

**CHARLOTTESVILLE
COVID-19 MANAGEMENT TEAM
COUNCIL WORK SESSION**





Timeline of Events

- March 11, 2020 – WHO declares COVID-19 outbreak a pandemic
- March 12, 2020 – VA State of Emergency – VA Gov EO #51
 - City Manager declares local state of emergency
- March 13, 2020 – President declares National State of Emergency
- March 15, 2020 – Regional Emergency Operations Center opens
- March 16, 2020 – First case of COVID-19 reported in Charlottesville
- March 25, 2020 – City Continuity of Government Ordinance enacted

*During the response phase (March-May) heavily focused on mitigation, protection of our personnel and transitioning service delivery models.

*Now in the recovery phase though still maintaining our mitigation measures and posture.

*Expectation among staff is to be creative, nimble, flexible and responsive. Still a degree of uncertainty in our world and we must be ready to adjust our policies, procedures and posture.



Situation Update

The City of Charlottesville is operating under a modified Phase 2, as directed by the City Manager.

VA Governor amended Executive Order 72 for the 4th time (effective 4/1/21).

- Core City Services are being performed
- City Hall is partially open
- Second reading of a proposal to repeal the City's COVID ordinance on council agenda for tonight
- Also on tonight's agenda is a proposal of an update to the Continuity to Government Ordinance (6 mo. extension)
- Albemarle County modified their local ordinance as well to align more with the State

COVID-19 in Virginia: Summary

Dashboard Updated: 4/18/2021
Data entered by 5:00 PM the prior day.

Cases, Hospitalizations and Deaths

Total Cases* 646,133 (New Cases: 1,305)^		Total Hospitalizations** 27,649		Total Deaths 10,581	
Confirmed†	Probable†	Confirmed†	Probable†	Confirmed†	Probable†
503,043	143,090	26,210	1,439	8,882	1,699

*An increase of 20,985 (in 2 weeks)

*An increase of 943 (in 2 weeks)

* Includes both people with a positive test (Confirmed), and symptomatic with a known exposure to COVID-19 (Probable).
** Hospitalization of a case is captured at the time VDH performs case investigation. This underrepresents the total number of hospitalizations in Virginia.
^New cases represent the number of confirmed and probable cases reported to VDH in the past 24 hours.
† VDH adopted the updated CDC COVID-19 confirmed and probable surveillance case definitions on August 27, 2020. Found here: <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/08/05/>

Outbreaks

Total Outbreaks*	Outbreak Associated Cases
3,020	70,914

* At least two (2) lab confirmed cases are required to classify an outbreak.

Testing (PCR Only)

Testing Encounters PCR Only*	Current 7-Day Positivity Rate PCR Only**
6,830,902	6.1%

*Down from 6.4% (on 4-5)

* PCR" refers to "Reverse transcriptase polymerase chain reaction laboratory testing."
** Lab reports may not have been received yet. Percent positivity is not calculated for days with incomplete data.

Multisystem Inflammatory Syndrome in Children

Total Cases*	Total Deaths
56	0

Select Locality



Select Counts or Rates for the Table

or Click on Table to Select

Select Measure

Counts

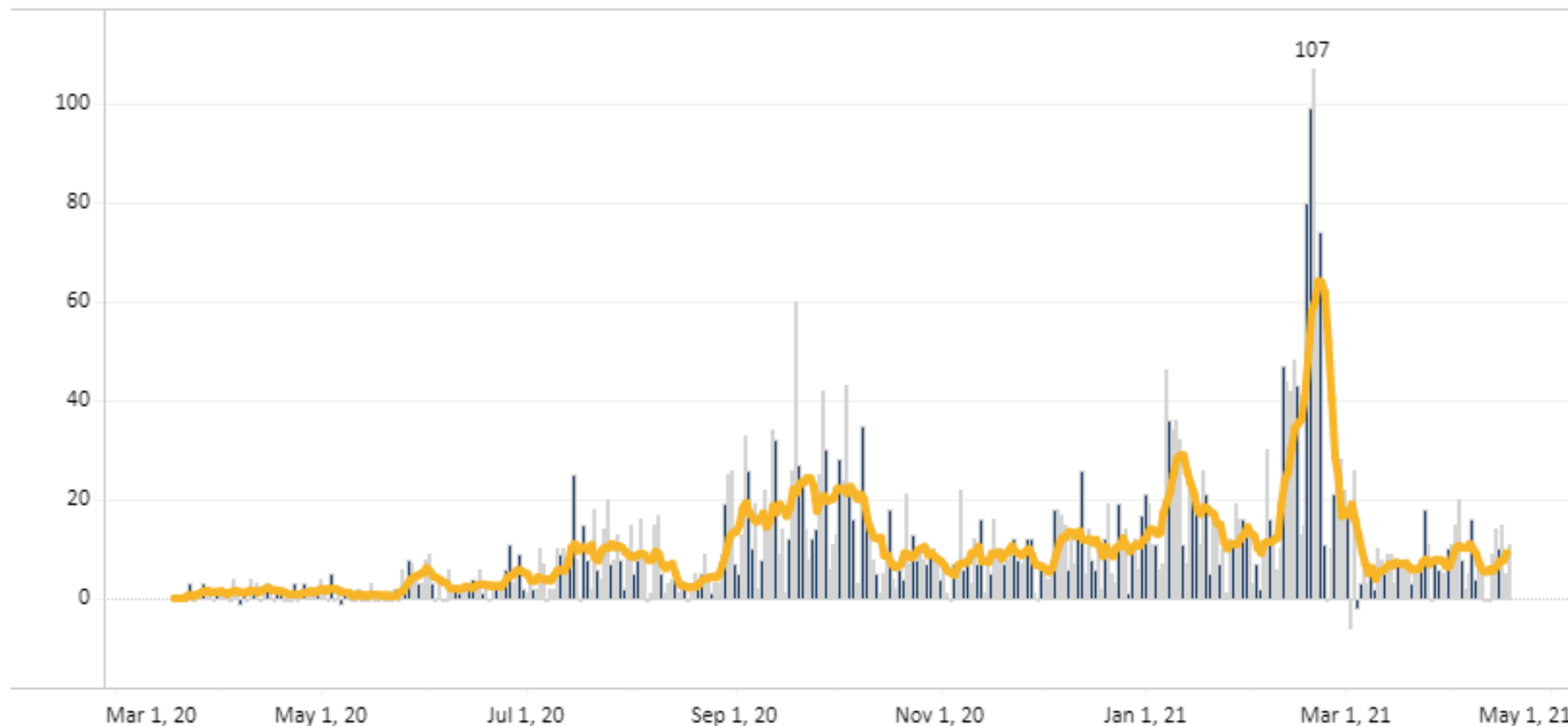
Charlottesville

Cases

*Decrease from 11 (on 4-5)

