VDH VIRGINIA DEPARTMENT OF HEALTH

Emergency Coordinator Breakout Session

VDH Preparedness Summit

October 24, 2023

Virginia Beach, VA

Agenda

Topic	Presenter
Opening Comments & Introductions	All
Office of Emergency Preparedness (OEP) Overview and Program Updates	Bob Mauskapf, MPA *Director* *Office of Emergency Preparedness* Jonathan Kiser, MS *State Planning Coordinator* *Office of Emergency Preparedness*
Medical Countermeasures Program Updates	Chris Patterson *Assistant State Planning Coordinator* *Office of Emergency Preparedness*
Division of Pharmacy Services Role in Emergency Preparedness and Response	Alexis Page, PharmD, BCACP *Deputy Director, Division of Pharmacy Services* *Office of Epidemiology*

Agenda (continued)

Shelter Planning Updates	Kristina Stark *CDC Preparedness Field Assignee* *Office of Emergency Preparedness*
Situational Awareness/Data Tools	Justin Crow, MPA *Foresight & Analytics Coordinator* *Office of Emergency Preparedness*
Training and Exercise Updates	Aaron Kesecker, MEP *Exercise Coordinator* *Office of Emergency Preparedness*
Office of Drinking Water Overview	Jessica Coughlin, BS, VaPEM, NRP *Emergency Services Coordinator* *Office of Drinking Water*
Emergency Coordinator Quick Hits	**BRHD Support Following UVA Shooting** *Leanne Knox, Emergency Manager, Blue Ridge Health District* **Public Health Response to a Large Planned Event** *Andy Aigner, Central Region Emergency Coordinator* **Public Access to Defibrillators** *J.J. Justis, Eastern Shore Health District &* *Matt Carpentier, Three Rivers Health District* **Roanoke City & Alleghany Health Districts Harm Reduction Program** *Robert Foresman and Ryan Muterspaugh*

Introductions

Office of Emergency Preparedness Overview and Program Updates

Bob Mauskapf, MPA
Director
Office of Emergency Preparedness

Jonathan Kiser, MS
State Planning Coordinator
Office of Emergency Preparedness

Public Health Emergency Preparedness (PHEP) Cooperative Agreement

Overview

PHEP Cooperative Agreement

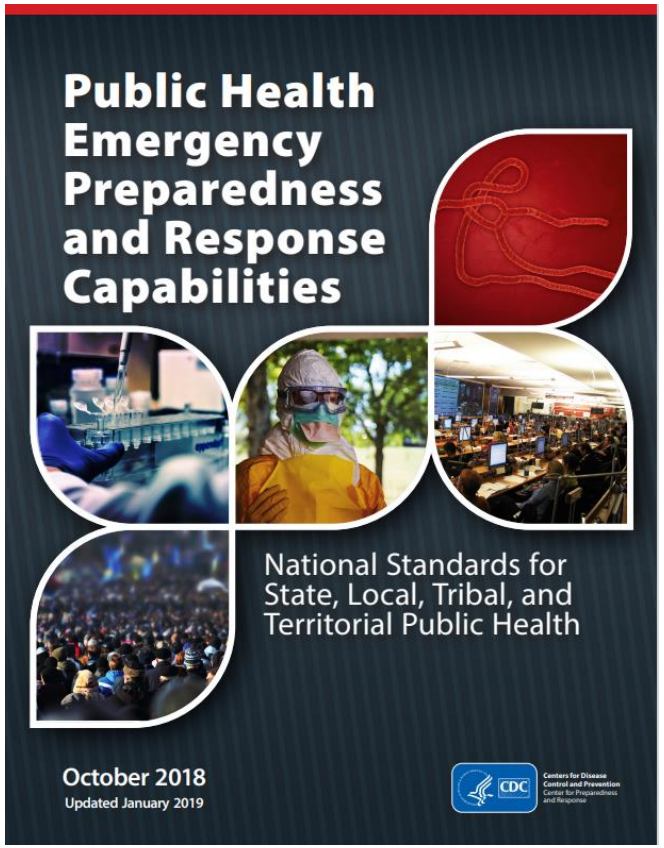
- Since 2002, the U.S. Centers for Disease Control and Prevention (CDC) has provided funding and technical assistance to build public health preparedness and response capabilities nationwide.
- CDC's Public Health Emergency Preparedness (PHEP) Cooperative Agreement provides funding to 50 states, 4 cities, and 8 U.S. territories and freely associated states.
- Every 5 years, CDC releases the PHEP Notice of Funding Opportunity (NOFO) which includes performance measures and deliverables.
- Each Budget Period (BP), VDH develops a work plan and budget and submits performance reports.
- Although the PHEP cooperative agreement is no longer aligned with the Hospital Preparedness Program (HPP) within a single funding opportunity, these two distinct federal preparedness programs must continue to be organized to enhance jurisdictional coordination and collaboration between the public health and the health care systems.

Cities Readiness Initiative (CRI)

- CDC's Cities Readiness Initiative (CRI) is a federally funded program that enhances preparedness in the nation's largest population centers, where nearly 60% of the population resides.
- The CRI project began in 2004 with 21 cities. It has since expanded to a total of 72 metropolitan statistical areas (MSAs) with at least one CRI city in every state.
- CDC funds CRI through the PHEP Cooperative Agreement
  - ~8% of annual PHEP cooperative agreement funding
- States distribute CRI funding to their local CRI planning jurisdictions to support medical countermeasure distribution and dispensing planning and response.
- Virginia CRI MSAs:
  - Virginia Beach
  - Richmond
  - Washington, DC
- VDH has historically held non-CRI districts to the same planning and reporting standards

In June 2015, VDH and the Prince William Health District partnered with Costco to conduct a mass dispensing exercise. Images courtesy of CDC.

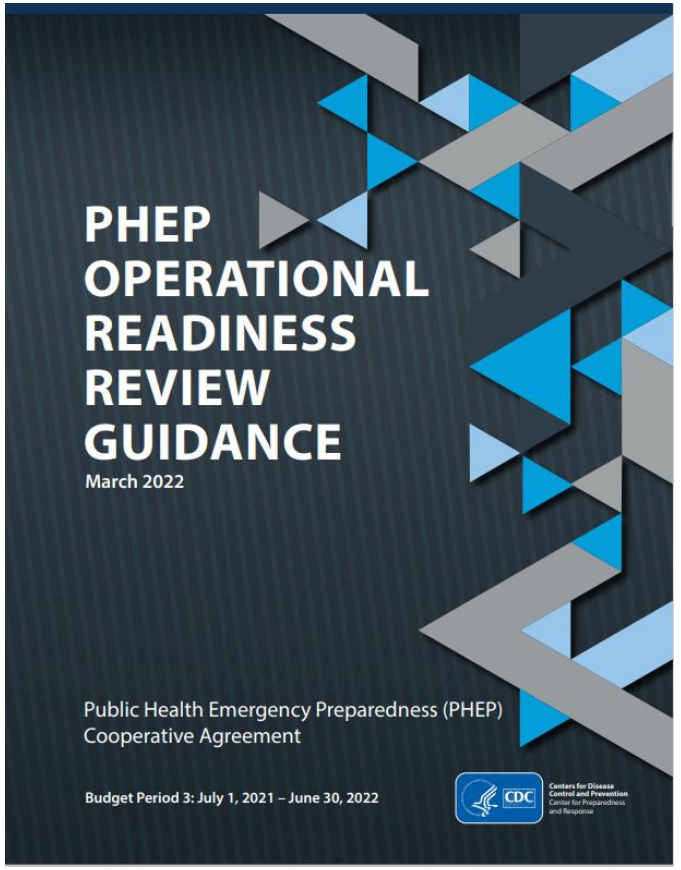
CDC PHEP Capabilities



1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing and Administration
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Nonpharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

Measuring PHEP Performance

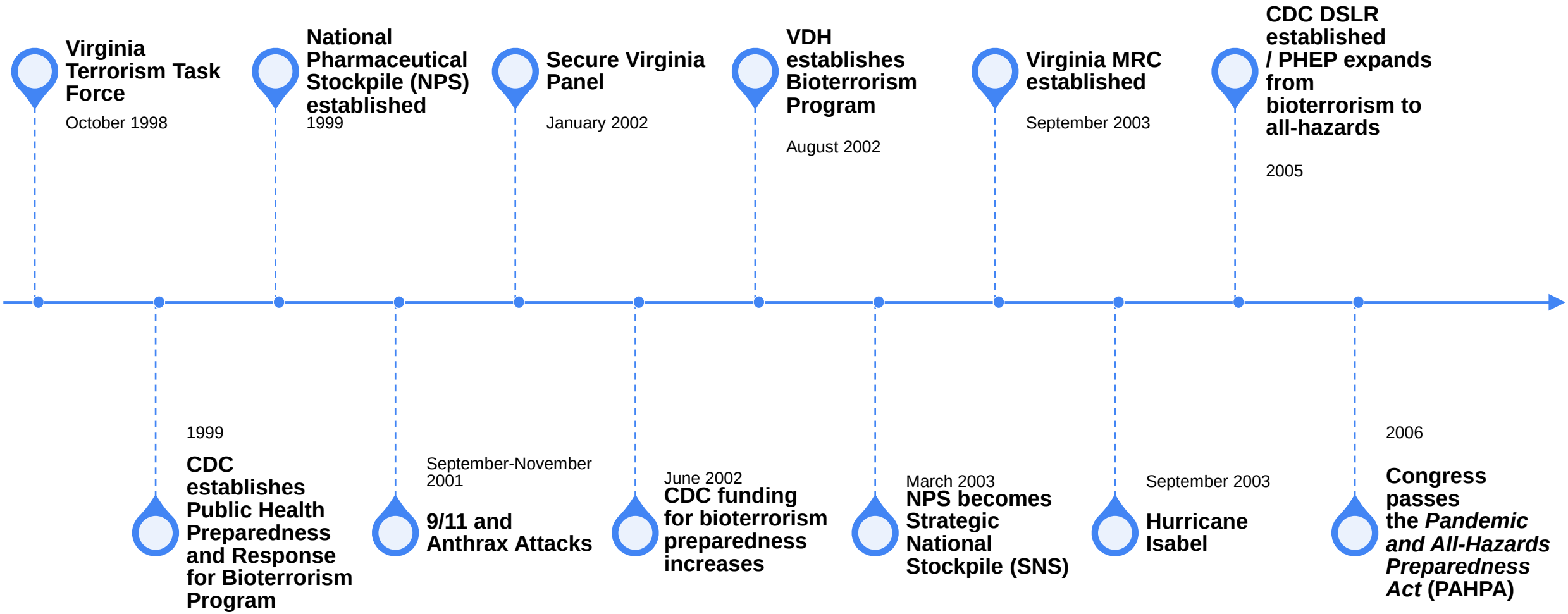
- Local Technical Assistance Review (LTAR)
  - Conducted in person with local health districts, VDH, CDC and partners
  - VDH held non-CRI districts to same standards
- MCM Action Plans
- Medical Countermeasures Operational Readiness Review (MCM-ORR)
- Operational Readiness Review (ORR)
  - Expands to all 15 PHEP capabilities
  - To be replaced. LHDs do not need to request PORTS access at this time.
- Action Plans

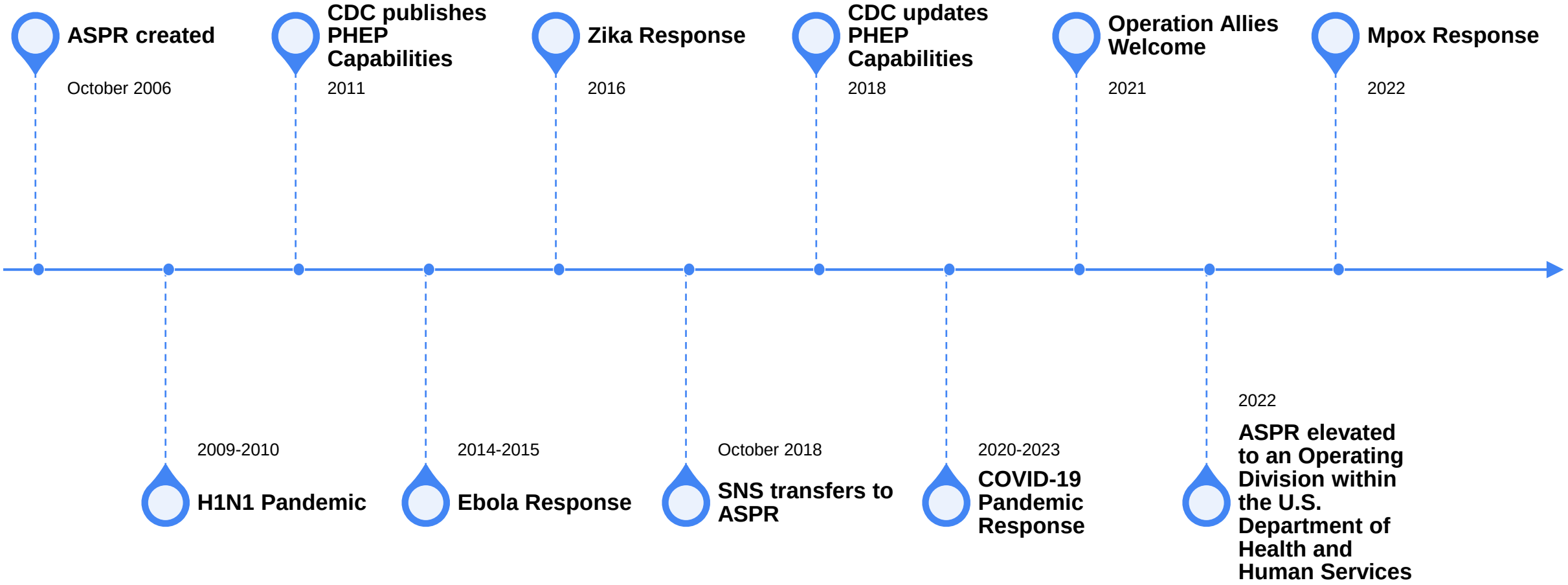


Virginia's Public Health Emergency Preparedness Program

An introduction to the Office of Emergency Preparedness and Virginia’s public health preparedness system

Program Evolution




ASPR created
October 2006
2009-2010
H1N1 Pandemic
CDC publishes PHEP Capabilities
2011
2014-2015
Ebola Response
Zika Response
2016
October 2018
SNS transfers to ASPR
CDC updates PHEP Capabilities
2018
2020-2023
COVID-19 Pandemic Response
Operation Allies Welcome
2021
2022
ASPR elevated to an Operating Division within the U.S. Department of Health and Human Services
Mpox Response
2022

OEP Overview

The VDH Office of Emergency Preparedness (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:

- Coordinates the VDH Emergency Coordination Center/Incident Management Team; and, when activated, leads the health and medical components (Emergency Support Function 8) of the Virginia Emergency Operations Center (VEOC)/Virginia Emergency Support Team (VEST).
- 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 partners.
- Manages the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement, CDC Public Health Crisis Response Cooperative Agreement and the U.S. Department of Health and Human Services Hospital Preparedness Program (HPP) Cooperative Agreement.

State, Regional and Local Roles

Office of Emergency Preparedness

Central Office

- Planning
  - MCM/SNS/ CHEMPACK
  - Analytics/Situational Awareness
  - COOP
  - ERP and COVEOP
  - VDH IMT
- Training and Exercises
- Medical Reserve Corps (MRC)
- Hospital Preparedness Program (HPP)
- VEST/VEOC Coordination
- Grants Management

Regional Health Emergency Coordinators

- Represent OEP at regional and local level
- Advocate for LHDs to state
- Coordinate, collaborate, facilitate
- Technical assistance
- RSS and Closed POD planning
- Back-up, reinforce
- Close coordination with Regional Epi, PIO and partner agency counterparts

Local Health Districts

Local Health Emergency Coordinators

- SME to Local Health Director
- Local ESF-8 coordination
- Situational awareness and reporting
- Medical countermeasures and CHEMPACK planning
- Locality EOP(s), risk assessments, etc.
- LHD Emergency Operations Plan
- MRC unit leadership
- Training and Exercises
- Disease investigation and surveillance and outbreak response w/ Epi
- Project Public Health Ready (PPHR) and PHEP-required activities

Virginia Healthcare Emergency Management Program (VHEMP)

Regional Healthcare Coalitions

- Regional Healthcare Coordination Centers (RHCCs)
- Hospital, Skilled Nursing Facility, Healthcare Facility, EMS Coordination
- Surge Planning / Status Tracking / Alternate Care Sites
- Crisis / Altered Standards of Care
- Medically Vulnerable Populations
- Patient Tracking

GORILLA
SUPER GLUE

ELMER'S
All Purpose
GLUE STICK
Goes on Smooth
Acid Free
Photo Safe
Non-Toxic
0.77 OZ (22 g)

Titebond III
ULTIMATE
Wood Glue
Rated #1 By Pros
Waterproof
Exterior/Interior

KEMAISI

ELMER'S
Glue-All
Multi-Purpose Glue
BONDS STRONG
For All of Your Needs!

VDH VIRGINIA DEPARTMENT OF HEALTH

OEP Funding Overview

Public Health Emergency Preparedness (PHEP) Cooperative Agreement – CDC

PHEP Total Funding (FY23): $16,168,503

- Base Funding: $11,222,735
- Base Funds for DCLS: $1,430,500
- Base Funding for CRI: $2,157,881
- Level 1 and Level 2 Lab (DCLS) Funding: $1,357,387

Hospital Preparedness Program (HPP) Cooperative Agreement – ASPR

HPP Total Funding (FY23): $6,857,550

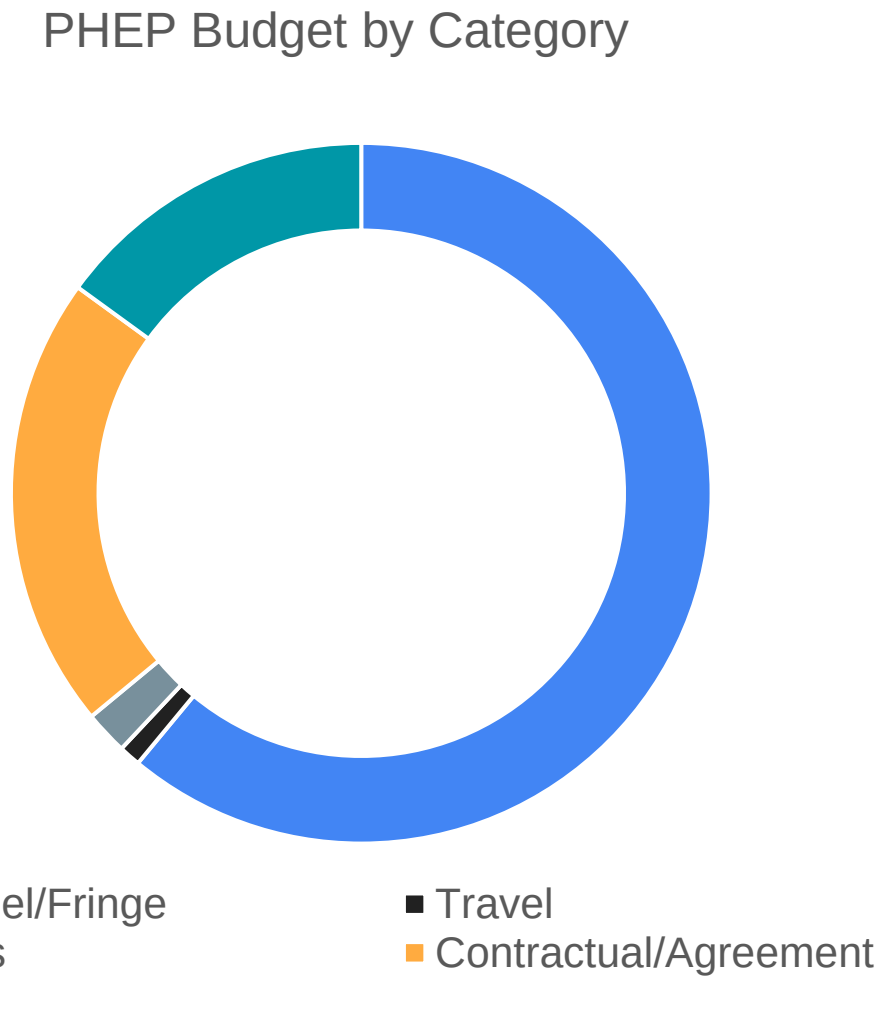
- Funding provided to our Four Health Care Coalitions: $5,487,290
- Funding provided to VHHA: $825,530
- Base Funding: $544,730

