

**HEALTH AND HUMAN RESOURCES SUB-PANEL,
GOVERNOR'S SECURE and RESILIENT COMMONWEALTH PANEL
Tuckahoe Library, Henrico Virginia
June 12, 2019**

12:30 pm Registration

1:00 Welcome

Ed Rhodes – Chair

- Welcome and thanks to all attendees
- Introduced Secretary Carey

Daniel Carey, MD, Secretary of Health and Human Resources

- Thank you for coming and volunteering time to serve on the HHR Subpanel.
- Excited to be learning with you as we work towards building resiliency to support populations we serve.
- Used the Mann Gulch fire of 1949 as an illustration of the characteristics of what a resilient Commonwealth Panel should consist of in Emergency Preparedness. The Mann Gulch fire was a grass fire that originally was expected to take a few hours to contain. However, this fire jumped a river, spread at a rate of 600 feet/minute uphill, and trapped 16 fire jumpers. To contain the fire, the firefighters came together to problem-solve. Their approach was to use a backfire so they could escape. A second fire was lit so that it deprived the primary fire of fuel so that it cannot continue to burn. This story shows teams coming together under stress to solve a problem. Three of the 16 firefighters survived. Therefore, Resiliency in the Commonwealth should contain the following characteristics: 1.) Problem-solving 2.) Cohesion, and 3) Leadership.

Norm Oliver, MD, MA State Health Commissioner

- Followed up to Dr. Carey's talk on the Commonwealth's resiliency during a crisis.
- Thanked everyone for taking time out of their busy schedule to attend the meeting on Commonwealth
- Agenda jammed packed.
 - Follow-up report from Virginia Beach on May 31st event.
 - Use the opportunity to share reports from other agencies.
 - Had an event for tabletop at ELC two weeks ago: the biggest topic was sheltering.

1:15 Virginia Beach Response

Bob Engle, Virginia Beach Health Department

- Presentation with a broad overview on Virginia Beach Tragedy that occurred May 31st.
- Showed map with layout of site and perimeter: Command Center in Southern VA Beach, hospital 3 miles, used Princess Ann Middle School which was less than a mile away
- Gave a timeline of events starting with 16:08 when call came in about a shooter inside of building Four policemen (2 plain clothed officers /2 uniformed officers) were 300 yards away and went in and engaged the shooter By 17:35 last of injured sent to hospital.
- Casualties: 11 deceased. 5 injured. Shooter died enroute to hospital.
- Response: The Honor Guard was assigned to 16 families. Catholic charities will pick up this service
- To date, 9 funerals have been held and 1 injured individual released from hospital this Monday.
- What we know about the shooter: 40-year old male engineer (Current Employee) who worked with utilities for past 9 years. Found with him 2-45 caliber handguns. Went about his day as usual starting by sending a termination notice to his supervisor Friday morning. No one reported anything out of the ordinary.
- The operation center was at municipal center. It opened and filled up immediately with families and victims. The atmosphere was different from previous events in that there was a familiarity with all of the victims. Chesapeake and Norfolk EOC came over to assist VA

Beach so there were 3 EOC's working through Sunday evening. Afterwards, on Monday the center opened up 8am-5pm. Government officials there Friday and Saturday.

- The middle school moved to rec center so school could attend on Monday. State behavioral health stepped up to serve victims.
- Considerations: COBRA care for families with City picking up expenses; Personal property and vehicle return process. Communications between VA Beach, Medical Examiner's office and press went well. Donations: Assistance came in for burial arrangements, money, hotels, airlines, Go fund me accounts, gift cards. How to relocate Building 2 for 349 employees so that it can continue business: (planning, public works, IT department s for VA Beach). Crisis Care teams: Counselors set up into 2 different locations, Using MRC's- 60-65 volunteer medical people to support the city the next couple of months to assist the employees. FBI investigations. Cleaning up building is expected to last 4-6 weeks. City does not have plans at this time for the building, but they expect it to remain open; and managing upcoming expectations.
- MRC behavioral health professionals stepping in this week. City had a luncheon for building 2 on Tuesday. Recruited for MRCs last week. State Community Services Board responded with 25 crisis counselors on Sunday.
- Problem: Therapy dogs showed up.