Number of New Cases Reported [^] 11	7-Day Average Number of Daily New Cases Reported 9	7-Day Average Number of New Daily Cases Reported, Rate per 100,000 Population 19.0	Total Number of New Cases per 100,000 Population within last 14 days 214.1
--	---	--	--

Report Date Daily Cases Counts - Charlottesville



COVID-19 in Blue Ridge Health District [formerly TJHD] Testing

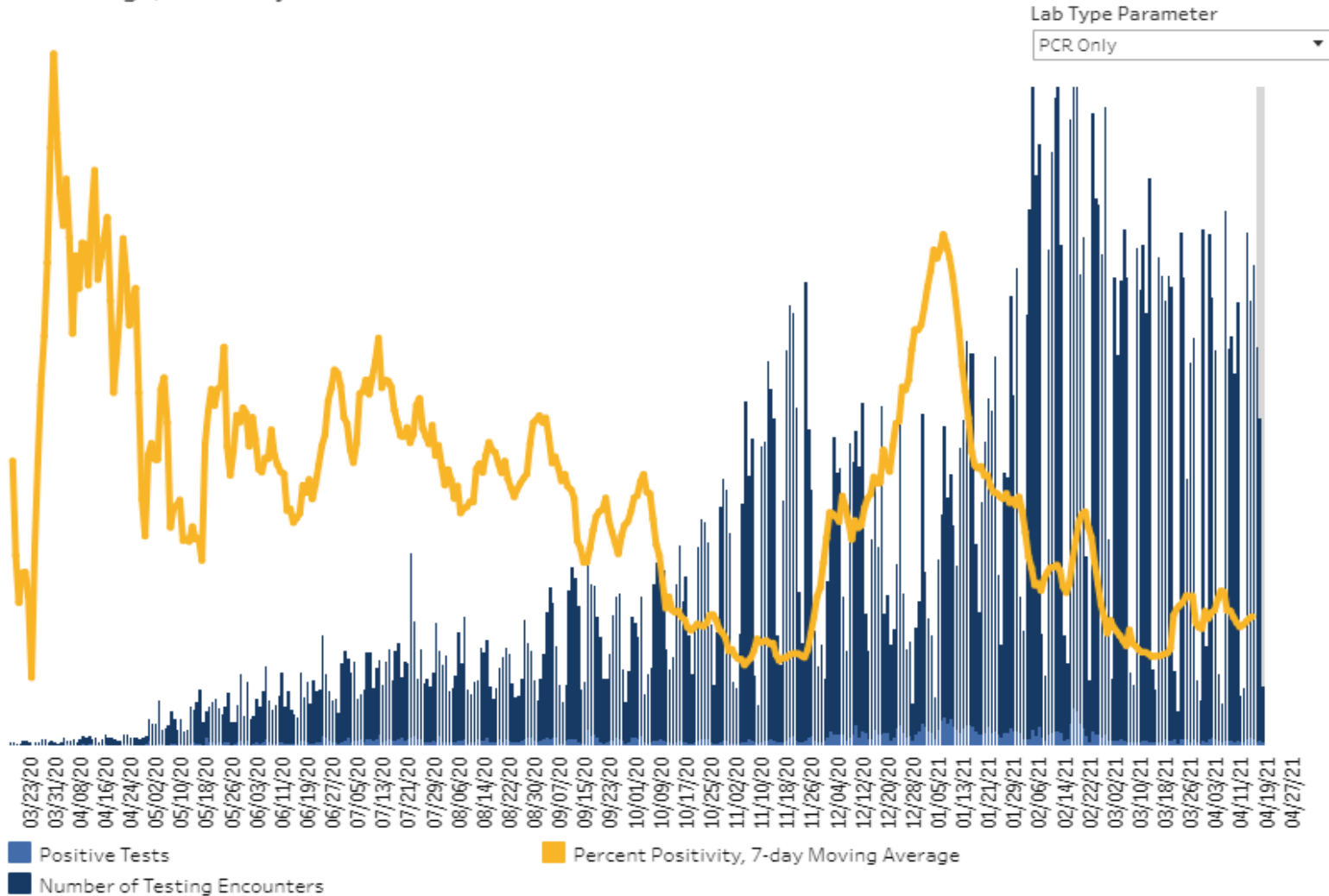
Testing Encounters PCR Only

427,066

Current 7-Day Positivity Rate PCR Only

2.7%

Number of Testing Encounters, Number of Positive Tests, and Percent Positivity** by Lab Report Date - Blue Ridge, PCR Only



*Up from 2.5% on 4-5

*Trending up

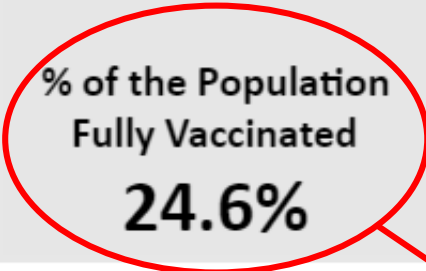
COVID-19 Vaccinations in Virginia

Total Doses Administered - 5,281,878

People Vaccinated with at Least One Dose* 3,375,028	% of the Population Vaccinated with at Least One Dose 39.5%	People Fully Vaccinated^ 2,103,815	% of the Population Fully Vaccinated 24.6%
--	--	---	---

* People vaccinated with one dose of a two-dose vaccine and one dose of a single dose vaccine, including doses administered through the Federal CDC Pharmacy Partnership.

^ People vaccinated with two doses of a two-dose vaccine and one dose of a single dose vaccine, including doses administered through the Federal CDC Pharmacy Partnership.



