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State Emergency Planning
Coordinator



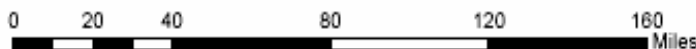
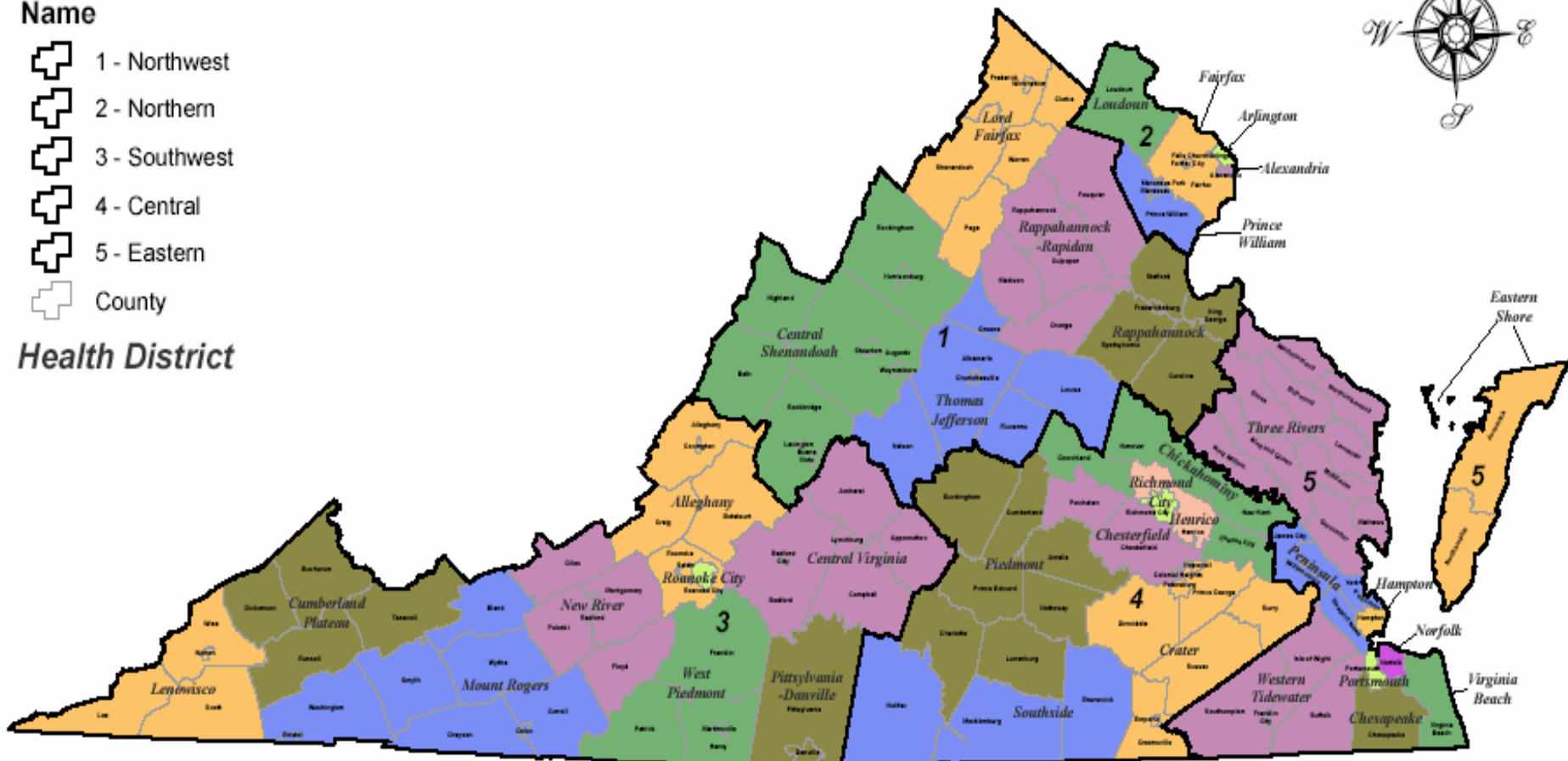
Virginia Department of Health Regions and Districts

Health Regions

Name

-  1 - Northwest
-  2 - Northern
-  3 - Southwest
-  4 - Central
-  5 - Eastern
-  County

Health District



VDH EP&R

Vision & Mission

■ VISION

Protecting Virginia's health in times of emergency.

