

COMMONWEALTH OF VIRGINIA

Emergency Operations Plan



Pandemic Influenza Plan Volume VI

Virginia Department of Emergency Management

May 2009

RECORD OF CHANGES

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PURPOSE

The Commonwealth of Virginia's Pandemic Influenza Plan addresses the Commonwealth's response to and recovery from a pandemic influenza in a comprehensive and coordinated manner to ensure essential services across all sectors of state government can be maintained throughout the event period, which may last as long as 18-24 months.

The Virginia Department of Health (VDH) developed an Influenza Pandemic Plan (Health Component) in 2002, which was subsequently updated in 2006 and 2007. The VDH plan defines the health role in response to a pandemic influenza and provides planning guidance for local health departments, as well as healthcare and private-sector partners. The Virginia Department of Emergency Management (VDEM) coordinated the development of this non-health Pandemic Influenza Plan. This plan will be continuously updated and revised as new guidance becomes available.

MISSION

To develop a comprehensive and coordinated strategy to a pandemic influenza (Pan Flu) that will mitigate the health, public safety, social, and economic impacts in the public and private sectors throughout the Commonwealth.

SITUATION AND ASSUMPTIONS

- A. Pre-event planning is critical to ensure a prompt and effective response to a pandemic influenza, as its spread will be rapid, reoccurring (in multiple waves), and difficult to stop once it begins.
- B. A pandemic disease outbreak may precipitate infection rates exceeding 25 percent in an affected population, with projected mortality rates as high as 2 percent among those infected.
- C. Workforce absenteeism may rise as high as 40 percent at the height of a given pandemic wave for periods of about two weeks.
- D. All operations and services within the public and private sector will be compromised in varying degrees throughout the response and recovery phases; however, proper planning and adequate resources may sustain essential operations/services and mitigate the effects of the event across all sectors (e.g., government, education, health, commerce and trade, critical infrastructure, etc.)
- E. Due to the universal susceptibility of the public to an influenza virus and the anticipated pervasive impact on all segments of society, the majority of the medical and non-medical consequences of the event will be addressed by the public and private sectors in the context of the existing emergency management framework, supporting infrastructure, available resources, and associated supply chains with marginal support from new or external parties.

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- F. Although technical assistance and support will be available through the federal government prior to, during, and following the event period, it will be limited in contrast to other natural and man-made events that impact a specific geographic area in a more defined, shorter, and nonrecurring timeframe.
- G. A comprehensive and integrated strategy will require the involvement of all levels of government, the private sector, non-governmental organizations (NGO's), and citizens.
- H. At the state level, the Commonwealth of Virginia Emergency Operations Plan (COVEOP), which is in compliance with the National Response Framework (NRF) and the National Incident Management System (NIMS), will provide the framework to coordinate response and recovery operations and associated support to address the consequences of a pandemic disease outbreak.
- I. Pan Flu planning is inherent in continuity of operations and business planning initiatives in the public and private sectors. It focuses on implementing strategies and tools required to adapt to an environment where there is a reduced capacity to sustain essential operations, services, resource support, and critical infrastructure due to increased illness and death rates.
- J. Although the Commonwealth is in the process of developing an inventory of antivirals adequate enough to treat the projected population that may be affected, there will be a significant and sustained increase in demand for medical services during each wave that will overwhelm the healthcare system and compromise the overall standard of care provided.
- K. Vaccines will not be available for approximately six months following identification of the virus and will be in limited quantities when made available, necessitating the need to develop and implement a distribution plan.
- L. Local and regional health infrastructure and associated resources will be quickly committed to providing the necessary treatment and supporting strategies to effectively respond to a potentially developing or actual event.
- M. Non-pharmaceutical interventions, if applied in a timely manner, will play a significant role in mitigating the impacts of the disease at the local and state level.
- N. Telecommunications connectivity may be limited.

CHARACTER OF THE HAZARD

Pandemic influenza occurs when a novel virus emerges that has the ability to infect and be transmitted between humans. The disease spreads rapidly, as humans have little or no immunity to the new strain of virus. The virus has the ability to mutate, which makes the development of an effective medical response more challenging. The virus spreads primarily by virus-laden droplets which are distributed as infected people cough, sneeze, or speak. Symptoms begin to

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appear 1-2 days following exposure. The rapid spread of the disease and the high level of absenteeism will have a significant impact on the social and economic fabric of communities, and essential services across all sectors will be compromised.

CONTINUITY OF OPERATIONS PLANS PANDEMIC FLU ANNEX

Through guidance from the Office of Commonwealth Preparedness (OCP) continuity planning program, VDEM created a Pandemic Influenza Annex to its pre-existing continuity of operations (COOP) plan guidance. This annex can be used by state agencies, institutions of higher education or local governments.

CITIZEN PREPAREDNESS

The VDEM website includes links to the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control (CDC) to provide the necessary information and guidance to citizens regarding what they need to do to be prepared in the event of a pandemic influenza.

The website also provides information on a variety of programs that citizens can become a part of to support community preparedness and response activities. Some of these include: the Community Emergency Response Team (CERT), Neighborhood Watch Program, Public Safety Volunteers in Virginia, Medical Reserve Corps (MRC), Fire Corps, and Volunteers in Police Service.

EMERGENCY PUBLIC INFORMATION

Emergency public information in an influenza pandemic will be handled through Emergency Support Function (ESF) 15: External Affairs - as in any other disaster event. The public information mission includes: making the public aware of potential emergency situations and appropriate protective actions; keeping the public informed about an ongoing emergency or disaster situation, and providing protective action guidance as appropriate; keeping public officials—including elected officials—informed of the processes of coordinating the response to and facilitating the recovery from emergencies and disasters.

ORGANIZATION

A pandemic influenza will require a comprehensive, coordinated, and sustained response over an extended period of time lasting 18-24 months. Response operations will be coordinated from the Virginia Emergency Operations Center (VEOC) which includes 17 Emergency Support Functions (ESFs).

VDEM, in coordination with VDH, should advise local emergency managers in jurisdictions adjacent to active Federal military installations to contact and coordinate their activities with base/post installation managers or the installation commander to identify areas for mutual support.

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As is outlined in the VDH Emergency Operations Plan – Pandemic Influenza Attachment, VDH should advise local health departments in jurisdictions adjacent to active Federal military installations to contact and coordinate their activities with the installation Public Health Emergency Officer (PHEO).

EVENT PHASES

World Health Organization (WHO) Phases/Stages of Pandemic Influenza

VDH is continuously monitoring the types, frequency, and character of outbreaks that are occurring in the international community, in coordination with its federal partners.

The World Health Organization (WHO) has developed and refined Pandemic Influenza Phases, which are illustrated in Tab 1, that provide a framework to characterize the progression of the transmission that will be experienced during the course of an event.

Sustained human-to-human transmission, Phase 6, will trigger the implementation of plans and mobilization of resources in an attempt to contain and mitigate the effects of the event on the world community.

The federal government developed stages associated with the WHO Global Pandemic Phases to facilitate federal agency planning process. These are also illustrated in Tab 1.

Virginia will use the framework of the federal government stages to enhance the coordination of response initiatives between the levels of government.

A summary of state agency actions in the context of the federal government stages is listed in Tab 3.

**WORLD HEALTH ORGANIZATION (WHO) GLOBAL PANDEMIC PHASES AND
 THE STAGES FOR FEDERAL AND STATE GOVERNMENT RESPONSE**

WHO PHASES	FEDERAL AND VIRGINIA GOVERNMENT RESPONSE STAGES
INTER-PANDEMIC PHASE	
1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0 New domestic animal outbreak in at-risk country
2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.	
PANDEMIC ALERT PHASE	
3. Human infection(s) with a new subtype but no human-to-human spread or, at most, rare instances of spread to a close contact.	0 New domestic animal outbreak in at-risk country
4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	1 Suspected human outbreak overseas
5. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk.)	2 Confirmed human outbreak overseas
PANDEMIC PHASE	
6. Pandemic Phase: increased and sustained transmission in general population.	3 Widespread human outbreaks in multiple locations overseas. Declaration of Emergency will be considered. 4 First human case in North America 5 Spread throughout the United States 6 Recovery and preparation for subsequent waves.

COMMUNITY STRATEGY FOR PANDEMIC INFLUENZA MITIGATION – Interim Guidance

HHS and CDC developed interim planning guidance with regard to the application and timing of non-pharmaceutical interventions for states and local governments in February 2007. This guidance supports the development and implementation of a community's overall mitigation strategy that includes both pharmaceutical and non-pharmaceutical measures, in the context of a Pandemic Severity Index (See Tab 2). The Pandemic Severity Index (PSI) provides a framework that integrates the types of partially effective non-pharmaceutical interventions with suggested implementation and duration times in an attempt to maximize the overall benefit to the community, while minimizing the potential cascading consequences of implementing recommended interventions. The PSI uses a case fatality ratio as the critical factor in categorizing the severity of a pandemic. This tool will serve as a guide in discussions with schools, colleges and universities, and other community sectors and support the timely development and implementation of an effective local, regional, and state strategy in the context of an estimated level of severity.

The guidance recognizes that the connectedness of communities goes beyond spatial proximity to include ease, speed, and volume of travel between geopolitical jurisdictions. To balance the relationship of connectedness and optimal timing, the guidance proposes that the geopolitical trigger be defined as the cluster of cases occurring within a U. S. state or proximate epidemiological region which spans beyond a state's boundary. The Community Strategy for Pandemic Influenza Mitigation can be found at the following website: <http://www.pandemicflu.gov/plan/community/commitigation.html>.

INITIATION INTERVAL

When an influenza virus is recognized as the next pandemic strain, the first laboratory confirmed case of pandemic influenza infection within a state is the trigger that defines the beginning of initiation. The state simultaneously enters the **initiation interval** which triggers a cascade of responses that are coordinated with federal partners and neighboring states. The primary overall strategy is case based containment utilizing isolation, home quarantine and antiviral chemoprophylaxis of contacts.

ACCELERATION INTERVAL

A trigger for a state to enter the **acceleration interval** is when two or more laboratory confirmed cases of pandemic influenza are verified with no identifiable epidemiologic linkage with any prior confirmed cases. An alternate trigger is when an increasing number of cases exceed available resources to provide case based control measures. The nation would enter the acceleration interval when at least one state in 5 of 10 Federal Emergency Management Agency (FEMA)/HHS regions has met the acceleration criteria. The primary action for the state at this point would be the activation of broad community mitigation interventions and social distancing measures such as school dismissals and closure of childcare facilities, cancellation of large gatherings and home care of non-

critically ill individuals. Public health actions will be implemented by VDH coordinated with local health departments.

PEAK TRANSMISSION INTERVAL

Virginia will enter the **interval of peak transmission** when one of the following 3 triggers are met: 1) Greater than 10% of specimens collected from patient's with influenza-like illness are positive for the pandemic strain within a 7 day period; 2) regional influenza activity is reported by the state; or 3) the state's health care system is being utilized beyond its surge capacity. The primary strategy at this time is the management of limited resources and the maintenance of critical infrastructure to permit societal function.

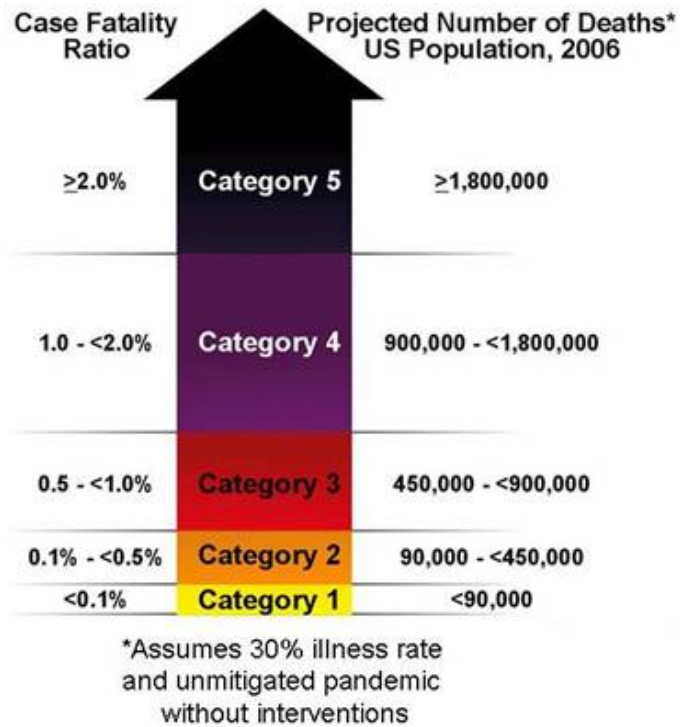
DECELERATION INTERVAL

After peak transmission has been achieved, a progressive decrease in the number of new cases is anticipated. When less than 10% of specimens from patients with influenza-like illness are positive for the pandemic strain, or when healthcare system capacity is below maximum levels, the state can be defined as entering the **deceleration interval**. During deceleration, public health activities slowly transition to case based investigation and control along with planning for the discontinuation of community mitigation interventions. Enhanced surveillance would continue for the detection of new cases.

When laboratory confirmed pandemic influenza cases are occurring sporadically, Virginia will discontinue all community mitigation interventions; government, healthcare and societal functions will begin recovery and prepare for possible subsequent pandemic waves.

Tab 2

**SUMMARY OF THE COMMUNITY MITIGATION STRATEGY
BY PANDEMIC SEVERITY INDEX**



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Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
Home			
Voluntary isolation of ill at home (adults and children); combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
Voluntary quarantine of household members in homes with ill persons † (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
School			
Child social distancing			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
Workplace / Community			
Adult social distancing			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

*All these interventions should be used in combination with other infection control measures, including hand hygiene, cough etiquette, and personal protective equipment such as face masks. Additional information on infection control measures is available at <http://www.pandemicflu.gov/>.

†This intervention may be combined with the treatment of sick individuals using antiviral medications and with vaccine campaigns, if supplies are available

§Many sick individuals who are not critically ill may be managed safely at home

The contribution made by contact with asymptotically infected individuals to disease transmission is unclear. Household members in homes with ill persons may be at increased risk of contracting pandemic disease from an ill household member. These household members may

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have asymptomatic illness and may be able to shed influenza virus that promotes community disease transmission. Therefore, household members of homes with sick individuals would be advised to stay home.

**To facilitate compliance and decrease risk of household transmission, this intervention may be combined with provision of antiviral medications to household contacts, depending on drug availability, feasibility of distribution, and effectiveness; policy recommendations for antiviral prophylaxis are addressed in a separate guidance document.

††Consider short-term implementation of this measure—that is, less than 4 weeks.

§§Plan for prolonged implementation of this measure—that is, 1 to 3 months; actual duration may vary depending on transmission in the community as the pandemic wave is expected to last 6-8 weeks.

The above interventions that comprise the pandemic mitigation strategy include the following:

1. Isolation and treatment (as appropriate) with influenza antiviral medication of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home or healthcare setting, depending on the severity of an individual's illness and/or the current capacity of the healthcare infrastructure.
2. Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.
3. Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.
4. Use of social distancing measures to reduce contact between adults in the community and the workplace in order to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services (e.g., cancellation of large public gatherings; alteration of workplace environments and schedules; and implementation of remote access/telecommute strategies. Enable institution of workplace leave policies that align incentives and facilitate adherence with the non-pharmaceutical interventions (NPIs) outline above.