Up from 17.8% on 4-5

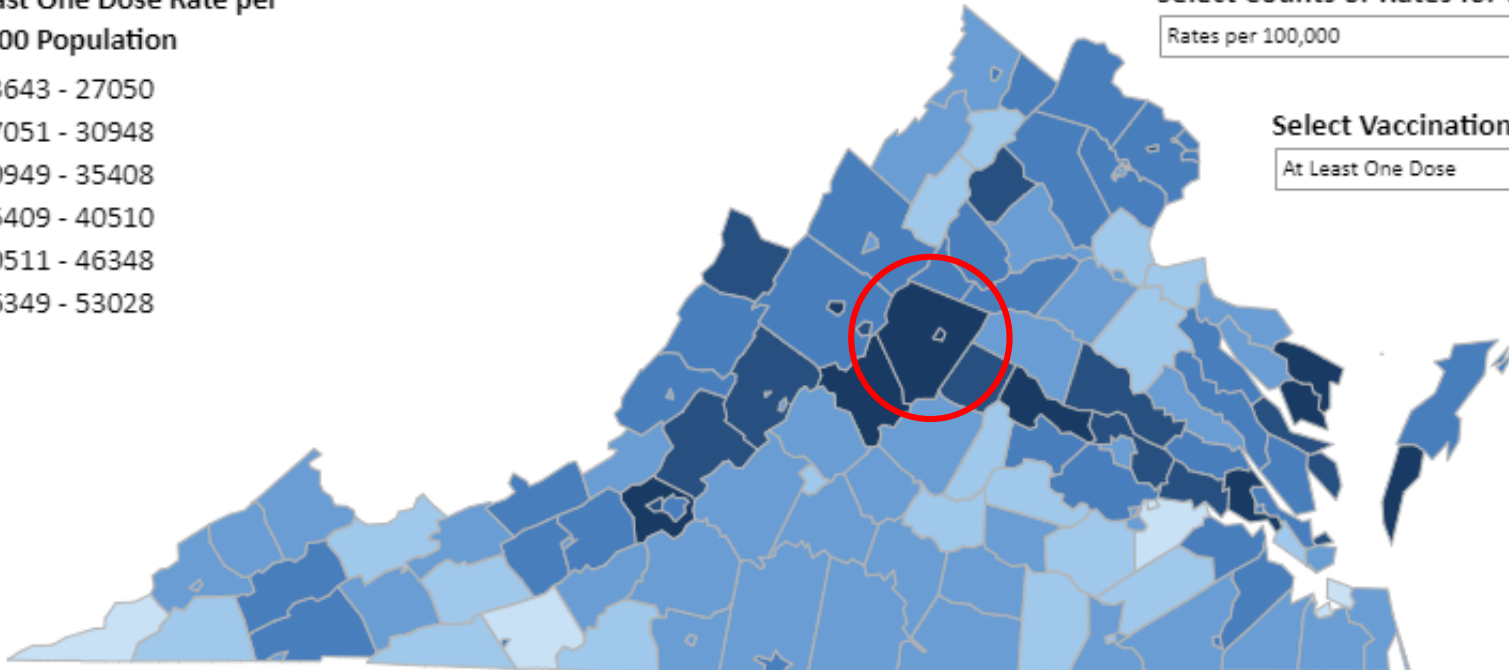
People Vaccinated by Locality of Residence and Vaccination Status - Rate per 100,000 Population

At Least One Dose Rate per 100,000 Population

- 23643 - 27050
- 27051 - 30948
- 30949 - 35408
- 35409 - 40510
- 40511 - 46348
- 46349 - 53028

Select Counts or Rates for the Map
Rates per 100,000

Select Vaccination Status
At Least One Dose





Regional Coordination

March 15th 2020 – Regional Emergency Operations Center (REOC) opened at Zehmer Hall

Unified Command – City, County, BRHD, UVA (+UVA Health for vaccine phase)

**City staff assigned – Moffett, Dimock, Carpenter, Pollack, Thorne & Pelliccia (+ others at various times)*

May/June – REOC hybrid, then virtual with in-person as necessary

**Public Safety/Law Enforcement focus in-person thru summer for protests & County statue removal (emergency within an emergency)*

156 Persons staff or have staffed the virtual EOC (VEOCI), representing all local government partners such as the United Way

34 Regional Incident Action Plans (IAPs) & 107 Regional Situation Reports have been developed and released



Regional EOC Highlights

- Joint Information Center (JIC)
- Support BRHD COVID testing
- Vulnerable population coordination feeding/housing (homeless, congregate care settings, ACRJ)
- National Guard coordination (COVID testing, fit-testing, vaccine admin)
- Coordination with LTC/SNFs – mitigated outbreaks early
- Plan development support
- PPE acquisition & distribution – 25,000 mask/gown PPE per quarter to over 100 facilities in the region
- Acquired facility & managed donation center (STAB)
- Fatality management planning
- Vaccine administration (mass Vax, closed PODs)
- After Action Reviews
- Tech support – phones for hotline, MDTs

***Undeniably the most valuable outcome – Building relationships for future preparedness**

Regional EOC – Public Safety Efforts



1 Protocol Supplement

Update

COVID EMS Response Guide
<https://qrs.ly/tdbetzc>

5/18

Providers: Start Here

ON ALL CALLS:

- Wear **Appropriate PPE**
- Follow the **SCOUT Model**
- Decon** after each call

Before Each Shift

- Affirmation
- Take temperature
- Record temperature

By reporting for duty, I affirm that:

- I am using the most **up to date version** of this guide.
 - The link and QR always provide the latest update.
- I have been **monitoring** my own health at home.
- I do not have any of the following:
 - **Fever, Cough, Dyspnea, or Sore Throat** ¹ (prior 24h)
 - **Diagnosis of COVID** (by test or physician) (prior 14d)
 - **Housemates** with symptoms or diagnosis (prior 14d)
- In the event **any** of these change during my shift I will:
 - Don a mask, wash my hands, and isolate myself
 - Notify my supervisor immediately

Wear COVID PPE

- PPE is required for all patients.²
- Any Provider **within 6ft** needs PPE.³
- Put patient mask over any NC/NRB.

Gloves
Surgical Facemask
Eye Protection
Mask on Patient

Decon After Calls

- Use appropriate PPE for decon.
- Use clean gloves with viral wipes.⁴
- Leave vehicle doors open.⁵

Remove PPE
Wash Your Hands
Wipe Down Gear
Air Out Vehicle

Scout p2
Med Care p3
Exposures p4
Resources p5

1- Occasional chronic clearing of the throat (like seasonal allergies) is normal and healthy. [h]
 2- PPE is now required for **all patients** and any provider that will come **within 6ft.** of the patient. [a]
 3- Limit the number of exposed providers to the minimum necessary.
 4- Follow directions for viral pathogen wipes. If any splash risk, wear gown, eye pro and mask. [a]
 5- CDC: The time to transfer the patient and finish your documentation is "sufficient". [a]

2 Scout Model

Update

COVID EMS Response Guide
<https://qrs.ly/tdbetzc>

5/18

Only Essential Personnel in the Hot Zone
Consider: public, BC's, PD, etc. Move civilians and public outside of hot zone with a mask for interview

Fire Rescue personnel able to maintain 6 foot distance from patient / citizen and facility is NOT a high risk facility (nursing home, jail, etc.)

Fire Rescue personnel NOT able to maintain 6 foot distance from patient / citizen OR entrance into high risk facility (residential facility, nursing home, jail, etc.) must be made

Standard PPE

- Gloves
- Surgical Face Mask
- Eye Protection

No PPE is Necessary

Scout (1 person) dons standard PPE and makes contact with patient - or - investigates the situation.