CDC Crisis Response Cooperative Agreement + Additional Funding

Total COVID Funding	(FY19)	$13,283,886
Total MRC Strong Funding	(FY23)	$1,500,000
Total Mpox CoAg Funding	(FY23)	$998,925
Total Workforce Development Funding		$50,920,959

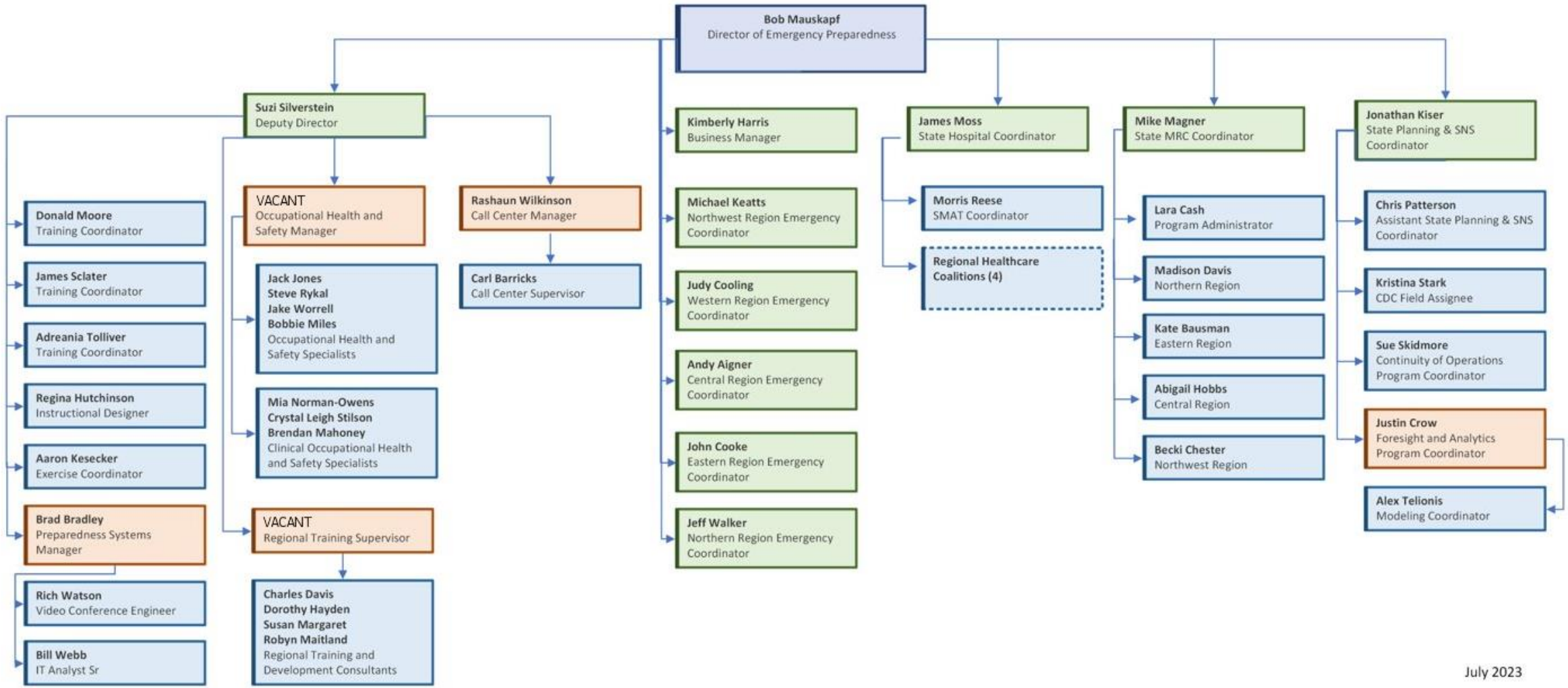
PHEP Budget by Category

- Total VDH Central Office and Local Health District positions: ~77
  - Emergency Coordinators
  - Epidemiologists
  - MRC Coordinators
- "Contractual/Agreement" includes funding for locally-administered health departments and the Division of Consolidated Laboratory Services (DCLS)
  - Laboratory Response Network staffing and equipment
- "Other" includes VITA costs, rent, OAG costs, etc. in support of PHEP-funded positions
- PHEP funding is primarily used in Virginia to sustain positions



VIRGINIA DEPARTMENT OF HEALTH

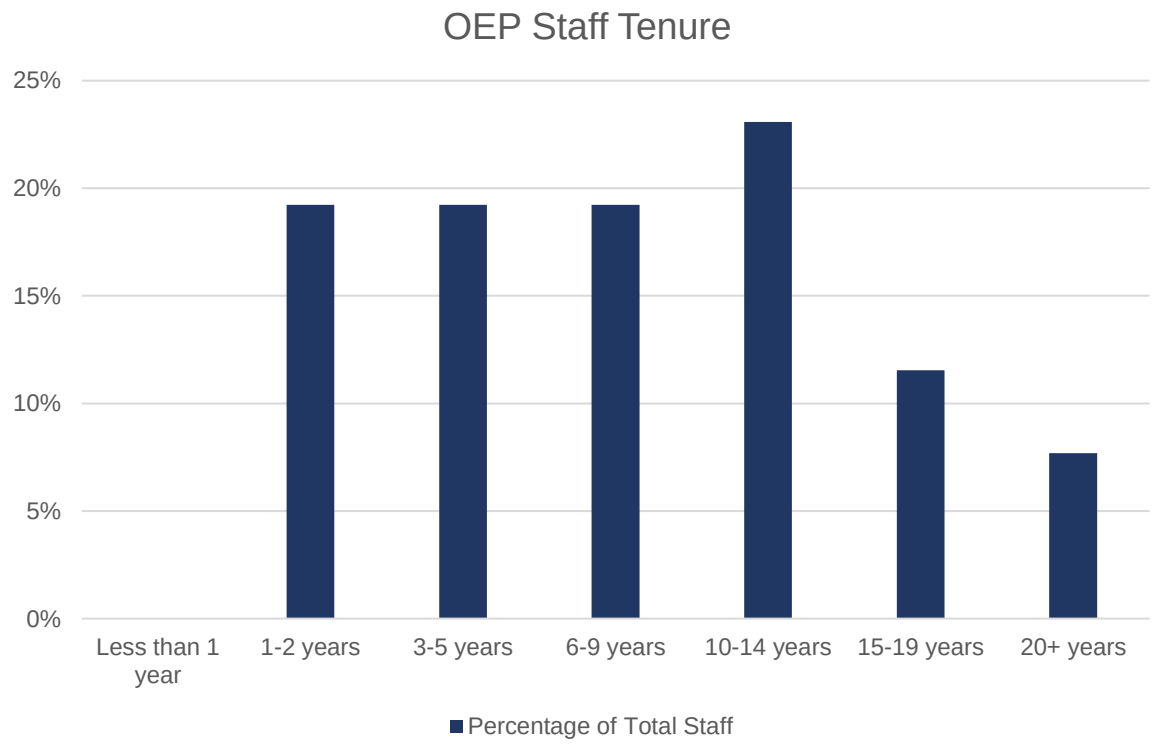
Virginia Department of Health
Office of Emergency Preparedness



July 2023

OEP Staff Tenure

Years of Service*	Count	Share
Less than 1 year	0	0%
1-2 years	5	19%
3-5 years	5	19%
6-9 years	5	19%
10-14 years	6	23%
15-19 years	3	12%
20+ years	2	8%
Total	26	100%



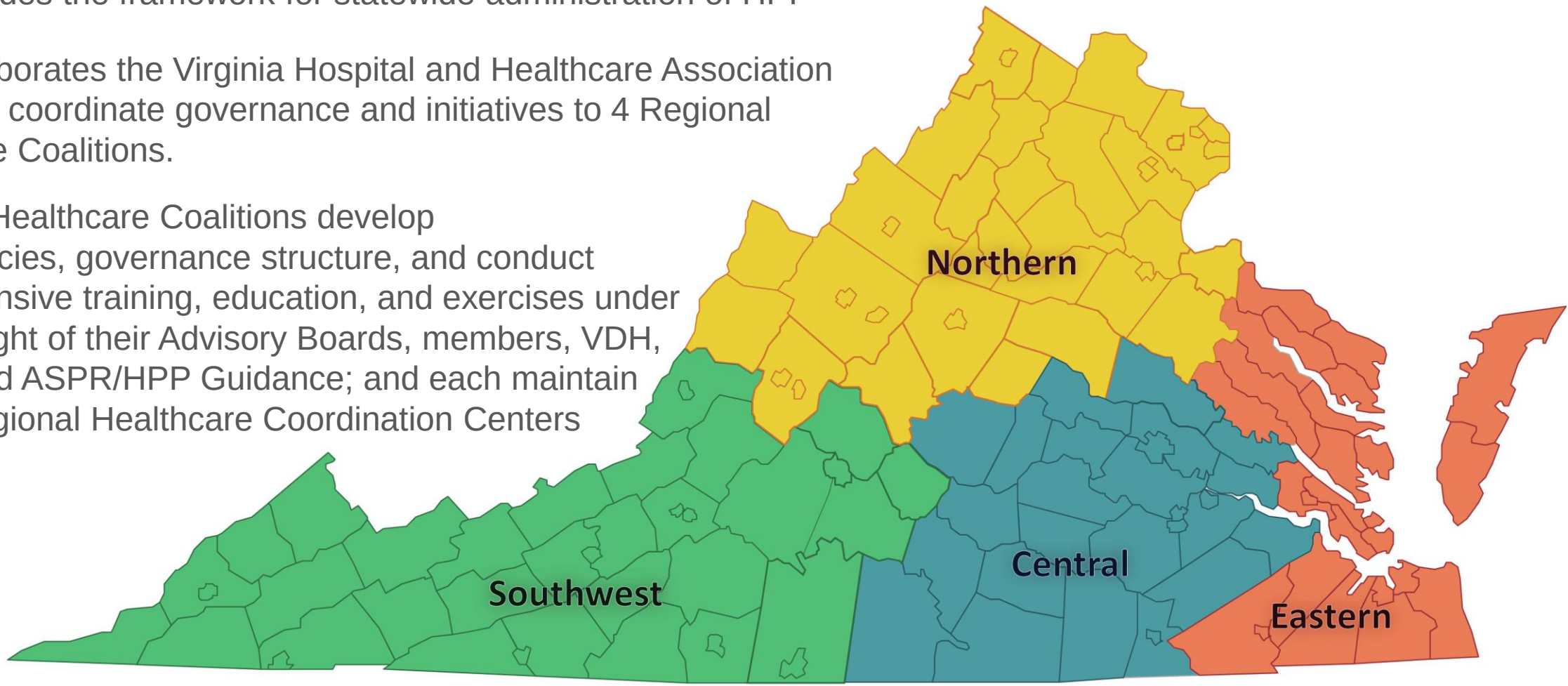
* Based on VDH start date for FTE positions as of September 6, 2023

Hospital Preparedness Program (HPP)

VDH provides the framework for statewide administration of HPP

VDH collaborates the Virginia Hospital and Healthcare Association (VHHA) to coordinate governance and initiatives to 4 Regional Healthcare Coalitions.

Regional Healthcare Coalitions develop plans, policies, governance structure, and conduct comprehensive training, education, and exercises under the oversight of their Advisory Boards, members, VDH, VHHA, and ASPR/HPP Guidance; and each maintain a 24/7 Regional Healthcare Coordination Centers (RHCC)

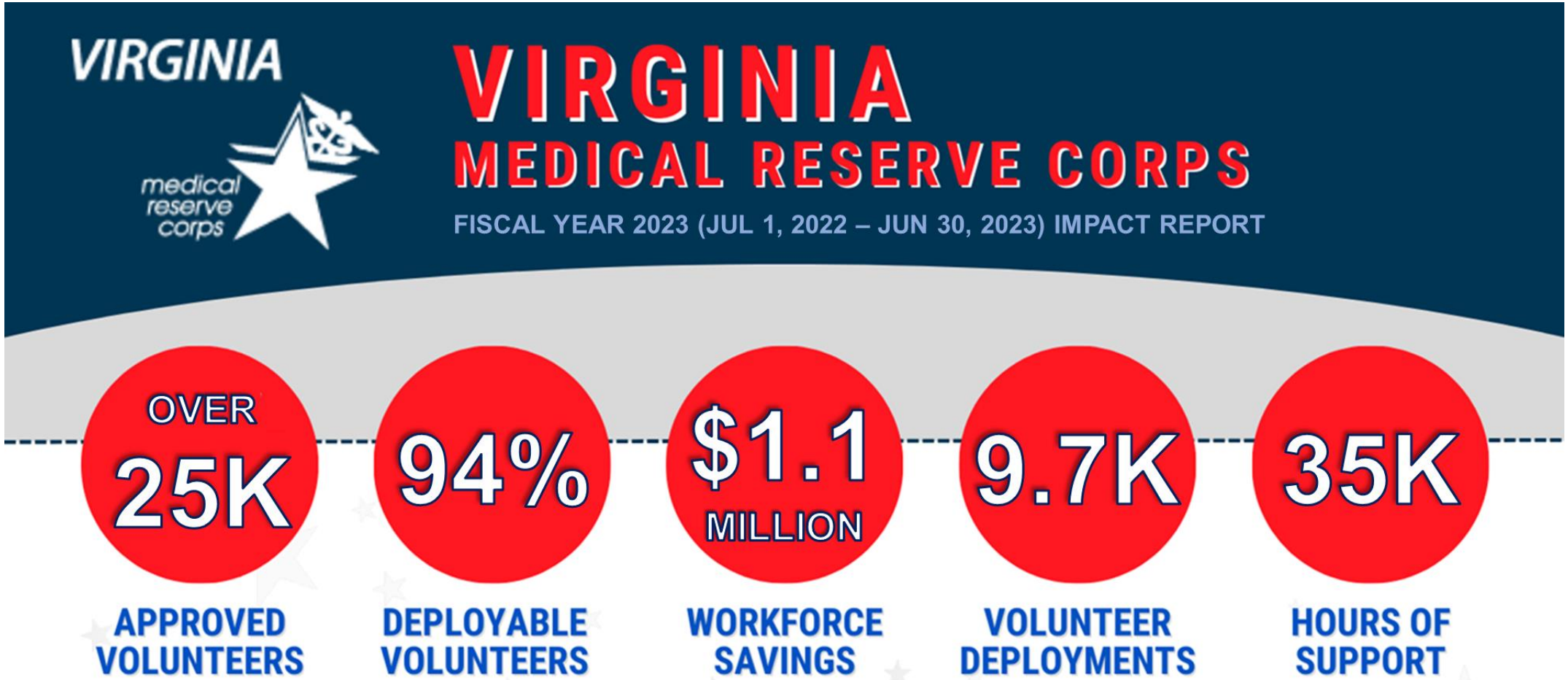


Virginia Healthcare Emergency Management Program

- Healthcare Coalitions (HCC) serve as a communication and coordination role within their respective regions.
  - Ensures the integration of healthcare delivery into the broader community's planning objectives and strategy development.
  - Provides near real-time situational awareness and reporting during events and serves as conduit to provide information to members and partners.
  - Provide central coordination of regional response activities and sharing of healthcare information, resources, and integration into local and regional response(s).
  - Ensures resource needs that cannot be managed within the HCC itself are rapidly communicated to the Emergency Support Function-8.
  - Provide healthcare emergency preparedness education, training, and exercises.
- HCCs connect the elements of medical response and provide the coordination mechanism among healthcare organizations, including hospitals; emergency medical services (EMS); emergency management organizations; and public health agencies.

Regional Healthcare Coordinating Center (RHCC)

- Each HCC has a Regional Healthcare Coordinating Center (RHCC) designed to act as a hub in the event of a public health or healthcare emergency.
- Designed to coordinate a multi-agency response to a disaster focused on Emergency Support Function (ESF) 8
- RHCCs serve as the liaison between regions, Regional Operations Centers, the VDH Emergency Coordination Center (ECC), and the Virginia Emergency Operations Center (VEOC).
- Each coalition defines the level of information exchange and scope of medical coordination authority granted to the RHCC. Some functions and responsibilities of the RHCC are:
  - Pre-event planning and coordination
  - Maintain 24/7/365 capability to support emergency response
  - Facilitate uniform situational awareness during response
  - Provide central coordination of regional response activities
  - Disseminate information within the region
  - Coordinate diversion status/patient distribution/triage within the region
  - Request needed assets from other regions, the state and federal governments.
  - Resource coordination and distribution
  - Assist with information reporting and metrics
  - Support regional recovery operations


VIRGINIA
medical reserve corps
VIRGINIA
MEDICAL RESERVE CORPS
FISCAL YEAR 2023 (JUL 1, 2022 – JUN 30, 2023) IMPACT REPORT
OVER 25K
APPROVED VOLUNTEERS
94%
DEPLOYABLE VOLUNTEERS
$1.1 MILLION
WORKFORCE SAVINGS
9.7K
VOLUNTEER DEPLOYMENTS
35K
HOURS OF SUPPORT

Medical Reserve Corps (MRC) Program Updates

- Virginia MRC Celebrated 20 years in September 2023
  - First 12 units established in September 2003
- MRC-STTRONG Grant: $1.5 million (June 1, 2023 – May 31, 2025)
  - Gap funding for MRC Unit Coordinator positions until June 2025
  - Funding for *some* Travel and Training
  - Funding for Equipment & Supplies (Centralized purchases and local purchases)
  - Funding for Virginia Volunteer Health System (VVHS) Upgrades
  - Goals & Deliverables for the State Program & Local MRC Units
- The Statewide Virginia Behavioral Health MRC Unit is now officially recognized by the ASPR MRC program.
  - Collaboration with Department of Behavioral Health & Developmental Services
- State-Level MRC RadHealth Response Team
  - EAC Support Team training conducted on Aug 23
  - Non-Plume Zone (NPZ) Monitoring Team Training conducted on Sep 13
- Collaboration with EVMS: Compassionate Crisis Care Video Series
  - 2nd Video focuses on training for MRC Volunteers responding to assist LTCF residents (10 min)
    https://www.youtube.com/watch?v=BDu73VRq774
  - 3rd Video (in development) will be specific to EMS and First Responders

Secure and Resilient Commonwealth Panel (SRCP)

- The Secure and Resilient Commonwealth Panel is established as an advisory board in the executive branch of state government.
- Primary focus on emergency management and homeland security within the Commonwealth to ensure that prevention, protection, mitigation, response, and recovery programs, initiatives, and activities, both at the state and local levels, are fully integrated, suitable, and effective in addressing risks from man-made and natural disasters.
- Convenes at least biennially to discuss (i) changing and persistent risks to the Commonwealth from threats, hazards, vulnerabilities, and consequences and (ii) plans and resources to address those risks.
- Chaired by the Secretary of Public Safety and Homeland Security.

