Emergency Operations & Resilience Framework

Hazard-Specific Annex

Public Health Emergency

May 2025

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Team Norfolk
Hazard-Specific Annex — Public Health Emergency

Updated: May 2025

PURPOSE

This Hazard-Specific Annex establishes a coordinated organizational framework to guide the City of Norfolk and its response partners in preparing for, responding to, and recovering from public health emergencies. These emergencies may include, but are not limited to, infectious disease outbreaks (such as influenza pandemics or COVID-19), biological incidents (such as anthrax or other bioterrorism events), foodborne illness outbreaks, or emerging health threats. Specific operational guidance for individual threats is included in the appendices to this annex.

Incidents involving chemical, radiological, or nuclear agents, regardless of cause or intent, are addressed in the Hazardous Materials Annex.

This annex supports a unified and collaborative response across agencies and sectors to:

- Protect public health and safety;
- Minimize disruption to essential services;
- Ensure timely, accurate public information; and
- Promote equitable access to healthcare and resources during a crisis.

The annex aligns with applicable federal, state, and local laws and integrates with the City of Norfolk's Emergency Operations Plan (EOP) using an all-hazards approach to emergency management.

SCOPE

This annex applies to all public health emergencies that pose a threat to the health, safety, and well-being of the residents, visitors, and workforce of the City of Norfolk. It outlines the framework for coordination among local, regional, state, and federal partners in the detection, response, containment, and recovery from such emergencies.

The scope of this annex includes:

- Infectious disease outbreaks (e.g., pandemic influenza, COVID-19, tuberculosis).
- Biological incidents, whether naturally occurring or intentional (e.g., anthrax, smallpox, ricin).
- Foodborne, waterborne, or vector-borne illness outbreaks.
- Other emerging public health threats, such as contaminated medical products or antimicrobial-resistant pathogens.

This annex addresses:

- Public health surveillance, epidemiological investigation, and laboratory support.

- Community mitigation strategies, including isolation, quarantine, mass prophylaxis, and vaccination efforts.
- Coordination with healthcare providers, hospitals, long-term care facilities, and the Eastern Virginia Healthcare Coalition.
- Public information and risk communication.
- Continuity of public health operations and support to vulnerable populations.

This annex does not cover public health emergencies arising from radiological, chemical, or nuclear hazards; those are addressed under the Hazardous Materials Annex. However, coordination with ESF #8 – Public Health and Medical Services is assumed in all overlapping incidents.

BACKGROUND

The City of Norfolk, as a coastal urban center with a dense population, a large military and port presence, and diverse socioeconomic communities, is uniquely vulnerable to a wide range of public health threats. The city has experienced multiple health-related emergencies in recent decades, including the H1N1 influenza pandemic, COVID-19, regional hepatitis outbreaks, and norovirus incidents in congregate care settings.

Norfolk is home to numerous critical healthcare facilities, including Sentara Norfolk General Hospital, Sentara Leigh Hospital, the Children's Hospital of The King's Daughters (CHKD), the Hampton VA Medical Center, and several long-term care facilities, and is a key regional partner in the Eastern Virginia Healthcare Coalition (EVHC). These assets provide significant capacity, but also increase the complexity of a coordinated response to a widespread or high-impact public health emergency.

This annex builds on lessons learned from past incidents and supports proactive planning, rapid information sharing, medical surge coordination, and equitable community engagement to protect public health across all populations, including at-risk and underserved groups.

VULNERABILITY ASSESSMENT

The COVID-19 pandemic highlighted the profound and far-reaching impacts that a public health emergency can have on individuals, families, communities, and critical infrastructure. Beyond the direct health effects, such events can strain healthcare systems, disrupt essential services, hinder economic activity, and disproportionately affect vulnerable populations.

While COVID-19 was the most significant recent example, history demonstrates that public health emergencies are recurring threats. The 1918 influenza pandemic, the 2009 H1N1 outbreak, and recent measles and hepatitis A resurgences across the U.S. underscore the importance of sustained preparedness and rapid response capabilities.

Norfolk faces specific vulnerabilities due to:

- High population density and major urban infrastructure.

- Large numbers of transient populations, including active-duty military, port workers, students, and tourists.
- Multiple congregate living settings, such as nursing homes, shelters, and correctional facilities, can accelerate disease transmission.
- Socioeconomic disparities can limit access to healthcare, protective equipment, and timely information.
- Regional and global connectivity through the Port of Virginia, Norfolk International Airport, and military deployment cycles, increasing the likelihood of imported cases and the rapid spread of infectious diseases.

These factors elevate Norfolk's risk for both natural and intentional public health emergencies. As such, preparedness planning must account for medical surge, continuity of operations, equitable response measures, and targeted communication to protect all residents, particularly those at heightened risk.

SITUATION

Public health emergencies, whether naturally occurring, accidental, or intentional, pose a persistent threat to the City of Norfolk and may originate locally or be part of a broader national or global crisis. These emergencies may result in widespread illness, death, disruption of services, and economic instability. The City's emergency management system must be prepared to coordinate closely with the Norfolk Department of Public Health (NDPH) and regional partners to manage such threats.

Public health emergencies may escalate rapidly and vary in scope, duration, and impact. Pandemic events, for example, often occur in waves over several months and have the potential to cause catastrophic outcomes across multiple sectors. These impacts may include mass fatalities, overwhelmed healthcare facilities, critical workforce shortages, supply chain disruptions, and long-term economic and social consequences.

Key factors defining the current operational environment include:

- Public health emergencies at the national, state, or local level will require close coordination between the City of Norfolk and NDPH.
- The Commonwealth of Virginia's public health laws and regulations govern response authorities, particularly in the enforcement of quarantine, closure, and disease control measures.
- NDPH operates under statutory authority granted by the Commonwealth of Virginia and functions in coordination with the Virginia Department of Health and the City of Norfolk.
- Health care and public health agencies must preserve all vital operational records during an emergency, including:
    - Patient records

- Surveillance and case data
- Vaccine inventories and dispensing documentation
- Embargo, quarantine, destruction, and closure orders

Epidemiological surveillance systems, operating internationally, nationally, statewide, and regionally, continuously monitor health trends to support early detection and rapid response to public health threats.

This situation guides Norfolk's planning assumptions, response strategies, and operational coordination for any health emergency requiring a unified, scalable response.

HISTORICAL OCCURRENCES

Norfolk has faced devastating public health emergencies throughout its history. These events underscore the need for continued vigilance, public health infrastructure, and coordinated emergency response planning.

One of the earliest and most catastrophic examples was the Yellow Fever Epidemic of 1855, which remains one of the city's greatest tragedies. On June 7 of that year, the steamer Ben Franklin, en route from St. Thomas to New York, entered Norfolk harbor for repairs. Quarantined at anchor for nearly two weeks, the ship was eventually allowed into a Portsmouth shipyard under the condition that her bilge not be pumped. The captain violated this order, and by early July, a crew member had died of yellow fever. The disease spread rapidly throughout the region.

Panic gripped the population, prompting mass evacuations, though neighboring cities refused Norfolk's refugees, in one case turning them back at bayonet-point. By August, businesses were shuttered, church services suspended, and hearses became the only regular activity on the streets. As many as 80 people died each day. Coffins were stacked at cemeteries with no one available to dig graves, forcing the burial of many victims in mass, unmarked plots. The outbreak finally subsided after the season's first frost in October. Of Norfolk's estimated population of 6,000 at the time, approximately 2,000 perished in the span of 90 days.

Source: Norfolk Public Library – The Fever of 1855

More recently, the COVID-19 pandemic (2020–2022) profoundly impacted every sector of life in Norfolk and around the world. The city experienced widespread illness, disruptions to schools and businesses, a strained healthcare system, and extended periods of economic and emotional hardship. Critical lessons were learned in medical surge coordination, risk communication, vaccination logistics, continuity of operations, and community-based outreach to vulnerable populations.

These historical occurrences emphasize the reality that public health threats, while varied in form, are a recurring challenge. As Norfolk continues to grow and serve as a hub for commerce, military operations, and tourism, it remains imperative that the city is prepared to respond to future health emergencies with urgency, coordination, and compassion.

ASSUMPTIONS

The following assumptions form the basis for planning and response operations related to a public health emergency in the City of Norfolk. These assumptions guide decision-making, resource allocation, and coordination across agencies:

- Public health emergencies of various types, sizes, intensities, and durations may occur in or near Norfolk with little or no warning.
- A biological incident, whether naturally occurring or manmade, could significantly strain or overwhelm local, regional, and state public health and healthcare systems.
- Disease outbreaks (e.g., influenza, anthrax, or emerging infectious diseases) may occur in multiple waves over an extended period and may require prolonged response and recovery operations.
- The Norfolk Department of Public Health (NDPH) will play a primary role in disease surveillance, case recognition, and situational assessment, especially in covert biological incidents.
- In the event of an overt biological attack, public health will participate in Unified Command and coordinate closely with law enforcement and emergency management.
- A public health response may include:
    - Mass sheltering and isolation operations;
    - Mass vaccination or prophylaxis campaigns;
    - Quarantine enforcement;
    - Food, water, and environmental safety assessments;
    - Risk communication and dissemination of public health information.
- Public health events may disrupt critical services and infrastructure due to widespread absenteeism, increased mortality, or interruption of supply chains.
- An influenza pandemic could result in up to a 20% reduction in workforce across the public and private sectors.
- Individuals with pre-existing medical conditions may miss critical, life-sustaining treatments (e.g., dialysis, chemotherapy, or home health support) due to system-wide disruption.
- Medication and vaccine availability may be limited at the onset of an emergency. Priority groups may need to be established based on risk and exposure.
- Prophylactic treatments (e.g., antibiotics, antivirals) are most effective when administered within 48 hours of exposure. Dispensing operations must occur quickly to achieve that window.
- Public Points of Dispensing (PODs) will be activated to provide non-medical mass distribution of prophylactic medications to the public within 48 hours of the decision to do so.
- Medication and vaccine distribution will rely on the timely delivery and coordinated receipt of the Strategic National Stockpile (SNS). This will include:
    - A 12-hour Push Package with up to 50 tons of medical supplies and pharmaceuticals, arriving at a designated Receipt, Storage, and Staging (RSS) site.
    - Follow-on shipments tailored to the specific needs of the incident.

- The Eastern Region of the Virginia Department of Health may be overwhelmed; mutual aid support for dispensing or surge operations may not be immediately available for 48 hours or longer.
- All NDPH personnel may be assigned emergency responsibilities based on functional needs, rather than day-to-day roles. The Health Department Operations Center (HDOC) will be staffed accordingly.
- Regulated facilities (e.g., schools, nursing homes, childcare centers, higher education institutions, and hazardous materials sites) must maintain and share emergency plans with applicable local and state agencies, as required by law.
- Team Norfolk will utilize the National Incident Management System (NIMS) and Incident Command Structure (ICS) to manage the response.
- Standard Operating Procedures (SOPs) will be developed and maintained based on roles and responsibilities outlined in this annex.
- Team Norfolk will mobilize resources, personnel, and mutual aid agreements as required by the scope of the emergency.
- Community-wide planning and response must account for vulnerable populations, including those with limited mobility, chronic illness, limited English proficiency, or access and functional needs.

CONCEPT OF OPERATIONS

The response to a public health emergency in the City of Norfolk will follow a phased, scalable, and coordinated approach aligned with the City's Emergency Operations Plan (EOP), the National Incident Management System (NIMS), and the Incident Command Structure (ICS). Operations will be led by the Norfolk Department of Public Health (NDPH), in collaboration with Norfolk Emergency Management, the Eastern Virginia Healthcare Coalition (EVHC), and other key partners.

