Local Emergency Planning Committee Meeting
Hampton Roads Kroc Center – 1401 Ballentine Blvd.
July 17, 2019 – Agenda

1. Active Threat in the Workplace Discussion/Exercise

2. National Disaster Medical System (NDMS) Brief – Mr. Bart Allen

3. Roundtable Announcements
Local Emergency Planning Committee Meeting  
*Hampton Roads Kroc Center*
*July 17th, 2019, 1-3pm*

**Minutes**

**Welcome / Introductions (Steven Pyle)**

**Active Threat Exercise**
The group participated in an active threat in the workplace exercise using a scenario similar to the mass shooting that occurred in the City of Virginia Beach. Members were asked to attend with their organization/department plans and procedures in order to update any existing gaps in their current plans. The discussion included how to recognize the potential for workplace violence and what steps should be taken by staff once an individual has been terminated. Additionally, the group discussed the recommended response to an active shooter to include: best practices for evacuation, what information to provide to law enforcement and what to do once they arrive. Special thanks to Lt. Michael Lovely and Officer Vincent Tocco with Norfolk Police Department; Police Chief David Huffman, Norfolk International Airport; and Linda-Marie Childress and Jennifer Wright, City of Norfolk Human Resources for their assistance with facilitating and answering questions.

*Exercise discussion slides attached with the minutes.*
*Updated Offboarding Checklist attached with minutes.*

**National Disaster Medical System (NDMS) Presentation**
Mr. Bart Allen, Naval Medical Center Portsmouth Emergency Manger, presented to the group on how the National Disaster Medical System responds when mass casualty medical care is needed. NDMS is a federally coordinated system that augments the nation’s medical response capability. The NDMS has teams pre-positioned and able to respond anywhere within 12 hours of a request. They can respond to disasters, major special events, or support any state or local entity that needs increased medical support.

*Presentation attached with the minutes.*

**Roundtable**

**Training Opportunity**

**Stop the Bleed**
Norfolk Fire-Rescue will be offering Stop the Bleed training at the Norfolk Fire-Rescue Training Center located at 7120 Granby Street. Two sessions will be offered each Wednesday beginning mid-August from 8:30am – 11:30am and 1pm – 4pm. City staff can expect an email with detailed information and the link to register in the near future.

**Incident Command Systems (ICS) 100 Training**
The Emergency Operations Center will begin providing in-class ICS 100 training. This course is open to Team Norfolk and is for anyone with a direct role in emergency preparedness, incident management or response. All sessions are 8:00am – 12pm at the Norfolk Workforce Development Center. If you or someone from
your staff would like to participate in this training, please follow the instructions below to obtain your FEMA student ID and select one of the below training dates.

**Attendees should obtain a FEMA student ID to receive formal credit for the course.**
- Student ID can be obtained here: [https://cdp.dhs.gov/femasid/register](https://cdp.dhs.gov/femasid/register)
- Please bring Student ID to the course

**July 23:** [https://www.eventbrite.com/e/ics-100-training-workforce-development-center-tickets-57730833477](https://www.eventbrite.com/e/ics-100-training-workforce-development-center-tickets-57730833477)

**September 19:** [https://www.eventbrite.com/e/ics-100-training-workforce-development-center-tickets-57730616829](https://www.eventbrite.com/e/ics-100-training-workforce-development-center-tickets-57730616829)

**November 21st:** [https://www.eventbrite.com/e/ics-100-training-workforce-development-center-tickets-57730990948](https://www.eventbrite.com/e/ics-100-training-workforce-development-center-tickets-57730990948)

**Survey**
We want to hear your suggestions for future LEPC meetings! Attached to the minutes is a brief LEPC Topics and Presentation Survey. Please take a moment to check off topics that you would be interested in learning more about. Completed surveys can be emailed to Karen Lovely at [Karen.Lovely@Norfolk.gov](mailto:Karen.Lovely@Norfolk.gov).

**Local Emergency Planning Committee Schedule**
Effective January 2018, the Local Emergency Planning Committee (LEPC) moved to a bi-monthly schedule for meetings. The meeting will still occur on the third Wednesday of the month from 1 – 3pm. There has been interest in varying the location where the LEPC meetings are held. If your organization is interested in hosting an LEPC meeting, please contact Karen Lovely at [Karen.Lovely@Norfolk.gov](mailto:Karen.Lovely@Norfolk.gov).