- The Panel shall consist of 38 members as follows:
  - Four members of the House of Delegates
  - Two non-legislative citizen members to be appointed by the Speaker of the House of Delegates
  - Four members of the Senate of Virginia
  - Two non-legislative citizen members to be appointed by the Senate Committee on Rules
  - Lieutenant Governor
  - Attorney General
  - Executive Secretary of the Supreme Court of Virginia
  - Secretaries of Administration, Commerce and Trade, **Health and Human Resources**, Transportation, Public Safety and Homeland Security, and Veterans and Defense Affairs
  - State Coordinator of Emergency Management
  - Superintendent of State Police
  - Adjutant General of the Virginia National Guard
  - **State Health Commissioner**
  - Two local first responders
  - Two local government representatives
  - Two physicians with knowledge of public health
  - Five members from the business or industry sector
  - Two non-legislative citizen members from the Commonwealth at large

SRCP Health and Human Resources Subpanel

- Only subordinate entity in-place since inception of the Panel
- Meets prior to each Panel meeting and reports out to Panel
- Acts on directions from the Panel and establishes an HHR-specific agenda
- Acts as OEP's Grants Advisory Board
- Current membership has evolved based on interests of its members
- OEP provides staff support and coordination
- Public meeting with option to provide public comment

Hazard Identification and Risk Assessment

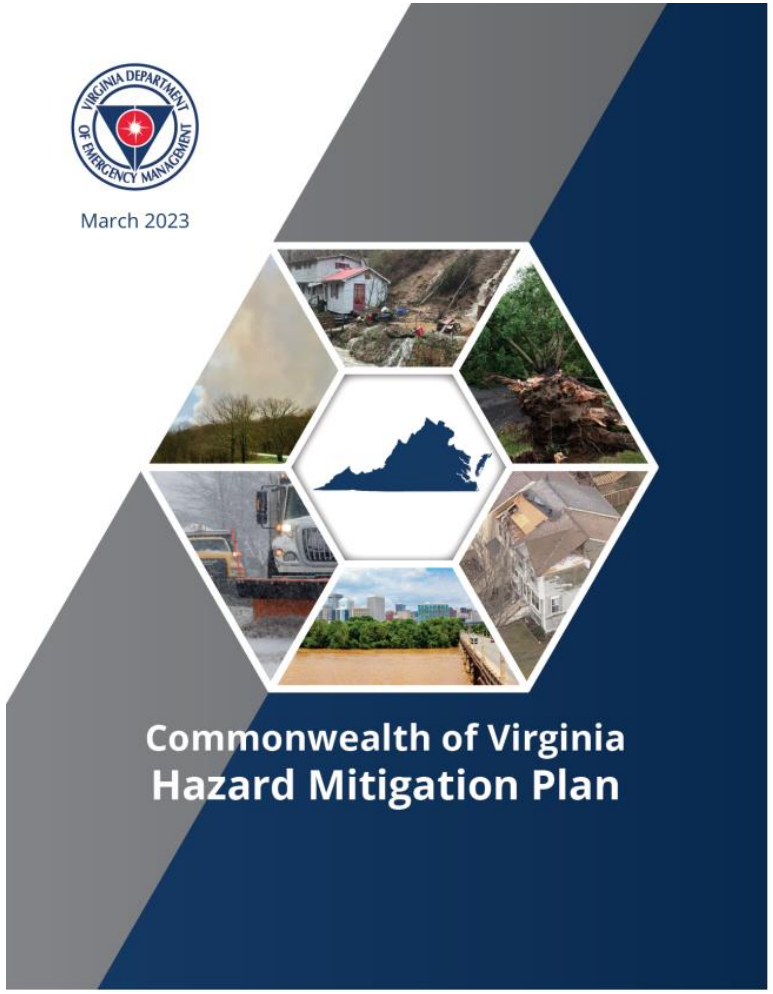
- A systematic approach to recognizing hazards that may affect public health and health care.
- Analyze risks associated with each hazard to prioritize planning, mitigation, response and recovery activities.
- Serves as a needs assessment for the Emergency Management program.
- Process involves community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

2022 State THIRA

Threats and hazards identified by Virginia during the 2022 Threat and Hazard Identification and Risk Assessment (THIRA) process to be reasonably likely and would challenge at least one core capability:

- Complex Coordinated Attack
- Cybersecurity Incident
- Flood
- Hurricane
- Nuclear Power Plant Radiological Release
- Pandemic
- Winter Storm

2023 State Hazard Mitigation Plan



2023 Overall Hazard Ranking

High	Medium-High	Medium	Medium-Low	Low	Negligible
Flood Hurricane Winter Weather	Extreme Heat Non-Tornadic Wind Tornado	Drought Extreme Cold	Earthquake Pandemic Wildfire	Erosion Impoundment Failure Karst (Sinkholes) Landslide	Land Subsidence Space Weather

Commonwealth of Virginia Emergency Operations Plan (COVEOP): Hazard-Specific Annexes

Annex Identification #	Annex Title	Lead Agency	Supporting Agencies
1	Radiological Emergency Response Plan	VDOT, VITA, VDEM, **VDH**, VDFP, VDOF, VDSS, DEQ, VDACS, VSP, DHCD, DMA	CBBT, DOAV, DGS, DMA, VDE, DMV, DRPT, VDSS, VSP, VPA, VDOF, DWR, VMRC, **VDH**, RACES, PERT, DHCD, DEQ, VDEM, VDOT, VAWARN, DCR, DHR, DOC, VDACS, DBHDS, DCJS, OAG, VCICF, VITA, VAVOAD, DHRM, VDDHH, VDFP, DHP, CAP, LVA, VCE, SCC, ABC, VEC, DMAS, DOE, VCCS, CST, ACS
2	Not Used		
3	Hurricane and Tropical Storm Response	VDEM	DMA, VDOT, VSP, VDSS, DMME, **VDH**
4	Pandemic Influenza Response	**VDH**, VDEM	VDACS, SCT, DOE, VDFP, DGS, DHRM, DOLI, DMV, DRPT, VDOT, VPA, VITA, VSP, DMA, VEC, SCHEV, VCCS, SVAHS, ECSF
5	Hazardous Materials Response	VDEM, DEQ	VDACS, DCR, SCC, DGIF, **VDH**, VCE, DOLI, VMRC, DMME, VSP, VDOT
6	Not Used		
7	Earthquake Response	VDEM, DMME	SCC, DEQ, Virginia Tech Seismological Observatory
8	Cyber Response Plan	VITA, VSP, VDEM	VDMA
9	Energy Security Plan	VDOE	Dominion Energy, SCC, VDEM, and companies that generate, transmit, and distribute electric, petroleum, and natural gas products.
10	Emergency Repatriation Plan	VDSS	VDEM, **VDH**, DRPT, VITA, DBHDS, VDACS, VSP, VDOT, DMA
11	Severe Winter Weather	VDEM	APCo, Dominion Energy, SCC, VDOF, DMA, VDSS, VSP, VDOT, VMDAEC, **VDH**
12	Complex Coordinated Attack	VDEM	**VDH (Offices)**, VSP
13	Special Pathogens Response	**VDH**	VSP, DEQ, VDOT, DGS, DCLS, DBHDS, VDSS, VDACS, VDFP, DMA

Commonwealth of Virginia Emergency Operations Plan (COVEOP): Support Annexes

Annex Identification #	Annex Title	Lead Agency	Supporting Agencies
1	Continuity of Government	VDEM	VDOT, VSP, DCP, VITA, LVA, OAG, **Executive Branch Agencies**
2	Statewide Recovery	DBHDS, DEQ, DHCD , DHR, OAG, VDEM, **VDH**	2-1-1, ACS, DARS, DBVI, DCJS, DCR, DGS, DHP, DMAS, DMME, DMV, DOAV, DOE, DOF, DOLI, DPOR, DRPT, DVS, DWR, ECSF, Library of Virginia, MVDB, P3, SBSD, SCC, TAX, VA VOAD, VADOC, VCCS, VCE, VDACS, VDBVI, VDDHH, VDE, VDFP, VDOE, VDOF, VDOT, VDSS, VDWR, VEC, VHDA, VDFP, VEDP, VSB , VITA, VMRC, VOAD, VPA, VRA, VRMC, VSBFA, VSP, VTC, VWC
3	Family Assistance Center Plan	VDEM	SCHEV, VDACS, DBHDS, DCJS, VDOE, DGS, **VDH (Offices), OEP, OCME**, OCE, DSI, DOLI, DMV, VDSS, ATLFA, VBPD, DARS, DBVI, VDDHH, WWRC, VITA, OAG, VSP, VVF, DOD, FBI, NTSB, U.S. Department of State, U.S. Coast Guard, American Red Cross
4	State Coordinated Regional Shelter Plan - Congregate Shelters - Congregate Shelters - Resident Transition	VDSS	VDEM, VSP, **VDH**, VDACS, DBHDS, VITA, VDACS, DBHDS, DHCD, DARS, DVS
5	Disaster Feeding Support Plan	VDSS	VDACS, VDEM, DOE, **VDH**
6	Volunteer and Donations Management	VDEM	

VDH Emergency Response Plan (ERP)

Annex Identification #	Annex Title	Lead Office
Annex A	Incident Management Team Coordination	OEP
Annex B	Tactical Communications, Information Technology, and Information Sharing	OEP
Annex C	Epidemiological Response Plan	OEpi
Annex D	Medical Countermeasure Distribution and Dispensing Plan	OEP/OEpi
Annex E	Isolation and Quarantine Plan	OEpi
Annex F	Health and Medical Surge Plan	OEP
Annex G	Mass Fatality Plan	OCME
Annex H	Mass Care Plan	OEP/CHS
Annex I	Volunteer Management	OEP
Annex J	Workforce Development Plan	OEP
Annex K	Responder Safety and Health Plan	OEP
Annex L	Crisis and Emergency Risk Communication Plan	COMO
Annex M	Disaster Behavioral Health	DBHDS
Annex N	Recovery Plan	OEP
Annex O	Patient Movement Plan	OEP

VDH ERP: Hazard Specific Annexes

Annex Title	Lead Office
Civil Unrest Playbook	OEP
Nuclear Station Radiological Response Plan	ORH
Nuclear/Radiological Response Plan	ORH
Severe Weather	OEP
Pandemic Response Plan	OEpi
Food Emergency Response Plan	OEHS/VDACS
Ebola Virus Disease Response Plan *(now in COVEOP – Special Pathogens)*	OEP/OEpi
Mpox Response	OEP/OEpi

PHEP Budget Period 5 and Beyond

Budget Period 5 (through June 30, 2024)

- CDC has suspended Cities Readiness Initiative (CRI) exercise requirements and Operational Readiness Review (ORR) data submissions during Budget Period 5.
- Although CDC will not collect CRI data, CDC expects CRI programs to continue collaborating and coordinating preparedness and response activities with their state PHEP programs. This includes planning, training, exercising, response, and recovery activities.
- While there is no requirement for CRI and other local jurisdictions to submit ORR data to CDC in Budget Period 5, states may require them to collect and provide related data.
  - Virginia is resuming participation in Project Public Health Ready (PPHR) in lieu of collecting other data
- In addition, all jurisdictions participating in CHEMPACK must continue to fulfill applicable program requirements during Budget Period 5.

The Next NOFO (beginning July 1, 2024)

The next PHEP Notice of Funding Opportunity (NOFO) has not been released. VDH will not have the final grant deliverables and other requirements until it is released.

CDC goals:

- Integration of Response Readiness Framework priorities
- Simplified evaluation strategy
- Streamlined or reduced administrative burden
- Clearly explained requirements

The Next NOFO (beginning July 1, 2024)

- CRI will remain a PHEP program priority
  - Will have tie in to ASPR/SNS
- Focus will remain on readiness for large-scale event requiring MCM distribution, dispensing and administration within large population centers
  - Will need to be broader than oral antibiotics to include vaccines and therapeutics and include readiness for MCMs **not** contained in the Strategic National Stockpile (SNS)
- Important to also ensure readiness for threats within our **jurisdictional risk assessment** that do *not* require MCM distribution and dispensing
- Operational Readiness Review (ORR) will **not** be the evaluation strategy moving forward. Still debating at CDC and mapping to the 10 priority areas.

CDC Public Health Response Readiness Framework

Current OEP Priority Initiatives

- **Medical Countermeasures Program**
  - Incorporating lessons learned from COVID-19 and mpox responses / Anticipated guidance from SNS
  - Coordination with VDC and VDEM
  - PPE, therapeutics, testing supplies, etc.
  - Potassium Iodide (KI) / Radiological Health
  - Flu (or other) vaccine for LHD exercises
  - Chempack
- **VDH Incident Management Team (IMT)**
  - Overdose IMT
- **Continuity of Operations (COOP)**
  - Launching new electronic tool in Veoci
  - Training / resources available
- **VDH Emergency Response Plan** upgrades and maintenance
  - Plan status dashboard for LHDs and Offices
  - Mass Care Plan updates + electronic system
  - Pandemic Response Plan
  - Development and increased use of tools and data to inform emergency planning
- **Increased coordination with VDEM/VEST**
  - ESF-8
  - Special Pathogens Response Annex
  - Mass Fatality Annex
- **Program Evaluation**
  - Training and Exercise
  - Agency-wide Training
  - Occupational Health and Safety Program
  - VDH Call Center(s)
  - Audio/Visual and Meeting Support

Ongoing Efforts to Gauge Preparedness

- National Health Security Preparedness Index
- Robert Woods Johnson Foundation - Trust for America's Health: *Ready or Not* Report
- NACCHO Project Public Health Ready (PPHR)

Medical Countermeasures Program Updates

Chris Patterson
Office of Emergency Preparedness

Virginia's MCM Program Structure Overview

Virginia Department of Health

Office of Emergency Preparedness	Division of Immunization	Division of Pharmacy Services	Partner Agencies
• Development/maintenance of emergency plans • Primary liaison with partner agencies • Training and exercises • Medical Reserve Corps (MRC) • POD planning with local health districts and partners	• Vaccine ordering and allocation • Vaccine provider onboarding and guidance • Virginia Immunization Information System (VIIS)	• Receiving and distribution • Administration/dispensing guidance • Private pharmacy partnerships	• Virginia Department of General Services • Virginia Department of Emergency Management • Virginia State Police • Virginia National Guard • Other Virginia Emergency Support Team (VEST) agencies • Federal Government (ASPR, CDC, FEMA)

Private Sector Partners

Local Health Districts

Coalitions and Hospitals/Health Systems

Pharmacy Partners

General Providers

Chempack Quarterly Inspections

- Quarterly inspections are used to maintain a state of readiness for Chempack deployment
- Used to:
  - Keep cache site POCs up to date
  - Ensure that new employees are familiar with Chempack and deployment procedures
  - Maintain the relationship between VDH and the cache site
- Should be documented virtually using Veoci. This User Guide provides an overview of how to initiate a quarterly assessment

In The Works

- RSS Site Validation for VDEM Logistics Support and Coordination Center (LSCC)
  - Will serve as an additional RSS location for the Commonwealth

- Chempack coordination with Healthcare Coalitions

VDH VIRGINIA DEPARTMENT OF HEALTH

Division of Pharmacy Services Role in Emergency Preparedness and Response

Dr. Alexis Page, PharmD, BCACP
Division of Pharmacy Services

Agenda

- Division of Pharmacy Services Overview
- Review of MCM Activities through DPS
- Opioid Reversal Agent Distribution Program Overview

VDH VIRGINIA DEPARTMENT OF HEALTH

Division of Pharmacy Services Leadership

Dr. Stephanie Wheawill, PharmD
Director

Dr. Lisa Jeannette-Pettaway, PharmD
Deputy Director

Dr. Alexis Page, PharmD, BCACP
Deputy Director

Stacie Lunsford, CPhT
Manager of Support Services

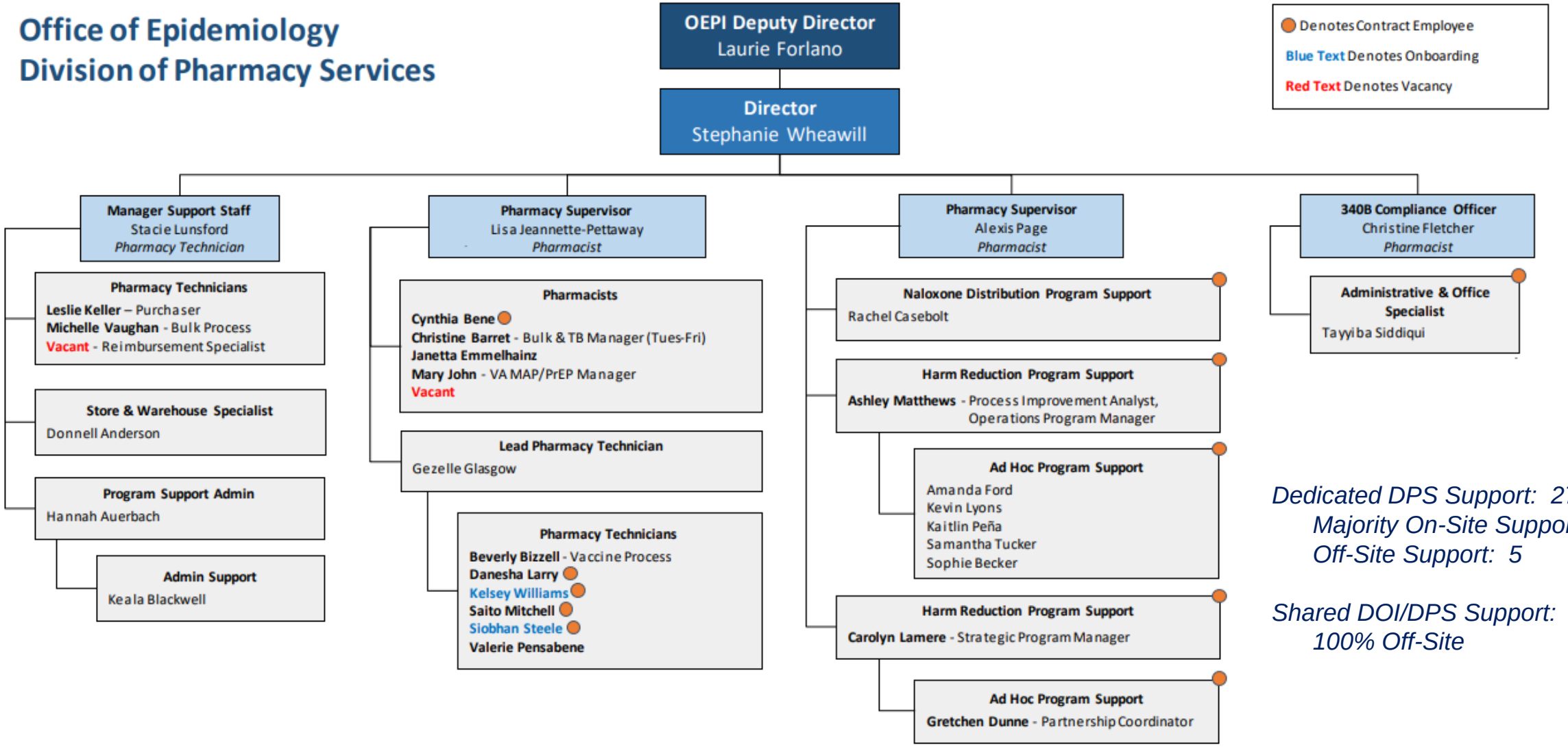
James Monroe Building
101 N. 14th Street, S-45
Richmond, VA 23219

Phone Number: 804-786-4326
Fax Number: 804-371-0236

DPS Organizational Chart

September 1, 2023

Office of Epidemiology
Division of Pharmacy Services



Dedicated DPS Support: 27
Majority On-Site Support: 22
Off-Site Support: 5

Shared DOI/DPS Support: 6
100% Off-Site

VDH VIRGINIA DEPARTMENT OF HEALTH

DPS Overview

Mission:

The Division of Pharmacy Services supports the Department of Health in its public health mission by providing vaccines, pharmaceuticals, pharmaceutical services, and biologicals to other divisions within the Department of Health and to local health departments.

Funding:

Some DPS programs like Naloxone Distribution and 340B Compliance receive funding via state General Funds and federal grants. The rest of DPS is funded by Non-General Funds and charges a small administrative overhead fee that offsets the cost of pharmacy operations so that the service operates essentially revenue-neutral.

Routine Services:

- Dispense patient-specific prescriptions in support of various VDH programs.
- Provide pharmaceuticals, biologics, and medical supplies to local health departments to support clinic operations.
- Provide vaccines to local health departments for routine vaccinations, outbreaks, foreign travel, flu and COVID clinics, etc.
- Provide clinical and inventory management consultation.
- Provide advice and guidance related to pharmacy laws and regulations.
- Support legislative policy review and response.
- Provide undesignated stock of albuterol and epinephrine to K-12 public schools.
- Properly dispose of expired or returned drugs.
- Assist with Emergency Response and Preparedness, requiring close collaboration with Office of Emergency Preparedness, Divisions within Office of Epidemiology, and Community Health Services.