1. Incident Detection and Notification

- The NDPH, through its epidemiological surveillance and collaboration with the Virginia Department of Health (VDH), will monitor for and detect unusual patterns of illness or biological threat indicators.
- Upon identification of a potential or actual public health threat, NDPH will notify Norfolk Emergency Management and other stakeholders via established alerting protocols.
- The City's Emergency Operations Center (EOC) may be activated to support information sharing, resource coordination, and interagency collaboration.

2. Incident Assessment and Declaration

- NDPH, in coordination with VDH and the Centers for Disease Control and Prevention (CDC), will assess the threat, determine public health risks, and recommend appropriate response actions.

- A local emergency declaration may be issued by the City Manager to support response operations, access resources, and implement protective measures.
- The Health Department Operations Center (HDOC) will be activated to manage internal public health coordination, medical countermeasure logistics, and surveillance functions.

3. Command and Control Structure

- Public health incidents will be managed under a Unified Command structure when multiple agencies (e.g., public health, law enforcement, emergency management) have jurisdictional or functional responsibilities.
- The NDPH will lead medical and public health operations, while Norfolk Emergency Management will provide operational coordination across City departments and regional partners.
- ICS principles will guide task organization, span of control, resource tracking, and communications.

4. Response Operations

Response activities will be tailored to the nature and scale of the emergency, and may include:

- Case investigation and contact tracing for disease containment.
- Activation of Points of Dispensing (PODs) for mass prophylaxis or vaccination.
- Implementation of isolation or quarantine measures, as authorized by public health officials.
- Coordination with hospitals and healthcare facilities for medical surge, patient tracking, and continuity of care.
- Public information campaigns to communicate protective actions, reduce fear, and ensure equitable access to services.
- Support for congregate settings, including long-term care facilities, shelters, correctional institutions, and childcare centers.

5. Strategic National Stockpile (SNS) Coordination

- Upon federal authorization, the SNS will be deployed to a designated Receipt, Storage, and Staging (RSS) site in Virginia. NDPH, in coordination with VDH and Norfolk Emergency Management, will manage the local distribution of SNS assets.
- Public POD sites will be identified, staffed, and operated using established Medical Countermeasure (MCM) plans, supported by local agencies and volunteer organizations.

6. Recovery and Demobilization

- As the situation stabilizes, recovery efforts will begin, including:
    - Restoration of disrupted healthcare services and public health programs.

    - After-action review and improvement planning.
    - Mental health and community resilience support.
    - Financial recovery processes and reimbursement coordination (e.g., FEMA, CDC Public Health Emergency Preparedness grants).
- NDPH will demobilize the HDOC in coordination with the EOC and return to routine operations, maintaining readiness for future incidents.

7. Coordination and Communication

- Throughout all phases, effective communication will be maintained through:
    - Liaison positions at the EOC and HDOC.
    - Regular situation reports (SitReps) and briefings to leadership.
    - Risk communication to the public through Joint Information System (JIS) protocols and Norfolk's ESF #15 (External Affairs).

GENERAL

All public health emergencies involving biological threats, whether naturally occurring or manmade, will be guided by the Virginia Department of Health Emergency Response and Recovery Plan, the Norfolk Department of Public Health (NDPH) plans, and the City of Norfolk Emergency Operations Plan (EOP). These plans provide the foundation for coordination, resource deployment, and public health response operations.

Upon detection of a biological threat requiring a public health emergency response:

- The Norfolk Department of Public Health will activate its Health Department Operations Center (HDOC) in accordance with Norfolk Health District Emergency Response Plan (Base Plan) *Section IV. Concept of Operations*. The District Director will assume command of public health operations.
- A Unified Command structure will be established between the NDPH and the Norfolk Emergency Operations Center (EOC). Public Health will provide subject matter expertise, technical guidance, and staff to lead medical countermeasure and dispensing operations, while Team Norfolk will provide operational and logistical support, including staffing, transportation, security, and facilities.
- Joint Information Center (JIC) activation will ensure coordinated and unified messaging to the public and partner agencies, consistent with ESF #15 (External Affairs).

Due to the potential need for non-pharmaceutical interventions, such as social distancing or isolation, the following adjustments may be necessary:

- The Norfolk EOC and JIC may operate in a virtual or hybrid format to reduce transmission risk and ensure continuity of leadership.

- Certain City essential functions may be suspended, relocated, or modified based on guidance in the Team Norfolk Continuity of Operations (COOP) Plan.
- All departments must review the COOP Plan to ensure preparedness for alternate work arrangements, staffing reassignments, and mission-essential task execution during a prolonged or widespread health emergency.

Planning, operations, and recovery activities must be flexible and scalable to accommodate evolving conditions, while maintaining continuity of government and the delivery of essential public health services.

DIRECTION AND CONTROL

Direction and control during a public health emergency will be coordinated through the Norfolk Emergency Operations Center (EOC) in partnership with the Norfolk Department of Public Health (NDPH). The EOC will serve as the central coordination hub for strategic decision-making, interagency communication, and resource allocation.

NDPH will lead public health operations and provide subject matter expertise, while the EOC will facilitate multi-agency coordination and logistical support across City departments and regional partners. A Unified Command structure will be implemented as necessary, depending on the nature and scope of the incident.

Key mechanisms to maintain command, control, and communication include:

- Regularly scheduled EOC briefings to provide situational awareness, issue action items, and maintain alignment across operational sections.
- Use of Norfolk Alert, email, and the Homeland Security Information Network (HSIN) to distribute critical information, updates, and instructions to stakeholders.
- Utilization of HSIN or equivalent platforms to document incident actions, track resource requests, and maintain a common operating picture.

All response operations will adhere to the principles of the National Incident Management System (NIMS) and follow established Incident Command Structure (ICS) protocols to ensure unity of effort and effective management of personnel and resources.

SURVEILLANCE

Surveillance and early detection are critical components of public health emergency preparedness and response. The Norfolk Department of Public Health (NDPH), in coordination with the Virginia Department of Health (VDH), the Centers for Disease Control and Prevention (CDC), and other local, state, and federal partners, conducts active and passive surveillance to identify and monitor potential outbreaks of communicable diseases.

Norfolk Department of Public Health (NDPH)

- In collaboration with VDH and the CDC, NDPH participates in surveillance of travelers arriving from high-risk countries. Individuals entering the United States via major international airports, including Washington-Dulles, JFK, Newark, Chicago O'Hare, and Atlanta, are screened using CDC criteria.
- Travelers are observed and assessed for illness based on clinical symptoms and epidemiological risk factors, and interviewed before being released to their final destination. If needed, the CDC will issue health alerts to airports and local jurisdictions with case-specific information, including:
    - Estimated Time of Arrival
    - Type of Aircraft
    - Point of Origin
    - Disease Description or Symptoms
    - Number of Suspected Cases
    - Point of Contact and Callback Information
- Suspected flights may be diverted to Washington-Dulles, which houses the CDC's regional quarantine station.

NDPH also maintains ongoing local surveillance through:

- The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Reports from infection control personnel at:
    - Sentara Healthcare System
    - Children's Hospital of The King's Daughters (CHKD)
    - Private medical practices
    - Norfolk Public Schools
    - Other regional health districts

Upon detection of unusual clusters or reportable conditions, the District Epidemiologist initiates investigation and monitoring consistent with the Norfolk Health District Emergency Operations Plan (EOP).

Department of Defense (DoD)

DoD installations in Norfolk monitor returning military personnel from overseas deployments.

- Personnel may be screened, quarantined, or inoculated in accordance with federal health guidance.
- DoD maintains active communication with VDH to ensure situational awareness and alignment with statewide public health response efforts.

Education Facilities

- Institutions of higher education and campus-based health clinics are required to report all suspected or confirmed reportable conditions to NDPH.
- Suspected clusters of illness, such as foodborne illness or influenza-like illness, must also be reported, even if not yet confirmed.

Healthcare Agencies

- Physicians, infection preventionists, laboratory directors, and medical facility administrators are required by Virginia law to report all conditions listed on the Reportable Disease List to their local health department.

Norfolk 911 Communications & Norfolk Fire-Rescue

- Emergency Medical Dispatch (EMD) protocols are activated during heightened awareness periods to screen 911 callers for potential symptoms of infectious disease.
- When necessary, Emergency Management is notified, and Fire-Rescue is advised to wear appropriate personal protective equipment (PPE) before engaging with patients to minimize the risk of exposure and transmission.

U.S. Coast Guard – Sector Hampton Roads

- USCG reviews Notices of Arrival for all vessels calling on the Port of Virginia to identify those with previous port visits in outbreak-affected areas.
- Communication is conducted directly with vessel masters at 72 hours and 12 hours before arrival, especially focusing on:
    - Recent crew changes
    - Signs of illness among the crew
    - Port calls to outbreak-impacted countries
- In coordination with Customs and Border Protection (CBP), the Coast Guard may board vessels prior to entry and initiate additional protocols as needed.
- The Captain of the Port may also conduct routine conference calls with port partners to facilitate maritime health information sharing and coordinated preparedness actions.

RESPONSE

Response operations during a public health emergency will be coordinated across all levels of government, guided by legal authorities, established response plans, and real-time situational awareness.

Local Response

At the local level, the Norfolk Health Director will lead the public health response in coordination with the Norfolk Emergency Operations Center (EOC). The Health Director will receive strategic guidance from the Deputy Commissioner for Community Health Services and may also coordinate directly with the Deputy Commissioner for Emergency Preparedness and Response, should statewide oversight be activated. In such instances, the State Health Commissioner may direct the Deputy Commissioner to assume authority over all Virginia Department of Health (VDH) personnel, as needed.

The Norfolk EOC will support response operations by facilitating:

- Interagency coordination and resource support;
- Planning and logistical functions;
- Public information dissemination through the Joint Information Center (JIC);
- Situation monitoring via conference calls, email, HSIN, Norfolk Alert, and the Homeland Security Information Network (HSIN).

A local emergency declaration is likely during a pandemic or high-consequence infectious disease outbreak, enabling access to additional resources and emergency authorities.

State Response

The Governor of Virginia may declare a State of Emergency under the authority granted by § 44-146.17 of the Code of Virginia. Executive Orders issued by the Governor may address exceptional public health measures, including:

- Quarantine and isolation orders issued by the State Health Commissioner pursuant to Article 3.02 (§ 32.1-48.05 et seq.) of Chapter 2 of Title 32.1 of the Code of Virginia.
- Requests for federal assistance, including the release of the Strategic National Stockpile (SNS).

Upon the Governor's request, the Commonwealth may receive shipments of medications, equipment, and medical supplies from the SNS. The first wave, known as the 12-Hour Push Package, will be delivered to a designated Receipt, Storage, and Staging (RSS) site in the state and then distributed to local jurisdictions such as Norfolk.

Federal Response

At the federal level, the President of the United States may declare either an emergency or major disaster in response to a severe public health threat, such as an influenza pandemic, under the Robert T. Stafford Disaster Relief and Emergency Assistance Act or other applicable authorities.

Additionally, under the Public Health Service Act (42 U.S.C. §§ 201–300hh-11), the Secretary of Health and Human Services (HHS) may:

- Declare a public health emergency (42 U.S.C. § 247d(a));
- Mobilize and deploy the U.S. Public Health Service Commissioned Corps;

- Coordinate assets from the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and the National Institutes of Health (NIH);
- Authorize emergency use of medical countermeasures and streamline regulatory processes.

Federal support will augment state and local operations through resource deployment, epidemiological expertise, policy guidance, and public health surge capacity.

QUARANTINE & ISOLATION MEASURES

Quarantine and isolation are essential public health tools used to limit the spread of communicable diseases during an outbreak or biological incident.

