

TEAM NORFOLK



Emergency Operations &

Resilience Framework

Hazard-Specific Annex

Public Health Emergency

March 3, 2020



STOP! Before you read this Hazard-Specific Annex, be sure you are aware of all that is written in the Framework’s BASIC PLAN and your respective Emergency Support Function (ESF) Annex(es). The Basic Plan is the foundational document on which all annexes are built and explains strategies for Command and Control, Situational Awareness, Resource Requests, Communications and more. ESF Annexes lists partner agencies, roles and responsibilities, available resources and other critical information.

Purpose and Scope

The purpose of this Hazard-Specific Annex is to provide an organizational framework and response capability from which the city and its partners can respond to a public health emergency. For this framework, a public health emergency can be an influenza pandemic, anthrax or biological incident, food-borne illness, etc. (the specifics of each threat will be included in its own appendix to this document). Response efforts pertaining to chemical, nuclear or radiological incidents – regardless of origination or intent - are included in the Hazardous Materials Hazard-Specific Annex. This document is designed to not only meet the legal mandates outlined by State and local code in the areas of emergency services and emergency management; but, to do so with a unity of effort among all participating agencies.,

Background

Vulnerability Assessment



“The world has never experienced a pandemic during the just-in-time global economy. Today’s supply chains lack surge capacity – the ability to quickly scale up to meet demands. During an influenza pandemic, the number of illnesses and deaths worldwide will inevitably cause problems throughout supply chains. Worker absenteeism (whether from illness, fear, need to care for dependents or loved ones, or lack of ability to travel) and disruptions in international and domestic travel will affect every facet of supply chains that deliver the critical products we depend on for immediate health and safety, such as electricity and, in turn, water supplies and sewage systems, food, prescription drugs, and community safety. So interwoven are these products and services in our lives today, their availability is simply taken for granted.” (Farber et al, p. 11).

Situation

- Public Health emergencies impacting the nation, state, and city are potential hazards for which the emergency management system will be called upon to coordinate with the Norfolk Department of Public Health (NDPH).
- The Commonwealth of Virginia has various Public Health laws and regulations which will be applicable in a public health emergency.
- Agencies or departments involved in a health care emergency response shall preserve legal documents and other vital records pertinent to any participating agency or department. The operation records are indispensable during disasters and must be preserved. These records include:
 - Patient Records
 - Surveillance Data
 - Vaccine inventories and dispensing records
 - Embargo Orders
 - Quarantine Orders
 - Destruction Orders
 - Closure/Cease/Demobilize Operations
- Pandemic health emergencies have the potential for national, state, regional, and local catastrophic impacts: mass fatalities, overwhelmed health system, economy, and social impacts.
- Any pandemic will occur in waves over a period of months.
- There are international, national, state, regional, and local epidemiological systems surveilling and monitoring health trends in order to detect trends.
- NDPH operates under statute authority adopted by the Commonwealth of Virginia and under the governance of the Virginia Department of Health and the direction of the City of Norfolk.

Historical Occurrences

The Yellow Fever epidemic of 1855 was one of the great tragedies of Norfolk's history. On 7 June of that year, the steamer BEN FRANKLIN, enroute from St. Thomas to New York, entered the Norfolk harbor for repairs. The ship was quarantined at anchor for nearly 2 weeks before being allowed into a Portsmouth shipyard on the condition that her bilge not be pumped, but the ship's captain disobeyed orders and broke open the hold, and in early July a crew member died of yellow fever. The fever spread quickly. Many panic-stricken citizens evacuated until other cities began to refuse entry to Norfolk's refugees, in one case turning them away at bayonet-point. By August, business had ceased, church services were suspended, and the sound of the hearse rattling through silent streets could be heard day and night. The only commercial vessel to continue to call at the port was a little steamer bringing mail, medicine, and coffins, and doctors and nurses from around the country who came to volunteer their services.

As many as 80 people died each day, coffins stacked on the ground at the cemeteries with no one to dig the graves, and many victims simply wrapped in the bedclothes in which they had died and buried in mass, unmarked graves. The fever abated after the first frost in October and the editor of Norfolk's SOUTHERN ARGUS wrote "In the short space of ninety days, out of an average population of 6000, every man, woman, and child, almost without exception, has been stricken ... and about 2000 have been buried. But the storm is over, and again our good ship lays her course ... her flag ... sadly at half-mast".

<http://www.norfolkpubliclibrary.org/home/showdocument?id=402>

Assumptions

- Public health emergencies of all types, sizes, intensity, and duration may occur with or without warning.
- Potential exists for a 20% loss of staff for an organization during an influenza pandemic.
- Public health response varies depending upon the nature of the disaster. Public health involvement may include providing public health support to mass sheltering, mass prophylaxis, and quarantine measures, environmental assessments of food and water supplies and sanitary facilities, and dissemination of related health information to the public.
- In the case of naturally occurring or **covert** manmade biological disaster, the NDPH will play a primary role in event recognition.
- In the case of an **overt** manmade biological disaster, public health will play a primary role in incident command/unified command and will coordinate activities with law enforcement agencies.
- Regulated facilities (i.e. schools, colleges and universities, nursing homes, adult daycare and child care facilities, facilities that store hazardous materials) are required to develop, coordinate, and furnish emergency plans and procedures to local and state departments and agencies as applicable and required by codes, laws, and/or regulations.
- During large-scale events, the NDPH Health Department Operation Center (HDOC) will likely be overwhelmed and have to look to the City for manpower support.
- A disease outbreak due to the release of a biological agent or a naturally occurring microbial agent in Virginia would present a massive test of the emergency preparedness system. Advance planning for Virginia's and Norfolk's emergency response would save lives and prevent substantial economic loss.
- A disease outbreak can pose significant threats to the human infrastructure responsible for critical community services (in health and non-health sectors) due to widespread absenteeism and deaths.
- Medication dispensing is dependent upon the successful receipt, staging, storage and delivery of the Strategic National Stockpile (SNS) [*Commonwealth of Virginia*,

Strategic National Stockpile (SNS) Plan, Virginia Terrorism Consequence Management Plan, Health and Medical Services, Virginia SNS Plan].

- The SNS will be made available to the City of Norfolk in an emergency situation. It has two components designed to arrive in separate phases. The first phase is referred to as the 12-hour Push Package and as such is scheduled to arrive within 12 hours of the federal decision to deploy it to a specific location called a Receipt, Storage, and Staging (RSS) site. The Push Package contains nearly 50 tons of pharmaceuticals, medical and dispensing and will be accompanied by drug fact sheets.
- The second phase of the SNS will arrive after the Push Package based on the specific needs of the incident.