The Severity Index categories are defined as follows:

Generally Not Recommended = Unless there is a compelling rationale for specific populations or jurisdictions, measures are generally not recommended for entire populations as the consequences may outweigh the benefits.

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Consider = Important to consider these alternatives as part of a prudent planning strategy, considering characteristics of the pandemic, such as age-specific illness rate, geographic distribution, and the magnitude of adverse consequences. These factors may vary globally, nationally, and locally.

Recommended = Generally recommended as an important component of the planning strategy.

CONCEPT OF OPERATIONS

Declaration of State of Emergency

In order to mobilize the necessary resources to respond to an influenza pandemic, the Governor will declare a State of Emergency through the issuance of an Executive Order. The projected impact of an influenza pandemic on local and state government will necessitate a request for federal assistance. A State of Emergency will be declared when the state response stage reaches #3. See Tab 3 for state response stages. In addition, an Executive Order could be issued or an existing order amended to mandate the closure of public and private facilities such as, but not limited to, schools and institutions of higher education.

Public Health Authorities

The State Health Commissioner and the Board of Health have the authority under the Code of Virginia to take the necessary actions to protect the public health. A summary of the authorities is provided in Tab 4.

Coordination of Response Operations

The VEOC, with the support of Virginia Emergency Response Team (VERT) agencies and associated Emergency Support Functions (ESFs), will coordinate the response activities and associated logistical support in the context of the priorities, established resources available, and the needs and challenges presented by the event across all sectors.

OCP will also be responsible for monitoring state government operations and critical infrastructure/key resource sectors with regard to their capability to sustain essential services and provide adequate resource support throughout the influenza pandemic event period.

Virginia Department of Health

VDH will be the lead agency with regard to addressing all health and medical issues and needs related to the influenza pandemic and providing the necessary guidance to responders, government agencies, businesses, and citizens throughout the Commonwealth. VDH developed a pandemic influenza plan in 2002 and subsequently revised the plan in March 2006 to reflect the most current guidance provided by HHS. The VDH plan and this plan, which focuses on the non-health sectors, represent the Commonwealth's overall plan to respond and recover from a pandemic influenza outbreak.

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Measures to Procure and Stockpile Additional Medical and Non-Medical Supplies and Material

Existing measures to provide for needed medical and non-medical stockpiles include Virginia's purchase of an antiviral stockpile (maintained by a contract vendor responsible for storage and emergency distribution), Metropolitan Medical Response System (MMRS) caches in Virginia's three (3) MMRS areas (Northern Virginia, Richmond and Hampton Roads), hospital supplies provided through Health Resources and Services Administration/Assistant Secretary for Preparedness and Response (HRSA/ASPR) grants, supplies purchased by the Health Districts and stored onsite for immediate response purposes, and the Commonwealth of Virginia Strategic National Stockpile (SNS) Plan for federal stockpile assets. Virginia may also request federal assets through the use of the FEMA Action Request Form process as described in the SNS Plan.

The VDH Emergency Coordination Center (ECC) Standard Operating Procedure (SOP), created using an ICS framework and which would be implemented in a pandemic, includes provisions for the Finance Section to "provide assistance for acquiring equipment and materials as requested in coordination with ESF #7: Resource Support in the VEOC: Review procurement policy, track resource requests, make sure vendors and suppliers are made aware of site access requirements, make provisions for service and emergency material delivery (e.g., site access, ingress routes, etc.), provide for remote staging areas" etc. Just-in-time purchasing arrangements exist through VDH's pre-approved vendor list as well as pre-scripted VEOC equipment and supply lists, available for activation in the event of a declared emergency. Virginia's primary SNS Remote Storage Sites (RSS) site, a state-owned facility, will be made available for storage and redistribution of received just-in-time supplies, among other warehousing options.

Tab 3

AGENCY ACTION MATRIX BASED ON STATE RESPONSE STAGES						
AGENCY	Stage 1 – Suspected Human Outbreak Overseas WHO Phase 4	Stage 2 - Confirmed Human Outbreak Overseas WHO Phase 5	Stage 3 – Widespread Outbreaks Overseas WHO Phase 6	Stage 4 – First Human-to-Human Case in North America WHO Phase 6	Stage 5 – Spread throughout U.S. WHO Phase 6	Stage 6 – Recovery/Preparation for Subsequent Waves WHO Phase 6
ALL AGENCIES	<ul style="list-style-type: none"> ♦ Develop, exercise, refine COOP/EM Plans w/Pan Flu ♦ Provide education/training ♦ Develop communications plan ♦ Review resource inventories and sustainability of supply chains 	<ul style="list-style-type: none"> ♦ Continually brief agency staff ♦ Review plans ♦ Reinforce contact/transmission strategies ♦ Review resource inventories ♦ Pre-deploy assets as appropriate 	<ul style="list-style-type: none"> ♦ Review Pan Flu annex of COOP plans ♦ Place essential staff on recall ♦ Reach out to critical infrastructure providers to ensure Pan Flu / COOP plans in place ♦ Review resource inventories ♦ Reinforce protective measures 	<ul style="list-style-type: none"> ♦ Activate COOP/pan flu plans across all levels ♦ Limit non-essential domestic travel ♦ Maintain overall situational awareness ♦ Begin monitoring absenteeism ♦ Implement protective measures 	<ul style="list-style-type: none"> ♦ Maintain overall situational awareness ♦ Limit non-essential domestic travel ♦ Monitor absenteeism ♦ Implement protective measures ♦ Sustain essential services 	<ul style="list-style-type: none"> ♦ Assess impact on agency personnel/essential services ♦ Adjust plans based on lessons learned ♦ Replenish critical resources ♦ Prepare for subsequent waves

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AGENCY ACTION MATRIX BASED ON STATE RESPONSE STAGES

AGENCY	Stage 1 – Suspected Human Outbreak Overseas WHO Phase 4	Stage 2 - Confirmed Human Outbreak Overseas WHO Phase 5	Stage 3 – Widespread Outbreaks Overseas WHO Phase 6	Stage 4 – First Human-to-Human Case in North America WHO Phase 6	Stage 5 – Spread throughout U.S. WHO Phase 6	Stage 6 – Recovery/Preparation for Subsequent Waves WHO Phase 6
<p>AGRICULTURE</p>	<ul style="list-style-type: none"> ♦ Review/update Avian Flu and Highly Contagious Livestock or Poultry Disease Emergency Operations Plan ♦ Monitor/respond to avian/swine flu outbreaks ♦ Develop prioritized list of essential functions as part of COOP to ensure safety of meat, poultry, egg products ♦ Develop protocols for maintaining essential functions ♦ Develop plans for collecting/communicating status of inspected establishments ♦ Develop comms plan to interface with federal partners 	<ul style="list-style-type: none"> ♦ Continue surveillance of agricultural sector ♦ Continue to provide technical assistance and support to agricultural community ♦ Respond as necessary ♦ Continue to interface with local, state, and federal partners ♦ Continue to conduct inspections to ensure food safety and security 	<ul style="list-style-type: none"> ♦ Continue surveillance of agricultural sector ♦ Continue to provide technical assistance and support to agricultural community/ports of entry ♦ Continue to conduct inspections to ensure food safety and security ♦ Continue to interface with local, state, and federal partners ♦ Review Pan Flu annex of COOP Plan/alert staff 	<ul style="list-style-type: none"> ♦ Begin monitoring agency absenteeism ♦ Disseminate health/safety measures to employees ♦ Recommend protective measures to sectors ♦ Activate Pan Flu annex of COOP plan ♦ Maintain critical services ♦ Implement Comms Plan ♦ Support JIC/Public Information 	<ul style="list-style-type: none"> ♦ Continue implementation of Pan Flu annex of COOP plan ♦ Maintain essential functions/Services ♦ Continue to implement Comms Plan ♦ Continue monitor agricultural sector ♦ Support resource needs as feasible ♦ Continue to support JIC/Public Information 	<ul style="list-style-type: none"> ♦ Conduct assessment of impact on sector ♦ Coordinate natural disaster assistance from USDA ♦ Provide technical assistance/guidance to farmers to obtain assistance

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AGENCY ACTION MATRIX BASED ON STATE RESPONSE STAGES

AGENCY	Stage 1 – Suspected Human Outbreak Overseas WHO Phase 4	Stage 2 - Confirmed Human Outbreak Overseas WHO Phase 5	Stage 3 – Widespread Outbreaks Overseas WHO Phase 6	Stage 4 – First Human-to-Human Case in North America WHO Phase 6	Stage 5 – Spread throughout U.S. WHO Phase 6	Stage 6 – Recovery/Preparation for Subsequent Waves WHO Phase 6
<p>COMMERCE & TRADE</p>	<ul style="list-style-type: none"> ♦ Develop long-term recovery process/plans in coordination with support agencies ♦ Develop COOP Pan Flu Annexes and Communication Plans to ensure capability to maintain essential services ♦ Exercise Plans 	<p>Same as All Agencies</p> <p>Above</p>	<p>Same as All Agencies</p> <p>Above</p>	<ul style="list-style-type: none"> ♦ Activate Pan Flu Annex of COOP plans/Alert essential staff ♦ Monitor staff absenteeism/availability ♦ Ensure availability of adequate resources to sustain critical operations/ services ♦ Continue to disseminate preparedness/prevention information/guidance to staff ♦ Implement alternate means of providing services ♦ Maintain coordination/communications with resource providers/ agency partners 	<ul style="list-style-type: none"> ♦ Continue to provide services/support through traditional and alternative methods ♦ Monitor staff absenteeism/availability ♦ Ensure availability of adequate resources to sustain critical operations/ services ♦ Continue to disseminate preparedness/prevention information/guidance to staff ♦ Maintain coordination/communications with resource providers/ agency/private-sector partners 	<ul style="list-style-type: none"> ♦ Assess impact of incident and support from available programs and resources of state/federal agencies ♦ Assist in comprehensive recovery of communities impacted

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AGENCY ACTION MATRIX BASED ON STATE RESPONSE STAGES

AGENCY	Stage 1 – Suspected Human Outbreak Overseas WHO Phase 4	Stage 2 - Confirmed Human Outbreak Overseas WHO Phase 5	Stage 3 – Widespread Outbreaks Overseas WHO Phase 6	Stage 4 – First Human-to-Human Case in North America WHO Phase 6	Stage 5 – Spread throughout U.S. WHO Phase 6	Stage 6 – Recovery/Preparation for Subsequent Waves WHO Phase 6
EDUCATION	<ul style="list-style-type: none"> ◆ Develop guidance for public schools to develop IP Plans/procedures • Develop comms plan • Develop plan to support coordination of education sector response and recovery operations during event ◆ Incorporate IP event into agency COOP 	<ul style="list-style-type: none"> ◆ Continually review/update planning guidance ◆ Continually promote and provide technical assistance in development of COOP/Pan Flu plans ◆ Disseminate health guidance/updates as necessary 	<ul style="list-style-type: none"> ◆ Review COOP/Pan Flu/Comms Plans ◆ Alert/Brief staff ◆ Disseminate appropriate preparedness information/guidance to students/parents in coordination with VDH ◆ Reinforce good hygiene practices and protective measures ◆ Coordinate with resource providers ◆ Establish framework to monitor school status of operations/absenteeism on daily basis 	<ul style="list-style-type: none"> ◆ Activate plans ◆ Begin monitoring status of school operations/absenteeism ◆ Brief staff ◆ Continue to disseminate preparedness/prevention information/guidance to staff, parents, students ◆ Implement the appropriate protective measures ◆ Continue to coordinate with resource providers ◆ Coordinate regional conference calls to develop consistent response strategy ◆ Maintain situational awareness 	<ul style="list-style-type: none"> ◆ Continue to monitor status of school operations/ absenteeism ◆ Continue to disseminate preparedness/prevention information/guidance to staff, parents, students ◆ Implement the appropriate protective measures/ consider school closures in coordination w/community ◆ Continue to coordinate with resource providers ◆ Continue to coordinate regional conference calls to develop consistent response strategy ◆ Continue to maintain situational awareness 	<ul style="list-style-type: none"> ◆ Assess impact on schools ◆ Adjust plans based on lessons learned ◆ Evaluate feasibility of resuming school activities ◆ Check status of supply chain and replenish critical resources ◆ Prepare for subsequent waves ◆ Continue to monitor school operations ◆ Continue to stress preventive/preparedness measures to staff, students and parents

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AGENCY ACTION MATRIX BASED ON STATE RESPONSE STAGES

AGENCY	Stage 1 – Suspected Human Outbreak Overseas WHO Phase 4	Stage 2 - Confirmed Human Outbreak Overseas WHO Phase 5	Stage 3 – Widespread Outbreaks Overseas WHO Phase 6	Stage 4 – First Human-to-Human Case in North America WHO Phase 6	Stage 5 – Spread throughout U.S. WHO Phase 6	Stage 6 – Recovery/Preparation for Subsequent Waves WHO Phase 6
<p>EMERGENCY MANAGEMENT</p>	<ul style="list-style-type: none"> ◆ Develop, exercise, refine COVEOP Pan Flu Annex ◆ Review resource needs/inventory/vendors ◆ Prepare to support implementation of travel restrictions ◆ Emphasize preparedness at all levels/sectors ◆ Public education campaign ◆ Provide technical assistance/support to agencies in regard to COOP 	<ul style="list-style-type: none"> ◆ Support implementation of tiered screening measures at entry points 	<p>◆ DECLARATION OF EMERGENCY will be considered</p> <ul style="list-style-type: none"> ◆ Advise public to plan to reduce non-essential domestic travel once epidemic hits U.S. ◆ Augment VEOC ◆ Implement protective measures ◆ Establish Joint Information Center ◆ Establish Joint Public Inquiry Center ◆ Review COOP plan, coordinate with supply chain providers ◆ Maintain dialogue with local, state, federal and private 	<ul style="list-style-type: none"> ◆ Activate COOP/Pan Flu Plan ◆ Alert/Brief Staff ◆ Monitor state operations/absenteeism ◆ Ensure adequate resources available to maintain critical services ◆ Continue to provide technical assistance/support to agencies and communities ◆ Continue to coordinate with local, state, and federal partners ◆ Limit non-essential travel in affected areas ◆ Disseminate preparedness/ 	<ul style="list-style-type: none"> ◆ Maintain situational awareness of community/agency needs ◆ Provide support in context of resources available/priorities ◆ Maintain civil order ◆ Support availability of CIKR 	<ul style="list-style-type: none"> ◆ Assess impacts in all sectors ◆ Adjust plans based on lessons learned ◆ Replenish critical resources ◆ Prepare for subsequent waves ◆ Coordinate recovery/assistance programs

