VDH VIRGINIA DEPARTMENT OF HEALTH

Emergency Coordinator Breakout Session

2022 Public Health Preparedness Summit
Wednesday, September 28, 2022

Agenda

Topic	Presenter	Time (minutes)
Opening Comments & Welcome	Bob Mauskapf, MPA *Director, Office of Emergency Preparedness*	10
Introductions	All	15
OEP/EP&R Program Overview	Bob Mauskapf	30
HHS emPOWER Data	John Cooke *Eastern Region Emergency Coordinator*	10
CHEMPACK Program Updates and Q&A Session	Jonathan Kiser, MS *State Planning & SNS Coordinator* Chris Patterson *Assistant State Planning & SNS Coordinator*	20
10 Minute Break		
Emergency Coordinator Quick Hits	Steven Herring, Crater Health District: *Monkeypox at a Regional Jail* Leanne Knox, BS Ed, EMT-, Blue Ridge Health District: *IMT Mental Health Check Ins* Jasmin Johnson, MS, Alexandria Health District: *Local Chempack Planning* Matt Carpentier, Three Rivers Health District: *CPR and Tribal Outreach* Delilah McFadden, MS, NRP, Cumberland Plateau Health District: *Buchanan County Flooding Emergency*	60
Roundtable Discussion	All	30

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Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) Overview

Bob Mauskapf

Krazy
GLUE

washable
GLUE

GORILLA
GORILLA GLUE

Titebond
III

ELMER'S
SCHOOL
GLUE

Office of Emergency Preparedness (OEP)

OEP exercises oversight of and coordinates Emergency Preparedness, Response, and Recovery across VDH to include coordination with all local health districts and healthcare facilities statewide. OEP:

- Facilitates staffing of the VDH Emergency Coordination Center; and, when activated, coordinates providing liaison representatives to the Virginia Emergency Operations Center (VEOC) to lead the health and medical response (Emergency Support Function 8).
- Coordinates statewide distribution of emergency medical countermeasures.
- Leads the development, implementation, maintenance and regular exercising of the statewide VDH Emergency Response Plan, ensuring coordination with local, state and federal agencies and private sector partner planning.
- Manages the Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Cooperative Agreement and the U.S. Department of Health and Human Services Hospital Preparedness Program (HPP) grant.

Office of Emergency Preparedness

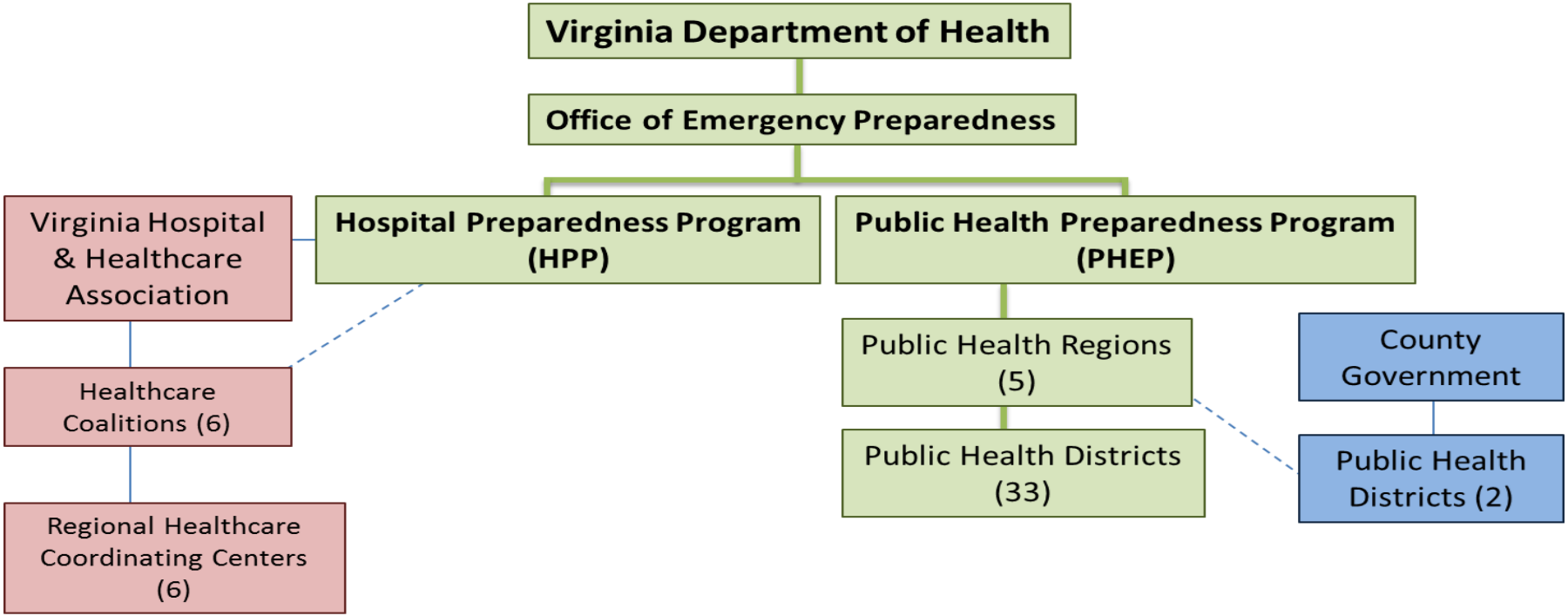
Public Health Emergency Preparedness (PHEP) Program

- All-hazards Emergency Planning
- Emergency Coordination / Organizational Response Structure
- Training, Exercises and Education
- Supply Chain Management
  - SNS / Medical Countermeasures / PPE Distribution
- Real Time Situational Awareness
- Fatality Management
- Risk Communications
- Access and Functional Needs Planning

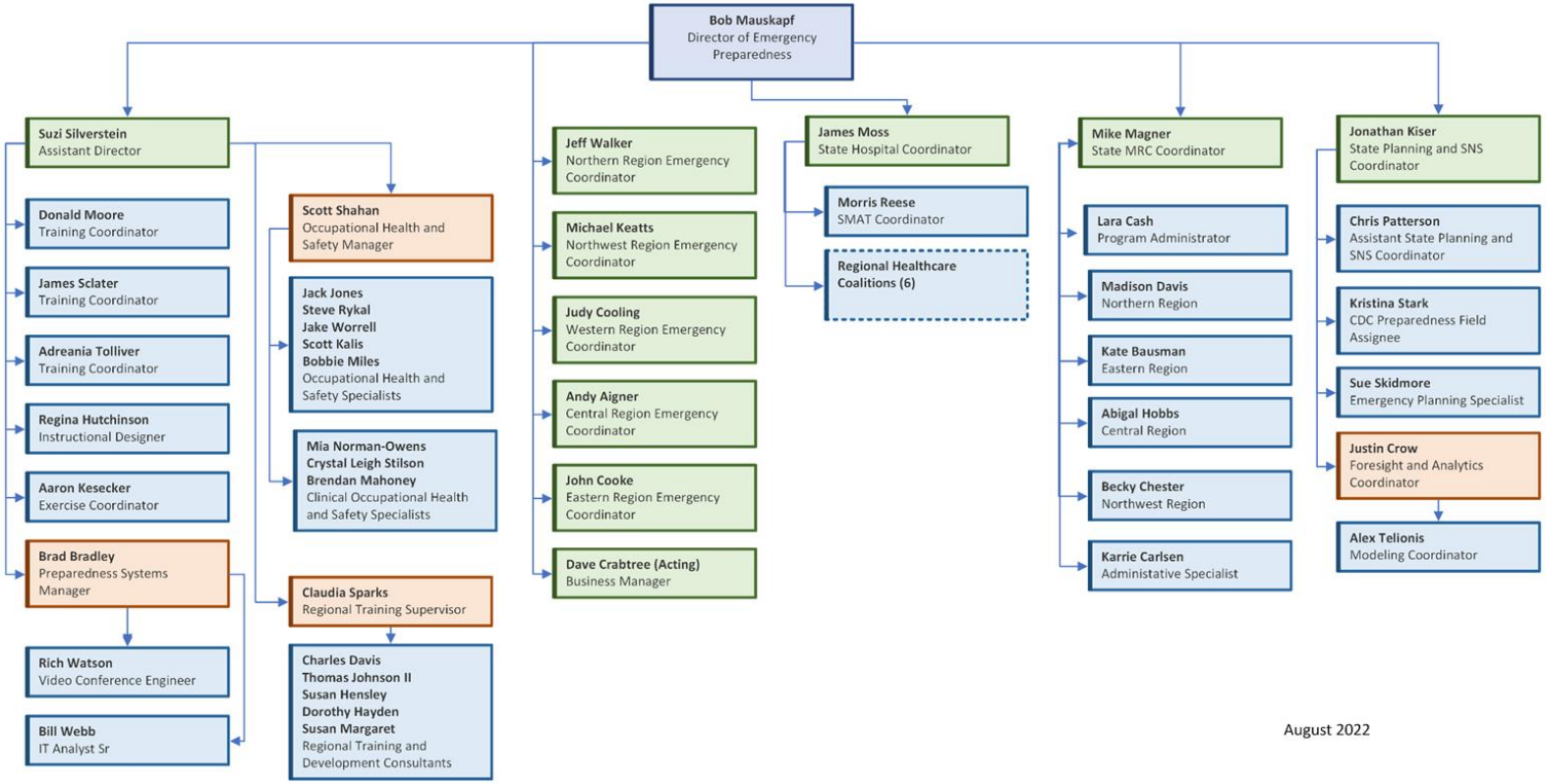
Hospital Preparedness Program (HPP)