MCM Activities

- COVID-19 Vaccine and Therapeutic Distribution
- Mpox Vaccine and Therapeutic Distribution
- Maintain Cache of Antibiotics and Antivirals
- Coordinate with Pharmacies
- Develop Policies, Procedures, and Resources
- Provide Clinical Consultation
- Administer Opioid Reversal Agent Distribution Program

Opioid Reversal Agent Distribution Program Overview

- Historically, no-cost naloxone distribution in Virginia has been **demand-driven**.
- The Virginia Department of Health (VDH), along with other state agency partners, has developed a plan to **distribute naloxone**, or other opioid reversal agents, and **harm reduction test strips to eligible entities and individuals at no cost** across Virginia.
- Current and future focus is distribution of **no-cost naloxone** to **high-priority populations and settings**, including:
  - People who use drugs (PWUD)
  - Friends, family, and caregivers of people who use drugs
  - People who work with people who use drugs
  - High-priority locations within communities, e.g., public schools, homeless service providers, juvenile detention centers
  - Organizations that have high levels of interaction with people who use drugs and their friends and family
- This focus ensures that naloxone is accessible in the event of an opioid overdose and allows VDH to continue providing no-cost naloxone to partners that have the most interaction with PWUD and therefore are likely to have greater impact on reducing overdose deaths.
- VDH continues to evaluate demand for naloxone, trends in opioid overdose, and feedback from community partners to further shape plans for strategic naloxone distribution.

Partner Organizations

VDH currently partners with and provides no-cost naloxone to the following organization types*:

- Authorized Comprehensive Harm Reduction Sites
- Community Services Boards
- Department of Corrections facilities
- Department of Juvenile Justice facilities
- Fire departments (non-EMS)
- Law enforcement (e.g., police departments)
- Licensed EMS
- Public K-12 school
- Local Health Departments
- Treatment and Recovery Centers
- Community Based Organizations
- Homelessness Service Providers
- Free clinics

*VDH will continue to assess demand for naloxone and will be able to identify additional high-priority entities as needed.

Current Naloxone Partnership Activities:

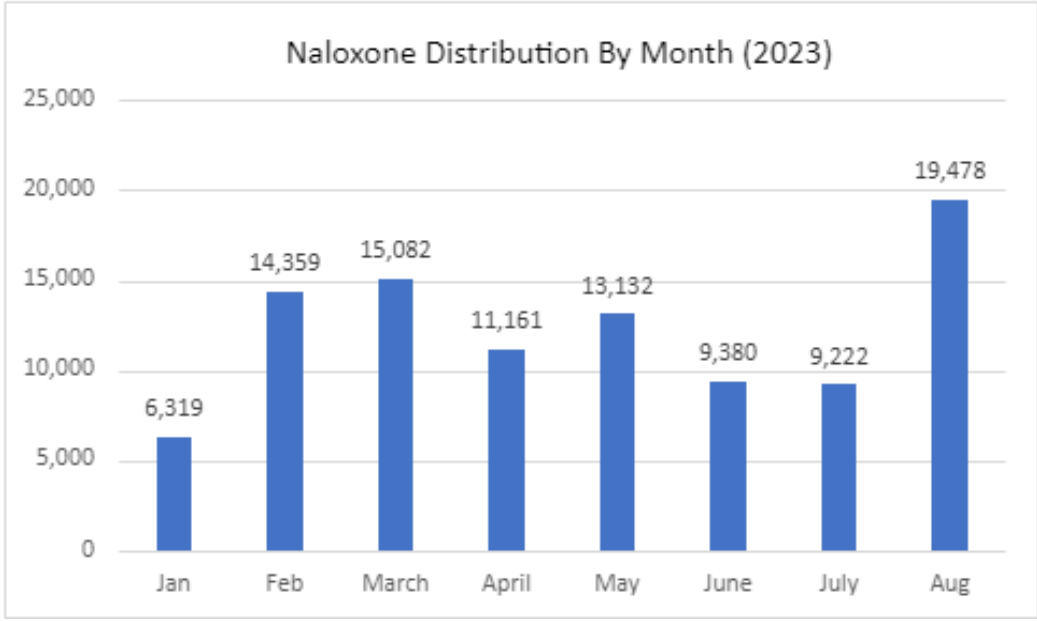
- Distribution of no-cost naloxone to organizations and community partners that are considered "high-impact".
- Identification of additional "high-impact" organizations to partner with to ensure high-priority individuals have ready access to naloxone
- Development of organization-specific toolkits **for partners** to guide local efforts to obtain naloxone and provide targeted education and resources to their respective populations.

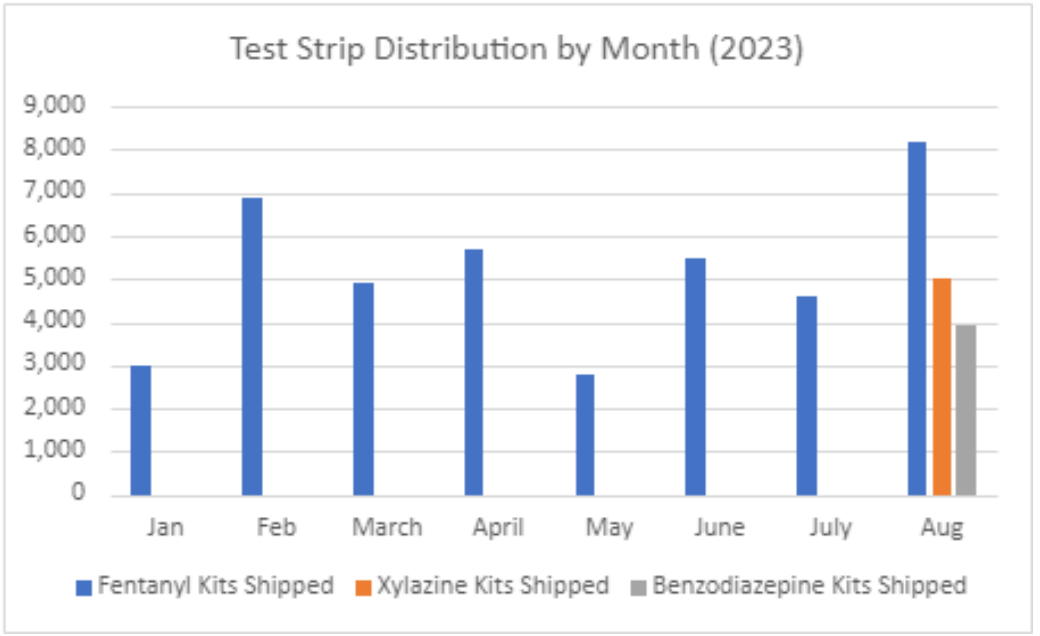
Current Activities

- The Division of Pharmacy Services (DPS) provides:
  - Naloxone 4 mg nasal spray upon request
  - Fentanyl, xylazine and benzodiazepine test strips to local health departments, authorized comprehensive harm reduction sites and community service boards

- DPS has distributed over 41,000 naloxone kits as of to eligible settings in SFY24 (35% of FY23 distribution)

- Eligible organizations may keep naloxone on-hand as **undesignated stock** available to use in the event of suspected overdose, to **dispense to individuals** and/or **leave behind doses** following an emergency call

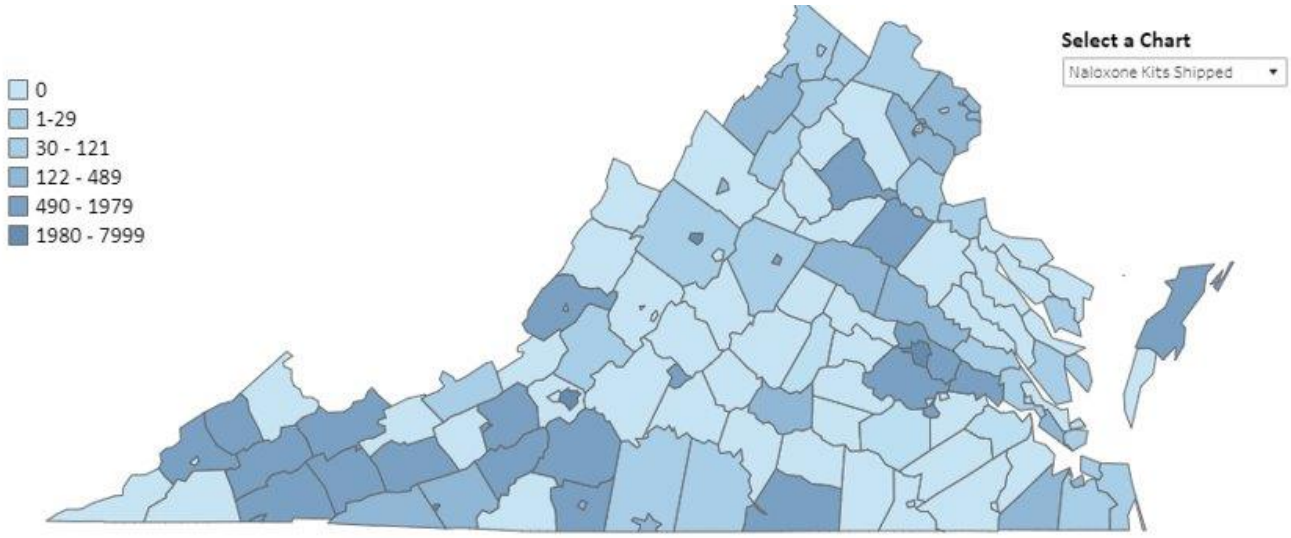




Note: VDH began distributing XTS and BTS in August 2023

Naloxone Distribution - Current Activities, Continued

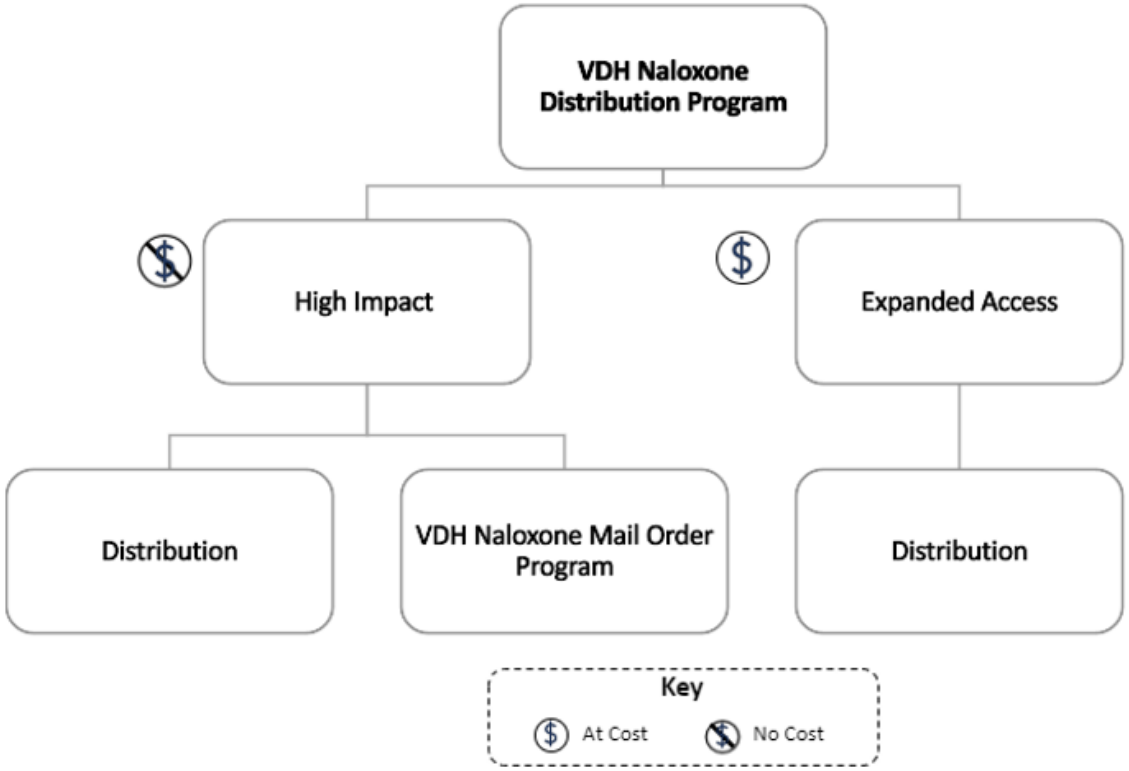
- Developing a mail-to-home program where high-risk individuals can request naloxone and test strips be mailed directly to their residence.
- Refining internal naloxone distribution dashboards to analyze distribution patters and identify gaps
- Strategizing funding solutions
  - Received $1,000,000 award from Opioid Abatement Authority to purchase naloxone
- Coordinating with and supporting partners
  - Naloxone distribution to public schools in 2023 is a 3-fold increase in distribution to public schools in 2022.



Map: Naloxone Distribution by Locality

Expanded Access to Naloxone

- **Local funding sources** may be available to organizations that want to **purchase/obtain naloxone and enable wider access.**
- These funds supplement federal and state-funded naloxone.
- These organizations **may not have high levels of interaction with PWUD,** but as opioid use touches the whole of communities, may wish to access naloxone.
- Organizations not eligible for no-cost naloxone but may purchase naloxone from VDH at competitive pricing.



Alternative Access to Naloxone

- Virginia has a standing order allowing for anyone to receive **prescription naloxone** from a retail pharmacy without an individual prescription. While there is a cost, individuals can access via their insurance, if applicable.
- Organizations may work directly with manufacturers and/or wholesalers to purchase naloxone.
- Name brand Narcan® 4mg nasal spray is now available in stores as an **OTC product**. Narcan 4mg nasal spray 2-pack can be purchased in stores for $44.99.
- VDH recognizes that responding to the opioid crisis is a whole community effort and is committed to promoting naloxone access while reserving state resources for the highest priority and highest impact settings.

State Coordinated Regional Shelter (SCRS) Exercise at Virginia Tech

Kristina Stark
CDC Preparedness Field Assignee
Office of Emergency Preparedness

Strengths

- The team adjusted quickly, adapted to issues that arose and took action to fix the issues as they occurred.
- Good use of accessible language on medical forms.
- General medical treatment supplies, equipment, and procedures were observed to follow public health nursing guidelines.
- Environmental Health staff completed assessment and monitored food, water, and general sanitation throughout the exercise.
- Possible water contamination scenario addressed quickly with actionable objectives issued by the Local Health Director.

Areas for Improvement

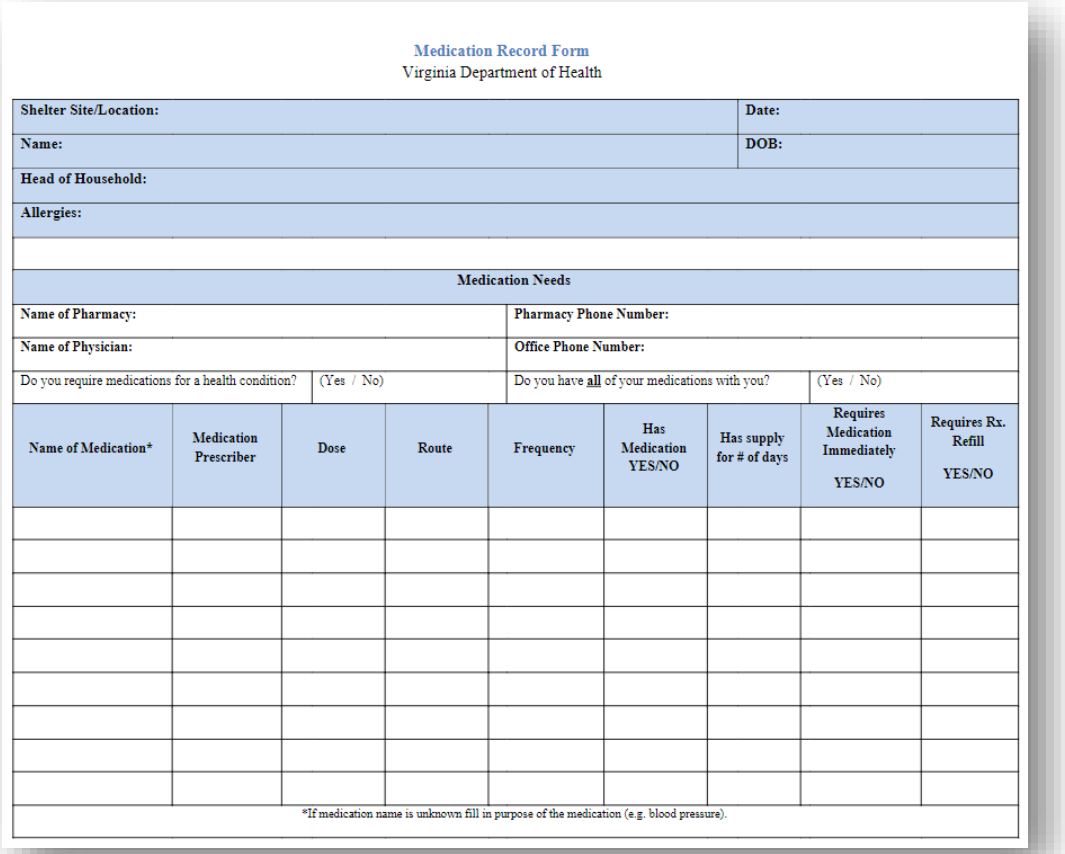
- Evacuees complained about the repetition in data collected on the shelter registration form and the medical assessment forms. There is not a single registration system that holds all data collected about the evacuee.
- The medical dormitory was located on the lower level, which was not conducive to providing medical support. Patients had to navigate a stairwell or elevator and some wandered in without having gone through registration.
- Radio and cell communications were challenging throughout the shelter.
- Signage throughout the shelter was not adequate.

Areas for Improvement

- Not enough position-specific training was provided for staff to confidently perform their duties.
- Durable medical equipment (DME) was staged in the dormitory, which was not conducive to supporting evacuees from the start at registration.
- A statewide MOU/contract with a private ambulance company for SCRS sites does not currently exist. In an actual activation, VDH would request assets through the National Ambulance Contract; however, availability of those resources is not guaranteed.

Ongoing Work/Action Items

- Updating and consolidating medical forms with CHS and DSS to reduce redundancy in shelter registration and medical assessment forms
- Developing an electronic tool (REDCap/other solution) for health/medical needs
- Working with DSS and CHS to re-evaluate location/placement of medical needs areas in SCRS locations
- Working with state partners to draft a new Commonwealth Shelter Strategy



Medication Record Form
Virginia Department of Health

Shelter Site/Location:	**Date:**
Name:	**DOB:**
Head of Household:	
Allergies:	

Medication Needs

Name of Pharmacy:		**Pharmacy Phone Number:**	
Name of Physician:		**Office Phone Number:**	
Do you require medications for a health condition?	(Yes / No)	Do you have **all** of your medications with you?	(Yes / No)

Name of Medication*	Medication Prescriber	Dose	Route	Frequency	Has Medication YES/NO	Has supply for # of days	Requires Medication Immediately YES/NO	Requires Rx. Refill YES/NO

*If medication name is unknown fill in purpose of the medication (e.g. blood pressure).