- Isolation involves separating individuals who are confirmed to be sick with a contagious disease from those who are healthy, to prevent further transmission.
- Quarantine involves restricting the movement of individuals who may have been exposed to a contagious disease but are not yet symptomatic, to determine whether they become ill.

The authority to implement these measures is granted at the local, state, and federal levels and must be exercised in accordance with applicable laws and regulations.

State Authorities – Code of Virginia

The Commonwealth of Virginia grants broad powers to the State Health Commissioner to manage quarantine and isolation in order to protect public health. Key provisions include:

- **§ 32.1-42; § 32.1-43; § 32.1-48 – Disease Control Measures**
  Authorizes the Commissioner to mandate quarantine, vaccination, or treatment of individuals to control disease spread. Allows immediate vaccination of populations during an epidemic.
- **§ 32.1-48.02; § 32.1-48.04 – Isolation of Persons with Communicable Diseases**
  Allows the Commissioner to order the custody of individuals with airborne communicable diseases and to petition for temporary detention. These sections outline legal processes for hearings and appeals related to isolation orders.
- **§ 32.1-48.017 – Use of Public or Private Property**
  Authorizes the Health Commissioner to require the use of any public or private property, building, or facility for quarantine or isolation during a declared emergency. The property owner is entitled to compensation for such use.

Federal Authorities – U.S. Code & Public Health Service Act

Federal law supports state and local quarantine actions and provides mechanisms for federal intervention when needed:

- **42 U.S.C. § 97**

Permits the Secretary of Health and Human Services (HHS) to enlist military and Coast Guard personnel to assist states in enforcing quarantine laws related to vessels entering U.S. ports.

- **42 U.S.C. § 98**
  Allows the Secretary of the Navy to provide vessels to aid federal quarantine and isolation efforts upon request by HHS.
- **Public Health Service Act, Section 311 (42 U.S.C. § 243(a))**
  Enables federal assistance to state and local authorities in enforcing quarantine and other public health regulations.
- **42 CFR § 70.2 and 21 CFR § 1240.30**
  Grants the Centers for Disease Control and Prevention (CDC) authority to intervene in domestic outbreaks if local control is deemed insufficient.

In Norfolk, the Norfolk Department of Public Health (NDPH), under the authority of the State Health Commissioner, will coordinate with Norfolk Emergency Management, law enforcement, legal counsel, and other relevant agencies to implement and enforce isolation and quarantine measures. All actions will be guided by applicable statutes, evidence-based protocols, and considerations for due process and public communication.

For additional guidance on federal quarantine laws and enforcement mechanisms, see: CDC Quarantine Laws and Regulations

MEDICAL COUNTERMEASURES

Medical countermeasures (MCM) are essential tools used to protect the health of the community during a public health emergency involving infectious diseases, bioterrorism, or exposure to hazardous biological agents. These countermeasures may include vaccines, antibiotics, antivirals, antitoxins, and other pharmaceutical or medical supplies.

The Norfolk Department of Public Health (NDPH), in coordination with the Virginia Department of Health (VDH), Norfolk Emergency Management, law enforcement, and other Team Norfolk partners, will lead the planning and execution of medical countermeasure operations, including receipt, storage, security, distribution, and dispensing to the public.

Strategic National Stockpile (SNS)

In the event of a public health emergency requiring federal assistance, the Governor of Virginia may request assets from the Strategic National Stockpile (SNS). Upon approval, the SNS will be deployed in two phases:

- 12-Hour Push Package: A shipment of approximately 50 tons of pharmaceuticals, medical supplies, and support materials will arrive at the designated Receipt, Storage, and Staging (RSS) site within 12 hours of the federal deployment decision.

- Vendor-Managed Inventory (VMI): A follow-on shipment tailored to the specific incident's needs, including additional medications or vaccines, will be delivered based on ongoing assessments.

Local Coordination and Receipt

- The Virginia Department of Health manages the RSS site and coordinates delivery to local jurisdictions, including Norfolk.
- The Norfolk Emergency Operations Center (EOC) and Health Department Operations Center (HDOC) will coordinate logistics, security, and interagency support for local receipt and staging.
- Security escorts may be provided by law enforcement to safeguard transport and distribution.

Points of Dispensing (PODs)

- POD sites will be activated to provide non-medical mass prophylaxis or vaccination to the public.
- PODs will be selected based on geographic accessibility, capacity, population density, and staffing availability.
- Each POD will be staffed by a combination of NDPH personnel, trained volunteers (e.g., Medical Reserve Corps), City staff, and partner agencies.
- Operations will be conducted in accordance with established POD Plans and VDH Medical Countermeasure guidance.

Prioritization and Distribution Strategy

- During a widespread event with limited resources, priority groups may be identified based on CDC/VDH guidance (e.g., healthcare workers, first responders, high-risk individuals).
- Prophylactic treatment should ideally begin within 48 hours of the decision to dispense in order to be maximally effective.
- PODs must be capable of distributing medications or vaccines to the entire affected population in a short timeframe, often within 48 hours.

Public Communication

- The Joint Information Center (JIC) will disseminate timely, clear, and culturally appropriate information about:
    - Who should report to PODs
    - What to bring
    - How the process works
    - Available support for those with disabilities, language needs, or transportation barriers
- Messaging will be delivered via Norfolk Alert, IPAWS/WEA, social media, the Norfolk.gov emergency bar, and traditional media outlets.

Special Populations and Accessibility

- Plans must include strategies to reach:
  - Homebound residents
  - Long-term care facilities
  - Correctional facilities
  - Individuals with access and functional needs
- Partnerships with Norfolk Human Services, Aging and Disability Services, and other community-based organizations will be leveraged.

Training, Exercises, and After-Action

- POD and MCM operations will be regularly tested through local and regional exercises.
- After each real-world activation or drill, an After-Action Report (AAR) and Improvement Plan (IP) will be developed to refine processes and address gaps.

POINTS OF DISPENSING (PODS)

Points of Dispensing (PODs) are community locations where lifesaving medications, vaccines, or other medical countermeasures are rapidly dispensed to the public during a public health emergency. The goal is to protect Norfolk's population by delivering treatment or prophylaxis as quickly and efficiently as possible, ideally within 48 hours of the decision to activate.

POD operations in the City of Norfolk are led by the Norfolk Department of Public Health (NDPH) in coordination with Norfolk Emergency Management, the Virginia Department of Health (VDH), and other Team Norfolk partners.

POD Site Selection and Activation

- POD sites are pre-identified facilities (e.g., public schools, community centers, civic buildings) selected based on population distribution, accessibility, security, and available space for high-throughput operations.
- Site activation will be based on:
  - Type and scale of the public health threat
  - Target population
  - Resource availability and staffing levels
  - PODs may be open (for the general public) or closed (limited to specific groups such as employees of a business or residents of a facility).

POD Staffing and Structure

Each POD will be organized using Incident Command principles and will include:

- Site Manager (POD Commander)
- Triage and Greeters

- Registration and Screening Teams
- Medical Evaluation and Consultation Teams
- Dispensing Teams (medications or vaccines)
- Logistics and Supply Teams
- Security Personnel (Norfolk Police, partner law enforcement, or contracted security)
- Mental Health and Support Services, including translation/interpretation staff and ADA accommodations

POD Logistics and Support

- PODs will receive supplies and medications via secure distribution from the Strategic National Stockpile (SNS) or state-managed assets.
- Supplies may include:
    - Medical countermeasures
    - Fact sheets and instructions
    - PPE for staff
    - Emergency communications equipment
- Support services may be provided through:
    - Norfolk Human Services (transportation assistance, care for individuals with functional needs)
    - Norfolk Public Schools (facility access and staffing)
    - Medical Reserve Corps (MRC) volunteers and City personnel trained for POD operations

Security and Access Control

- POD sites will be secured and managed with perimeter control, crowd management, and escort protocols for SNS assets.
- Law enforcement will maintain order, prevent diversion of supplies, and support safe ingress and egress.

POD Throughput and Timing

- PODs are designed for high-volume, rapid service, with throughput goals based on the population size and required medication/vaccine delivery timeframes.
- Norfolk's POD plans include scalable options from small community sites to large regional dispensing centers.

Communications and Public Outreach

The Joint Information Center (JIC) will:

- Issue clear instructions about who should go to which POD and when
- Provide multilingual and accessible messaging across platforms

- Coordinate with community organizations to amplify messaging
- Include maps, transportation options, and safety guidelines

Special Population POD Considerations

- Mobile dispensing teams or alternate access points will be planned for:
    - Homebound individuals
    - Long-term care and correctional facilities
    - Individuals with transportation or mobility barriers
- Closed POD partnerships may be activated with:
    - Hospitals, colleges, large employers, or faith-based organizations

Documentation and Tracking

- All POD activities will be tracked using HSIN, internal NDPH logs, or VDH-provided systems to ensure accountability, dosage tracking, and inventory control.
- Documentation will also support public health reporting and potential reimbursement through federal or state recovery programs.

Training and Exercises

- POD staff will receive Just-in-time training or pre-event training, depending on the event scope.
- -Norfolk will participate in annual MCM and POD functional exercises coordinated with VDH and EVHC to test readiness and interoperability.

ALERT / INITIAL BRIEFING

Upon the confirmation or identification of a public health threat within the Commonwealth of Virginia, a coordinated alerting and briefing process will be initiated to ensure timely situational awareness, interagency coordination, and public notification.

State-Level Notification

The Virginia Department of Health (VDH) will utilize the Virtual Emergency Operations Center (Veoci) software and the Virginia Healthcare Alert and Situation Status System (VHASS) to notify:

- The State Health Commissioner's Incident Management Team
- All Local Health Districts
- Regional Healthcare Coalitions

The HAN alert will include information on case confirmation, recommended actions, and situational updates related to the threat of concern.

Local Notification and Coordination

Upon receipt of a confirmed or suspected case in Norfolk, the Norfolk Health Director will immediately notify:

- The Norfolk City Manager
- The Director of Public Safety
- The Office of Emergency Management

In response, Norfolk Emergency Management will:

- Initiate internal coordination and planning through Team Norfolk.
- Distribute initial alerts to key agencies via Norfolk Alert.
- Schedule and facilitate the initial incident briefing, which will include representatives from public health, public safety, emergency management, and supporting departments.

Public Notification and Community Outreach

The Norfolk Department of Public Health does not currently maintain a standalone public alert system. Therefore, upon the request of Public Health, the Norfolk EOC and Joint Information Center (JIC) will assume responsibility for public-facing notifications.

Dissemination methods will include:

- Norfolk Alert (mass notification system)
- Integrated Public Alert and Warning System (IPAWS) and Wireless Emergency Alerts (WEA), if applicable
- Updates posted to the Norfolk.gov emergency banner
- Information and graphics shared across official City social media platforms
- Coordination with Norfolk Cares Call Center for public inquiries

Initial Media Briefing

If there is laboratory confirmation of an infectious disease or serious public health threat, an initial press conference will be held to inform the public. This briefing will be coordinated through the JIC and should include, at a minimum:

- The State Health Commissioner
- The Norfolk Health Director
- Senior hospital or healthcare system leadership (e.g., Sentara, CHKD)

All messaging will be unified, evidence-based, and designed to provide clear protective actions for the public, reduce misinformation, and build trust in the City's response.

OPERATIONAL PERIODS AND SITUATIONAL REPORTS

Operational periods and situational reporting are essential components of effective emergency management, enabling structured decision-making, timely coordination, and resource tracking throughout the incident.

