Mayor
Clay Koplin

Council Members
Tom Bailer
Cathy Sherman
Jeff Guard
Melina Meyer
Anne Schaefer
David Allison
David Glasen

City Manager
Helen Howarth

City Clerk
Susan Bourgeois

Deputy Clerk
Tina Hammer

Student Council
William Deaton

Special City Council Meeting
May 18, 2020 @ 12:00 pm
Cordova Center Community Rooms
and via YouTube and Teleconference
Agenda

A. Call to order

B. Roll call

Mayor Clay Koplin, Council members Tom Bailer, Cathy Sherman, Jeff Guard, Melina Meyer, Anne Schaefer, David Allison and David Glasen

C. Approval of agenda…….... (voice vote)

D. Disclosures of Conflicts of Interest and Ex Parte Communications

- conflicts as defined in 3.10.010 https://library.municode.com/ak/cordova/codes/code_of_ordinances should be declared, then Mayor rules on whether member should be recused, Council can overrule
- ex parte should be declared here, the content of the ex parte should be explained when the item comes before Council, ex parte does not recuse a member, it is required that ex parte is declared and explained

E. Communications by and petitions from visitors

1. Guest Speakers

a. IMT Report, incident: COVID-19……..…. **(page 1)**

2. Audience Comments regarding agenda items……..……. **(3 minutes per speaker)**

F. New Business

3. Resolution 05-20-20……..…….. **(voice vote)(page 12)**

A resolution of the Council of the City of Cordova, Alaska ratifying Emergency Rule 17 "Local Medical Assessment", adopting recommendations of the incident management team medical unit of medical directors confirming implementation, within the city, of "Phase 2" of the "Reopen Alaska Responsibly Plan," and implementing Alaska Public Health Mandate 18 permitting intrastate travel to or from Cordova

4. Discussion of COVID-19 Emergency Response

G. Audience participation

H. Council comments

I. Executive Session

City Council is permitted to enter into an executive session if an explicit motion is made to do so calling out the subject to be discussed and if that subject falls into one of the 4 categories noted below. Therefore, even if specific agenda items are not listed under the Executive Session header on the agenda, any item on the agenda may trigger discussion on that item that is appropriate for or legally requires an executive session. In the event executive session is appropriate or required, Council may make a motion to enter executive session right during debate on that agenda item or could move to do so later in the meeting.

J. Adjournment

Public Call-in number 907-253-6202, each call is placed on hold, then calls will ring through in the order received, please stay on the phone until you've been addressed or thanked by the Chair or Council, then hang up, comments limited to 3 minutes

Executive Sessions per Cordova Municipal Code 3.14.030

- **subjects which may be considered are:** (1) matters the immediate knowledge of which would clearly have an adverse effect upon the finances of the government; (2) subjects that tend to prejudice the reputation and character of any person; provided that the person may request a public discussion; (3) matters which by law, municipal charter or code are required to be confidential; (4) matters involving consideration of governmental records that by law are not subject to public disclosure.
- **subjects may not be considered in the executive session except those mentioned in the motion calling for the executive session, unless they are auxiliary to the main question**
- **action may not be taken in an executive session except to give direction to an attorney or labor negotiator regarding the handling of a specific legal matter or pending labor negotiations**

if you have a disability that makes it difficult to attend city-sponsored functions, you may contact 424-6200 for assistance.
full City Council agendas and packets available online at www.cityofcordova.net

CORDOVA COVID-19 WEEKLY SITUATION UPDATE

Cordova

Unified Command

11 May 2020

PRESENT OBJECTIVES

ESTABLISHED 06 APRIL 2020

- **Objective 1:** Identify one full- time individuals as Safety Officers, to oversee incident safety. (1 in place)
- **Objective 2:** Identify back-up personnel for each activated IMT position and integrate into response.
- **Objective 3:** Continue to develop and review Cordova Health Mandates as needed for relevancy.
- **Objective 4:** Continue to monitor and follow Federal, and State recommendations to decrease outbreak.
- **Objective 5:** Continue to support stakeholders through information sharing to maintain public health.
- **Objective 6:** Continue to monitor and limit public gatherings while maintaining public services.
- **Objective 7:** Continue to address displaced persons and essential functions (MOUs in progress or in place).
- **Objective 9:** Continue to establish and monitor teams to provide current information at ports of entry.