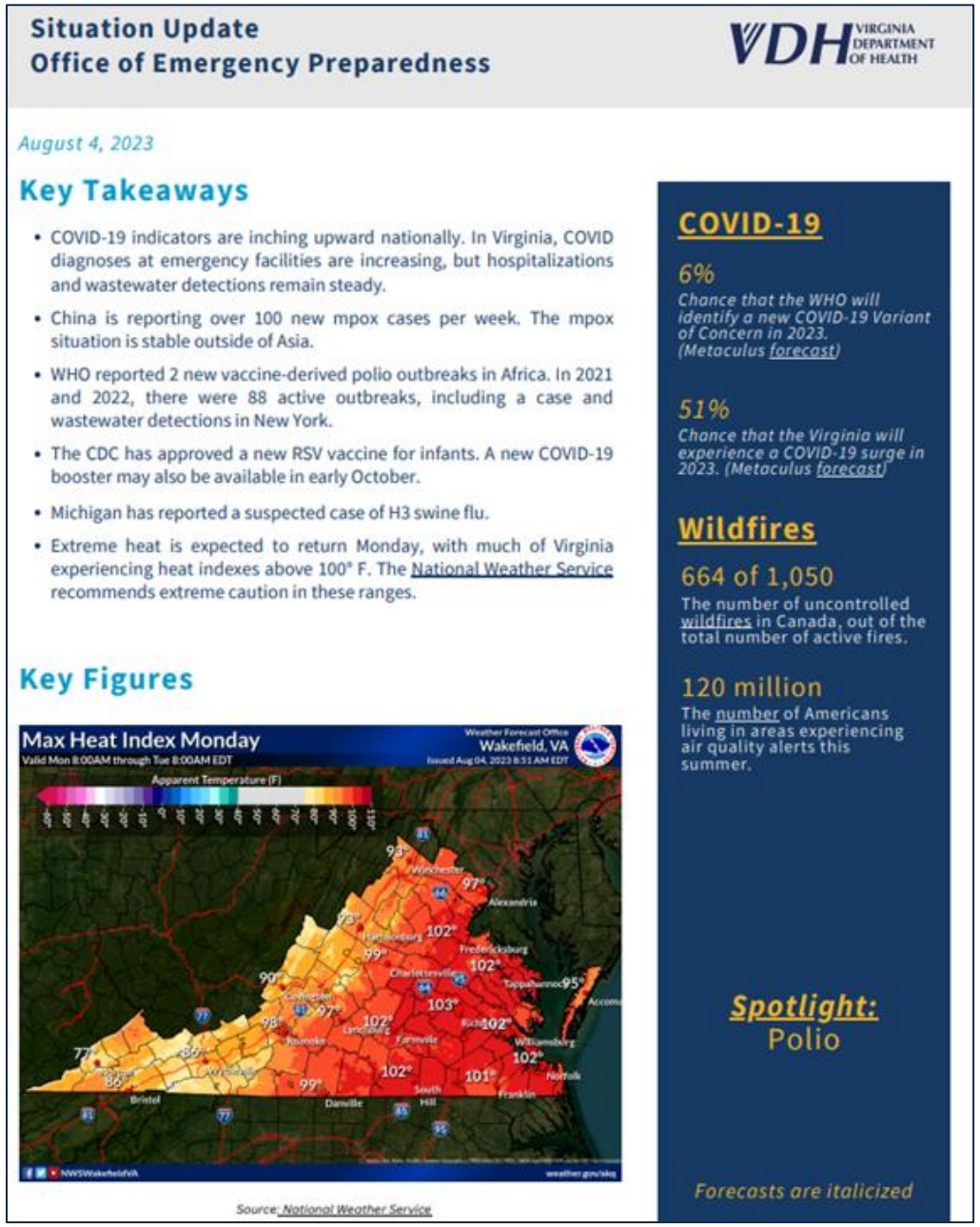
Foresight and Analytics

Tools for Situational Awareness

Weekly VDH OEP Situation Update

- Targeted to the PH Emergency Preparedness Community
- Weekly, Friday afternoons
- Website: https://www.vdh.virginia.gov/emergency-preparedness/foresight-analytics/

- Contact justin.crow@vdh.virginia.gov or alex.telionis@vdh.virginia.gov) to be added



Situation Update
Office of Emergency Preparedness

VDH VIRGINIA DEPARTMENT OF HEALTH

August 4, 2023

Key Takeaways

- COVID-19 indicators are inching upward nationally. In Virginia, COVID diagnoses at emergency facilities are increasing, but hospitalizations and wastewater detections remain steady.
- China is reporting over 100 new mpox cases per week. The mpox situation is stable outside of Asia.
- WHO reported 2 new vaccine-derived polio outbreaks in Africa. In 2021 and 2022, there were 88 active outbreaks, including a case and wastewater detections in New York.
- The CDC has approved a new RSV vaccine for infants. A new COVID-19 booster may also be available in early October.
- Michigan has reported a suspected case of H3 swine flu.
- Extreme heat is expected to return Monday, with much of Virginia experiencing heat indexes above 100° F. The National Weather Service recommends extreme caution in these ranges.

Key Figures

Source: National Weather Service

COVID-19

6%
Chance that the WHO will identify a new COVID-19 Variant of Concern in 2023. (Metaculus forecast)

51%
Chance that the Virginia will experience a COVID-19 surge in 2023. (Metaculus forecast)

Wildfires

664 of 1,050
The number of uncontrolled wildfires in Canada, out of the total number of active fires.

120 million
The number of Americans living in areas experiencing air quality alerts this summer.

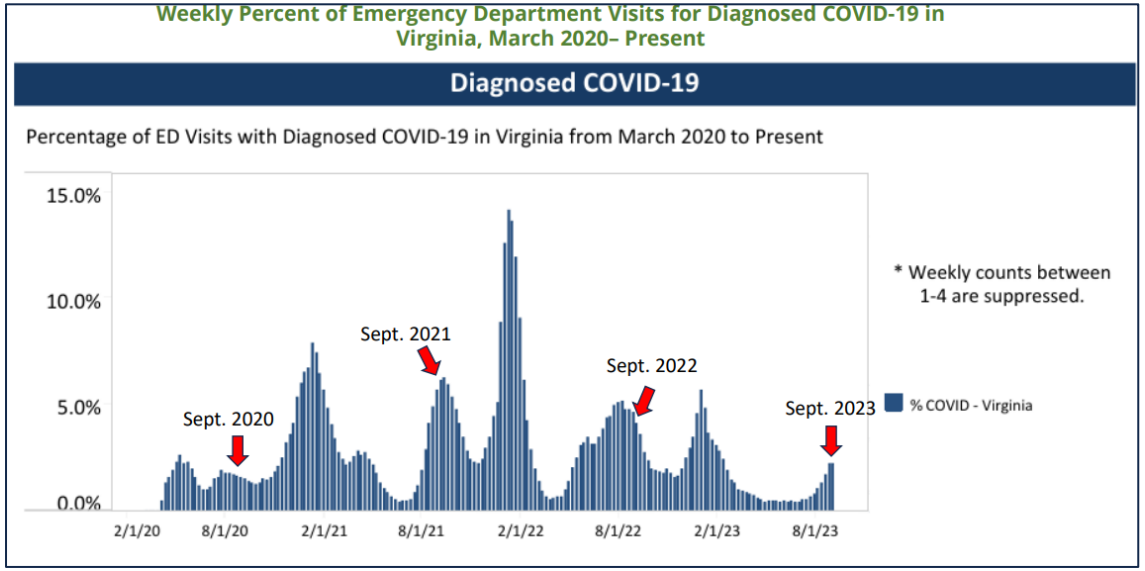
Spotlight:
Polio

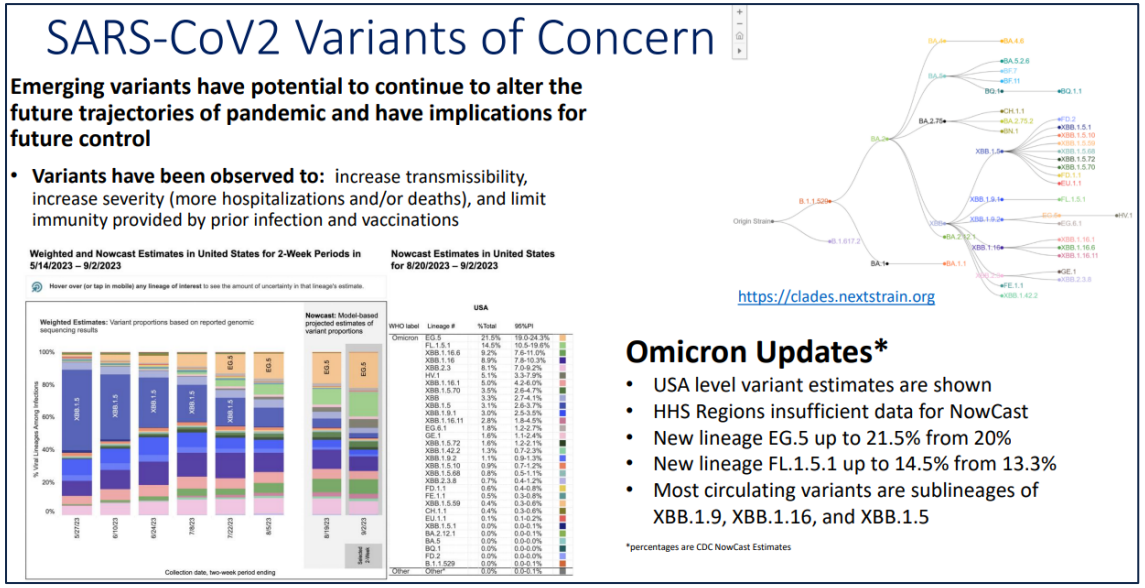
Forecasts are italicized

Monthly Stakeholder Updates

- Stakeholder updates
  - Monthly (2nd Thursday)
  - Office of Epidemiology
    - Division of Surveillance & Investigation
    - Division of Immunization
  - UVA Biocomplexity Institute

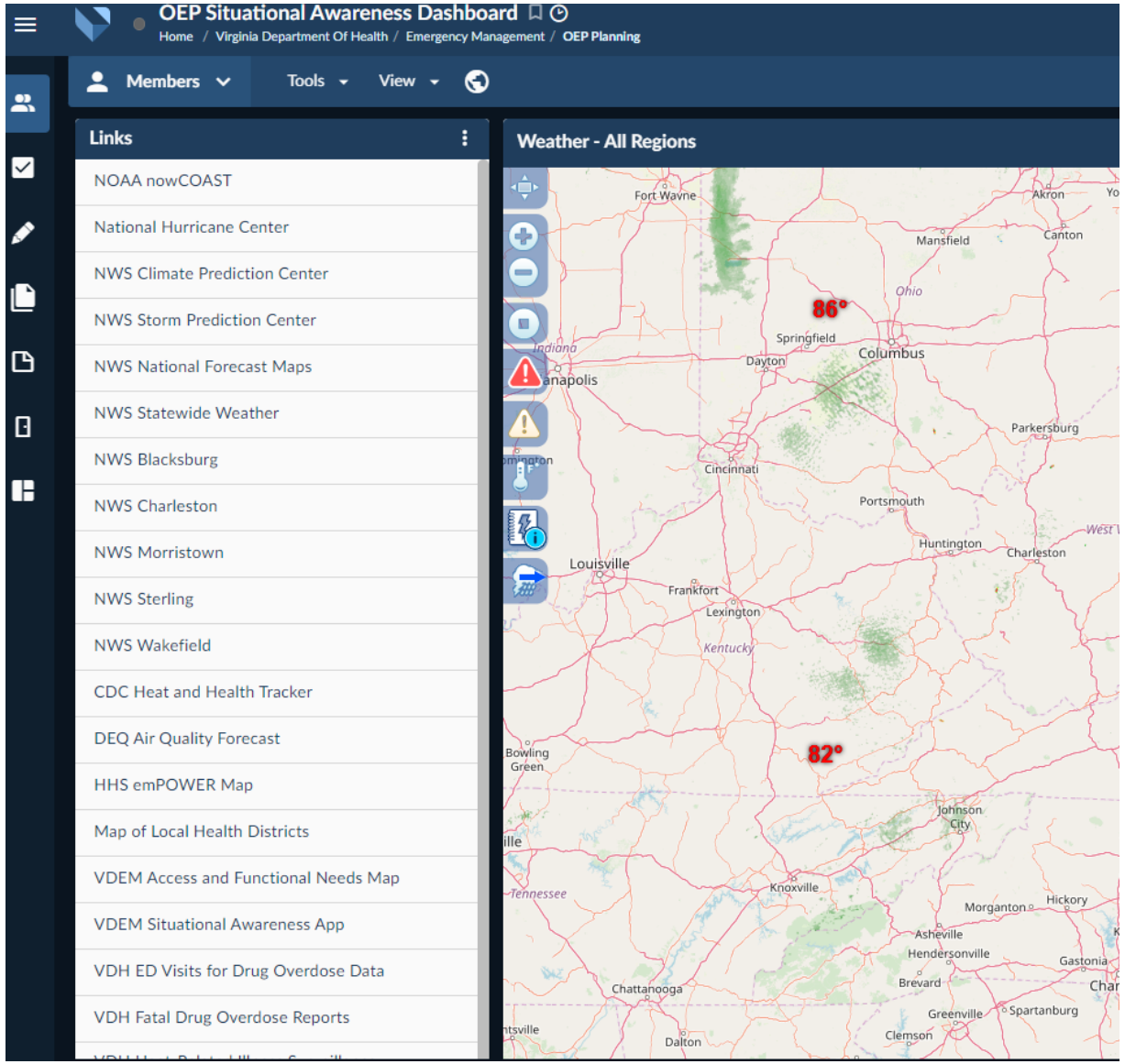
- Contact justin.crow@vdh.virginia.gov or alex.telionis@vdh.virginia.gov to be added to either list





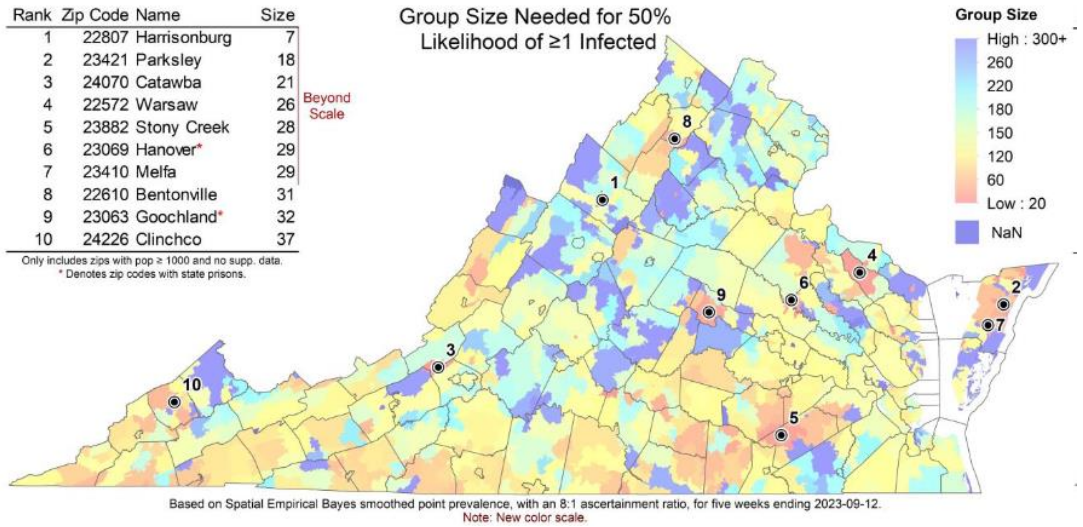
OEP Situational Awareness Dashboard

- On Veoci
  - Weather map (upgrades coming soon)
  - Links to external sources:
    - Weather
    - Fire
    - Air Quality
    - Systems
    - Useful data sources



ArcGIS Tools:

- GIS Custom Maps
  - Create Maps
    - Point
    - Choropleth
  - Shapefiles
    - Sewersheds
  - Spatial Analysis
    - Cluster Analysis
    - Heat Maps
    - Hotspot Analysis
    - Network Analysis
      - Drive-time



ArcGIS Tools:
Social Vulnerability Index

- Designed for Emergency Response
  - Identify communities most likely to need support before, during and after an emergency
- Includes:
  - Demographics
  - Health outcomes
  - Housing types

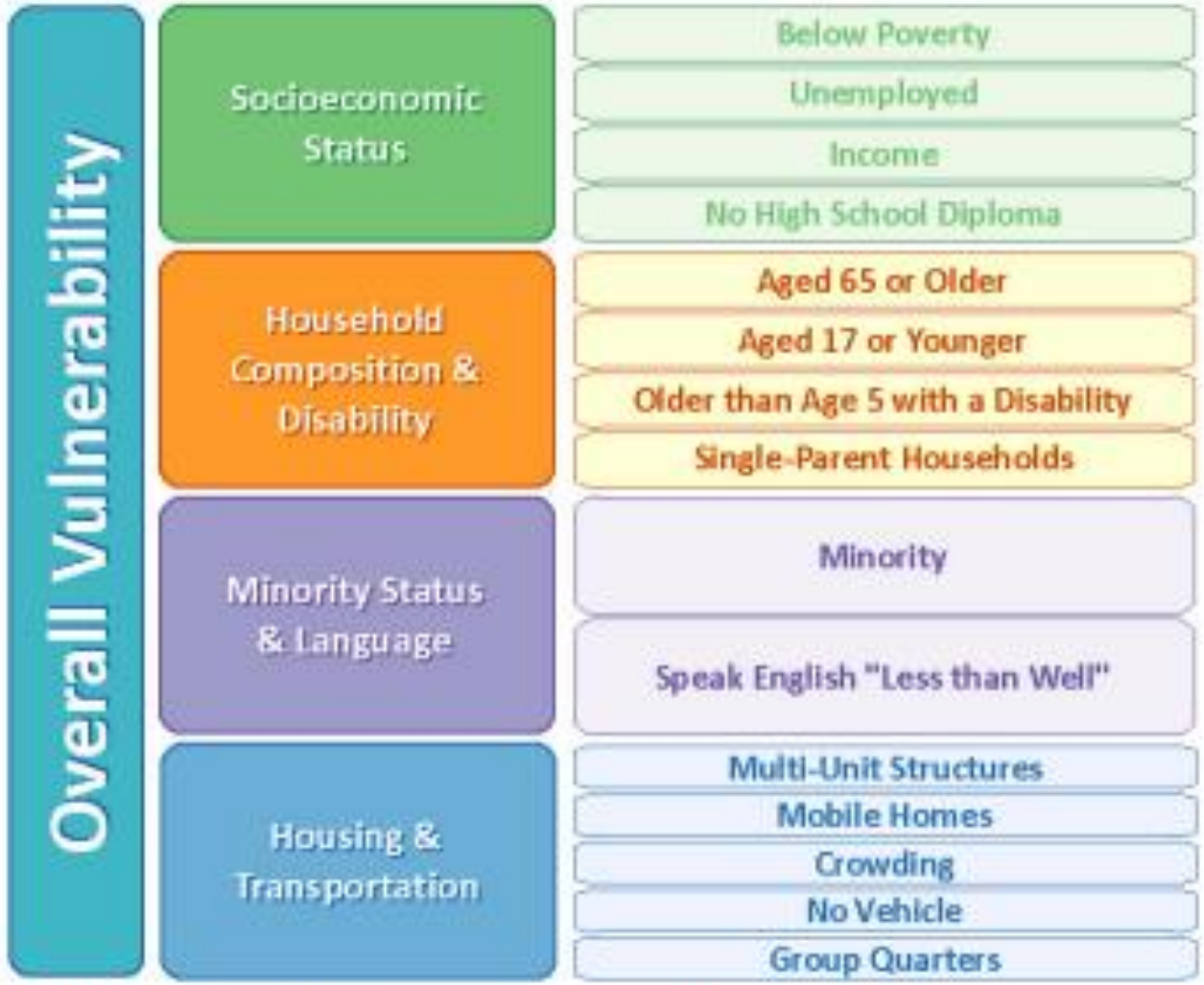


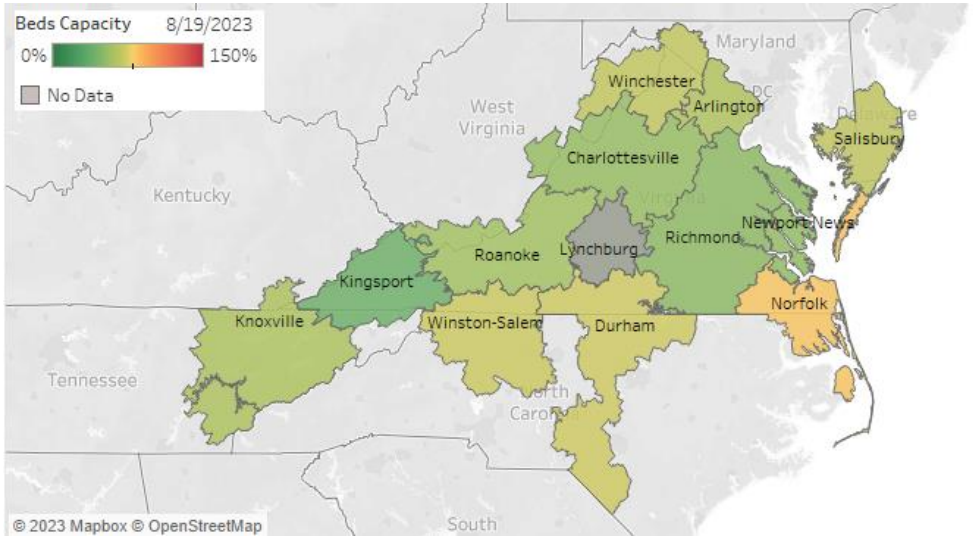
Figure 1. *Social Vulnerability Index themes and social factors*

