

Report #2021-05

PANDEMIC RESPONSE PLAN GAP ANALYSIS

NUMBER OF RECOMMENDATIONS



*City of Glendale
Internal Audit*

12.29.2020



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Acknowledgment

We would like to thank personnel from the Fire Department, Management Services Department, City Attorney’s Office, Human Resources Department, and Public Works Department for the support and assistance provided to us throughout this project.

For questions regarding the contents of this report, please contact the lead auditor, Natalie Minami-Valdivia, Sr. Internal Auditor, or Jessie Zhang, Internal Audit Manager at ipa@glendaleca.gov

This report is also available online at <http://www.glendaleca.gov>

A. Overview

Key Outcomes

Based upon the gap analysis performed on the City of Glendale Pandemic Response Plan (Pandemic Response Plan), Internal Audit identified four improvement opportunities related to efficiency and risk reduction. These improvement opportunities are related to updating the Pandemic Response Plan to include: 1) additional structural information, 2) occupational safety and health hierarchy of controls, 3) information source references and the most current information, and 4) supplemental pandemic related best practices.

Internal Audit identified that the City executed the action items included within the Pandemic Response Plan and proactively executed other best practices based upon ongoing communications received from state, county, and local agencies. As a result of this gap analysis, Internal Audit identified and recommends 28 additional best practice action items (see Appendix 2) to be added to the Pandemic Response Plan. Of these, 26 have been the City’s practice during this pandemic.

Impact Dashboard

This table summarizes the applicable value-added categories (total 8) for the four recommendations based on their priority rankings.

	Value Added Categories				Innovation Opportunities
	Compliance	Cost Saving	Efficiency	Risk Reduction	
Priority 1 0	0	0	0	0	0
Priority 2 0	0	0	0	0	0
Priority 3 4	0	0	4	4	0

(Definitions of Priority Rankings and Value-added impacts are located at Appendix 1)

B. Action Plan and Target Completion Dates

The action plan and target completion dates are summarized in the table below. Internal Audit will perform quarterly status follow-up to provide assurance that management is taking appropriate and timely corrective action to address audit recommendations.

Ref.	Management Action Plan	Completion Date
Priority 3		
1.	Update the Pandemic Response Plan to include a purpose statement, intended audience, plan structure/design/authority, relationship to other emergency plans(s), roles and responsibilities, and frequency of plan review and updates. <i>Value added: <u>Efficiency</u>, <u>Risk Reduction</u></i>	Completed
2.	Update the Pandemic Response Plan to establish an occupational safety and health hierarchy of controls with detailed action items. <i>Value added: <u>Efficiency</u>, <u>Risk Reduction</u></i>	Completed
3.	Update the Pandemic Response Plan to include information source references and the most current information. <i>Value added: <u>Efficiency</u>, <u>Risk Reduction</u></i>	Completed
4.	Update the Pandemic Response Plan content to include enhancement to current sections and the addition of other specified sections. <i>Value added: <u>Efficiency</u>, <u>Risk Reduction</u></i>	Completed

C. Background

On March 4, 2020, the State of California, County of Los Angeles, City of Los Angeles, Pasadena, and Long Beach declared state of emergencies. This was followed by President Trump’s declaration of a national emergency on March 13, 2020 and the City’s declaration of a local emergency on March 16, 2020. On April 30, 2020, during their regular meeting, the Audit Committee requested an audit of the City’s response to the COVID-19 pandemic. Based upon a meeting with the Assistant City Manager, a decision was made to perform a Pandemic Response Plan Gap Analysis. This project was added to the Fiscal Year 2019-20 Audit Work Plan and Internal Audit began working on the audit in May 2020.

WHO Defined Pandemic Phases¹

The World Health Organization (WHO) is a specialized agency of the United Nations responsible for international public health. WHO categorizes pandemics into the following four global phases:

Interpandemic - period between influenza pandemics.

Pandemic Alert - phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase.

Pandemic - period of global spread of human influenza caused by a new subtype based on global surveillance.

Transition - as the assessed global risk reduces, de-escalation of global actions may occur, and reduction in response activities or movement towards recovery actions by countries may be appropriate, according to their own risk assessments.