- Hospital, Skilled Nursing Facility, Healthcare Facility All-Hazards Preparedness
- Surge Planning / Status Tracking / Alternate Care Sites
- Crisis / Altered Standards of Care
- Regional Healthcare Coalition Coordination
- Patient Tracking

HPP & PHEP Structure

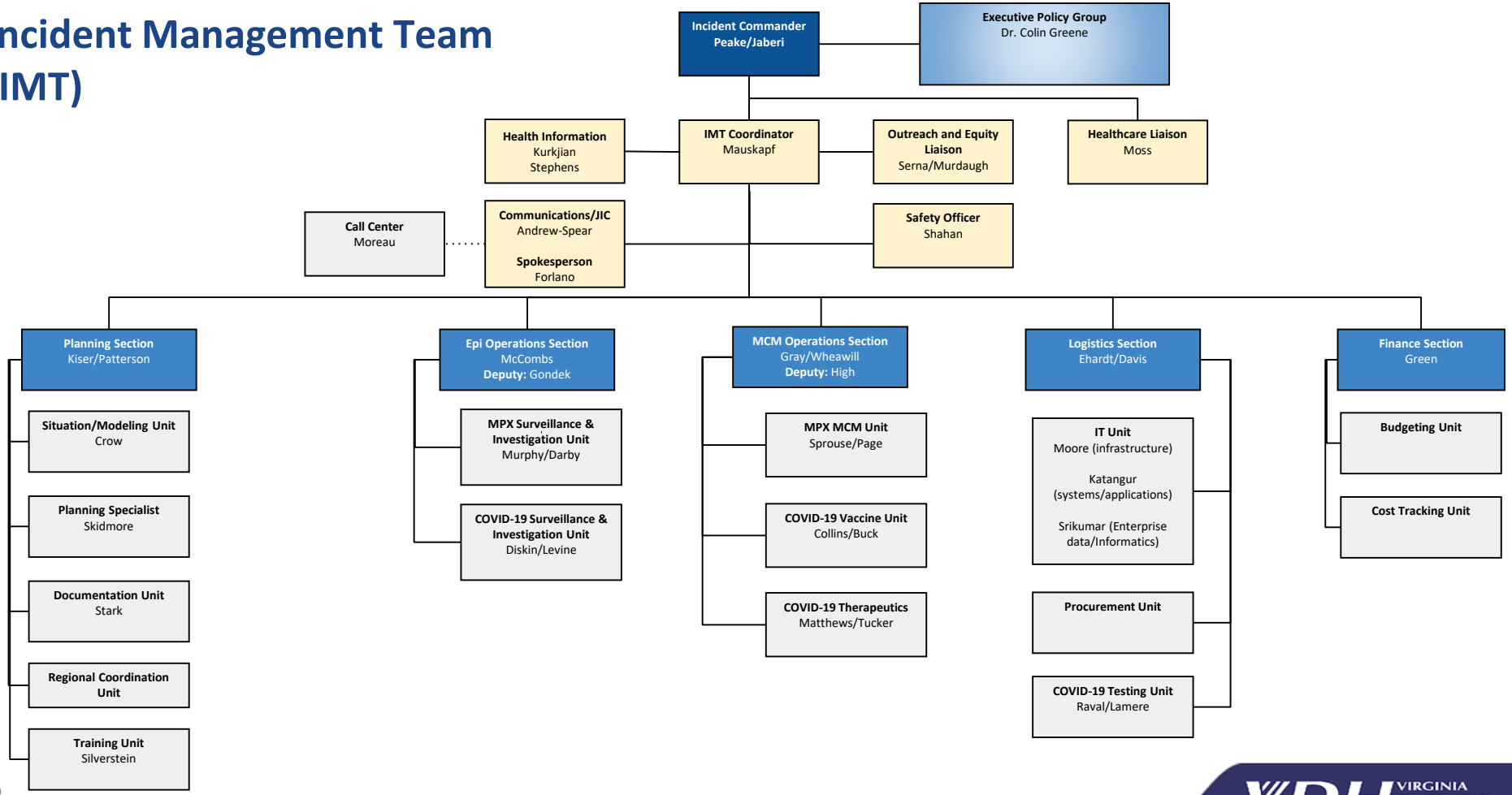


Virginia Department of Health
Office of Emergency Preparedness



August 2022

Incident Management Team (IMT)



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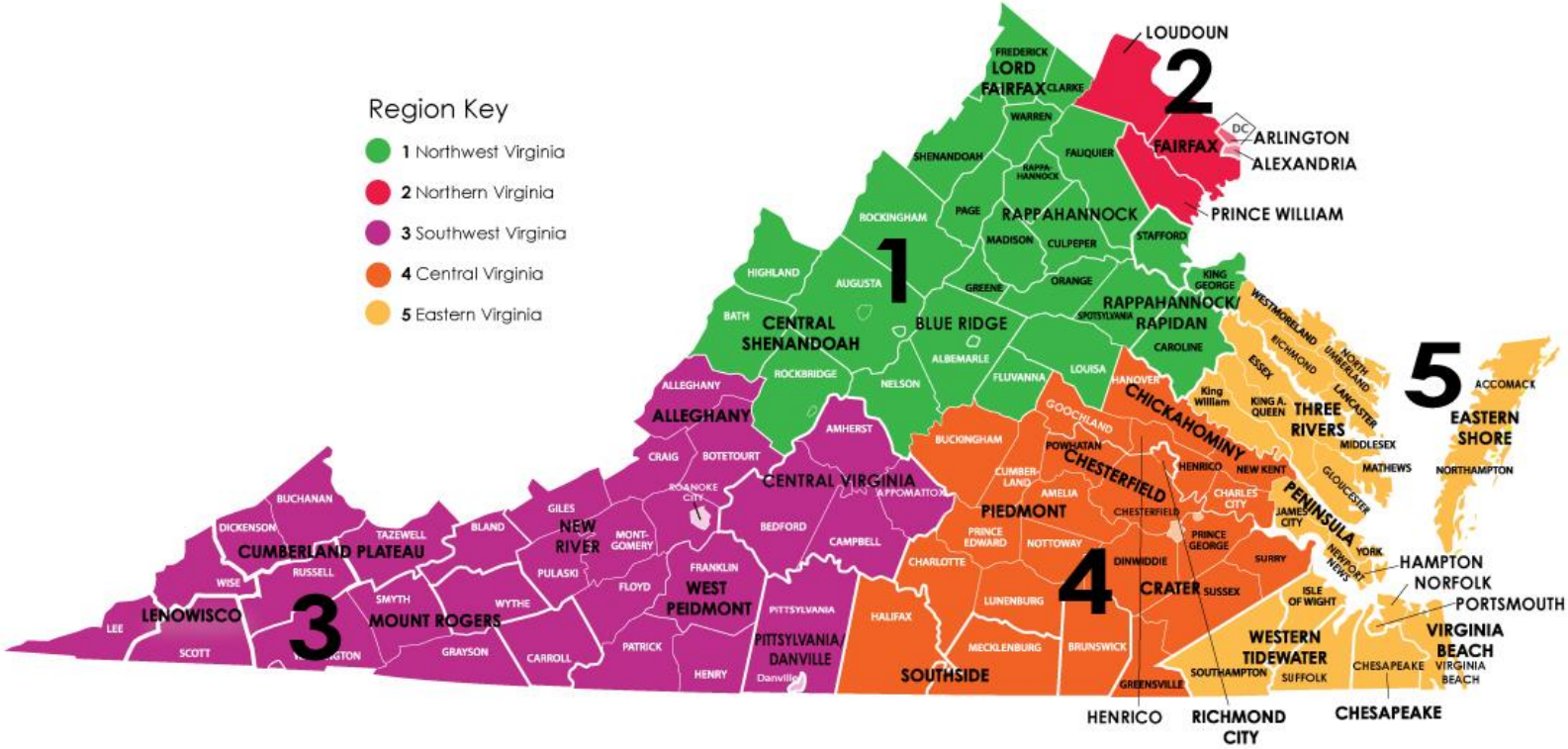
VIRGINIA DEPARTMENT OF HEALTH