Push packages are not specific to the incident and may be of limited help

- Medical resources could be overwhelmed in the Eastern Region of the Virginia Department of Health (VDH), and mutual aid might not be available to assist with medication dispensing for 48 hours or more.
- Effective medications may initially be in short supply. For vaccine-preventable diseases, priority groups may need to be established.
- Prophylactic (i.e. preventative) treatment must be started prior to the onset of symptoms in order to be maximally effective. For operational purposes, this means within 48 hours after the decision to do so.
- Dispensing sites will provide efficient, non-medical delivery of prophylactic medications to the public within 48 hours of the decision to do so.
- Team Norfolk will use the National Incident Management System (NIMS) and the Incident Command Structure (ICS) to manage the incident.
- Team Norfolk will establish Standard Operating Procedures based on the roles and responsibilities identified in this Annex.
- Team Norfolk will mobilize resources and personnel as required by the situation.
- Those with medical needs may be unable to attend critical appointments to receive life- sustaining care.
- There will be times when medical prophylaxis is not available and social prophylactic measures, such as social distancing, will need to be employed.

Concept of Operations

General

Regardless of the Biological incident, the Virginia Department of Health Emergency Response and Recovery Plan and the Norfolk Department of Health plans would be the guiding document; the Norfolk EOC would act in full logistical support.

In accordance with the NDPH, Annex 3, p. 16, NPDH will activate its HDOC with the District Director taking the lead. Unified Command will be established between NDPH and the Norfolk Emergency Operations Center (EOC), with the Health Department providing subject matter expertise and staff to manage dispensing; Team Norfolk will provide logistical support and additional general staffing to assist with operations. Unified messaging will be coordinated through a Joint Information Center (JIC).



In order to facilitate proper social distancing, the Norfolk EOC and JIC may have to be established in a virtual environment. Moreover, some City essential functions may also be suspended or conducted elsewhere per the Team Norfolk Continuity of Operations Plan (COOP).

THE TEAM NORFOLK COOP PLAN MUST BE REVIEWED AND CONSIDERED.

Direction and Control

Surveillance

Norfolk Department of Public Health

In collaboration with the CDC and the Virginia Department of Health, the NDPH will track individuals from infected countries on international flights through designated airports throughout the country. Travelers are observed for illness, based on clinical criteria and epidemiological risk factors, and interviewed before released for their final destination within the United States. Likewise, the CDC may issue a health alert for airports to look out for cases or suspected cases of a specific communicable disease arriving from a specific list of countries that have known cases of that particular illness. Such notifications are expected to include the following: Estimated Time of Arrival; Type of Aircraft; Point of Origin; Description of the Illness, Disease or Symptoms; Number of Suspected Cases on Board; Point of Contact; and Call Back Information. (Note: when possible, such suspected flights will be diverted to Dulles International Airport, location of CDC's primary quarantine station).

The NDPH may initially identify an outbreak by its ongoing monitoring of the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), as well as reports from the Sentara Hospital System infection control nurses, DePaul Medical Center infection control nurses, Children’s Hospital of the Kings Daughters infection control, private physicians’ offices, Norfolk Public Schools, or other local health districts.

Department of Defense

Monitor duty personnel returning from overseas assignments; inoculate or quarantine as necessary. Maintain communications with the Virginia Department of Health (VDH).

Education Facilities

At the higher education level, if clinicians are diagnosing conditions that are on the reportable disease list, they should be reporting to the health department. Also, if they are suspecting a cluster of illness (could be food-related, could be flu-like illness, etc), they are also to contact the health department.

Healthcare Agencies

In general, physicians, directors of laboratories, or persons in charge of a medical care facility are required to report conditions on Virginia’s Reportable Disease List to the health department.

Norfolk 911 & Norfolk Fire-Rescue

Emergency Medical Dispatch (EMD) protocols are put into place to better ascertain the potential for a caller to be symptomatic of a possible virus, and will thus inform Fire- Rescue responders so appropriate personal protective equipment (PPE) can be worn and Emergency Management can be notified to alert the appropriate agencies.

U.S. Coast Guard, Sector Hampton Roads

Reviews all Notice of Arrivals to determine if a vessel has visited a country impacted by an outbreak within its last five ports of call. They will communicate directly with the vessel master at a minimum of 72 hours prior to arrival and again within 12 hours prior to arrival at the CB buoy. In coordination with Customs and Border Protection (CBP), United States Coast Guard (USCG) focuses on those vessels that have changed crews in the last 30 days and will board vessels as necessary to determine the illness of any crewmembers.

The Captain of the Port will also conduct conference calls with their Port Partners in an effort to share and otherwise facilitate information exchange.

Upon the identification of, or alerting to, an outbreak the Health Department Epidemiologist will commence monitoring the outbreak in accordance with the Norfolk Health District EOP

Response

The Health Director provides and receives direction from the Deputy Commissioner for Community Health Services. Under certain conditions, the Deputy Commissioner for Emergency Preparedness and Response will be directed by the State Health Commissioner to assume authority over all VDH personnel.

Locally, direction and control will be led by the Norfolk Health Director in coordination with the Norfolk Emergency Operations Center for support. Conference calls, email, Norfolk Alert and the Homeland Security Information Network (HSIN) will be utilized to provide situational awareness, facilitate information sharing and otherwise document the incident.

A local emergency declaration is likely during a pandemic emergency.

Commonwealth: Such [Governor] executive orders declaring a state of emergency may address exceptional circumstances that exist relating to an order of quarantine or an order of isolation concerning a communicable disease of public health threat that is issued by the State Health Commissioner for an affected area of the Commonwealth pursuant to Article 3.02 (§ [32.1-48.05](#) et seq.) of Chapter 2 of Title 32.1. (Code of Virginia, § 44-146.17. Powers and duties of Governor.).

The Governor will declare a State of Emergency and request the release of medications, equipment, and supplies from the Strategic National Stockpile (SNS) to the Commonwealth of Virginia.

Federally, the Homeland Security Council asserted in its implementation plan for the National Strategy for Pandemic Influenza that “the President could declare either an emergency or a major disaster with respect to an influenza pandemic.” Furthermore, the Public Health Service Act, 42 U.S.C. §§ 201-300hh-11 gives the Secretary of the Department of Health and Human Services (HHS) broad emergency authority to respond to public health disasters, including the power to deploy the U.S. Public Health Service Commissioned Corps and other instruments of the Department of HHS, such as the CDC, the Food and Drug Administration and the National Institutes of Health. The Secretary’s primary authority under the Act is found in 42 U.S.C. §247d(a), which allows the Secretary to declare a public health emergency and then take appropriate steps to respond.