1:45 Agency Highlight: Department for the Blind and Visually Impaired

Raymond Hopkins, Commissioner

- Likes to think of the agency as the "The Little Agency That Could"
- The HHR Subpanel used to meet on the Campus at Azalea Avenue until it outgrew the space.
- **Mission**-to provide services and resources that empower individuals who are blind, vision impaired, or deafblind to achieve their desired levels of employment, education, and personal independence
- **Vision**-envision a world in which blind, vision impaired, and deafblind people can access all that society has to offer and can, in turn, contribute to the greater community. We believe this is achievable.
- **Structure**-The department is an agency within the Executive Branch of Government in the Commonwealth. The agency is housed in the Health and Human Resources (HHR) Secretariat. The Virginia Board for the Blind and Vision Impaired once was the governing body of DBVI. It now advises the Governor, HHR Secretary, and Commissioner, while managing an endowment fund. DBVI has three divisions, each with a Deputy Commissioner who reports to the DBVI Commissioner.
- **Services-Services Division** (Library & Resource Center (LRC), VA Rehabilitation Center for the Blind & Vision Impaired (VRCBVI or the Center), Vocational Rehabilitation, Rehabilitation Teaching/Independent Living, Services to Children and Youth or Education Services, Low Vision, Rehabilitation Technology, Deaf/Blind Services, Orientation and Mobility, Business Relations and Outreach); **Enterprise Division:** (Virginia Industries for the Blind, Virginia Enterprise for the Blind (VEB) or Business Enterprise Program (BEP)); **Administration:** (Fiscal and contract management, Facilities Management ,Policy, Planning, and Evaluation)
- **Statistics**-178,000 B/VI; Over 16,000 served by DBVI annually, Approx. 10,000 served by Library and Resource Center/National Library Service, 4,400 B/VI Virginians are looking for employment, Over 2,300 children and youth served , Approx. 1200 maintained or achieved independence through RT/IL, Over 300 DBVI employees;150-200 people achieve competitive integrated employment annually, 105 VIB employees who are blind
- **Emergency Preparedness**- Have agreement with DARS to work and plan for Emergency preparedness. This includes an Interdisciplinary team between DARS and DBVI who engage in discussions about what to do with the 200-300 people during an emergency and how to bounce back after crisis.
 - DBVI brings to table expertise about blind and visually impaired.
 - DBVI serves on the task force to alert to crisis, get to shelters, and help them when they get there.

- DBVI has conducted active shooter training. It worked with law enforcement on what is a reasonable response since the motto cannot be “every man for himself”.
- Working with schools in crisis (run, hide, fight motto)

2:05 Shelter Update

Michele Pope, Department of Social Services-Michele Pope/Patricia Snead

- Strategic Framework
 - Created scalable range of options from local to regional to state sheltering
 - Rebranded State Managed Shelters to State Coordinated Regional Shelters to align with the title of the Locally Coordinated Regional Shelters (LCRS)
 - Prepared a list of potential outcomes to help meet sheltering support needs. This included programs, products, and policies.
- SCR Shelter Plan
 - All partner agencies remain the same with no changes to roles and responsibilities
 - Added a shelter services progression
 - Life Saving (0-48 hours)
 - Life Sustaining, (48-96 hours)
 - Stabilizing the Shelter Environment (96+ hours)
 - Created timelines for multiple activation points to include capabilities and deficiencies for each
 - -120 hours, -96 hours, - 72 hours, No Notice
 - VDSS Emergency Capability (900 DSS employees pay band 5 with emergency preparedness in EWP)
 - 30-VEST
 - 70- admin people
 - 791-State shelters
 -

Patricia Snead, Department of Social Services

Florence After Action- Had an independent study to access Florence

- Interagency Coordination
 - Lack of guidance
 - Lack of process
- Receiving/Using Resources
 - Awareness of expected commodities/supplies and ETA
 - Revisit health/medical plan to verify staff requirements
- Determine level of health/medical care and service

Jeanine Uzel, VDH-

- Gave an overview of Public Health nursing to support shelter. Nursing is specialized now neurology, cardiac care, pediatrics, DLS , communicable diseases. VDH has 520 nurses to cover entire state. Most counties only have one nurse. VDH nurses spread thin.
 - VDH Emergency Response Plan, Annex H: Mass Care: “...in the case of the public health nurses, typically, their services in a shelter environment include health assessments, triage, medication administration, and case management.”
 - Sheltering Roles and Responsibilities Policy: “If public health nursing personnel are needed to help staff shelters, they will be assigned according to VDH Nursing Guidelines based on their training and expertise.”
- VDH Nursing Directive: Sheltering: “The focus of public health nursing should be based on unique skill sets such as conducting a rapid needs assessment of communities impacted by the incident, population-based triage, mass dispensing of preventive or curative therapies, community education, and provision of essential public health services.”

