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The tools, templates and resources provided in this online toolkit are compiled and curated by NACCHO primarily to assist those local health departments applying to Project Public Health Ready (PPHR), a criteria-based all-hazards preparedness training and recognition program for local health departments.

Many of these tools were collected from the plans of previous PPHR applicants. All of the resources in this toolkit were vetted and approved as exemplary practices by a NACCHO staff and/or a workgroup of local public health preparedness experts.

We hope you find these resources useful and engaging. For more information about PPHR or to provide feedback on any of these tools, please contact us at pphr@naccho.org.

Alexandria Health Department

Our Vision
Healthy People, Healthier Communities

Our Mission
Protecting and Promoting Health and
Well-Being in Our Communities

Our Values
Working Together
Improving Continuously
Making a Difference

Project Public Health Ready (PPHR) Reaccreditation 2019

Executive Summary

Table of Contents

1   INTRODUCTION

This executive summary articulates the background, foundation and framework for AHD public health emergency management. Since the terrorist incidents on September 11, 2001, and the subsequent anthrax attacks, the Alexandria Health Department (AHD) has taken an active role in preparing for and responding to emergencies. Alexandria Health Department Public Health Emergency Management division is the lead for all City of Alexandria public health emergencies, Emergency Support Functions (ESF)- 8 (Public Health, Behavioral Health & Medical Facilities) and ESF- 21(Mass Fatality Management) in the city. AHD engages in an integrated planning process with the Alexandria Office of Emergency Management and other City agencies and partners using an all hazards planning approach. AHD also engages with regional and state level agencies in its planning and response efforts. AHD's Emergency Operations Plan details AHD's relationships with all these partners and provides a framework for public health response to emergencies and disasters that may impact the City of Alexandria.

As the backbone of AHD's public health response, the Emergency Operations Plan must be continually updated to provide the correct support to AHD's emergency management. Likewise, to have the human resources to effectively carry out the plan, we must keep a current Workforce Development and Exercise Plan. Throughout this document we demonstrate the process of continual improvement to these plans in reaction to trainings, exercises, and incident responses.

PPHR RE-RECOGNITION PROCESS

AHD's experience with the prior PPHR accreditation process was a catalyst for what our Public Health Emergency Management (PHEM) Division is today. The process enabled us for the first time, to conduct an inventory of our preparedness program, recognize what worked, where there were gaps, and where we needed improvement. We used PPHR as a starting point and from there, continued to identify how we could continue to build our capabilities around each element of the preparedness cycle: prevention/mitigation, preparedness, response and recovery. Each year, when new PPHR criteria are released, we continue to ensure that our preparedness program is able to meet those standards. In this way, PPHR has been a tool that we use annually to re-evaluate our program and look for new and innovative ways to improve what we do. For instance, the 2018 PHEP Capabilities does not include programmatic performance measures. However, we were able to evaluate our program through the PPHR process, which made evaluating our capabilities more straightforward.

MISSION AND VISION

Almost 10 years ago a group of AHD staff volunteered to revise the mission, vision, and value statements of the organization. Therefore, the organization's guiding principles originate from the workforce of the organization. The leadership team reviewed the statements and adopted them into use. Since that time, when the statements have been reviewed, no further changes have been made. AHD continues to feel these statements reflect its organizational philosophy, including the way in which it approaches emergency preparedness and response.

AHD maintains a vision of "Healthy People, Healthier Communities". This vision directly relates to emergency management since healthier individuals and neighborhoods are more resilient in a disaster. AHD has a mission of "Protecting and Promoting Health and Well-Being in Our Communities". Preparing the public for emergencies and protecting them from the sequela of disasters is a key part of this mission. The core values of the organization are "Working Together, Improving Continuously, Making a Difference." These values speak to the teamwork and quality improvement that are instrumental in effective emergency preparedness and response.