ArcGIS Tools:
Health Opportunity Index

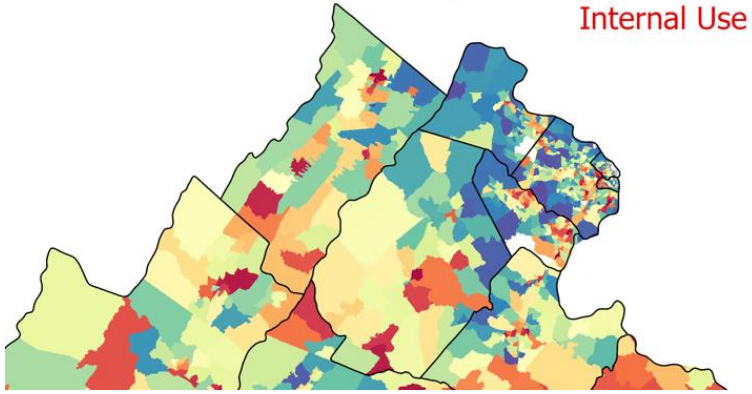
- Designed for Public Health
  - Identify communities most likely impacted by the Social Determinants of Health
- Does NOT include:
  - Demographics
  - Health outcomes
  - Housing types
- Uses in PHE
  - Recovery/Resiliency
  - Slower moving PHEs
    - COVID-19

Incarceration Rate
Housing Affordability
Economic Inequality
Air Quality

ArcGIS Examples



Meningococcal Cases vs Social Vulnerability Inde
Internal Use Only

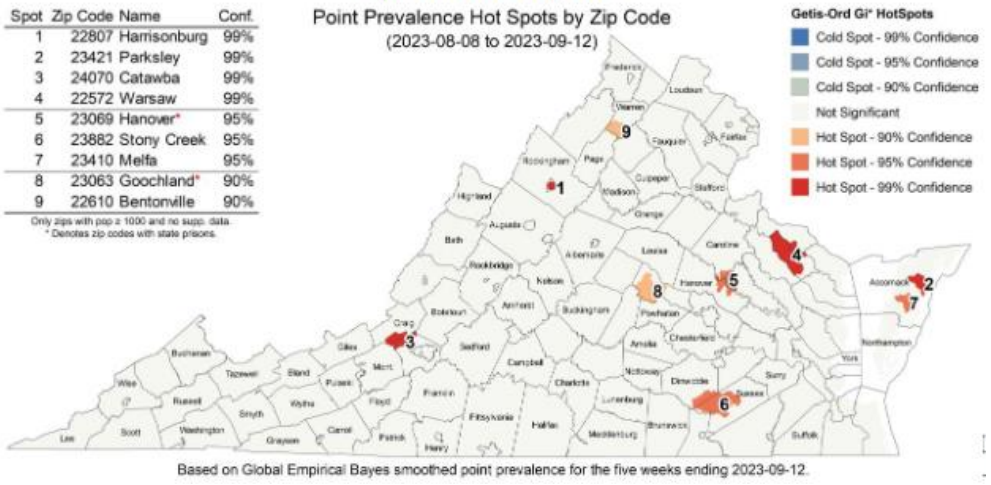


Spatial Hotspots

Point Prevalence Hot Spots by Zip Code
(2023-08-08 to 2023-09-12)

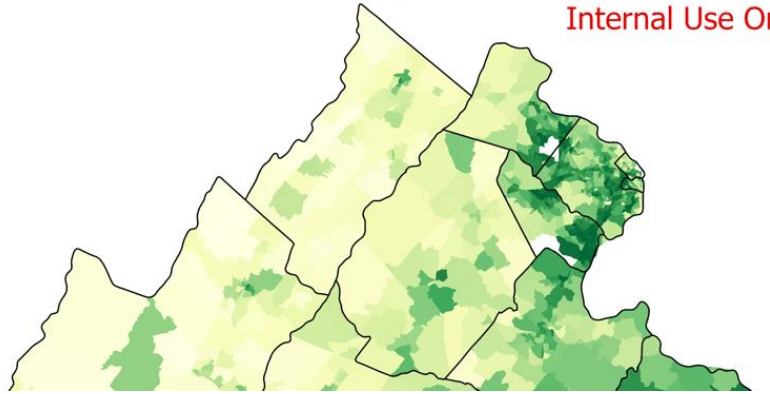
Spot	Zip Code	Name	Conf.
1	22807	Harrisonburg	99%
2	23421	Parksley	99%
3	24070	Catawba	99%
4	22572	Warsaw	99%
5	23069	Hanover*	95%
6	23882	Stony Creek	95%
7	23410	Melfa	95%
8	23063	Goochland*	90%
9	22610	Bentonville	90%

Only zips with pop ≥ 1000 and no supp. data.
* Denotes zip codes with state prisons.

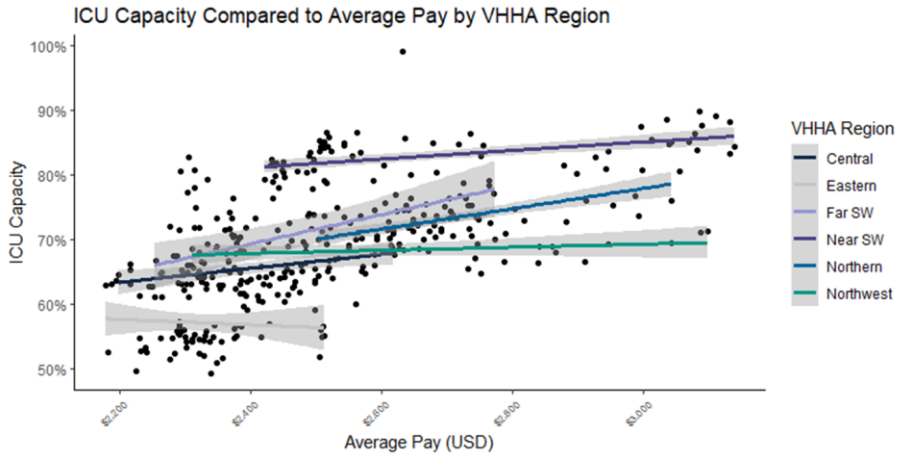


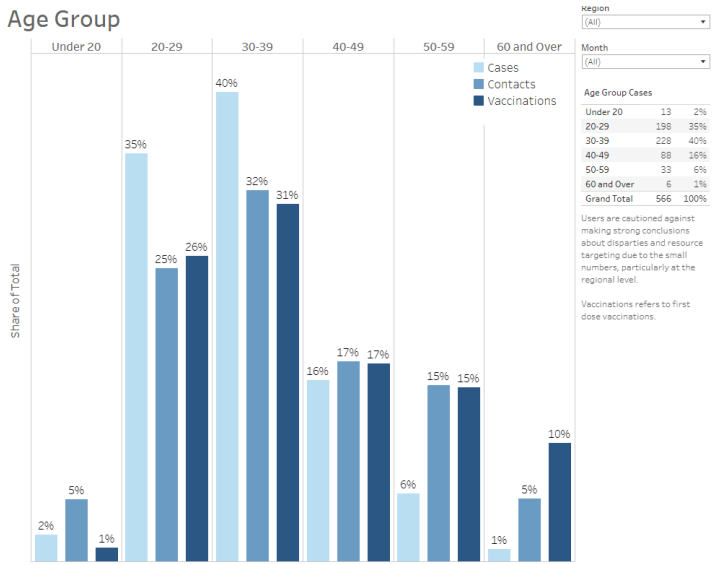
Based on Global Empirical Bayes smoothed point prevalence for the five weeks ending 2023-09-12.

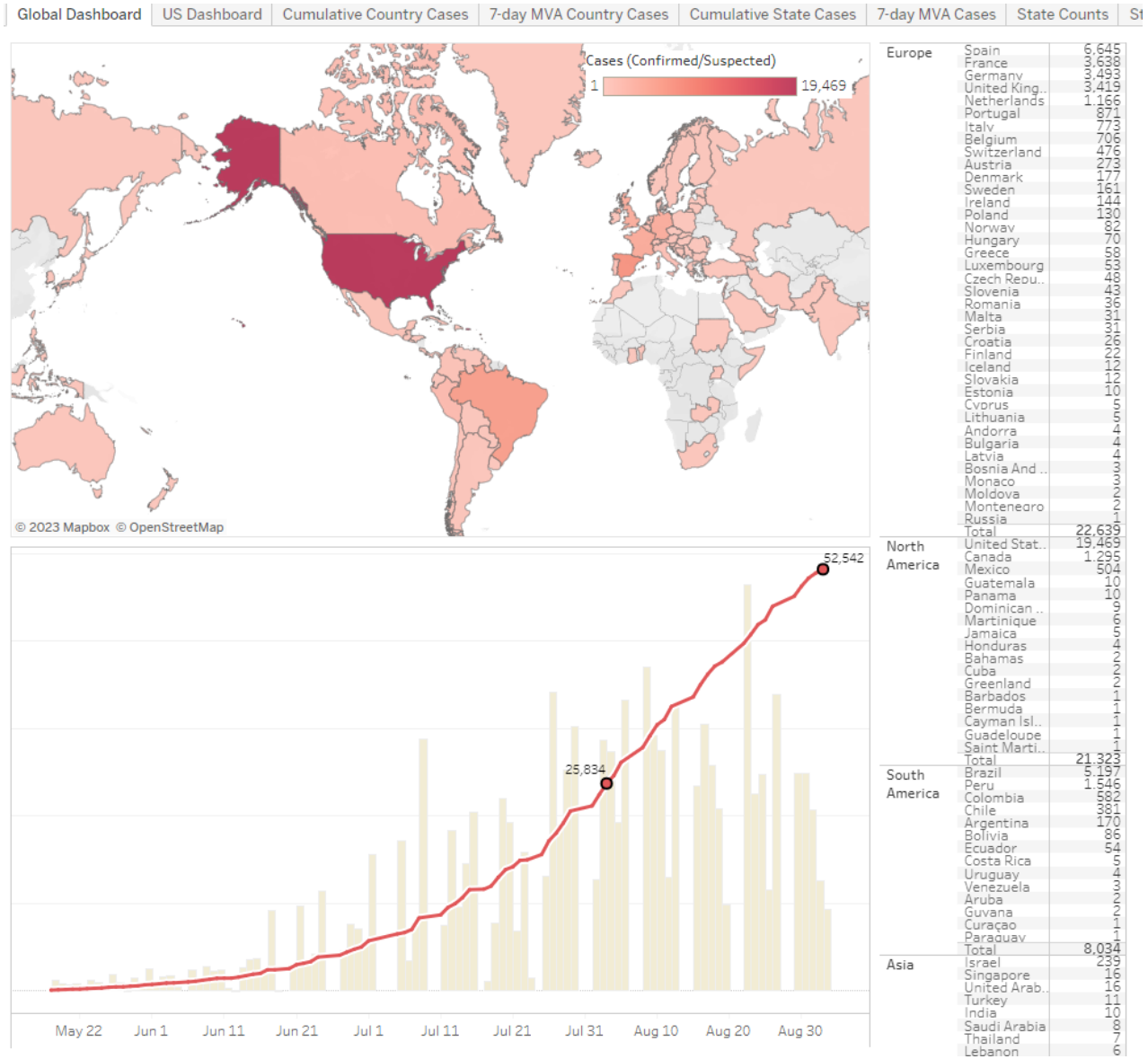
Meningococcal Cases vs Racial & Ethnic Minority Status
Internal Use Only



Data Visualizations & Dashboards

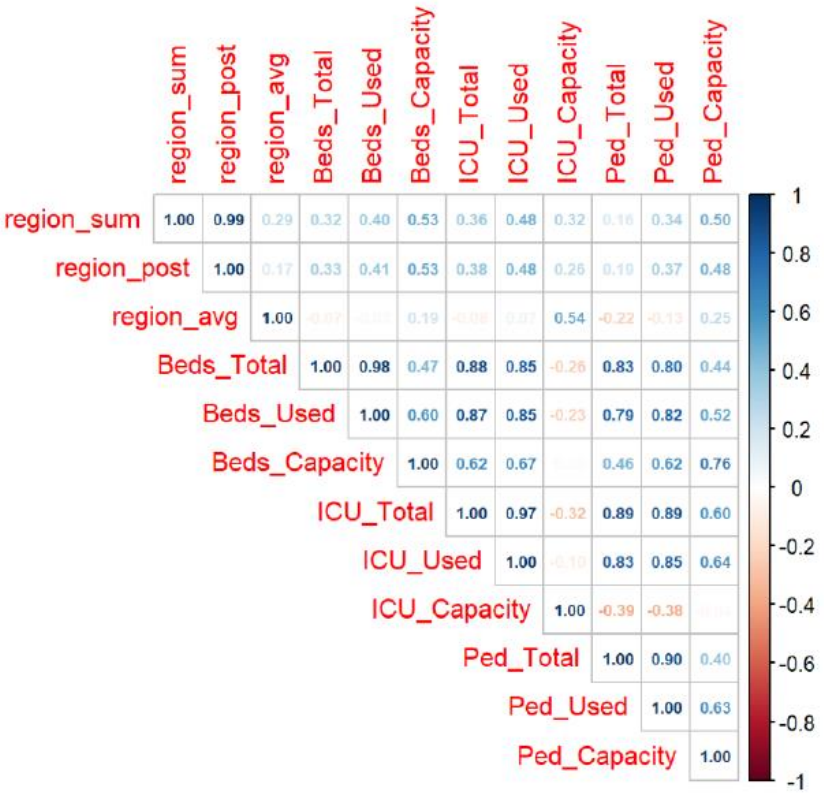






Analysis & Research

- Statistical Analysis
- Literature Review / Knowledge Aggregation
- Survey Design
- Evaluation Design



Pandemic pubs – Variant emergence - Alpha

Goal:

- Exploring the heterogeneous spreading of an emerging variant (B.1.1.7 from Kent, UK) through phylogeography of ~17,000 genome sequences
- Correlation with interregional mobility and ongoing non-pharmaceutical interventions

[19 August 2021]

Spatiotemporal invasion dynamics of SARS-CoV-2 lineage B.1.1.7 emergence

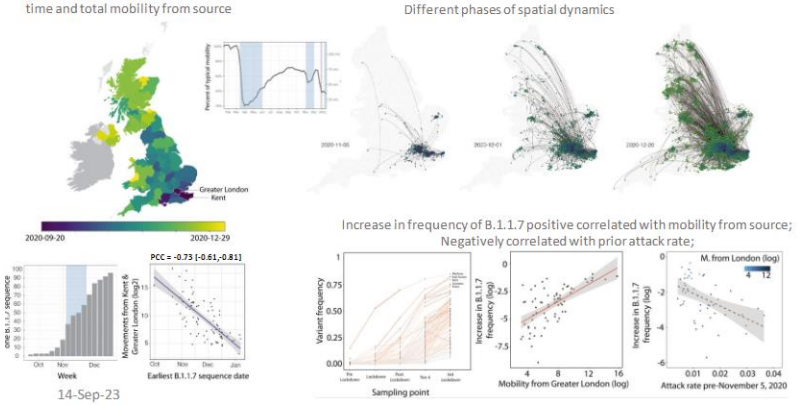
MORITZ U. G. KRAEMER, VERITY HILL, [...] AND OLIVER G. PYBUS +22 authors Authors Info & Affiliations

SCIENCE · 19 Aug 2021 · Vol 373, Issue 6557 · pp. 889-895 · DOI: 10.1126/science.abj0113

https://www.science.org/doi/full/10.1126/science.abj0113

High correlation in earliest arrival time and total mobility from source

Different phases of spatial dynamics



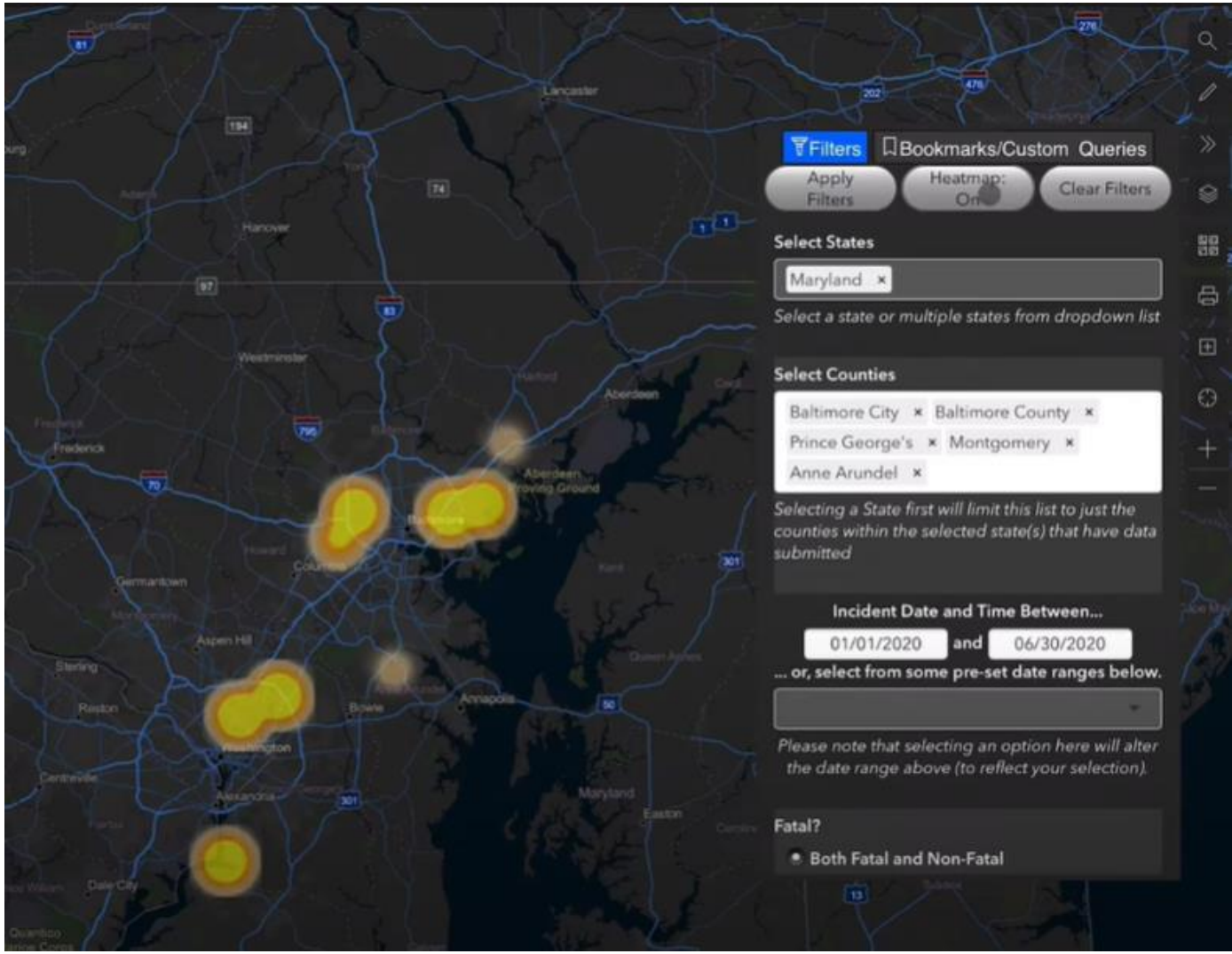
Increase in frequency of B.1.1.7 positive correlated with mobility from source; Negatively correlated with prior attack rate;

