach.
- Be prepared to receive the first phase of vaccines on Sunday, November 15th. (This does NOT imply we will receive the vaccine on the 15th, but must be prepared.)

PRESENT OBJECTIVES

IN ORDER OF PRIORITY ESTABLISHED 15 SEPTEMBER 2020

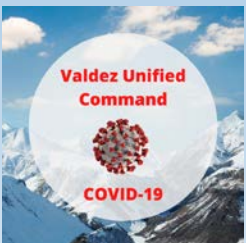
- **Objective 1:** Establish control measures to minimize spread of the virus (Mask mandate, etc.)
- **Objective 2:** Strengthen and monitor resiliency of essential services (Food Bank, public schools)
- **Objective 5:** Establish a reserve pool of health care workers (Alternate Care Site, Mass Testing TF)
- **Objective 9:** Coordinate support for community mental wellness
- **Objective 4:** Create a plan for staffing essential functions (ICS 213RR; messaging vacancies.)
- **Objective 8:** Create plans for addressing displaced persons and essential functions (MOUs /Alt Care Site/Testing POD)
- ~~**Objective 7:** Support Businesses & Summer Tourism task force (advise and inform)~~
- ~~**Objective 6:** Support Fisheries Task Force (ongoing coordination with commercial and recreational fishing)~~
- ~~**Objective 3:** Create a plan for the Valdez Patient 1 announcement (Complete.)~~



CURRENT OPERATIONAL EMPHASIS

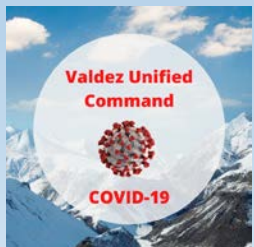
- **Objectives 1 (Minimize Spread of Virus) and 5: (Medical Reserve Capacity)**
 - Track status of PVMC personnel needs, both current and projected.
 - Support alternate care site resourcing and staffing (Site/resources demobilized but on standby)
 - Support/resource Mass Testing Task Force, including local rapid testing capabilities

- **Objective 2: (Resilience of Essential Services)**
 - Monitor Food Bank surge in demand and facilitate as necessary to maintain continuity of operations.
 - Monitor Public Schools status and be prepared to assist in to maintain continuity of operations. In the event of a confirmed case associated with the schools, enact CONPLAN 2.D. to assist school district with the response.



COVID-19 MASS TESTING TASK FORCE

- **IMT facilitates coordination between agencies (Public Health, COV, Physician Offices, & PVMC)**
 - Authorizations
 - Supplies
 - Contracts
 - Personnel
- **COVID-19 testing available through three local medical facilities (PVMC, Alfa Doc, & VMC)**
 - Both symptomatic and asymptomatic testing available. Rapid testing available for select populations.
 - Working out bugs for larger scale testing if needed
 - Contingency planning for surge capacity (See CONPLAN 11a)
 - Traveler testing vouchers (accepted at PVMC) not adversely impacting consumption rates and staffing
- **Critical Information Requirement #11 and Contingency Plan 11a**
 - In case testing capacity is overwhelmed
 - Will allow us to connect to state resources
- **Current emphasis**
 - Three separate options for testing are active (More info: www.valdezak.gov/COVID-19)
 - Community-wide flu vaccination clinic planning (More info: www.valdezak.gov/FluShot)





WHEN WOULD THE UNIFIED COMMAND IMT RECOMMEND TO CITY COUNCIL TO TIGHTEN OR EASE LOCAL MANDATES?

DATA CONSIDERED

- Active State and Local Cases
- Origin Source of Infections
- Community Transmission
- Hospital Capacity
- Trends Over Time
- Testing Capacity & Utilization



DATA ANALYSIS TIMELINE

- Daily Monitoring by IMT Staff
- Weekly IMT Meetings
- Bi-Weekly IC Meetings
- Situation Updates to City Council