2   CITY OF ALEXANDRIA JURISDICTIONAL DESCRIPTION

POPULATION AND GEOGRAPHY

The City of Alexandria's estimated population in 2017 was 154,710. In addition, Alexandria welcomes large numbers of tourists and visiting workers daily. The City's land area is approximately 16 square miles, making it the most densely populated city in Virginia. Located in the Northern Virginia region, approximately seven miles south of downtown Washington, DC, Alexandria is bordered by Arlington County to the north, Fairfax County to the south and west and the Potomac River to the east. Directly across the river from Alexandria are the District of Columbia and Prince George's County, Maryland. The geography of the area is depicted in Figure 1. The city's geographic location requires that it maintain close coordination with various local, state, and federal response partners.
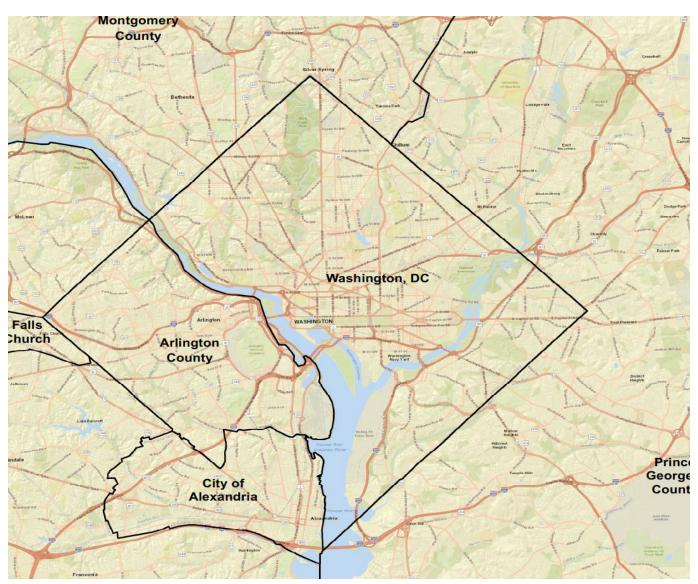
Figure 1. Map of Alexandria and Surrounding Area

The city's physical infrastructure includes major highway, train, and aviation routes. Main arteries that pass through or circumvent Alexandria include Route 1/Jefferson Davis Highway, the George Washington Parkway, Interstate 395, and Interstate 495/95. Amtrak and Virginia Railway Express (VRE) commuter rail lines, as well as the Washington Metro system's blue and yellow lines, traverse the city. Metro and DASH (Alexandria Transit Company) bus systems provide transportation

throughout Alexandria. Ronald Reagan Washington National Airport, which serves nearly 56,000 passengers daily, is located minutes away in Arlington County.

GOVERNANCE STRUCTURE

The city of Alexandria operates under a council/manager form of government. The City Council, comprised of the Mayor and six Council members, appoints the City Manager.

The City of Alexandria is one of 38 independent cities in the Commonwealth of Virginia. Each independent city is politically independent of the county it resides within. Consequently, independent cities interact only with the state and not a county government.

Alexandria, geographically close to Washington, DC, not only has a large number of residents who work for the federal government, but also has several federal government facilities located within its borders, including the U.S. Patent & Trademark Office, the Albert V. Bryan U.S. Courthouse, the National Science Foundation, and the Mark Center (the Washington Headquarters Service and several other US Department of Defense agencies). Numerous military installations, including the Pentagon, are located in neighboring jurisdictions. Adjacent to the city and minutes away, in the District of Columbia, are the executive, legislative and judicial branches of the federal government and dozens of federal offices, national landmarks, tourist attractions, and international embassies.

UNIQUE JURISDICTIONAL CHARACTERISTICS

A few characteristics particularly unique to Alexandria, which inform AHD's approach to public health emergency preparedness planning, are:

High Profile Federal Facilities and Landmarks
The City' close proximity to nation's capital and its executive, legislative and judicial branches, associated high profile facilities, and historic landmarks elevate the risk of foreign and domestic terrorist attacks, civil disturbance and/or riots. Large numbers of people regularly visit and gather in the national capital area for various events. AHD and the City of Alexandria must be ready for large-scale public health emergencies.

