2025 Community Based Emergency Response Seminar-Chemical Emergency Response Tabletop Exercise

Situation Manual

February 10, 2025

This Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. Some exercise material is intended for the exclusive use of exercise planners, facilitators, and evaluators, but players may view other materials that are necessary to their performance. All exercise participants may view the SitMan.

EXERCISE AGENDA

Time	Topic
8:30 am	Registration
9:00 am	Welcome, Introductions, Objectives and Ground Rules
9:15am	Special Topic & Capability Briefs:
	20 Min-Office of Drinking Water
	20 Min-Department of Environmental Quality
	20 Min-Environmental Health
	20 Min-Division of Consolidated Laboratory Services
	20 Min-Chempack
10:45am	BREAK
11:00 am	Exercise Module I-Small Group Discussion
11:45 am	Exercise Module I-Large Group Discussion
12:00 pm	Working Lunch
12:30 pm	Exercise Module II-Small Group Discussion
1:30 pm	Exercise Module II-Large Group Discussion
2:00 pm	BREAK
2:30 pm	Hotwash
3:00 pm	Closing Comments
3:30 pm	Adjourn

EXERCISE OVERVIEW

Exercise Name	2025 Community based Emergency Response Seminar-Chemical Emergency Response Tabletop Exercise
Exercise Dates	Richmond- March 12th Abingdon- April 1st Roanoke-April 3rd Fairfax- April 8th Dinwiddie- May 2nd Weyers Cave- May 13th Chesapeake- May 19th Newport News- May 20th
Scope	CBERS 2025 will be a one day, educational and Tabletop Exercise event delivered regionally within the Commonwealth.
Focus Area(s)	Response & Recovery
Capabilities	**Public Health Emergency Preparedness Capabilities:** *Community Preparedness* *Community Recovery* *Emergency Operations Coordination* *Information Sharing* *Medical Countermeasures Administration and Dispensing* *Medical Surge* *Public Health Laboratory Testing* *Responder Safety and Health* **Healthcare Preparedness Capabilities:** *Healthcare and Medical Response Coordination* *Medical Surge* **Department of Homeland Security Core Capabilities:** *Planning* *Operational Coordination* *Emergency Public Information and Warning* *Environmental Response Health and Safety* *Public Health, Healthcare and Emergency Medical Services* *Health and Social Services*

Objectives	• Discuss risks, hazards and threats and the capabilities to assess the health needs of the population in response to a Chemical Mass Casualty Incident. • Discuss strategies to distribute, dispense or administer Medical Countermeasures to the public in response to a Chemical Mass Casualty Incident. • Examine and discuss agency roles in response to a Chemical Mass Casualty Event. • Assess multi-agency coordination in response to a Chemical Mass Casualty Event in accordance with existing plans, policies and procedures. • Discuss initial actions for the recovery phase of the locality in response to a Chemical Mass Casualty event.
Threat or Hazard	Accident with industrial fire with cascading health and environmental effects.
Scenario	Vehicle into a commercial structure that causes a fire and chemical leak into the community.
Sponsor	Virginia Department of Health, Public Health Emergency Preparedness-Chemical Grant required Exercise.
Participating Jurisdictions/ Organizations	The purpose of the 2025 Community based Emergency Response Seminar (CBERS) is to bring together Public Health, Emergency Management, Laboratories, Environmental programs, Healthcare Coalitions, State Emergency Response Commission, Local Emergency Planning Committees (LEPC's), Public Safety and other partners responsible for coordinating response and recovery efforts to a Chemical Mass Casualty Incident.
Point of Contact	Adreania M. Tolliver, D.Min., MA, Certified Master Trainer Public Health Preparedness Training and Development Coordinator Sr. Office of Emergency Preparedness Phone: (804) 864-8235 Mobile: (804) 658-6423

GENERAL INFORMATION

Exercise Objectives and Capabilities

The following exercise objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to capabilities, which are the means to accomplish a mission, function, or objective based on the performance of related tasks, under specified conditions, to target levels of performance. The objectives and aligned capabilities are guided by senior leaders and selected by the Exercise Planning Team.