PRESENT OBJECTIVES

ESTABLISHED 06 APRIL 2020

- **Objective 10:** Continue to refine medical screening and education to persons entering Cordova.
- **Objective 11:** Continue to refine and update quarantine and isolation facilities plans.
- **Objective 12:** Provide care and services to elderly and high risk population. (In progress)
- **Objective 13:** Continue to monitor and First Responder and Medical staff protection plans.
- **Objective 15:** Monitor Cordova Prepared website for questions/concerns from citizens.
- **Objective 16:** Monitor Port Security activities and adjust when needed.

CORDOVA COVID-19 UNIFIED COMMAND

Incident Commanders

Paul Trumblee(COC) / Mike Hicks (deputy)
Vivian Knopp(CCMC)/IMC Kari Collins (deputy)
Brooke Mallory(NVE)/Denna Francischetti(deputy)

Emergency Management
Heather Brannon

Medical Advisors
Dr. Sanders
Dr. Blackadar
Dr. Iutzi

Safety Officer
Ian Davis

Liaison Officer
Heather Brannon

Public Information Officer
Cathy Sherman
Heidi Embley APIO

See JIC Slide for additional PIO Info

Policy Group
City Council
CM Helen Howarth
Mayor Clay Koplin

Legal
Holly Wells

Operations Section Chief
Aaron Muma

See separate slide for Operations Branches

Planning Section Chief
Leif Stavig

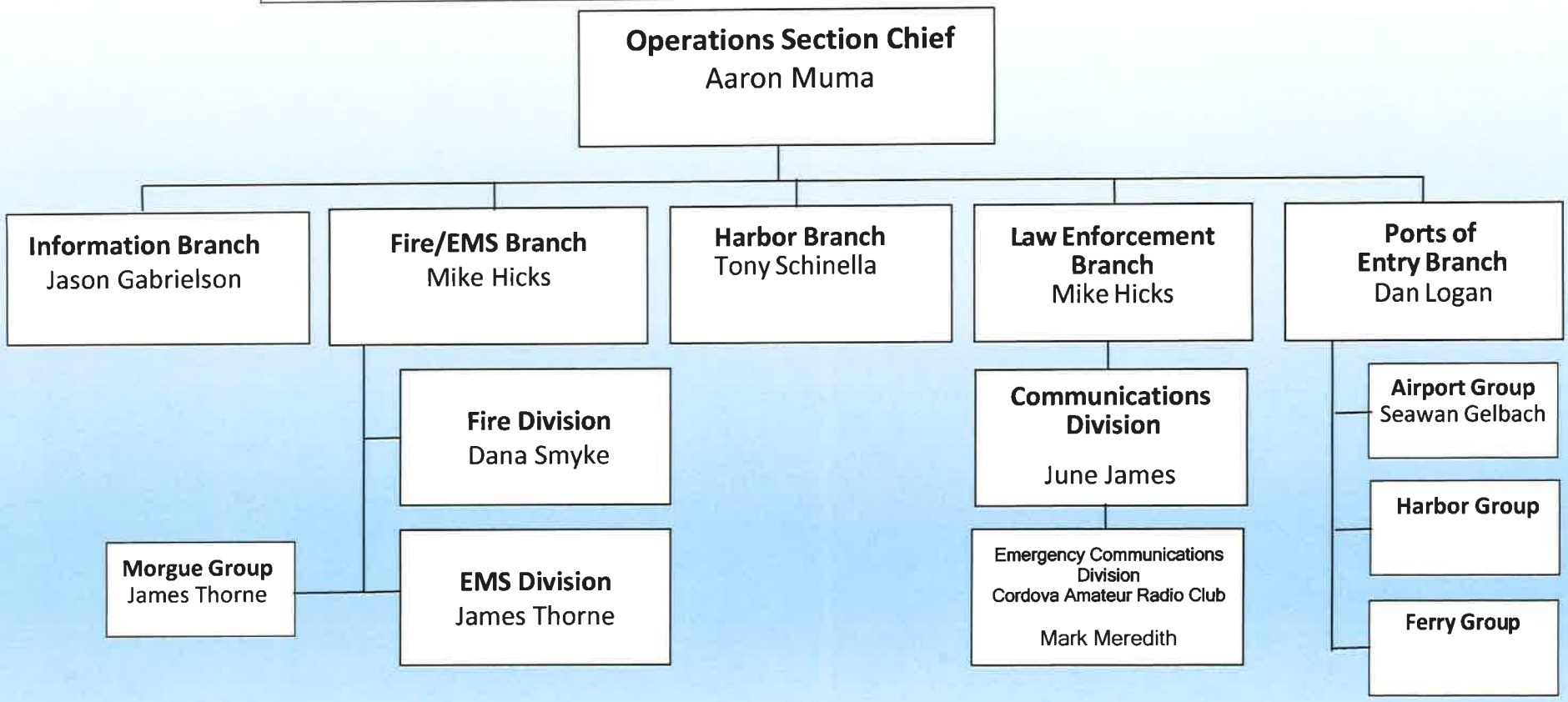
See separate slide for Planning Branches