Operational Periods

- The Incident Command/Unified Command, in coordination with the Norfolk Emergency Operations Center (EOC) and the Norfolk Department of Public Health (NDPH), will determine the length and structure of operational periods based on incident complexity, resource demands, and information flow.
- Common operational period durations may be 12 or 24 hours but can be adjusted as needed.
- Each operational period will include:
    - Defined objectives and priorities
    - A tactics meeting or briefing
    - Assignment of responsibilities
    - Review of resource needs and constraints

Situational Reports (SitReps)

- Norfolk Emergency Management, in partnership with NDPH and other ESFs, will prepare and distribute regular SitReps to Team Norfolk partners, City leadership, and external stakeholders.
- Reports will be developed using HSIN or another designated platform and will include:
    - Incident summary and key developments
    - Public health case data, trends, or projections
    - Medical countermeasure updates
    - POD activity status
    - Resource needs and logistical updates
    - Public messaging and community impacts
- SitReps may be issued on a daily basis or aligned with operational periods, depending on incident tempo.
- A final incident summary report or After-Action Report (AAR) will be prepared post-incident in accordance with local, state, and federal guidelines.

All documentation and records generated during the operational period will be archived for future review, accountability, reimbursement eligibility, and improvement planning.

SITUATIONAL AWARENESS AND COORDINATION

Maintaining accurate and timely situational awareness is critical during a public health emergency. All relevant agencies must remain aligned on key developments, operational priorities, and public health data to inform decision-making and resource coordination.

State-Level Coordination

- The Virginia Department of Health (VDH), headquartered in Richmond, will conduct regular conference calls with Local Health Districts and emergency management officials to provide statewide updates, guidance, and coordination.
- VDH will issue Situation Reports (SitReps) via email at scheduled intervals or as needed. These reports will include epidemiological updates, surveillance data, case counts, and resource support updates.

Local Coordination

- The Norfolk Office of Emergency Management will facilitate regular EOC briefings to coordinate local response efforts, disseminate operational priorities, and provide interagency updates to Team Norfolk stakeholders.
- The Norfolk Department of Public Health (NDPH) will provide input on health metrics, medical countermeasures, and POD operations during these briefings.
- EOC briefings may be held in person or virtually, depending on incident conditions and social distancing protocols.

Information Sharing Platforms

- The Homeland Security Information Network (HSIN) will be used to:
    - Maintain a real-time common operating picture
    - Share situation updates and guidance across agencies
    - Upload and archive operational documents, SitReps, and resource requests
- HSIN, WebEOC, and/or VDH-approved platforms (Veoci, VHASS) may also be used to track incident actions, medical countermeasure distribution, and logistics.

Public Health Reporting

- The Health Department Operations Center (HDOC) will track disease surveillance, hospital impact, and community spread indicators.
- NDPH will ensure timely and secure reporting of key indicators to VDH and Norfolk Emergency Management to support unified situational awareness.

All situational information will be shared according to data privacy regulations, chain-of-command protocols, and information classification standards to ensure accuracy, consistency, and confidentiality where required.

SURVEILLANCE AND PLANNING PRODUCTS

Effective planning and response to public health emergencies rely on timely, accurate surveillance data and validated planning tools. The following systems and resources support ongoing disease monitoring, risk assessment, and strategic decision-making at the local, state, and national levels:

- **Surveillance Systems and Tools**
  Centers for Disease Control and Prevention (CDC) – Infectious Diseases
  Repository of disease profiles, case definitions, and surveillance updates.
  https://www.cdc.gov/oid/
- **Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)**
  A syndromic surveillance platform used by NDPH and VDH to monitor and detect disease patterns within Norfolk and the surrounding region.
- **National Bio-surveillance Integration Center (NBIC)**
  U.S. Department of Homeland Security resource for integrating biological surveillance data across agencies to support early warning and situational awareness.
  NBIC Fact Sheet (PDF)
- **Virginia Department of Health (VDH)**
  The state's central public health authority provides updates on reportable diseases, preparedness planning, and emergency health alerts.
  http://www.vdh.virginia.gov/
- **VDH Division of Surveillance and Investigation**
  Focused on epidemiological data, outbreak investigation, and infectious disease reporting.
  http://www.vdh.virginia.gov/Epidemiology/Surveillance/index.htm
- **Navy and Marine Corps Public Health Center (NMCPHC)**
  A military public health resource supporting the surveillance and response needs of naval installations and the Department of Defense.
  http://www.med.navy.mil/sites/nmcphc/Pages/Home.aspx

Planning Tools

- UK National Planning Assumptions Assessment Tool
  An Excel-based analytical tool used to model outbreak scenarios and assess response capacity. (Note: Tool access may be limited or require a separate download.)

These products and tools should be reviewed regularly and incorporated into preparedness exercises, planning assumptions, and incident-specific response operations.

PUBLIC INFORMATION

During a public health emergency, the Norfolk Department of Public Health (NDPH) is the official source for information related to the health aspects of the incident. All public messaging will originate from NDPH in coordination with the Virginia Department of Health (VDH). To ensure consistency, accuracy, and unity of message, all information must be reviewed and approved by the NDPH leadership and the Norfolk Emergency Operations Center (EOC) prior to dissemination.

The Joint Information Center (JIC), activated under the City's Emergency Support Function (ESF) #15: External Affairs, will manage the distribution of approved messaging to the public. Communication channels may include Norfolk Alert, social media, Norfolk.gov, traditional media outlets, and, if warranted, the Integrated Public Alert and Warning System (IPAWS) and Wireless Emergency Alerts (WEA). The Norfolk Cares Call Center will also serve as a public-facing resource to answer questions and provide consistent information.

If a significant threat is confirmed, initial press briefings will be coordinated through the JIC and may include the State Health Commissioner, the Norfolk Health Director, and representatives from local healthcare systems. All messaging will be timely, accessible, and focused on promoting protective actions, reducing public confusion, and maintaining trust in the City's response.

HOW THE REQUEST FOR RESOURCES WILL BE MET

During a public health emergency, the timely procurement and distribution of critical resources is essential to sustaining response operations. The Norfolk Department of Public Health (NDPH), in coordination with Norfolk Emergency Management and the Virginia Department of Health (VDH), will follow established procedures to request, track, and receive resources at the local, state, and federal levels.

The NDPH Business Manager is responsible for expediting the procurement of incident-related goods and services through state-approved purchasing mechanisms, to include emergency procurement methods, if approved. Requests for additional resources that cannot be met through these methods will be submitted from the Health District Operations Center (HDOC) to the ESF-8 desk in the Virginia Emergency Operations Center (VEOC). Simultaneously, the Logistics Section Chief within the Norfolk Emergency Operations Center (EOC) will support and, when appropriate, elevate local resource requests to the VEOC through standard WebEOC or mission request processes.

In a widespread outbreak, particularly involving influenza, resource shortages may affect not only the City of Norfolk but the entire region, the Commonwealth, and potentially the nation. Even when a vaccine is developed, it often takes months to become available after the virus is identified. Vaccination efforts may be further complicated by viral mutation, production delays, and limited supply. These challenges highlight the importance of strategic stockpiling, prioritization of vulnerable populations, and effective coordination at all levels of government.

A formal declaration of local emergency is required before state or federal assistance can be requested. Local resources must be fully committed, and mutual aid options explored, before elevating requests for additional support through the Commonwealth of Virginia or federal response partners.

REQUESTS FOR MEDICATIONS, EQUIPMENT, AND SUPPLIES

All requests for public health-related medications, equipment, and supplies will be coordinated through Emergency Support Function (ESF) 8 at both the local and state levels.

During an emergency, the Norfolk Department of Public Health (NDPH) will submit requests to the ESF-8 desk within the Norfolk Emergency Operations Center (EOC). These requests will be elevated to the Virginia Emergency Operations Center (VEOC) by Norfolk Emergency Management through the state's designated request system, InVAtrak, which will be used for both initial and follow-up orders.

The Norfolk Emergency Manager, in consultation with the NDPH Director, will request the VEOC to deliver prophylactic medications in predetermined quantities to designated Points of Dispensing (PODs). Delivery logistics, including security and transportation coordination, will be managed through the EOC Logistics Section. The NDPH Director will also determine the timing and quantities for medication distribution to Closed PODs operating under the City's PUSH program.

As part of each request, the Emergency Manager will confirm delivery details and seek estimated delivery timelines to ensure appropriate staging and activation of POD sites.

PERSONNEL AUTHORIZED BY THE HEALTH DIRECTOR TO REQUEST ASSISTANCE

If the Health Director is unavailable or requires delegation, the following personnel are authorized to submit resource requests on behalf of the Norfolk Department of Public Health (NDPH), through the Norfolk Emergency Operations Center (EOC) to the Virginia Emergency Operations Center (VEOC):

- Nurse Manager Senior
- Chief Operating Officer
- Business Manager

These individuals are empowered to act on behalf of the Health Director for the purpose of requesting prophylactic medications, medical equipment, or other public health-related resources necessary for incident response.

Simultaneously, the NDPH Director will notify the Deputy Commissioner for Public Health and Prevention in the Virginia Department of Health (VDH) Emergency Coordination Center (ECC) and the ESF-8 desk at the VEOC to advise that the request is forthcoming.

All prophylactic medication requests will be submitted using InVAtrak, the Commonwealth's official inventory and request management system. In the event InVAtrak is unavailable, an Excel-based spreadsheet will serve as the approved backup method to facilitate inventory tracking and resource coordination.

ORGANIZATION

The City of Norfolk utilizes a hybrid Incident Command System (ICS) and Emergency Support Function (ESF) structure to manage all emergency incidents, including public health emergencies. This structure

aligns with the National Incident Management System (NIMS) and is designed to ensure seamless coordination between operational functions, subject matter experts, and support agencies.

Upon activation, the Norfolk Emergency Operations Center (EOC) will implement this hybrid approach by assigning responsibilities under relevant ESFs, while maintaining clear chain-of-command principles as outlined in ICS. For public health emergencies, ESF #8 – Public Health and Medical Services is the lead functional group and is supported by other relevant ESFs, including Logistics (ESF #7), External Affairs (ESF #15), Public Safety (ESF #13), and others as needed.

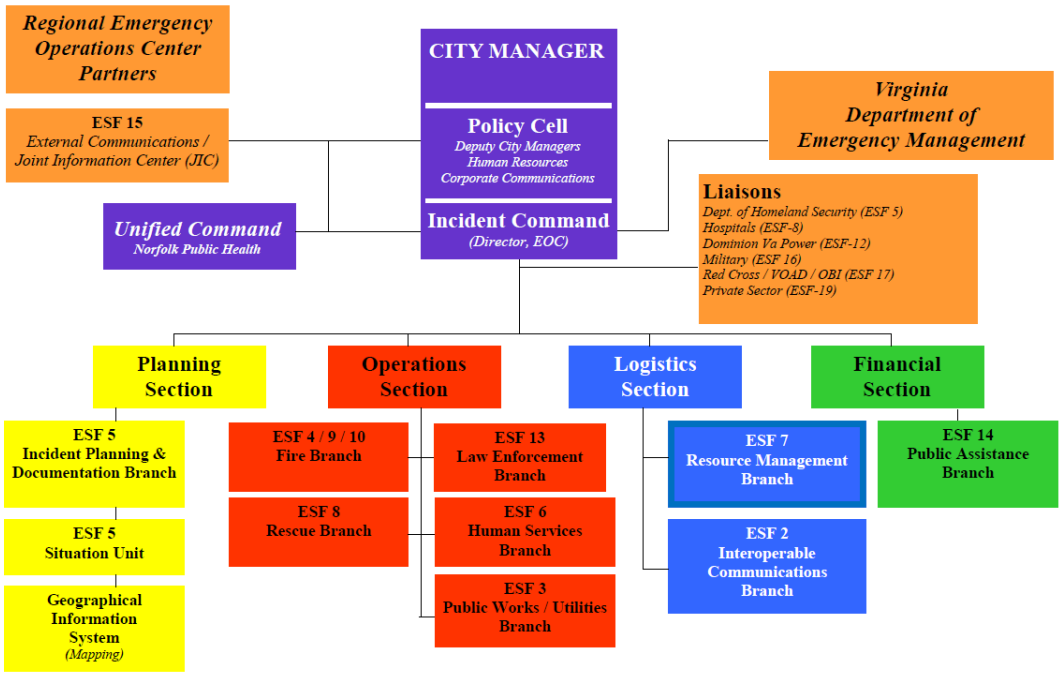
The Norfolk Department of Public Health (NDPH) serves as the lead agency under ESF #8 and coordinates directly with the Norfolk EOC, regional healthcare coalitions, and the Virginia Department of Health (VDH). NDPH may activate its own Health Department Operations Center (HDOC), which interfaces with the EOC to support tactical health operations, medical countermeasure distribution, and disease surveillance.