Exercise Objectives	Capability
Discuss risks, hazards and threats and the capabilities to assess the health needs of the population in response to a Chemical Mass Casualty Incident.	Community Preparedness Planning Public Health Laboratory Testing Information Sharing Responder Safety and Health
Discuss strategies to distribute, dispense or administer Medical Countermeasures to the public in response to a Chemical Mass Casualty Incident.	Medical Countermeasures Administration and Dispensing Planning
Examine and discuss agency roles in response to a Chemical Mass Casualty Event.	Community Preparedness Planning
Assess multi-agency coordination in response to a Chemical Mass Casualty Event in accordance with existing plans, policies and procedures.	Emergency Operations Coordination Operational Coordination Environmental Response, Health and Safety Responder Safety and Health Healthcare and Medical Response Coordination Medical Surge
Discuss initial actions for the recovery phase of the locality in response to a Chemical Mass Casualty event.	Community Recovery Public Health, Healthcare and Emergency Medical Services Health and Social Services

Table 1. Exercise Objectives and Associated Capabilities

Participant Roles and Responsibilities

The term *participant* encompasses many groups of people, not just those playing in the exercise. Groups of participants involved in the exercise, and their respective roles and responsibilities, are as follows:

- **Players:** Personnel who have an active role in discussing or performing their regular roles and responsibilities during the exercise. Players discuss or initiate actions in response to the simulated emergency.
- **Observers:** Do not directly participate in the exercise. However, they may support the development of player responses to the situation during the discussion by asking relevant questions or providing subject matter expertise.
- **Facilitators:** Provide situation updates and moderate discussions. They also provide additional information or resolve questions as required. Key Exercise Planning Team members also may assist with facilitation as subject matter experts (SMEs) during the exercise.
- **Evaluators:** Are assigned to observe and document certain objectives during the exercise. Their primary role is to document player discussions, including how and if those discussions conform to plans, polices, and procedures.

Exercise Structure

This exercise will be a multimedia, facilitated exercise. Players will participate in the following two modules:

- Module 1: Initial Response
- Module 2: Extended Operations and Cascading Effects

Each module begins with a multimedia update that summarizes key events occurring within that time. After the updates, participants review the situation and engage in functional group discussions of appropriate Response and Recovery issues. For this exercise, the functional groups are as follows:

- Public Safety/Emergency Management
- Healthcare Partners
- Public Health
- Public Works/Engineering/Utilities
- Environmental Response
- Other Partners

After these functional group discussions, participants will engage in a moderated plenary discussion in which a spokesperson from each group will present a synopsis of the group's actions, based on the scenario.

Exercise Guidelines

- This exercise will be held in an open, no-fault environment wherein capabilities, plans, systems, and processes will be evaluated. Varying viewpoints, even disagreements, are expected.
- Respond to the scenario using your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.

- Decisions are not precedent setting and may not reflect your jurisdiction's/ organization's final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and recovery efforts. Problem-solving efforts should be the focus.
- The assumption is that the exercise scenario is plausible, and events occur as they are presented. All players will receive information at the same time.

Exercise Evaluation

Evaluation of the exercise is based on the exercise objectives and aligned capabilities, capability targets, and critical tasks, players will be asked to complete participant feedback forms. These documents, coupled with facilitator observations and notes, will be used to evaluate the exercise and compile the After-Action Report (AAR)/Improvement Plan (IP)

MODULE 1: INITIAL RESPONSE

Scenario

Tuesday, April 22, 2025, 8:15 am

This morning was like any other for Mary Smith, a mom of three. She had just dropped off two of her children at Acme Elementary School (AES). After dropping off her third child at Local High School (LHS), Home of the State Champion, Fighting Locals, Mary then headed off for her job as a paralegal at the Partners Law Firm in the Downtown Business Park.

Tuesday, April 22, 2025, 8:45 am

The staff at Bigstar Agriculture Solutions has just completed their weekly transfer of various pesticides into the facility storage area from the adjoining rail line that borders Cross Creek, a tributary of the Big River. Bigstar Ag Solutions is a regional warehouse in the Downtown Business Park that houses over 250 different agricultural chemicals, that include flammables, corrosives and poisons and averages around 150 personnel on the current shift.

The Bigstar warehouse is in an area of your jurisdiction that has mixed occupancy and development that has changed since its inception in the late 1970's. The facility is near Acme Elementary School, Middle and Local High School complex, a 50 bed Long Term Care Facility, a 200 unit (475 estimated resident occupancy) Low Income Apartment Complex and a development of 250 Single Family Homes in addition to multiple small to mid-size businesses.

Tuesday, April 22, 2025, 9:00 am

As Mary Smith is sitting at a traffic signal attempting to turn into the Business Park, she notices a car driving erratically, hitting excessive speeds that has driven around stopped traffic. Suddenly, she notices the vehicle leave the road, careening through the Bigstar parking lot and strikes the corner of the building at a high rate of speed. As the car hits the building, the facility's propane tanks, also on the corner of the building explode as well. The facility begins to be engulfed in flames as the fire spreads into the storage areas with the 250 mixed types of agricultural chemicals.

911 calls begin to flood the Emergency Communications Center from the Bigstar facility, business park, and residents as the fire continues to spread through the facility. One 911 call of note is from Community Hospital Inc. that overlooks the Downtown Business Park from Hospital Hill.