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			partners	prevention information/guidance <ul style="list-style-type: none"> ♦ Implement protective measures/social distancing ♦ Provide guidance to public Continue to support VEOC, JFO, and JPIC		
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<p>FIRE PROGRAMS</p>	<ul style="list-style-type: none"> ♦ Review current agency COOP plan and roster of key personnel who may be assigned support positions in VERT or other operational assignments, update as needed. ♦ Provide staff update training and current situation information. ♦ Develop information advisories for dissemination to local fire-rescue organizations ♦ Identify/confirm access and availability for basic health/medical PPE vendors who provide materials for agency staff and local fire-rescue personnel (i.e., - non-porous gloves, N-95 masks, 	<ul style="list-style-type: none"> ♦ Continue to provide agency staff and stakeholders with briefings on situation ♦ Continue assessing plans and personnel availability ♦ Review and reinforce transmission prevention procedures for staff ♦ Coordinate with agencies for continued development and dissemination of information advisories for stakeholders ♦ Identify regional (Division) receive, store, and stock points for materials, equipment or 	<ul style="list-style-type: none"> ♦ Continue actions from Stages 1 and 2 above ♦ Test planning communications and networking systems for internal and external use ♦ Prepare database and log system for monitoring localities’ issues relative to absenteeism, illnesses and personnel resource needs ♦ Establish and disseminate guidance relative to personnel resource sharing, mutual aid and related issues including credentialing criteria, cost sharing, etc. ♦ Review/disseminate 	<ul style="list-style-type: none"> ♦ Continue actions from Stages 1,2 and 3 above ♦ If necessary, distribute/deploy communications hardware to Division offices or other designated locations, test operability ♦ Conduct final reviews and formalize guidance for personnel sharing, mutual aid credentialing, cost sharing etc. ♦ Begin evaluating local, regional, extra-regional, and statewide capabilities to maintain critical services with reduced personnel resources ♦ Prepare and begin 	<ul style="list-style-type: none"> ♦ Consult with/assist local stakeholders with supplemental support, particularly human resources as possible ♦ Implement and manage resource tracking system ♦ Provide on-going status reports as appropriate ♦ Report any critical human resources shortages to SPS and others and provide recommendations for mitigation 	<ul style="list-style-type: none"> ♦ Continue monitoring resource shortages and assisting in cases when possible. Track critical shortages and support assistance initiatives ♦ Coordinate with stakeholders and others to provide timely and appropriate training to develop augmentation strategies for localities and areas severely impacted by personnel shortages ♦ Continue monitoring stock levels of PPE and related supplies and replenish as necessary ♦ Provide on-going status reports and projections to

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	<p>gowns; review procedures and policies for bulk purchasing and distribution if needed)</p> <ul style="list-style-type: none"> ◆ Develop internal communications plan and review external communications/networking procedures ◆ Provide VEOC current agency status report(s) as requested 	<p>supplies to support local needs (Division Offices to coordinate regional distribution procedures in case of need.)</p>	<p>equipment/vehicle decontamination procedural guidance to stakeholders</p>	<p>processing of initial materials and supplies procurement paperwork</p> <ul style="list-style-type: none"> ◆ Ready Division sites for receipt of materials, supplies, equipment, establish inventory management system ◆ Receive updated information from local stakeholders and review response triage protocols based on reduced staff capabilities 		<p>appropriate authorities</p>
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GENERAL SERVICES	<ul style="list-style-type: none"> ◆ Continually develop and enhance resource contract capabilities 	<p>Same as All Agencies</p> <p>Above</p> <p>Also:</p> <ul style="list-style-type: none"> ◆ Continue to support agency resource needs as required ◆ Continue to maintain/expand contract services ◆ Continue to provide technical assistance/support in regard to purchasing/contracting 	<p>Same as All Agencies</p> <p>Above</p>	<p>Same as All Agencies</p> <p>Above</p> <p>Also:</p> <ul style="list-style-type: none"> ◆ Continue to support agency resource needs as required ◆ Continue to maintain/expand contract services ◆ Continue to provide technical assistance/support in regard to purchasing/contracting ◆ Activate COOP/Comms Plans ◆ Continue to coordinate with state, federal, private sector partners 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ◆ Continue to support agency resource needs as required ◆ Continue to provide technical assistance/support in regard to purchasing/contracting ◆ Continue to coordinate with state, federal, private sector partners 	<p>Same as All Agencies</p> <p>Above</p>

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HEALTH	<ul style="list-style-type: none"> ♦ Develop, exercise, refine VDH Pan Flu Plan ♦ Continue surveillance ♦ Coordinate w/partners ♦ Initiate education campaign ♦ Prepare pre-scripted messages ♦ Review/adjust inventories of selected resources ♦ Coordinate w/suppliers ♦ Review/update fatality management plan 	<ul style="list-style-type: none"> ♦ Declare public health emergency ♦ Review/activate plans ♦ Maintain dialogue w/partners ♦ Maintain heightened hospital/community-based surveillance ♦ Continue education/guidance to public ♦ Support isolation/quarantine initiatives at ports of entry ♦ Monitor health sector ♦ Review/implement anti-viral distribution plans 	<ul style="list-style-type: none"> ♦ Maintain heightened hospital/community-based surveillance ♦ Prepare to implement surge plans ♦ Review/implement anti-viral distribution plans ♦ Continue education/guidance to public 	<ul style="list-style-type: none"> ♦ Maintain heightened hospital/community-based surveillance ♦ Prepare to implement surge plans ♦ Review/implement anti-viral distribution plans ♦ Continue education/guidance to public ♦ Implement antiviral treatment/targeted prophylaxis 	<ul style="list-style-type: none"> ♦ Maintain situational awareness of impacts on health/medical sector ♦ Continuously evaluate epidemiology of virus ♦ Update recommendations on treatment/protective actions 	<ul style="list-style-type: none"> ♦ Assess regional impacts on health/medical sector ♦ Review lessons learned/implement adjustments ♦ Replenish essential resource inventories ♦ Adjust regional staffs to meet needs ♦ Prepare for next wave

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<p>HUMAN RESOURCE MANAGEMENT</p>	<ul style="list-style-type: none"> ♦ Develop/maintain HR policies ♦ Support agency HR needs ♦ Review resource requirements to sustain essential services 	<ul style="list-style-type: none"> ♦ Develop/maintain HR policies ♦ Support agency HR needs ♦ Review resource requirements to sustain essential services 	<ul style="list-style-type: none"> ♦ Continue to manage admin of workforce planning, HR policy and benefits ♦ Provide guidance to agencies/review policies/tools available ♦ Begin monitoring agency absenteeism and reporting results ♦ Review adjunct workforce program 	<ul style="list-style-type: none"> ♦ Monitor agency absenteeism ♦ Prepare to staff VEOC Policy Group/Logistics ESF ♦ Continue to provide HR guidance/support to agencies ♦ Prepare to implement employee reassignment plan/Adjunct Workforce Program 	<ul style="list-style-type: none"> ♦ Continue monitoring agency absenteeism ♦ Staff VEOC Policy Group/Logistics ESF ♦ Implement employee reassignment plan/adjunct workforce program ♦ Continue to provide HR guidance/support to agencies/staff 	<ul style="list-style-type: none"> ♦ Assess impact on agency personnel ♦ Revise plan based on lessons learned ♦ Support agency HR needs ♦ Prepare for subsequent waves

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LABOR AND INDUSTRY	<ul style="list-style-type: none"> ♦ Adopt/disseminate OSHA Pan Flu Guidance ♦ Develop Agency COOP Plan w/pan flu component to ensure maintenance of critical functions 	<ul style="list-style-type: none"> ♦ Continue to disseminate/promote OSHA Pan Flu Guidance ♦ Continue to provide technical assistance support to customers ♦ Review/update COOP/Comms plans ♦ Ensure critical services can be maintained ♦ Continue to coordinate with local, state, and federal partners 	<ul style="list-style-type: none"> ♦ Review/update plans ♦ Alert/Brief Staff ♦ Ensure adequate supplies available to maintain critical services ♦ Continue to provide technical assistance/support to customers ♦ Continue to coordinate with local, state, and federal partners 	<ul style="list-style-type: none"> ♦ Prepare to activate plans ♦ Alert/Brief Staff ♦ Ensure adequate resources available to maintain critical services ♦ Continue to provide technical assistance/support to customers ♦ Continue to coordinate with local, state, and federal partners 	<ul style="list-style-type: none"> ♦ Activate COOP/Comms Plans ♦ Continue to brief staff ♦ Monitor status of operations/absenteeism ♦ Maintain critical services in context of available resources/priorities 	<ul style="list-style-type: none"> ♦ Assess impact of event on staff and services ♦ Adjust plans based on lessons learned and resources available ♦ Replenish critical resources to extent feasible ♦ Continue to provide guidance to staff in coordination with VDH

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<p>OFFICE OF COMMONWEALTH PREPAREDNESS</p>	<ul style="list-style-type: none"> ◆ Coordinate Development of Critical Infrastructure Protection/Resiliency (VCIPR) Strategy ◆ Support overall Pandemic Influenza initiative in coordination with VDEM ◆ Continue to liaison with local government on emergency management and security issues ◆ Continue to support educating public on Homeland Security/preparedness issues ◆ Provide oversight/review all disaster plans 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ◆ Continually brief Governor and Cabinet on status as required and make appropriate recommendations based on evolving situation ◆ Coordinate with local, state and federal partners 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ◆ Continually brief Governor and Cabinet on status as required and make appropriate recommendations based on evolving situation ◆ Continue to coordinate with local, state and federal partners 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ◆ Continually brief Governor and Cabinet on status as required and make appropriate recommendations based on evolving situation ◆ Continue to support dissemination of preparedness/prevention information/guidance to staff, state agencies, local governments ◆ Implement the appropriate protective measures ◆ Continue to coordinate with local, state and federal partners 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ◆ Continually brief Governor and Cabinet on status as required and make appropriate recommendations based on evolving situation ◆ Continue to support dissemination of preparedness/prevention information/guidance to staff, state agencies, local governments ◆ Implement the appropriate protective measures ◆ Continue to coordinate with local, state and federal partners 	<p>Same as All Agencies Above</p> <p>Also:</p> <ul style="list-style-type: none"> ◆ Continually brief Governor and Cabinet on status as required and make appropriate recommendations based on evolving situation ◆ Continue to support dissemination of preparedness/prevention information/guidance to staff, state agencies, local governments ◆ Implement the appropriate protective measures ◆ Continue to coordinate with local, state and federal partners

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TRANSPORTATION	<ul style="list-style-type: none"> ♦ Continue to maintain the state highway system ♦ Review current agency COOP plan and roster of key personnel who may be assigned support positions in VERT or other operational assignments, update as needed. ♦ Develop internal communications plan and review external communications/networking procedures ♦ Provide VEOC current agency status report(s) as requested ♦ Maintain agency COOP plan 	<p>Same as All Agencies</p> <p>Above</p>	<p>Same as All Agencies</p> <p>Above</p>	<p>Same as All Agencies</p> <p>Above</p>	<p>Same as All Agencies</p> <p>Above</p> <p>Also:</p> <ul style="list-style-type: none"> ♦ Facilitate, in coordination with VSP and affected local governments, unusual traffic movement and volumes ♦ Provide transportation service, back-up communications, and other available resources as needed in support of the VEOC ♦ Operate and maintain the VDOT Transportation Emergency Operations Center (TEOC) ♦ Department of Motor 	<p>Same as All Agencies</p> <p>Above</p> <p>Also:</p> <ul style="list-style-type: none"> ♦ Department of Motor Vehicles will coordinate the transport of essential goods and people over all modes in support of the Virginia Emergency Response Team during recovery operations ♦ Department of Aviation will perform airlift missions in direct support of the VERT during recovery operations and provide resources for transport of essential goods via air as appropriate

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					<p>Vehicles will coordinate the transport of essential goods and people over all modes in support of the Virginia Emergency Response Team (VERT) during emergency operations</p> <p>◆ Department of Aviation will perform airlift missions in direct support of the VERT during emergency response operations and provide resources for transport of essential goods via air as appropriate</p> <p>◆ Department of Rail and Public Transportation will coordinate with the railroad companies and public transport entities to maintain systems and provide resources as necessary</p>	
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					<ul style="list-style-type: none">♦ Virginia Port Authority will coordinate with the Virginia ports to maintain systems and provide resources as necessary	
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VITA	<ul style="list-style-type: none"> ♦ Provide IT/ Communications services and support throughout pandemic influenza event including support of remote access for teleworking employees as well as customers ♦ Check resource inventories/supply chains ♦ Coordinate with private sector partners regarding status of Pan Flu annexes of COOP plans 	Same as All Agencies Above Also: <ul style="list-style-type: none"> ♦ Continue to support agency IT resource needs as required ♦ Continue to maintain/expand IT contract services ♦ Continue to provide IT technical assistance/support in regard to purchasing/contracting 	Same as All Agencies Above Above	Same as All Agencies Above Also: <ul style="list-style-type: none"> ♦ Continue to support agency IT resource needs as required ♦ Continue to provide IT technical assistance/support in regard to purchasing/contracting ♦ Continue to coordinate with state, federal, private sector partners 	Same as All Agencies Above Also: <ul style="list-style-type: none"> ♦ Continue to support agency IT resource needs as required ♦ Continue to provide IT technical assistance/support in regard to purchasing/contracting ♦ Continue to coordinate with state, federal, private sector partners 	Same as All Agencies Above

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VSP	<ul style="list-style-type: none"> ◆ Develop COOP/Pan Flu Plans to ensure maintenance of critical services ◆ Brief staff and exercise plan 	Same as All Agencies Above	Same as All Agencies Above	Same as All Agencies Above Also: <ul style="list-style-type: none"> ◆ Activate agency COOP/Pan Flu plan and begin implementing protective measures ◆ Begin evaluating critical service delivery in context of resources available and risk ◆ Coordinate with/monitor resource providers ◆ Continue to coordinate with local, state, federal and private sector partners 	Same as All Agencies Above Also: <ul style="list-style-type: none"> ◆ Maintain essential law enforcement functions ◆ Enforce orders of quarantine/isolation as required ◆ Prevent/respond to civil disturbances 	Same as All Agencies Above Also: <ul style="list-style-type: none"> ◆ Continue to provide necessary law enforcement/security services in coordination with local, state, federal and private sector partners

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<p>NATIONAL GUARD</p>	<ul style="list-style-type: none"> ◆ Develop COOP/Pan Flu Plans to ensure maintenance of critical services ◆ Brief staff and exercise plan ◆ Maintain situational awareness of Outside Continental United States (OCONUS) deployed forces 	<p>Same as “All Agencies” above, also:</p> <ul style="list-style-type: none"> ◆ Support <p>Coordinate with local, state and federal partners</p> <ul style="list-style-type: none"> ◆ Review resource requirements to sustain essential services ◆ Maintain situational awareness of OCONUS deployed forces 	<p>Same as “All Agencies” above, also:</p> <ul style="list-style-type: none"> ◆ JOC will monitor situation and continue to brief situational awareness to leadership ◆ Maintain and report on situational awareness of OCONUS deployed forces ◆ Initiate force health protection education & training campaign 	<p>Same as “All Agencies” above, also:</p> <ul style="list-style-type: none"> ◆ Begin monitoring agency absenteeism ◆ Disseminate force health/safety protection counter-measures to employees ◆ Recommend force health protective measures/standards to sectors ◆ Maintain critical services ◆ Implement Communications Plan ◆ Continue to support Commonwealth as directed ◆ Maintain and report on situational awareness of CONUS & OCONUS 	<p>Same as “All Agencies” above, also:</p> <ul style="list-style-type: none"> ◆ Monitor health of employees returning to workplace ◆ Maintain and report on situational awareness of CONUS & OCONUS deployed forces ◆ Maintain/sustain force health protection education & training campaign ◆ Maintain situational awareness and report on agencies ability to respond with essential core capabilities 	<p>Same as “All Agencies” above, also:</p> <ul style="list-style-type: none"> ◆ Assess impact of incident and support from available programs and resources of state/federal agencies ◆ Assist in comprehensive recovery of communities impacted and other mission assignments (from VDEM) as required ◆ Maintain and report on situational awareness of CONUS & OCONUS deployed forces ◆ Maintain/sustain force health protection education & training campaign

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				deployed forces ♦ Maintain/sustain force health protection education & training campaign		
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LEGAL AUTHORITIES

Powers and duties of Governor (44-146.17)

In addition to all authorities vested in the Governor of Virginia during a declared emergency or disaster, specifically:

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

Reporting of Disease (32.1-35; 32.1-36; 32.1-37)

- Requires reporting of selected diseases to the Board of Health by physicians practicing in Virginia and others, such as laboratory directors, or persons in charge of any medical care facility, school or summer camp.