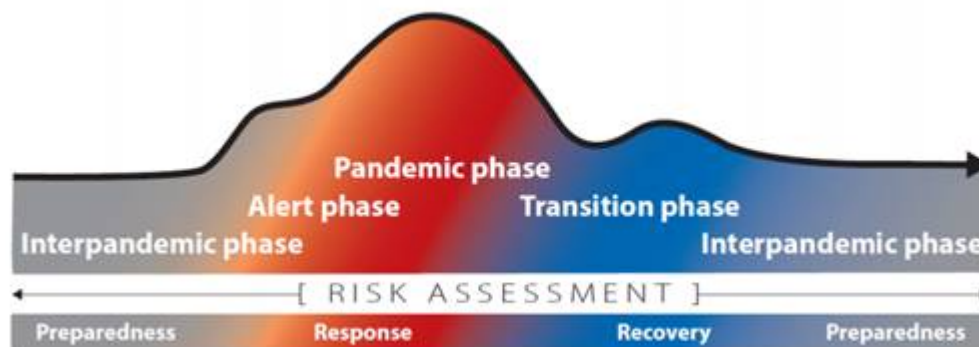
The WHO also provides the following corresponding risk based approach to pandemic influenza phases that provides flexibility to accommodate different consequences within individual locations based upon severity of illness:

Preparedness – Advance preparation based on planning assumptions.

Response – Actions to identified risks based on current events and available capacities.

Recovery – Prioritization of areas of greatest need in the recovery of systems and services.

Continuum of pandemic phases



¹ World Health Organization Global (2017) *Influenza Programme – Pandemic Influenza Risk Management* Retrieved from https://www.who.int/influenza/preparedness/pandemic/PIRM_update_052017.pdf

City's Pandemic Response Plan

The City has an established Emergency Operation Plan that addresses the City's planned response to extraordinary emergency situations associated with natural disasters, technological incidents, and national security emergencies. This document is designed to include the City as part of the California Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS). Additionally, in order to comply with Federal Emergency Management Agency (FEMA) requirements to qualify for certain types of non-emergency disaster assistance, the City worked with a consultant to develop the City of Glendale Hazard Mitigation Plan (Hazard Mitigation Plan). The plan was developed in 2018 and approved by FEMA in October 2019.

In the Hazard Mitigation Plan, the City identified an influenza pandemic as a potential hazard. In an effort to provide a safe environment for Glendale employees and community members, the City committed to the establishment and adoption of a citywide pandemic plan. The Fire Department Emergency Services Coordinator is responsible for developing the City's pandemic plan. However, this position has not been filled since November 1, 2016². On March 24, 2020, the City hired a City Resource Specialist to create the Pandemic Response Plan. The Pandemic Response Plan incorporated guidelines utilized by the County of Los Angeles. This plan was drafted, distributed to the Policy Group consisting of City department heads for review, and updated to incorporate feedback received.

D. Objective, Scope and Methodology

The objective of this project was to perform a gap analysis of the City's Pandemic Response Plan. The scope of this gap analysis covers the Pandemic Response Plan Version 9.25 dated March 30, 2020.

In order to accomplish the gap analysis objective, Internal Audit performed the following:

- Interviewed Fire Department personnel responsible for the City of Glendale Emergency Operations Plan (Emergency Operations Plan) and the Pandemic Response Plan
- Obtained and reviewed the Pandemic Response Plan and pertinent information from the Emergency Preparedness Policy (Administrative Policy Manual 1-6) and Emergency Operations Plan
- Conducted online research on best practices and available pandemic related checklists.

² The City is currently in the process of a promotional recruitment for an Emergency Services Coordinator. This individual will be responsible for all emergency plan related updates, implementation of the updated plans, and coordination of the Emergency Operations Center activities.