Tuesday, April 22, 2025, 9:15 am

Suppression operations are well under way, all first due, second due and mutual aid alerts have been transmitted. The 911 center continues to get calls from citizens asking if they should be concerned about this fire and explosion.

Tuesday, April 22, 2025, 10:00 am

The Emergency Communications Center gets several calls from the apartment complex, housing development and the elementary school reporting residents and students with symptoms such as excessive salivation, tearing if the eyes, several reports of urinary incontinence and multiple instances of vomiting.

Key Issues

- Fire and explosion at a facility that houses over 250 agricultural chemicals (Flammable, Corrosive, Poisons, to include organophosphate pesticide).
- Multiple reports of adult and pediatric patients with symptoms consistent with Organophosphate exposure. Estimated numbers based on current call volume:
  - 75 Pediatric
  - 100 Adult
  - 82 Adult (limited English Proficiency)
  - 2 on Home Dialysis
- Rail line and creek/watershed tributary close to fire scene.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

Public Safety/Emergency Management

1. What are your initial priorities upon notification of this event?
2. How would the initial ICS organization chart be structured? Who would be involved at this point?
3. Who decides and communicates shelter-in-place or evacuation orders to the community? Would these orders be issued in this scenario?
4. How would the hospital be informed of those orders? What actions would the hospital take if it was in the affected zone?
5. How would other areas of Critical Infrastructure in the are be informed?
6. What challenges might be presented when communicating information to the public at the local level?
7. How would you handle triage, treatment and transport of the suspected patients?
8. Based on the scenario, would be requesting deployment of the Chempack? What is the process for requesting and accessing a Chempack?

9. Are there potential ways coordination of information and resources at the local level could be enhanced? If so, what might they be?
10. What technology platforms would be utilized for communication across all participating agencies and stakeholders?
11. What processes are in place for requesting additional resources at the scene or in the EOC? Who has the authority for making such requests?
12. What challenges might be noted in developing information to be conveyed to state officials and partners?

Healthcare Coalition (HCC)

13. What are your initial priorities upon notification of this event?
14. What role does the Healthcare Coalition play in a chemical emergency?
15. What are your initial actions upon notification of the explosion?
16. What decontamination equipment and capability exist within your organization and region?
17. What is the process for resource sharing amongst Healthcare Coalitions?
18. Who initiates information sharing for HCC members? What alerts and notification mechanisms are in place to ensure HCC members and partners are aware of the incident and can share real-time information about the disaster and plans/strategies for patient care/ transport/distribution/ decontamination/supplies?
19. How is HCC clinical and surge information being collected and distributed to ensure consistent care and guidance is communicated across facilities?
20. What type of additional assistance and resources are needed now that the surge capacity threshold is being exceeded (e.g., extra staff, space, specialty resources/equipment)? How does the HCC and its members support these needs? Are there other partners that you should coordinate with?
21. Are data and subjective information being collected and reported for situational awareness (e.g., hospital capacity, number exposed, transport needs, supply requests)?
22. How will the HCC coordinate and share patient information across multiple facilities for patient tracking and family re-unification?

Healthcare

23. What are your initial priorities upon notification of this event?
24. How do you activate your Regional Healthcare Coordination Center (RHCC) and who can?
25. When would you activate your own internal Incident Command Structure (ICS)?
26. Do you know who your local, regional, and/or national chemical/HAZMAT and poison control resources are and how to contact them?

27. What decontamination equipment, capability and specialized resources/supplies will be needed to respond to a chemical incident?
28. Are facility staff familiar with and trained on proper chemical emergency response protocol such as screening, triage, contamination control, decontamination, workforce safety, and medical treatment for exposed or potentially exposed individuals?
29. What plans does your facility have for many contaminated, or potentially contaminated, patients? Is there an alternate area for triage/assessment? Can provide "dry" decontamination (i.e., clothing removal, absorbent material for blotting skin, and redress)?
30. What EMS resources are available for emergency and patient transfer)?
31. Can dry or wet decontamination be provided on-site if needed?
32. Are there readily available chemical release/sheltering-in-place/evacuation scripts available for patients, staff, public messaging?
33. How would patients on home dialysis be handled? Patients that rely on the water supply and are not in a clinic setting and may not be able to be easily moved?
34. How would you manage the "Worried well" that self-refer to your facility?
35. How would you manage actual patients that self-refer to your facility?

Public Health

36. What are your initial priorities upon notification of this event?
37. Are there potential ways coordination of information and resources at the local level could be enhanced? If so, what might they be?
38. What, if any surveillance, short or long term be initiated from the Public Health perspective?
39. What would the Public Health tracking of these cases look like?
40. Are there any at-risk populations that must be considered those with access or functional needs, or the elderly?
41. Who decides if a reception/screening center is activated? Who will operate the community reception center?
42. How would you contribute to the messaging related to this type of an event?

