

VDH Emergency Response Plan

Annex A: Direction and Control

Purpose and Scope

- Establish a framework for the Virginia Department of Health (VDH) to coordinate public health responses to all-hazards emergencies, including drinking water contamination, environmental and waterborne hazards, chemical incidents, disease outbreaks, radiological events, and other threats to public health.
- Ensure that VDH operations align and are compliant with the National Incident Management System (NIMS) and the Federal Emergency Management Agency's (FEMA) Comprehensive Preparedness Guide (CPG) 101, emphasizing interagency collaboration and community protection.
- This annex addresses all hazards, including
 - Natural Hazards
 - Technological and Accidental Hazards that may include drinking water contamination, industrial chemical spills, and radiological releases.
 - Human-Caused Incidents such as Bioterrorism, intentional contamination, and hazardous material incidents.
 - Pandemics and Infectious Disease Outbreaks.

Roles and Responsibilities

Office of Epidemiology

- Monitor, investigate, and mitigate infectious disease outbreaks and environmental exposures.
- Provide hazard-specific expertise for diseases, toxins, and waterborne pathogens.
- Coordinate epidemiological response activities for all-hazards events.
- Analyze and monitor data to identify outbreaks or public health risks.
- Staff agency Incident Management Teams (IMT) as appropriate
- Provide talking points and subject matter expertise to the communications team and VDH call center.

Office of Environmental Health Services

- Assess health risks related to chemical, radiological, and environmental hazards.
- Provide technical guidance on waterborne hazards and toxic exposure.
- Provide talking points and subject matter expertise to the communications team and VDH call center.

Office of Drinking Water

- Respond to all drinking water-related incidents, including contamination from natural disasters, industrial accidents, or malicious acts.
- Provide Event Notification and updates to LHDs and other stakeholders.
- Conduct risk assessments, sampling, and mitigation in collaboration with utilities and local health districts.
- Staff ESF 3 at the Virginia Emergency Operations Center (VEOC), if activated.
- Coordinate with water distribution systems and communications team to distribute appropriate public information.
- Provide talking points and subject matter expertise to the communications team and VDH call center.

Office of Emergency Preparedness

- Develop and implement all-hazards public health response plans.
- Activate the VDH Emergency Coordination Center (ECC) to coordinate responses.
- Liaise with VEOC and support all VDH offices in resource allocation and situational awareness.
- Staff the Virginia Emergency Support Team (VEST) when activated.

Office of Communications

- Develop risk communication strategies tailored to the hazard type.
- Disseminate timely, accurate information to stakeholders, media, and the public for all-hazards events.
- Serve as the PIO on agency IMTs; establish and staff a Joint Information Center (JIC) as appropriate.
- Support Local Health District (LHD) Communications Teams.

Office of Radiological Health

- Lead public health responses to radiological incidents.
- Support risk assessment, decontamination guidance, and protective actions for radiological emergencies.
- Provide talking points and subject matter expertise to the communications team and VDH call center.

Local health Districts

- Implement all-hazards public health response plans at the local level.
- Act as the primary point of contact for local governments, emergency services, and communities.
- Conduct field investigations, public health interventions, and community outreach.

Concept of Operations

All-Hazards ICS

- VDH activates its Emergency Coordination Center (ECC) for all-hazards emergencies, ensuring integration across its offices and local districts.
- The Incident Commander (IC) coordinates multi-agency efforts, integrating hazard-specific expertise from relevant VDH divisions.