Quarantine & Isolation Measures

Isolation separates sick people with a contagious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Code of Virginia § 32.1-42; 32.1-43; 32.1-48 Disease Control Measures

Authorizes the Commissioner to require quarantine, vaccination, or treatment of any individual when he determines it necessary to control the spread of any disease of public health importance. Permits the Commission to require immediate vaccination of all persons in the event of an epidemic.

Code of Virginia § 32.1-48.02; 32.1-48.04 Isolation of Certain Persons with Communicable Diseases:

Authorizes the Commissioner to order individuals with airborne communicable diseases to be taken into custody. Authorizes the Commissioner to petition for a hearing on the temporary detention of individuals infected with a communicable disease. The code provides guidelines for isolation hearings and the right to appeal.

Code of Virginia § 32.1-48.017 Procurement of Private Property

Use of Public or Private Property or Facilities for Isolation or Quarantine during an Emergency Declaration, the Health Commissioner has the authority to require the use of any public or private property, building or facility to implement any order of quarantine or order of isolation. Owner or Operator of the property or facility that is commandeered is entitled to compensation.

42 U.S.C. §97

The Secretary of Health and Human Services can authorize military officers stationed at seacoast posts (and Coast Guard personnel) to aid states in executing state quarantines and health laws, "respecting any vessel arriving in, or bound to, any port or district thereof." 42 U.S.C. §97. (Law and Policy, p. 118-119)

42 U.S.C. §98

The Secretary of the Navy may assist in federal quarantine and isolation efforts at any port of the United States by providing vessels at the request of the Secretary of Health and Human Services. (Abbott and Hetzel, p. 35).

Public Health Service Act, Section 311

Federal assistance may be provided to state and local authorities in enforcing their quarantine and other health regulations pursuant of Section 3111 of the Public Health Service Act (42 U.S.C. 243(a)). In addition, while intrastate control of communicable diseases generally may be the purview of state and local officials, CDC's domestic quarantine regulations authorize federal intervention "in the event of inadequate local control." (42 CFR 70.2 and 21 CFR 1240.30)

<https://www.cdc.gov/quarantine/specificlawsregulations.html>

Alert / Initial Briefing

Using the VDH Health Alert Network (HAN), the State Health Commissioner will alert the Commission's Incident Management Team, Local Health Districts and Healthcare Coalitions the confirmation of any active cases of concern in the Commonwealth.

Norfolk Health Department Director will contact the Norfolk City Manager, Public Safety Director and Director of Emergency Preparedness and Response of a possible Public Health Emergency.

Norfolk Emergency Preparedness and Response will initiate notifications to Team Norfolk via Norfolk Alert and schedule an initial incident briefing.



Norfolk Public Health does not have an alert/notification system to reach the community; therefore, upon their issuance and request, the Norfolk EOC / Joint Information Center (JIC) will disseminate Public Health alerts using Norfolk Alert - and if the criteria are met, the Integrated Public Alert and Warning System (IPAWS) and Wireless Emergency Alert (WEA). The JIC will also activate the emergency bar on Norfolk.gov and post updates to social media.

If there is laboratory confirmation of any infectious or serious disease, there will be an initial press conference with, at a minimum, State Health Commissioner, local health director, and hospital leadership.

Operational Periods and Situational Reports

Operational periods will be determined at the onset of the incident.

Situational Awareness and Coordination

VDH in Richmond will conduct conference calls with local Health Districts and emergency managers as well as disseminate by email regularly scheduled Situation Reports.

Emergency Preparedness and Response will coordinate Norfolk EOC briefings.

HSIN will be utilized to provide situational awareness, facilitate information sharing and otherwise document the incident.

Surveillance and Planning Products

CDC Infectious Diseases

<http://www.cdc.gov/oid/>

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)

National Biosurveillance Integration Center

https://www.dhs.gov/sites/default/files/publications/2015-Factsheet-NBIC_0.pdf

UK National Planning Assumptions Assessment Tool (.xls)

Virginia Department of Health

<http://www.vdh.virginia.gov/>

Virginia Department of Health Division of Surveillance and Investigation

<http://www.vdh.virginia.gov/Epidemiology/Surveillance/index.htm>

Navy and Marine Corps Public Health Center

<http://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx>



Links for specific threats are included in their respective appendix to this document.

Public Information

Official information pertaining to the health aspects of the emergency will be originated and provided by NDPH.

All information must be vetted and approved by the Command and Control element of NDPH and Norfolk EOC before dissemination to ensure accuracy and unity of message.

How the request for resources will be met

The NDPH Business Administrator will be responsible for expediting the process of requesting/purchasing necessary incident-related goods and services. Requests will be sent from the Health District Operations Center to the ESF-8 desk in the Virginia Emergency Operations Center (VEOC).

The Logistic Chief in the Norfolk EOC will submit resource requests on behalf of the locality to the VEOC as well.



It takes months to develop an effective vaccine once the target virus has been identified. Thus, an epidemic would be well underway before the right vaccine was available.



Even if enough flu vaccine could be produced to inoculate half or more of the population against a particular virus, it is very difficult to predict the specific strain(s) that will hit far enough in advance to make a sufficient vaccine, and any strain that does hit could mutate in unpredictable ways.



If the incident involves wide-spread influenza, resource shortages will be likely throughout the region and Commonwealth and possibly the nation.



A local emergency must be declared, and local resources must be fully committed before state and federal assistance is requested.

Requests for medications, equipment, and supplies

The ESF-8 desk in the Virginia EOC will attempt to provide all medications, equipment, and supplies needed and requested by the Health Director via the ESF-8 desk in the Norfolk EOC. InVAtrak will be utilized to place initial order and all reorders.

The Norfolk Emergency Manager, in consultation with the NDPH Director, will request the VEOC deliver prophylactic medications in specified amounts to each of the dispensing sites. The NDPH Director will also make a decision regarding prophylactic medication shipment for PUSH programs (Closed Points of Dispensing, or PODs). The Emergency Manager will also request an estimated delivery time.