Investigation of Disease (32.1-39)

- Authorizes the Board of Health to provide for surveillance and investigation of preventable diseases and epidemics, including contact tracing.

Authority to Examine Records (32.1-40; 32.1-48.015)

- Authorizes the Commissioner or his designee to examine medical records in the course of investigation, research, or studies, including individuals subject to an order of isolation or quarantine.

Emergency Orders and Regulations (32.1-13; 32.1-42; 32.1-20)

- Authorizes the Board of Health to make orders and regulations to meet any emergency for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to public life and health.
- Authorizes the Commissioner to act with full authority of the Board of Health when it is not in session.

Disease Control Measures (32.1-43; 32.1-47; 32.1-48)

- Authorizes the Commissioner to require quarantine, isolation, immunization, decontamination, and/or treatment of any individual or group of individuals when the Commissioner determines these measures are necessary to control the spread of any disease of public health importance.
- Permits the Commissioner to require immediate immunization of all persons in the event of an epidemic; permits the exclusion from public or private schools of children not immunized for a vaccine-preventable disease in the event of an epidemic.

Isolated or Quarantined Persons (32.1-44)

- Permits any isolated or quarantined person to choose their own treatment, whenever practicable and in the best interest of the health and safety of the isolated or quarantined person and the public.
- However, conditions of any order of isolation or quarantine remain in effect until the person or persons subject to an order of quarantine or order of isolation shall no longer constitute a threat to other persons.

**Isolation or Quarantine of Persons with Communicable Disease of Public Health
(32.1-48.05 through 32.1-48.017)**

- Defines a communicable disease of public health threat as a communicable disease of public health significance coinciding with exceptional circumstances.
- Authorizes the Commissioner to issue orders of isolation or quarantine for individuals or groups of individuals infected with or exposed to a communicable disease of public health threat.
- Outlines conditions necessary for invoking orders, process for seeking *ex parte* court review in the circuit court of residence, and appeal process.
- Authorizes the Commissioner, during a state of emergency, to define an affected area (s) wherein individuals are subject to an order of isolation and/or quarantine.
- Authorizes the Commissioner, in concert with the Governor, during a state of emergency to require the use of any public or private property to implement any order of quarantine or order of isolation. Outlines accommodations for occupants of property not subject to the order(s) and compensation.

Appendix 1

EDUCATION

MISSION OF AUTHORITIES

To ensure the health and safety of the Commonwealth student population, faculty, and staff, as well as their families, at all levels by developing and integrating an influenza pandemic preparedness and response strategy into school emergency and Continuity of Operations plans.

ORGANIZATION

The Commonwealth of Virginia education sector is comprised of 132 local school divisions, 24 community colleges with 40 campuses, 15 four-year public institutions, and 24 private, nonprofit institutions. The Department of Education (DOE) supports K-12, and the Virginia Community College System (VCCS) and State Council of Higher Education for Virginia (SCHEV) support the community college system and state institutions of higher education, respectively. Local school boards are responsible for the daily operations of school systems within the Commonwealth.

CONCEPT OF OPERATIONS

The responsibilities and authorities with regard to emergency management issues and specifically school closure decisions (both prior to and during a declared state of emergency) are at the local level. School closure and emergency management issues for post-secondary schools (including state funded) are decided by the administration of the particular institution. However, due to the impacts that school closure will have on the community in an influenza pandemic, it is important for the state to be more engaged in monitoring the following:

- Level of absenteeism that is occurring locally and regionally
- Impacts absenteeism is having on operations
- Strategies that are being considered or employed to sustain operations
- Resource and supply chain issues that need to be addressed.

The role of education in disaster planning and response operations has been primarily associated with providing facility space, staffing and transportation resources to support evacuation/sheltering initiatives as well as the dispensing of pharmaceuticals in a biological event. Schools, colleges, and universities provide an environment that is very conducive to accelerating the spread of influenza not only within schools, but throughout the community. The decision to close schools will necessitate consideration of other actions related to other types of facilities, activities, and functions that bring people together, particularly in closed environments. The decision to close schools will need to be made in coordination with a variety of community partners, and implemented in conjunction with other actions that will complement and reinforce the desired objective of social distancing. To accomplish this, the school division or higher education institution must have a representative in or a strong and continuous link to, the local emergency operations center to provide the necessary

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guidance, technical assistance, and support in regard to response operations, public information, and policy issues.

At the state level, the DOE, VCCS and SCHEV will serve in liaison and support roles in the VEOC. Both public and private components need to be represented and engaged in policy decisions and response operations for the strategies developed and employed to be effective.

Local school divisions and higher education institutions will request assistance through the local emergency operations center, like in any other disaster event. If the request exceeds the capability of local government, the request will be forwarded to the VEOC for consideration. Federal assistance will be requested if the request exceeds the capability of the state.

The rates of absenteeism and operational impacts being experienced by the school system or institution will be reported to the local emergency operations center by the school system, as well as to the state agency that typically interfaces with the system/institution reporting. In addition, conference calls with school divisions and institutions of higher education will be conducted as required, by the VEOC, on a regional basis to provide a forum to exchange information on status of operations, response strategies being considered or employed, and identification of operational issues and resource needs. The conference call will facilitate the development of a coordinated response strategy among school districts, institutions of higher learning, and the communities within a region that will be tailored to the intensity and scope of the outbreak, as well as associated consequences being experienced.

Preliminary criteria driving the decision to close schools will include but not be limited to rates of infection and associated consequences, levels of absenteeism, status of supporting infrastructure, and resources available within the school system, institutions of higher learning and the communities impacted to support various response strategies. The Community Strategy for Pandemic Influenza Mitigation interim guidance developed by HHS/CDC referenced in Tab 2 will be used in developing and implementing local, regional, and statewide response strategies to an influenza pandemic outbreak.

School superintendents and the administration of institutions of higher learning have the authority to close as well as reopen schools. A list of School Superintendents is available at: <https://p1pe.doe.virginia.gov/edudirectory/divisionList.do>. The SCHEV maintains a listing of Institutions of Higher Learning contacts. VCU developed and maintains a list of college and university emergency management contacts that has been shared with VDEM. VDEM will use this list to disseminate the necessary information and guidance to colleges and universities and schedule regional conference calls prior to, during, and following an event.

The DOE will be tasked to coordinate and facilitate the regional conference calls with the school superintendents in coordination with VDEM and VDH as well as the Virginia Association of School Superintendents.

The necessary procedures will be developed with DOE, VDH, the Virginia Association of School Superintendents, and VDEM to ensure an effective and timely coordination/interface with the school districts throughout the state during an event. In the case of Institutions of Higher Education (IHEs),

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SCHEV and VCCS are tasked to coordinate and facilitate the regional conference calls in coordination with VDEM and VDH. SCHEV will be developing a Web portal to communicate with all IHEs across the Commonwealth, as well as facilitate the exchange of information among IHEs on a regional and statewide basis. This portal will allow SCHEV, VCCS, VEOC, VDH, and other agencies to reference institutional pandemic flu plans and situation updates at a single location. However, institutions should disseminate situational updates to their local EOC's for inclusion into their situation reports (SitReps). The HHS/CDC website provides guidance and checklists for schools and institutions of higher education.

The Virginia DOE has updated the Pandemic Influenza Plan Guidelines for Virginia Public Schools. The plan is available on the Virginia DOE Web site at the following address: <http://www.doe.virginia.gov/VDOE/studentsrvcs/>. The guidance document includes specific considerations during each phase of a pandemic regarding expected local school division actions; DOE activities; access control; surveillance, screening, and triage; infection control and precautions; communication and education; social distancing; and school closure strategies.

The plan was designed to assist schools in identifying the issues that need to be addressed in order to contain infection, communicate effectively, provide continuity of instruction, support employees and families in their personal preparation efforts, and respond to a pandemic influenza crisis. The plan provides guidance to schools regarding the need for developing methods for continuity of instruction and communicating those plans to parents and students.

- The Virginia Department of Education has identified continuity of student instruction as a major topic for school divisions to consider as they develop their respective pandemic influenza plans.

Higher Education

IHEs with residential populations can be viewed as small cities with a population consisting almost solely of young adults. It is unlikely most Virginia IHEs will shut down completely; as it is assumed a component of the student body will not be able to return home. However, continuing education during the period of a pandemic outbreak will be a function of the institutions' existing programs/resources/infrastructure in place to support distance learning strategies on a wide-scale basis, as well as student capabilities to take advantage of services provided.

While many IHEs offer online or distance education, it makes up a small percentage of instruction. Given concerns for existing bandwidth and the time and resources to develop effective online education models, it seems unlikely institutions will pursue this option as a major response to pandemic flu.

Provision of Social Services in Schools

Public schools provide a location, access for social services agencies to interface with students, and referral services to students and families. The Virginia Department of Social Services (DSS) will develop a plan for continuing social services to students in the case of a pandemic. The DOE would provide technical assistance in this process, as needed.

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In the event of a pandemic, the provision of services will continue to the extent possible. DSS, through its regional and home offices will continue to provide program supervision, secure program waivers, and resolve conflicts relative to program operations.

Through partnering with other state agencies, DSS ensures that providers of its licensed facilities receive information necessary for planning and developing strategies for screening, infection control and precautions, and communications among and between staff, legal guardians, and DSS. Child day centers and children's residential facilities are required to develop comprehensive written emergency preparedness and response plans, and an influenza pandemic should be among the hazards addressed in these plans.

Appendix 2

CONTINUITY OF CRITICAL FUNCTIONS

MISSION OF AUTHORITIES

To enhance the level of resiliency of all critical infrastructure/key resources sectors to ensure that all essential services in the public and private sector can be maintained and sustained throughout the duration of an influenza pandemic, and establish a framework to facilitate coordination between sectors and with the state.

ORGANIZATION

Critical Infrastructure Protection Program

The Office of Commonwealth Preparedness (OCP), a cabinet-level office advising the Governor on preparedness issues, in coordination with the Virginia Department of Transportation (VDOT) and other state agencies, is responsible for overseeing the Critical Infrastructure Protection (CIP) Program in the Commonwealth.

PROGRAM OVERVIEW

The Commonwealth of Virginia Critical Infrastructure Protection and Resiliency Strategic Plan (VCIPRSP) is structured to mirror the National Infrastructure Protection Plan (NIPP), to build upon the partnerships developed at the federal level and to enhance the interface between the programs.

The Commonwealth CIP program and associated initiatives are implemented using an all-hazards approach. However, there are components of the strategy that will be evaluated and modified to address the challenges associated with a pandemic influenza.

Regional Initiatives

The Commonwealth is currently supporting several regional initiatives in the National Capital Region (NCR) and in the Hampton Roads area that will enhance the overall level of preparedness of critical infrastructure and key resources (CIKR) in the Commonwealth in regard to a pandemic influenza.

Appendix 3

SUSTAINMENT OF ECONOMY, TRADE, AND BUSINESS

MISSION OF AUTHORITIES

To mitigate the impacts of an influenza pandemic on the economy and associated workforce through the development of a flexible, integrated framework of services and resources that can be structured and tailored to address community needs in a timely, coordinated manner.

ORGANIZATION

The Commonwealth established the Economic Crisis Strike Force in 2006 to address the economic impacts associated with natural disasters and acts of terrorism, as well as abrupt changes in local and regional economies.

DSS oversees many programs that provide benefits and services to eligible applicants. Persons adversely affected in a pandemic may apply and, if eligible, receive direct financial aid from Food Stamps, Medical Assistance, Energy Assistance, Temporary Assistance for Needy Families, Auxiliary Grants, and General Relief. Each of these programs is governed by federal and/or state law/regulations that define the parameters for eligibility. Policies governing the eligibility for these programs and services already exist in program manuals. In the event of a pandemic, the provision of benefits and services will continue to the extent possible. DSS, through its regional and home offices will continue to provide program supervision, secure program waivers, and resolve conflicts relative to program operations.

CONCEPT OF OPERATIONS

A pandemic influenza will impact all communities and sectors in varying degrees during the 18-24 month event period. The demand for government assistance, services, support, public safety, and security will increase significantly during each influenza pandemic wave. A Public Health Emergency and a State Declaration of Emergency will be made to mobilize and deploy resources to support response and recovery operations.

In the VEOC, ESF 14: Community Recovery addresses short- and long-term recovery issues. The short-term recovery component of ESF 14, which is coordinated by VDEM, is comprised primarily of the disaster recovery programs available through FEMA, the Small Business Administration, and other federal agencies. In addition, there are other assistance programs provided by a variety of state and federal agencies as well as non-governmental organizations to include but not limited to: the Departments of Social Services; Mental Health, Mental Retardation, and Substance Abuse Services; Housing and Community Development, Conservation and Recreation; Taxation; and the Virginia Employment Commission. Many of these agencies also have a role in the long-term recovery component of ESF 14 which is accomplished through the establishment of the Economic Crisis Strike Force.

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In a declared emergency, the Economic Crisis Strike Force becomes an integral component of ESF 14-Community Recovery in the VEOC and extends into the Joint Field Office once it is established. It focuses on developing priorities, strategies, and assistance that address long-term recovery issues. The Secretary of Commerce and Trade is responsible for organizing the Economic Crisis Strike Force in a manner that best serves the needs of the locality or region impacted, given the economic consequences generated by the event.

The Strike Force leverages a variety of existing programs internal and external to the Commonwealth in both the public and private sectors, while developing and integrating new programs and associated policies tailored to meet the economic challenges precipitated by the event. During a disaster event, the Strike Force can facilitate the delivery of services and support to communities in a streamlined, coordinated, and targeted manner by providing a single point of contact for citizens, businesses, and industry needing economic assistance and support. The Strike Force acts as a broker to these entities by quickly identifying and making available the appropriate public and private assistance to the requesting party. The Strike Force can also assist communities in developing local and regional short- and long-term strategies, to include identifying opportunities for workforce retraining, job creation, and new investment to support the strategies and priorities established.

Virginia Employment Commission (VEC)

The VEC will assist private-sector workers who may lose jobs or be unable to work because they themselves are ill or must stay at home to care for ill family members.