This hybrid structure allows for:

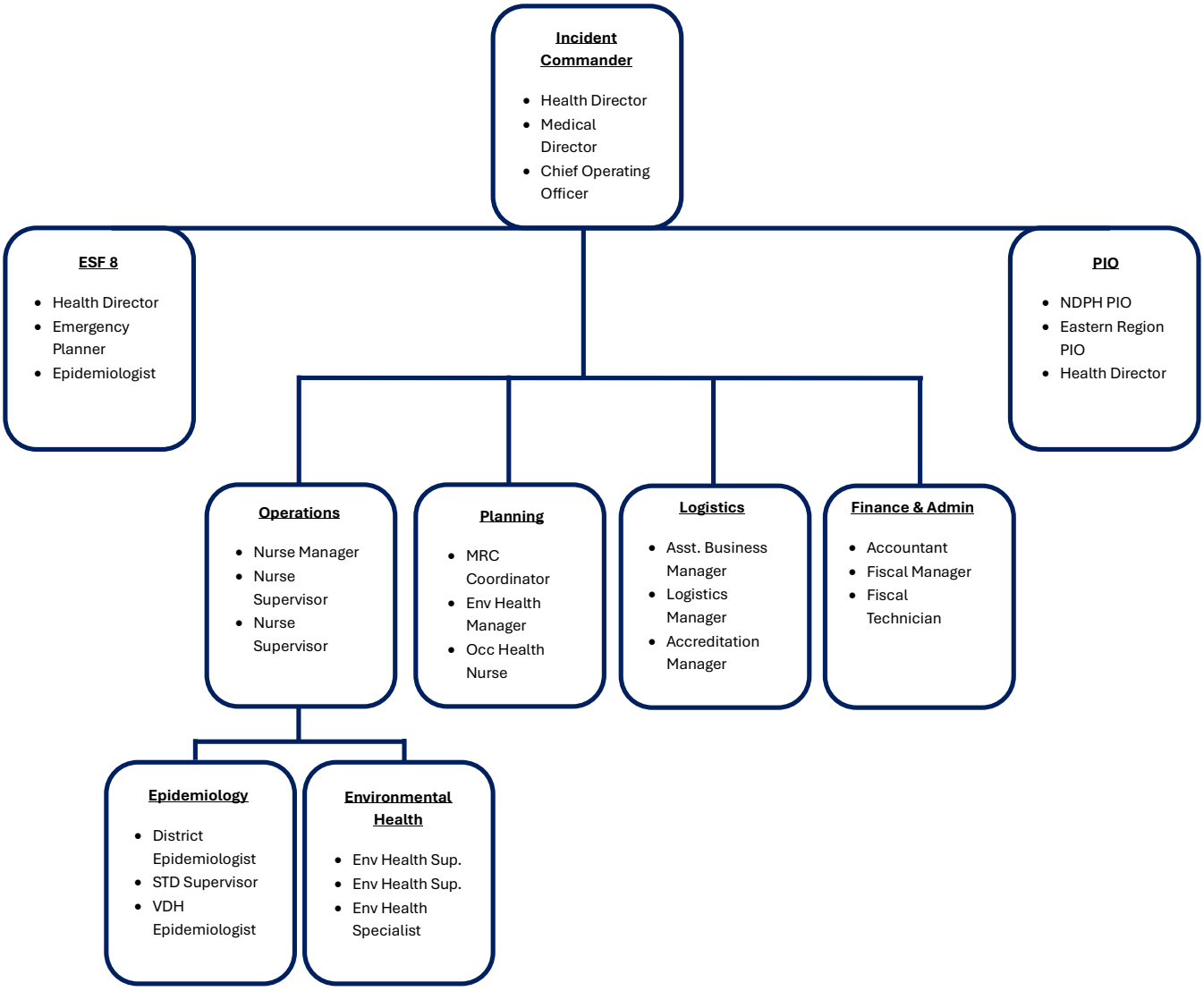
- Efficient coordination across City departments and external partners
- Rapid mobilization of resources and personnel
- Clear roles, responsibilities, and lines of communication
- Flexibility to scale response based on incident complexity and duration

All operational decisions and resource management efforts will follow this structure to ensure a unified and effective response.

TEAM NORFOLK EMERGENCY OPERATIONS CENTER (EOC)



NORFOLK DEPARTMENT OF HEALTH EMERGENCY OPERATIONS STRUCTURE



ROLES AND RESPONSIBILITIES

Successful response to a public health emergency in the City of Norfolk requires coordinated efforts across public health, emergency management, healthcare, public safety, and support agencies. Roles and responsibilities are defined by the Norfolk Emergency Operations Plan (EOP), the Virginia Emergency Operations Plan (VEOP), and federal public health guidance, and are executed using the ICS/ESF structure.

The Norfolk Department of Public Health (NDPH) serves as the lead agency under ESF #8 – Public Health and Medical Services. NDPH is responsible for disease surveillance, case investigation, epidemiological reporting, risk assessment, vaccination and prophylaxis planning, and coordination with local healthcare providers. The NDPH Director leads health-related decision-making and may activate the Health Department Operations Center (HDOC) to manage internal response operations.

Norfolk Emergency Management coordinates citywide preparedness, response, and recovery operations. During a public health emergency, the Emergency Operations Center (EOC) is activated to facilitate multi-agency coordination, resource tracking, public information dissemination, and logistical support. The Emergency Manager works closely with the NDPH Director to ensure Unified Command is maintained and to support requests for state or federal assistance.

Healthcare systems (e.g., Sentara Norfolk General, Children's Hospital of The King's Daughters) coordinate medical surge capacity, patient care, isolation procedures, and reporting of notifiable conditions. They interface with the Eastern Virginia Healthcare Coalition (EVHC), the Regional Healthcare Coordination Center (RHCC), and the EOC to ensure continuity of care and resource coordination.

Norfolk Police and Norfolk Fire-Rescue provide site security, public safety support, and emergency medical services. They assist with the protection of Points of Dispensing (PODs), enforcement of quarantine/isolation measures if ordered, and PPE compliance for field personnel.

Norfolk Public Schools and Recreation Facilities may be used as POD sites or temporary medical facilities and will assist in site access, custodial support, and crowd management.

Norfolk Department of Human Services and related support agencies assist with community outreach, sheltering support, and services for individuals with access and functional needs, including transportation to PODs or healthcare facilities.

At the state level, the Virginia Department of Health (VDH) supports local operations through epidemiological consultation, laboratory testing, strategic guidance, and coordination of Strategic National Stockpile (SNS) assets. VDH also manages the Virginia Emergency Coordination Center (ECC) and provides oversight of ESF #8 at the state level.

The Virginia Emergency Operations Center (VEOC) coordinates statewide logistics, resource requests, and inter-jurisdictional support, including the delivery of SNS assets and medical countermeasures.

At the federal level, the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (HHS) provide subject matter expertise, funding, regulatory flexibility, and access to the Strategic National Stockpile. Federal assistance may also include deployment of the U.S. Public Health Service or activation of federal emergency declarations.

All agencies will maintain regular communication with the Norfolk EOC, follow NIMS and ICS protocols, and support response and recovery efforts according to their designated roles.

INDIVIDUAL / HOMEOWNER / BUSINESS OWNER ROLES AND RESPONSIBILITIES

Community members, including individuals, families, and business owners, play a vital role in reducing the impact of a public health emergency. Their actions can directly influence the spread of disease, the safety of their households or workplaces, and the overall effectiveness of the response.

All residents and business owners are encouraged to practice and promote health-protective behaviors, including respiratory hygiene, regular handwashing, physical distancing when appropriate, and staying home when ill. Additional guidance on prevention strategies can be found through the U.S. Department of Veterans Affairs:

Stop the Spread of Germs – PublicHealth.va.gov

It is important to stay informed and not fearful. Rely on official sources of information, such as the Norfolk Department of Public Health, Norfolk.gov, VDH, and the CDC, for accurate updates and instructions during an emergency.

Residents and businesses are strongly encouraged to register for Norfolk Alert, the City's official emergency notification system, to receive timely updates, health alerts, and public safety information. Registration is free and can be completed at Norfolk.gov/Alert.

Business owners should also ensure continuity plans are in place, particularly for staffing, sanitation protocols, and potential closures. Cooperation with public health directives, including isolation, quarantine, or modified operations, will help protect both employees and customers while supporting the broader community response.

By remaining informed, following public health guidance, and participating in local preparedness efforts, every individual contributes to a safer and more resilient Norfolk.

ALL EMERGENCY SUPPORT FUNCTIONS

Be sure to review your respective ESF Annex for partner agencies, contact information, and roles and responsibilities appropriate for all incidents, available resources, and other critical information!

For more information on Emergency Support Functions, visit the FEMA site.

EMERGENCY SUPPORT FUNCTION 1: TRANSPORTATION

Primary Agency: Norfolk Department of Transit

Support Agencies: Amtrak, Hampton Roads Transit (HRT), Norfolk International Airport, U.S. Coast Guard Sector Hampton Roads, Virginia Department of Transportation (VDOT), Norfolk Public Works – Transportation Division, and Norfolk Emergency Management.

KEY RESPONSIBILITIES

Norfolk Department of Transit

- Coordinate with Norfolk Public Health and Norfolk Emergency Management to maintain continuity of local transportation systems during public health emergencies.
- Support planning for the movement of critical personnel, supplies, and medications, including coordination for Strategic National Stockpile (SNS) deliveries.

Amtrak

- Activate internal task force to maintain situational awareness of the public health event and coordinate continuity of operations.
- Keep employees and passengers informed of any health advisories or service changes.
- Review and update protocols for identifying and managing symptomatic passengers and staff.
- Take rail cars out of service for cleaning or decontamination based on guidance from public health authorities.

Hampton Roads Transit (HRT)

- Report all preparatory and response actions to the Norfolk Emergency Operations Center (EOC).
- Coordinate with Norfolk Public Health and Norfolk Emergency Management to implement protective measures on public transportation, including enhanced sanitation and PPE use.
- Provide transportation support for emergency personnel, essential workers, or individuals requiring access to Points of Dispensing (PODs) or medical care, if requested.

Norfolk International Airport

- Support Norfolk Public Health and the Virginia Department of Health (VDH) with surveillance activities, including coordination with TSA, Customs and Border Protection (CBP), and CDC as necessary.
- Facilitate space and operational support for isolation or triage activities if implemented at the airport.

- Share information about symptomatic travelers or relevant flight activity with local health officials.