PHASES FOR RECOMMENDING TO TIGHTEN OR EASE MANDATES

PHASES	THRESHOLD CRITERIA	MEASURES TO CONSIDER FOR RECOMMENDATION
0	No sign of pandemic/epidemic level threat statewide.	None needed. Wash your hands.
1	COVID present in other Alaskan communities, but no outbreaks statewide. Zero local cases	Encourage hygiene, social distancing, and masking. Comply with state/federal directives.
2	Outbreaks in other Alaskan communities. No local cases or low number of cases which are contained.	Recommend mask mandate. Targeted testing. Start to consider capacity limits for high risk activities, gatherings, or businesses.
3	Increasing number of local cases with unknown origin. Increasing number of local close contacts for cases outside Valdez.	Recommend mandate for limiting capacity of high risk activities, gatherings, and businesses. Targeted testing, to include close contacts.
4	Active local spread. Multiple unknown origin cases. Health care system still safely in operating limits	Recommend mandate for additional capacity limitations of high risk activities, gatherings, and businesses. Expanded targeted testing.
5	Local cases meet or exceed hospital capacity (2+ COVID-19 patients). Ability to transfer patients limited.	Recommend mandated closure of businesses, hunker down, regulate travel, activate alternate care site, & request state assistance.

CONSIDERATIONS FOR EASING MANDATES

Active cases and community transmission levels fall and then remain below the threshold for the current level for 14 days. If not, restart the 14 day clock.

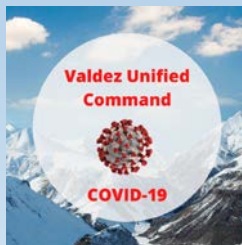
During the 14 day time period, trends must remain generally downward and conclude on a downward trend. If the trend reverses upward at the end of the 14 day period, re-evaluate in 3 days to ensure the general trend remains downward.

General downward trend does not have to be constantly downward. Some minor fluctuations on the way down are to be expected.



PLAN FOR ESCALATING & DE-ESCALATING MANDATES

- IMT has a draft plan for guiding recommendations.
- Conditions-based criteria for escalating/de-escalating mandates, with time-based criteria for reviewing conditions.
- Will consider both current cases and upward/downward trends in cases.
- Will consider impact on local healthcare system capacity.
- Will address when (under what conditions) IMT considers making recommendations. City Council decides what to implement regarding mandates.



CIRs AND CONTINGENCY PLANNING

Critical Information Requirements

(Information that drives a decision)

1. New Federal/State Directives
- ~~2. First confirmed local case of COVID-19~~
 - 2.1 Any confirmed Valdez Case
3. First confirmed community transmission
- ~~4. Incident-related death~~
 - 4.1 Any Covid-19 Related Death
 1. Medical facilities 2-4+ COVID-19 patients
 2. Critical shortage of mission essential resource (≤ 1 resupply cycle remaining)
 3. Critical personnel shortage (< mission capable)
 4. Disruption of supply chain
 5. Occurrence of another emergency
 6. Multiple unrelated COVID-19 cases
 7. Testing Capacity overwhelmed or displaced

Each CIR links to a contingency plan

The CIR is a triggering event that will activate its associated contingency plan.

Allows pre-planning of actions, personnel, and resources for quick deployment when the event occurs.

Plans are intentionally flexible to facilitate adaptation to changing conditions.

Details thought out before the situation is urgent

Example: CIR #5 Occurs

Execute CONPLAN 5a

Activate Alternate Care Site

Inform State EOC

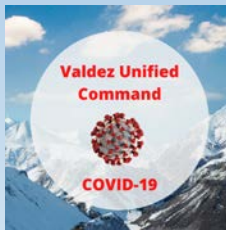
Increase resupply of consumables

Oxygen

PPE

Cleaning Supplies

Notify First Responders



VALDEZ COVID-19 UNIFIED COMMAND



Incident Commanders

Mark Detter (COV) / Nathan Duval (deputy) *Lead Agency*
Dan O'Connor (PWSC) / Shawn Arnold (deputy)
Jeremy O'Neil (PVMC) / Lindsie King (deputy)

Safety Officer

Jim Pomplun

Liaison Officer

Aaron Baczuk

Physician Consultant

Dr. Angela Alfaro

Public Information Officer

Allie Ferko
Kate Huber (APIO)

See separate slide
for full JIC
composition

Operations Section Chief

Bart Hinkle
Tracy Raynor (deputy)

See separate slide for
Operations Branches

Planning Section Chief

Jim Pomplun
George Keeney (deputy)