The VEC currently works with local offices to ensure they have plans that are communicated ahead of time to provide emergency services, and shares this planning information with one-stops which provide information and referrals to many government services in one location. The Unemployment Insurance (UI) Trust Fund does not include any discretionary dollars, but the VEC can make staff resources available in an emergency. Those who are unable to work, even due to illness, would not qualify for unemployment insurance as traditional eligibility requirements apply, but the full range of jobseeker services will be available to them. However, if an employer has to close its business due to the pandemic influenza, laid off workers could apply for unemployment benefits.

Historically, federal and state governments have offered Disaster Unemployment Assistance (DUA) benefits during work dislocation caused by natural disasters (i.e. flood, hurricane, etc.). Federal and state DUA benefits may be made available in the event of a pandemic influenza. After September 11th, the U.S. Department of Labor (DOL) did provide a six- month extension for the receipt of DUA benefits. Depending on the severity of the disaster, DOL may alter the rules at their discretion.

Employment programs under DSS authority are specifically targeted to assist individuals who have been approved to receive Temporary Assistance for Needy Families or Food Stamps. Typically such individuals have consistently experienced a high rate of unemployment. To continue the provision of good customer service, DSS has identified teleworking and face-to-face customer contact as areas for further policy clarification. Program areas will review requirements and workarounds for face-to-face customer contact.

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The Commonwealth does not have a state counterpart to the federal Family and Medical Leave Act (FMLA). Accordingly, private-sector workers must generally rely on their own personal, annual, or sick leave from their benefits plan, any short term disability benefits offered under their employee health or benefits plans, or federal FMLA for assistance during any type of personal illness or illness in their immediate family. Not all employers are covered by FMLA and not all employees are eligible for FMLA.

VEC services may be utilized in the following ways in the event of a pandemic event:

- Economic stabilization through basic unemployment insurance benefits
- Written and on-line information on employment services, job referral, job development, employer information
- Rapid Response Coordination and customized services consolidation based upon need
- Disaster Unemployment Insurance Benefits and Extended UI Benefits when deemed appropriate by DOL
- Referral to support resources
- Partnership brokering
- Outreach to local, state and federal government and agencies
- Crisis counseling, counseling referral
- Shelter referral
- Locations for group sessions on services.

Communication assistance and resource brokering may be available through the VEC. The VEC operates two Customer Contact Centers (CCC) that possess state-of-the-art communication technologies. In addition to calling trees, the auto attendant at each CCC is setup to handle emergency situations, using a recording that can be placed remotely or onsite. Presently, these recordings are used by the CCC leadership to inform staff of CCC delayed openings or closures. The VEC can utilize this technology statewide by recording whatever message that needs to be placed there and making the number available to the appropriate parties. Instead of customers, local, state and federal officials calling local offices or multiple offices within the Central Office can be directed them to a central number to obtain information regarding the current situation as it relates to any catastrophic event.

The Senior Advisor for Workforce will initiate the Coordinated Economic Relief Centers (CERCs) in coordination with the Secretary of Commerce and Trade and the VEC. The CERCs would be mobilized through the One Stop Workforce Service Delivery Centers that are located throughout the state. There are 68 One Stops, which can provide information and referrals to a myriad of government services. The CERCs are an emergency response mechanism for economic and worker dislocation.

Since most influenza-related closings and layoffs would be expected to be temporary in nature, the services offered would be tailored to meet the specific needs of the individual workers and the employer. The team would also work closely with their DOL partners and One-Stop Shop Centers. The DOL Regional Administrator would be contacted to facilitate assistance as appropriate. The One-Stops would also work closely with the rapid response teams at the VEC.

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The Workforce Investment Act (WIA) One Stop services may be utilized in the following ways in the event of a pandemic influenza:

- Written and on-line information about the One Stops
- Support services
- Partnership brokering
- Outreach to local, state and federal resources
- Outreach to faith-based and community-based organizations

One Stop Centers can also facilitate the provision of useful information and assistance can be provided through “211” operators.

Appendix 4

HUMAN RESOURCE MANAGEMENT

MISSION OF AUTHORITIES

This annex provides human resource management guidance for all executive branch agencies and the State Coordinator for Emergency Management in the event of pandemic illness. The Department of Human Resource Management (DHRM)'s role is to ensure that human capital plans and policies are responsive to the business needs and operational strategies of agencies, promote the continuity of services to the citizens of the Commonwealth, and support the Commonwealth's emergency management response and recovery operation. In carrying out this role, DHRM consults with agencies to support their development, documentation, and implementation of workforce strategies that ensure the continuity of state government.

ORGANIZATION

The Director of DHRM will regularly consult with the Governor's Office and the State Coordinator of Emergency Management regarding the status of staffing issues in executive branch agencies, emergency office closings, and any related workforce issues that impede the Commonwealth's ability to provide services to the public or that hinder response and recovery plans. The Director will have sufficient delegated authority to respond quickly to exceptional policy and workforce management issues and will consult with the Governor's Office on any unprecedented situations.

All executive branch agencies will be encouraged to utilize the full measure of flexibility delegated to them under state human resource policy in the management of workforce issues. Agencies must consult with the Director on extraordinary situations that may require an exception to policy or law. Agencies must maintain documentation to support the decentralized decision-making process.

CONCEPT OF OPERATIONS

Existing human resource management policies and regulations that apply to all executive branch agencies will be applied to manage human capital in response to pandemic illness. DHRM will administer the Public Health Emergency Leave and all related human resource policies, to include application, interpretation, granting exceptions based on agency business needs, and advising the Attorney General's Office and Governor of the need for temporary waivers to existing policies or the issuance, amendment, or suspension of the provisions of the Virginia Personnel Act as required by Executive Order 4 (2006).

Human Capital Plans

Public Health Emergency Leave Policy

This policy was established and communicated to all agencies in June 2007. Under this policy, all employees, including wage employees, are eligible for up to eighty hours of paid leave per leave

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year to attend to their own medical conditions and/or to care for immediate family members residing in the affected area. In order to reduce the risk of exposure, agencies should direct ill employees to leave the workplace and attend to their medical needs. Employees who file claims under the Virginia Sickness and Disability Program (VSDP) due to pandemic illness are eligible to return to work as outlined under the program's provisions. Employees who are absent due to pandemic illness but not receiving or eligible for VSDP benefits may be required to present a treating professional's certification that they are no longer infectious and can safely return to work.

The policy also lists cross-references to other relevant leave policies and provides agencies with administrative procedures to follow when exceptional circumstances require the implementation of the policy. Other state leave policies were evaluated and found to be sufficient. Managers will be encouraged to be liberal in approving use of leave for employees who are ill or caring for immediate family members and have exhausted their eighty hours of Public Health Emergency Leave.

Staffing

Sufficient staffing will be crucial to the emergency management process. Employees are expected to report to work as usual unless ill or otherwise directed by the Governor, their agency heads, or the State Health Commissioner. DHRM is basing potential employee absences on national guidance documents which indicate that: (1) between ten and forty percent of the state work force may be unable to report to work at any one time over a period of eighteen months; (2) absenteeism may reach 40% at the peak of the first wave of the pandemic; and (3) staffing measures may need to be maintained for as long as twelve weeks during a severe pandemic. Innovative and expeditious means may be employed to achieve this staffing objective, including cross-training, temporary reassignment, and the authority of executive branch agencies to re-deploy staff to other work locations. Agencies are responsible for monitoring and addressing absences among agency staff, and identifying key staff and outlining a plan for maintaining essential agency functions are important parts of agency Continuity of Operations (COOP) Plans. At the Governor's discretion employees may be redeployed across agencies by direct order or through the implementation of the Adjunct Emergency Workforce.

Adjunct Emergency Workforce (AEW)

This supplemental staffing strategy is designed to reinforce services to citizens by closing critical gaps in staffing at emergency response team agencies during periods of extended emergencies. State employees whose primary jobs do not normally require their presence during emergencies, and who meet established job requirements, may volunteer for redeployment to emergency response teams for up to two weeks. The Director will manage the job and employee data bank that supports this strategy and will assist VDEM in the deployment of adjunct workers. As of February 2009, the AEW includes 481 employees who have signed up for emergency deployment to such functions as communications, finance and administration, logistics, and operational planning. Registration of AEW members is ongoing, and training is underway.

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Absence Reporting

The impact of absenteeism will be monitored within executive branch agencies and on a statewide basis. DHRM will establish a system for collecting and organizing absenteeism data from all executive branch agencies and reporting results to the State Coordinator for Emergency Management, State Health Commissioner, and Governor's Office. The data will categorize the impact of absenteeism rates (moderate, severe, critical) by location in order to expedite the decision process for state executives and public health officials.

Telecommuting and Social Distancing

The Public Health Emergency Leave Policy encourages teleworking, alternate work schedules, and multi-shift approaches to promote social distancing. This strategy will be reinforced through frequent communication with agency human resource directors.

DHRM's web site includes guidance documents and tools that support and promote teleworking in accordance with Code of Virginia requirements. These documents include a checklist to help agencies determine employee eligibility and suitability, a pre-determined listing of occupations well-suited for teleworking for temporary or extended periods of time, and guidance pertaining to risk management, safety, and other management issues.

Communicating with Management and Employees

The Director will coordinate, on behalf of the Governor's Office, a series of employee communications designed to promote wellness, inform employees of state initiatives, and to clarify the roles, responsibilities, and expectations of all employees.

The Director will work closely with VDH regarding the status of the outbreak and its impact on state agencies to determine what needs to be communicated to employees and to assess the need to modify human resource policies.

Virginia's Personnel Management Information System contains data fields that ensure the ability to contact employees during emergency situations. Readily-available contact information includes: (1) state-assigned office phone, cell phone, PDA, and pager numbers; (2) primary and secondary home contact phone numbers and e-mail addresses; and (3) three emergency contact individuals with addresses and two phone numbers for each. This system also captures employee emergency medical information that may need to be immediately available during emergency situations. An internal web page accessible to state employees only will be developed to provide pandemic related information, instructions for determining the status of agencies' operations, and for distribution of critical agency information.

Agencies must maintain clear and timely communication to ensure that employees are aware of the status of the public health concern, agency COOP requirements, agency efforts to reduce the spread of, or exposure to, infection, and applicable human resource policies.

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Essential Personnel

Agencies are responsible for the identification of mission critical functions and for designating staff as essential or non-essential as described in Policy 1.35, Emergency Closings. Plans for providing for the functions of these staff during emergency situations are documented in agency COOP plans. These plans may include such strategies as the sharing of staff among agencies where possible and the identification of sources for supplemental staff. Due to requirements for specific staffing levels for certain occupations, especially licensed health care professionals, under normal circumstances, agencies employing these individuals already have in place contracts enabling them to procure additional services during emergency situations. Agency contract and procurement staff will consult with providers to ensure that pandemic plans are in place for the contract workforce.

Health Benefits Administration

DHRM's Health Benefits Administration's disaster response plan addresses operational conditions that might arise during a pandemic. Incorporated into that plan are telecommuting processes and alternative worksites to ensure that business needs and the health benefit program requirements are met. Health program vendors are required to have written, up-to-date disaster plans to respond to similar emergency situations, including back-up of claim and eligibility data to an alternate location. Internal eligibility data is also backed up, and is designated mission-critical by the Virginia Information Technology Agency (VITA). In the event employees are, due to pandemic or other disaster, unable to access the services of network providers, provisions may be made to pay out-of-network claims without penalty to participants, and payment to providers would continue at vendors' alternative claims processing locations should the need arise.

The Commonwealth contracts with Value Options for behavioral and mental health services. In the event of a pandemic, contract staff will be deployed to provide services, including grief counseling to employees and their families. Coverage will include employees and family members not enrolled in state health benefit plans. An agreement is in place to deploy more counselors than currently covered by the contract and extended service hours, including telephonic service.

Workers' Compensation

The State Employees Workers' Compensation Services (WCS) and its contractor will receive and handle claims arising out of a pandemic.

WCS has developed a disaster response plan to address conditions that may occur during a pandemic or other disaster. Electronic claim documentation is backed up to an alternate location on a nightly basis by VITA. Alternative worksites have been identified in the event of closure of the James Monroe Building.

Human Resource Information Technology (ITech)

ITech will monitor and report on statewide absenteeism. DHRM will establish a system for collecting and organizing absenteeism data from all executive branch agencies and reporting results to the State Coordinator for Emergency Management, State Health Commissioner and Governor's

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Office. The data will be categorized according to the impact of absenteeism rates (moderate, severe, critical) by location in order to expedite the decision process for state executives and public health officials. Centralized monitoring of absenteeism will begin in Stage 4 of the Agency Action Plan.

Appendix 5

LAW ENFORCEMENT, PUBLIC SAFETY, AND SECURITY

MISSION OF AUTHORITIES

To maintain essential public safety, security and emergency services throughout the period of an influenza pandemic outbreak.

ORGANIZATION

The Virginia State Police (VSP) is responsible for providing citizens of the Commonwealth with law enforcement services and protection and promoting a safe and secure environment. The Virginia Department of Fire Programs (VD FP) is responsible for supporting local and regional efforts to maintain satisfactory fire protection services for the Commonwealth, including fire prevention and fire suppression. The VSP and VD FP are structured around seven regions similar to VDEM.

CONCEPT OF OPERATIONS

Virginia State Police (VSP)

In addition to maintaining essential law enforcement services throughout the period of an influenza pandemic outbreak, VSP may be requested to provide additional services to include but not limited to the following:

- Providing security for the transportation and/or storage of vaccine, antivirals, and other medical supplies
- Enforcing orders of quarantine and isolation
- Preventing and responding to civil disturbances associated with the pandemic
- Assisting law enforcement agencies unable to provide essential law enforcement services due to high rates of absenteeism

To ensure the continuity of essential law enforcement services as well as maintaining the capability to support a variety of additional law enforcement needs during a pandemic influenza, VSP developed a draft Pandemic Influenza Response Plan in December 2006. That plan includes strategies to reduce the chance of infection within the department, guidance with regard to preparing for extended home stays, and personal protective equipment. The response component is comprised of sections that address coordination and control, maintenance of essential services, and activation of contingency plans.

Recognizing that the department will have to maintain essential law enforcement functions with significantly reduced staffs, all division and unit commanders conducted a review of their respective areas of responsibility to identify functions that can be suspended or modified at various levels of absenteeism to ensure the availability of adequate staff to sustain essential law enforcement services.

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The plan also reviews the legal issues associated with isolation and quarantine, as well as personnel issues. It recommends cross training of staff to maintain critical functions throughout the event period; identifying and stockpiling equipment and supplies essential to supporting critical functions; and ensuring personnel understand and comply with recommended personal and workplace hygiene practices outlined in the plan.

All law enforcement taskings associated with supporting the response to and recovery from an influenza pandemic event will be coordinated through ESF 13: Public Safety and Security, as in any other disaster event. The VANG may be called upon to augment local and state law enforcement resources in the event of widespread civil disorder. Although additional law enforcement and security resources may be available through the Emergency Management Assistance Compact (EMAC), the federal government, as well as the private sector, it is assumed that the level of support available from these channels will also be compromised, and therefore limited in comparison to most other types of disasters.