Multi-Cultural, Multi-Lingual Communities
Alexandria is composed of many cultures with populations speaking many different languages. 26% of residents were foreign-born (twice the national average) and 31% speak a language other than English at home (the Alexandria City Public Schools generally communicate with parents using translation services for the most-spoken four languages). AHD and the city public school system regularly meet the challenge of communicating with residents with different cultures, belief systems and language preferences.

Weather Related Hazards
The geography of the city also presents unique weather challenges for Alexandria. Alexandria city low-lying area is prone to frequent flooding. Storm surges and high tides raise the water level of the Potomac River and cause flooding in the waterfront areas. Being in the mid-Atlantic region, Alexandria experiences both hot and cold weather extremes. Blizzards and significant cold spells are possible in the winter. Heat waves are common in the summer. Seasonal public information campaigns include sharing messages through the city's mass notification system. In addition, Regional Hospital and Healthcare coalition sends out email notifications and preparedness resources for all hospital, healthcare, homecare and assisted living facilities.

Transportation Routes

Alexandria city is bordered by a river and multiple major highways flow within or around Alexandria including Interstates 95, 495 (Capital Beltway), and 395. Boat and traffic accidents, including involvement of HAZMAT vehicles are potential hazards. The mass transportation system includes

Metrorail and Virginia Railway Express (VRE) and the Alexandria Transit Company (DASH public bus system), which connects with Metrobus. Possible train derailment may result in interruption of services in the city.

In addition, many employees do not live in the immediate vicinity. Whether due to high cost of living in Alexandria or other personal preferences, many employees commute to work from other locations in the Northern Virginia or Washington DC metropolitan area. If a hazard caused major roads to be impassable, staff may have difficulty responding to an emergency in a timely fashion.

Special Needs Population

Persons with access and functional needs may be particularly vulnerable to the effects of certain hazards and may have additional needs before, during and after a public health emergency. Approximately 1 in 14 Alexandrians are living with a disability: the most common disabilities among residents are ambulatory difficulty (4.0% of the population), independent living difficulty (3.4%), cognitive difficulty (3.1%) and hearing difficulty (2.5%). Other vulnerable populations include homeless persons, individuals who are culturally isolated and people with limited proficiency in reading and speaking English. Alexandria Health Department Emergency Operations Plan (EOP), Annex K addresses planning for special needs populations.

Critical health and medical facilities within the city may be more vulnerable to certain hazards than other types of facilities. Critical health and medical facilities also play an important role in the response capacity and capability of the local healthcare system. Critical facilities in Alexandria include:

- Inova Alexandria Hospital (the city's only hospital)
- Private physicians' offices and health clinics
- Three dialysis centers
- Seven Long-term care/assisted-living facilities, which provide specialized care for approximately 950 residential clients
- Nine group homes and 54 apartments (169 total beds) managed by the Department of Community and Health Services (DCHS) for individuals with mental health needs, intellectual disabilities, and substance abuse disorders
- Four privately managed group homes which provide transitional housing, foster care, or alcohol/addiction recovery services
- Five homeless shelters, including one for victims of domestic abuse
- Five funeral homes

DEMOGRAPHICS

Alexandria's population of about 154,710 is racially and ethnically diverse; it has a lower proportion of White, Non-Hispanics than the Commonwealth of Virginia does. 52% of the population is Non-Hispanic White, 22% Non-Hispanic Black, 17% Hispanic, 6% Asian or Pacific Islander, and 4% is other races. An example of the diversity comes from Alexandria City Public Schools, which serves students from more than 114 countries and speak 119 languages. A large proportion of Alexandrians were born outside of the United States and many speak a language other than English at home (see Unique Jurisdictional Characteristics for more). 52% of Alexandrians are female and the median age is 36.4, with a similar age distribution between males and females. Alexandrians, as a whole, are highly educated, with 33% holding a graduate or professional degree or higher and more than 62% holding at least a Bachelor's degree. The median household income is $93,400 and 76% of Alexandrians earn more than $50,000 annually.

3   ORGANIZATIONAL STRUCTURE

Virginia is referred to as a Dillon's Rule State, as the Commonwealth limits the authority of cities and counties to laws expressly allowed by the Virginia General Assembly.