Regions, Districts and Counties



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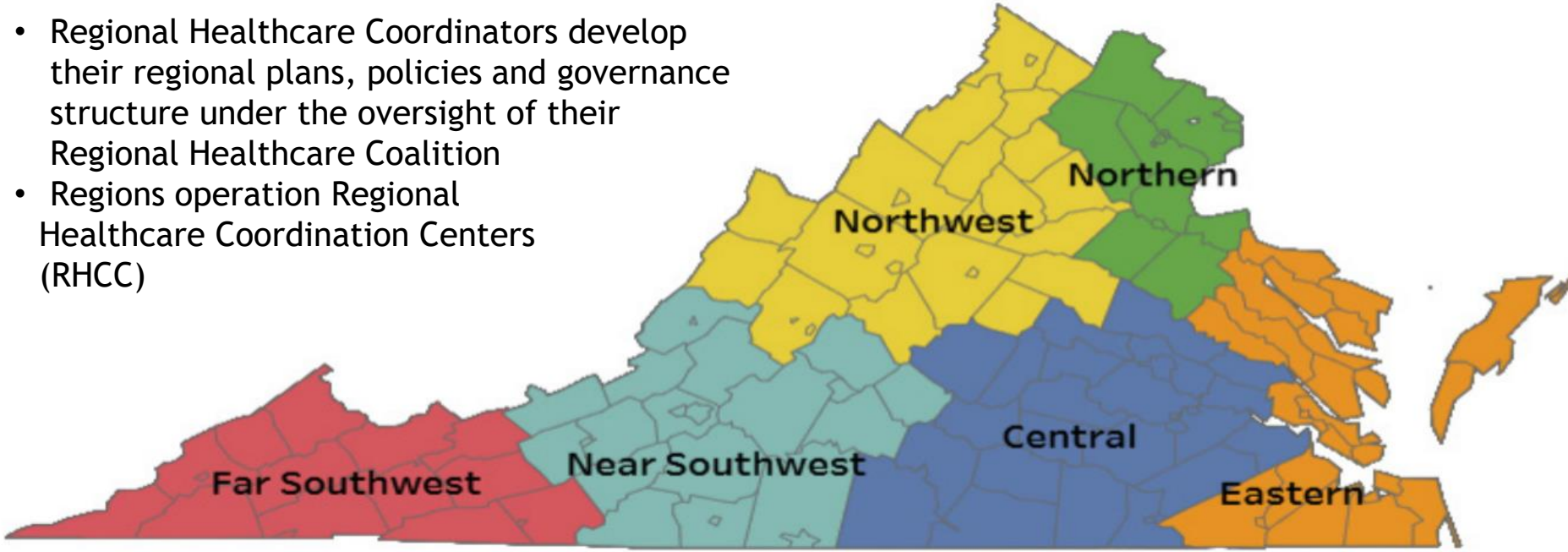
Statewide Hospital Preparedness Program

VDH provides the framework for statewide administration of HPP

VDH collaborates with the Virginia Hospital and Healthcare Association (VHHA) to coordinate governance and initiatives to **6 Healthcare Coalitions** with **1400+ participating organizations**

- Regional Healthcare Coordinators develop their regional plans, policies and governance structure under the oversight of their Regional Healthcare Coalition
- Regions operation Regional Healthcare Coordination Centers (RHCC)



Office of Emergency Preparedness Funding

HPP Total Funding (FY 23)		$6,857,550
• Funding provided to our Six Health Care Coalitions	$ 5,487,290	
• Funding provided to the VHHA	$ 825,530	
• Base Funding	$ 544,730	
PHEP Total Funding (FY23)		$15,885,898
• Base Funding	$11,243,314	
• Base Funds provided to DCLS	$ 1,430,500	
• Base Funding for City Readiness Initiative (CRI)	$ 2,104,697	
• Level 1 and Level 2 Lab (DCLS) Funding	$ 1,107,387	
Overall Funding From HPP and PHEP for FY2023		$22,743,448

Commissioner's Code Authority

- **§§ 32.1-42 / 32.1-13.** authority to promulgate orders to meet any emergency.
- **§§ 32.1-48.01- 48.04** Isolation/Quarantine authority.
- **§§ 32.1-42.1 / 54.1-3408.** authorizes persons not ordinarily authorized to do so to administer and dispense medications.
- **§§ 54.1-2506.1 / 54.1-2910.1 18VAC76-40-20.** address the provision of emergency contact information by health care providers.
- **§§ 32.1-46.01 / 32.1-47 / 32.1-48**. Immunization authority
- **§ 32.1-283**. Chief Medical Examiner authority to declare cause of death

Hazard Identification and Risk Assessment

- A systematic approach to recognizing hazards that may affect public health and health care.
- Analyze risks associated with each hazard to prioritize planning, mitigation, response and recovery activities.
- Serves as a needs assessment for the Emergency Management program.
- Process involves community partners and is communicated to community emergency response agencies.
- **THIRA:** Threat / Hazard ID and Risk Analysis

Public Health Impacts of Natural Hazards

- Loss of Clean Water
- Loss of Shelter
- Loss of Personal Property
- Major Population Movements
- Loss of Sanitation
- Loss of Routine Hygiene
- Loss of Electricity
- Standing Surface Water
- Disruption of Solid Waste Management
- Injuries
- Public Concern for Safety
- Increased Pests & Vector
- Damage to Healthcare Systems
- Worsening of Chronic Illnesses
- Toxic / Hazardous Exposure
- Loss of Food Supply
- Behavioral Health Impact
- Fatalities

Technological Hazards

Hazardous Materials

- Rail
- Highway
- Fixed facilities
- Terrorism/Criminal

Resource Shortages

- Communications
- Fuels
- Water

Power Failure

Nuclear Power Plants

Oil Spills

Human-Caused Hazards

- Terrorism
- Search and Rescue
- Wildfires
- Civil Disturbance
- Strikes
- *Addiction*

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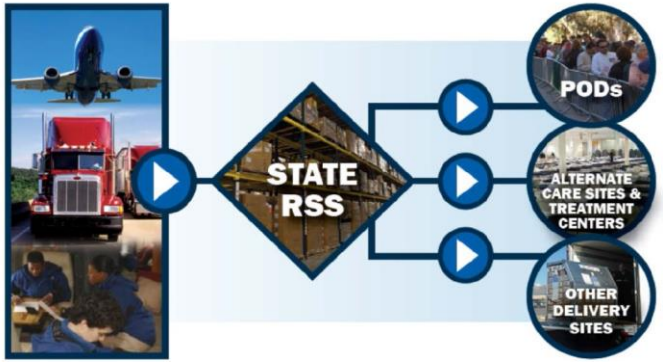
Other Public Health Threats

- Radiation Emergencies
  - Nuclear (IND)
  - Dirty Bomb or Radiological Dispersal Device (RDD)
  - Radiological Exposure Device (RED)
  - Transportation Accidents
  - Occupational Accidents
- Chemical Emergencies
  - Biotoxins, nerve agents, blister agents, choking agents, blood agents, etc.
- Mass Casualty and Mass Fatality Incidents
- Pandemic Influenza
- New and Emerging Infections / Communicable Diseases
  - MERS-CoV
  - Ebola
  - COVID-19
  - Zika
  - Monkeypox

Strategic National Stockpile Overview

The Strategic National Stockpile (SNS) is a federally deployable cache of:

- Antibiotics
- Antivirals
- Intravenous supplies
- Airway supplies
- Pediatric supplies
- Other general medical supplies



Can be mobilized in an incident, such as a natural disaster, accident or terrorist attack, which results in the region requiring additional countermeasures and medical supplies beyond what is available locally.