It is critical that private security services associated with protecting critical infrastructure and key resources throughout the Commonwealth develop the necessary plans to ensure they have the capability to carry out their responsibilities throughout the event period, which will mitigate the demand for additional public sector resources to fulfill this role. An outreach program will be developed to ensure these services have the necessary contingency plans in place to carry out their contracting responsibilities. Depending on the scope and severity of the event, consideration will also be given to using these services to support selected security functions associated with response and recovery (e.g., points of distribution otherwise known as PODs). The Department of Criminal Justice Services (DCJS) maintains a database of all private-sector security services within the Commonwealth which will facilitate the implementation of this outreach initiative.

During a pandemic event, Public Safety personnel will provide law enforcement support for providers of medical services. This includes the free and secure movement of emergency medical services (EMS) assets and providing security for medical facilities. VSP currently has an authorized strength of 1,276 troopers trained and equipped to ensure the secure and expeditious transportation of EMS resources. These troopers, along with 260 investigative personnel, can also provide security for medical facilities as needed. VSP has a variety of special purpose vehicles, equipment, and teams to support these functions.

Department of Fire Programs (VDFP)

VDFP does not provide direct fire protection services in the Commonwealth. The department is charged with assisting localities and local fire (fire-rescue) departments to achieve and sustain satisfactory fire prevention and fire suppression capabilities through direct support for training, serving as a clearing house for information, and assisting with the provision of appropriate supplies needed to conduct local training initiatives. VDFP serves as an information hub for the fire service in Virginia. Information and identified needs can be forwarded to the VDFP which, in turn, will assist with dissemination and communication.

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During periods in which localities may experience resource shortages, particularly in cases such as pandemic flu when personnel resources may be severely reduced, the VDFP can serve as a coordination point for allocating needed augmentation personnel to areas most severely impacted. This can be accomplished by establishing a roster or pool listing of appropriately credentialed personnel from non-impacted or lesser impacted jurisdictions to assist more severely impacted localities for pre-determined periods of time. Requests for assistance can be cross-referenced to available resources and areas in need can obtain resources when available.

Additionally, VDFP can support local mitigation initiatives by providing and reinforcing information for transmission prevention/reduction efforts by local fire-rescue personnel thereby possibly reducing the potential need for augmentation of local resources.

VDFP can also support local efforts to contain disease transmission by establishing regional distribution centers for appropriate disposable and non-disposable personal protective equipment (PPE – i.e. gloves, masks, gowns, etc.) as needed by local fire-rescue departments. This will reduce the travel distances required and control the potential for unnecessary personal interaction.

VDFP maintains a valuable communications network using computer email and other media to disseminate information rapidly to subscriber users. This system can be readily expanded to include numerous other link sites as needed. Local departments as well as municipal organizations can be incorporated with minimal effort at the request of interested parties. This would facilitate wide-ranging information exchange on a continuing basis.

Emergency Medical Services (EMS) Supporting Activities

A pandemic influenza could seriously impact the nation's health care delivery system, transportation system, economy and social structure. As the nation's health care "safety net," EMS will be faced with higher demands for services while experiencing problems similar to the rest of the nation – increased employee absenteeism, disruption of supply chains and increased rates of illness and death. Public Safety Answering Points (PSAP) otherwise known as 9-1-1 centers serve as the public's single point of access to local EMS, law enforcement and fire services – as well as an avenue for requesting many other services.

Ensuring both PSAP and EMS are well-integrated into the nation's pandemic influenza planning and response is essential to the nation's health and safety in the event of a pandemic.

The Office of Emergency Medical Services (OEMS) of VDH has as its mission statement:
To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide emergency medical services (EMS) system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

Assumptions for EMS Pandemic Influenza Response Guidelines:

1. State, local, tribal, and territorial EMS agencies will work to integrate pandemic

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influenza surveillance, mitigation and response into their EMS system. An EMS system's response to pandemic influenza should be flexible, scalable, dynamic, and timely with the ability to change rapidly based on new information about the virus and other public health emergencies. Standards, protocols and other guidelines will be modified based on the specific threat to the public's health.

2. EMS will be "at the table" to provide leadership during planning of State and community pandemic influenza surveillance, mitigation and response. EMS will be a part of community-wide planning and exercises.
3. The principles of EMS systems are essential to pandemic influenza planning and response and should include medical direction, quality improvement, education, training, communications, coordination and appropriate supplies and personal protective equipment. Sufficient legal authority will be in place while still allowing the system to be responsive to the exigencies of the situation.
4. EMS is one component of a coordinated system response to an influenza pandemic involving PSAP, public health, public safety, emergency management, health care and others.
5. One solution or protocol may not be applicable for all EMS systems at a State or a local level. It is impossible to establish one set of protocols/procedures that works for every single jurisdiction.
6. Optimal patient outcomes will depend on an EMS system's pre-planned ability to quickly integrate emerging medical research/information. The effectiveness of patient care will require responsive medical direction, training and coordinated system oversight.
7. EMS and PSAP stakeholders will be integrated into the Incident Command System (ICS) and be fully engaged as collaborative partners in the response to pandemic influenza. Pandemic influenza mitigation and response will require the integration of disciplines not traditionally involved in incident mitigation and response, such as medical direction, EMS education, disease surveillance, and PSAP.
8. EMS providers can play a role in pandemic influenza mitigation due to their capability to rapidly respond, assess, treat and report patients with signs and symptoms of pandemic influenza. Their early involvement in community mitigation strategies such as Targeted Layered Containment may help to control the spread of the virus and reduce the subsequent use of health care resources.
9. EMS pandemic influenza plans should address all patient populations including children, the elderly, and those with special needs.

OEMS and the EMS community are an integral part of the COVEOP and ESF-8: Public Health and Medical Services. This includes participation in an "all hazards" approach to emergency

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preparation, mitigation and response, including pandemic events. OEMS will encourage localities and agencies to review their emergency plans for inclusion of pandemic events using such planning documents as the US Department of Transportation (USDOT): [EMS Pandemic Influenza Guidelines for Statewide Adoption](#) and [Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points \(PSAPs\)](#) to develop those plans. These and other planning tools will be available through the OEMS web-site at <http://www.vdh.virginia.gov/oems/> as they become available.

Methods for developing and distributing pandemic influenza information, including clinical standards, treatment protocols, and just-in-time training to local EMS medical directors and EMS agencies will include use of professional publications and commercial and in house developed literature distributed through the internet, training (both scheduled and just-in-time) including statewide exercises and symposiums. Additionally, best practices and lessons learned will be shared via after action reports and through the same mechanisms mentioned above.

EMS systems are ubiquitous and are always collecting patient information, including signs and symptoms, of persons calling PSAP and persons receiving prehospital emergency care for a defined geographic area. The primary mission of EMS is the reduction of patient morbidity and mortality through the delivery of fast and efficient prehospital care. Regional and local EMS agencies should be engaged with State and local planners to define their role in community mitigation strategies such as distribution of medical countermeasures (i.e. vaccines and antiviral medications) to the general population.

The ability to track patient disposition and suspected influenza contacts allows for important information regarding disease severity, characteristics of the affected population, and impacts on the healthcare system to be followed and addressed.

OEMS supports the coordination and utilization of public health surveillance and epidemiologic techniques for protection of EMS responders and their patients and would support the use of the EMS system during an influenza pandemic to assist with situational awareness which would then lead to appropriate response and containment mechanisms necessary to protect both the community and the providers if it did not interfere with the primary mission. OEMS will encourage and support the development and use of proper mechanisms to securely communicate influenza patient disposition to the appropriate authorities within the public health, EMS, PSAP, and health care arenas.

OEMS supports the following concepts for local planning for pandemic influenza:

- Although public health authorities will be primarily responsible for coordination of community mitigation strategies, EMS system involvement may be beneficial in certain circumstances.
- EMS agencies should have contingency plans in the event that community mitigation strategies have varying levels of effectiveness.
- Public Health and EMS planners should be aware of ethical decision-making considerations that may affect public perceptions and response to community mitigation strategies.

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Illness, absenteeism, increased workload, and death during a pandemic may impact an EMS agency's ability to satisfy demand for services. Planned flexibility in staffing configurations, recruitment and expedited training programs may help augment the EMS workforce. As the provider of prehospital emergency medical triage, treatment and transport, EMS plays an important role in every community's efforts to reduce morbidity and mortality from all sudden illness and injury.

Community-wide efforts to mitigate the spread of pandemic influenza may increase the demand for EMS services. Through its regional system OEMS will support local EMS in development and use of all hazard mutual aid plans to assist them in locating adequate workforce during all times of emergency including pandemic events. OEMS offers a "tool box" template for localities and agencies to use in planning for mass casualty incidents to help address workforce and equipment shortages during such incidents. Additionally, OEMS field representatives will be available to assist local jurisdictions and independent EMS agencies in obtaining equipment, supplies, and services during times of emergency or disaster.

Coordination of reliable communications systems among public health, 9-1-1 PSAPs, EMS, emergency management, public safety and health care officials is necessary to ensure optimal patient care. Communications will be accomplished using VHF high-band frequencies designated for hospital voice communications (155.200 MHz, 155.340 MHz, 155.400 MHz) the required information will be able to be relayed to and from the Regional Hospital Coordination Centers, local medical facilities and EMS responders.

Communications Considerations:

- EMS pandemic plans should address the ability of emergency communications systems to support the incident command system.
- Communications systems should support the EMS provider's role in providing optimal patient care during a pandemic (e.g., just-in-time training, disease surveillance, patient tracking, resource tracking, etc.).
- Guideline is consistent with the current version of the Department of Homeland Security's Target Capability List (TCL) for "Triage and Pre-hospital Treatment."

OEMS will support local EMS in establishing procedures to legally deviate from established treatment procedures during response to pandemic influenza to support mitigation of and response to such patients. OEMS will work with the General Assembly, Attorney General's Office, the Commonwealth's Attorneys, and local government as appropriate to ensure appropriate regulations and responsive care for all patients and will recommend, urge, and support agreements made by local EMS with other jurisdictional public safety and emergency management agencies to identify mechanisms to ensure freedom of movement of EMS assets during all emergencies including pandemic influenza.

EMS pandemic influenza plans should identify sufficient State legislative authority, administrative rules/regulations and liability protection to support the role of EMS providers during a pandemic influenza event or other major public health emergencies. The legal authority should provide for a system in which the procedures and medications that EMS providers are authorized to use may be dynamically modified, if necessary, to reflect the evolving roles of EMS providers during a pandemic influenza, while simultaneously assuring medical direction, appropriate education and

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quality assurance. Legal authorities for EMS response in Virginia includes **§44-146.23** (Immunity for liability), **§32.1-116.3** (Reporting of communicable diseases, definition). By executive order the Governor may declare a state of emergency to exist for all or part of the Commonwealth when a threat or actual event has the potential to impact people, infrastructure, or private or public property. The executive order has the force and effect of law and includes a major medical emergency suspending all or part of the Rules and Regulations of the Board of Health Governing Emergency Medical Services, pursuant to Article 3.01 (**§32.1-111** et seq.) of Chapter 4 or Title 32.1, of the Code of Virginia, Statewide Emergency Medical Services Systems and Services as is appropriate and applies to the emergency. All medical emergencies are considered individually.

CONCEPT OF OPERATIONS

If predictions about the surge of patients and the concomitant increase in absenteeism among EMS personnel become a reality, EMS providers' regular day-to-day practices may need to be modified during pandemic influenza. OEMS field representatives will continue to disseminate important information to localities and squads including emerging protocols before and during an influenza pandemic.

EMS providers' practice should be based on the most up-to-date pandemic influenza clinical recommendations and treatment protocols/information from appropriate public health authorities and EMS medical direction. OEMS will rely on localities and squads to develop a system to provide just-in-time information and training for EMS agencies, providers, medical directors, and PSAPs once information has been disseminated and will encourage just-in-time training (information) to ensure that EMS providers and PSAPs receive information and education to support the rapid adoption of new or modified clinical algorithms, treatment protocols or other pertinent information. OEMS will use various methods including its web-site, TRAINVirginia, and Emergency Medical Services Satellite Training (EMSAT) presentations to assist in disseminating critical training information to agencies and providers. EMS agencies and providers may consider, in addition to coordinating with their Medical Directors, working with local healthcare facilities in developing additional coordinated and just-in-time training for their responders.

Additional Standards of Care Considerations:

- EMS medical directors should play a lead role in pandemic influenza planning efforts in collaboration with public health officers.
- EMS medical directors should have knowledge and experience with the clinical and operational aspects of the EMS System.
- EMS medical directors should provide medical oversight of the EMS system, including 9-1-1, during an influenza pandemic.
- There should be a statewide system, coordinated with public health and emergency management officials, that ensures EMS medical directors are promptly notified of the latest disease information.
- Local EMS medical director oversight, including credentialing of additional EMS personnel skills, modification of treatment protocols should be consistent with State laws, rules and policies.

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OEMS will continue to publish and/or distribute information on the protection of EMS workers and their families during an influenza pandemic through their regular training, symposium, and other professional conferences and will further support local EMS agencies by offering presentations and education as requested by the responders.

A pandemic influenza is expected to have substantial impact on the healthcare system with large increases in demand for healthcare services. EMS will be treating influenza-infected patients and will be at risk of repeated exposures. To support continued work in a high-exposure setting and to help lessen the risk of EMS workers transmitting influenza to other patients and EMS family members, their protection must be given high priority. OEMS will continue to support the instruction of and teach basic Body Substance Isolation (BSI) training for all Emergency Medical Technicians (EMT) and work to educate localities and agencies through the Division of Educational Development on the latest techniques for personal protection.

Strategies to provide pharmaceutical countermeasures to protect the EMS workforce are essential to maintaining an EMS systems' ability to satisfy demand for services. OEMS supports and recommends to all jurisdictions and agencies the adoption of recommendations in the guidance framework for EMS workers written in the Commonwealth of Virginia, Virginia Department of Health, Pandemic Influenza Vaccine Delivery and Distribution Plan, 15 November 2007

The prospect of absenteeism due to illness, quarantine, fear, or death reinforces the need to develop plans to proactively protect and support the workforce and their families before and during an influenza pandemic. The OEMS Emergency Operations Division will continue to support local EMS through planning assistance in their individual planning for worker and family support during a pandemic event or any other emergency and assist VDH-Emergency Preparedness & Response (EP&R) in including EMS agencies as appropriate in all public health exercises including exercises that include Pandemic Influenza

Public Safety Answering Points

The Virginia Information Technology Agency (VITA) is currently conducting a series of meetings to further develop guidance and coordination for Public Safety Answering Points (PSAPs) in the event of a pandemic influenza.

Appendix 6

RESOURCE SUPPORT

MISSION OF AUTHORITIES

To ensure the availability and timely delivery of essential resources to support emergency response and recovery operations throughout an influenza pandemic event.

ORGANIZATION

In the VEOC, resource management is coordinated by ESF 7: Logistics which is comprised of representatives from the Virginia Departments of Emergency Management (VDEM), General Services (DGS), Corrections (DOC), Criminal Justice Services (DCJS), Fire Programs (VDFP), Virginia Information Technologies Agency (VITA), and Statewide Mutual Aid (SMA) Resources.

The Resource Management Section is comprised of four branches: Coordination and Planning Group, Resource Management Unit, Information Systems Unit, and the VERT Support Unit.