- Reviewed the following pandemic planning documents for comparative purposes:
 - Hazard Mitigation Plan
 - Los Angeles County Emergency Medical Services Agency – Recommended Actions for EMS Providers to Prepare for and Respond to Pandemic Influenza
 - County of Los Angeles Department of Health Services Public Health Biological Incident Plan Pandemic Influenza Guidelines Executive Summary
 - Federal Emergency Management Agency Pandemic Influenza Continuity of Operations Annex Template
 - City of Los Angeles Pandemic Annex

- Obtained implementation status for the identified best practices based upon a list of activities provided by the Fire Department, Citywide communications to employees, City of Glendale (City) press releases, and interviewed staff from Fire, Management Services, and Public Works Departments.

As a result of these procedures performed, four areas for improvement were identified and are detailed in the Observations, Recommendations, and Management Responses Matrix beginning on the following page.

Amid the current COVID-19 pandemic, the Fire Department developed the Pandemic Response Plan. As with all policies and procedures, this document is a dynamic document and is subject to change. Once the COVID-19 pandemic has completed the recovery stage, the City already has a debriefing process in place to document lessons learned (after action review) and will update the plan accordingly.

E. Observations, Recommendations, & Management Responses Matrix

Ref	Observation	Recommendation	Management Response
1.	Pandemic Response Plan Structure		
Priority 3	<p>The Pandemic Response Plan did not have a clear structure and was missing the following key elements: a purpose statement, intended audience, plan relationship to the Emergency Operations Plan, plan authority, roles and responsibilities, relationship of the WHO’s pandemic phases to the Center for Disease Control and Prevention (CDC) and the County of Los Angeles’ pandemic phases, and frequency of plan review and update .</p>	<p>Fire management update the Pandemic Response Plan to include the following:</p> <ol style="list-style-type: none"> 1. Purpose Statement for the Pandemic Response Plan. 2. Identification of the intended audience. 3. Pandemic Response Plan structure as it relates to the Emergency Operations Plan. 4. Authority to declare a local Pandemic Emergency within the City. 5. Pandemic specific roles and responsibilities. 6. Relationship of the City’s pandemic phases to WHO global and risk based pandemic phases to the CDC, and County of Los Angeles. 7. Frequency of the plan review and update. 	<p>Agree and has completed the following updates to the Pandemic Response Plan:</p> <ol style="list-style-type: none"> 1. Included a purpose statement. 2. Defined the intended audience for this document within the document’s scope. 3. Cross-referenced applicable sections of the Pandemic Response Plan and the Emergency Operations Plan. 4. Defined the City Manager and City Council’s local responsibility to declare a pandemic emergency. 5. Included roles and responsibilities. 6. Included the relationship between the City’s pandemic phases to the WHO global/risk-based pandemic phases, CDC, and County of Los Angeles. 7. Defined the frequency of plan review to be performed every five years in line with the Hazard Mitigation Plan or following a pandemic event.

Ref	Observation	Recommendation	Management Response
2. Occupational Safety and Health Controls Hierarchy			
Priority 3	<p>An occupational safety and health hierarchy of controls has not been established with detailed actions. A hierarchy is intended to prioritize the control methods from most effective and protective to least effective and protective.</p>	<p>Fire Management establish and define the occupational safety and health hierarchy of controls (see a list of actions at Appendix 2) to include the following:</p> <ol style="list-style-type: none"> 1. Engineering and Environmental - methods that reduce exposure to the virus by changing the work environment and isolating the people from the hazard that are not dependent on worker or customer behavior. 2. Administrative - infection control measures that modify a worker's work schedule and tasks in a way to minimize their exposure to influenza in the workplace. 3. Work Practices - procedures for safe and proper work that are used to reduce the duration, frequency or intensity of exposure to influenza. 4. Personal Protective Equipment (PPE) - PPE can help prevent exposures if appropriately used and fitted. PPE should be used in conjunction with the other prevention interventions, such as good hygiene and health practices. 	<p>Agree and has included occupational safety and health hierarchy of controls language within the Pandemic Response Plan with a reference to the Hazard Mitigation Plan.</p>