Logistics Section Chief
Eva Edwards

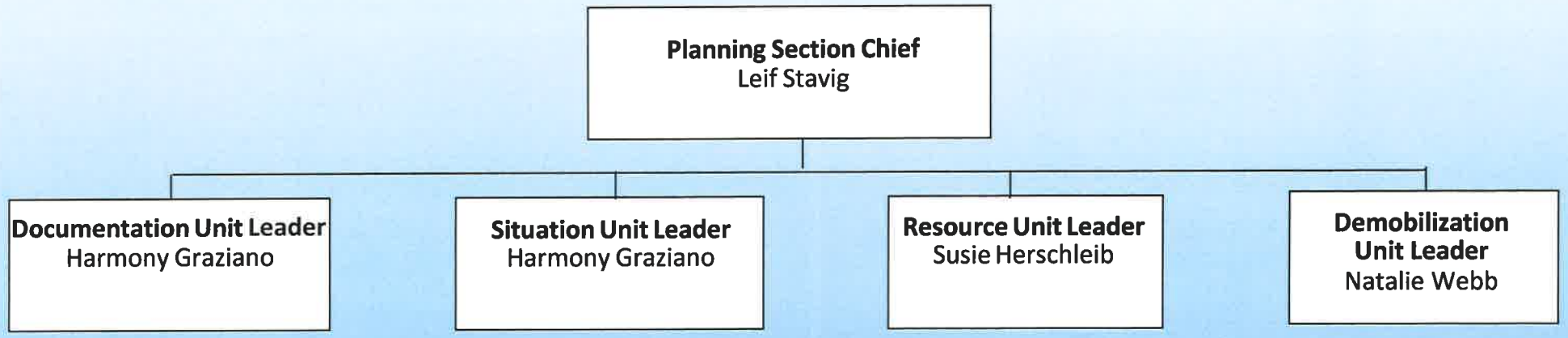
See separate slide for Logistics Branches

Finance Section Chief
Ken Fay
Barb Webber (deputy)