CONCEPT OF OPERATIONS

Request Process

In a pandemic influenza, the availability of critical resources will be compromised in varying degrees throughout all sectors. When resource needs of impacted state agencies and local governments exceed their capabilities, and all existing channels of support have been exhausted. (e.g., agency contracts, mutual aid, etc.), a request for state assistance will be made through the VEOC. Upon receipt of a request for assistance, ESF 7 processes the request through the following stages to ascertain if the resource request can be fulfilled by any of these sources before a request is made to FEMA:

- Coordination and Planning Unit to see if item(s) are available through SMA
- DOC liaison to see if resource is available through their system
- DGS Resource Management Unit to check availability of resource through an approved state contract
- Volunteer Donations Program
- Emergency Management Assistance Compact (EMAC)

Points of Distribution (PODs)

The Commonwealth has also developed a database of Points of Distribution (PODs) in local jurisdictions throughout the Commonwealth. These PODs follow the typing recommended by the United States Army Corps of Engineers (USACE). The database facilitates the identification of gaps to support the POD at the local level, which allows the Commonwealth to address the gaps identified, in coordination with their local partners, before an event occurs, thereby ensuring an

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efficient operation. Databases have also been developed to compile Critical Infrastructure Generator information needed to support local and state agencies during events that involve power outages. This information has also been provided to the USACE for use by the Prime Power Team, if needed.

Emergency Management Assistance Contract (EMAC)

The capabilities of the EMAC have also been enhanced by the following initiatives:

- Under guidance from the federal level in reference to Incident Management Teams, localities are beginning to register and certify their personnel through VDFP.
- EMAC Advance Team training was initiated this year. The VERT Logistics Section is currently cross training in order to increase the depth needed during an event that may affect manpower capabilities.

Statewide Mutual Aid

Statewide mutual aid operations have been revamped similar to the EMAC program, to include user-friendly procedures that allow for a more prompt, efficient response to resource needs within the Commonwealth.

Resource Typing

Resource typing has been ongoing by larger metropolitan areas of the Commonwealth. To assist in the development of this initiative, the VEOC has been providing assistance to smaller localities.

Private Sector Mutual Aid Agreements

Many of the CIKR sectors have mutual aid agreements in place with other systems within and outside the state, which can be activated as required to support emergency response and recovery operations.

Appendix 7

PROTECTION OF WORKERS

MISSION OF AUTHORITIES

To ensure that appropriate protective measures are developed and implemented with adequate resource support to mitigate the spread of the influenza transmission within the workplace while maintaining essential services.

ORGANIZATION

In an influenza pandemic event, VDH will be working very closely with DHRM and the Virginia Department of Labor and Industry (VDOLI) to develop and disseminate the appropriate guidance for agencies to follow during all phases of a pandemic influenza event.

The Commonwealth of Virginia has adopted the pandemic influenza planning guidance developed by the Occupational Safety and Health Administration (OSHA), which is based upon traditional infection control and industrial hygiene practices. It should be noted that this guidance was developed principally for planning purposes and is advisory in nature. It is not a standard or a regulation, and it neither creates new legal obligations nor alters existing obligations established by OSHA or the Occupational Safety and Health Act. The Virginia Occupational Safety and Health (VOSH) will encourage employers and employees to use this guidance to help identify risk levels in workplace settings, as well as develop appropriate control measures based on the nature of the work environment to include: good hygiene, cough etiquette, social distancing, the use of personal protective equipment, and staying home from work when ill.

CONCEPT OF OPERATIONS

A pandemic influenza will have a direct impact on the Commonwealth public and private workforce unlike other types of disaster events that impact the population, property, infrastructure, and environment of a defined geographic area. This impact on the workforce will precipitate a variety of cascading effects on the delivery of essential services in all sectors.

The Governor directed all agencies to incorporate an influenza pandemic planning component into their COOP plans to ensure the provision of essential services throughout the event. To effectively accomplish this, plans must include strategies to maximize the protection of the workforce throughout all phases of the event. There are a variety of strategies that can be employed that focus on either reducing the level of contact between employees or the transmission of the disease. These strategies, if effectively employed in a coordinated and integrated fashion, will mitigate the impacts resulting from a pandemic influenza on the workforce.

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Contact Interventions

The Public Health Emergency Leave Policy, developed by DHRM in coordination with the VDH, encourages telecommuting, alternate work schedules, and multi-shift approaches to promote social distancing.

This policy is complemented by several references in the Code of Virginia that encourage the development and implementation of telecommuting and alternative workforce policies for eligible employees of state agencies to the maximum extent possible, without diminishing employee performance or service delivery.

Internal agency operations will be evaluated in an effort to develop alternate methods of conducting business to minimize social contacts and travel during a pandemic influenza. Where feasible, face-to-face meetings associated with essential functions should be substituted with other alternative methods of conducting business such as conference calls, video teleconferencing, etc.

Transmission Interventions

VDH developed a video as part of the Influenza Pandemic Preparedness initiative to encourage preparedness in all sectors and articulate various methods that all citizens can employ to reduce the likelihood of disease transmission in the home, the workplace and in the community. These methods, which essentially relate to practicing good hygiene, include the following:

- Wash hands frequently with soap and water.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Put tissues in a waste basket.
- Cough or sneeze into your upper sleeve if you do not have a tissue.
- Clean your hands after coughing or sneezing. Use soap and water or an alcohol-based hand cleaner.
- Stay at home if you are sick.

In addition, all agencies **will ensure** adequate infection control supplies are available to workers, and policies in place that require workstations to be disinfected on daily basis, or between shifts if applicable.

Every agency should identify workers that may be considered at high risk for severe and fatal infection in an influenza pandemic. Although there is no definitive list at this time, workers who are pregnant, over 65, under 65 with chronic conditions, or have compromised immune systems will likely fall into this category, and should be provided additional accommodations to reduce their exposure in the workplace, to include position reassignment.

Virginia Department of Labor and Industry, Occupational Safety and Health Program

In addition, the Commonwealth will promote the updated guidance for an influenza pandemic event recently developed by OSHA. This will be accomplished through the VOSH program managed by the VDOLI. This program, which regulates all public and private sector commercial and industrial

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establishments, is designed to reduce risk exposure, workers compensation and health costs, and improve quality through process changes that eliminate accident-related downtime.

VDOLI provides a broad range of programs that promote workplace safety and health, job training opportunities, as well as excellence in employment practices. These programs are administered through four regional offices and four field offices established throughout the state. VDOLI, through the VOSH program will provide technical assistance and guidance to employers in regard to an influenza pandemic based on the OSHA guidance developed.

To assist employers in determining appropriate work practices and strategies, OSHA has divided workplaces and associated operations into four risk zones, according to the likelihood of employees' occupational exposure to pandemic influenza. The OSHA risk zones are defined as follows:

- Very High Exposure Risk: Healthcare employees and healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients.
- High Exposure Risk: Healthcare delivery and support staff exposed to known or suspected pandemic patients; medical transport of known or suspected pandemic patients in enclosed vehicles; performing autopsies on known or suspected pandemic patients.
- Medium Exposure Risk: Employees with high-frequency contact with the general population
- Low Exposure Risk (Caution): Employees who have minimal occupational contact with the general public and other coworkers.

The Commonwealth of Virginia accepts the OSHA defined risk zones with the following modification: pathologists performing autopsies on known or suspected pandemic patients will be placed in the Very High Exposure Risk zone along with health care employees and healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients.

In addition to emphasizing proper hygiene and social distancing, the VDOLI through the VOSH program, will encourage employers to use a hierarchy of controls consisting of the following:

- Engineering controls (e.g., installing sneeze guards)
- Administrative controls (e.g., discontinuation of nonessential travel, employing practices to minimize face-to-face contact, developing an emergency communications plan etc.)
- Work practices (e.g., providing resources and work environment that promotes personal hygiene, encouraging employees to obtain a seasonal flu shot etc.)
- Personal protective equipment (e.g., gloves, goggles, face shields etc).

The Commonwealth of Virginia did encourage employees to obtain a seasonal flu shot this past season by making them available free through their health coverage. VOSH will provide consultation assistance to employers who request assistance in developing an effective plan to ensure a safe and healthful workplace in a pandemic event.

Appendix 8

AGRICULTURE AND FOOD

MISSION OF AUTHORITIES

Ensures the protection and restoration of agricultural resources, and assists local governments and other state agencies with the provision of food to disaster victims.

ORGANIZATION

Through ESF 11: Agriculture and Natural Resources, the Virginia Department of Agriculture and Consumer Services (VDACS) supports local authorities and the efforts of other state agencies in providing food and nutrition services to disaster victims, controlling and eradicating animal and plant diseases, assuring food safety and security, and protecting natural and cultural resources related to disasters. In addition, VDACS reached out to the private sector to support a variety of planning initiatives to include the development of the following plans: Highly Contagious Livestock and Poultry Disease Emergency Operations Plan in May 2006 and the Prevention and Rapid Response for Avian Influenza in Virginia. A Virginia Poultry Disease Task Force was established to support this initiative consisting of the Virginia Poultry Federation, the Virginia Cooperative Extension, Virginia Maryland Regional College of Veterinary Medicine, United States Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS), Virginia Department of Environmental Quality (DEQ) and poultry company representatives. These plans along with the agency's COOP plan will provide the framework to support the needs of the agricultural sector and ensure critical functions are maintained in disaster events.

CONCEPT OF OPERATIONS

VDACS COOP plan describes how mission critical functions will be maintained with limited staff due to disasters to include pandemic influenza events. To ensure the safety of meat, poultry, and egg products in the event of a human pandemic influenza, critical functions have been identified and the necessary protocols developed to maintain these functions, to include cross utilization of federal inspection personnel, cross training of available state personnel, and federal laboratory and diagnostic support.

The VDACS COOP plan will be applied to sustain critical food safety functions in the context of an pandemic influenza and the HHS priorities identified for this sector.

Appendix 9

FOREIGN DIPLOMACY

Not applicable. Virginia Fusion Center apprises that the United States Department of State advises that the Commonwealth of Virginia did not have any diplomatic missions located with the state.

Appendix 10

MILITARY AFFAIRS

MISSION OF AUTHORITIES

Virginia Department of Military Affairs (DMA) supports Commonwealth of Virginia by providing trained personnel and unit equipment capable of deploying to protect life and property, and maintain peace, order and public safety.

CONCEPT OF OPERATIONS

In a pandemic influenza environment, the DMA will be called upon to provide assistance to the Commonwealth. Requests for DMA support and resources will be tasked to the VANG from VDEM upon consent from the Governor. DMA capabilities are outlined in this appendix and may be used to support statewide requirements during pandemic influenza operations. Prior to, throughout, and after the pandemic environment event, DMA continues to prepare and maintain plans and procedures to support civil authorities when a pandemic environment exceeds state and local resources.

Preparing for Pandemic Influenza

During the Preparation phase of Pandemic Influenza planning, key State Emergency Planners and Public Health Officials will meet with the Adjutant General and his/ her staff leaders to coordinate PI planning efforts to include identifying critical issues, shortfalls, and planning gaps. The National Guard shall also provide technical assistance, at the request of the Governor, to the Lead State Agency to assist with the development and writing of an actionable response plan. DMA maintains a Base COOP Plan, which considers and addresses agency operations including operations during a pandemic environment.

Critical Issues Facing the Department of Military Affairs

The Virginia National Guard provides support to domestic operations in support of needs in the Commonwealth as well as conducts current military operational support to ongoing campaigns in the furtherance of national security.

Shortfalls and Planning Gaps

DMA routinely manages capability gaps and shortfalls and takes necessary actions to mitigate these issues. The Joint Force Headquarters- Virginia (JFHQ-VA) maintains the Joint Capabilities Database (JCD) which is classified For Official Use Only, to track shortfalls and planning gaps. Assets belonging to other states are tracked in the JCD also, which allows JFHQ-VA to plan and arrange resource agreements for a capability that has a critical shortfall.

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DMA Coordination with Other Agencies in a Pandemic Influenza Event

Once the VERT goes to the “Increased Readiness” phase, the VANG Joint Operations Center (JOC) staff augmentation increases and personnel from the Guard begin to man ESF 16: Defense Support to Civil Authorities. The mission of DMA is to provide necessary support to the Commonwealth. In order to accomplish that mission, members of ESF 16 must maintain a constant dialog with the JOC, State VERT Planners, and other Public Health officials during a pandemic influenza.

In addition, depending on the severity of the event within the Commonwealth, DMA and other military installations may receive orders from U.S. Northern Command (NORTHCOM) to maximize DMA’s federal mission and support to the Commonwealth of Virginia. DMA will assist in facilitating this coordination through the National Guard Bureau (NGB) and NORTHCOM.

DMA Response in Coordination with State Response Stages

Inter-pandemic Phase- (Stage 0) DMA will monitor news of outbreaks abroad through the Virginia Joint Operations Center (VAJOC) and VDEM.

Pandemic Alert Phase- (End of Stage 0 through End of Stage 2) DMA continues monitoring phase. Dependent on severity of an influenza pandemic overseas, DMA may require units to review plans and status of forces and resources

Pandemic Phase- (Stages 3 through 6) Upon an alert from VDEM, VAJOC will assume full mission support manning. Units will receive warning order for missions. Upon order of the Governor, forces will be activated to conduct domestic support operations. Dependent upon the impact of pandemic influenza on DMA personnel, DMA may have a reduced force

Post Pandemic Phase- DMA will assist the Commonwealth as population health improves and social distancing ends

National Guard Requirements for Personal Protective Equipment

During a pandemic influenza event, DMA personnel will require Personal Protective Equipment. Equipment includes, but is not limited to, facial masks or mouth coverings, full body protective suits, gloves, and sanitary wipes, Additional requirements directed by VDH will also be provided to DMA personnel as the supply allows.

Vaccine Supply, Distribution and Accountability

The Commonwealth of Virginia includes DMA personnel as part of the plan and will provide antiviral medications and vaccines to members of the National Guard, unless personnel are federalized, within that plan. Department of Defense (DOD) beneficiaries will report to their chain of command that they have received an influenza vaccine each

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year. All DMA personnel will be accounted for in determining medical countermeasure requirements, including PPE, vaccines, and anti-viral drugs. A by-name “flu vaccine” roster is kept by each DMA division to record where each person received his/ her vaccine and the date. This roster will be checked on a bi-monthly basis prior to flu season by the DMA- Medical Command (MEDCOM) Operations Branch. Personnel who consistently fail to report receiving a flu vaccine will be contacted and counseled as to why they must have it.

Appendix 11

TRANSPORTATION

MISSION OF AUTHORITIES

To sustain transportation systems throughout the period of a pandemic influenza outbreak.

ORGANIZATION

Virginia Department of Transportation (VDOT)

VDOT is responsible for building, maintaining and operating the state's roads, bridges and tunnels. Through the Commonwealth Transportation Board, it provides funding for airports, seaports, rail and public transportation. Virginia has the third-largest state-maintained highway system in the country, just behind North Carolina and Texas.

Virginia Department of Rail and Public Transportation (DRPT)

DRPT works closely with VDOT, which is responsible for highways, as well as other transportation agencies responsible for aviation and ports. Each of DRPT's three primary areas of activity (rail, public transportation, and commuter services) focus on the movement of people and goods throughout Virginia.

