Virginia Unified Command
In Response to a Public Health Emergency

Bob Mauskapf
Director, Office of Emergency Preparedness
Commissioner’s Code Authority

§§ 32.1-42 / 32.1-13 authority to promulgate orders to meet any emergency.

§§ 32.1-48.01- 48.04 Isolation/Quarantine authority.

§§ 32.1-42.1 / 54.1-3408 authorizes persons not ordinarily authorized to do so to administer and dispense medications.

§§ 54.1-2506.1 / 54.1-2910.1 18VAC76-40-20 address the provision of emergency contact information by health care providers.

§§ 32.1-46.01 / 32.1-47 / 32.1-48. Immunization authority

§ 32.1-283. Chief Medical Examiner authority to declare cause of death.
VDH Communication Systems

Health Alert Network (HAN)
Secure (Federal, Secret Level) Voice / Fax
Medical Countermeasure Distribution Management
Volunteer Management System
Video Teleconferencing
Satellite Phones and Data
HF, UHF and VHF Radio Systems
RIOS/ComLink Remote Radio Control System
VA. Hospital Alerting and Status System (VHASS)
WebEOC
24/7 Hotline
Priority to Landline and Wireless (GETS)
Search for the Perfect Communications System
( Reliable, Redundant, Reasonable, Scalable, Mobile)
Virginia HPP Overview

Virginia Hospital and Healthcare Association Regions (VHHA)

Hospital Preparedness Program (HPP)

The Virginia Department of Health partners with The Virginia Hospital and Healthcare Association to engage community partners.

- Central
- Eastern
- Far Southwest
- Near Southwest
- Northern
- Northwest
RHCC Functions/Responsibilities

Facilitate uniform situational awareness
Provide central coordination of regional response activities
Coordinate regional sharing of healthcare resources
Disseminate information within the region at the request of VDH
Coordinate diversion status/patient distribution within the region
Collect information from the region for VDH and as needed to coordinate regional activities
Provide situation reports to VDH
Request needed assets from other regions & the State.
Healthcare Coordinating Function

State EOC
VDEM – (ESF-8 Seat)

VDH ECC
ESF-8 Coordinating Center
(Hospital Seat)

Six Regional Hospital Coordinating Center (RHCC)

Individual Hospitals in each Region

Local EOC
(City/County)

VDH/VDEM defines scope of activities and information exchange at this level.

Contact between the healthcare provider system and the statewide emergency response system. Provide an interface through the VDH/ECC to the EOC.

As defined in this plan, specified levels of information exchange and coordination of state provided resource distribution will be established between VDH/ECC and the RHCC.

RHCCs serve as the contact between regions and the VDH/ECC. They may be activated through direction of VDH.

Each region defines level of information exchange and scope of medical coordination authority granted to the RHCC.

RHCCs serve as the contact between regions and the VDH/ECC. They may be activated through direction of VDH.

Each hospital identifies the contact point and access procedures to the local (City/County) Emergency Operations Center (Note: the ESF-8 seat in the local EOC is the likely contact point for hospitals). Also they identify what level of support can be expected and define the requesting process.
Dashboard
Alerts
ESF-8 Support Agencies

Virginia Hospital and Healthcare Association
Department of Emergency Management
Department of Agriculture and Consumer Services
Department of Environmental Quality
Department of General Services / State Lab
Department of Health Professionals
Department of Behavioral Health & Developmental Services
Secretary of Public Safety and Homeland Security
Secretary of Military and Veterans Affairs
Virginia State Police / Virginia Fusion Center
Department of Social Services
Department of Forestry
Department of Game and Inland Fisheries
City, Town and County Governments
Hazard - Vulnerability Analysis

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
Similar Overarching Objectives for H1N1 and EVD

Timely and effective top-down guidance
Clear, measurable and achievable incident action plans / situation reports
Effective coordination with local, regional, state, and federal partners
State leadership situational awareness
Accurate, useful, prudent and timely information to the general public
Sustaininment of VDH central office, regional and LHD incident management teams
Coordination with the healthcare community
Effective use of available communications systems
Fatality management planning (mass vs. individual-high threat)
Identifying potential areas for improvement and necessary corrective actions.
Extensive demonstration of state laboratory (LRN) importance
Continued monitoring of supply chains (vaccines/meds vs. PPE)
## Different Focus --- Better Organization & Planning

<table>
<thead>
<tr>
<th>H1N1</th>
<th>EVD</th>
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</thead>
<tbody>
<tr>
<td>Focus: medical countermeasure, COOP, disease surveillance</td>
<td>Focus: healthcare community, EMS, active monitoring, medical waste</td>
</tr>
<tr>
<td>Target population: all, but focus on children and other high risk</td>
<td>Target population: returning travelers and their contacts</td>
</tr>
<tr>
<td>Sector-specific guidance and information to clinicians, hospitals,</td>
<td>Communications directed to healthcare community and public</td>
</tr>
<tr>
<td>businesses, schools, and others</td>
<td></td>
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<tr>
<td>Parallel health and emergency management organization structure</td>
<td>Unified command</td>
</tr>
<tr>
<td>Separate health and emergency management plans</td>
<td>Unified plan, based on H1N1 experience and lessons learned</td>
</tr>
</tbody>
</table>
Three EVD Scenarios to Consider in Virginia