Ref	Observation	Recommendation	Management Response
3. Pandemic Operational Guidelines			
Priority 3	<p>Based upon a review of the Pandemic Response Plan and discussion with Fire management, Internal Audit noted the following:</p> <ol style="list-style-type: none"> 1. Information sources used to create the Pandemic Response Plan were not referenced. 2. Recommended actions by pandemic stage were based upon a superseded version, incomplete, and/or contained inconsistencies. 3. Pandemic Operational Guidelines were based upon the WHO's global pandemic phases rather than its risk-based phases adopted by the CDC and the County of Los Angeles. 4. The Pandemic Operational Guidelines did not include metrics to trigger the performance of recommended actions by pandemic phase or risk-based stage. 	<p>Fire Management update the Pandemic Response Plan to include the following:</p> <ol style="list-style-type: none"> 1. The source information referenced in the Pandemic Response Plan. 2. The most updated source document summary and detailed guidelines. 3. County of Los Angeles pandemic risk-based phases. 4. Triggers for the performance of recommended actions by pandemic risk-based stage. 	<p>Agree and has performed the following updates to the Pandemic Response Plan:</p> <ol style="list-style-type: none"> 1. Added the reference section with links and search terms to guide readers to resources. 2. Included the most updated guidelines and added the reference section with links and search terms to guide readers to resources. 3. Included the latest County of Los Angeles EMS Agency guidelines. 4. Indicated that triggers will be based upon County of Los Angeles direction along with Glendale's situation.

Ref	Observation	Recommendation	Management Response
4	Additional Mitigation Measures		
Priority 3	<p>Based upon online research performed, Internal Audit noted additional mitigation measures in the following areas:</p> <p><u>Enhancements</u></p> <ol style="list-style-type: none"> 1. Occupational Safety and Health Section 2. Community Mitigation Measures Section <p><u>Additions</u></p> <ol style="list-style-type: none"> 3. Pandemic Mitigation Measures Section could be added along with additional best practices. 	<p>Fire Management update the Pandemic Response Plan with additional mitigation measures as identified by Internal Audit. Refer to Appendix 2 for recommended Pandemic Response Plan updates.</p>	<p>Agree and has performed the following updates to the Pandemic Response Plan:</p> <ul style="list-style-type: none"> • Included the additional mitigation measures by referencing the Hazard Mitigation Plan or as an addendum to the Pandemic Response Plan. • Worked with the Human Resources Department to incorporate the temporary policies into a separate Administrative Policy Manual category.

Appendix 1: Definitions of Priority Rankings and Value-Added Categories

Definitions of Priority Rankings

The priority rankings are assigned by internal auditors based on their professional judgment. They are also agreed to by management based on their evaluation of the alignment with the strategic goals, priorities and available resources. A timeline has been established based on each priority ranking:

- a. **PRIORITY 1** - Critical control weakness that exposes the City to a high degree of combined risks. Priority 1 recommendations should be implemented within **3 months** from the first day of the month following report issuance or sooner if so directed.
- b. **PRIORITY 2** - Less than critical control weakness that exposes the City to a moderate degree of combined risks. Priority 2 recommendations should be implemented within **6 months** from the first day of the month following the report issuance or sooner if so directed.
- c. **PRIORITY 3** - Opportunity for good or better practice for improved efficiency or reduce exposure to combined risks. Priority 3 recommendations should be implemented within **9 months** from the first day of the month following the report issuance or sooner if so directed.

Definitions of Value-Added Categories

The four value-added impact categories are defined based on their impact from the audit recommendations:

- a. **COMPLIANCE** - adherence to laws, regulations, policies, procedures, contracts, or other requirements.
- b. **COST SAVING** - lower the costs related to conducting City business.
- c. **EFFICIENCY** - ability to avoid wasting resources (money or time) in achieving goals.
- d. **RISK REDUCTION** - lower the risks related to strategic, financial, operations and compliance.

In addition, the **INNOVATION OPPORTUNITY** tag indicates the assistance and consulting services that may be provided by the Innovation and Performance Team.

Appendix 2: Recommended Pandemic Response Plan Updates

The table below provides a summary of the 28 additional best practice action items to be added to the Pandemic Response Plan. All items, with the exception of the two that are unchecked, have already been executed by the City. The implementation status for these best practices was based upon a list of activities provided by the Fire Department, Citywide communications to employees, City of Glendale (City) press releases, and interviews with staff from Fire, Management Services, and Public Works Departments.