Personnel Authorized by Health Director to Request Assistance

Those who may make resource requests on behalf of the NDPH Director, through the Norfolk EOC to the VEOC are as follows, in order:

- Nurse Manager Senior
- Business Manager

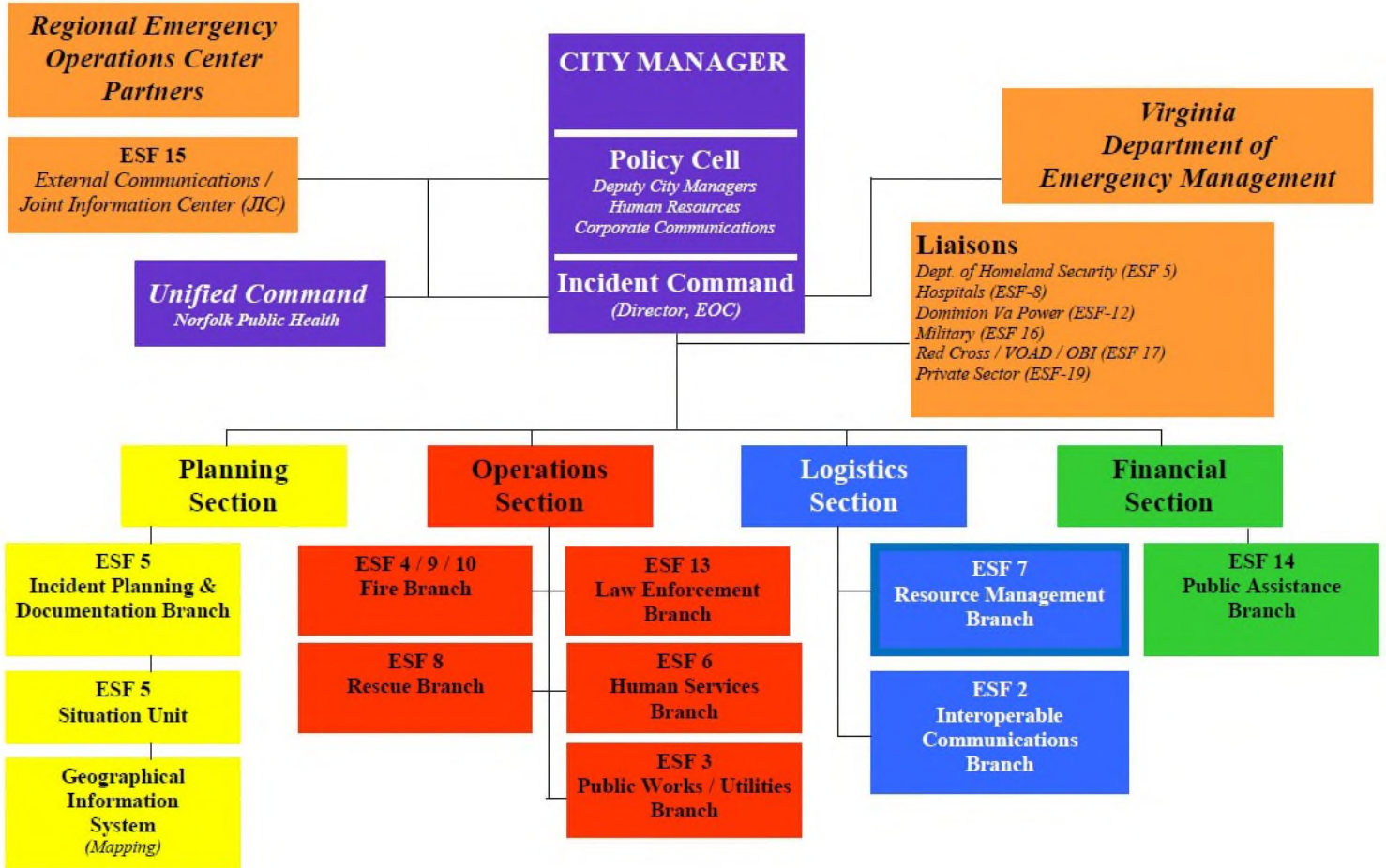
The NDPH Director will simultaneously alert the Deputy Commissioner for Public Health and Prevention in the VDH Emergency Coordination Center (ECC), and the ESF-8 desk in the VEOC that the request will be forthcoming.

All prophylactic medication requests will be submitted through InVAtrak. In the event InVAtrak is not available, an Excel spreadsheet will be used as a back-up to facilitate inventory management.

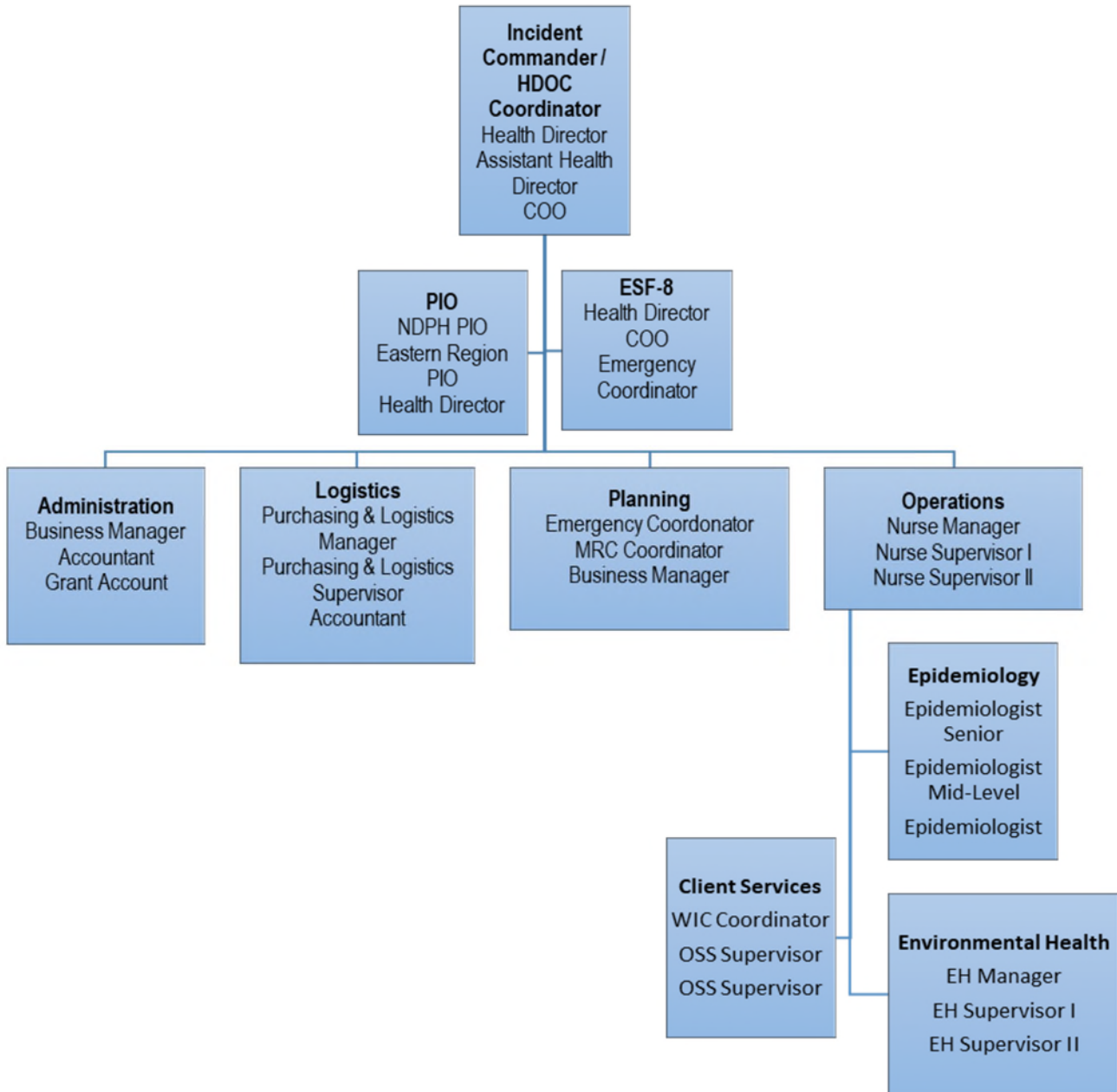
Organization

With the formal adoption of NIMS and ICS and the ESF approach to disaster planning, the Norfolk Emergency Operations Center utilizes the following ICS / ESF hybrid approach to this incident.