Logistics

HEALTH
DEPARTMENT
CLINIC
ENTRANCE

CHEMPACK Overview

- SNS has a 12-hour response time, too long in the event of a nerve agent/ organophosphate incident
- State and local governments have limited or no chemical/nerve agent antidote stocks
- Hospitals carry very limited supplies of treatments for nerve agent exposures
- Nerve agent antidotes are costly and have variable shelf lives (not an easily sustainable resource)

- CHEMPACK containers are self-contained units placed in centralized locations to enable first responders and healthcare providers to quickly administer life-saving antidotes and save lives.

Healthcare Essential Elements of Information (EEI)

- # Event Related Casualties / Fatalities
- Drinking Waterworks Status / #s impacted
- CBRNE areas / populations impacted
- EMS TFs Deployed
- Medical Countermeasures Status
- Hospital ED Status
- Resource Status
- Hospital Restrictions
- Healthcare Preparedness Program Resources
- MRC Volunteer Availability
- Healthcare Facility Operating Status
- Healthcare Facility Power and Water Status
- Healthcare Emergency Operations/ECC Status
- Healthcare Facility Operations Supply Status
- Healthcare Facility Clinical Supply Status
- Healthcare Facility Security Status
- Healthcare Facility Staffing
- Hospital Emergency Department Diversion Status
- Healthcare Facility Clinical Status
- Hospital Blood Availability Status
- Hospital Bed Availability Status
- Hospital NDMS Bed Availability Status
- Hospital Decontamination Operations and Capacity Status
- Hospital Morgue Capacity Status
- Nursing Facility Evacuation Support

VIRGINIA medical reserve corps

VIRGINIA MEDICAL RESERVE CORPS

The volunteer program of the Virginia Department of Health

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Office of Emergency Preparedness

DEPLOYMENT ACTIVITY

26,063 DEPLOYED

12,184 MEDICAL

13,879 SUPPORT

Deployed = unique volunteers deployed since Jan 2020

VA MRC DEPLOYMENT IMPACT

January 2020 - June 2022

838,814 Service and Training Hours

86% Service Hours COVID Focus

224% Deployable Growth

$25.8MIL Workforce Savings

VA MRC: State Team Restructuring

Expanding Impact, Going Regional

- ★ Local Support for Unit Coordinators and LHDs
- ★ Execute Regional Initiatives
- ★ Build Network and Relationships

Growth = Support

- ★ Deployability increased over 224%
- ★ Endless Opportunities
- ★ Local, State, and National Awards

Deployments & Initiatives

- ★ Emergency Response
- ★ Special Events
- ★ Ongoing Support

Ongoing Efforts to Gauge Preparedness

- National Health Security Preparedness Index
- Robert Woods Johnson Foundation - Trust for America's Health: *Ready or Not* Report
- CDC's Public Health Emergency Preparedness Operational Readiness Review (ORR)

Project Public Health Ready (PPHR)

Project Public Health Ready (PPHR) is a collaborative program between the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

Vision:
Local health departments (LHDs) will be fully integrated into the response community and prepared to respond to any emergency.

Mission:
To protect the public's health and increase the public health infrastructure by building local health department preparedness capacity and capability. With assistance from state health departments, LHDs will use sustainable tools to plan, train, and exercise using a continuous quality improvement model.

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HHS emPOWER Program Overview

John Cooke

emPOWER Data

Presented By: John Cooke

Awareness

Discussion

Decision to be Implemented

BLUF*	*There are three datasets, a public facing map, de-identified data that can be used pre-event for planning and identified data that can be requested during an emergency for response*

Context

- **HHS Empower Map (Public/Non-Restricted De-Identified Data)**
  - GIS based data that shows the number of electrically dependent recipients in a given area.
- **HHS emPOWER Emergency Planning Datasets Restricted De- Identified Data (Monthly)**
  - Can be shared with partners
- **HHS emPOWER Emergency Response Outreach Individual Datasets for Public Health Authority Only -Identified Data (Restricted Use)**
  - **Complete information**
  - Officially requested to support life-saving assistance and outreach public health activities in the event of an incident, emergency, or disaster.
- **Only CMS beneficiaries**

Points of Contact for Questions	• *John Cooke john.cooke@vdh.virginia.gov*

***Bottom Line Up-Front (BLUF)** is a briefing technique used to create a clear, concise understanding of a situation. The intent is to provide cross-team understanding and support to generate questions, feedback, or action.*

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Protecting You and Your Environment

https://empowerprogram.hhs.gov/empowermap

HHS.gov U.S. Department of Health & Human Services PHE.GOV

← Return to HHS emPOWER Program Platform

HHS emPOWER Map

DOWNLOAD HHS EMPOWER MAP JOB AID

DOWNLOAD HHS EMPOWER REST SERVICE JOB AID

DOWNLOAD HISTORICAL DATASETS

INTERACTIVE MAP | CROSS-JURISDICTIONAL TOTALS | DATA INFORMATION

Medicare Electricity-Dependent Populations by Geography

Over 2.7 million Medicare beneficiaries rely on electricity-dependent durable medical and assistive equipment and devices, such as ventilators, to live independently in their homes. Severe weather and other emergencies, especially those with prolonged power outages, can be life-threatening for these individuals. The HHS emPOWER Map is updated monthly and displays the total number of at-risk electricity-dependent Medicare beneficiaries in a geographic area (i.e., state, territory, county, or ZIP Code), as well as near real-time natural hazard data.

Map users can select different geographies, as needed, to identify at-risk populations and download selected data results to inform emergency preparedness, response, recovery, and mitigation public health activities. Users can also access near real-time natural hazard data layers to anticipate and address the needs of at-risk community members in emergencies. For more information, review the job aids in the top right corner.

MEDICARE DATA TOTALS

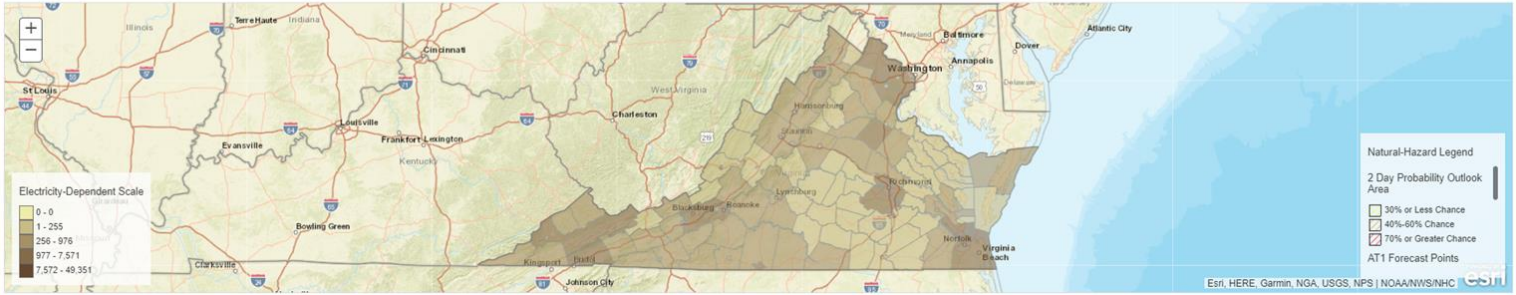
TOTAL BENEFICIARIES:	1,586,704
TOTAL ELECTRICITY-DEPENDENT BENEFICIARIES:	72,110

Hover over or select attributes to display Medicare data for a state, or county(ies) or ZIP Code(s) within a state, and natural hazard data. Download selected Medicare data in the table below.