- If EMS - Provide mask to patient and administer COVID-19 Screening.
- Maintain communication with other crew members

Standard PPE

- Gloves
- Surgical Face Mask
- Eye Protection

Assess patient / situation and communicate to other personnel need for additional personnel required PPE level

Not Sick

- Obtain initial vital signs
- If COVID patient, consider remain at home guideline
- If Non-COVID Patient, continue with normal patient care guidelines

Sick

- Determine resource needs from crew members.
- Use minimum number of providers to treat and move patient
- Enhanced PPE for aerosolizing procedures
- Move to open air environment for treatment, when possible
- Follow ambulance preparation guidelines for transport

NON EMS

Mitigate situation as necessary

DECONTAMINATE ALL EQUIPMENT USED ON INCIDENT OR TAKEN INTO HIGH RISK FACILITY

Cloth Face² Cover

Surgical³ Facemask

N95⁴ Respirator

2- Homemade masks or scarves or tissues held over the nose and mouth.
 3- Certified "FDA surgical" facemask.
 4- N95 preferred, but any NIOSH (N, R or P) filtering facepiece respirator at any level (95,99 or 100)

3 Medical Care

Update

COVID EMS Response Guide
<https://qrs.ly/tdbetzc>

5/18

History Risks

- Age ≥ 60
- Pregnant
- Diabetes
- Heart Disease
- Lung or Kidney Disease
- Immunosuppressed

Exam Risks

- Pulse ≥ 110
- SpO2 < 95%
- Resps ≥ 22
- SBP < 100_{mmHg}
- Temp ≥ 100
- Acute Altered LOC

Care for Symptomatic COVID

- Suspect COVID** if any: Fever, Cough, Dyspnea, or GI¹
- Oxygen** administration: Facemask over any NC/NRB

COVID-19 Self Care Guidelines (Must meet all conditions)

- Pt must be A&O
- BP 100 - 180 Systolic
- No respiratory distress
- HR 50 - 120 bpm
- SPO2 < 92% room air
- Age > 65
- Resp Rate < 10 > 25 without accessory muscle usage
- Oral fluid intake without vomiting
- No other complaints beyond general illness/flu-like
- No high-risk medical conditions including pregnancy
- No chronic medical conditions: Heart, lung disease, liver, neurologic, metabolic disorders, current cancer patient (in treatment or not), dialysis or recent transplant


Aerosol Generating Procedures (AGPs)

- Includes:** Nebs, Bi/CPAP, CPR, BVM, Intubation, Suction
 - Avoids APGs on all calls unless absolutely necessary
- Consider alternatives: **Wait until ED**, BIAD, Video Scope, etc.
- If AGP is needed, **anyone within 6ft must wear PPE:**
 - N95 respirator, face shield/eye pro, isolation gown gloves.²
- Perform **at scene or outside** before transport if possible.
- Use **exhaust fan** if en route. **Stop AGPs** before ED entry.³

1- Consider calling **Medical Control** for advice if the patient is stable and has **only one** risk factor.
 2- N95 or better (like PAPR etc) required, eye pro also appropriate, impervious gown preferred. [a]
 3- Coordinate with ED staff if you must continue (ex: CPR/BVM). They may need to clear the hall.

Regional EOC – Public Safety Efforts



4 Exposures  **Update**
 COVID EMS Response Guide **5/18**
<https://qrs.ly/tdbetzc>

First Steps

- If there is any doubt about a potential exposure:
 - Don a mask, wash your hands, and isolate yourself.
- Evaluate simple exposures using this guide & FAQ.
- Contact your supervisor. If any further questions:
 - Contact **Designated Infection Control Officer (DICO)**

Exposure Risks

Provider:	Fluids or Coughed on ¹	Patient: NO Mask ²	Patient: Mask ASAP
NO Mask ²	Med/High Test Source	Med/High Test Source	Low/Med/High Call Dico
Mask but NO Goggles	Med/High Test Source	Med/High Test Source	Low: Decon
Mask & Goggles	Low: Shower & Change	Low: Decon	Low: Decon

Med / High Risk?

- Decon: Shower & Change³
- Known COVID: Isolate 14d
- Maybe COVID: **Test Source**
- Can complete shift

Test Source Patient

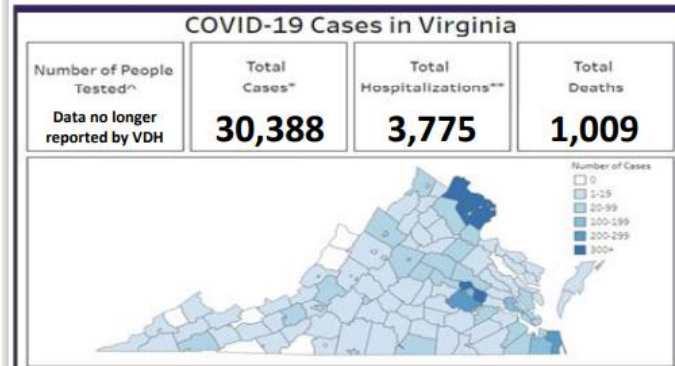
- DICO: **Rapid Test Source**⁴
- Negative: Return to duty
- Positive: Isolate 14d
- Quarantine until results

Return to work after having COVID

Early w/ Test: OR Early No Test:	Standard Return:
- No fever x24h & -2x neg. tests & - Symptoms better	- No fever x72h & - 14d from start & - Symptoms gone
- No fever x72h & - 7d from start & - Symptoms better	- No Restrictions

1- Cough only applies if the subject had NO mask on. The subject coughing inside their mask is OK.
 2- Risk from NO mask only applies to "prolonged close contact". Brief contact with no mask is low risk. [I]
 3- Scrub any exposed skin and launder any clothes that are obviously soiled with fluids. [K]
 4- May continue work (with facemask) for up to 72h while waiting for source test. **Isolate if pos.** [I]
 5- Wear a mask at work x14d from start of symptoms. [I]

5 Resources  **Update**
 COVID EMS Response Guide **5/18**
<https://qrs.ly/tdbetzc>



Self Care Guidelines

- Information to leave with non-transport pts.²
- <https://qrs.ly/g1betvq>

CDC PPE Procedure

- CDC recommended PPE don/doff procedure
- www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf


EMS Response Guide

- This document
- <https://qrs.ly/tdbetzc>

LEO & Fire Response Guide

- Similar response guide, but for Fire.
- <https://qrs.ly/2ebetl>

1- Updated from <http://www.vdh.virginia.gov/coronavirus/> 4/21/2020 17:05
 2- Consider printing several before shift to hand out on appropriate calls. Try printing double sided.