1. Occupational Safety and Health Controls

a. Engineering and Environmental³

- Install physical barriers, such as counters and customer windows.³
- Install drive thru windows when appropriate.³
- Increase the percentage of outdoor air, using economizer modes of HVAC operations and potentially as high as 100%. Before increasing outdoor air percentage, verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations.⁴
- Disable demand-control ventilation controls that reduce air supply based on temperature or occupancy.⁴
- Improve central air filtration:⁴
 - Increase air filtration to as high as possible without significantly diminishing design airflow.
 - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after spaces are occupied, in accordance with manufacturer recommendations.⁴

b. Administrative Controls³

- Develop a policy to encourage sick employees to stay home without fear of reprisal.
- Discontinue nonessential travel to locations with high rates of illness.
- Develop a policy to minimize contact between workers, clients, and the public-at-large.
- Develop practices that minimize face-to-face contact between workers, such as the use of e-mail, phone calls, teleconferences, and institution of flexible hours to limit the number of employees in the same work environment.

³ KASSL Emergency Management Consulting (2018), *City of Glendale Hazard Mitigation Plan (page 11-3)* Retrieved from <https://www.glendaleca.gov/Home/ShowDocument?id=48978>

⁴ World Health Organization (2020), *Coronavirus disease (COVID-19): Ventilation and air conditioning in public spaces and buildings* Retrieved from <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-ventilation-and-air-conditioning-in-public-spaces-and-buildings>

1. Occupational Safety and Health Controls (cont'd)

b. Administrative Controls (cont'd)

- Maintain good communication with a forum for answering questions of concerned employees.

c. Work Practices

- Provide a listing of the resources to promote and explain the importance of good personal hygiene to include, but not be limited to, the following:³ above
 - Hand sanitizer
 - Tissues
 - No-touch trash cans
 - Disinfectant cleaner for work surfaces
 - Disposable towels
- Encourage workers to get flu vaccinations.³ above
- Provide workers with the most up-to-date information on influenza.³ above
- Provide accessible education and training in the appropriate language and literacy level.³ above
- Make influenza-like illness symptoms consistent within the Pandemic Response Plan.⁵

d. Personal Protective Equipment (PPE)⁶

- Define Personal Protective Equipment as essential to help prevent exposures.
- Require employees to use the appropriate PPE.
- Ensure that the PPE fits appropriately.
- Utilize PPE in conjunction with other prevention interventions, such as good hygiene and good health practices.
- Example of PPE:
 - N95 mask
 - Gloves
 - Goggles/safety glasses

⁵ Los Angeles County Emergency Medical Services Agency (2009), *Recommended Actions for EMS Providers To Prepare For and Respond to Pandemic Influenza* (page 32) Retrieved from http://file.lacounty.gov/SDSInter/dhs/207110_PandemicInfluenza.pdf

⁶ KASSL Emergency Management Consulting (2018), *City of Glendale Hazard Mitigation Plan* (page 11-4) Retrieved from <https://www.glendaleca.gov/Home/ShowDocument?id=48978>

2. Community Mitigation Items⁷

- Home isolation of cases for a minimum of 7 days after disease onset.
- Monitor contacts for fever and respiratory symptoms for 5 days after exposure.
- Asking health care workers who have a fever and have been previously exposed to not go to work.

3. Pandemic Mitigation Items⁸

- Provide hand-sanitizers and display public health education posters throughout all public counters within the city.
- Support the County of Los Angeles Public Health in any training and exercises that will prepare the community in general.
- Verify that the local hospitals have a plan to respond to surge in patients due to a 10% influenza infection rate.
- Support the County of Los Angeles Public Health in communicating the opportunities to be vaccinated against seasonal influenza.

⁷ County of Los Angeles Department of Health Services Public Health (2006), *Biological Incident Plan PANDEMIC INFLUENZA GUIDELINES Executive Summary (page 2)*
Retrieved from <https://www.cityofcalabasas.com/home/showdocument?id=2491>

⁸ KASSL Emergency Management Consulting (2018), *City of Glendale Hazard Mitigation Plan (pages 11-3 & 11-9)* Retrieved from <https://www.glendaleca.gov/Home/ShowDocument?id=48978>