Select a state: Virginia | Select a county: Select a County | Select a ZIP Code: Select a ZIP Code | ADD ADDITONAL ZIP CODES | Natural hazards (Optional): Atlantic Hurricanes | Map style (Optional): Streets | RESET MAP

SELECTED GEOGRAPHIES

Virginia ✕



De- Identified Data (County and Zip Code)

- This data set provides more granular de-identified data
  - Medicare totals by type of DME and healthcare services
- Sample Use Cases
  - Inform power restoration prioritization decision making at all levels
  - Identify optimal locations, support, and power needs for multiple devices in shelters
  - Assessing potential transportations needs for evacuating

			Services		Services		Services		All Power Dependent	
			In-Facility ESRD (3 months)		Oxygen Services [Tanks] (13 months)		Home Health (3 months)		Cardiac Device, Ventilator, BiPAP, Oxygen Concentrator, Enteral Feeding, IV Infusion Pump, Suction Pump, At-Home ESRD, Motorized Wheelchair, Scooter, or Electric Bed	
County	# Medicare Beneficiaries in County	# Beneficiary Addresses (Excludes P.O. Boxes and Unknowns)	# In-Facility ESRD Dialysis	# Masked Zip Codes in County	# O2 Services [Tanks]	# Masked Zip Codes in County	# Home Health	# Masked Zip Codes in County	# Electricity-Dependent Devices and DME	# Masked Zip Codes in County
Accomack	7,894	4,407	211	18	281	19	365	12	433	11
Albemarle	15,200	13,694	140	9	248	8	387	6	526	6
Alexandria City	13,208	12,438	113	3	89	4	369	0	250	0
Alleghany	1,921	1,416	22	2	46	1	66	1	138	1
Amelia	2,562	2,272	22	2	60	1	76	0	148	0
Amherst	6,759	5,747	64	1	181	0	172	0	425	0
Appomattox	3,425	2,763	33	3	93	1	108	1	208	0
Arlington	18,280	17,530	135	4	129	3	592	1	388	1
Augusta	9,848	8,114	121	11	302	7	233	13	558	4
Bath	1,345	905	11	1	69	4	53	3	108	2
Bedford	16,098	14,937	104	7	296	4	391	3	851	1
Bland	1,597	1,181	44	4	71	3	54	3	165	0
Botetourt	6,810	5,723	66	6	150	2	143	1	345	1

De- Identified Data (County and Zip Code)

- # In-Facility ESRD Dialysis
- # Oxygen Services [Tanks]
- # Home Health
- # At-Home Hospice
- # Electricity-Dependent Devices and DME
- # Cardiac Devices
- # Ventilators
- # BiPAPs
- # O2 Concentrators
- # Enteral Feeding
- # IV Infusion Pumps
- # Suction Pumps
- # At-Home ESRD Dialysis
- # Motorized Wheelchairs or Scooters
- # Electric Beds & Any DME
- # Oxygen Services [Tanks] and Any DME
- # Home Health & Any DME
- # At-Home Hospice & Any DME
- # Electricity Dependent Devices/DME and Any Healthcare Service

Outpatient Facility Dialysis

Outpatient dialysis services for patients with ESRD

Home Health Care Services

Home health services including skilled nursing care and physical therapy, etc.

Oxygen Tank Services

Oxygen tank service delivery for patients with qualifying conditions

Home Hospice Care Services

Hospice services provided in a personal residence to a terminally ill individual

Cardiac Devices (4): Left, right, and bi-ventricular assistive devices and total artificial hearts (LVAD, RVAD, BIVAD, and TAH) are mechanical pumps that support or replace heart function in people with heart failure

Ventilator: Provide 24 hour a day life-maintaining/ saving ventilation and oxygen for an individual

Suction Pump: Used by individuals who have difficulty clearing mucosal secretion in their airway and or for gastric secretions

Oxygen Concentrator: Provides life-maintaining or saving oxygen from the air 24 hours a day or as supplemental oxygen for certain respiratory conditions

Enteral Feeding Tube: Provides nutrition to patients who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation

Electric Bed: Features include adjustable heights for the bed, head, and feet, adjustable side rails, and electronic buttons to operate the bed and other nearby electronic devices

IV Infusion Pump: Delivers controlled levels of fluids, medication, or nutrients into a patient's circulatory system

Bi-level Positive Airway Pressure Device (BiPAP): Provides non-invasive inhalation and exhalation mechanical pressure support ventilation to keep airways open

End-Stage Renal Disease (ESRD) At-Home Dialysis: At-home peritoneal or hemodialysis machines for patients that need frequent dialysis treatments

Motorized Wheelchair or Scooter: Mobility equipment for individuals unable to propel a manual wheelchair

emPOWER Emergency Response Outreach Individual Datasets for Public Health Authority Only -Identified Data (Restricted Use)

- Name
- Address
- Responsible Party
- Home Health Agency
- Facility
- Dialysis provider.

Preliminary Request

- Heads Up, agreement from leadership
- Notify HHS so that they can start preparing data
- empower@vdh.virginia.gov with a copy to OCOM, CHS Deputy Commissioner and Operations Manager. If this email does not come from the local health district director, they must be copied on the email.

Formal Request to HHS

- CMS/Public Health Authority (PHA) Cover Letter (signed by OCOM)
- CMS/Public Health Authority Data Request and HIPAA Privacy Rule Authority for Disclosure Assertion (signed by OCOM)
- CMS/Public Health Authority Data Use Agreement (DUA) Form CMS-R-0235(signed by OCOM)
- CMS/ Public Health Authority Data Use Agreement Amendment (signed by OCOM)
- HHS emPOWER Initiative Data Request Form- Individual Data Request Checklist

HHS Approval & Data Download

- VDH will receive email notification of the approval status from HHS (CMS/ASPR) and any next steps.
- CMS discloses the CMS Response Outreach Dataset via the secure Acumen LLC portal mechanism
- Download Excel file from Acumen

Data Dissemination

- Sort and filter data as needed
- Send to LHD point of contact encrypted or password protected
- *Timeline 6-8 hours weekdays or 8-10 on weekends if all goes as planned.*

Demobilization

- The LHD Custodian will provide notice to the VDH team when operational use of the data has ceased.
- The LHD Custodian will ensure all copies of the data have been destroyed, including any downstream copies.
- The LHD Custodian and Supervisor will sign a Certificate of Destruction and provide to the VDH emPOWER team.
- The LHD Custodian will provide the emPOWER team with a copy of the Excel "Data Sharing Tracking Log."

Required Elements
Requester Name and Contact Information Provide the name of the person responsible for the request (internal / external to the LHD). *LHDs should ensure this person has sufficient authority to request sensitive information on behalf of their agency.*
Requesting Organization Name Provide the name of the requesting organization. *Data will only be provided to other governmental agencies*.
Local Health District Provide the name of the Local Health District requesting information on behalf of the requesting organization. *The Local Health District Director is responsible for approving all requests at the Jurisdictional level.*
Public Health Name and Contact Info Name of the Local Health Department employee who is facilitating the request on behalf of the organization. *All VDH correspondence, including the data files will be provided to this individual.* *After-hours contact information must be included. This person shall be designated as the LHD data custodian*
Geographic Scope Provide the geographic scope of the request. Data may be requested either by Zip Codes (must provide individual zip codes) *or* at the county level. *Geographic scope MUST be limited to the minimum data set necessary*
Event Description General overview of the event necessitating the request. *An event notification must have been created in the Virginia Healthcare Alerting and Status System (VHASS) prior to an emPOWER request.*
Data Users Provide a general description of the parties who will be using the data. (e.g. Local Government Employees, First Responders, MRC Volunteers.)
Purpose Provide a description of what the requesting organization plans to do with the data. Requesting organizations MUST provide an actionable plan of how they will utilize the data in response to the emergency. A request for data without an actionable plan will be denied.
Data Description (ESRD, Home health, Mobility Dependent etc.) Specify the data type that you are requesting.