■ MISSION

To effectively facilitate response to any emergency impacting public health through preparation, collaboration, education, rapid intervention, and recovery.

Questions

1. **What does your agency do related to emergency response that is the same and different than what you usually do.**

Same

Everything

Different

1. Everything

1. Response Time

2. Scope

3. Level of inter / intra agency Coordination

4. Element of Fear

Questions

2. For emergencies and disasters (natural and man-made) what are the services / support / assets / resources that the other first responder and emergency management agencies can count on you to provide?

Exercise ALL HAZARD emergency tasking authority over:

- Office of Epidemiology
- 35 District Health Directors
- 5 EP&R Regional Teams
- Office of Emergency Medical Services
- Office of Environmental Health
- Office of Chief Medical Examiner
- Office of Information Management
- Office of Drinking Water
- Office of Environmental Health
- SNS, CRI, Chempack, Surge, BDS Management
- +++

Questions

3. In order for you to support and respond to emergencies and disasters, what might you need / require from other responding or supporting agencies / first responders?

Unified Command

Joint Planning

Detailed, Parallel, Concurrent, Seamless

Interoperability

**Real-Time Common Operating Picture /
Situational Awareness**

Current, Accurate Contact Means / Data

Capability Assessment

Joint Exercises (X discipline / X jurisdiction)

Questions

4. What are issues or impediments to you and your agency / department when responding across jurisdictional (county, state, city) lines.

SEAMS

Lack of Timely, Coordinated Federal Response

Inefficient EMAC

Interoperability Issues

VDH Goals –

- **All Hazard** Preparedness and Response to include (but not limited to) CBRNE, infectious disease outbreaks
- Providing for public health through **collaboration** with other emergency response organizations
- Build public health infrastructure in VA
- Availability to respond to emergencies 24/7

VDH Planning Initiatives

- Family of Plans (including disease-specific plans)
- Pandemic Flu Planning
- COOP
- Strategic National Stockpile (SNS) Readiness Upgrade
 - CHEMPACK
 - Cities Readiness Initiative (CRI)
- District and Regional Plans
- Surge Planning
- Biowatch, Guardian, +++
- USPS Bio Hazard Detection System (BDS)
- VDH Emergency Coordination Center (ECC) / ESF-8
- 23 Medical Reserve Corps (MRCs)
- Pre-event Smallpox Vaccination Program
- Statewide Exercises
- Suspicious Substance Management
- Special Needs Populations Planning

COMMUNICATIONS

HAN / SWAN Enhancement

SNS management

Volunteer Management

Polycom / VTC

Satellite Phones

STARS

Support LHD Wireless Linkages

Cell, Pagers (Dig, msg and voice)

24/7 Hotline

Priority to Landline and Wireless (GETS)