Public Works/Engineering/Utilities

43. What are your initial priorities upon notification of this event?
44. How would your utility be notified of an emergency that may not immediately impact your facilities, but impacts your locality as a whole?
45. Is there any information that as a utility you would want to know very quickly?
46. What questions would you be asking your Emergency Management partners regarding the warehouse contents, fire, or other factors that could impact local utilities?

47. Are there any changes to your operations at this point?

Environmental Response

48. What are your initial priorities upon notification of this event?
49. What type of environmental monitoring or sampling (i.e., air or water) would be useful to assess impacts to public health?
50. When developing an environmental monitoring and/or sampling plan, who should be consulted?
51. When selecting environmental monitoring or sampling strategies, what considerations should be used?
52. Who is available to conduct the monitoring or sampling and what are their capabilities?
53. Are there any additional notifications that need to be made to other local governments or state/federal agencies?

Public Information & Warning

54. What are your initial priorities upon notification of this event?
55. Who should be part of the Joint Information Team (JIT)? Which agencies? Local partners? Communities' partners? Federal or other state partners?
56. Who will be the lead agency in the JIT?
57. What immediate messaging is needed? Who is the audience?
58. How will that message be transmitted? News release, social media, press conference, etc.?
59. What information does the JIT need from Operations to complete this messaging. How will the JIT get that information?
60. Who will be the spokesperson?
61. How will media on scene be managed?
62. How will we update the public on evolving information?
63. What are the biggest communications challenges? How will the JIT address them?

MODULE 2: EXTENDED OPERATIONS AND CASCADING EFFECTS

Scenario

Wednesday, April 23, 2025, 6:00 am

Firefighters fought the blaze throughout the previous day and into the evening and overnight. Finally, at 0600 this morning the fire was called under control with continued salvage and overhaul and mop up of hot spots.

It was estimated that over 2 million gallons of water were used to fight the fire. Those 2 million gallons of water mixed with the various 250 chemicals in the facility.

The current weather report indicates that a strong front will be passing through the area from the south containing tropical moisture and the locality can expect 2-3 inches of rain over the next 24 hours.

Cross Creek is immediately adjacent to the fire scene, the Stormwater conveyances in the immediate area discharge into Cross Creek and the Big River Water Shed. Stormwater outfalls run through the housing development, Business Park, apartment complex and Long-Term Care Facility.

Because the facility is in a mixed-use area, there is insufficient room to construct a containment structure for the volume of contaminated water generated during the firefighting exercises. Additionally, the contaminated water has infiltrated the sub-base of the warehouse floor, and the contaminated water is moving laterally through shallow soils. The responsible party has started to provide vacuum trucks and fractionation tanks to collect the contaminated water running off the site, however, while the equipment is arriving, it's not enough to eliminate 100% of the runoff yet.

There are four drinking water intakes downstream of the affected watersheds. Two water intakes are over 50 miles downstream and two are in the more immediate area. There are currently mortalities seen in aquatic life in Cross Creek, with a plume noted in both Cross Creek and heading towards Big River

Key Issues

- The Fire has been extinguished, run off and containment of downstream impacts is now a concern. Along with scene clean-up and control.
- All casualties are currently in the healthcare system and being managed based on their initial disposition.

Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any critical issues, decisions, requirements, or questions that should be addressed at this time.

The following questions are provided as suggested subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

General Questions (ALL)

1. How have your priorities changed from Module I?
2. How has/will the Command Structure change over the course of this event? Who will need to be added?
3. What does the short-term recovery look like for this event?
4. Would any continuity of operations plan be implemented at this point? If so, what would that look like?
5. Does your organization or business have mental health services available for your employees?
    a. Is there an SOP for visitors that were impacted by incidents?
    b. How would available services be communicated?
6. What plans or procedures are in place to work with people with access and functional needs populations?
    a. Who is responsible for that coordination?
    b. What other city / county resources will be used and how will that occur?
7. What assistance would your community or organization rely on, from both public and private stakeholders, to implement recovery plans?
8. What recovery activities will continue after your community transitions from long-term recovery to the "new normal?"

Public Safety/Emergency Management

9. Who makes the decision on reponing of affected areas? How is that communicated?
10. How has the structure of the unified command changed since the first day of the incident? Have there been additional participants added to the UC? What does it look like?
11. Are there potential ways coordination of information and resources at the local level could be enhanced? If so, what might they be?
12. What activities might partner agencies such as the hospitals and healthcare organizations participate in to gain a higher level of understanding of emergency operations during a complex incident?
13. What activities are necessary for documenting funds spent on response and recovery operations? Who is responsible for making sure the tracking of costs related to the incident? Why is that necessary?