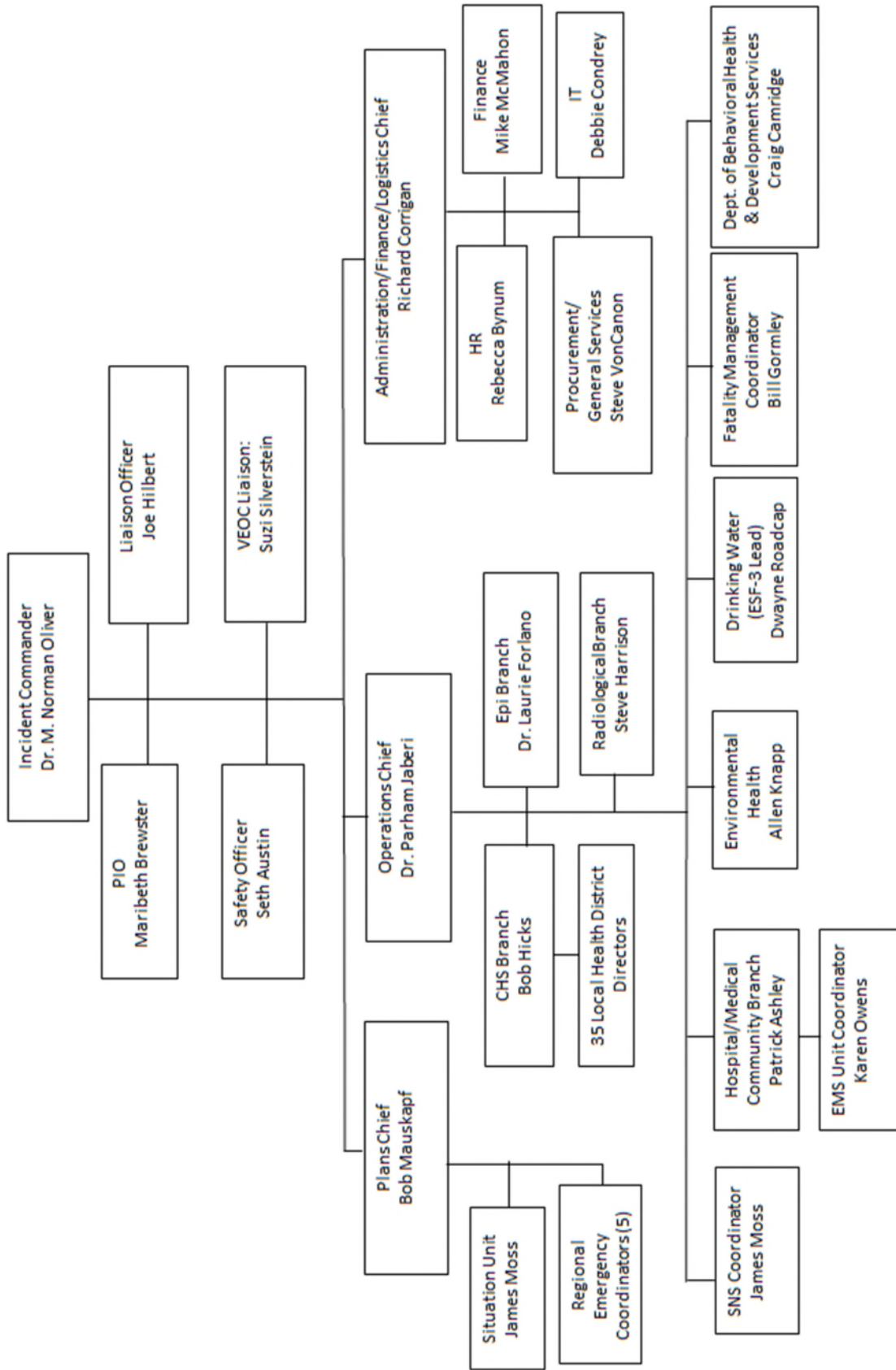
Team Norfolk Emergency Operations Center (EOC)



Norfolk Department of Health Emergency Operations Structure



VDH Incident Management Team



INDIVIDUAL / HOMEOWNER / BUSINESS OWNER

1. Practice and promote health-protective measures.
2. BE INFORMED, not afraid. Stay tuned to official information updates.
 - <http://www.vdh.virginia.gov/>
 - <https://www.cdc.gov/>
3. Register for Norfolk Alert in order to receive incident-related information.

Emergency Support Function 1 - Transportation

Amtrak

1. Activate the internal task force to maintain situational awareness.
2. Keep employees and customers informed.
3. Review/update protocols for proper handling of passenger and employee medical issues.
4. Take cars out of service when necessary for decontamination.

Hampton Roads Transit

1. Report any preparatory or response actions to the Norfolk EOC.

Norfolk International Airport

1. Support Norfolk Public Health with surveillance activities.

U.S. Coast Guard Sector Hampton Road

1. Review all Notice of Arrivals to determine if a vessel has visited a country impacted by an outbreak within its last five ports of call.
 - a. Communicate directly with the vessel master at a minimum of 72 hours prior to arrival and again within 12 hours prior to arrival at the CB buoy.
2. In coordination with CBP, focus on those vessels that have changed crews in the last 30 days.
3. Board vessels as necessary to determine the illness of any crewmembers.

Emergency Support Function 2 - Communications

Amateur Radio

1. Establish communications in both the Norfolk EOC and the NDPH Operations Center upon request.

Radio Shop / Communications Unit Leader (COML)

1. Develop and maintain ICS-205 Communications Plan.
2. Maintain Radio Networks, Emergency Communications, and Warning Point Operations.