Current Rosters

Search for the Perfect Communications System

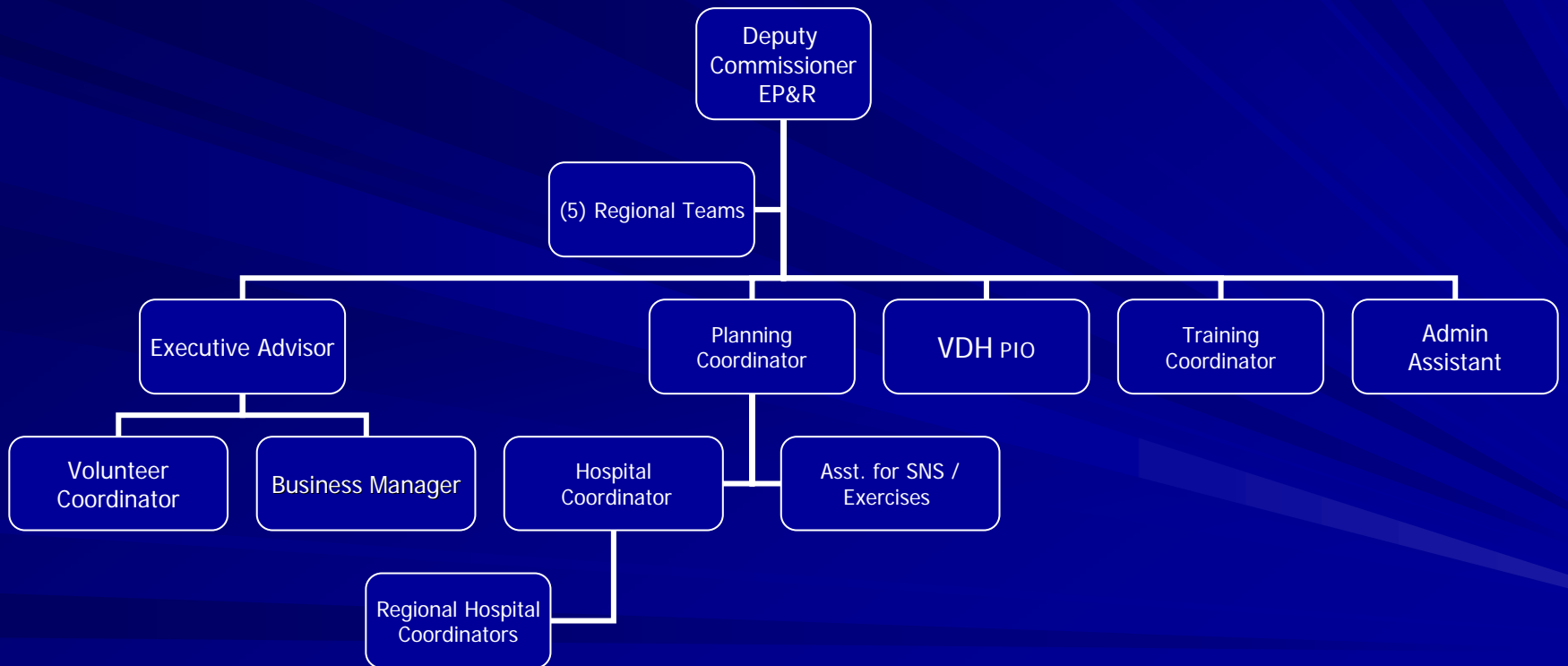
(Reliable, Redundant, Reasonable, Scalable, Mobile)

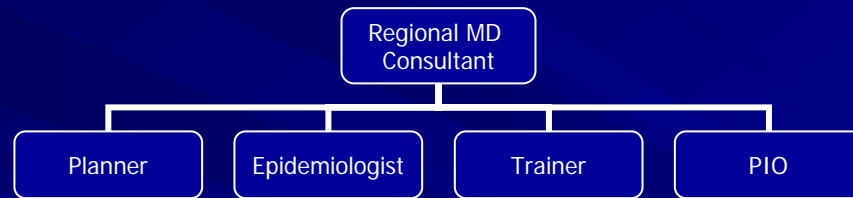
Virginia:

- Office of Commonwealth Preparedness
- Secure Commonwealth Panel
- Grants
- New VDEM and VDH Regionalization
- All Hazards Approach
- VEOC / JIC
- VITA
- STARS
- Coordination with Feds

Cooperative Initiatives

- Strategic National Stockpile
 - Cities' Readiness Initiative
- Surge Planning
- Resource Management
- Indications and Warnings
- Risk Communications
- Exercises / Assessments
- Continuity of Operations Planning





Levels of Surge

I Health care facilities use all available beds

Approximately 14,700 staffed beds in state (includes DOD and VA)

II Health care facilities use all space within campus

Approximately 18,100 acute casualties

III Community response

Ramp up in initial 72 hours

IV Federal Response activates federal resources

Augment community response with staff, equipment and supplies

6 Tiers for Resource Management

1. Management of Individual Healthcare Assets – focus on local events (Single Hospital/provider)
2. Management of Healthcare Coalition – when an event affects more than one Healthcare provider
3. Jurisdictional Incident Management
4. Management of State Response
5. Interstate Regional Management Coordination – entire region / jurisdiction is effected
6. Federal support to state and jurisdiction management – national emergency