Healthcare Coalition (HCC)

14. At this point, what assistance and support would the healthcare coalition be offering and/or providing?
15. Would you activate your regional surge plan(s)? What communications, alerts, or notifications would you sending and communicating with other healthcare facilities in your region?
16. If additional resources are needed beyond what the healthcare coalition can provide, what other options exist for obtaining resources?

Healthcare

17. If a surge of concerned citizens requires additional screening areas or treatment space (e.g., community screening centers, alternate care sites) how are these capabilities initiated?
18. If municipal water has been contaminated and deemed unused, how would you conduct decon. operations? What contingencies do you have in place?
19. If patients present requiring decon. and treatment that have access or functions needs, what plans and procedures does your facility have to support these patients?
20. What special considerations are there if a first responder presents in your facility from the fire scene requiring medical attention?
21. How you are obtaining and sharing information, internally and externally?

Public Health

22. How have your priorities changed between Module 1 and 2?
23. What does ongoing management of the Public Health and environment health response look like?
24. What essential elements of information would you need for the ongoing response?
25. Now that you are starting to receive results from the sampling activities on Day 1, what standards will be used to compare the analytical results to assess public health concerns?
26. What factors should be considered when deciding whether to issue any public or environmental health advisories (e.g., recreation or fish consumption)?

Public Works/Engineering/Utilities

27. With the information provided above what questions do you have for your Emergency Management or locality partners regarding chemicals, firefighting efforts, or the potentially impacted watersheds?
28. At this point in the response how or from who would you be getting information from?
29. At this point in the response what are your actions to inform decision making?
30. If you have consecutive systems, what coordination have you initiated with them?

31. Have you issued any advisories? If not, why not? If so, who and how did you coordinate that messaging with?
32. How are you coordinating messaging with locality partners regarding your decision making for your customers?

Environmental Response

33. Now that you are starting to receive results from the sampling activities from module 1, what standards will be used to compare the analytical results to assess public health concerns?
34. What factors should be considered when deciding whether to issue any public or environmental health advisories (e.g., recreation or fish consumption)?

Public Information & Warning

35. Is there anyone else that should be added to the JIT
36. Does the lead for the JIT stay the same or should it transition to another agency?
37. What additional messaging is needed? Has the audience changed?
38. How will these new messages be transmitted? News release, social media, press conference, etc.?
39. What additional information does the JIT need from Operations to complete this messaging. How will the JIT get that information?
40. Will the spokesperson(s) change?
41. How will we update the public on evolving information?
42. What are the biggest communications challenges? How will the JIT address them?

APPENDIX A: PARTNER FACT SHEETS

(VDH OFFICE OF DRINKING WATER, VDH OFFICE OF ENVIRONMENTAL HEALTH-TOXICOLOGY PROGRAM, DEPARTMENT OF ENVIRONMENTAL QUALITY)

Virginia
Emergency Support
Function #3

VDH VIRGINIA DEPARTMENT OF HEALTH
Office of Drinking Water

ODW Mission Statement:

We protect public health and help ensure all Virginians have a safe and adequate supply of drinking water. We accomplish this mission by:

1. Serving as Virginia's advocate for safe drinking water
2. Monitoring drinking water quality
3. Applying engineering judgement
4. Providing technical assistance and training with respect to all drinking water issues
5. Financing improvements to drinking water systems, seeking funding sources for drinking water projects.
6. Enforcing drinking water regulations and standards of the Virginia Public Water Supply Law and the federal Safe Drinking Water Act.

Key Contacts:

Dwayne Roadcap, Director
Dwayne.roadcap@vdh.virginia.gov; (804) 338-0371
Bailey Davis, Chief of Field Operations
Bailey.davis@vdh.virginia.gov; (804) 928-4811
Jessica Coughlin, Emergency Services Coordinator
Jessica.coughlin@vdh.virginia.gov; (804) 340-9759

VDH ODW FAQs:

- **ODW regulates 2,825 waterworks in Virginia.**
  - 20 of the largest waterworks serve over 55% on the population.
- **What is a public waterworks?**
  - Provides piped water for human consumption to at least 15 connections OR regularly serves an average of 25 persons per day for at least 60 days of the year (restaurant, motels, parks, breweries, wineries, wedding venues, campgrounds, and marinas)
- **We have 5 central office programs and 6 Field Offices**
  - **Central Office:**
    - Training, Capacity Development and Outreach (TCDO); Compliance, Enforcement and Policy; Emergency Services; Financial and Construction Assistance Program (FCAP); Technical Services
  - **Field Offices:** See Map

FACT SHEET

DEQ and Drinking Water

Overview

DEQ protects and enhances Virginia's environment and promotes the health and well-being of the citizens of the Commonwealth. DEQ plays a role in protecting Virginia's drinking water sources by fulfilling a set of core responsibilities in key areas, including: monitoring, permitting, inspections and investigations, and compliance and enforcement.