Privacy

- Maintain a listing of all individuals who have accessed the data
- Limit distribution to the fewest amount of individuals who need to access the data
- Consider segmenting the data so those who have access to the data, only have access to the smallest dataset necessary to complete their job
- Avoid printing copies of the data
- Maintain full accountability for any printed copies of the data
- Only transmit the data electronically in an encrypted format
- Ensure that all individuals with access to the data are HIPAA trained
- Report any data security breaches immediately to the VDH emPOWER Team.

Chempack Program Updates

Jonathan Kiser and Chris Patterson

HHS/ASPR Chempack Program Updates

Jonathan Kiser

- ASPR is fully transitioning in-person sustainment visits to the drop shipment delivery method effective October 1, 2022
  - Virginia has successfully completed sustainment visits via the drop shipment method since 2020
  - Continue to maintain relationships with your cache site partners and offer assistance as needed
- Security and Temperature Monitoring System (STMS) Project
  - Replacing the Sensaphone monitoring system with a new cellular system to provide real-time connection to a central monitoring server
  - 42 total sites in Virginia
    - 10 validated sites
    - 8 of the 32 un-validated sites will require a re-visit
    - All remaining sites are under review and could become valid or possibly require a visit
  - Additional site visits needed every 12-18 months to update firmware

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New Chempack Tool

Jonathan Kiser

- The Office of Emergency Preparedness is launching a new electronic tool for Chempack program management
  - Designed to provide better situational awareness and also allow for electronic reporting of quarterly assessments from cache sites
  - Built in the Veoci platform

- Each Local Health Emergency Coordinator will have a Veoci account
  - Cache sites will <u>not</u> need an account in order to complete the quarterly assessment

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Implementation Timeline

Veoci Account Creation

- By Monday, October 3, Local Health Emergency Coordinators will receive a Veoci account creation email
- A User Guide and Training Video are available

Training for LHECs

- On Wednesday, October 5 from 3:30 - 4:40 pm, the Veoci team will conduct a hands-on training specific to the Chempack tool
- The training will be recorded

"Soft" Launch

- "Soft launch" during 4th quarter 2022
- All districts should be using new tool for 1st quarter 2023 assessments

State Chempack Plan Updates

Chris Patterson

- Clarifying roles, responsibilities, and best practices with state agency partners
- Working with VDEM/SAU to standardize the notification process
  - Merge into existing processes, familiar for ICs, will use SWAN alerts for notifications, can direct ICs to nearest in-service Chempack container
- Establishing **secondary** and **tertiary** transportation methods
  - Exploring VSP and Air Medical Assets
  - Local plans and resources remain primary
- Engaging with VDEM regional HAZMAT units

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State Chempack Plan Updates

Chris Patterson

- New training materials
  - Working with OEMS to push training materials to first responders so that they are aware of the Chempack program, when it should be requested, and how to request it
    - Working with the regional EMS councils to put Chempack information into their protocols

Monkeypox at a Regional Jail

Steven Herring

Monkeypox PEP Clinic
Riverside Regional Jail

Steven Herring

Local Health Emergency Coordinator

Crater Health District

Overview of Incident

- On August 17 an individual was arrested and transported to Riverside Regional Jail in Prince George and put into Housing Unit 4.
- On August 21 the clinician suspected a possible STI and began testing and initiating treatment.
- STI testing came back negative and the clinician began suspecting Monkeypox as lesions and symptoms worsened.
- The inmate was sent off for Monkeypox testing at VCU on August 26 and placed in isolation on August 27.

Notification to Crater Health District

- The Crater Health District Communicable Disease Division was informed of the possible case and exposure on August 29 around 4:00p.m.
- Communicable Disease informed Emergency Planning and Response at 4:30p.m. and a planning for a possible PEP clinic at the jail started.
- The original test results would not be available until late on September 1. To get results faster, a second test was conducted through DCLS on August 30, with positive results received on August 31 and the clinic scheduled for September 1.
- Due to short staff, the jail notified Crater Health District on August 31 that they would like the clinic delayed until September 2.

RRJ PEP Vaccination Clinic

- Staff from Crater Health District, Chickahominy Health District, Richmond-Henrico MRC, and Central Office arrived at the jail at 8:30am on September 2.
- After going through screening, arriving at Housing Unit 4, and mobilizing the clinic, vaccinations started around 9:15a.m.
- Vaccinations at Housing Unit 4 wrapped up between 10:30-11:00a.m., with the clinic demobilized and moved to Housing Unit 3.
- Vaccinations wrapped up and the clinic fully demobilized around 3:00p.m.

Aftermath

- 36 individuals were vaccinated and one was tested. 32 were inmates and 4 were staff.
- There was a significant delay in vaccination as staff had to inform inmates of exposure and purpose of the clinic and vaccination.
- Crater Health District is currently drafting an Incident Report that will be attached to the main Monkeypox After Action Report.
- Crater's Communicable Disease Division made contact with exposed individuals who had been released and offered them PEP vaccinations.
- A second dose PEP clinic was held at the jail on September 27

Strengths

- Collaboration and support across districts was quick and efficient.
- Central Office was support and quick to assist.
- Support from Central Pharmacy, DCLS, and Epidemiology.
- Processing Monkeypox screening and testing on-site.
- The jail's ability to acquire names of exposed individuals who were released prior to the clinic.

Lessons Learned

- The need for a Medical Reserve Corps Monkeypox Team and understanding of where MRC volunteers can go.
- Better education to congregate settings regarding possible cases and communicating positive results to exposed.
- Having Epidemiologists/Health Educators go in day before for information spread.
- Clear communication regarding procedures for PEP vaccination with jail leadership.
- Understanding of Monkeypox testing procedures and a separate area for

IMT Mental Health Check Ins

Leanne Knox

IMT Mental Health Check-ins

Leanne Knox, BS Ed, EMT-I
Emergency Manager

September 27, 2022

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

Background

What is an IMT?

Duh… we all know it's an Incident Management Team.

If you have an IMT activated, you must be experiencing an incident… and that means your day-to-day operations are NOT in a normal state.

Some of us (many in this room) enjoy the challenge and atmosphere of NOT normal incidents, but for others these incidents create additional stress.

We should all include mental health in our normal operations, but it's *even more important* to consider mental health during active incidents.

COVID-19

Public Health workers have endured a rough past 2+ years.

We have helped our communities through the COVID-19 pandemic to the best of our ability… often working in extremely challenging circumstances.

394th Judicial District Court

Recording of this hearing or live stream is prohibited.

Violation may constitute contempt of court and result in a fine of up to $500 and a jail term of up to 180 days.

394th Judicial District Court

Jerry L. Phillips

H. Gibbs Bauer

0:13 / 1:10

rod ponton

SUBSCRIBE

'I'm Not a Cat:' Filter Turns Texas Attorney Into a Cat During Zoom Hearing

238,776 views • Feb 10, 2021

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Monkeypox

Just when we were seeing the light at the end of the tunnel… another public health emergency is declared.

What we saw and heard

In BRHD, we had been working through our COVID-19 AAR process, and that revealed some wounds that definitely were not healed. Our team was fatigued, and many were traumatized by events of the pandemic. From fielding phone calls and emails from angry members of our community trying to get vaccinated, to working long hours, and never really feeling off-duty (questions at the grocery store, walking the dog, at church, etc.) - our staff were still trying to recover.

Then as Monkeypox ramped up, we heard things like "here we go again," "not another vaccine shortage," and "I can't believe this is happening."

What can we do?

Richard Westphal, PhD, RN, PMHCNS-BC, PMHNP-BC, FAAN

PROFESSOR OF NURSING, UVA

CO-DIRECTOR, WISDOM AND WELLBEING, UVA HEALTH

Westphal, who previously oversaw the U.S. Navy's $117 million psychological health and traumatic brain injury programs, has offered a "Stress First Aid" course to firefighters, military personnel, police officers, nurses, physicians and others over the past 13 years.