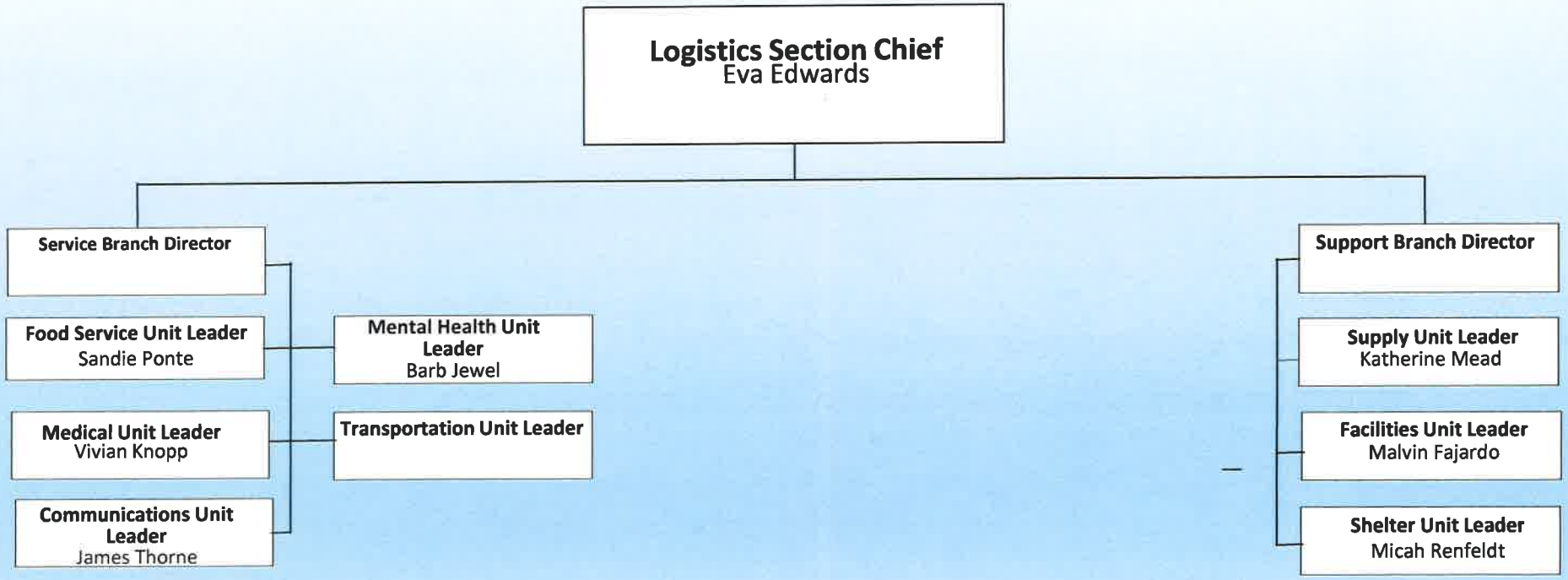
OPERATIONS SECTION ORGANIZATION



PLANNING SECTION ORGANIZATION



LOGISTICS SECTION ORGANIZATION



JOINT INFORMATION CENTER (VIRTUAL)

Cathy Sherman	Lead PIO	Cordova Prepared	COC
Heidi Embley	APIO	Contract PIO	COC
Clay Koplin	Mayor	Radio and Television Media Briefs	COC
J.R. Lewis	Announcer	Local Radio Media	KLAM
Annette Potter	Editor	Cordova Times Newspaper	NVE
Hannah Sanders, MD	Medical Doctor	Physician Consultant	CCMC

Operational Period #10 Objective Review -5/11- 5/18

Objective 1: Identify one full-time individual as Safety Officer to oversee incident safety.

- Complete; one person in place as Safety Officer

Objective 2: Identify back-up personnel for each activated IMT position and integrate into response.

- This is an ongoing objective.
- Additional personnel have been recently added who can serve as back-up to current IMT positions.

Objective 3: Continue to develop and review Cordova Health Mandates as needed for relevance.

- This is an ongoing objective.
- Incident Commanders with assistance from policy group are reviewing mandates and comparing them to state mandates and determining best path forward for Cordova.
- Existing Health Mandates are being disseminated to the public through the PIO team.

Objective 4: Continue to monitor and follow Federal and State recommendations to decrease outbreak.

- This is an ongoing objective.
- This is evolving as we learn more about the disease and which measures are effective to prevent the spread of COVID-19.
- Current City Mandates are in place in order to decrease outbreak within the community.
- PIOs are continually pushing messaging about safety measures; i.e., wearing masks, social distancing, etc.