Alexandria Health Department (AHD) is one of the 33 health districts that fall under the umbrella of Virginia Department of Health (VDH). AHD derives its public health authority through state law and through the delegated authority of the State Health Commissioner. As shown in the organizational chart in Figure 2, AHD reports to the Deputy Commissioner of Community Health Services who in turn reports to the State Health Commissioner.
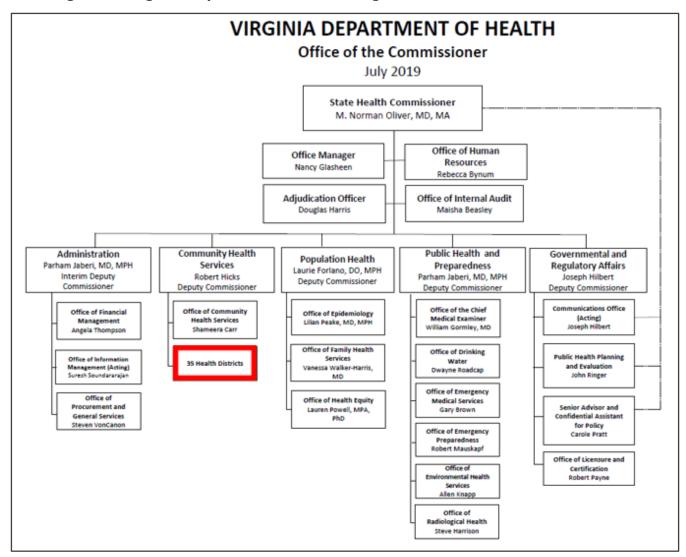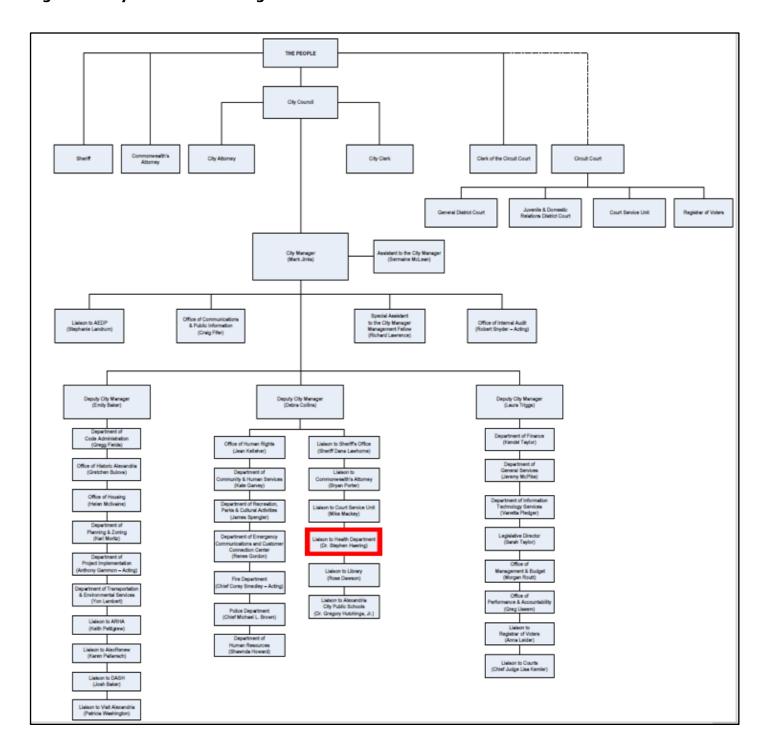
Figure 2. Virginia Department of Health Organizational Chart

While AHD receives primary programmatic direction from VDH, it is an integral part of the City of Alexandria and the City government treats AHD like a City agency. Alexandria operates under a City Council/City Manager form of government. The City Council, comprised of the Mayor and six Council members, appoints the City Manager. The City Council has legislative authority and responsibility whereas the City Manager has administrative authority and responsibility.