Emergency Communications Center – 911 Center

1. Serve as primary answering point for emergency calls.
 - a. Upon approval from Norfolk Fire-Rescue (NF-R), during the surveillance phase, utilize the “Emerging Infectious Disease Surveillance” tool in EMD to capture previously unidentified infected persons emerging in or entering our area.
 - b. Once an outbreak is identified, determine if a patient is possibly infected for crew safety, quarantine, and possible triage.
2. Provides appropriate notifications of emergency incidents to agencies.

Information Technology (City and NDPH)

1. Maintain communication pathways and connectivity between Norfolk and Norfolk Public Health Emergency Operations Centers.

Norfolk Geographic Information Service (GIS)

1. Coordinate with NDPH to maintain a picture of reported outbreaks.

Emergency Support Function 3 - Public Works, Utilities, & Engineering

Norfolk Public Works

1. Public Works will transport medications and supplies among the sites and the staging center. This service will be at the request of the Incident Commander in the HDOC, who will contact the NDPH representative in the Norfolk EOC.
 - a. A minimum of ten large vans, with drivers to load and transport supplies and equipment.

Emergency Support Function 4, and 10 - Fire and Rescue

Norfolk Fire-Rescue

1. Maintain daily operations.
2. Provide emergency medical support as needed.

Emergency Support Function 5 - Emergency Management

Emergency Management

1. Emergency Manager will open and staff the city’s EOC upon the NDPH Director’s request.
 - a. Create an incident in Norfolk HSIN.
2. Notify Team Norfolk and schedule incident briefings.
3. Provide Command and Control; coordinate with City Manager’s Office/Policy Group.
 - a. Make operational recommendations to City Manager.
 - b. Recommends declaration of a local emergency if appropriate.
4. Collaborate with neighboring locality EOCs.

5. Complete Organization Assignment List (ICS 203).
6. Monitor conditions and provide updates; maintain HSIN.
7. Maintain communications with, and provide situation reports to, the VEOC.
8. Coordinate between NPDH and selected city department heads or designees the delivery of prophylactic antibiotics for distribution to members of their department members' families using a PUSH method. The department head is responsible for distributing medications in accordance with this plan, accounting for all medications received, and returning any unused medications and the completed Antibiotic Request Forms for PUSH programs.



The Department of Homeland Security Office of Health Affairs (OHA), who oversees the National Biosurveillance Integration Center (NBIC), is available to provide biosurveillance information or assistance outside of normal business hours through the OHA Watch Desk at noc.oha@hq.dhs.gov.



Remember FEMA's Domestic Incident Support Team which encompasses personnel from FEMA, Federal Bureau of Investigation (FBI), Department of Defense (DOD), Department of Health and Human Services (HHS), Department of Energy (DOE), and the Environmental Protection Agency (EPA).

Emergency Support Function 6 - Mass Care, Housing, & Human Services

Human Services / Community Services Board

1. Communicate protocols for identification and action for persons who may be exposed or infected who come in for services at Human Services and Norfolk Community Service Board (NCSB) facilities.
2. Coordinate service information to JIC and 211 Virginia.
3. Provide Disaster-Related Mental Health Services (in coordination w/NDPH).
4. Seek Emergency SNAP (Food Stamp) Program / Gov't Assistance for those unable to work due to illness.
5. Support for isolation and quarantine (housing, living essentials, etc.).

Norfolk Recreation, Parks and Open Spaces (RPOS)

1. Coordinate burials and funerals.

Emergency Support Function 7 - Logistics and Resource Support

Norfolk EOC Logistics Chief

1. Coordinate with appropriate NDPH personnel for health-related requests.
2. InVAtrak will be utilized to place initial order and all reorders.
3. In coordination with NPDH, if additional dispensing sites are needed, assist with identifying additional temporary distribution and treatment centers.

Emergency Support Function 8 - Health and Medical

Hospitals

1. Provide emergency, acute care, and supporting ancillary services for victims.
2. Establish Command Center; identify locations of inpatient units.
3. Coordinate information and requests with the Regional Hospital Coordination Center (RHCC); utilize the Virginia Hospital Alerting & Status System (VHASS).
4. Implement appropriate infection control practices, including isolation if necessary, on patients under their care.
5. Support Law Enforcement and the Office of the Chief Medical Examiner (OCME) in communicating patient tracking and patient status as required.

Regional Hospital Coordination Center (RHCC)

1. Facilitate all communication between NHD, hospitals and treatment facilities.

Metropolitan Medical Response System (MMRS)

1. Provide resources upon request from the regional Personal Protective Equipment (PPE) cache.

Norfolk Department of Public Health (NDPH)

1. Provide the Incident Commander and representatives to staff the ESF-8 desk in the Norfolk City EOC. The NDPH will serve as the lead agency for receiving and distributing prophylaxis.
2. Identify and coordinate infection control measures for contagious and reportable diseases; primary responsibility for conducting the health or epidemiological investigation of the emergency event.
3. Manage mass prophylaxis operations.

Dispensing sites will need to be augmented with supplemental staff, based upon the following calculations (Closed POD populations with MOAs current as of 11/30/13 have been subtracted from this population):

Total population: 242,803 (census)

Throughput: $242,803 \text{ (census)} - 13,000 \text{ (Closed POD population)} = 229,803 / 9 \text{ (\# of Open PODs)} = 25,533 \text{ (total population served by each POD)} / 3 \text{ (HOH)} = 8,511 \text{ (total HOH served by each POD)} / 30 \text{ (\# of hours left to dispense after RSS delivery)} = \mathbf{284 \text{ people/hour/POD}}$

Number of PODs needed to cover 100% of population: 9

POD Staffing Requirements:

It depends on the size and set-up of the POD. Setting up a drive-through POD takes more people initially, but less people to operate once underway. A walk-through POD takes fewer people to set up, but more to operate. It also depends on whether pills are being distributed or shots. It takes more screeners when giving pills (more than one type), than when giving one type of shot, but more dispensers (people who can give shots) to keep operations moving. Flexibility is necessary to meet the specific circumstance. This table represents the bare bones minimum staff for generic PODs (not tailored to a specific response, usually representing walk-through and dispensing pills), and is for 9 PODs. It does NOT include security or traffic control.