Objective 5: Continue to support stakeholders through information sharing to maintain public health.

- This is an ongoing objective.
- IMT is meeting regularly to share information throughout team.
- PIOs are regularly producing updates to the entire community following a Communication Plan.
- Liaison has been meeting with various groups of community stakeholders in order to disseminate information about the situation.

Objective 6: Continue to monitor and limit public gatherings while maintaining public services.

- This is an ongoing objective.
- Current mandates/rules in place address large public gatherings.
- All city public services are currently operating.

Objective 7: Continue to address displaced persons and essential functions (MOUs in progress or in place).

- This is an ongoing objective.
- There is an IAP for an Alternate Care Site at the High School.
- MAAs are being completed for areas that could be used as additional sheltering locations

Objective 8: N/A

- Completed last operational period.

Objective 9: Continue to establish and monitor teams to provide current information at ports of entry.

- This is an ongoing objective.
- Airport Group is active and there is an Airport Operations Plan that they are currently working under.
- The Harbor Group is developing and has a Harbor Operations Plan.
- Ferry Group not yet required as ferry is not in service.

Objective 10: Continue to refine medical screening and education to persons entering Cordova.

- This is an ongoing objective.
- This objective is primary focus of the Medical Team.
- PIOs are educating public on COVID-19 information.
- Ports of Entry Branch consisting of Airport and Harbor Groups is actively trying to communicate with all persons entering Cordova.

Objective 11: Continue to refine and update quarantine and isolation facilities plans.

- This is an ongoing objective.
- There is a draft IAP for an Alternate Care Site at the High School.
- Shelter Unit is actively looking at potential areas that could serve as potential quarantine, isolation, or other sheltering locations.
- MOUs and MAAs are being developed with various property owners.
- Odiak Camper Park has several quarantine locations available.

Objective 12: Provide care and services to elderly and high-risk population.

- Information specific to these groups is being shared by PIOs.
- There is a volunteer/NVE group that is currently working at addressing the needs of elderly and high-risk individuals.

Objective 13: Continue to monitor First Responder and Medical staff protection plans.

- This is an ongoing objective.
- First Responders are regularly updating and communicating procedures to ensure safety and adequate PPE.

Objective 14: N/A

- Completed last operational period.

Objective 15: Monitor Cordova Prepared website for questions/concerns from citizens.

- This is an ongoing objective.
- Q&A for Cordova citizens answers many commonly asked questions and is being updated as needed.
- PIO team is regularly responding to Cordova Prepared email.

Objective 16: Monitor Port Security activities and adjust when needed.

- Harbor Operations Plan developed.
- In the process of hiring people to do what is required in the plan.

May 15, 2020

TO: Cordova City Council

FROM: Hannah Sanders, MD, Charles Blackadar, MD, Kristel Rush, MD, Brian Iutzi MD, Adam Woelk, MD

RE: Cordova's Medical Unit Medical Directors Recommendations to Council Regarding Phase 1 and Phase 2 of the State of Alaska Reopen Alaska Responsibly Plan

Dear Council Members,

Upon careful review of the State of Alaska Public Health Mandates and "Reopen Alaska Plan, Phase 2," Cordova's Medical Unit Medical Directors ("Cordova Medical Team"), as organized in accordance with the Cordova Emergency Operations Plan, Annex L, recommend the following actions by the Cordova Emergency Operations Unified Command and the Cordova City Council:

1. Implement Phase 1A of the State of Alaska Reopen Alaska Responsibly Plan ("State Plan")

2. Implement Public Health Mandate 18 "Intrastate Travel."

3. Implementation of "Phase 2" of the State Plan

Under these recommendations, the City of Cordova will implement State of Alaska Public Health Mandate 16 (attachments D-H & J, dated April 24, 2020)

Recommendations

While we feel the State Plan is well thought out, the key will be in enforcement and a low threshold to back off the plan if cases exceed the ability to treat patients and track contacts. Our recommendation is to have a clear plan from the city on monitoring and enforcing the restrictions detailed in the cities plan MUST be implemented in order to be able to continue safely following the States plan for reopening.