As shown in Figure 3, City department heads report to a Deputy City Manager. AHD's Health Director also reports to the Deputy City Manager in a liaison capacity.

Figure 3. City of Alexandria Organizational Chart

Through the State-City cooperative agreement, AHD provides public health services to the City of Alexandria. The City provides significantly more financial support to AHD than is required by the cooperative agreement so that AHD may recruit and retain public health professionals and operate programs beyond the scope of the state agreement. Both the Governor of Virginia (through the State Health Commissioner) and the Alexandria City Manager assign specific public health functions to AHD, including emergency response tasks.

PREPAREDNESS PLANNING AND RESPONSE STRUCTURES

AHD participates in existing local and regional public health planning structures to achieve its emergency preparedness and response objectives. In addition to the groups described below, AHD participates in ad hoc groups convened for a limited period to achieve a targeted scope of work or focus on a particular issue (e.g., exercise planning teams, healthcare system surge planning group).

Local Planning Structures

AHD Leadership Team
Membership includes the Health Director, Deputy Health Director, Medical Director, Business Manager, Nurse Manager, and Environmental Health Manager. This group reviews plans, directs staff participation in emergency preparedness and response activities and considers all recommendations made by the Public Health Emergency Management Team. Regular meetings are held bi-monthly; additional meetings are held as needed.

Homeland Security and Emergency Management
The Alexandria Office of Emergency Management (OEM) is the coordinating and convening office for all emergency planning and response activities in Alexandria. The office is responsible for the development and maintenance of the Emergency Operations Plan and coordinates with all Alexandria City departments and their emergency support function representatives. AHD participates in its role as the lead for ESFs 8 and 21 and collaborates with OEM to ensure the integration of public health planning into City planning efforts. The Public Health Emergency Management Coordinator attends the monthly OEM staff meetings.

Local Emergency Planning Committee
The Local Emergency Planning Committee (LEPC) is a committee that is responsible for devising and distributing an emergency plan aimed at addressing extremely hazardous substances that have been specified by the United States Environmental Protection Agency. The group includes representation from facilities in the City that contain the specified substances in such a quantities considered to be a potential hazard that is subject to the Emergency Planning and Community Right-to-Know Act of 1987 (EPCRA) requirements. In addition to public health representation, there is also elected state and local officials and Fire/Hazmat and Police representatives that serve on this committee which meets quarterly.

Regional Planning Structures

AHD participates widely in regional planning efforts within both Northern Virginia and the National Capital Region.

Metropolitan Washington Council of Governments
The Metropolitan Washington Council of Governments (MWCOG) is the regional organization of Washington, DC area local governments and includes representation from the Maryland and Virginia state legislatures. Its function is to create a more accessible, sustainable, prosperous, and livable National Capital Region (NCR). Several MWCOG Committees and Subcommittees are concerned with emergency preparedness and response:
> ➤ ***Health Officials Committee***

The National Capital Region Health Directors participate in this committee with monthly meetings and ad hoc telephone conference calls. Emergency Response planning functions are delegated to the Public Health Emergency Planners Sub-Committee who report recommendations and issues to the Health Officials Committee.

➢ *Public Health Emergency Planners (PHEPS) Sub-Committee*
The Public Health Emergency Planners Sub-Committee has representation from public health emergency planners in the congressionally recognized jurisdictions of the National Capital Region with additional members from the Cities Readiness Initiative (CRI) Metropolitan Statistical Area participating in issues related to medical countermeasures distribution. PHEPS meets monthly to discuss the full range of public health emergency preparedness and response functions and attendees often include partners from federal agencies such as the US Department of Health and Human Services and the Centers for Disease Control and Prevention.

➢ *Health & Medical Regional Programmatic Working Group/ESF 8*
The Health & Medical Regional Programmatic Working Group has representation from ESF 8 participants in the congressionally recognized jurisdictions of the National Capital Region, including public health, hospitals, EMS and mental health. This group meets monthly to serve as an advisory committee to the Senior Policy Group to provide recommendations, subject matter expertise and overall guidance for the public health and medical services projects that are implemented utilizing Urban Areas Security Initiative (UASI) program funding. The group also serves as the ESF 8 Sub-Committee to the Health Officials Committee to provide recommendations, subject matter expertise and overall guidance for emergency preparedness issues not associated with UASI projects and initiatives. The group meets monthly and more frequently as required.