6 More Info & FAQs  **Update**
 COVID EMS Response Guide **5/18**
<https://qrs.ly/tdbetzc>

Q: What is this document? These are the most current CDC guidelines adapted for **EMS Responders** who will physically interact with potential COVID patients. They are streamlined for daily use. [K]

Q: Where can I find more help? Check out the YouTube video tutorial series linked on the resources page. <https://bit.ly/COVIDEMSVideos>

Q: Is this the most current information? If you are reading this directly from the internet, then yes. But if this is a paper copy, you should check the link above for the most current version. COVID is a rapidly evolving situation and this document updates very frequently. <https://qrs.ly/tdbetzc>

Q: What counts as a fever? It can be subjective or objective. It is not necessary to take a temp. [I]

Q: What counts as a cough? Any sudden increase in cough strength, frequency and/or production (like a cold or the flu). Isolated chronic and/or occasional clearing of the throat (like seasonal allergies) is not concerning. [h]

Q: Do I really need a mask? Yes. This is the absolute minimum. Do not come within six feet of a potential COVID patient without at least a simple facemask. Also place a mask on the patient as soon as possible. [d]

Q: Is it mandatory to wear a fitted mask (n95), goggles and a gown? Mostly. The CDC suggests you use these if available. A simple facemask is appropriate if an n95 is not available (or if you are not fit tested). Goggles are important, especially if the patient cannot (or will not) wear a mask. [d]

Q: Will hand washing really help? Yes. More than any other recommendation, hand washing is the easiest and most effective way to control transmission. [d]

Q: Should I get tested for COVID? Usually no. Even if you are exposed, it is much better to **test the patient** suspected of COVID than it is to test the first responder. [I]

Q: Is my uniform contaminated? No. CDC decon for first responders concentrates on hard surfaces. But make sure to wipe down any contaminated gear such as your radio. Clean and/or launder any fabrics (pants, jacket, etc.) that are obviously contaminated with body fluids. [a]

Q: Is my truck contaminated? No. CDC decon for vehicles concentrates on allowing clean air to circulate and wiping down all hard surfaces. Specifically: "The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes." Clean and/or disinfect any fabrics (seatbelts, etc.) that are obviously contaminated with body fluids. [a]

Q: Is my family at risk? No. CDC does not recommend any special management for people exposed to asymptomatic people with potential exposures (ie. contacts of contacts). [c]

Q: What counts as a med/high risk exposure? When can I come back to work? Ask your supervisor or Designated Infection Control Officer (DICO). [j]

Q: Where do the case numbers come from? The VDH is the most accurate source for case numbers for the state of Virginia. Data for the USA/World has several potential sources. The ECDC records data slightly faster than the CDC/WHO, and publishes the most up to date numbers every morning at 0500 EST. The ECDC numbers are slightly higher because they are more current than CDC/WHO reports. [f,g]

Q: Can I share this document? Yes! These pages (and attachments) are published to be freely available to any first responder that may find them useful.

a- [3/10/20] <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>
 b- [3/24/20] <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
 c- [3/30/20] <https://www.cdc.gov/coronavirus/2019-ncov/hcp/risk-assessment.html>
 d- [4/1/20] <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
 e- [3/27/20] <https://www.cdc.gov/niosh/topics/hazcon/controls/recommended-guidance-2020.html>
 f- [4/4/20] <http://www.vdh.virginia.gov/coronavirus/>
 g- [4/4/20] <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>
 h- [6/21/19] <https://www.mayoclinic.org/symptoms/cough/basics/definition/sym-20050846>
 i- [3/7/20] <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
 j- [3/16/20] <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>
 k- [3/2/20] <https://www.cdc.gov/coronavirus/2019-ncov/community/first-responders.html>
 l- [3/30/20] <https://www.cdc.gov/coronavirus/2019-ncov/hcp/public-health-recommendations.html>

Regional EOC – Health & Human Services Efforts



1 Health & Human Services  **Update 4/24**

 COVID Resource Guide [Tap or Click Here](#)

 **Alternate Housing**

- Alternate Housing Resources
- <https://qrs.ly/a8bf107>

Childcare 

- Childcare Resources
- <https://qrs.ly/4pbf10e>

 **Mental Health**

- Mental Health Resources
- <https://qrs.ly/58bf11a>

Provider Testing 

- Provider Testing Resources
- <https://qrs.ly/xgbf11h>

 **Legal Services**

- Legal Services Resources
- <https://qrs.ly/kkbf117>


Animal Care 


- Animal Care Resources
- <https://qrs.ly/dgbf10b>


 **Grassroots Support**

- Grassroots Support Resources
- <https://qrs.ly/jebf10x>


1

2 Health & Human Services  **Update 4/24**


 COVID Resource Guide [Tap or Click Here](#)

 **Financial assistance**


- Financial Assistance Resources
- <https://qrs.ly/p6bf10n>

CDC PPE Procedure 


- CDC recommended PPE don/doff procedure
- www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

 **Home Care Guide**


- Information to leave in the Home ¹
- <https://qrs.ly/oubf11n>

Albemarle Station Relocation Plan 

- Station relocation plan
- <https://qrs.ly/x6bfkh2>

 **C'ville Station Relocation Plan**


- Station relocation plan
- <https://qrs.ly/zubfkg>


Community Resources 


- Community Resource list
- <https://qrs.ly/3bbg108>

1- Consider printing several before shift to hand out on appropriate calls. Try printing double sided.


2

1 Long-Term Care Facility  **Update 5/7**


 COVID-19 Resources Guide [Tap or Click Here](#)

 **Community Support Documents**


- Community support documents
- [Tap or Click Here](#)

DIY Cloth Face Masks 

- CDC DIY Cloth face masks
- [Tap or Click Here](#)

 **PPE Shortage in LTCFs**

- PPE Shortage in LTCFs
- [Tap or Click Here](#)

Facility Status Form 

- Facility status form
- [Tap or Click Here](#)