HEALING THE HURT THAT DOESN'T SHOW: 4 TIPS ON 'STRESS INJURY' IN HEALTH CARE WORKERS

- Learn to Recognize Stress Injuries
- Remember Resilience and Well-Being
- Instill Calm in Yourself and Others
- Look for Connection

Stress First Aid chart - Westphal

READY	REACTING	INJURED	ILL
DEFINITION • Adaptive coping • Effective functioning • Well-being FEATURES • In control • Calm and steady • Getting the job done • Playing • Sense of humor • Sleeping enough • Ethical and moral behavior	DEFINITION • Mild and transient distress or loss of function FEATURES • Anxious • Irritable, angry • Worrying • Cutting corners • Poor sleep • Poor mental focus • Social isolation • Too loud and hyperactive	DEFINITION • More severe and persistent distress or loss of function TYPES • Trauma • Fatigue • Grief • Moral injury FEATURES • Loss of control • Can't sleep • Panic or rage • Apathy • Shame or guilt	DEFINITION • Clinical mental disorders • Unhealed stress injuries TYPES • PTSD • Depression • Anxiety • Substance abuse FEATURES • Symptoms persist > 60 days after return from deployment

BRHD plan

We are doing things that are in our span of control:

1. Acknowledge the elephant in the room
2. Encourage staff to seek help when needed
3. Talk about well-being ideas
4. Provide opportunities to connect with others
5. Be systematic in our approach

Humor and laughter

Humor is also a powerful tool - see PubMed article: https://pubmed.ncbi.nlm.nih.gov/27439375/ which includes this excerpt:

"Decreasing stress-making hormones found in the blood, laughter can mitigate the effects of stress. Laughter decreases serum levels of cortisol, epinephrine, growth hormone, and 3,4-dihydrophenylacetic acid (a major dopamine catabolite), indicating a reversal of the stress response."

Friday check-ins during MPX IMT huddles

The Elephant

This was the introduction - we talked about where we were mentally, acknowledged the stressors. Then we reminded staff about resources available to them, and encouraged everyone to reach out if needed.

Happy Place

Happy place - what is one of your happy places, and how do you visit it in person and/or in your mind?

Scattergories

Free website to play
Easy, creative, and fun… we could have done this for a lot longer!

Weekend Plans

Blog post from Wix
Sent article and photo to team, then encouraged them to consider incorporating one thing into their weekend that was chosen just for them.

How to Enjoy Your Weekend (Before It's Over)

1. Plan ahead. We know, planning ahead might sound like something people who enjoy sharpening pencils do, but trust us, it will deliver results. ...
2. Get adventurous. ...
3. Free up your upcoming week. ...
4. Change locations. ...
5. Rest. ...
6. Move your body. ...
7. Save some time for yourself. ...
8. Don't think about Monday.

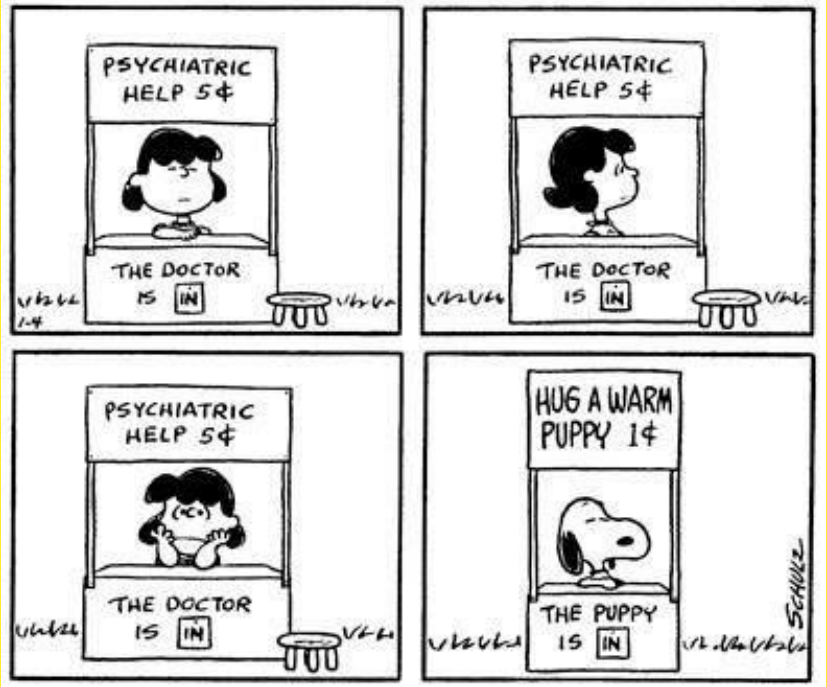
What can we do?

HEALING THE HURT THAT DOESN'T SHOW: 4 TIPS ON 'STRESS INJURY' IN HEALTH CARE WORKERS - Richard Westphal

- ✓ **Learn to Recognize Stress Injuries**
- ✓ **Remember Resilience and Well-Being**
- ✓ **Look for Connection**
- ✓ **Instill Calm in Yourself and Others**

Key message:

You don't have to be a psychologist, psychiatrist or counselor to help… all you have to do is start the conversation.



Questions?

Local Chempack Planning

Jasmin Johnson

Local Chempack Planning

Jasmin Johnson, MS
Public Health Emergency Management Coordinator

Objectives

- Train Staff and Volunteers
- Exercise Plans
- Protect Community
- Keep Learning

Partners

- Alexandria Office of Emergency Management
- Inova Hospital
- Alexandria Fire/EMS
- Alexandria Health Department
- Alexandria Police Department

Training

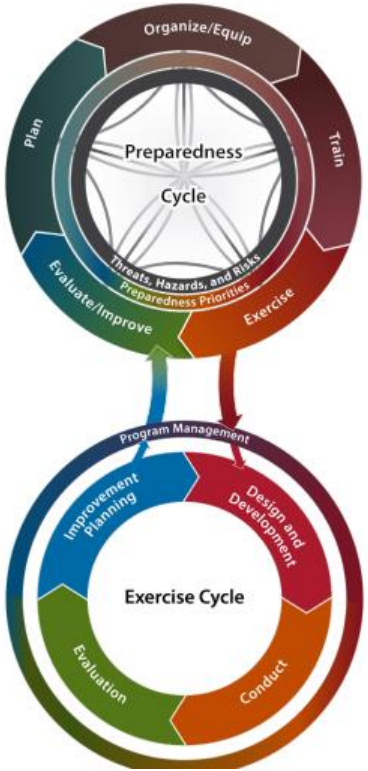
- Planning meetings with partners
- Alexandria specific
- Standardizing for all staff and new staff to complete Chempack Training
- Nerve Agent Training with FBI Chemist
- Reporting system to Health Department

Volunteer Training

- Involve MRC and CERT volunteers
- Make sure that there is continued training throughout the years with partners, staff, and volunteers.

Exercises

- EMS Training on a training CHEMPACK (projected March 2023)
- EMS CHEMPACK Movement Drill(scheduled April 2023)
- Tabletop Exercise (projected Fall 2023)
- Functional Exercise (projected spring 2024)
- Full Scale Exercise (project 2025)



Continuous Learning

- Utilize new material from Central office for training updates.
- Continue training with partners or having conversations

Lessons Learned

- Make sure **all** partners are included
- Discuss your educational audience with leadership
- When was the last training?