Northern Virginia Emergency Response System
The Northern Virginia Emergency Response System (NVERS) was developed from the Metropolitan Medical Response System (MMRS) in 2005. NVERS supports a regional approach to coordinated preparedness, response, mitigation, and recovery across jurisdiction and discipline boundaries during day-to-day emergencies and multi-jurisdictional and/or multi-disciplinary incidents. This is accomplished through strategic planning, priority-setting, information sharing, training, exercises, equipment acquisition, and policy-making. Active participants in NVERS include representatives from fire & rescue, emergency medical services (EMS), hazardous materials, state and local law enforcement, emergency management, hospitals, public health, public information and information technology. NVERS operates as a dynamic regional organization with a focus on sharing knowledge and resources while building regional capacity. NVERS is led by a Steering Committee that meets monthly and has open attendance. AHD participates in the Steering Committee meetings as well as other NVERS workgroups such as Extended Care and Medical and Pharmaceuticals.

Virginia Department of Health Northern Region Team
The Virginia Department of Health Northern Region Team serves to facilitate the coordination of regional public health planning and response in Northern Virginia. The regional team acts as a conduit between the Virginia Department of Health and health departments located in the Northern region of Virginia. In addition, the team represents state and local interest to outside groups. Local health departments and the regional team meet monthly. The Northern Region Team Planner regularly attends the northern Virginia health directors' monthly meeting in order to provide updates and to discuss and determine priorities and decisions on emerging issues and policies.

Northern Virginia Healthcare Coalition
The Northern Virginia Healthcare Coalition brings together healthcare entities in Northern Virginia to build close, collaborative relationships and improve emergency preparedness coordination. Healthcare coalition consists of members from public health, emergency management, hospitals, dialysis centers, homecare and Assisted-Living facilities. The coalition meets once a month to share best practices, conduct trainings and exercises.

EMERGENCY RESPONSE RESPONSIBILITIES

In Virginia, counties and independent cities have primary responsibility for emergency response, and local health departments are a component of the response. As such, AHD assumes lead responsibility for response to public health-related incidents in Alexandria. The City designates AHD as the primary agency for Emergency Support Function (ESF) 8 Public Health & Medical Facilities and ESF 21 Mass Fatality Management. AHD's ESF-8 responsibilities include organizing appropriate healthcare personnel to provide community health services at clinics, providing surveillance and monitoring of public health, issuing health warnings and information on preventive and treatment options, distributing prophylactic antibiotics and vaccines to the public as necessary, coordinating the provision of healthcare services with private healthcare facilities, and advising on the status of potable water, waste water, solid waste, air monitoring, and other environmental hazards. AHD's ESF-21 responsibilities include coordinating the collection, identification, and disposition of deceased persons at mass fatality incidents. AHD also has multiple support functions to other City ESFs.

DIVISIONS AND SERVICES

AHD operates public health specialty clinics at four primary locations in the City:
- **Alexandria Health Department Main Office**
  4480 King Street, Alexandria, VA 22302
- **Flora Krause Casey Health Center**
  1200 N. Howard Street, Alexandria, VA 22304
- **Neighborhood Health**
  2 East Glebe Road, Alexandria, VA 22305
- **Teen Wellness Center** (located within T.C. Williams High School)
  3330 King Street, Alexandria, VA 22302

AHD also conducts public health clinical services within the community to respond to emerging public health threats on as-needed bases (e.g. outreach vaccination clinics). AHD's non-clinical services are housed at the Main Office on King Street.