I. Individual arrives at Dulles with symptoms consistent with EVD (or likely exposure) and travel history to affected areas

II. Individual presents to Virginia hospital with symptoms consistent with EVD and a travel history to the affected areas

III. Traveler under monitoring reports symptoms to LHD

IV. Individual with EVD identified in another state but had contact with Virginians
Ebola PLAYBOOK

Pre-scripted Communications

DRAFTS

- Emergency Declaration
- Incident Action Plan
- Event notification/ SitRep
- Media Releases / Messages
- Message Map
- Clinician Letters
- Conference call agenda
- Templates
- Key “canned” items
- CDC and other Technical Reports

Other Considerations

Audiences
FINAL Approval process(es)
VDH roles, responsibilities
Communicate effectively
Educate
Environmental impact
Allocation of resources
BACKGROUND

• Virginia EVD UC established in October 2014.
• Initial UC Exercise / In-progress Review (IPR) conducted for the period of October 2014 - December 2014
• Second (Statewide) Exercise / IPR conducted for the period through May 2015
• Third IPR conducted September 2015
• Response/gaps obtained from these reviews set the ongoing direction for UC
Virginia EVD Unified Command Goals

• Organize statewide preparedness and response efforts

• Educate public and first responders

• Identify known gaps in preparation for response

• Coordinate response with local, state, federal, and private partners
EVD Unified Command Objectives

- Coordinate Situational Awareness
- Coordinate interagency actions (VDH / VDEM)
- Coordinate Risk Communications / VA.211 (VDH ORCE / VDEM / JIC)
- Coordinate efforts with neighboring jurisdictions (All)
- Local preparedness assessments (VDH OEP / VDH CHS)
  - Local roles and missions (VDEM)
- Pet quarantine / management
- Expand /define Unified Command (VDEM / VDH)
- Post-arrival tracking (VDH OEpi & Local Health Districts)
- Laboratory testing and transportation of samples (DCLS, DGS)
- Personal protective equipment status / availability (VDH OEP / VHHA)
  - Supply chain status tracking (VDEM)
  - Function-specific guidance (VDH OEpi)
- Emergency medical services’ transportation of patients (VDH OEMS)
- Medical waste disposition (DEQ)
  - Hazmat response in non-healthcare settings (DEQ)
- Fatality management (VDH OCME)
- Behavioral health (DBHDS)
- Healthcare coalition preparedness and response (VDH OEP / VHHA)
- Training and Exercises (VDEM)
- Access to Gov-authorized funding (VDEM / Executive Action)
Battle Rhythm

Operational Tempo for Ebola Unified Command

Monday

- Monthly Situation Report to State Leadership

Tuesday

- Weekly Section Reports for Sit Rep due by COB
- Weekly Unified Command SitRep 4 p.m.
- Slides due by noon for unified command briefing

Wednesday

- Monthly Unified Command Briefing (virtual) 10 a.m.
- Monthly VDH IMT Meeting 11 a.m.

Thursday

- VDH Conference Call with local health districts 2 p.m. (Bi-weekly or weekly as needed)

Friday


## Gaps

<table>
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<tr>
<th>Gap</th>
<th>Assignee</th>
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<tr>
<td>Complete hospital assessments</td>
<td>Hospital/EMS Branch</td>
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<tr>
<td>Complete hospital training provided by CDC and HHS</td>
<td>Hospital/EMS Branch in coordination with Training/Education Branch as necessary</td>
</tr>
<tr>
<td>Finish PUI management guidance through testing/building/maintaining and expand this guidance to HHS Region III and state CONOPS</td>
<td>Epi and Hospital/EMS Branches</td>
</tr>
<tr>
<td>Find a location to dispose Category A medical waste</td>
<td>ESF-10 Branch</td>
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### Gaps Cont’d

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<tr>
<td>Obtain lessons learned from the Monitoring Program and institutionalize them</td>
<td>Epi Branch</td>
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<tr>
<td>The monitoring of those quarantined to be finalized with VADOC and response to Alexandria EM made regarding their request</td>
<td>Logistics Section</td>
</tr>
<tr>
<td>Housing for those quarantined needs to be identified</td>
<td>Regional Coordination Branch (VDEM/VDH and local counterparts)</td>
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## Gaps Cont’d.

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<td>Continued discussion on quarantine is needed at all levels of government to include the issue of voluntary vs. involuntary, who enforces the order and how, due process, funding for those under quarantine, etc.</td>
<td>Regional Coordination Branch (VDEM/VDH and local counterparts)</td>
</tr>
<tr>
<td>Need to institutionalize a mechanism to streamline and improve information sharing between Secretariats and with the Governor’s office as well as with partners not part of the UC structure (e.g., hospitals).</td>
<td>Planning Section</td>
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Questions?

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