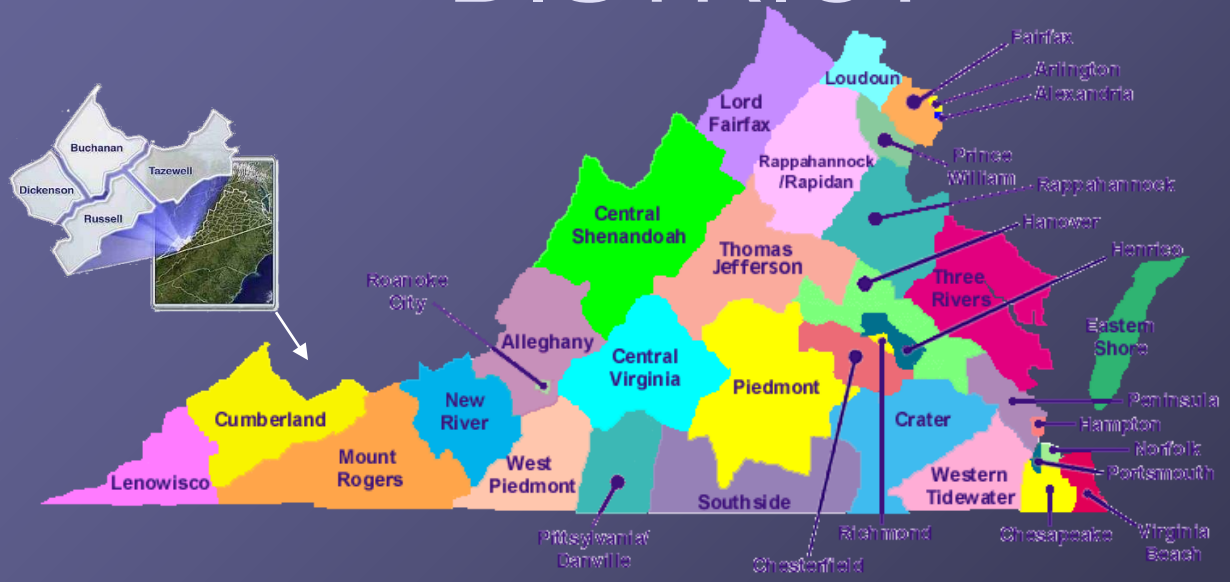
CPR and Tribal Outreach

Matt Carpentier

Buchanan County Flooding Emergency

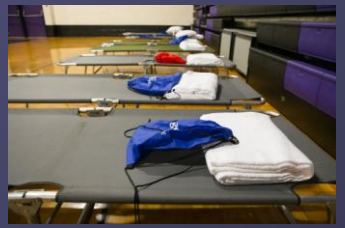
Delilah McFadden

CUMBERLAND PLATEAU HEALTH DISTRICT



BUCHANAN COUNTY FLOOD EVENT

Pictures



What Happened?

- The evening of July 12, 2022, our area had been experiencing significant rainfall, but really did not think it was anything to be concerned about. Just typical weather alerts/warnings regarding local flooding.
- At 5:00 a.m. I received a call from Buchanan Co. EM saying, “I need help. I have every EMS and LE in the county out evacuating houses. Dismal River has flooded. We are opening a shelter at Twin Valley Elementary/Middle School. I need Nurses to screen patients”.

Initial Reports:

- 44 individuals missing or unable to reach/contact
- Over 100 homes impacted
- All EMS/LE was out evacuating homes
- Roads had been washed out and unable to reach many residents
- Power/Phone outages
- Swift water rescue teams from Roanoke and Bristol had been deployed
- SAR Teams had been deployed with cadaver dogs

Initiatives:

- Contacted COO to advise her of the situation.
- Nurse enroute to the Shelter to screen victims.
- Nurse Supervisor and Planner responded to provide Td vaccines to responders and flood victims.
- EH Manager and EH staff responded to inspect the school (shelter) as well as restaurants and other facilities that were impacted due to flooding and power outages.

Working Together

- DSS opened and manned shelter as well as going door-to-door with food, water and clean up kits
- Red Cross provided shelter needs and food for workers and flood victims.
- VDEM
- MRC was activated
- A Laundry stations was set up/Clothing site, etc.
- Church groups helped with clean up efforts

Working Together

- Health Wagon provided medical care and gave tetanus shots
- Appalachian College of Pharmacy has a “free medical clinic” and they provided free medical care and medication assistance
- Hometown Pharmacy provided medications and helped with durable medical equipment
- Community members – provided food, water, cleaning supplies and kits.
- Food City assisted community $159,000 in financial support (food, water, supplies, etc.)

Final VDEM Assessment

- Completely destroyed: 37
- Major Damage: 39
- Minor Damage: 24
- Affected: 34
- Total: 134

*Note: No human lives lost as a result of the flooding event, but individuals did lose pets.

Lessons Learned/Best Practices

- Communication Issues (no phones/internet)
- Having a mobile medical unit on site
- Working with a pharmacy to provide patients with medications (insulin, BP, antipsychotic)
- Door-to-door providing tetanus shots worked best
- House numbers on homes are needed
- Declaring a local disaster and getting the Governor to declare a disaster early helps get the needed resources
- Sundowners/ADHD/Sensory Issues in shelters

Canine Hero – Vada and her owner: Patti Mullins

Questions

EXTRA SLIDES

Risk Communications

- Maintain pre-scripted messages, talking points and press releases on many issues to rapidly disseminate information
- Communication plans developed in playbooks
- Recommendations specific to the current situation on the VDH Webpage, Twitter, Facebook
- Staff support to the Joint Information Center (JIC) in the state Emergency Operation Center (EOC) to coordinate information affecting the health of the public
- Communication with the public via media or call center
- Communication with staff: HAN, video conference, etc.
- Communication with the health care community: clinician letters, after hours phone service, etc.

Emergency Medical Services

Augment VDH VEST response to VEOC

- 15 trained employees

Deploy and coordinate HMERT and other EMS resources during emergencies or disasters

- EMS Disaster Task Forces
- Incident Management Teams

Coordinate external EMS resources

- State and Federal
- Inter and Intrastate Assistance

Ensure continuity of internal and external EMS resource communication during response (radio cache, STARS and other frequency coordination)

Radiological Health

- Monitor event, release status
- Provide staff support to VEOC ESF8 and input to Joint Information Center on risk/crisis communications
  - Estimate emergency worker and population dose
  - Estimate exposure, deposition, contamination
- Provide protective action recommendations (responders, public)
  - Potassium Iodide (KI) administration
    - Advice to Evacuation Assembly Center staff
  - Coordinate re-entry decisions
  - Monitor decontamination efforts, provide technical expertise and treatment guidance to Health Districts, health providers, etc.
  - Assist remainder of VDH on implementing long-term monitoring of adverse health effects

Drinking Water

- Timely Identification of disruption to water supply operations and initiate timely and effective technical assistance to the waterworks
- Monitor and report drinking water safety; issue appropriate emergency orders, ensure affected customers are notified; and advise consumers of appropriate protective action
- Notify and coordinate with local, state, and federal agencies, and organizations to assist with the response.
- Provide situational awareness of waterworks status and needed resources to decision makers
- If VEOC activates ESF #3,coordinate and organize state capabilities and resources to facilitate the delivery of essential engineering services

Environmental Health

- Participate in the Virginia Rapid Response Team (VDH, VDACS, DCLS) to respond to food borne illnesses.
- Maintain the Food Emergency Response Plan
- Provide guidance and training to local health departments for food-borne outbreaks and food-specific emergency responses.
- Protect public health by quickly identifying whether restaurants and shellfish plants were affected during an emergency and determining if these facilities may continue to operate.
- Provide regulatory oversight as it pertains to the destruction, seizure, and embargo of contaminated foods.
- Notify and coordinate with VDACS, DCLS, State Police, and the FDA to assist with emergency food event responses.
- Announce precautionary harvest area closures prior to the event as necessary. Assess impacted areas post event and issue closures as needed.
- Post event follow-up by testing post-event samples of seawater and shellfish to assess bacteriological and viral contamination.

Chief Medical Examiner

- Effectively manage fatality incidents resulting from either man made or natural event that may cause MASS fatalities that fall under medical examiner jurisdiction.
- OCME will ensure:
  - Complete collection and examination of the dead
  - Recovery of forensic, medical and physical evidence
  - Identification of the fatalities using scientific means with law enforcement support
  - Certification of the cause and manner of death
  - Management, storage and reunification of remains
- Document fatalities for admissibility in criminal / civil courts.
- Ensure completion of investigations and review of daily non-event medical examiner cases of the Virginia localities.

Behavioral Health

- Coordinate with DBHDS
- Develop and exercise statewide Behavioral Health emergency response capability
- Include CSBs, other non-government organizations and private sector partners.
- Ensure Behavioral Health representation at VEOC and in all levels of planning, response and recovery.
- Integrate the substance abuse and mental health communities into State and Federal emergency operations plans.