Local Response Entities

- Requires support of County/City leadership (139)
- Partnership among:
 - School systems
 - Hospitals
 - Law enforcement
 - Social Services
 - Emergency Management
 - Responders (Fire / EMS)
 - Private sector partners
 - Regional Mutual Support
 - Community Health Clinics

FLUEX '06 AAR

- Decision Triggers
- Prioritization of Essential Services
- ID Essential Personnel / Backups / Depth
- NIMS / ICS Compliance
- HR / Telecommuting Policies
- Mass FATALITY Planning
- SNS Reordering
- Expand Health WebEOC
- ECC / ESF-8 Relationship (State and Local)

The Burden of Influenza

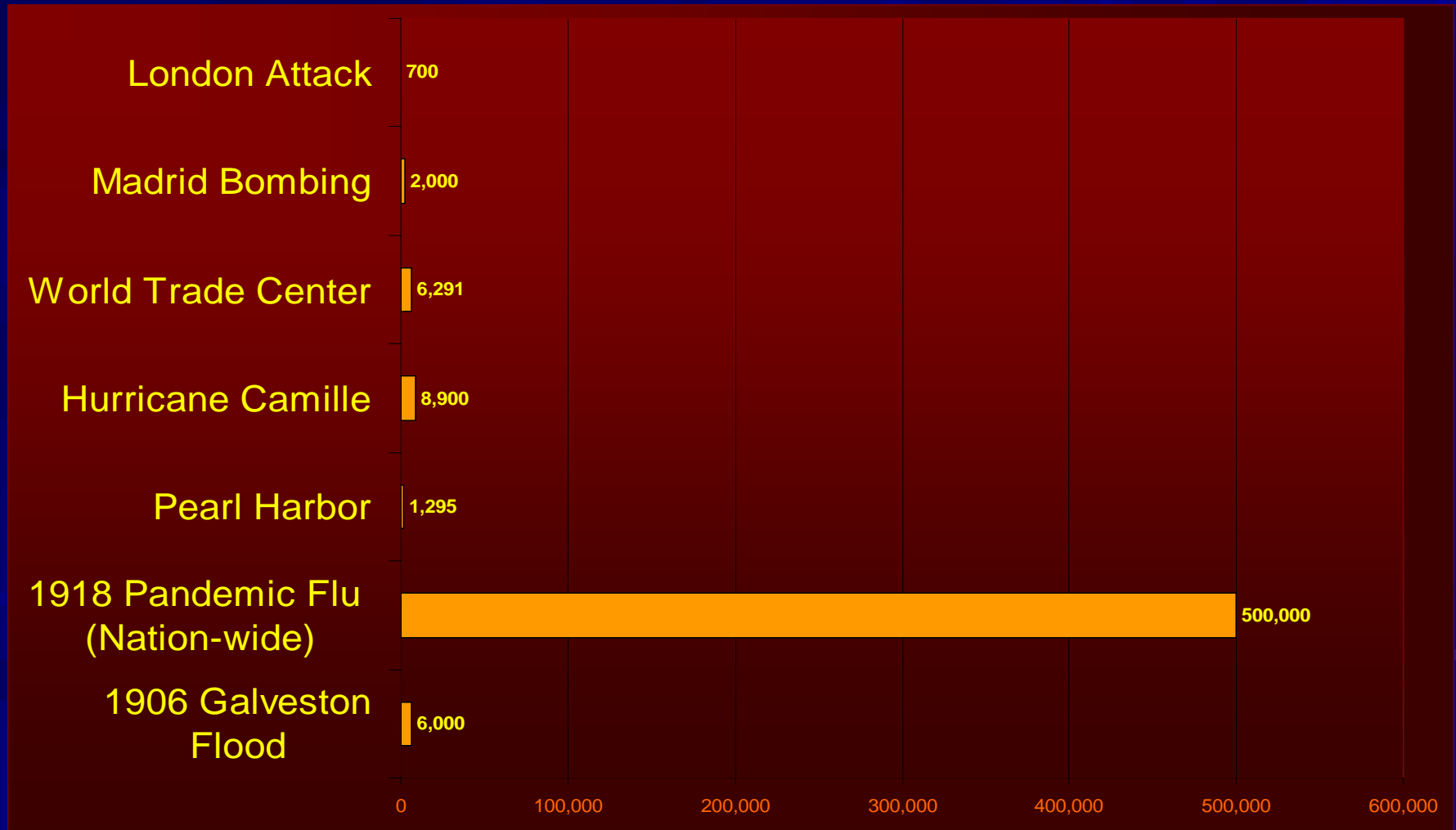
Seasonal Influenza

- Globally: 250,000 to 500,000 deaths each year
- In the United States each year:
 - 36,000 deaths
 - >200,000 hospitalizations
 - \$37.5 billion in economic costs from influenza and pneumonia

Pandemic Influenza

- An ever-present threat

Hospitalized Casualties in Past Events



VA. Impact Potential

■ 8 week Pandemic Model

- 1,138,000: Require outpatient care
- 24,000: Hospitalized
- 5,400: Mortalities

Pandemic Flu Issues

- Community control measures
 - Need to close schools, limit public events: effectiveness of these measures not known
 - Economic impact
 - Maintain essential services
 - Close collaboration with public health, including need for isolation/quarantine measures
 - Continuity of Operations Plans (COOP) for business, government: high percentage of population will be ill
 - Isolation and Quarantine

Pandemic Flu Issues

■ Impact on healthcare system

- Illness of healthcare staff
- Adequate hospital beds with possible need for surge beyond hospitals
- Limits of supplies, including ventilators

■ Public information

- Media as partner in reaching public
- Appropriate messages concerning disease control measures, obtaining healthcare without overwhelming healthcare system

Risk Communication

- Essential at all stages, beginning before pandemic spread
- Constantly changing situation
- Messages must be relayed in appropriate/timely manner
- Recommendations will change over time
- Effective response to pandemic requires public support – decisions will not be easy but must be fair and balanced