On-going Regional Coordination

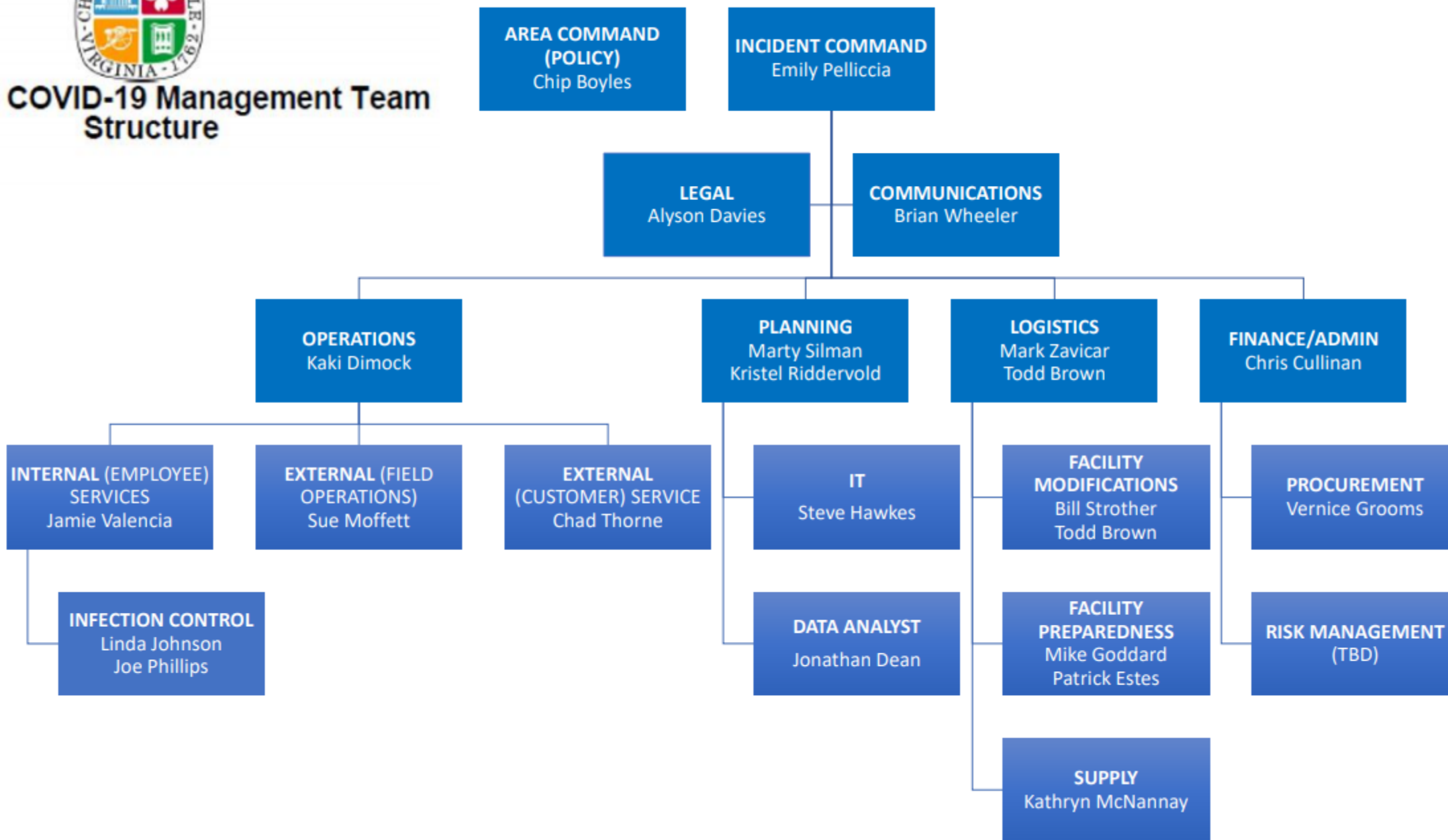
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY/SUNDAY
WEEK 1 Operational Period: MON of Wk 1- SUN of Wk 2	County IMT Exec 0800-0900			County IMT Exec 0800-0900		
	City IMT-Full 0900-1000					
	BRHD PODS Planning 1000-1100					
WEEK 2	County IMT Exec 0800-0900			County IMT Exec 0800-0900	EOC Coordination & Ops 0830-0900	
	City IMT-Full 0900-1000	Regional Planning Chiefs' 0900-1000				
	BRHD PODS Planning 1000-1100					
	Regional Sync Up/Policy 1530-1630			Unified Command 1630-1730		
WEEK 3 Operational Period: MON of WK 3- SUN of Wk 4	County IMT Exec 0800-0900			County IMT Exec 0800-0900		
	City IMT-Full 0900-1000					
	BRHD PODS Planning 1000-1100					
WEEK 4	County IMT Exec 0800-0900			County IMT Exec 0800-0900	EOC Coordination & Ops 0830-0900	
	City IMT-Full 0900-1000	Regional Planning Chiefs' 0900-1000				
	BRHD PODS Planning 1000-1100					
	Regional Sync Up/Policy 1530-1630			Unified Command 1630-1730		

KEY

COUNTY
CITY
BRHD
REGIONAL
EOC



Modified COVID-19 Management Team Structure





Current City Strategy & Tactics

Command Emphasis/Objectives:

Support Our Employees

- Ensure Good Communication & Information Management
- Vaccinations
- Expand testing capabilities
- Update policies/procedures
- Prepare for staggered return to work

Continue Regional Efforts to assist BRHD with Vaccinations

Compliance & Enforcement of Governor's Executive Orders & Local Ord.

Compliance with VOSH, VDH & DOLI mandates

***Prepare for Return to Work/Reconstitution**



Command Staff Highlights

Legal – Internal (Davies) & External (Robertson)

- Researched, reviewed, provided legal opinion for all workforce policies and procedures
- Monitored State & Federal legal updates
- Drafted, provided legal expertise on all ordinances

Communications – (Wheeler & Team)

- Adapted all public meetings to a virtual model
- Produced and facilitated internal town hall meetings
- Provided regional support for BRHD public meetings
- Multi-media dissemination of critical info, internal & external

Communications



EMPLOYEE ALERTS

COVID-19 Resources
For our employees - Read On...



• [FAQs About COVID-19 Vaccination \(CDC\)](#)
EMPLOYEE RESOURCES

WORKPLACES

HOW DO I...?

City Documents Relating to COVID-19

Online Forms

- [COVID-19 Work Order Notification](#)

City-Wide Standard Operating Procedures (PDF)

- [COVID-19 City Workforce Service Delivery PPE Utilization and Disposal; Cloth Face Coverings \(PDF\) - Revised 7/9/2020](#)
- [COVID-19 Contractor Schedule: Facilities Development \(PDF\) **Updated Weekly**](#)
- [COVID-19 Contractor Schedule: Facilities Maintenance \(PDF\) **Updated Weekly**](#)
- [COVID-19 Contractor Work in Owned and Maintained Facilities Procedures \(PDF\) - Revised 7/29/20](#)
- [COVID-19 Employee Self-Monitoring Procedure \(PDF\)](#)
- [COVID-19 Facilities Decontamination Procedures \(PDF\)](#)
- [COVID-19 Personnel Operating Procedures - April 10, 2020 \(PDF\)](#)
- [COVID-19 Personnel Operating Procedures - March 12, 2020 \(PDF\)](#)





Operations Section

Section Chief (Dimock)

Deputy Chief/Field Ops Branch (Moffett)

Employee Services Branch Leader (Valencia)

Customer Services Branch Leader (Thorne)

Infection Control Division (Johnson & Phillips)

*Configuration of this section has evolved since March 2020 but always focused on people, both internally and externally. Initial focus on public safety & social/human services, maintaining essential services.