The list of all clinical and non-clinical services are as follows:
1. Administration – including Vital Records, Billing, Medical Records and Eligibility
2. Nursing/ Public Health Specialty Clinics and Services
   o Immunizations
   o Preventive Nutrition Services for Women, Infants, & Children (WIC)
   o BabyCare Case Management Program
   o Sexual and Reproductive Health (Family Planning, Sexually Transmitted Infection, and Rainbow Tuesday Clinics)
   o Tuberculosis (TB) Control
   o HIV/AIDS Prevention
   o Teen Wellness Center (including Health Education outreach activities)
   o Pharmacy
3. Epidemiology
   o Investigation of communicable diseases and recommendations to prevent and control the spread of disease
   o Monitoring of trends, analysis and interpretation of data, development of reports to guide program and policy development
4. Public Health Emergency Management (PHEM)
   o Medical Reserve Corps (MRC)
5. Population Health
6. Environmental Health
   o Food Safety
   o Aquatic Health and Safety
   o Vectorborne Illness Prevention

In delivering services, AHD's emergency preparedness and response objectives include:

- Developing effective preparedness programs and policies
- Educating the public about preparedness for public health emergencies

- Educating the public and health professionals about appropriate emergency preparedness, response and recovery actions
- Ensuring the readiness of AHD staff to respond during emergencies
- Training AHD Medical Reserve Corps of volunteers to assist in preparing the community and responding as needed
- Assisting in the investigation, diagnosis, and reporting of disease and injury during an emergency
- Mitigating the public health impacts of an emergency
- Preventing the secondary spread of disease
- Protecting the public's health through prophylaxis, treatment, and non-pharmaceutical interventions
- Ensuring food safety through education and enforcement of applicable regulations
- Coordinating with the Virginia American Water Company and the VDH Office of Drinking Water to ensure that the public is informed about the safety of the water supply
- Maintaining continuity of service to the community

4. EMPLOYEE DEMOGRAPHIC INFORMATION

EMPLOYEES

AHD has 96 full-time and 27 part-time and contract staff. These staff include a variety of professional categories, including administrative, nurses, environmental health specialists, nurse practitioners, sanitarians, nutritionists, assistants and counselors. AHD is led by the Health Director, mandated by state law to be a licensed medical doctor, who provides leadership and public health oversight. AHD staff is comprised of both Virginia Department of Health and City personnel and all AHD staff members are considered essential to AHD and the City's response to public health emergencies. Under normal circumstances, personnel are assigned to one of six program areas. Each program area is assigned specific emergency preparedness and response functions and, in a large-scale public health emergency, all employees are expected to respond.

PREPAREDNESS STAFF

The Public Health Emergency Management team consists of three full-time employees who are dedicated to preparedness and response. These staff members are a Public Health Emergency Management Coordinator, a Public Health Emergency Management (PHEM) Assistant Coordinator, and a Medical Reserve Corps (MRC) volunteer coordinator. The PHEM Division is overseen by the Deputy Health Director who reports to the Health Director, both of whom are physicians. In addition to preparedness staff, all supervisors and managers are ICS-300 and 400 trained to support the preparedness division as needed. Alexandria Public Health Emergency Management division has 449 cadre of volunteers to assist with preparedness outreach to the communities.

5. CONNECTION AND COORDINATION

AHD's approach to emergency preparedness and response aligns with the four phases of the emergency management cycle: prevention/mitigation, preparedness, response, and recovery. AHD meets its responsibility to protect public health during emergencies by acting within each phase and

coordinating its activities with the Alexandria Office of Emergency Management and VDH Office of Emergency Preparedness. AHD participates in existing local and regional public health planning structures to achieve its emergency preparedness and response objectives. In addition to the groups described above, AHD participates in ad hoc groups convened for a limited period to achieve a targeted scope of work or focus on a particular issue (e.g., exercise planning teams, healthcare system surge planning group

AHD utilizes the Public Health Preparedness Capabilit*es*, as well as the National Preparedness Goal Core Capabilities to plan, train, and exercise to fulfill its public health response role during incidents. These tools help AHD to identify gaps in preparedness, determine planning priorities, and develop plans for building and sustaining its response capabilities. Additionally, in coordination with public health personnel from the Centers for Disease Control and Prevention (CDC) and/or VDH, AHD participates in an annual operational readiness review (ORR) to assess its plans to receive, distribute, and dispense medical assets received from the CDC's Strategic National Stockpile (SNS).