- **Hurricane Florence Lessons Learned** (Florence: Deployed in areas not really needed. EMAC mission in NC showed skill level. We sent Nurse Practitioners out of state who had issues in other states. For example, the practitioners did not have prescriptions writing capabilities.)
 - Develop and/or revise SOP or policy that defines Scope of Practice for Licensed Healthcare Providers (Nurses, Nurse Practitioners, etc. deployed in or out of state).
 - Unprofessional conduct means, but shall not be limited to:
 - a. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia, or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;
 - b. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;
 - Ethics: ANA Position Statement (Approved: March 12, 2009) The American Nurses Association (ANA) upholds that registered nurses – based on their professional and ethical responsibilities – have the professional right to accept, reject or object in writing to any patient assignment that puts patients or themselves at serious risk for harm. Registered nurses have the professional obligation to raise concerns regarding any patient assignment that puts patients or themselves at risk for harm. The professional obligations of the registered nurse to safeguard patients are grounded in the Nursing’s Social Policy Statement (ANA, 2003), Code of Ethics for Nurses with Interpretive Statements (ANA, 2001b), Nursing: Scope and Standards of Practice (ANA, 2004), and state laws, and rules and regulations governing nursing practice.
 - Training: Plan to partnership with Shenandoah University, Drs. Kathleen Eid- Heberle and Janice Smith.
 - Initial “broad overview” in July. Topics include:
 - Characteristics of disasters (slow, sudden, etc.)
 - Effects of disasters on individuals (physical, psychological, spiritual)
 - Setting up a shelter
 - Meeting the needs of evacuees
 - Meeting the needs of people with disabilities
 - Meeting the needs of vulnerable populations
 - Initial training will be via polycom, which will be recorded.
 - Plan is to expand the training into “modules” over the next year.
 - Districts are encouraged to exercise their District Specific mass care plan.

2:35 Fusion Center Update

John Janssen, Intelligence Analyst, Virginia State Police

- 9 analysts working on criminal activities.
- Levels are report from the FBI fret or tiers.
 - Level-1 level- No Level one threats reported.
 - Level 2-individual or groups include white supremists, Foreign Terrorist groups: Al Quida ISIS, homegrown local groups, Hizballah against military,
 - Level 3- narcotics- Drug trafficking-cocaine with opioids. Fentanyl overdoses Parcel delivery USPS, UPS trafficking. Rely on seizures and lab results to capture information. Mexican Cartel moving narcotics Gangs: MS- 13 Bloods outlaw motorcycle gangs
 - Level 4-cyber threats Elections are still a threat. In Virginia Voting not tied to internet. Internet of things, targeting design and supply chain vulnerabilities.
 - Level 5 Infrastructures- Lifeline threats, Environmental extremists, Threats to pipeline workers, Anti abortions
- Focus is on Levels 2-3 for resources, priorities, and investigations
- Bob shared that we have a RAN contract. We are looking for Biothreats/Bioterrorism (trends etc.
- Partnership with Homeland Security and Fusion Center and VDH.

2:55 BREAK

3:10 Emerging Health Threats

Jonathan Falk, Office of Epidemiology, VDH

- **Hepatitis A-update**

- Symptoms can include fever, abdominal pain, dark urine, and jaundice
- Most recover completely but liver failure and death can occur
- Ranges from 15 - 50 days
- Can be infectious two weeks prior to symptom onset
- State-reported person-to-person outbreaks began in 2016: 22 states reporting with 19,723 outbreak-related cases with Kentucky leading; 11,331 (57%) hospitalizations 189 (1%) deaths (*As of June 7, 2019*).
- Populations not open: include individuals with drug use, homelessness, incarceration and men who have sex with men.
- Virginia met CDC outbreak criteria on April 23, 2019 (VDH reporting outbreak cases starting January 1, 2019)
- VDH activities include press release and commissioner letters to clinical communities, vaccination campaign to target risk factors, routine surveillance and investigation.