Operations (People) Highlights



- We have and continue to encourage **working remotely** for those that can.
- Since last year, the City has had a contract and location for **COVID testing of City** employees who are experiencing symptoms, County joined in late fall.
- Assigned one or more staff members within each department to serve as a Designated Infection Control Officer (**DICO**) which also required 4+ hours of training.
- Worked with Logistics to maintain appropriate levels of Personnel Protection Equipment (**PPE**).
- **Masking policy** throughout all stages
- **Reconfigured office** spaces and common areas to maintain 6' spacing where possible.
- **Flexible staffing** - staggered shifts & cohorting to limit contact within the organization.
- Implemented strict **protocols** on how/when to communicate with members of the public.
- Issued weekly **communication to all employees** such as travel risk flyers, health screening requirements, testing availability, etc.
- Encouraged **vaccination** of employees & facilitated scheduling of appointments



Employee Vaccination Survey

No	164	15%
No Response	37	3%
No response – temporary/seasonal not currently working	35	3%
Yes but currently not able to be vaccinated	11	1%
Yes or Already started/completed	870	78%
Grand Total	1,117	100%

*Conducted an employee survey internally over the winter. The “no response” category was originally 407 in early March. We worked closely with department heads and DICOs to get responses from the “no response” employees

*“Yes” increased from 613 initially

Employee Vaccination Planning

First Vaccination Shot Received



1093 Total Employees:

65% Vaccinated – 15% Declined – 20% Unknown (not yet, undecided, onboarding, undisclosed, received elsewhere and not reported yet)

*The data is only as good as the input, which is incomplete.

Community Vaccination



Planning Section



Section Chiefs (Silman)

Deputy Section Chief (Riddervold)

IT Branch (Hawkes)

Data Analysis/Situation Unit (Dean)

*Major responsibilities include the development of Incident Action Plans (IAPs), meeting schedules, coordination of all team activities, provide situational awareness, information gathering & coordination, new technologies

Examples: Researched & managed acquisition/implementation of new technology including temperature screening kiosks at several entrances to City facilities, Launched vaccination and risk assessment tracking tool.



Planning (Process) Highlights

Establishment/coordination of policies and procedures focused on protection of our workforce. All current policies are located on the City's [intranet](#) website for staff access and consumption.

COVID-19 SOP Inventory

<u>Subject</u>	<u>Owner</u>	<u>HR Status</u>	<u>Legal Status</u>	<u>CMO Status</u>	<u>Overall Status</u>	<u>Original Date</u>	<u>Revised Date</u>	<u>Link</u>
Personnel Operating Procedures - March 12, 2020	City Manager's Office	Approved	Approved	Approved	Approved	3/12/2020		Click Here
Contractor Work in City Owned and Maintained Facilities	Planning	Approved	Approved	Approved	Approved	3/18/2020	7/29/2020	Click Here
PPE Utilization and Disposal; Cloth Face Coverings	Infection Control	Approved	Approved	Approved	Approved	3/30/2020	7/9/2020	Click Here
Facilities Decontamination Procedures	Logistics	Approved	Approved	Approved	Approved	3/30/2020		Click Here
Vehicle Decontamination	Logistics	Approved	Approved	Approved	Approved	3/30/2020		Click Here
Employee Self-Monitoring	Infection Control	Approved	Approved	Approved	Approved	3/31/2020		Click Here
Personnel Operating Procedures - April 10, 2020	City Manager's Office	Approved	Approved	Approved	Approved	4/10/2020		Click Here
Emergency Standard Risk Assessment	Human Resources	Approved	Approved	Approved	Approved	8/30/2020		Click Here
Travel Guidelines	Infection Control	Approved	Approved	Approved	Approved	9/25/2020		Click Here
Survey123 Health Screening Survey	Planning	Approved	Approved	Approved	Approved	10/28/2020		Click Here
Temperature Screening	Legal	Approved	Approved	Approved	Approved	2/17/2021		Click Here
Vaccine Administration	Legal	Approved	Approved	Approved	Approved	2/17/2021		Click Here
Vaccine Declination	Legal	Approved	Approved	Approved	Approved	2/18/2021		Click Here
Exposure	Infection Control	Approved	Approved	Approved	Approved	3/1/2021		Click Here
Internal Notification	Infection Control	Pending	Pending	Pending	Submitted			