The Emergency Operations Plan provides a framework for public health response to emergencies and disasters that may impact the City of Alexandria. These emergencies or disasters include weather events, pandemics naturally occurring or intentionally induced chemical, biological, and radiological threats and any emergency with health implications such as mass casualty events. Multiple agencies can expect to play a role in a response to any public health emergency that affects the Alexandria community. Therefore, the plan provides a structure for response, identifies planning partners, and links the plan to the appropriate local, regional, state, and federal response plans.
AHD's EOP provides a concept of operations for AHD both for emergencies in which AHD is the lead and for emergencies in which AHD provides support as the lead for ESFs 8 and 21. The EOP assigns roles and responsibilities for the management of disasters and emergencies that require a public health and medical response.

The Basic plan is supported by functional annexes.

Functional Annexes

Annex A: Strategic National Stockpile (SNS) provides a framework for the request, receipt, and distribution of SNS assets in response to a public health emergency that affects the City of Alexandria.

Annex B: Medical Countermeasures provides a framework for mass prophylaxis in response to naturally occurring or intentionally caused biological disease threat.

Annex C: Point of Dispensing (POD) detailed guidance for the mobilization and operation of medical and non-medical PODs, which AHD may activate in the event of a public health emergency requiring medical countermeasures dispensing.

Annex D: Medical Surge provides a guide to a coordinated effort between AHD, the local healthcare system, and other partners in response to a medical surge event.

Annex E: Mass Care describes AHD's role and responsibilities as a support agency under ESF-6 Mass Care.

Annex F: Isolation and Quarantine documents AHD's strategy for invoking and enforcing voluntary and involuntary isolation and quarantine when there is a disease of public health threat.

Annex G: Mass Fatality Management provides a framework for mass fatality response to natural deaths in the City of Alexandria.

Annex H: Environmental Health provides a guide to an appropriate and timely response to environmental hazards that may threaten public health.

Annex I: Epidemiology prepares AHD to respond quickly respond to an infectious disease outbreak or bioterrorism event.

Annex J: Safety and Health assists staff in recognizing and responding appropriately to hazards or incidents that may threaten the safety and health of AHD staff, volunteers, clients, vendors, or visitors.

Annex K: Access and Functional Needs guides AHD efforts to assist and accommodate individuals with functional needs, particularly those with special medical needs, before, during, and after an incident.

Annex L: Disaster Behavioral Health ensures an effective and coordinated response to the behavioral health needs of affected city residents, response personnel, and the general public during a disaster or public health emergency.

Annex M: Communications outlines the strategies and procedures that guide AHD communications with staff, volunteers, partners, media, and the public before, during, and after a public health emergency.

Annex N: Staff and Volunteer Management establishes guidelines and procedures for the activation, mobilization, coordination, and management of staff and volunteers for public health response and recovery efforts.

Annex O: AHD Workforce Preparedness Training and Exercise Plan details core competencies and an appropriate training and workforce development plan for employees and includes a multi-year exercise plan.

Annex P: Recovery Plan provides a framework to restore basic health care services, in conjunction with key partners, to vulnerable populations (e.g., children, medically fragile individuals, those with functional needs and people with limited English proficiency) in short-term, intermediate, and long-term recovery.

Other Appendices

Pandemic Flu Plan is a City-wide plan that discusses overall preparedness and response efforts for a pandemic flu and links to specific annexes.

As part of the continuous quality improvement process, the AHD Emergency Operations Plan (EOP), including our Workforce Preparedness Training and Exercise Plan, Functional Annexes, and Other Appendices listed above are updated at least once a year. In addition to yearly plan updates, Alexandria Health Department staff in coordination with the City emergency management partners, and regional and state partners, exercise these plans regularly and incorporate lessons learned from real events. Throughout the PPHR re-accreditation document we demonstrate how the evaluation of these plans positively affects our emergency preparedness and response capabilities.