Documentation Unit

Melissa McCumby

Situation Unit

Dennis Humphries

Logistics Section Chief

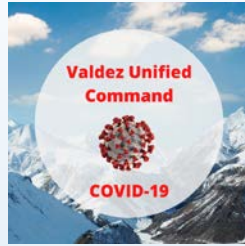
Stan Porritt
Canyon Rohrer (deputy)

See separate slide for
Logistics Branches

Finance Section Chief

Brian Carlson
Jordan Nelson (deputy)

OPERATIONS SECTION ORGANIZATION



Operations Section Chief
Bart Hinkle
Tracy Raynor (deputy)

Education Branch
Jason Weber
Jon Berkeley (deputy)

Medical Branch
Pauline Doucet
Lindley Miller (deputy)

Public Health Branch
Terri Lynch

City Services Branch
Rob Comstock

Community Services Branch
Roxanne Murphy

Online Education
Shawn Arnold

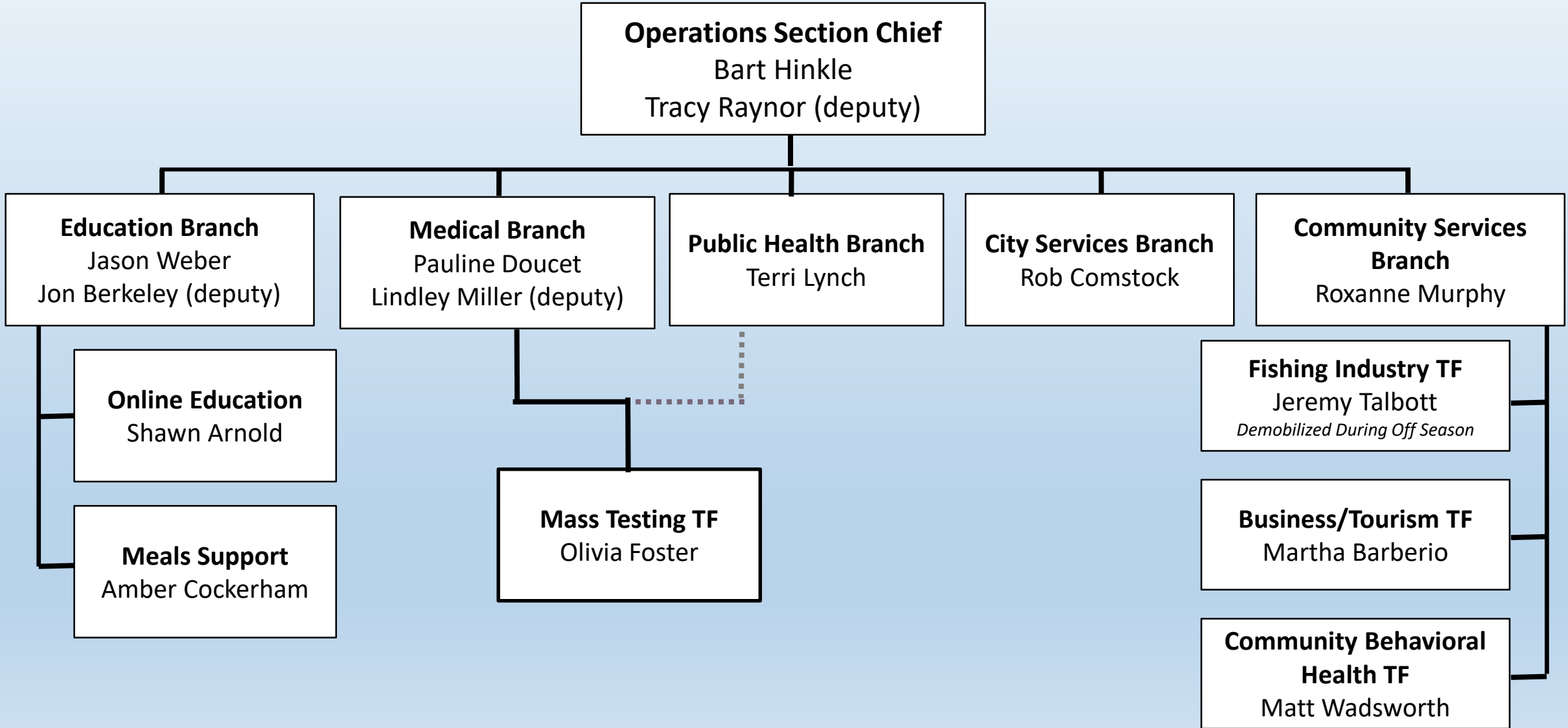
Meals Support
Amber Cockerham

Mass Testing TF
Olivia Foster

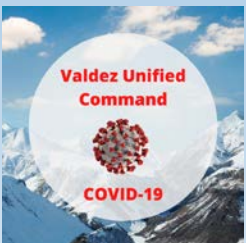
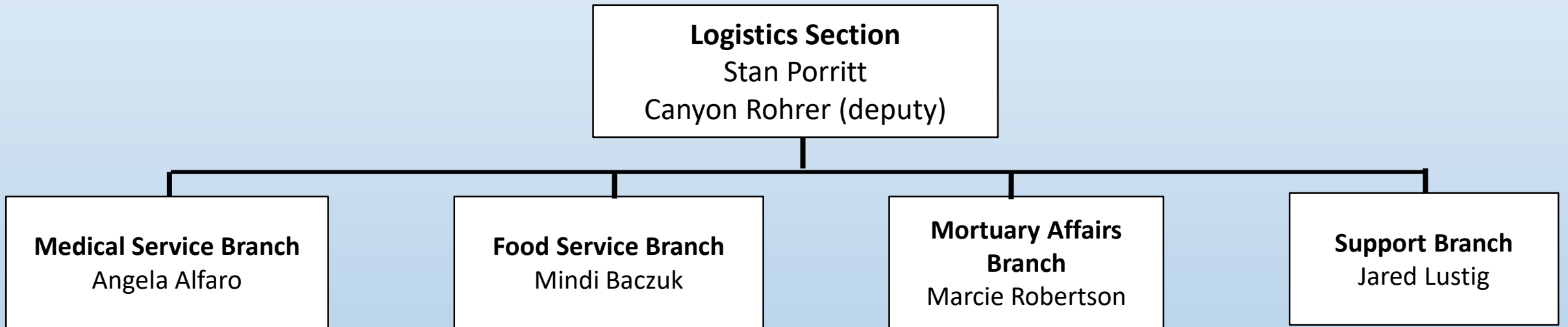
Fishing Industry TF
Jeremy Talbott
Demobilized During Off Season

Business/Tourism TF
Martha Barberio

Community Behavioral Health TF
Matt Wadsworth

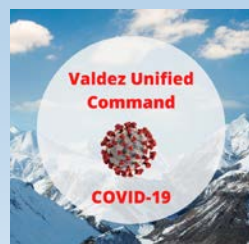


LOGISTICS SECTION ORGANIZATION



JOINT INFORMATION CENTER (VIRTUAL)