U.S. Coast Guard Sector Hampton Roads

- Review Notices of Arrival (NOA) to identify vessels that have visited countries affected by the public health threat.
- Communicate with vessel masters at least 72 hours and 12 hours prior to arrival at the Chesapeake Bay buoy.
- In coordination with CBP, focus screening on vessels with recent crew changes and board ships as necessary to assess the health of crew members.
- Support communication with port partners and Norfolk Public Health during potential maritime health incidents.

Virginia Department of Transportation (VDOT)

- Assist with signage, detours, and traffic flow adjustments as needed to support POD operations or public health infrastructure access.
- Coordinate with Norfolk Public Works to support traffic management related to emergency health operations.

Norfolk Public Works – Transportation Division

- Coordinate with NPD and HRT to support traffic flow changes, barricades, or access control for POD sites or medical staging areas.
- Ensure transportation infrastructure remains functional and accessible for emergency response vehicles and critical workforce movement.

Norfolk Emergency Management

- Coordinate with all transportation partners through the EOC to ensure movement of medical supplies, personnel, and SNS assets.
- Facilitate planning and logistics for emergency transportation operations, including support to PODs and closed POD partners.

Additional Notes

- All transportation agencies must coordinate closely with Norfolk Public Health and Norfolk Emergency Management to ensure safe operations, particularly during outbreaks with high transmission potential.
- Transportation personnel should be included in health screening, PPE guidance, and vaccine prioritization planning when applicable.
- Agencies may be required to assist with the movement of critical care patients, vulnerable populations, or medical countermeasures during response operations.

- Public messaging about transportation changes, safety protocols, and availability of services will be coordinated through the Joint Information Center (JIC).
- Support for POD access, route planning, and resource movement should be incorporated into continuity of operations planning for each agency.

EMERGENCY SUPPORT FUNCTION 2: COMMUNICATIONS

Primary Agency: Norfolk Department of Emergency Communications

Support Agencies: Norfolk Information Technology, Norfolk Department of Public Health, Norfolk Geographic Information Services (GIS), Amateur Radio, Communications Unit Leader (COML), and Norfolk Emergency Management.

KEY RESPONSIBILITIES

Norfolk Department of Emergency Communications (ECC / 911 Center)

- Serve as the primary Public Safety Answering Point (PSAP) for emergency calls during a public health emergency.
- Implement the "Emerging Infectious Disease Surveillance" tool in the Emergency Medical Dispatch (EMD) system, with approval from Norfolk Fire-Rescue, to identify potential cases during the surveillance phase.
- During confirmed outbreaks, screen callers for symptoms to inform field responders and enable crew protection, quarantine procedures, and triage as needed.
- Provide timely notifications of emergencies or confirmed incidents to relevant agencies and coordinate with the Norfolk EOC and Norfolk Department of Public Health for public health-related dispatch considerations.

Norfolk Information Technology (City and NDPH)

- Ensure connectivity and communication pathways between the Norfolk EOC and the Norfolk Department of Public Health Operations Center.
- Provide technical support for remote operations, virtual briefings, or virtual EOC and HDOC activations if social distancing or continuity protocols are required.
- Maintain secure data-sharing systems for situational awareness platforms and incident communication tools (e.g., HSIN, video conferencing platforms).

Amateur Radio

- Provide auxiliary radio communications support to the Norfolk EOC and NDPH Operations Center upon request.
- Establish backup communications capability for internal and external messaging in the event of partial or total system failure.
- Support inter-agency communications continuity if primary systems are degraded or offline.

-
- Communications Unit Leader (COML) / Radio Shop
- Develop, maintain, and update the incident-specific ICS-205 Communications Plan in coordination with the Operations and Planning Sections.
- Support emergency communications equipment setup, radio channel assignments, and system interoperability during response operations.
- Maintain reliable radio network coverage and warning point operations throughout the public health incident.

Norfolk Geographic Information Services (GIS)

- Coordinate with Norfolk Department of Public Health to develop and maintain a visual dashboard or mapping product to reflect confirmed and suspected outbreak activity.
- Support analysis and visualization of case distribution, POD locations, critical facility impacts, and transportation considerations related to the public health response.

Norfolk Emergency Management

- Coordinate integration of communications systems across all responding agencies to ensure interoperable communications.
- Ensure redundancy and backup communications are identified and available in accordance with continuity plans.

Additional Notes

- ESF #2 partners must ensure that communication remains secure, redundant, and accessible to all operational areas throughout the incident.
- Regular testing of communication pathways between the Norfolk EOC, HDOC, and key partner agencies should be conducted during the preparedness phase.
- The Joint Information Center (JIC) will coordinate with ESF #2 for synchronized messaging platforms and emergency alerts, including use of Norfolk Alert, IPAWS, and the Norfolk.gov emergency banner.

EMERGENCY SUPPORT FUNCTION 3: PUBLIC WORKS AND ENGINEERING

Primary Agency: Norfolk Public Works

Support Agencies: Norfolk Emergency Management, Norfolk Department of Transit, Norfolk Department of General Services, and Norfolk Department of Public Health.

KEY RESPONSIBILITIES

Norfolk Public Works

- Provide transportation of medications, supplies, and equipment between staging centers and Points of Dispensing (PODs), Closed PODs, or other designated sites. Requests for transport will be initiated by the Incident Commander at the Health Department Operations Center (HDOC) and relayed through the NDPH representative in the Norfolk Emergency Operations Center (EOC).
- Maintain a fleet of at least ten large vans, with drivers available to load and transport supplies as directed.
- Support the deployment of barricades, signage, and temporary traffic control measures at PODs, triage areas, or quarantine locations in coordination with Norfolk Police and the Smart Traffic Division.
- Provide general logistics support for public health response operations, including assistance with setting up PODs, storage areas, or mobile units.
- Maintain access to and functionality of key infrastructure (e.g., roadways, loading docks, staging facilities) necessary for public health operations.

Norfolk Emergency Management

- Coordinate mission assignments and resource requests through the EOC to ensure Public Works assets are deployed in alignment with overall response priorities.
- Facilitate communication between HDOC, EOC, and field personnel to ensure delivery operations align with public health needs.

Norfolk Department of Transit

- Support routing coordination, assist in identifying appropriate staging sites, and provide supplemental vehicle support as needed.

Norfolk Department of General Services

- Provide maintenance and logistical support for city-owned facilities used in the response (e.g., PODs, storage locations, and field operations centers).

Norfolk Department of Public Health

- Identify transport priorities for medications and equipment, provide chain-of-custody documentation, and coordinate supply staging in partnership with the Logistics Section and Public Works.

Additional Notes

- All drivers and field staff involved in the transport of medical countermeasures must be briefed on safety and security protocols.
- Support personnel should be included in the POD Just-in-Time Training when assigned to assist with setup or delivery.
- Coordination with law enforcement may be required for high-security deliveries or for access to controlled areas.

EMERGENCY SUPPORT FUNCTION 4: FIREFIGHTING

Primary Agency: Norfolk Fire-Rescue

Support Agencies: Norfolk Department of Public Health, Norfolk Emergency Management, Norfolk Police Department, and Norfolk Emergency Communications Center.

KEY RESPONSIBILITIES

Norfolk Fire-Rescue

- Maintain core emergency response operations throughout the duration of the public health emergency, including fire suppression, technical rescue, and hazardous materials response.
- Provide emergency medical services (EMS) support for patients exhibiting symptoms of infectious diseases and ensure EMS personnel follow appropriate infection control and PPE protocols.
- Coordinate with Norfolk Department of Public Health to receive guidance on EMS screening tools, transport protocols, and potential isolation procedures during a confirmed outbreak.
- Support staffing at POD sites, mass care locations, or alternate care sites as needed, particularly with EMS, triage, or life safety responsibilities.
- Ensure decontamination protocols are followed for apparatus, equipment, and personnel exposed during response operations.

Norfolk Department of Public Health

- Provide infection control guidance and ongoing medical direction for EMS operations related to the public health emergency.

Norfolk Emergency Management

- Coordinate resource and personnel support through the EOC to sustain Fire-Rescue operations and ensure PPE, decontamination supplies, and fuel are available as needed.

Norfolk Police Department

- Coordinate with Fire-Rescue at joint response scenes and assist with access control, scene security, or escort for EMS transports if needed.

Norfolk Emergency Communications Center

- Provide dispatcher support for symptom screening, caller triage, and responder notification regarding potential exposure risks.

Additional Notes

- Norfolk Fire-Rescue personnel must be kept updated on evolving guidance from CDC, VDH, and NDPH related to disease-specific PPE, transport procedures, and decontamination practices.
- EMS operations should be reviewed frequently to ensure alignment with public health objectives, responder safety, and continuity of emergency medical care.

EMERGENCY SUPPORT FUNCTION 5: INFORMATION AND PLANNING

Primary Agency: Norfolk Department of Emergency Management

Support Agencies: Norfolk Department of Public Health, City Manager's Office, Norfolk Department of Human Resources, Norfolk Police Department, Norfolk Fire-Rescue, and Virginia Department of Emergency Management (VDEM).

KEY RESPONSIBILITIES

Norfolk Department of Emergency Management

- Activate and staff the City's Emergency Operations Center (EOC) upon request from the Norfolk Department of Public Health (NDPH) Director.
- Create and maintain the incident in the Homeland Security Information Network (HSIN) to facilitate information sharing, secure documentation, and situational awareness.
- Notify Team Norfolk stakeholders of the activation and schedule regular incident briefings in coordination with the NDPH.
- Provide overall command and control of emergency coordination efforts; serve as liaison between the EOC, City Manager's Office, and Policy Group.
- Advise the City Manager on operational conditions, recommend protective actions, and submit formal recommendations for a local emergency declaration when appropriate.
- Coordinate with neighboring jurisdictional EOCs and regional emergency managers for shared situational awareness and mutual aid planning.
- Complete the ICS-203 Organization Assignment List and other relevant ICS forms to document EOC roles, responsibilities, and assignments.

- Monitor local and regional conditions, track developments, and provide timely updates to internal partners and the Virginia Emergency Operations Center (VEOC).
- Coordinate between NDPH and department heads or designees for the delivery of prophylactic antibiotics using a PUSH method. Each department is responsible for internal distribution, accountability, and return of unused medications and completed Antibiotic Request Forms.
- Ensure communication systems and interoperability between the EOC and HDOC remain operational throughout the response.

Norfolk Department of Public Health

- Work in tandem with Emergency Management to identify resource needs, provide medical guidance, and coordinate support for POD operations and SNS delivery.

Virginia Department of Emergency Management (VDEM)

- Provide technical assistance, situational updates, and resource coordination via the VEOC.
- Coordinate support from regional and state partners, including mission assignments and SNS logistics.

City Manager's Office / Policy Group

- Serve as the city's executive decision-making body; receive briefings and recommendations from Emergency Management and Public Health.
- Approve declarations, public messaging, and resource prioritization during the response.

Additional Notes

- Norfolk Emergency Management may coordinate with the Department of Homeland Security Office of Health Affairs (OHA) and request bio-surveillance information through the National Bio-surveillance Integration Center (NBIC) by contacting the OHA Watch Desk at noc.oha@hq.dhs.gov.
- Emergency Management may also engage with FEMA's Domestic Incident Support Team, which includes representatives from FEMA, FBI, DOD, HHS, DOE, and EPA, for federal-level coordination and technical expertise.

EMERGENCY SUPPORT FUNCTION 6 - MASS CARE, EMERGENCY ASSISTANCE, TEMPORARY HOUSING, AND HUMAN SERVICES

Primary Agency: Norfolk Department of Human Services

Support Agencies: Norfolk Community Services Board (NCSB), Norfolk Recreation, Parks, and Open Space (RPOS), Norfolk Department of Public Health, Norfolk Emergency Management, 2-1-1 Virginia, and the Joint Information Center (JIC).