**Adjourn**
## Local Emergency Planning Committee Meeting

**Hampton Roads Kroc Center**  
**July 17th, 2019, 1-3pm**

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# The City of Norfolk

## Offboarding Checklist

Employee Name: _______________________  Termination Date: ____________

<table>
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<tr>
<th>ACTION ITEMS</th>
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<tr>
<td>Obtain signed resignation letter in writing from employee</td>
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<tr>
<td>Complete Personnel Action Form (PAF) and submit to Human Resources</td>
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<tr>
<td>Submit Requisition in NeoGov (request to fill position); or Position Management Routing Sheet (PMRS) to HR Analyst</td>
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<tr>
<td>Offer exit interview (contact HR Analyst)</td>
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<tr>
<td>Submit Offboarding request in Laserfiche</td>
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**Terminate Access:**
- username
- email account and distribution lists
- long distance access code
- voicemail
- network
- building
- Department/office specific systems
- Other

**For Requests to Immediately Terminate Access:**
- Select the "Urgent Termination" option in Laserfiche
- Auto-email notices will be generated and sent to the appropriate security groups

**Collect City issued items**
- cell phone
- laptop/computer
- ID badge
- uniforms/equipment
- office/building/file cabinet keys
- parking pass
- purchase card

**Notify appropriate individuals of termination – Department(s)/Office(s), clients, vendors, etc.**

**Redistribute employee’s day-to-day tasks to another employee/team member**

**Forward phone calls and set up an out-of-office voicemail message**

**Set up an auto-forward and out-of-office auto-reply on their emails until deactivated**

**Remove employee’s personal items (may store for employee to pick up later)**
LEPC Topics and Presentations Survey

Please help us to better serve your planning needs and build your preparedness toolkit by indicating what topics you'd be interested in learning more about.

I'd like the LEPC meetings to focus more on... (choose all that apply):

- Hands-on training
- Presentations
- Tabletop exercises
- Reviewing plans / policies / protocols
- Other_____________________

I'd like to learn more about (choose all that apply):

- Cybersecurity
- Active threat
- Hazmat
- Public Health (epidemiology, points of dispensing, environmental, etc)
- Mass casualty
- Transportation
- Utilities (energy, water, etc)
- VOAD / Nonprofit partner organizations
- Military preparedness
- Civil unrest
- Weather phenomena (storms, flooding, climate change, etc)
- Preparedness planning for community events
- Maritime planning
- Mass care
- Emergency Support Functions (ESFs)
- Technology / Communication / Situational awareness (products, trends, etc)
- Responders planning and M&T
- Other_____________________

I have a contact(s) to a great speaker / instructor (please provide name, email, phone, and topic(s) individual presents / trains on):

______________________________

______________________________

Thank You!
Objectives

- Awareness, understanding & review of plans, procedures, policies for responding to an active threat incident
- Assess needs and capabilities
- Understand & improve coordination
- Learn from other organizations
- Build decision-making confidence
Discussion Rules

- Don’t fight the scenario – just go with it
- No right or wrong answers
- Utilize your organization’s plans, procedures & policies
Scope of Discussion

• Initial incident overview & 3 phased updates/discussion questions that’ll involve the lead up, immediate response & post-incident

• Designate one representative from each table to share 2 key takeaways for each phase
Initial Scenario

- A team member of your finance department, who has been with your company for fifteen years, has just had his employment terminated. As he is escorted out of the building by security on Friday afternoon, he tells them they will regret treating him in this manner.
Phase 1 Questions – 15 Minutes

- *Not all-inclusive – these give you a starting point & additional discussion will branch off (goes for all phases)*
- Who should be informed of this behavior and/or termination?
- What concerns might you have?
- When this employee is fired, what actions/steps do you take, as a supervisor, in accordance with your organization’s policies and procedures?
Update 2

- Shortly after 9:15am Monday morning, a popping sound is heard within the building. An employee runs into your office shouting that there is an individual firing a gun on the first floor. You decide to shelter in place and secure the immediate area with three co-workers. The popping noises now seem to be coming from your floor with yelling and screaming outside the door. A person is knocking frantically on your door to take shelter and is attempting to open the door followed by several loud shots. After a few minutes of silence, it appears that the shooter may have moved on.
Phase 2 Questions – 15 Minutes

• What information will you give the 911 Dispatcher?
• How will your employees be notified of the incident + communicated about evacuation or shelter-in-place actions?
• What actions will you take to ensure your office remains as secure as possible?
• What will you do about the person outside your door?
Update 3

- For nearly 45 minutes, there is no sound from outside your door. Employees are receiving calls from family members and friends who have learned of the shooting via various media outlets. Emergency personnel can be seen outside. Several employees express interest in leaving or helping others throughout the building who are injured.
Phase 3 Questions – 15 Minutes

- Are you (or your co-workers) trained to provide any medical assistance until Fire-Rescue or Police arrive?
- Who is responsible for deciding when it is safe/appropriate to leave the shelter in place area?
- Would your key-card access get you into/through other parts of the building?
- Would you attempt to locate your phone and call someone for an update while waiting?
- How do you inform employees’ families that there’s been an incident and their loved ones have been injured, or worse, died?
Law enforcement personnel arrive outside your area & direct you to evacuate the building. Multiple employees have been transported to local hospitals or are unaccounted for currently. Social media posts are starting to pop up that insinuate five of your employees may have succumbed to their injuries. In addition, local & national media trucks are on-site and wanting to interview a company representative. The building is designated a crime scene & is closed to all non-investigative personnel for a week.
Phase 4 Questions – 20 Minutes

- How do you handle employees who are unaccounted for, and their family/friends who may be calling? What about false rumors being perpetrated as facts by people who are ill-informed and afraid, perhaps inadvertently panicking wider audiences unnecessarily?