Findings

- External mobility responsible for seeding as well as increased growth rate
- Early long-distance dispersal was limited by lockdowns; Could not establish role of NPI in later lineage exportations
- Prior infection attack rate (residual immunity) found to impact growth rate

Resources

- ODMAP
  - Near real-time overdose mapping
  - Spike alerts
  - Restrictions on Access & Use
    - VDH Data Skills Training
    - ODMAP.org



Note: This image is sourced from a public overview video created by ODMap

Modeling Collaborations

- University of Virginia Biocomplexity Institute
  - COVID-19 Forecasting
  - Integrated Biosurveillance
  - Genomic Surveillance
- Outbreak Analytics & Disease Modeling Network (OADMN)
  - CDC Center for Forecasting & Outbreak Analytics
  - 13 Centers of Excellence
    - Innovation
    - Integration
    - Implementation
- CSTE Forecasting Workgroup
  - CSTE Infectious Disease Committee

Forecasting & Analytics Role

Gray Sky

- All Information Analysis
  - Data & non-data
  - Internal & external
  - Across silos
- Navigating Uncertainty
  - Forecasts & scenario projections
  - Use & interpret uncertain data
- Situational Awareness and Sense-making
- VDH IMT staffing

Blue Sky

- Foresight and Situational Awareness
- Maintain Collaborations & Access
- Develop Tools, Methods, & Products

- ***Respond to Requests***

Thank You

Website:

https://www.vdh.virginia.gov/emergency-preparedness/foresight-analytics/

Additional Information or Requests:

justin.crow@vdh.virginia.gov
alex.telionis@vdh.virginia.gov

VDH VIRGINIA DEPARTMENT OF HEALTH

Training & Exercise Update

Aaron Kesecker, MEP
Office of Emergency Preparedness

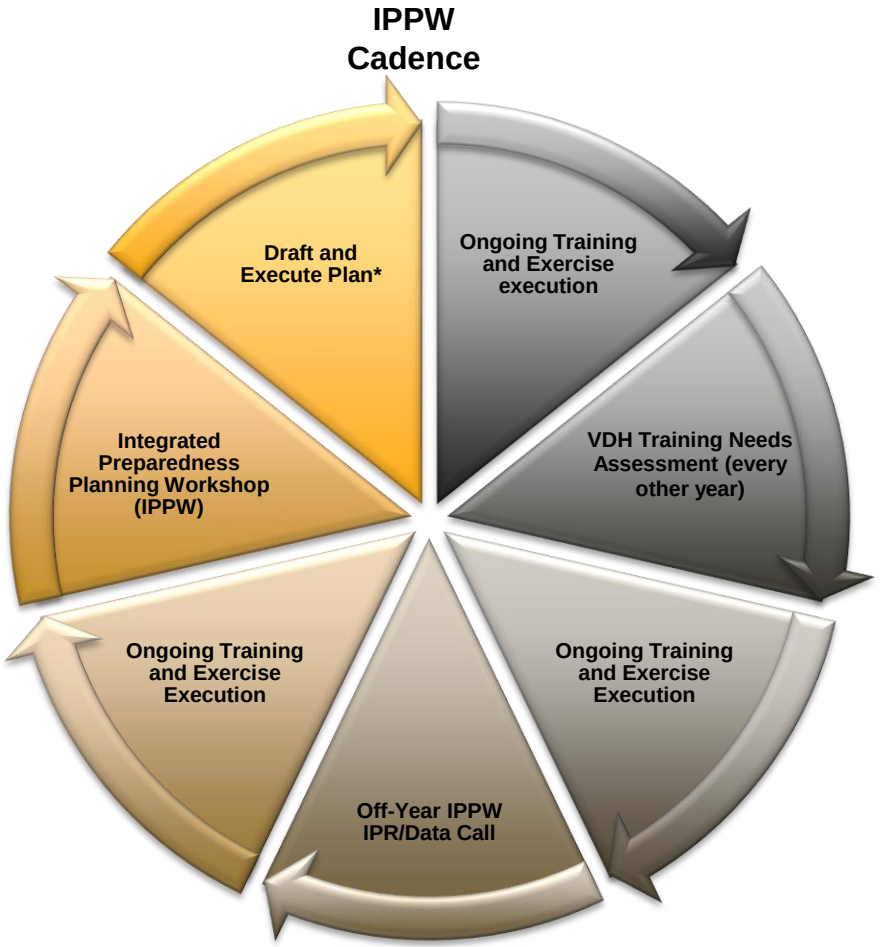
Homeland Security Exercise and Evaluation Program

Updates to HSEEP Doctrine (since 2020)

- Integrated Preparedness Planning Workshop
- Plans, Organization, Equipment, Training and Exercises
- What does this mean?
  - Workforce Development Plan/Integrated Preparedness Plan Sync
  - Training Needs Assessment/Integrated Preparedness Planning Workshop Sync

TNA/IPPW Sync

- Integrated Preparedness Planning Workshop (IPPW) *Formerly Training and Exercise Plan Workshop (TEPW)*
- Involves all VDH, Healthcare Coalitions and Partner agencies. Example, Virginia Department of Emergency Management
  - Review Threats and Hazards
  - Identify Potential Exercises
  - Identify Training Opportunities
  - Update the Exercise Schedule
  - Draft and Execute the Plan



**Note: All inputs are integrated and/or cross referenced with the Workforce Development Plan and vice versa*

Healthcare and Public Health Emergency Management Programs Training and Exercise Priorities (2023-2025)

- **Priority 1:** Improve Public Health and Healthcare Incident Management Capabilities, Coordination and Integration
- **Priority 2:** Develop, Strengthen and Sustain the Public Health and Healthcare Emergency Workforce
- **Priority 3:** Improve the Management of Medical Materiel and Countermeasures in the Commonwealth
- **Priority 4:** Support the Continuity of Public Health and Healthcare in the Commonwealth Throughout All Hazards while providing the best care possible
- **Priority 5:** Improve the integration and coordination of Infrastructure (ESF 3) into the Public Health and Healthcare Emergency Management organization in the Commonwealth
- **Priority 6:** Ensure Statewide Public Health Readiness for the Activation and Support of Mass Care Operations at the State, Local or EMAC Levels
- **Priority 7:** Develop, Strengthen and Maintain the Capability for Management of Public Health Data in Emergency Response
- **Priority 8:** Develop and Strengthen processes, procedures for education, information sharing and outreach to Public Health Providers, agency partners ans the general public

Training and Exercise Horizon

- Short Term
  - Continue support
  - Development of new tools and resources
    - COOP TTX Template
    - Regional MRC TTX Template
  - Improve training marketing and scheduling
  - Upcoming Training & Exercises:
    - Special Pathogens Exercise Series (2024)-TTX
    - Specials Pathogens Full Scale (2025)
    - CBERS 2024-TBD
- Long Term
  - Continue development of state exercise program management processes
    - Develop exercise notification process
    - Develop Corrective Action Management and Tracking System

Questions?

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VDH VIRGINIA DEPARTMENT OF HEALTH

Welcome to the Office of Drinking Water

Jessica Coughlin, BS, VaPEM, NRP

Office of Drinking Water

Safe Drinking Water for a Healthy Virginia

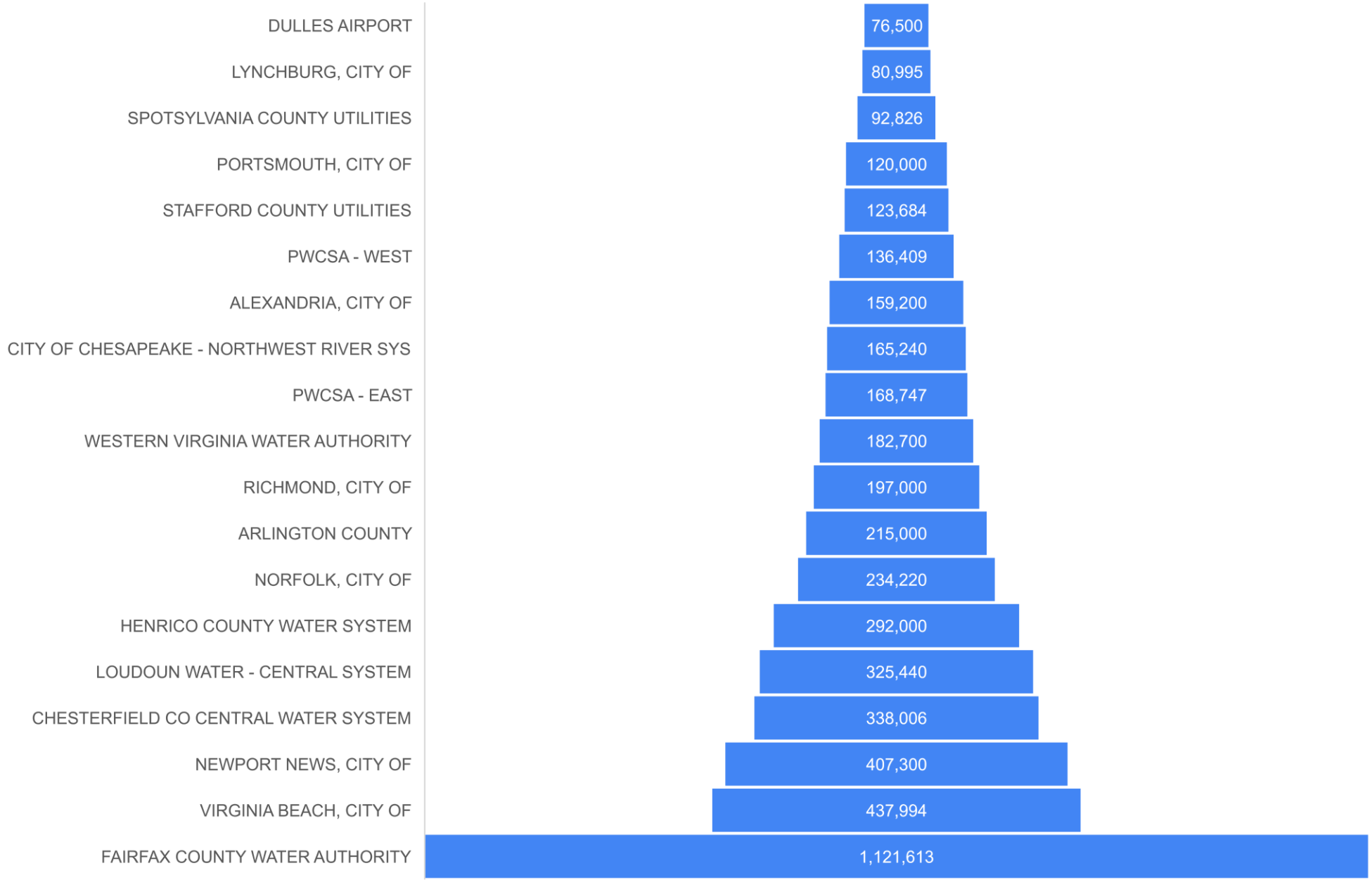
Who am I?

What is Drinking Water?

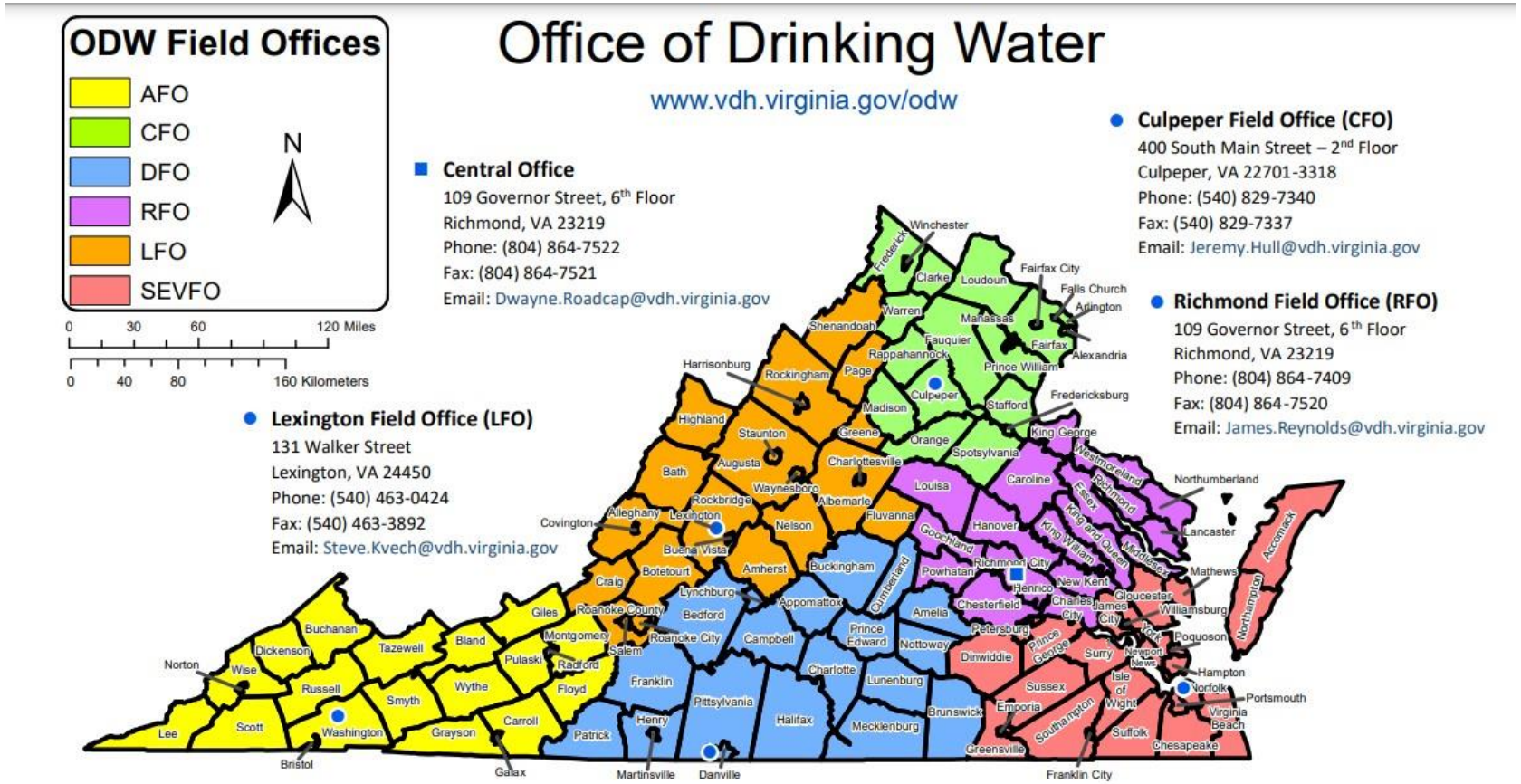
Long and short: Water for human consumption which includes drinking, handwashing, bathing, showering, cooking, dishwashing, and maintaining oral hygiene.

ODW FAQs

- ODW regulates 2,825 waterworks in Virginia.
  - 20 of the largest waterworks serve over 56% on the population
- Our office is within Population Health and Preparedness, overseen by Deputy Commissioner Hicks.
- Our Director is Dwayne Roadcap
  - We have 5 central office programs and 6 Field Offices
    - Central Office:
      - Training, Capacity Development and Outreach (TCDO)
      - Compliance, Enforcement and Policy
      - Emergency Services **That's me!**
      - Financial and Construction Assistance Programs (FCAP)
      - Technical Services
    - Field Offices:
      - Richmond, Culpeper, Southeast Virginia, Danville, Abingdon, and Lexington


DULLES AIRPORT
76,500
LYNCHBURG, CITY OF
80,995
SPOTSYLVANIA COUNTY UTILITIES
92,826
PORTSMOUTH, CITY OF
120,000
STAFFORD COUNTY UTILITIES
123,684
PWCSA - WEST
136,409
ALEXANDRIA, CITY OF
159,200
CITY OF CHESAPEAKE - NORTHWEST RIVER SYS
165,240
PWCSA - EAST
168,747
WESTERN VIRGINIA WATER AUTHORITY
182,700
RICHMOND, CITY OF
197,000
ARLINGTON COUNTY
215,000
NORFOLK, CITY OF
234,220
HENRICO COUNTY WATER SYSTEM
292,000
LOUDOUN WATER - CENTRAL SYSTEM
325,440
CHESTERFIELD CO CENTRAL WATER SYSTEM
338,006
NEWPORT NEWS, CITY OF
407,300
VIRGINIA BEACH, CITY OF
437,994
FAIRFAX COUNTY WATER AUTHORITY
1,121,613

Regional Field Office Map



What we do not do:

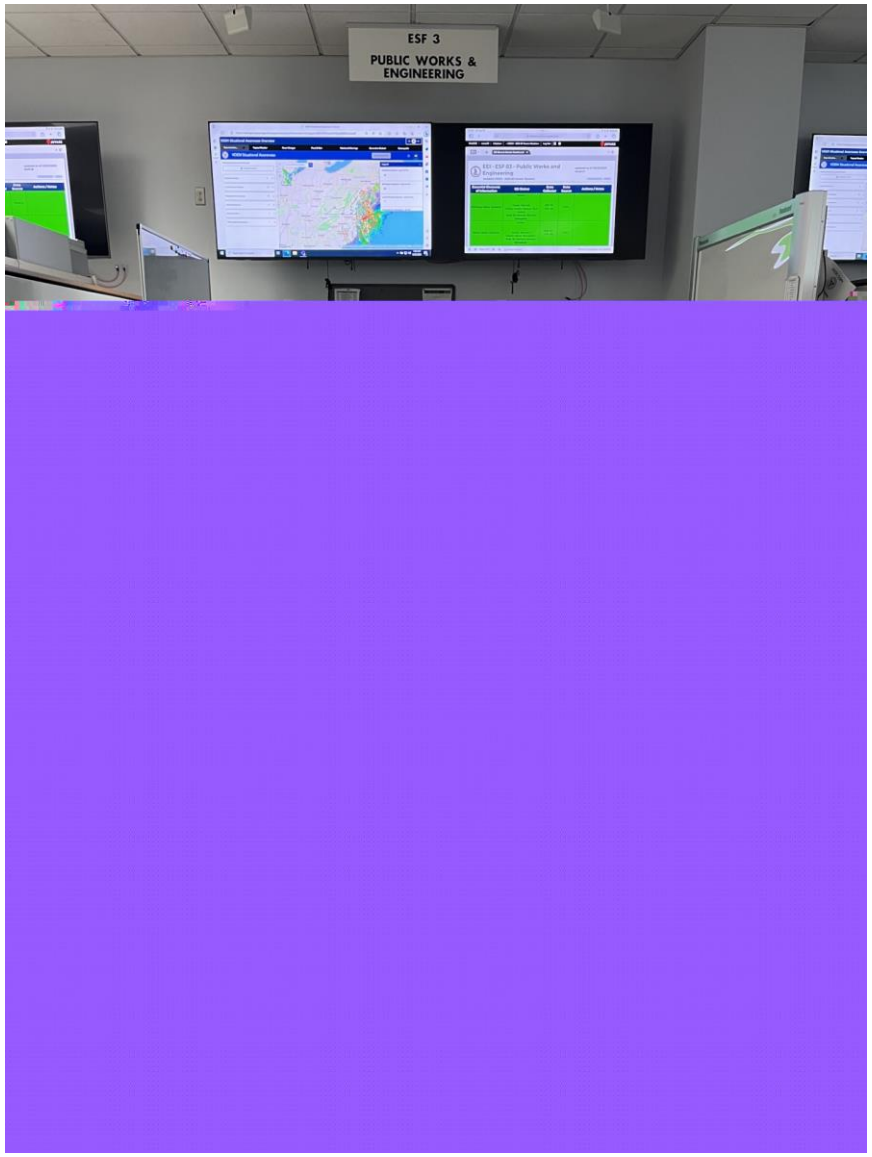
- We do not provide emergency drinking water resources
- We do not regulate private connections into homes or businesses
- We do not regulate private wells or septics (OEHS)
  - We do regulate waterworks that use community wells to provide water
- We do not do anything related to sewage (DEQ), unless it is affecting a water source used for drinking water
- We do not issue advisories for recreational water uses (OEHS)
  - Shellfish
  - Swimming

So, What Do YOU Do Jess?