Core Responsibilities

MONITORING	PERMITTING	INSPECTIONS & INVESTIGATIONS	COMPLIANCE & ENFORCEMENT
Monitor Air, Land & Water + Share Data With Stakeholders	**Issue Permits Protecting Public Health & Environment**	**Inspect & Investigate Sources of Pollution to Assess Compliance**	**Take Compliance & Enforcement Actions Against Non-Compliance**
Monitor Virginia's rivers, lakes and tidal waters annually by collecting and analyzing samples for > 130 pollutants. Support determinations on whether waters can be used for swimming, fishing and drinking.	Regulate water pollution in Virginia by issuing various types of permits for discharges of pollutants to state waters from point source and non-point source discharges.	Conduct routine inspections of permitted facilities and investigate reports of pollution-related incidents submitted by responsible parties, citizens, NGOs, and local, state and federal partners.	Execute compliance and enforcement actions that are effective, timely and appropriate, consistent and certain, fair and reasonable. Bring parties subject to a violation into compliance and preclude continuing violation.

Pollution Response Program (PREP)

- Available 24-hours via Virginia Department of Emergency Management's (VDEM) Watch Center: 800-468-8892
- Maintains PREP Coordinators in six regional offices across the state for the investigation of pollution incidents.
- Investigates pollution-related incidents to determine pollution sources and responsible parties.
- Investigates large-scale fish kills.
- Notifies other state agencies and localities about pollution-related incidents, as necessary.
- Notifies VDH's Office of Drinking Water and downstream water intakes of pollution impacts to surface waters.
- Serves as the State On-scene Coordinator (SOSC) when a unified command is formed in response to a significant pollution event; this role is shared with VDEM when immediate hazards to life and property are present.
- Maintains a close working relationship with EPA's Federal On-Scene Coordinators (FOSCs) assigned to Virginia.
- Provides regulatory and technical support to responsible parties and localities in the management of pollution incidents.
- Maintains limited capacity to engage cleanup/response contractors when responsible parties are unknown, unwilling or incapable in responding to pollution incidents.

February 2025 DEQ.Virginia.gov

VDH VIRGINIA DEPARTMENT OF HEALTH

Public Health Toxicology

The Public Health Toxicology Program in the Virginia Department of Health's Office of Environmental Health Services works with communities and various state and federal agency officials to determine if contaminants in the environment are a health hazard.

Public Health Toxicology Mission:

1. Protect public health by ensuring Virginians are protected from chemicals in their environment.
2. Serve as subject matter experts and advise other VDH programs, local health districts, and state agencies when chemical releases occur.
3. Answer questions from the public about their exposure to chemicals.
4. Prepare guidance documents, fact sheets, and other materials to help educate Virginians about risks of chemical exposures.

Key Contacts:

Dwight Flammia, PhD, State Public Health Toxicologist
dwight.flammia@vdh.virginia.gov, (804) 864-8127