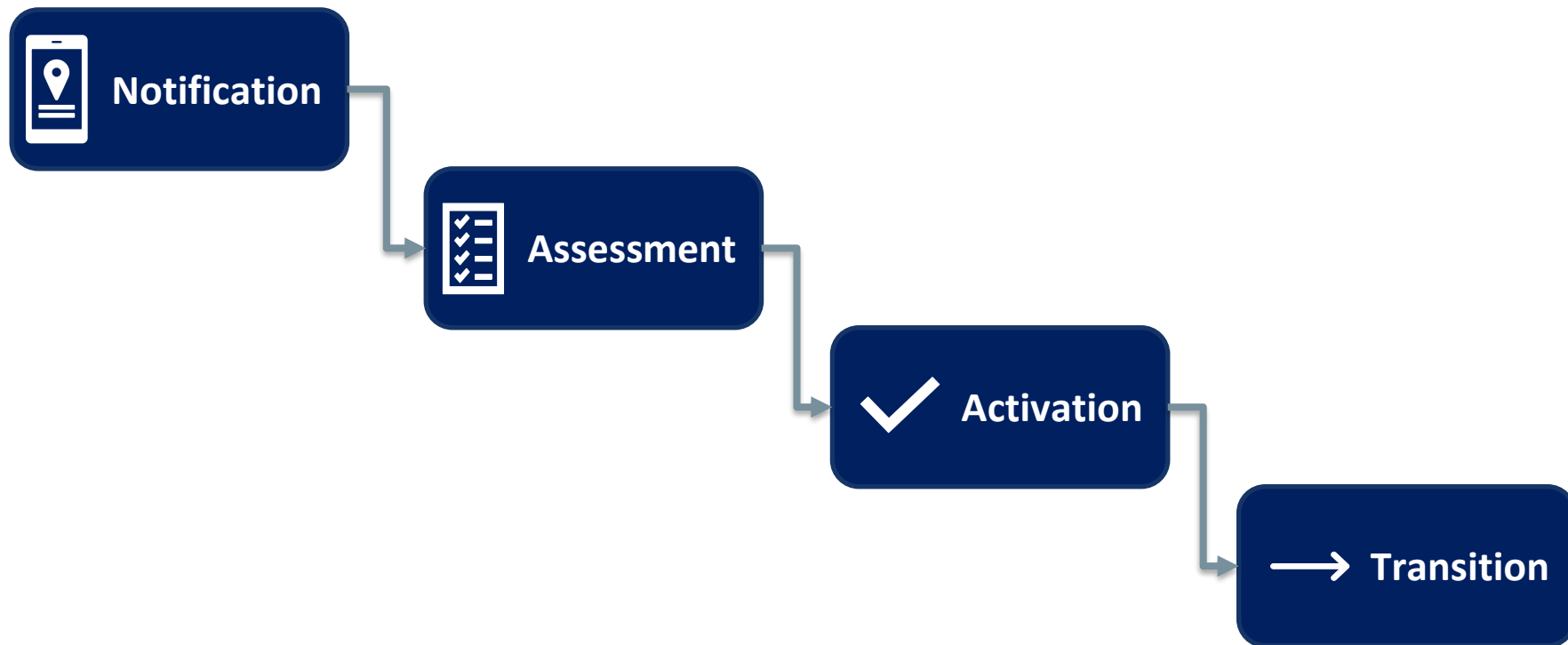
Multi-Agency Coordination

- Collaborate with the Virginia Emergency Support Team (VEST) and Virginia Emergency Operations Center (VEOC), when activated to ensure alignment of public health efforts with state and federal operations.
- Engage with external partners, including water utilities, environmental agencies, and emergency responders, to address hazard-specific needs.

IMT Activation Process

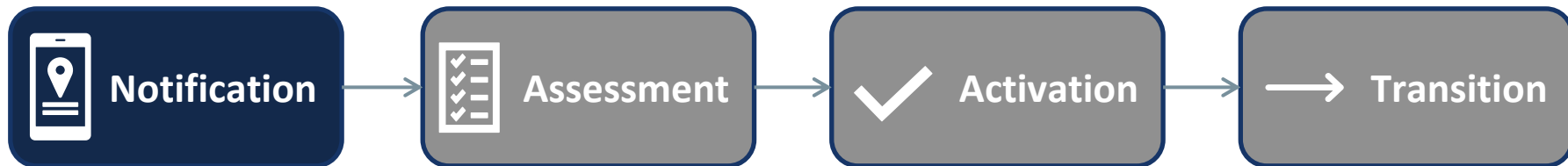
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Activation Process Overview



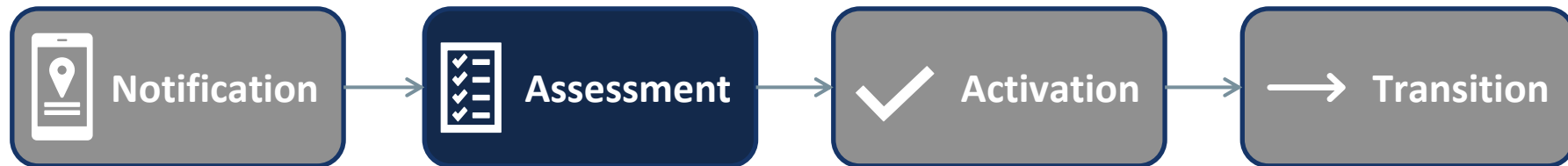
Notification

- An Event Notification will be sent out to alert leadership and appropriate regional and district staff.