After Cordova's first case, the City has not yet had another, which suggests social distancing and business operation restrictions are effective. Consequently, the Cordova Medical Team is growing more confident in Cordova's ability to respond to an increase in COVID-19 cases in the upcoming weeks and months. The City's preparedness to respond to COVID-19 justifies lifting restrictions as recommended above.

Further, the Cordova Medical Team recommends implementing the intrastate travel guidelines enacted through State of Alaska Public Health Mandate 18. Currently, the City does not anticipate a large influx of visitors arriving by airplane outside visitors qualifying as "essential workers" or traveling for subsistence purposes (fishing, hunting, family care). Given that these visitors are

currently permitted to travel into the City, Mandate 18 will not have a significant impact on Cordova's population until the arrival of the first ferry, which is not scheduled until early July. This window gives us the opportunity to assess and revise the Team's recommendations regarding implementation of Mandate 18 if the influx of intrastate travelers permitted by that mandate presents a health risk to Cordova.

Conclusion

For all of the reasons stated above, the Cordova Medical Team respectfully requests Council adopt the recommendations included above. The undersigned will be available to answer Council's questions and address its concerns at the Council meeting addressing the recommendations in this letter.

Hannah Sanders, MD

Charles Blackadar, MD

Kristel Rush, MD

Brian Iutzi, MD

Adam Woelk, MD

CITY OF CORDOVA, ALASKA
RESOLUTION 05-20-20

A RESOLUTION OF THE COUNCIL OF THE CITY OF CORDOVA, ALASKA RATIFYING EMERGENCY RULE 17 "LOCAL MEDICAL ASSESSMENT", ADOPTING RECOMMENDATIONS OF THE INCIDENT MANAGEMENT TEAM MEDICAL UNIT OF MEDICAL DIRECTORS CONFIRMING IMPLEMENTATION, WITHIN THE CITY, OF "PHASE 2" OF THE "REOPEN ALASKA RESPONSIBLY PLAN," AND IMPLEMENTING ALASKA PUBLIC HEALTH MANDATE 18 PERMITTING INTRASTATE TRAVEL TO OR FROM CORDOVA

WHEREAS, Rule 17 of the Cordova Temporary COVID-19 Emergency Rules requires the Incident Management Team Medical Unit of Medical Directors ("Cordova Medical Team") to review any revision or repeal of State Public Health Mandates before the repeal or revision of a State of Alaska health mandate becomes effective within the City; and

WHEREAS, Rule 17 also requires the Cordova Medical Team to submit its recommendations regarding repeals and revisions to State Mandates to City Council so Council has the opportunity to delay the effective date of any repeal or revision to State Mandate within the City if doing so is necessary to protect public health and safety; and

WHEREAS, the Cordova Medical Team recommended that the City implement "Phase 2" of the Plan; and

WHEREAS, the Cordova Medical Team also recommended implementation of Alaska Public Health Mandate 18 permitting intrastate travel to and from Cordova; and

WHEREAS, City Council finds that the Cordova Medical Team recommendations best serve the Cordova community and its visitors.

NOW, THEREFORE, BE IT RESOLVED that the Council of the City of Cordova, Alaska, hereby:

Section 1: ratifies City of Cordova Emergency COVID-19 Rule 17 as follows:

Rule 17. Local Medical Assessment. Except as otherwise provided in this rule or expressly prohibited by law, any revision or repeal of all or part of a State of Alaska health mandate shall be reviewed by the Incident Management Team Medical Unit of Medical Directors and approved by Council before becoming effective in the City. The Incident Management Team shall submit its recommendation to Council no more than ten days after the revision or repeal is posted on the State of Alaska website. In the event Council does not take action under this rule within ten days, the revision or repeal adopted by the State shall become effective. The Incident Management Team shall notify the public of a delayed effective date by posting notice on the City website and by broadcasting notice on a local radio station. This rule shall only apply to State revisions and repeals issued on or after May 7, 2020.