Member Name	Role	Specialized Assignment	Agency
Allie Ferko	Lead PIO	Lead PIO Writer Lead Social Media & Webpage Content Lead	COV
Terri Lynch, RN	Public Health Consultant	Public Health Consultant	DHSS PHN
Kate Huber	APIO	Designated Back-up to Lead PIO Writer & Social Media Assist <i>Radio Station Liaison – Reduced to “as needed” only.</i>	COV
Krystal Moulton	APIO	Graphic Design Lead – Reduced to part time hours only. Webpage Content Assist – Reduced to part time hours only. <i>News Media Monitoring Lead – Function demobilized.</i>	COV
Angela Alfaro, MD	Physician Consultant	Physician Consultant	PVMC/AD
Melissa Reese	APIO	PIO Liaison to Valdez School District	VSC
Rachel Farline	APIO	PIO Liaison to Providence Valdez Medical Center <i>Videography (Social Media Public Education) – Function demobilized.</i>	PVMC
Kate Dugan	APIO	<i>Resource demobilized - Available upon request by lead PIO.</i>	N/A
Dan Plaster	APIO	<i>Runner & Logistics – Reduced to “as needed” only.</i>	COV
Seed Media	APIO	<i>Videography (Formal) – Reduced to “as needed” only.</i>	Seed Media



NEXT UPDATE: 17 NOVEMBER 2020