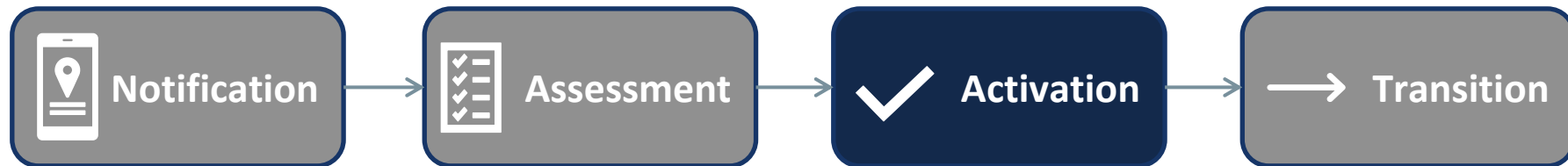
Assessment

- The Office of Emergency Preparedness evaluates the incident's scope and complexity to determine the appropriate IMT paradigm.
- An Initial Assessment and Coordination Call is held which includes impacted LHDs, Regional Staff, and Central Office Staff.
- A decision is made on if an IMT will be established, and if it will be a local, regional, or central office led effort.



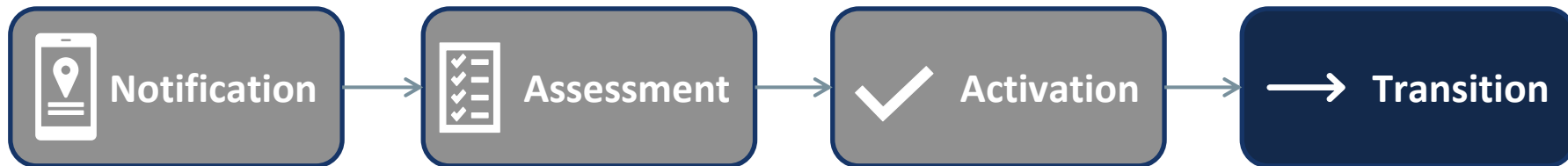
Activation or Deployment

- An organizational structure is developed, as appropriate.
- Personnel and resources are activated or deployed according to the chosen IMT paradigm.
- A meeting and situation reporting cadence is developed.



Transition and Demobilization

- As the incident stabilizes, IMT responsibilities are returned to the office, region, or district as appropriate, and resources are demobilized.
- An After-Action Report/Improvement Plan (AAR/IP) is developed within 90 days in accordance with HSSEP guidelines.



Incident Management Team Structure

- VDH's Incident Management Team (IMT) framework is designed to ensure flexibility, scalability, and efficient coordination in responding to public health emergencies. IMTs operate within the NIMS framework and can be activated at the local, regional, or central office level, depending on the scope and complexity of the incident.
- There are three primary types of Incident Management Team at VDH:
 - District Level IMT
 - Regionally Coordinated IMT
 - Central Office Coordinated IMT

District Level IMT

- Applies when a single health district is primarily affected by an incident but may require targeted support from VDH's Central Office.
- **Key Characteristics:**
 - Local Health District assumes primary incident management responsibility.
 - Incident Command is established within the health district, following NIMS principles with the Health Director or designee as the Incident Commander.
 - Central Office support is provided as needed, including IMT staffing, technical assistance, resource allocation, and communication support.
- **Examples**
 - A localized disease outbreak.
 - A small-scale chemical spill affecting a single community.
 - Large, planned event taking place in the community.

Regionally Coordinated IMT

- Applies when an incident impacts multiple health districts, and/or multiple state agencies requiring a coordinated response at the regional level with Central Office involvement.
- **Key Characteristics:**
 - A regional-level IMT integrates representatives from multiple health districts.
 - Incident or Unified Command is established at the regional level, with support from Central Office as needed.
 - Regional Health Director assumes the role of Incident Commander, or a combination of District directors as Unified Command.
 - Health districts contribute personnel and resources to the IMT.
 - Central Office support is provided as needed, including IMT staffing, technical assistance, resource allocation, and communication support.
- **Examples**
 - A multi-district chemical release affecting shared water resources.
 - A regional infectious disease outbreak requiring coordination across multiple health districts.