DRAFT

Section 2: adopts the recommendations of the Medical Team and moves Cordova into compliance with State Mandates 16 (Phase 2) and 18 (Intrastate Travel).

PASSED AND APPROVED THIS 18th DAY OF MAY 2020.

_____
Clay R. Koplin, Mayor

Attest:

_____
Susan Bourgeois, CMC, City Clerk

DRAFT

Safe Cordova:
Roadmap to Reopening Cordova

STATUS: RED LIGHT
High Risk of Community Transmission • Highest Level of Community Protections

Allowable Activities	Protective Measure	Risk Metrics
• Critical Businesses can operate, provided they adhere to strict physical distancing, frequent cleaning practices and other preventative measures. • Limited access to physical locations of Non-Critical Businesses for upkeep, site maintenance, payroll, remote business operations, or online order fulfillment only. • Physically distant outdoor recreation allowed, maintain at least 6' distance.	• All unnecessary trips and/or travel eliminated; public to stay home as much as possible. • Face coverings in public strongly encouraged. • Non-Critical Businesses and entities closed except for tele-work or other work from home procedures. • Entertainment facilities closed (e.g. theaters, gyms, bingo halls, food courts, etc.) • Public facilities closed (e.g. libraries, museums, playgrounds, pools, and other public buildings.) • No gatherings larger than 10 people. • Travel limited and/or mandatory travel quarantine implemented. • Non-emergency or non-urgent medical procedures canceled or postponed. • All businesses to safeguard PPE supplies in case of need by COVID-19 medical responses.	In order to transition from this phase these metrics are met. *Epidemiology* • Ability and capacity to screen and test widely. • Case counts trending downwards for 14 days with stable and adequate testing. • COVID/PUI hospitalization rate trending down for 14 days. *Health Care Capacity* • Ability/capacity (beds, ICU beds, ventilators, staff) to meet anticipated case surge • Sufficient PPE for all healthcare workers and first responders • Sufficient shelter capacity *Public Health Capacity* • All positive cases interviewed • All contacts monitored • Symptomatic contacts get tested within 24 hours.

STATUS: YELLOW LIGHT Medium Risk of Community Transmission • Medium Level of Community Protections		
Allowable Activities	**Protective Measure**	**Risk Metrics**

• Partially reopen low-risk, non-critical businesses following State of Alaska Health Mandate 16. Limited openings using strict physical distancing, frequent cleaning practices and other preventative measures. Encourage alternate delivery methods for goods (e.g. curbside pickup, to-go).
  ○ Ex: Restaurants with appropriate physical distancing, staff PPE, frequent cleaning and other preventative measures such as fewer tables, increased spacing between customers, etc.
  ○ Ex: Personal Care Services with appropriate physical distancing, appointment-only, 1-on-1 services, etc.
  ○ Ex: non-public facing businesses institute distancing measures, limit gathering of employees, require face coverings, and protections for vulnerable workers, etc.
  ○ Ex: public-facing businesses institute distancing measures, alternate pickup / delivery methods, require face coverings, and limit occupancy, etc.
• Some non-emergency or non-urgent medical procedures can proceed.
• Low-risk outdoor recreation activities are allowed.
	• Closely monitor community Risk Metrics to evaluate any change in the wrong direction; ability to quickly rollback Allowable Activities to RED LIGHT again if data shows worsening conditions (lower threshold would be used).
	• Limited trips outside the home allowed, but people encouraged to stay home as much as possible. Extra precaution for those at high risk of illness (older people and those with existing medical conditions.)
	• Face coverings required in where social distancing of 6 ft not possible and in all public facilities.
	• Critical businesses continue practicing remote work when possible, and physical distancing and cleaning practices.
	• Travel limited and/or mandatory travel quarantine remains in place.
	• No gatherings larger than 20 people.
	• Public facilities remain closed (e.g. libraries, museums, gyms, pools, playgrounds.)
	• Develop “Cordova Opens” Risk Assessment that identifies risk levels for different categories of Cordova business and venues in effort to identify opportunities for reopening.
		In order to transition from this phase, all metrics are met with increases to downward trends.
		Epidemiology
		• Ability and capacity to screen and test widely.
		• Cases trending downwards for an extended period: initially 28 days, but will continue working with public health experts to identify any changes needed to this extended period.
		• COVID/PUI hospitalization rate trending down for an extended period: initially 28 days but will continue working with public health experts to identify any changes needed to this extended period.
		Health Care Capacity
		• Ability/capacity (beds, ICU beds, ventilators, staff) to meet anticipated case surge.
		• Sufficient PPE for all healthcare workers and first responders.
		• Sufficient Shelter capacity
		Public Health Capacity
		• All positive cases interviewed
		• All contacts monitored
		• Symptomatic contacts get tested within 24 hours