KEY RESPONSIBILITIES

Norfolk Department of Human Services

- Communicate internal protocols for screening, identifying, and managing individuals who may be symptomatic or exposed while seeking services at Human Services facilities.
- Coordinate with NDPH to ensure staff are trained on appropriate public health guidance, including PPE use and client interaction protocols.
- Relay essential service updates and changes (e.g., food, shelter, income support) to the Joint Information Center (JIC) and 2-1-1 Virginia to ensure accurate public messaging.
- Collaborate with state and federal partners to pursue emergency benefits programs, such as Emergency Supplemental Nutrition Assistance Program (SNAP) or other financial aid for residents unable to work due to illness or quarantine.
- Support community-based outreach to vulnerable populations who may be isolated, displaced, or impacted by reduced access to public services during the emergency.

Norfolk Community Services Board (NCSB)

- Implement and communicate protocols for staff and clients entering CSB-operated programs or facilities who may be symptomatic or have been exposed.
- Coordinate with NDPH to provide disaster-related behavioral health services, including psychological first aid, crisis intervention, and referrals for long-term mental health support.
- Support continuity of behavioral health operations, with consideration for virtual service options if in-person care is disrupted.
- Work with Norfolk Emergency Management to ensure behavioral health support is available at PODs, shelters, and other public-facing response sites if needed.

Norfolk Recreation, Parks, and Open Space (RPOS)

- Coordinate logistics and operations for burials and funerals, in collaboration with Norfolk Public Health and local funeral home partners, if there is an increase in fatality management needs.
- Support access to city-owned sites that may be used for the distribution of public health information, non-congregate shelter, or recovery resource centers.

Norfolk Emergency Management

- Support ESF #6 agencies through the EOC by facilitating resource requests, mission assignments, and interagency coordination.
- Ensure ESF #6 is integrated into community outreach, messaging strategies, and continuity planning.

Additional Notes

- Disaster-related behavioral health services will be essential throughout the public health emergency and into the recovery phase; coordination with the NDPH Behavioral Health Coordinator is encouraged.
- If congregate shelters or alternate care sites are activated, ESF #6 agencies may be asked to assist with service delivery, staffing, and coordination for individuals with access and functional needs.
- Coordination with voluntary organizations, including faith-based groups and NGOs, may provide additional capacity for wraparound services and outreach.

EMERGENCY SUPPORT FUNCTION 7 - LOGISTICS

Primary Agency: Norfolk Emergency Management (Logistics Section Chief)

Support Agencies: Norfolk Department of Public Health, Norfolk Department of General Services, Norfolk Department of Public Works, and Virginia Department of Emergency Management (VDEM).

KEY RESPONSIBILITIES

Norfolk Emergency Management – Logistics Section Chief

- Coordinate directly with designated personnel from the Norfolk Department of Public Health (NDPH) to process, track, and fulfill health-related resource requests.
- Utilize InVAtrak, the Commonwealth's logistics and inventory system, for initial and subsequent orders of medications, PPE, medical supplies, and response equipment.
- Assist NDPH in identifying and preparing additional temporary dispensing and treatment sites if Points of Dispensing (PODs) or alternate care sites must be expanded due to demand.
- Ensure appropriate transportation, storage, and delivery of Strategic National Stockpile (SNS) assets and other medical countermeasures.
- Coordinate the procurement and deployment of personnel support items such as signage, tents, barricades, storage units, and power sources in support of PODs, closed PODs, and staging areas.
- Maintain resource status updates in WebEOC and HSIN and provide daily supply chain updates to the EOC Planning Section and the Virginia Emergency Operations Center (VEOC).

Norfolk Department of Public Health

- Determine the quantities and types of medications or equipment required and ensure coordination with the Logistics Section for all resource needs.
- Provide detailed SNS request guidance, chain-of-custody requirements, and medical storage specifications.

Norfolk Department of General Services

- Provide facility access, maintenance, and custodial support for any city-owned buildings repurposed for dispensing, staging, or treatment operations.
- Assist with the storage and transport of emergency resources if primary staging locations become overwhelmed.

Norfolk Department of Public Works

- Support transport of large or high-volume shipments between staging centers and distribution points, including PODs and care sites.
- Assist with load-in/load-out logistics, signage deployment, and barricade placement.

Virginia Department of Emergency Management (VDEM)

- Support InVAtrak integration, mission tracking, and facilitate resource fulfillment from state caches or federal SNS partners via the VEOC.
- Provide technical guidance on state-level logistics coordination, transportation contracting, and resource availability.

Additional Notes

- All agencies supporting ESF #7 should ensure personnel assigned to logistics missions are trained on inventory management, transportation safety, and appropriate documentation procedures.
- Close coordination between the EOC, HDOC, and VDEM is critical for timely resource allocation, especially during high-demand periods such as a mass vaccination or medication event.

EMERGENCY SUPPORT FUNCTION 8 - HEALTH AND MEDICAL SERVICES

Primary Agency: Norfolk Department of Public Health (NDPH)

Support Agencies: Norfolk Emergency Management, Hospitals, Regional Hospital Coordination Center (RHCC), Metropolitan Medical Response System (MMRS), Virginia Hospital and Healthcare Association (VHHA), Office of the Chief Medical Examiner (OCME), Norfolk Community Services Board (NCSB), Operation Blessing, Disaster Medical Assistance Team (DMAT), and Eastern Virginia Healthcare Coalition (EVHC).

KEY RESPONSIBILITIES

Norfolk Department of Public Health (NDPH)

- Serve as lead agency for ESF-8 operations and provide the Incident Commander and liaison staff to the Norfolk EOC.
- Manage receipt, storage, and distribution of Strategic National Stockpile (SNS) assets.
- Lead mass prophylaxis operations at Points of Dispensing (PODs), including staffing, security coordination, throughput analysis, and delivery of medications.

- Coordinate disease investigation, case tracking, epidemiological analysis, and implementation of infection control measures for reportable diseases.
- Issue isolation and quarantine guidance for symptomatic or exposed individuals, and communicate associated public health orders.
- Conduct vector control, food safety inspections, and public health environmental monitoring as needed.
- Staff alternate triage locations and coordinate care of at-risk populations through closed PODs in partnership with adult care facilities and nursing homes.
- Maintain communication with the Eastern Virginia Healthcare Coalition (EVHC) to track the status of hospitals and long-term care facilities.
- Coordinate with Animal Control and ESF-11 for zoonotic disease threats and management of domestic animals posing a public health threat.
- Coordinate behavioral health response with NCSB and ensure psychological support is available during mass prophylaxis and community outreach operations.
- Monitor threats to public health and serve as the primary liaison to local, state, and federal public health agencies.
- POD Operations Snapshot:
    - Total population: 238,005 (Census)
    - Closed POD population (MOAs): 13,000
    - Open POD coverage population: 229,803
    - Population served per POD: ~25,533
    - Households served per POD: ~8,511
    - Throughput target: ~284 persons/hour/POD
    - Estimated number of PODs needed: 9
    - Estimated total staff required: 1,190

Note: Under Code of Virginia § 32.1-42.1, the Health Commissioner may authorize trained, non-licensed individuals to administer or dispense medications during a declared emergency.

Hospitals

- Provide emergency, acute care, and ancillary services to affected patients.
- Implement facility-specific command structures and designate inpatient treatment areas.
- Coordinate with RHCC via the Virginia Hospital Alerting & Status System (VHASS).
- Enforce infection control protocols, including patient isolation when necessary.
- Support law enforcement and the OCME with patient tracking and fatality notifications.

Regional Hospital Coordination Center (RHCC)

- Serve as the communications and coordination hub between local hospitals, NDPH, and the Norfolk EOC.
- Manage hospital resource requests and facilitate hospital status updates.

Metropolitan Medical Response System (MMRS)

- Provide PPE and other medical resources upon request through the regional cache.

Virginia Hospital & Healthcare Association (VHHA)

- Coordinate the distribution of SNS commodities to hospitals and healthcare facilities with urgent needs.

Disaster Medical Assistance Team (DMAT)

- Provide scalable medical surge capabilities, including emergency care for up to 250 patients, staffing for alternate care facilities, patient stabilization, and triage.
- Support mass drug distribution or immunization sites, and operate independently for up to 72 hours without resupply.

Office of the Chief Medical Examiner (OCME)

- Maintain legal authority over all reportable deaths under Code of Virginia §§ 32.1-277 to 32.1-288.
- Coordinate with the Department of Defense (DOD) Mortuary Affairs when military fatalities occur.
- Support family notification, fatality documentation, and morgue coordination as needed.

Operation Blessing

- Upon request and availability, assist with the refrigeration of temperature-sensitive medical supplies.
- Augment staffing with licensed medical professionals to support community-based care or POD operations.

Additional Notes

- ESF-8 partners must coordinate with the Joint Information Center (JIC) to ensure accurate, timely health-related public messaging.
- POD Just-in-Time Training (JITT) and operational checklists should be pre-developed and rehearsed in advance of large-scale dispensing events.
- Regular coordination with EVHC, RHCC, and VHHA is essential for maintaining healthcare system situational awareness and aligning regional surge efforts.

Reference:

Centers for Medicare & Medicaid Services – Pandemic Influenza Information

EMERGENCY SUPPORT FUNCTION 9: SEARCH AND RESCUE

Not Applicable to Standard Public Health Emergencies

ESF #9 is not anticipated to be activated during a public health emergency unless the event includes structural collapse, compromised infrastructure, or access challenges that require technical rescue. Should such conditions arise, Norfolk Fire-Rescue will coordinate any required SAR operations through the Norfolk Emergency Operations Center.

EMERGENCY SUPPORT FUNCTION 10: OIL AND HAZARDOUS MATERIAL RESPONSE

Primary Agency: Norfolk Fire-Rescue

Support Agencies: Virginia Department of Emergency Management (VDEM), Norfolk Emergency Management, and Norfolk Department of Public Health

KEY RESPONSIBILITIES

Norfolk Fire-Rescue

- Conduct decontamination operations for affected facilities, equipment, or personnel when required due to potential biological contamination.
- Coordinate with the EOC Logistics Section to initiate contracts for specialized facility decontamination if beyond local capabilities (see ESF-10 Annex Contacts).
- Support scene safety assessments and containment if the public health emergency involves a suspected hazardous biological or chemical agent.
- Assist with oversight and execution of hazardous waste removal in coordination with contracted environmental remediation vendors.

Virginia Department of Emergency Management (VDEM)

- Facilitate sampling and testing of environmental elements, such as air, water, surfaces, or unknown substances, when requested by the Norfolk EOC.
- Provide technical guidance and coordination with the Virginia Department of Environmental Quality (DEQ) and other appropriate state or federal partners.
- Support mission tasking and contractor activation as needed for specialized testing or cleanup operations.

Norfolk Emergency Management

- Coordinate logistics and contracts for decontamination and hazardous waste disposal, in consultation with Fire-Rescue and NDPH.
- Ensure all decontamination actions and environmental sampling results are documented and incorporated into situational reports and recovery plans.

Additional Notes

- ESF #10 may remain in a standby posture unless there is a suspected intentional release or confirmed contamination of a critical facility.
- All actions taken under this ESF must follow applicable safety protocols, environmental regulations, and CDC/VDH guidance related to biological hazards.

EMERGENCY SUPPORT FUNCTION 11: AGRICULTURE AND NATURAL RESOURCES ANNEX

Not Applicable to Standard Public Health Emergencies
ESF #11 is not anticipated to be activated during a standard public health emergency. Activities involving food safety, vector control, or domestic animal issues will be coordinated through the Norfolk Department of Public Health under ESF #8.