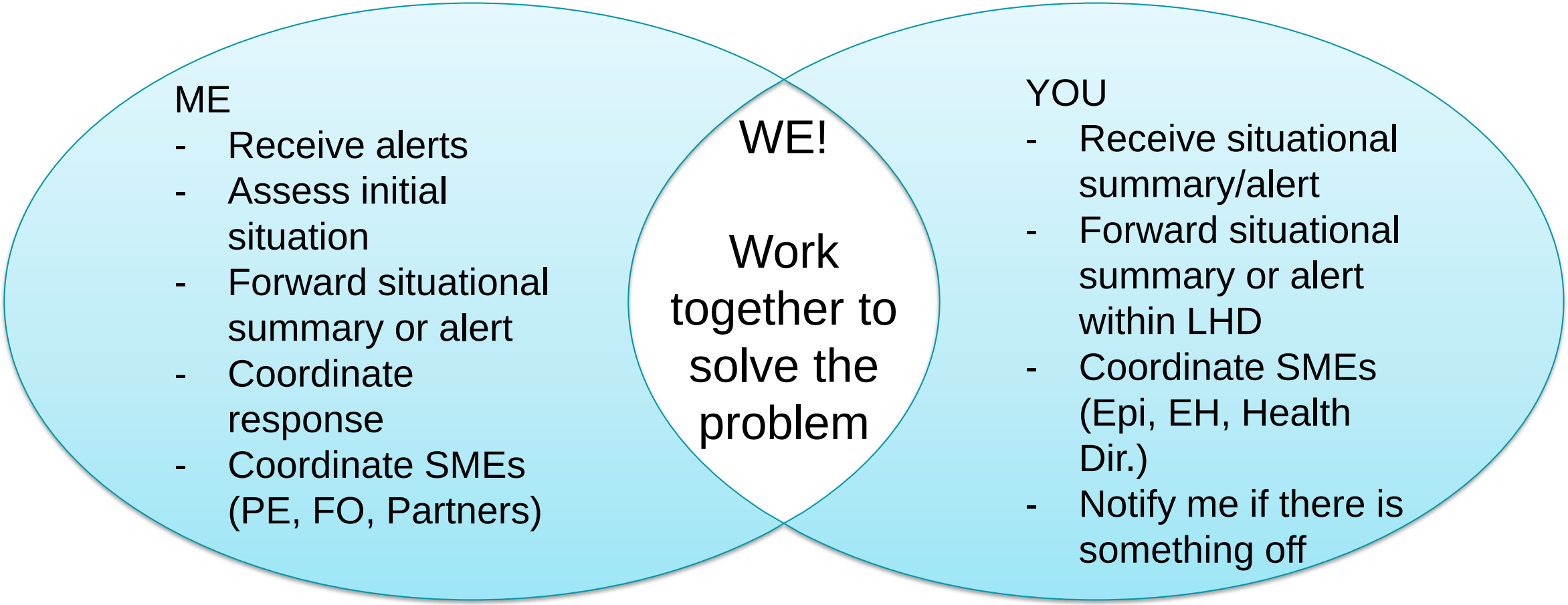
- Chaos Coordinator! We all are!
- I receive statewide alerts for any issues that COULD impact our waterways
  - Lots and Lots and Lots of alerts…
- I filter the alerts
  - I forward ones on that need further notification or ignore others that are outside of the VDH/ODW lane
  - If it is anything affecting a water source, I map it in our GIS system, and if it is either 1 or 5 miles within a water source I pass on/follow-up as needed.
- I work with our Field Directors to improve processes related to safety/security/emergencies at a waterworks or within a locality
  - Cybersecurity is a big one
- I write/disseminate event notifications for when situations meet my threshold for a wider, more formal disbursement
- I sit in a ridiculous number of meetings that could be emails… ☺

More of what I do

- I am also the Lead for ESF #3 in the VEOC with the VEST
- Weekly VEST briefings
- More frequent briefings when a potential activation is imminent
- Organize/updated processes for ESF #3
- ESF #3 Supporting Agencies = DEQ, DCR, DGS, VDOT, VDOF, etc.



So how do WE work together?



Story Time!

- Locality A:
  - Cross-connection ~900 people
  - BWA ⟶ Do Not Use Notice
  - Calls to LHD/Regional Coordinator
  - Coordination call 8pm Wednesday
  - ICS/IAP
    - Lots of sampling
    - Bulk water, bottled water
    - Epi investigations
    - EH restaurant involved
    - Communications
      - Media Calls
      - FAQs
      - VDH Call Center Support
    - Enforcement from ODW
      - FOIA requests
  - More bad stuff = another coordination call
  - Recovery
  - AAR

Partners :

VDH ODW
Field Office & Central Office
Enforcement/FOIA
VDH OEPI
VDH OEP
LHD:
LHEC
Health Director
EH
Communications
VDH Comms
Call Center
Private Community Association
Waterworks
Locality
VDEM

VDH VIRGINIA DEPARTMENT OF HEALTH

QUESTIONS??

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KAHOOT! = Prize!

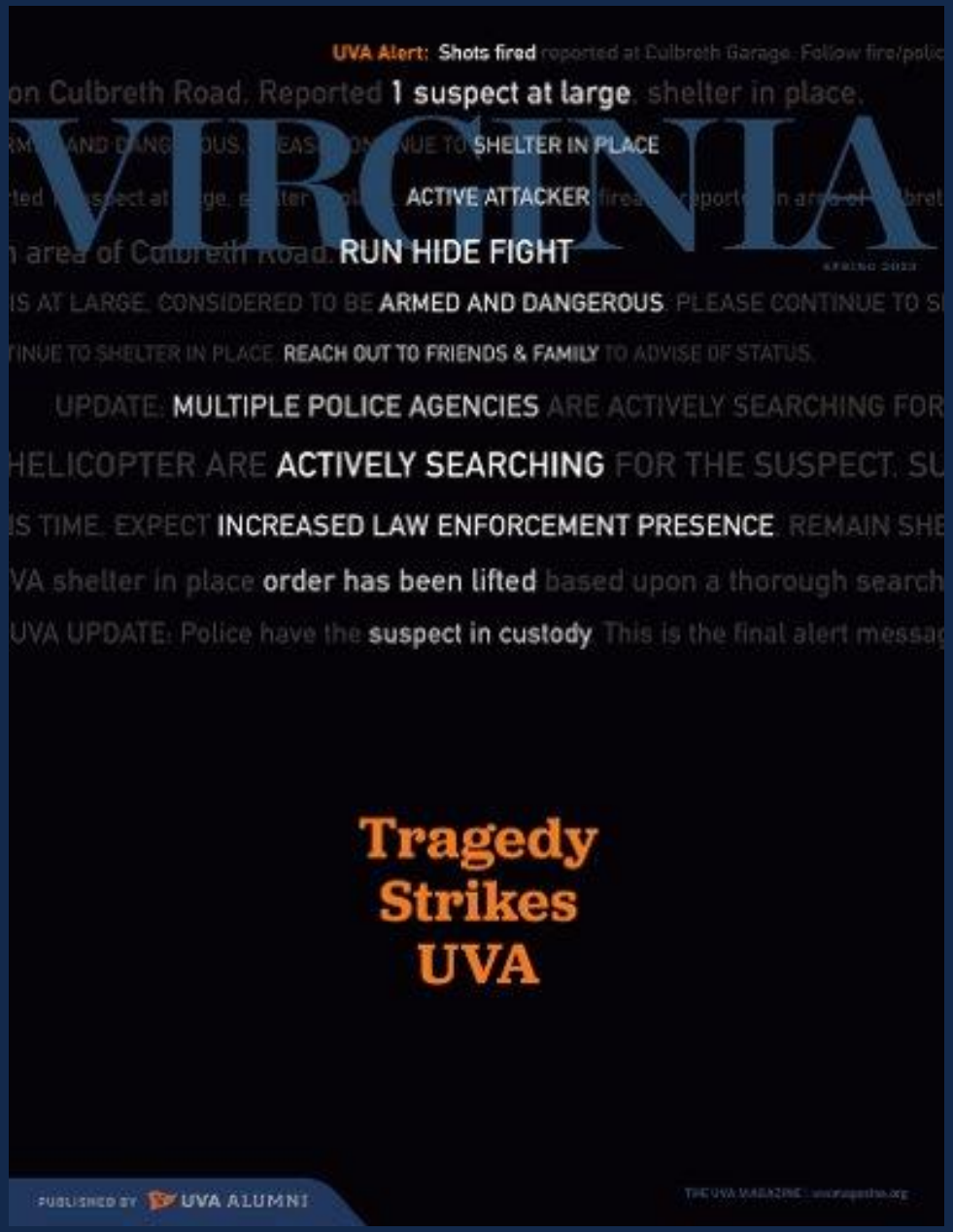
www.kahoot.it

Quick Hits

VDH VIRGINIA DEPARTMENT OF HEALTH

Blue Ridge Health District support following UVA Shooting

Leanne Knox, BS Ed, EMT-I
Emergency Manager
BRHD / VDH


UVA Alert: Shots fired
1 suspect at large
SHELTER IN PLACE
ACTIVE ATTACKER
RUN HIDE FIGHT
ARMED AND DANGEROUS
REACH OUT TO FRIENDS & FAMILY
MULTIPLE POLICE AGENCIES
ACTIVELY SEARCHING
INCREASED LAW ENFORCEMENT PRESENCE
order has been lifted
suspect in custody
Tragedy Strikes UVA
PUBLISHED BY UVA ALUMNI

Shelter in place

Counselors

VIRGINIA
medical reserve corps

Therapy dogs and handlers

Puppy
In Training
Tender Loving
Canines
Guide Dogs
of America

JUVARE | WebEOC

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT

Certification

- Protects against liability for the agencies and host facility
- Ensures that both animals and handlers have been through a vetting process

  Criminal background check

  Interview and testing

Not just dogs...

Key takeaways

- Reach out early and often... helps build relationships
- Our partners want to help (localities, VDEM, CSB, NGOs)
- Follow appropriate channels and chain of command to access approved resources
- Don’t be afraid to ask!

Questions?

Photo credits:

- Virginia Magazine
- Justin Ide
- Whole Dog Journal
- Healing Hounds
- Inspirement
- Escape Authority
- Love on a Leash
- PetMD
- Avian Fashions
- WTOP news
- BCSPCA
- PBS
- IFL Science

VDH VIRGINIA DEPARTMENT OF HEALTH

Mass Gatherings

Importance of Risk Assessment

Stephen “Andy” Aigner
Central Region Emergency Coordinator

What is a mass gathering?

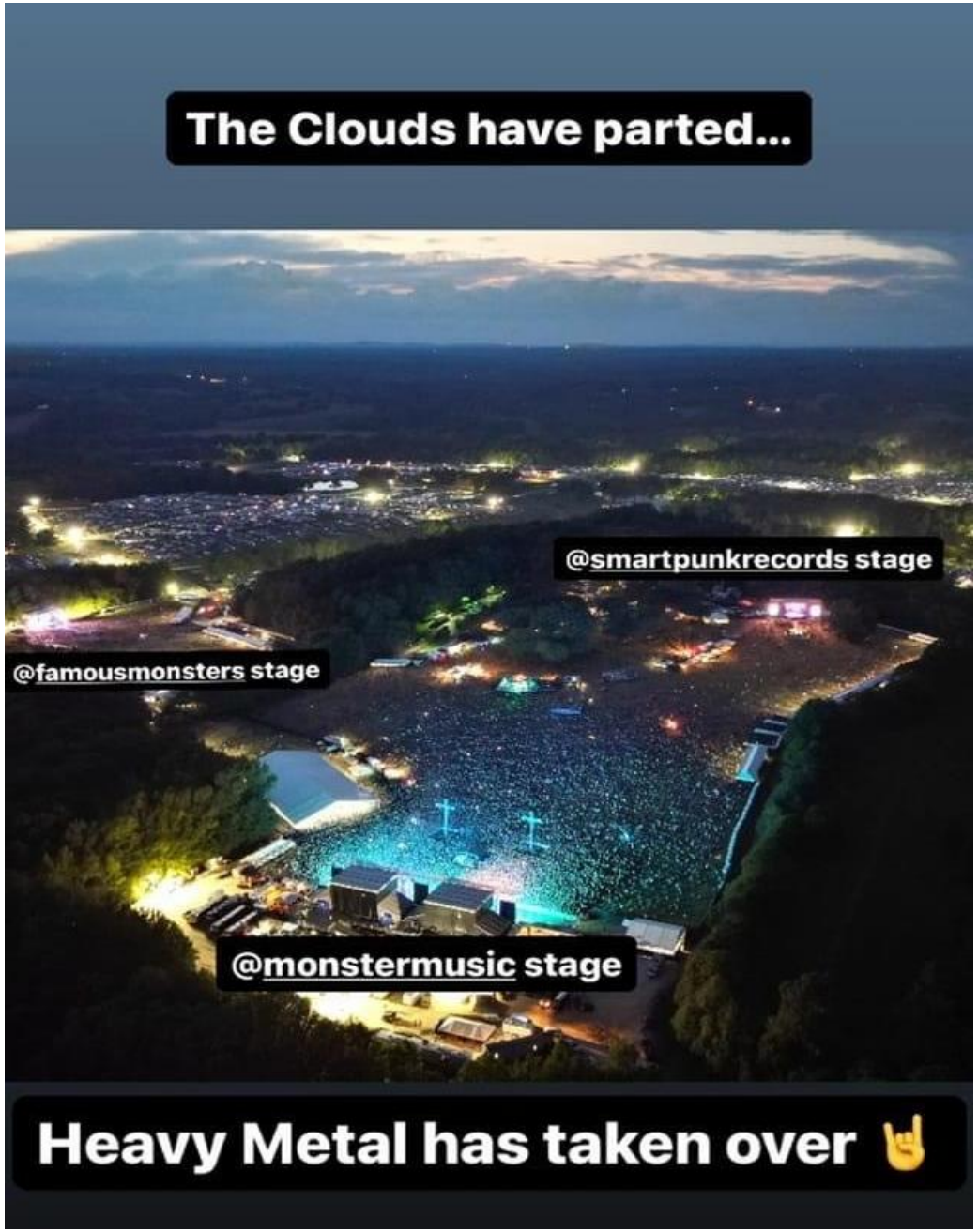
- Defined by **WHO** - Mass gatherings are typically defined as large numbers of people (>1,000) at a specific location, for a specific purpose.
- Practically speaking, a mass gathering can be any assembly of people large enough to strain local resources.

*Travelers to mass gatherings face unique risks because these events are associated with environmental hazards, challenging security situations, and increased opportunity for infectious disease transmission due to the influx of attendees, crowding, and poor hygiene from temporary food and sanitation facilities.

What is a risk?

"[Risk is the] combination of the probability or frequency of occurrence of a defined threat or opportunity and the magnitude of the consequences of the occurrence."

*Guide to Project Management



What is Risk Assessment?

The process of evaluating the probability and consequences of injury or an event arising from exposure to identified risks.

Potential Risks

- Environmental Factors
- Poor Food Safety and Hygiene Factors
- Availability of Drugs and Alcohol
- Venue Infrastructure
  - Crowd Safety and Protection from Adverse Weather

Thoughts From A Recent Event – Risks?

This...

...to this

More Thoughts – More Risks?

And this...

...becomes this

THIS...

...BECOMES THIS

...AND THIS

Stephen “Andy” Aigner

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VDH VIRGINIA DEPARTMENT OF HEALTH

RCAHD and the Virginia Harm Reduction Coalition

A Partnership to Provide Care to an Underserved Population

What is Harm Reduction?

- Harm Reduction is a movement that started in the United Kingdom in the late 1970's. It gained momentum in the United States during the 1980's as communities struggled to respond to the AIDS Epidemic. Since then, it has provided life-saving medication and supplies to thousands of people across the country.
- Today, harm reduction programs are on the front line of addressing the Opioid Epidemic that is impacting every corner of our nation.
- HR trains community members on how to reverse overdoses (Narcan), provides clean syringes, safely disposes used syringes, connects vulnerable individuals to Hepatitis C and HIV testing/treatment, refers participants to substance use disorder treatment, and provides case management services to extremely marginalized individuals.

Virginia Harm Reduction Coalition

- Virginia Harm Reduction Coalition (VHRC) is a 501(c)(3) nonprofit, peer-run organization whose mission is to improve the health of the drug-using community we serve by advocating for, developing, and implementing evidence-based solutions to address the adverse effects of drug use.
- They address health inequities faced by people who use drugs (PWUD) by providing safer-use supplies and social services to marginalized populations, advocating for health policies that address their specific needs, and collaborating with other agencies to deliver public health services.

RCAHD and VHRC Partnership

- Discussions about a partnership began in late 2021 regarding RCAHD staff/nurses attending certain VHRC clinics within Roanoke City to provide health care counseling, information about VDH services, and vaccinations to participants – both insured and uninsured.

- These clinics would be mobile at established outdoor venues that VHRC utilizes for their clients. RCAHD would utilize their recently acquired RV (DASH – Delivering Accessible and Sustainable Healthcare) to provide VDH services.

- EP&R would plan and provide all logistical requirements for staff/nurses to operate in an outside environment.

- Nurses would plan for and provide all medical supplies to deliver vaccines.

- Population Health/Outreach would plan for and provide all VDH educational materials.

- The first, joint event was held in February 2022 in the parking lots at the Days Inn and Embassy Inn in Roanoke for three hours at each site.
    - These locations were frequently used by HR and well known by their participants.
    - Population served were primarily homeless and/or heavy drug users.
    - High crime areas with a high rate of vagrancy.
- Although the event was a success, RCAHD staff was not mentally prepared for the working environment and the necessary public interaction. – Culture Shock –
- As a result, EP&R facilitated internal meetings and prepared Incident Action Plans to address concerns, ensure safety, and bolster VDH staff's understanding what future events would entail.
- EP&R also began partnering with Roanoke Fire/Rescue and Roanoke P.D. to track incident and crime trends in the areas served and make sure that there were no known threats that would prevent VDH participation on scheduled event days.

- To date, RCAHD has participated in 24 events with Harm Reduction and administered the following vaccinations:
  - COVID – 686
  - Hep A – 537
  - Hep B – 51
  - Flu – 154
  - MPox – 55
  - Shingrix – 4
- VDH Outreach contacts are not tracked by event but are estimated to be in the hundreds with lots of VDH and wellness information disseminated.
- In 2023, RCAHD expanded services with Harm Reduction to include mobile STI testing utilizing the RV.
  - To date – 10 STI testing clinics (blood and urine) with 61 participants
- The RCAHD and VHRC partnership has provided overdose prevention education to several hundred people and distributed 2,500+ Naloxone (Narcan) kits.
- In the last six months, VHRC has served 1,251 people who use drugs (PWUD) in Southwest Virginia and:
  - Recorded 616 overdose reversals performed by VHRC clients.
  - Provided 1,619 sharps containers.
  - Collected, and disposed of, approximately 50,000 used syringes.
  - Referred 270 clients to substance use treatment.

DASH
ROANOKE CITY AND ALLEGHANY HEALTH DISTRICTS

DASH
nent of Health
0-283-5050

Com / Care

Considerations

- Staff and participant safety
- Appropriate pre-planning and logistical considerations
- Staff education and expectations
- Situational awareness
- Weather
- Intra-agency relationships
- Exit strategy

Questions?

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Open Discussion

Closing Comments