Amy Hayes, PhD, Health Assessor
amy.hayes@vdh.virginia.gov, (804) 864-8187

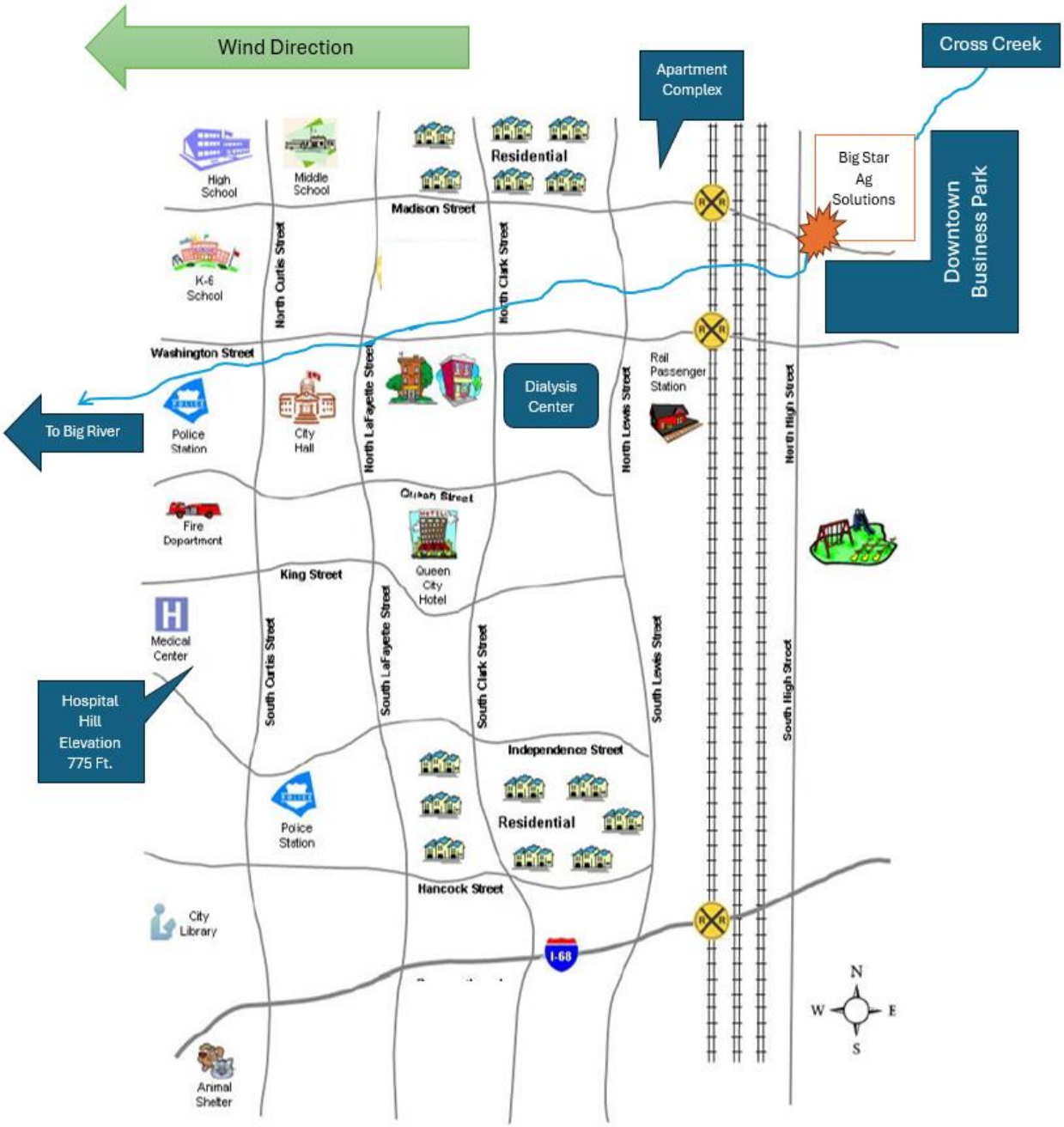
Cassie McBryde, MPH, Health Educator
cassandra.mcbryde@vdh.virginia.gov, (804) 963-2768

Toxicology general contact information
toxicology@vdh.virginia.gov, (804) 864-8182

VDH Toxicology FAQs:

- **What is toxicology?**
  - Toxicology is the science of determining health risks from exposure to chemicals.
- **Where is the toxicology team located?**
  - We are part of the Office of Environmental Health Services and are located at central office, 109 Governor St, Richmond, VA 23219.
- **When should I contact toxicology?**
  - Any time there is a situation involving exposure to chemicals, please reach out to toxicology by calling (804) 864-8182 or emailing toxicology@vdh.virignia.gov

APPENDIX B: INCIDENT MAP



APPENDIX C: MEDIA RELEASE TEMPLATE/EXAMPLE

FOR IMMEDIATE RELEASE Month XX, 202X
Media Contact: [Name], [email]

VDH Issues Recreational Water, Fish Consumption Advisories for [Name of waterways]

Public Advised to Avoid Contact with Contaminated Water

RICHMOND, Va. – The Virginia Department of Health (VDH) is issuing a recreational water advisory and a fish consumption advisory for [name of waterways]. For the safety of people and pets, VDH is advising that recreational water activities, such as swimming, wading, tubing, canoeing, kayaking, and boating should be avoided. Additionally, VDH recommends not consuming any fish taken from these waterways effective [day, month date] until further notice.

The advisories are issued out of an abundance of caution due to [reason why advisories]. The advisories extend from [one boundary] to [another boundary].

[summary of event] For updates on the situation, please visit the [address of incident page].

VDH has observed no evidence of impacts to drinking water at this time.

Due to the variety of chemicals involved VDH is still learning what adverse health effects someone may experience. Ingesting, touching, or breathing chemicals released during the incident are ways the public may be exposed. It is advised to stay away from the impacted area and to contact your medical practitioner if you feel like you have been affected.

To prevent recreational water illnesses due to exposure to [type of event] events, people should:

- Avoid contact with water in the advisory area and observe advisory signage posted at waterbody access points,
- Avoid any area of the waterbody where there is water with a foul [or chemical] odor, dead or dying fish, or discolored water,
- Promptly wash skin with soap and water if you cannot avoid contact with water in the vicinity, and
- Rinse or wash items that come into contact with the water, including clothing, fishing gear, life vests, ropes and paddles.
- Seek medical care and notify your practitioner of the waterbody exposure if you experience adverse health effects after contact with the waterbody.