Job Duty	Job Types	Total # Needed Per POD	Total # Needed by Category per 12-Hour Shift for 9 PODS
Command & Control	Site Manager (1) Medical/Safety Officer (1) Mental Health Specialist (1)	3	27
Patient Services	Coordinator (1) Greeters/Registrars (10) Line Floaters (10) Patient Educators (10) Exit Monitors/Form Collectors (10) Special Needs Coordinator (1)	42	328
Medical Services	Medical Advisor (1) Medical Services Coordinator (1) Dispensers (10) Dispenser Supporter (10) Medical Screeners/Triage (5) Sick Room (1) Transport Coordinator (1)	29	261
Facility Management	Facility Coordinator (1) Security Lead (1) IT/Comm Specialist (1) Supply Specialist (1) Maintenance Specialist (1) Records Coordinator (1)	6	54
Total # of Personnel Needed:		80	720



Code of Virginia § 32.1-42.1. Administration and dispensing of necessary drugs and devices during a declared disaster of state of emergency:

Allows the Commissioner to authorize persons who are not authorized by law to administer or dispense drugs or devices to do so;

1. when Governor or Secretary of Health and Human Services declares a public health emergency;

2. when it is necessary to permit the provision of needed drugs or devices, and;
 3. such persons have received the training necessary to safely administer or dispense needed drugs or devices. These persons must be under the direction, control, and supervision of the Commissioner.
4. Perform investigations of the source and spread of contagious diseases.
 5. Coordinate the inspection of foodservice and milk production.
 6. Communicate with Animal Control and ESF-11— Agriculture and Natural Resources, in the control and care of domestic animals posing a public threat.
 7. Monitor threats to the public and coordinate the control of disease vectors.
 8. Maintain communication with the Eastern Virginia Healthcare Coalition (EVHC) and status of hospitals and care facilities; work with adult care facilities and nursing homes to provide medication to at-risk populations through closed PODs.
 9. Isolation and Quarantine: NDPH working within the guidance of the Code of Virginia relating to isolation and quarantine will communicate on the need for isolation of symptomatic ill persons and the quarantine of exposed persons (who have not yet become ill).
 10. Staff Alternate Triage Locations as needed.
 11. Vector control as needed.

Office of the Chief Medical Examiner (OCME)

1. Assume jurisdiction over all of the deaths based upon the Code of Virginia § 32.1-277 to 32.1-288.
2. Coordinate with Department of Defense (DOD) Mortuary Affairs.

Operation Blessing

1. Upon request and availability, assist with the refrigeration of medicines.
2. Upon request, augment the pool of professional medical personnel.



Hampton Roads is home to a Federal Disaster Medical Assistance Team (DMAT) which has the following capabilities:

- Sustain 24-hour operation for 72 hours without external support
- Provide initial resuscitative care to victims.
- For a 24-hour mission, provide out-of-hospital, acute care to 250 patients (including geriatric and pediatric patients).
- Provide sustained hospital ward care for 30 medical/surgical (noncritical) inpatients.
- Provide a primary response to a mass casualty incident resulting from a non-chemical, biological, radiological, nuclear, or high-yield explosive (CBRNE) event.
- Triage and prepare 200 patients at a casualty collection point for

- evacuation or transport in a mass casualty incident.
- Provide sustained 24/7 care to 125 patients per day, including:
 - Limited laboratory and pharmaceutical services
 - Immediate referral, transfer, or evacuation for 25 patients
 - Stabilizing/holding a maximum of six patients for up to 10 hours
 - Supporting two (2) critical patients for up to 24 hours
- Provide patient staging for up to 100 patients at a Federal Coordinating Center (FCC) reception site.
- Augment or assist at a mass drug distribution, immunization, or packaging center.
- Staff or augment alternate care facilities.

Emergency Support Function 10 - Hazardous Materials

Norfolk Fire-Rescue

1. Conduct decontamination, or in coordination with the Logistics section, initiate contracts for facility decontamination (see ESF-10 Annex, Contacts).
2. Initiate contracts for the removal/reception of hazardous waste.

Virginia Department of Emergency Management

1. Sampling and testing of air, water, or other materials as necessary.

Emergency Support Function 13 - Public Safety and Security

The federal government is directed to cooperate with and aid state and local authorities in the enforcement of their quarantines and health regulations, and the federal government may accept assistance from state and local authorities in enforcement of federal quarantine regulations. See 42 U.S.C.



At any point, if there is sufficient information to suggest the incident is caused intentionally, notification procedures to local, state and federal law enforcement authorities will be initiated.

Federal Bureau of Investigations

1. If terrorism is suspected, the FBI takes the lead role in the investigation.

Norfolk Police Department (NPD)

1. In coordination with the Norfolk Sheriff's Office (NSO), provide security at EOC as well as the HDOC.
2. In coordination with NSO, provide security for the Department of Public Works

- (DPW) personnel transporting vaccinations/anti-virals.
3. In coordination with NSO, provide security measures as requested to protect workers at the PODS / dispensing sites, as well as the medications, supplies, and equipment. Security may also be needed for the transfer of antimicrobials among the dispensing sites.
 4. Criminal investigation; coordinate its efforts with those of public health.
 5. Provide enforcement assistance to the NDPH for quarantine and isolation orders.
 6. Coordinate with the OCME and Mortuary Affairs in communicating patient tracking and patient status as required.

Norfolk Sheriff's Office (NSO)

1. In coordination with the Norfolk Police Department (NPD), provide security at EOC as well as the HDOC.
2. In coordination with NPD, provide security for DPW personnel transporting vaccinations/anti-virals.
3. In coordination with NPD, provide security measures as requested to protect workers at the PODS/dispensing sites, as well as the medications, supplies, and equipment. Security may also be needed for the transfer of antimicrobials among the dispensing sites.

U.S. Department of Homeland Security

1. Enforcement, through its various law enforcement agencies (Customs Border Protection (CBP), Immigration Customs Enforcement (ICE), and Transportation Security Administration (TSA), and in coordination with Norfolk International Airport or other sites, of CDC quarantine order.

Virginia State Police

1. Provide support to local law enforcement.
2. Assist with security needs at HDOC.



If all Non-Essential services are suspended, what resources could be reassigned to assist with the security of PODs, etc.?

Emergency Support Function 15 - External Affairs



WARNING! Patient privacy must be protected. Public Health will conduct contact interviews as necessary. General areas may be identified on a map, but not specific addresses.



All investigative and fatality informational releases (including the status of death investigations and numbers of fatalities) must be cleared through the OCME and the lead law enforcement agency.

211 Virginia

1. Answer 877-ASK-VDH3 (877-275-8343) any VDH-provided information.
2. Augment Norfolk Cares Call Center.

Norfolk Cares Call Center (664-6510)

1. Provide the public with general and specific information about the medication dispensing program and its operations, e.g. the locations of dispensing sites. The system will also take calls reporting adverse effects attributed to the medications. The operators will record names and contact information, which will be collected by the NDPH epidemiology staff.
2. Serve as the primary answering point for non-emergency calls from the community; answer/direct questions as needed
3. Share call patterns with the JIC to better address fears/concerns and inform press release information.