- **Measles-update**

- Mild disease but can lead to pneumonia, encephalitis, and death.
- Virginia met CDC outbreak criteria on April 23, 2019: VDH reporting outbreak cases starting January 1, 2019
- United States seeing unprecedented number of cases: As of June 6 there are 1,022 confirmed cases for 2019, Greatest number reported since 1992, Declared eliminated in the U.S. in 2000
- Receive and investigate reports of suspect cases from providers: One case for 2019, travel-associated to an endemic country and not related to ongoing outbreaks in the U.S.

- **Ebola- update**

- As of June 2, 2019 2,008 cases have been reported, 1,346 Deaths (67% CFR) have occurred,
- Surveillance System for Attacks on Healthcare launched in 2017; reporting 131 attacks in Ebola-affected areas for 2019; currently reporting one case in Uganda.

- **Middle East Respiratory Syndrome (MERS)**

- Severe acute respiratory illness: Caused by a coronavirus (MERS-CoV)
- Symptoms include fever, cough, and shortness of breath
- First reports occurred in September 2012
- All cases linked to countries in and near the Arabian Peninsula
- CDC issued a travel alert notice for the Hajj in Saudi Arabia (Hajj will occur between August 9 and August 14)

- **Polio**

- Viral illness caused by poliovirus; Symptoms include fever, headache, nausea, and vomiting; More serious symptoms include meningitis and irreversible paralysis
- Noted concerns regarding global elimination; Significant increase in wild poliovirus (WPV1) cases; Outbreaks caused by vaccine-derived polio virus ; These outbreaks highlight gaps in population immunity
- Of the 3 strains of wild poliovirus (type 1, type 2, and type 3), wild poliovirus type 2 was eradicated in 1999 and no case of wild poliovirus type 3 has been found since the last reported case in Nigeria in November 2012.

- **Monkey pox**
 - Zoonotic viral illness: Can spread by droplets from infected people; Symptoms are similar to smallpox, but milder; Fatal in up to 10% of cases
 - CDC issued travel alert for outbreak in Nigeria
- **Influenza Dec 29-April 13**
 - Virginia reported widespread activity for 16 weeks from December 29, 2018 through April 13, 2019
 - Laboratory surveillance revealed: Predominately an influenza A season; Influenza A (H1) made up 51% of subtyped specimens; Unusually low influenza B activity

3:40 Public Health and Preparedness Update
Bob Mauskopf, Director, Emergency Preparedness, VDH

- Public Health Emergency Budget is approved and holding steady state. Our margin is tight due to raises this year.
- Hospital budget increased this year. Go towards State medical assistant team. Pilot will be in East with 3 other regions
- Administrative Exercise last week. Someone is in the background working in background for emergencies. Facilities with succession planning.
- Cabinet exercise with Governor-Sheltering is a problem. Given 30 million last year.
- VEST-pre-hurricane exercise.
- We will do a statewide medical exercise in the fall.
- We had our readiness review and are project public ready –Every district recognized. We are the third review in the process.
- The Opioid crisis is leveling off with deaths and overdoses. Dope pushers are now selling Narcan.
- Federally recognized tribe here represented. Wants to talk after meeting to include tribes in planning.
- The Access and Functional Needs Population Plan is ready for review. Gave email address verbally...Invite to any individual who works with a special needs population to join task force to review the plan for at risk population.
- Patrick Ashley who has been here at VDH for 2 years as the Hospital Preparedness Coordinator is leaving. He will be Bob's counterpart in District of Columbia's Department of Health.
- Morris Reece will be acting Hospital Preparedness Coordinator.

4:00 Public Comment-No comments.

4:30 Closing Remarks
Parham Jaber, MD, MPH Chief Deputy Commissioner, Public Health and Preparedness

- Thank you all for attending today.
- Thank you to the Virginia Beach responders. Medical Examiner's Office, Office of emergency Services. Came together and assisted families.
- Actively looking at Climate Change and following topics
 - Asthma with pediatrics
 - Sea level rising.
 - Water temps with infections
 - Living in concrete areas radiating heat.
 - Held summit on Monday that gave big pictures: Emergency preparedness with hurricanes.

Adjourn