Central Office IMT

- Applies when the scope or complexity of an incident requires Central Office leadership, often involving statewide impacts or coordination with federal agencies.
- **Key Characteristics:**
 - Central Office assumes incident management, with the State Health Commissioner or designee assuming the role of Incident Commander.
 - The IMT is staffed primarily by Central Office personnel, with additional support from health districts and external partners.
 - Impacted districts will be represented appropriately in the organizational structure.
 - Coordination occurs at the state level, ensuring alignment with the Virginia Emergency Operations Center (VEOC) and other state agencies.
- **Examples**
 - A statewide drinking water contamination event.
 - A radiological emergency with widespread health impacts.
 - An incident requiring centralized management of medical countermeasures.
 - A pandemic or other statewide public health emergency.

IMT Activation Levels

IMT Activation Level	Description	Situation Reporting	Incident Support Plan (ISP)	Incident Commander	Public Information Officer	Operations Section	Planning Section	Logistics Section	Finance/Admin Section
0 - Routine Operations	Steady state	N/A	N/A	Not Established	Not Established	Not Established	Not Established	Not Established	Not Established
1 - Increased Readiness	An Office/LHD is monitoring a situation or responding to an incident with minimal assistance required from other agency components. The incident is generally limited to one operational period and response is handled by LHD/VDH Regional Staff with support from Central Office	Event Notification with updates, as needed	No	Impacted Office or Division Director	Spokesperson from impacted Office with routine Communications Office support	Staffed by impacted Office, as needed	Routine support from OEP	Routine support from OPGS/other offices	Staffed by impacted Office, as needed
2 - Partial Activation	Some or all of the IMT Command and General staff positions are activated, and the incident may extend into multiple operational periods	Event Notification and SitReps	Yes	Office Director or Deputy Commissioner (or designee) serves as Incident Commander. OEP Director serves as Incident Coordinator	Staffed by Communications Office; Agency spokesperson identified	Impacted Office Director, Division Director, Health Director, or designee	Staffed by OEP	Staffed by OPGS	Staffed by OFM
3 - Full Activation	All Command and General Staff positions are filled and branches are established. The incident will likely extend into multiple operational periods.	Event Notification and SitReps	Yes	State Health Commissioner (or designee) serves as Incident Commander. OEP Director or designee serves as Incident Coordinator	Staffed by Communications Office; Agency spokesperson(s) identified; JIS may be established	Impacted Office Director, Deputy Commissioner, or designee	Staffed by OEP	Staffed by OPGS	Staffed by OFM
4 -Unified Command/VEST Support	Incident requires command assistance from the VEST; A Unified Command structure may be established with VDEM/other state agency	Determined by Unified Command	Yes	Unified Command	Staffed by Communications Office; JIS established	Staffed by VEST/Unified Command	Staffed by VEST/Unified Command	Staffed by VEST/Unified Command	Staffed by VEST/Unified Command

Recent Central Office and Regionally Coordinated Events

- Hurricane Helene
 - Central Office IMT supporting the Virginia Emergency Support Team (VEST) via Emergency Support Function (ESF) 8
- 2025 Winter Storms and the City of Richmond Drinking Water Outage
 - Central Office IMT supporting the Virginia Emergency Support Team (VEST) via Emergency Support Function (ESF) 8
- Northern Region Multi-District TB Investigation
 - Size-up call held with northern region districts and regional staff. It was determined that regional coordination would be most appropriate.

Locally Coordinated Events

- **Piedmont** - Legionnaire's Outbreak: 8/22/24
- **Colonial Heights/Chesterfield** - *c.auris* outbreak: 8/27/24
- **Piedmont** – Salmonella Outbreak: 8/27/24
- **Alexandria** - Apt. Boiler Explosion: 9/1/24
- **Alexandria** - Lead Exposure at Elementary School: 9/27/24
- **Three Rivers** – Flu Outbreak in Essex: 1/31/25
- **Roanoke/Alleghany** - Hazmat/CO/Middle School Evacuation: 1/31/25

Questions?