STATUS: Green Light Lower Risk of Community Transmission • Lower Level of Community Protections		
Allowable Activities	**Protective Measure**	**Risk Metrics**
• Utilize "Cordova Opens" Risk Assessment to further open and expand non-critical businesses with appropriate measures in place. Alternative ways of working encouraged (e.g. remote working, shift-based working, physical distancing, staggering meal breaks, flexible leave). • Permissible gathering size increases with adequate preventative measures (e.g. handwash stations and/or hand sanitizer, limits on maximum occupancy for given space, other social distancing preventative measures.) • Sport and recreation activities are allowed if conditions on gatherings are met, physical distancing is followed, and travel is local. • Public facilities allowed to re-open, only with adequate public health measures. • Health services resume normal operations.	• Closely monitoring community Risk Metrics to evaluate any change in the wrong direction; ability to quickly rollback Allowable Activities to Phase 1 or Hunker Down again if data shows worsening conditions (lower threshold would be used). • People at high risk of severe illness (older people and those with existing medical conditions) are encouraged to stay at home where possible and take additional precautions when leaving home. If they choose to work, take similar precautions. • Physical distancing of 6-ft. when outside of home (including on public transportation.) • Some public venues to remain closed. • People advised to avoid non-essential inter-regional travel, voluntary quarantine for any travel recommended.	In order to transition from this phase, all metrics are met with increases to downward trends. *Epidemiology* • Ability and capacity to screen and test widely. • Cases trending downwards for an extended period: initially 42 days, but will continue working with public health experts to identify any changes needed to this extended period. • COVID/PUI hospitalization rate trending down for an extended period: initially 42 days, but will continue working with public health experts to identify any changes needed to this extended period. *Health Care Capacity* • Ability/capacity (beds, ICU beds, ventilators, staff) to meet anticipated case surge. • Sufficient PPE for all healthcare workers and first responders. *Public Health Capacity* • All positive cases interviewed • All contacts monitored • Symptomatic contacts get tested within 24 hours

STATUS: MAINTAIN Lower Risk of Community Transmission • Lower Level of Community Protections *Daily life resumes with increased COVID-19 awareness and monitoring.*		
Allowable Activities	**Protective Measure**	**Risk Metrics**
• Schools and workplaces open and must operate safely. • Increased gathering size. • No restrictions on domestic travel or transportation but avoid public travel or transportation if sick.	• Continue monitoring community Risk Metrics to evaluate changes; ability to quickly rollback Allowable Activities to Phase 2, 1, or Hunker Down again if data shows worsening conditions (lower threshold would be used). • Self-isolation and quarantine still required. • Stay home if sick, report flu-like symptoms. • Physical distancing still encouraged. • Wash and dry hands, cough into elbow, don't touch your face.	In order to transition from this phase, all Phase 2 metrics are met with increases to downward trends. • Widespread community transmission is no longer present in the MOA. • Individual cases are identified, traced and isolated.

STATUS: "New Normal" Community Protections in Place *Daily life resumes.*		
Allowable Activities	**Protective Measure**	**Risk Metrics**
		• Vaccine and anti-viral treatments which will allow our community to have reliable annual access to vaccination and treatment exist.