EMERGENCY SUPPORT FUNCTION 12: ENERGY

Not Applicable to Standard Public Health Emergencies

ESF #12 is not anticipated to be activated during a standard public health emergency unless the incident directly impacts energy infrastructure or results in power disruption at critical public health or emergency operations sites. Should power-related issues arise, Norfolk Emergency Management will coordinate with Dominion Energy, Norfolk Public Utilities, and the Virginia Department of Emergency Management (VDEM) for support.

EMERGENCY SUPPORT FUNCTION 13 - PUBLIC SAFETY AND SECURITY

Primary Agency: Norfolk Police Department (NPD)

Support Agencies: Norfolk Sheriff's Office (NSO), Federal Bureau of Investigation (FBI), Virginia State Police (VSP), U.S. Department of Homeland Security (DHS), Norfolk Emergency Management, and Office of the Chief Medical Examiner (OCME).

KEY RESPONSIBILITIES

Norfolk Police Department (NPD)

- In coordination with the Norfolk Sheriff's Office (NSO), provide physical security at the Norfolk Emergency Operations Center (EOC), Health Department Operations Center (HDOC), and other critical facilities as needed.
- Provide escort and security for Norfolk Public Works personnel transporting vaccines, antivirals, and other Strategic National Stockpile (SNS) assets.
- Provide site security and crowd management at Points of Dispensing (PODs), closed PODs, and other medication distribution or treatment sites, including the protection of medical supplies and staff.

- Assist Norfolk Department of Public Health with enforcement of quarantine and isolation orders when issued under applicable public health authority.
- Conduct criminal investigations related to the emergency and coordinate with NDPH on issues involving intentional contamination, tampering, or bioterrorism.
- Coordinate with the Office of the Chief Medical Examiner (OCME) and Mortuary Affairs regarding patient status reporting and scene security during mass fatality incidents.

Norfolk Sheriff's Office (NSO)

- In coordination with NPD, provide perimeter security at the EOC and HDOC.
- Support secure transport of vaccines, medications, and medical equipment.
- Provide personnel to augment POD security and protection of critical response staff and supplies.

Federal Bureau of Investigation (FBI)

- Serve as the lead federal agency if terrorism or intentional contamination is suspected.
- Coordinate with local and state law enforcement and public health officials in the investigation of bioterrorism or other criminal acts.

Virginia State Police (VSP)

- Provide additional law enforcement support and coordination during heightened security operations.
- Assist with site security at state-supported operations, including the HDOC or PODs, if required.

U.S. Department of Homeland Security (DHS)

- Through its component agencies, CBP, ICE, and TSA, support the enforcement of federal quarantine orders in coordination with the CDC.
- Coordinate with Norfolk International Airport and other designated quarantine stations to support traveler monitoring and border health enforcement actions.

Norfolk Emergency Management

- Facilitate coordination between public safety partners, the EOC, and public health.
- Ensure law enforcement is integrated into operational planning for PODs, transport routes, and quarantine enforcement.

Additional Notes

- If at any point there is sufficient information to suggest the incident is intentional, immediate notification to appropriate local, state, and federal law enforcement agencies must be initiated.
- Public safety agencies should receive updated guidance and training on infection prevention, PPE use, and coordination with health personnel during public health emergencies.

- Security considerations must be embedded in all POD planning and SNS transport operations.

EMERGENCY SUPPORT FUNCTION 14 - CROSS-SECTOR BUSINESS AND INFRASTRUCTURE

Primary Agency: Norfolk Department of Economic Development

Support Agencies: Norfolk Department of Emergency Management, Norfolk Department of Finance, Norfolk Department of Public Health, Norfolk Information Technology, Norfolk Public Works, Dominion Energy, Downtown Norfolk Council, and the Hampton Roads Chamber of Commerce.

KEY RESPONSIBILITIES

Norfolk Department of Economic Development

- Monitor and assess impacts to local businesses and coordinate with affected sectors to understand needs related to continuity, reopening, and recovery.
- Serve as the point of contact for outreach to commercial and retail entities to disseminate public health guidance, reopening protocols, and available assistance programs.
- Coordinate with the Norfolk EOC to share information about business disruption trends and economic impacts during prolonged public health emergencies.

Norfolk Emergency Management

- Facilitate coordination with state and federal recovery programs (e.g., SBA, FEMA Public Assistance, or economic recovery grants) if activated.
- Support cross-sector continuity planning and integration of business resilience efforts into community-wide recovery operations.

Norfolk Department of Finance

- Track and document local revenue losses and unanticipated expenditures related to the emergency.
- Coordinate with state and federal agencies on reimbursement procedures and funding recovery support.

Norfolk Department of Public Health

- Provide guidance to businesses on safe reopening practices, employee health protocols, and requirements for reporting workplace outbreaks.
- Support planning for continuity of essential infrastructure sectors such as food, health care, and communications.

Norfolk Information Technology

- Support digital access and remote work infrastructure for public and private entities adapting to service modifications or remote operations.

Norfolk Public Works & Dominion Energy

- Monitor critical infrastructure operations and address disruptions due to workforce shortages or health-related impacts.

Downtown Norfolk Council & Hampton Roads Chamber of Commerce

- Serve as conduits for two-way communication with the business community and help disseminate timely recovery resources and messaging.
- Provide feedback to the EOC on sector-specific recovery challenges and opportunities.

Additional Notes

- ESF #14 activities will likely extend into the long-term recovery phase and may overlap with state and federal economic recovery missions.
- Private-sector partners should be included in preparedness planning and notified early of operational changes, resource opportunities, or public health restrictions.

EMERGENCY SUPPORT FUNCTION 15 - EXTERNAL AFFAIRS

Primary Agency: Norfolk Communications and Marketing

Support Agencies: Norfolk Department of Public Health (NDPH), Norfolk Emergency Management, Norfolk Cares Call Center, 2-1-1 Virginia, Norfolk Public Schools Public Information, and the Virginia Emergency Operations Center (VEOC) Joint Information Center (JIC).

KEY RESPONSIBILITIES

Norfolk Communications and Marketing (Lead JIC Agency)

- Lead the activation and operation of the Joint Information Center (JIC) to ensure coordinated messaging across all city departments, state partners, and response agencies.
- Issue media releases, public updates, and operational information in coordination with NDPH and the Norfolk Emergency Operations Center (EOC).
- Coordinate with Norfolk Alert subscribers, City staff (via ALLEXCHANGE), and the general public to communicate municipal operation changes and emergency guidance.
- Manage media inquiries, coordinate VIP visits, and facilitate press conferences as needed.
- Provide executive briefing materials for city leadership and legislative stakeholders.
- Collaborate with regional JIC partners and the VEOC JIC for consistent, statewide messaging.

Norfolk Department of Public Health (NDPH)

- Assign a Public Information Officer to the Norfolk JIC to serve as the health subject matter expert.
- Provide message points, data summaries, and contact guidance for public dissemination.
- Ensure all information released complies with federal and state privacy laws, particularly HIPAA.
- Conduct contact tracing and epidemiological interviews; share only generalized location data on public maps to protect patient privacy.
- Coordinate all fatality and case information with the Office of the Chief Medical Examiner (OCME) and the lead investigative agency prior to public release.

Norfolk Cares Call Center (664-6510)

- Serve as the primary non-emergency call center for the public, fielding questions related to POD operations, medications, symptoms, and other services.
- Collect reports of adverse effects associated with medication dispensing and relay caller information to NDPH epidemiology staff.
- Share caller trends and frequently asked questions with the JIC to support message refinement and rumor control.

2-1-1 Virginia

- Augment the Norfolk Cares Call Center as needed.
- Answer public inquiries directed to the Virginia Department of Health (VDH) hotline: 877-ASK-VDH3 (877-275-8343).
- Share statewide resource and referral information as directed by the VEOC JIC.

Norfolk Public Schools Public Information

- Coordinate with the Norfolk JIC to align messaging with broader city communications.
- Disseminate health and safety information to students, staff, and families, including changes to school operations or closures.

Virginia EOC Joint Information Center (VEOC JIC)

- Coordinate with VDH and local public health offices for consistent statewide messaging.
- Ensure alignment with federal agencies (e.g., CDC) and facilitate the release of verified public health guidance.

Additional Notes

- Warning: Patient privacy must be protected at all times. Public Health may only share generalized data about outbreak locations (e.g., ZIP code or census tract), not specific addresses or identifiable information.
- All fatality information must be cleared by the Office of the Chief Medical Examiner (OCME) and the lead law enforcement agency before public release.

SUPPORTING PLANS AND POLICIES

- Commonwealth of Virginia Emergency Operations Plan – Hazard-Specific Annex #4: Pandemic Influenza Response (Non-Clinical) (August 2012)
- Eastern Regional Healthcare Coordinating Center Concept of Operations (April 2010)
- Norfolk Health District Emergency Response Plan (Base Plan and supporting Annexes)
- Norfolk International Airport Communicable Disease Infection Control Plan
- VDH Emergency Response Base Plan (June 2024) – For Official Use Only (FOUO)
- VDH Emergency Response Plan – Annex C: State Epidemiology Response Plan (August 2018) – FOUO
- VDH Emergency Response Plan – Annex D: Medical Countermeasures Distribution and Dispensing (March 2024) –FOUO
- VDH Emergency Response Plan – Annex E: State Isolation and Quarantine Guide for Communicable Diseases of Public Health Threat (February 2020) – FOUO

REFERENCES

- Armstrong, George D. The Summer of Pestilence: The Yellow Fever Epidemic in Norfolk, Virginia. Philadelphia: J.B. Lippincott & Co., 1856.
- Centers for Disease Control and Prevention (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 by John M. Barry https://www.fema.gov/preptalks/barry
- Homeland Security Council – Implementation Plan for the National Strategy for Pandemic Influenza 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

APPENDICES

ACRONYM LIST

- (CDC) Centers for Disease Control and Prevention
- (CRI) Cities Readiness Initiative
- (DHS) Department of Homeland Security
- (DMAT) Disaster Medical Assistance Team
- (DPW) Department of Public Works
- (EOC) Emergency Operations Center
- (EPA) Environmental Protection Agency
- (ESF) Emergency Support Function

- (EVHC) Eastern Virginia Healthcare Coalition
- (FBI) Federal Bureau of Investigation
- (FOUO) For Official Use Only
- (GIS) Geographic Information Services
- (HDOC) Health Department Operations Center
- (HHS) U.S. Department of Health and Human Services
- (HSIN) Homeland Security Information Network
- (ICS) Incident Command System
- (IT) Information Technology
- (JIC) Joint Information Center
- (JITT) Just-in-Time Training
- (LTAR) Local Technical Assistance Review
- (MMRS) Metropolitan Medical Response System
- (NBIC) National Bio-surveillance Integration Center

- (NDPH) Norfolk Department of Public Health
- (NIMS) National Incident Management System
- (NPD) Norfolk Police Department
- (NSO) Norfolk Sheriff's Office
- (OCME) Office of the Chief Medical Examiner
- (POD) Point of Dispensing
- (PPE) Personal Protective Equipment
- (RHCC) Regional Hospital Coordination Center
- (RSS) Receipt, Storage, and Staging
- (SNS) Strategic National Stockpile
- (TSA) Transportation Security Administration
- (VDH) Virginia Department of Health
- (VDEM) Virginia Department of Emergency Management
- (VEOC) Virginia Emergency Operations Center
- (VHASS) Virginia Healthcare Alerting and Status System
- (VHHA) Virginia Hospital and Healthcare Association
- (WEA) Wireless Emergency Alert