- Who is your liaison or dedicated team members to handle media inquiries?
  - What information will you give them?

- What essential functions need limited or no interruption?
  - How will your employees be notified of work-status updates?
  - How would you assist employees getting home or calling their family members if they leave their personal belongings inside the building?
  - Are you able to process payroll?

- What customer & vendor impacts do you anticipate because of this update?
  - Who will communicate the impacts?

- Can you provide employee resources (counseling, etc.) for those affected by the incident? Or will you look to the city to provide these services?

- Who in your organization/department is responsible for accountability of personnel, and who do they report that to?
Training Point of Contacts

- Norfolk Police Department
  - Active Threat Response & Residential/Business Security Surveys
  - Community Affairs Section
  - 757-664-6901
  - PD-CommunityAffairsSection@norfolk.gov

- Norfolk Fire-Rescue
  - Stop the Bleed & Hands-only CPR
  - 757-664-6510
CPDP Depends on AE HUB and Spoke model

Together, we deliver.
CONTINGENCY OPERATIONS

Inbound Missions: Each inbound mission (C-17 or C-130 aircraft) will carry approximately 2-4 Critical Care/Intensive Care Unit (ICU) patients accompanied by Critical Care Air Transport Teams (CCATTs), 15-25 litter patients, and 15-30 ambulatory patients.

Outbound Missions: Each outbound mission (aircraft) will carry approximately 1-2 Critical Care/ICU patients accompanied by CCATTs, 5-15 litter patients, and 10-20 ambulatory patients.

Patient Reception Area (PRA) Stay Times: Average PRA patient stay times in the NMCP FCC are 72-hours to 7-days.

En-Route Patient Staging System (ERPSS): USTRANSCOM and AMC will establish ERPSS operations at NS Norfolk/Chambers Field to receive and launch C-17 and C-130 PM missions.
CONUS PATIENT DISTRIBUTION PLAN
(Contingency)

Mission: On order, USTRANSCOM, in coordination with mission partners, conducts CONUS patient distribution operations in support of large scale military operations to safely move DoD eligible, or designated patients to definitive medical care.

End state: All patients are tracked and safely moved to definitive medical care
AE HUB Operation

Patients arrive at Destination Spokes from AE HUB. These include DOD PRC (i.e. Fort Bliss, Fort Hood, San Diego) or NDMS FCC PRT at (i.e. SFO, SLC, SA, Houston, Indianapolis, Pittsburg, Charlotte, Baltimore, Boston)

Patients are “through regulated” to destination from OCONUS or DOD MTF by PMRC

Flight-Line Operations include DOD MTF PRT ICW ERPSS to load patients on to waiting ambulance on to Staging Area for onward movement. There is no reduction in level of care during en route transfers.

ERPSH holds non-ICU patients for onward movement

To DOD MTF for Stabilization (72 hr.)

Back to airfield for onward movement

To Civilian Hospital for definitive care (20 day)

Patients Arrive at AE Hub from OCONUS

Local Transportation DOD PRC coordinates local transport from airfield to DOD/Tricare Network beds. FCC Coordinator coordinates local transport from airfield to NDMS beds.

Civilian Hospitalization DOD Tricare Network

Civilian Hospital NDMS Network
Defense Support for Civilian Agencies (DSCA) Federal Patient Evacuation

Event/Incident Area

NDMS Partner Hosp

Federal Coordinating Center (FCC) DoD/VA

HHS JPATS

Patient Reception Area

TRAC2ES - ITV

TACC

DSSP

PARR

State EOC

NDMS PATIENT MOVEMENT VISIBILITY

STATE/HHS/APOE

USTRANSCOM

FCC/HHS/STATE/APOD

APPD

Patients

PARR

Manifest

APPE
Patient Reception Area (RPA)

PRA is a geographic locale containing one or more airfields or bus stations that provides adequate patient staging facilities and patient transport assets to support patient reception and transport to pre-identified, non-federal, acute care hospitals capable of definitive care.

The Primary airfield Aerial Port of Debarkation for South Eastern VA PRA is Chambers Field, Naval Station Norfolk ☘️

• NMCP staffs the PRA with Patient Reception Teams (PRT) consisting of clinical staff members, administrative and logistical support staff.

• Patient Reception Teams include:
  Patient Administration Team
  Medical Logistic Team
  Public Relations Support Team
  Financial Claims Team
  Communication Support Team
  Litter Bearers Team
  Transportation Team
Expecting Large Military Aircraft? REALITY
>SMILE<

One Team...One Purpose!
Questions???