Norfolk Department of Public Health (NDPH)

1. Assign Public Information Officer to the Norfolk JIC.
2. Provide message points for dissemination.

Communications Joint Information (JIC)

1. Coordinate messaging with NDPH, VEOC, region's JIC's and Team Norfolk partners.
2. Coordinates with the Norfolk EOC for issuance of media releases and social media postings.
3. Coordinate information to Norfolk Cares Call Center, 211 Virginia, and Norfolk Alert Subscribers
4. Communicate municipal operation changes to the email group ALLEXCHANGE; send information to City staff through Norfolk Alert.
5. Provides executive and legislation briefing information.
6. Coordinates media, VIP visits, and press conferences.

Schools Public Information

1. Coordinates with Norfolk JIC regarding information updates.
2. Coordinate communication with students, staff, and parents.

Virginia EOC Joint Information Center

1. Coordinates messages and the dissemination of information with VDH, local health districts, and EOCs.

Emergency Support Function 16 - Military Affairs

Joint Task Force – Civil Support

1. Enact Biological Playbook.
 - a. Include Med and Mortuary Affairs Force Packages, supporting the following:
 - i. Epidemiological Investigation and Lab Testing
 - ii. Critical Resource Logistics and Distribution (Transport and supply)
 - iii. Isolation and Quarantine efforts
 - iv. Triage and Pre-Hospital Treatment (the potentially ill or worried well)
 - v. Medical Supplies Management and Distribution
 - vi. Medical Surge
 - vii. Mass Prophylaxis and Vaccination
 - viii. Fatality Management (i.e. mortuary affairs)

Naval Region Mid-Atlantic/Naval Station Norfolk/Naval Support Activity HR

1. Communicate changes in operating status to the Norfolk EOC.
2. Maintain situational awareness using HSIN.
3. May be requested to assist with casualty clearing and staging, patient treatment, and support services such as surveillance and laboratory diagnostics.
4. May be requested to provide medical equipment and supplies as well as medical and diagnostic devices and pharmaceuticals.

Emergency Support Function 17 - Volunteer & Donations Management

Norfolk Medical Reserve Corps

1. Provide volunteer staff for the dispensing sites upon the direction of the Health Director. These individuals may serve in licensed professional roles, such as physicians or nurses, or as spontaneous unaffiliated volunteers (SUV) as determined by the Medical Reserve Corps (MRC) Coordinator, based upon the degree of MRC training they have received.
2. Coordinate among Citizen Corps, Civic Leagues and Community Emergency Response Team (CERT) in building the “Buddy Program,” offering assistance to those who are homebound and otherwise vulnerable and at-risk.

Operation Blessing

1. Coordinate and otherwise manage unaffiliated volunteers upon request from the EOC.
2. Assist with resource acquisitions.

Red Cross, Eastern Virginia Region

1. Solicit the needs of the locality; monitor HSIN.
2. If necessary/possible, provide a liaison to the EOC.

FoodBank / Senior Services Meals on Wheels / Sentara Meals on Wheels

1. Preparation and delivery of meals to those who are quarantined and/or homebound.
2. Coordinate with the Norfolk EOC regarding delivering prophylaxis simultaneously.

Voluntary Organizations Active in Disaster (VOAD)

1. Coordinate and otherwise manage tactical/affiliated volunteers upon request from the EOC.

Emergency Support Function 18 - Education (K-12/Higher Education)

Norfolk Public Schools

1. Conduct surveillance and report any symptomatic issues to NDPH Epidemiologist.
2. Maintain situational awareness with Norfolk EOC.
3. Determine operating status for schools/facilities; inform EOC.
4. Close schools as needed for dispensing sites.
 - a. Staff dispensing site(s) with facility Principal and support staff who will open, maintain and operate the schools in support of dispensing operations. This may include feeding and hydrating the dispensing staff. Other school personnel may not have to work at the site, although they may do so on a voluntary basis as part of the City employee staffing matrix.
 - b. Norfolk City Schools will collect and record NPS expenses associated with the implementation and conduct of this antibiotic dispensing plan, including personnel time. These costs will be submitted for reimbursement.

Emergency Support Function 19 - Private Sector

Funeral Home Directors

1. Coordinate with NDPH and Recreation, Parks and Open Space (RPOS).
2. Transport and prepare the deceased; coordinate funerals with loved ones.

Private Sector Partners

1. Maintain situational awareness with Norfolk EOC.
2. Communicate resource availability to the Norfolk EOC.

Supporting Plans and Policies

- Commonwealth of Virginia Emergency Operations Plan: Hazard-Specific Annex #4: Pandemic Influenza Response (Non-Clinical) (2012 August)
- Eastern Regional Healthcare Coordinating Center Concept of Operations (April 2010)
- Norfolk Health District Emergency Operations Plan
- Norfolk International Airport Communicable Disease Infection Control Plan
- Virginia Department of Health Emergency Response and Recovery Plan (12/30/16)
- VDH Emergency Response and Recovery Plan: Annex C – State Epidemiology Response Plan (10/2016) – FOUO
- VDH Emergency Response and Recovery Plan: Annex E – State Isolation and Quarantine Guide for Communicable Diseases of Public Health Threat (12/2016) – FOUO

References

- Armstrong, George D. 1856. *The Summer of Pestilence: The Yellow Fever Epidemic in Norfolk, Virginia*. Philadelphia. J.B. Lippincott & Co.
- CDC Cities Readiness Initiative (CRI)
- Department of Homeland Security National Planning Scenarios: Biological Disease Outbreak – Pandemic Influenza
- FEMA PrepTalks: The Next Pandemic – Lessons from History <https://www.fema.gov/preptalks/barry>
- Homeland Security Council, Implementation Plan for the National Strategy for Pandemic Influenza 212, available at www.lib.umich.edu/govdocs/pdf/fluplan/pdf
- Local Technical Assistance Review (LTAR) Report
- Ready.Gov: Bioterrorism: <https://www.ready.gov/Bioterrorism>
- Ready.Gov: Pandemic: <https://www.ready.gov/pandemic>

Norfolk's Historical Resources

The Sargeant Memorial Collection (SMC) is the local history and genealogy collection for the City of Norfolk. The SMC contains a wealth of historical research information that focuses on the City of Norfolk and the surrounding region, including more than 24,000 books, 10,500 microforms, 150,000 photographs, 3,000 maps, and 2,500 linear feet of archives and manuscript collections. The collection offers a wide variety of resources chronicling major events in Norfolk's history, including floods, hurricanes, snowfalls, and

other storms such as the Ash Wednesday storm; fires and other major disasters such as the great Berkley fire; epidemics and health crises such as the yellow fever epidemic; and civil disturbances such as protests during the civil rights era. Some content is available online through the Norfolk Public Library's website; however, many of our resources must be accessed through an in-person visit to the library. The SMC is located in the Slover Library and is open to the public seven days a week. You can search for online resources at the following address: <http://www.norfolkpubliclibrary.org/local-history-genealogy/databases-and-links>

Appendices

- Battle Rhythm