For more information on recreational water safety, visit www.SwimHealthyVA.com.

APPENDIX D: ACRONYMS

Acronym	Definition
AAM	After Action Meeting
AAR	After Action Report
ADA	Americans Disabilities Act
ASTDR	Agency for Toxic Substances and Disease Registry
WED	Automated External Defibrillator
A/V	Audio/Visual
BT	Bioterrorism
CBERS	Community-Based Emergency Response Series
CBRNE	Chemical, biological, radiological, nuclear, and high-yield explosives
CDC	Centers for Disease Control and Prevention
CE	Continuing Education
CME	Continuing Medical Education
COMO	Office of Communication
COOP	Continuity of Operations Plan
COMLINC	Commonwealth Link to Interoperable Communications
COV	Commonwealth of Virginia
CPR	Cardiopulmonary Resuscitation
CRASE	Civilian Response to Active Shooter Events
DCLS	Division of Consolidated Laboratory Services
DHRM	Department of Human Resources Management (COV)
DHS	U.S. Department of Homeland Security
DGS	Virginia Department of General Services
DOJ	Department of Justice
ECC	Emergency Communication Center
EEGs	Exercise Evaluation Guides
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPI	Epidemiology
EPR (EP&R)	Emergency Preparedness Response (Emergency Preparedness and Response)
ERG	Emergency Response Guidebook (US Department of Transportation)
ESF	Emergency Support Function
ESSENCE	Electronic Surveillance System for the Early Notification of Community-based Epidemics
EUA	Emergency Use Authorization (US Food and Drug Administration)
F&A	Facilities and Administrative
FDA	Food and Drug Administration (US
FEMA	Federal Emergency Management Agency (US)
TE	Full Time Equivalent
FIPS	Federal Information Processing Standard (State, County and City Code)
GA	General Assembly
HAN	Health Alert Network
HCC	Hospital Command Center

HazMat	Hazardous Material
HIPPA	Health Insurance Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Commander
ICS	Incident Command System
IMAT	Incident Management Assistance Team
IMT	Incident Management Team
IT	Information Technology
JIC	Joint Information Center
JIS	Joint Information System
JIT	Joint Information Team
JITT	Just In Time Training
LHD	Local Health Districts
L&L	Lunch and Learn
MCI	Mass Casualty Incident
MCM	Medical Countermeasures
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MPH	Master of Public Health
MPOX	Monkeypox
MRC	Medical Reserve Corps
NACCHO	National Association of County and City Health Officials
NIMS	National Incident Management System
NVERS	Northern Virginia Emergency Response System
OCME	Office of Chief Medical Examiner
OCOM	Office of the Commissioner
ODW	Office of Drinking Water
OEM	Office of Emergency Medical Services
OEP	Office of Emergency Preparedness
OEH	Office of Environmental Health Services
OEMS	Office of Emergency Medical Services
OEPI	Office of Epidemiology
OFHS	Office of Family Health Services
OFM	Office of Financial Management
OHE	Office of Health Equity
OHR	Office of Human Resources
OIM	Office of Information Management
OIA	Office of Internal Audit
OLC	Office of Licensure and Certification
OPGS	Office of Purchasing and General Services
ORH	Office of Radiological Health
OSHA	Occupational Safety and Health Administration
PHEP	Public Health Emergency Preparedness
PHF	Public health Facility
PHI	Protected Health Information

PFAS	Per-and Polyfluorinated Substances
PPHR	Project Public Health Ready
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing (Dispensing Site)
PPE	Personal Protective Equipment
Q&A	Questions and Answers
RAHD	Rappahannock Health District
RedCap	Research Electronic Data Capture
RFP	Request for Proposals
RRHD	Rappahannock-Rapidan Health District
RIOS	Radio Interoperability System(s)
RSS	Receive, Stage, and Store (the functions and warehouse for incoming SNS materials)
SitMan	Situation Manual
SMART	Specific, Measurable, Attainable, Realistic, and Timely (measures of performance in an evaluation process)
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOP	Standard Operating Procedures
STARS	State Agency Radio System
SW	Southwest
TNA	Training Needs Assessment
TtT	Train-the-Trainer
TTX	Tabletop Exercise
VDEM	Virginia Department of Emergency Management
VDH	Virginia Department of Health
VEOC	Virginia Emergency Operations Center
VES	Virginia Epidemiology Seminar
VEST	Virginia Emergency Support Team
VHASS	Virginia Healthcare Alerting & Status System
VHEMP	Virginia Healthcare Emergency Management Program
VITA	Virginia Information Technologies Agency
VRS	Virginia Retirement System
VSP	Virginia State Police
WMD	Weapons of Mass Destruction