Federal Role in Planning

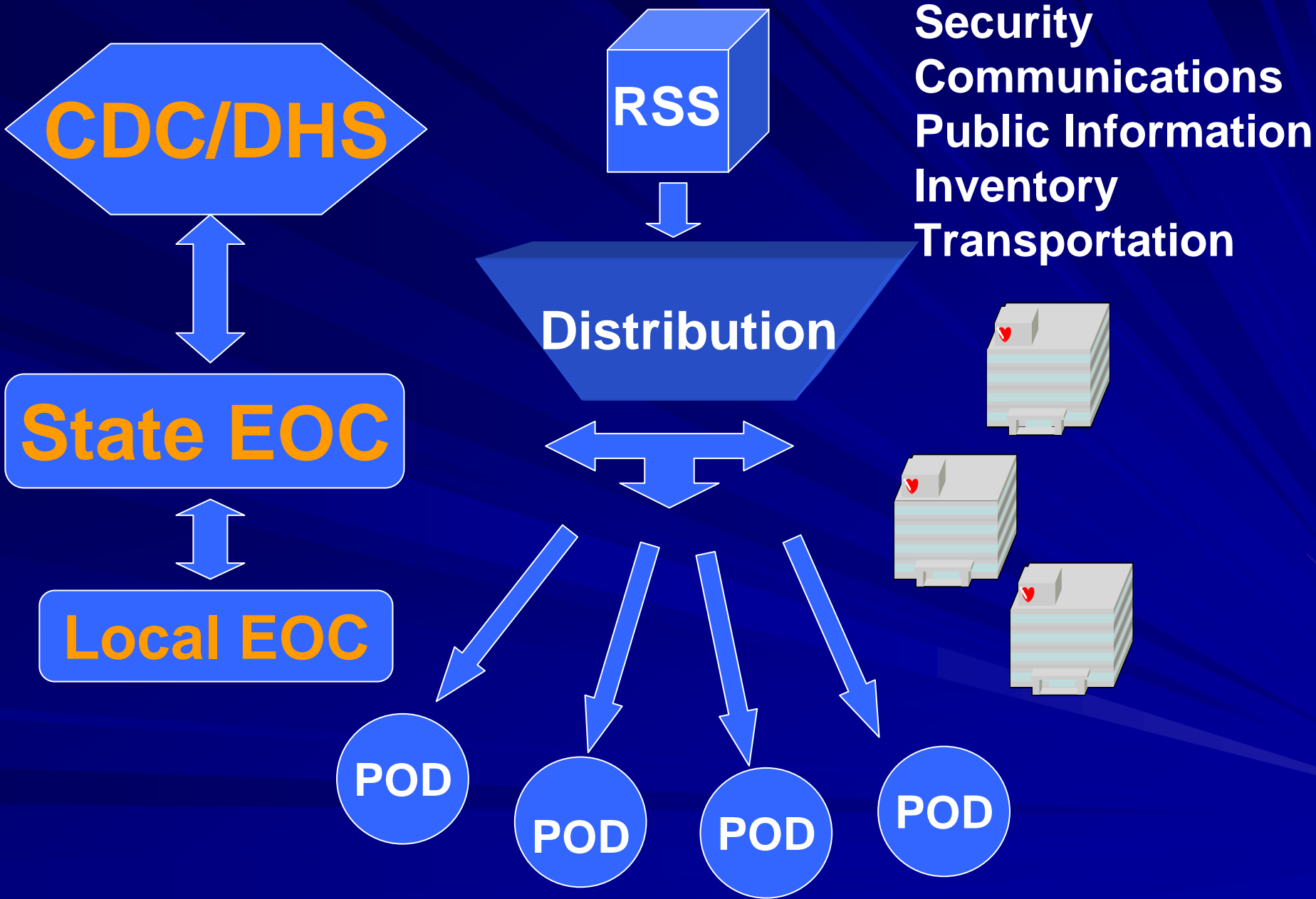
- Set general guidelines and criteria
- Provide federal stockpile of medications, supplies
- Support enhanced supply of antivirals
- Enhance vaccine production and support new vaccine production techniques
- Support laboratory identification procedures

State Roles in Planning

- Public information and education
- Involvement of all Secretariats and agencies in planning, with oversight by Governor and Cabinet
- Assuring surge capacity of the healthcare and public health communities
- Establish community control and infection control guidelines, policies for stockpiling of antivirals, guidelines for allocation of vaccine and antivirals (specific priority categories)
- Isolation/quarantine guidelines and decisions
- Laboratory testing

Local Roles in Planning

- Public information and education
- Community involvement and ownership of community plans
- Assuring surge capacity of the healthcare and public health communities
- Many decisions on community control, stockpiling of antivirals, specific allocation of vaccine and antivirals (numbers of people and identification of people in specific categories) made at local levels



Partners

- VDH
- MMRS(s)
- MRCs / Other Volunteers
- 139 Jurisdictions / EOCs
- Local Law Enforcement
- Local School Districts
- Local EP&R Partners
- DC / Neighbor States
- (88) Hospitals and (6) Hospital Regions
- VPCA
- Private Sector
- Feds
 - HHS / CDC
 - DOD
 - DHS / FEMA
 - OTHERS
- OCP
- VDEM
 - VEOC
 - VFC
- VDOC
- VSP
- VNG
- VDOT
- VDACS
- VDMHM RSA
- VDOF
- VITA
- VDGS
 - DCLS

Command and Control Issues

- Chain of command
- Common Operating Picture
- Real-time Situational Awareness
- Situational Assessment—
Situation Reporting
- Decision-making Process
- Interoperability

Special Needs Communities

- Homebound
- Medically Fragile
- Hospitals / Assisted Living, Long Term Care, Group Living, etc. Facilities
- POOR
- Non-English Speaking
- Disenfranchised
- Physically and Mentally Challenged
 - Mobility and Sensory Challenged

QUESTIONS?

- www.vdh.virginia.gov/pandemicflu
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