Planning Section On-going Efforts

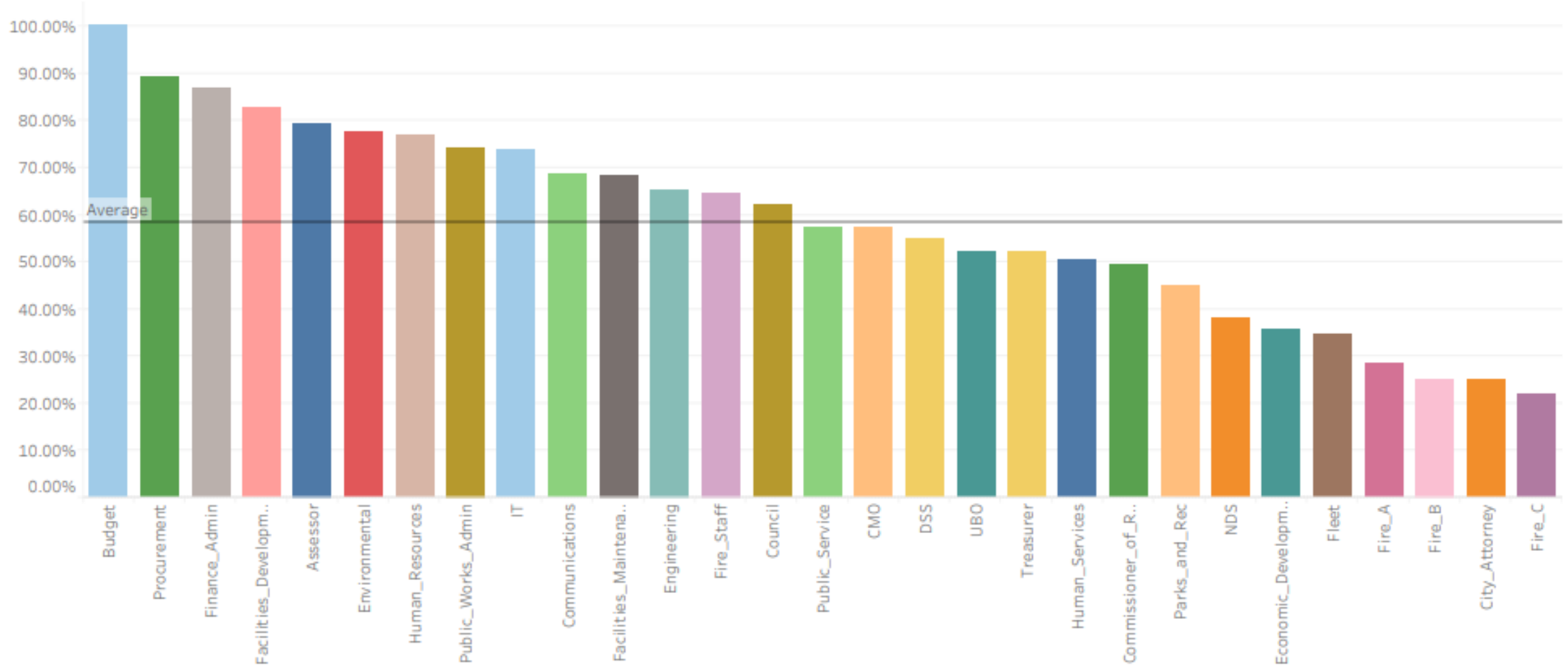
Pending Objectives & Task Assignments

Objective/Task	Section	Unit	Person	Status	Notes
Establish internet parameters for teleworking	Planning	IT	Sunny	In Progress	IT will develop baseline parameters, but there are lots of components that affect internet beyond technical thresholds, such as provider reliability that you cannot put a set parameter on.
Finalize the COVID notification policy/protocol	Command	Legal	Alyson	In Progress	Policy/procedure drafted, needs to be vetted by legal and approved by CM.
Survey123 health screen application	Planning	General	Marty	Completed	Completed, except CAT and Utilities. Waiting their response.
Prepare and distribute weekly News Flashes	Command	Communications	Brian	Ongoing	Content of news flash comes from IMT group
Develop centralized place/process for ARP funding requests	Finance/Admin	General	Chris C.	Not Started	Request came from Lead Team mtg. on 4/14/21; Need to develop cost estimates also for needs related to re-opening.
Recind/rewrite the former CM operating procedure	Planning	General	Marty/Kristel	Not Started	Need to review current letter and pull relevant content to keep or recind completely.
Deconflict requirements/messaging of CDC and City policy	Operations	Internal Services	Jamie	Not Started	Request came from Lead Team mtg. on 4/14/21
Consider payout of accrued leave for CPD and CFD	City Manager	N/A	Chip	Not Started	Request came from Lead Team mtg. on 4/14/21
Develop Citywide policy/guidance for public who refuses to wear a mask or logs a high temperature	Command	Legal	Alyson	Not Started	Request came from Lead Team mtg. on 4/14/21; The concern is being able to turn citizens away who could present safety concern to those in the building.
Staffing of entrances - Generally	Various	N/A		In Progress	Big topic with lots of components and coordination required.
Staffing of entrances - Current Ambassadors from P&R	Logistics	General	Todd	In Progress	Inventory current staff and provide list of sites and drop-dead dates by which they need to be reassigned.
Staffing of entrances - City Hall and CPD Coverage	Operations	Customer Services	Chad	Not Started	Coordinate with Logs and Patrick and integrate Lauren
Early, in-person voting coordination	Operations	Internal Services	Jamie	Not Started	Follow up with Voter Registrars Office on vaccination needs.

Health Survey App Data



COVID Health Survey App
 Percent of department submitting data
 4/5/2021 - 4/16/2021



Weekday only, Holidays excluded. Employee leave is not considered when calculating figures.



Logistics Section

Section Chief (Zavicar)

Deputy Section Chief (Brown, T)

Facility Modification Branch (Strother)

Facility Preparedness Branch (Goddard & Estes)

Supply Branch (McNannay)

*Major responsibilities include research and development of all policies and new technologies related to physical infrastructure for all City government and school facilities as well as all modifications and maintenance to all adaptations made to facilities. Also acquisition and distribution of citywide PPE and cleaning supply cache.



Logistics (Places) Highlights

Mitigation efforts in City facilities and schools -

- HVAC mitigation systems (filters, UV lights, Bi-polar ionization, etc.)
- Nano-Septic Elevator button covers
- Hand sanitizer stations
- Hands free faucets
- Restroom occupancy signs
- Bottle filler water dispenser equipment at fountains
- Various customized office modifications (plexiglass, signage, social distancing tents, etc.)
- Placement of cleaning carts throughout City buildings for staff use
- Implementation of HVAC and cleaning protocols to meet or exceed CDC recommendations
- Regularly scheduled maintenance on the above measures



Logistics (Places) Highlights

- Procurement of professional cleaning of office spaces periodically, to include deep cleans after known positive cases.
- Established/installed numerous types of signage across the city, from warning posters at City entrances to hand washing instructions in bathrooms to symptom awareness signage in hallways.
- Evaluating meeting spaces and appropriate operational controls to ensure health and safety such as occupancy limits, seating restrictions, etc.
- Many facilities remain closed to the public and have implemented new processes to conduct business and maintain services.

FORTHCOMING –

- Sanitizing dispensers in individual restroom stalls
- Procurement of seats/chairs covers for public spaces to ensure social distancing
- Additional office modifications, as needs arise or identified as COVID best management practices

Signage Examples



Wet

Get Soap

Hands that look clean can still have icky germs!

Wash YOUR HANDS

Dry

Please wear a cloth face covering

6 ft

Maintain a distance of 6 feet whenever possible.

cdc.gov/coronavirus

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Stay at least 6 feet (about 2 arms' length) from other people.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.

When in public, wear a cloth face covering over your nose and mouth.

Do not touch your eyes, nose, and mouth.

Clean and frequently wash your hands with soap and water for at least 20 seconds.

Stay home when you are sick, except to get medical care.

cdc.gov



In an effort to reduce the risk of COVID-19 exposure and to prevent the spread of the virus, you may not enter this building if you have had any recent exposure to the COVID-19 virus.

- If any of the following apply to you, you may not enter this building:
- You have had close contact with an individual infected with COVID-19 within the last 14 days.
 - You are currently experiencing, or have experienced in the past 14 days, fever, cough or shortness of breath.
 - You have had close contact within the last 14 days with an individual suspected of being infected with COVID-19, including individuals exhibiting COVID-19 symptoms.
 - You have traveled to an area that is under a Level 2, 3 or 4 travel advisory by the U.S. State Department.

If any of the above circumstances apply to you, **DO NOT** enter this building.

Contact our offices by phone for further information and guidance. Thank you for your cooperation.

Help Protect Yourself and Others from COVID-19

Practice Social Distancing

Stay 6 feet (2 arm's lengths) from other people.

And Wear a Cloth Face Covering

Be sure it covers your nose and mouth to help protect others. You could be infected and not have symptoms.

cdc.gov/coronavirus



Finance & Admin Section

Section Chief (Cullinan)

Procurement Branch (Grooms)

Risk Management (TBD)

*Major responsibilities include establishment of cost tracking system for expenses related to COVID-19, management of state and federal reimbursement process as well as emergency procurement policies and procedures.

CHARLOTTESVILLE COVID-19 MANAGEMENT TEAM COUNCIL WORK SESSION



QUESTIONS?