Rail transportation involves the movement of people and goods on railways owned and operated by private railroad companies. There are more than a dozen railroad companies and services in Virginia, including Norfolk Southern, CSX, Amtrak, Virginia Railway Express (VRE), and nine short line railroads. Freight rail programs help ensure the economic vitality of businesses and communities with a cost-effective, reliable way to bring goods to market, while passenger rail programs relieve congestion on highways and offer travelers more transportation choices. DRPT supports both passenger and freight rail initiatives through funding options, expert advice, research, and advocacy. To safeguard Virginia's connections to the national rail network, DRPT represents the state's interests in interstate and national rail issues.

Public transportation systems help manage traffic congestion and provide transportation choices while safely transporting people to destinations across the Commonwealth. There are more than forty public transportation systems in Virginia that range in size from two-bus programs in small towns to larger regional systems like Washington Metropolitan Area Transportation Authority (WMATA) in Northern Virginia and Hampton Roads Transit in the Hampton Roads area. Some systems are fee-based, while others provide free access for the elderly and disabled. There are more than 50 human transportation services in Virginia.

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By advising, supporting and funding public transportation programs statewide, DRPT helps provide safe, reliable transportation options for everyone. Commuter Services programs work to promote carpools, vanpools, telework and other alternative modes of transportation to Virginia's commuters. These programs not only save people (and employers) time and money, they can also help manage traffic congestion and benefit the environment. DRPT currently partners with fifteen commuter service programs operating in the Commonwealth to provide people with information, business incentives, and ride matching services at no charge.

Virginia Department of Aviation (DOAV)

DOAV is a state transportation agency whose mission is to cultivate an advanced aviation system that is safe, secure, and provides for economic development; promotes aviation awareness and education; and provides executive flight services for the Commonwealth leadership.

Virginia Department of Motor Vehicles (DMV)

DMV promotes security, safety, and service through the administration of motor vehicle and tax related laws.

Virginia Port Authority (VPA)

VPA is an agency of the Commonwealth of Virginia, reporting to the Secretary of Transportation. It is the state's leading agency for international transportation and maritime commerce, charged with operating and marketing the marine terminal facilities through which the shipping trade takes place. The agency owns four general cargo terminals-Norfolk International Terminals, Portsmouth Marine Terminal, Newport News Marine Terminal, and the Virginia Inland Port in Front Royal-which are operated by its affiliate, Virginia International Terminals, Inc.

RESPONSIBILITIES

The Secretary of Transportation will monitor and coordinate, as needed, the activities of the departments and agencies listed above with transportation-related duties and responsibilities in order to support any type of disaster response and recovery operations including pandemic flu and to effectively manage transportation resources across all supporting agencies in order to:

- A. Maintain the state highway system.
- B. Facilitate, in coordination with VSP and affected local governments, traffic movement during large-scale evacuations, re-entry and quarantines.

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- C. Provide transportation service, back-up communications, and other available resources as needed in support of the VEOC.
- D. Operate and maintain the VDOT Transportation Emergency Operations Center (TEOC). The TEOC serves as the Transportation Secretariat's coordinating entity for emergency operations. VDOT, DOAV, DMV, DRPT and the VPA have transportation related roles in support of emergency operations.
- E. DMV will coordinate the transport of essential goods and people over all modes in support of the VERT during emergency operations and recovery.
- F. DOAV will perform airlift missions in direct support of the VERT during emergency response and recovery and provide resources for transport of essential goods via air as appropriate.
- G. DRPT will coordinate with the railroad companies and public transport entities to maintain systems and provide resources as necessary.
- H. VPA will coordinate with the Virginia ports to maintain systems and provide resources as necessary.

CONCEPT OF OPERATIONS

The transportation system, vital to every citizen of the United States, is responsible for delivering billions of people and trillions of dollars of goods each year. Often built around the "just-in-time" delivery of goods and services, any disruption to the national transportation system could have repercussions to the United States population regardless of rural or urban settings. Maintaining a healthy and viable transportation system during pandemic influenza will be highly dependent on the degree of preparedness, ability to respond, and capability of recovery within each of the major transportation modes: aviation, rail, highway, maritime, pipeline, and mass transit.

Each agency within the Transportation Secretariat coordinates emergency information through the TEOC. TEOC in turn coordinates with local, state and federal agencies that have responsibility in dealing with the particular disaster. TEOC shares information with the VEOC that in turn relays the information to all the VERT members. TEOC on a daily basis shares information with the Virginia Fusion Center (VFC) on transportation related information that would include pandemic influenza impacts. This information is routinely relayed to DHS as well as the Federal Bureau of Investigation (FBI) and other law enforcement agencies. TEOC on a daily basis shares information with the Transportation Security Administration (TSA) and Federal Highway Administration (FHWA). Pandemic influenza impacts would be part of that information sharing. All agencies within the transportation secretariat are involved with the Commonwealth Preparedness Working Group (CPWG) and provide support and constant input of information to that organization. In addition, the agencies have developed partnerships with neighboring states transportation entities to include the I-95 Coalition, the Southeast Association of State

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Highway and Transportation Officials (SASHTO), and the Washington Metropolitan Area Transportation Authority (WMATA). Agency employees routinely attend training sessions presented by both private and public entities and information is discussed and shared through these training sessions.

Prioritization and Continuity

During normal operations, VDOT's priority for operating and maintaining the surface transportation system is first the interstates, then the primary highways and lastly the secondary roads. As the spread of an influenza event increases, and based on its impact on the agency, operation and maintenance activities will decrease on the transportation system in reverse order of the priority. Transportation by modes other than by passenger vehicle will continue as normal until federal and/or state health agencies impose either reductions or cancellation of the services. Much of the work done in the transportation industry is already performed by the private sector. As such, it is imperative that state agencies work with and provide guidance to these private companies especially during a pandemic influenza event. The transportation agencies will request assistance from federal, state and local health providers in obtaining the most up to date information to relay to those private sector partners. Agencies will ensure that those partners are kept informed of the prioritization process and any modifications thereof. Each transportation agencies' Public Affairs Office (PAO) along with the Public Affairs personnel from VDH, VDEM, and VDOLI will play a critical role in the information dissemination to the work force and to all travelers in the Commonwealth. During major events such as a pandemic flu there will be non-essential transportation services, functions and services that may be suspended or modified for essential use. These may include, but not be limited to, the following:

- Temporary suspension of new road construction and all the associate activities. These personnel can be directed to operation and maintenance related issues.
- Temporary suspension toll collection by public agency personnel. This would be done via a recommendation by VDH.
- Reduction of public transportation by all modes as the severity of the outbreak increases and based on recommendations to the operators of these public transportation providers from federal and state health agencies.
- Temporary closure of some DMV Customer Service Centers and consolidating operations to areas that are not that severely impacted.
- Based on recommendations from federal, state and local health agencies, reduction or suspension of all ferry services within the Commonwealth.
- Temporary suspension of all public meetings discussing planning activities of the transportation agencies.
- Suspension of all out of state travel for conferences or meetings for employees.
- Cancellation of any agency sponsored non-required training.

In the event of a pandemic influenza it may be necessary to identify and prioritize cargo that could be deemed essential and ensure its continuity; for example:

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- Pharmaceuticals for the treatment of pandemic flu.
- Pharmaceuticals to re-supply the stockpile.
- Food supplies.
- Fuel for transportation and heating.
- Sanitizing materials.
- Personnel hygiene products.
- Emergency responder equipment and supplies.
- Road maintenance equipment and supplies.
- Medical supplies other than those already listed above.
- Communication supplies.
- Pet and livestock supplies

Just-in-time prioritization will be conducted by the transportation agencies with specific input from VDH and VDEM.

Surges

Depending on the severity of the pandemic event, surges in different transportation modes and cargo may occur. The state transportation agencies along with state and local law enforcement would need to partner with their federal counterparts in order to properly administer such intensification of need for services. Human surges could develop as people either try to leave a pandemic influenza impacted area or travel to an area that has not been minimally impacted. Routes of travel would be by passenger vehicle, bus, train, and airplane and to a lesser extent, watercraft. Public education and information is the best way to limit these surges. For those areas that are already impacted by the event, the ultimate deterrent for leaving the area would be a quarantine set up by law enforcement with assistance from transportation in setting up the access control points. Restricting public transit in areas of known pandemic flu concentrations could be introduced with recommendations from the local or state health authorities.

Cargo surges could occur when there are not enough healthy personnel to either load or off-load materials. Federal and state maritime agencies may be asked to prioritize and schedule specific times when ships could be in port and exclude any vessels from areas where pandemic flu has had significant impacts. In addition, cargo could be re-directed to other ports or workers could be brought in from ports not experiencing surge conditions.

Cooperative Efforts

VDOT has a well established “Tiger Team” plan where crews from different parts of the state can move into an impacted area and provide whatever service is needed when the local area is overwhelmed. VDOT utilizes contracts and hired equipment to perform a lot of the maintenance and operation activities that currently occur on a daily basis. These same mechanisms would be used during a pandemic flu outbreak. VDOT is routinely in contact with those jurisdictions that maintain their own roads and can draw on assistance whenever an event significantly overwhelms its operational capabilities. VDOT has

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supplied resources to other states as a result of an EMAC request and could, via the VEOC, request assistance if needed. In the event additional transit buses or drivers are needed, DRPT would contact the VEOC to get access to any additional necessary resources.

Sanitization and Decontamination

The transportation agencies will seek assistance from federal and state health agencies in determining how best to keep those public buildings (rest areas, airports, train stations, bus stations) sanitized and would research and utilize new techniques and methodologies in order to provide the most effective and efficient means of decontamination and to ensure a quick return to normal operations. As the majority of these facilities are privately operated, state agencies would provide the latest information imparted by relevant health agencies to these private entities. Transportation agencies will depend on VDH to provide guidance in this area and will implement recommended procedures. Agencies will act in an advisory capacity and distribute new information, as it becomes available, to their business partners such as rail, bus, shipping industry and aviation sectors and will assist them in responding to any new guidance related to the sanitization and decontamination of transportation assets and/or resources; to include any safety-related procedures for handling or storing sanitization agents. Agencies will collaborate with their contracted cleaning companies to ensure that they have sufficient supplies to perform the necessary cleaning operations. Agencies will contact their contracted cleaning companies and instruct them that during a pandemic influenza outbreak, a higher level and more frequent cleaning of the facilities will be required.

Risk Assessment and Personal Protection Efforts

Each agency within the Transportation Secretariat has a viable Pandemic Influenza Annex that has been appended to the agency specific COOP plan. One of the main objectives of these plans is to protect the transportation workforce through training and awareness, planning for the use of preventative measures, and aggressive response tactics to limit the spread of a pandemic virus. As more up-to-date information becomes available, the individual agencies will disseminate it to employees.

The transportation agencies meet OSHA requirements in that they provide their employees with personal protective equipment (PPE) needed to keep them safe while performing their jobs. The types of PPE recommended for pandemic influenza will be based on the risk of contracting influenza while working and the availability of PPE. The use of PPE is at the agencies' discretion but agencies will look to VDH for new guidance and/or state policy on the use of PPE. Currently, each agency is taking an independent approach to the planning for the use, or non-use, of PPE. VDOT will use PPE including gloves and masks in certain areas/job functions and will encourage their contractors to do the same.

Public Information

Event specific information will be provided to transportation agencies by VDH and VDEM who will utilize internal and external messaging capabilities to pass on important travel

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advisories related to the current situation through the TEOC and via the 511 system.

APPENDIX 12

INFLUENZA FACT SHEET

What is influenza?

Influenza is commonly referred to as "the flu." It is a viral infection of the lungs. There are two main types of influenza virus, A and B. Each type includes many different strains that tend to change each year.

When does influenza occur?

Influenza occurs most often in the late fall and winter months.

Who gets influenza? How is it spread?

Anyone can get influenza, but it is most serious in the elderly, in people with chronic illnesses (such as lung disease, heart disease, cancer, or diabetes) or those with weak immune systems. Influenza spreads very easily, usually through contact with droplets from the nose and throat of an infected person during coughing and sneezing.

How soon after exposure do symptoms appear? What are the symptoms of influenza?

Symptoms usually appear 1 to 3 days after exposure. Influenza symptoms can include a sudden onset of headache, fever, chills, cough, sore throat and body aches. Diarrhea and vomiting are not common. Although most people are ill for less than a week, some people have complications and may need to be hospitalized.

How is influenza diagnosed and treated?

Some laboratory tests are available to diagnose influenza; however, doctors usually diagnose influenza from the person's symptoms. Rest, liquids and over-the-counter medicine (e.g., acetaminophen [Tylenol]) are the usual treatments. Some prescription drugs may prevent or reduce the severity of influenza. Aspirin should not be given to children with influenza because of the possibility of causing a complication called Reye syndrome.

How long can a person spread influenza?

The contagious period varies, but probably begins the day before symptoms appear and extends for a week.

Does past infection with influenza make a person immune?

Generally, no. Influenza viruses change frequently, so people who have been infected or given a flu shot in previous years may become infected with a new strain. Therefore, people need to be vaccinated (with either a shot or a nasal-spray vaccine) against influenza every year.

What are the high risk groups? What should they do?

People at increased risk for illness from influenza and who should receive vaccine each year include:

- Adults 65 years of age and older;
- Residents of nursing homes and long-term care facilities;
- People who have long-term heart or lung problems, including asthma;

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- People who have kidney disease, cystic fibrosis, diabetes, anemia, cancer or weak immune systems, seizure disorder, or other medical conditions;
- Children and adolescents (aged 6 months-18 years) on long-term aspirin therapy;
- Women who will be pregnant during the influenza season; and,
- All children aged 6-59 months.

In addition, to help prevent the spread of influenza to people in high risk groups, those who live with people in a high risk group and healthcare workers who provide care to high risk patients should also receive an annual influenza shot. Depending on vaccine availability, people aged 50-64 years, and any person (greater than or equal to 6 months of age) who wishes to reduce the likelihood of becoming ill with influenza, should also receive vaccine each year.

What are other steps that can be taken to prevent the spread of flu?

Good health habits can help prevent the flu. These include covering your mouth and nose with a tissue when coughing or sneezing, washing your hands often to help protect yourself from germs, avoiding touching your eyes, nose or mouth, staying home from work, school, and errands when you are sick, and avoiding close contact with people who are sick. Antiviral medications may also be used to prevent or treat the flu – talk to your healthcare provider for more information.

APPENDIX 13

GLOSSARY

Acceptable Medical Authority

Doctors of Medicine and Surgery, Hospital Interns and Residents, Physician Assistants, and Nurse Practitioners licensed to practice in Virginia by the State Boards of Medicine or Nursing.

Affected Area

Any part or the whole of the Commonwealth, which has been identified as where persons reside, or may be located, who are known to have been exposed to or infected with or who are reasonably suspected to have been exposed to or infected with a Communicable Disease of Public Health Threat.

Communicable Disease of Public Health Threat

An illness of public health significance, as determined by the State Health Commissioner in accordance with regulations of the Board of Health, caused by a specific or suspected infectious agent that may be reasonably expected or is known to be readily transmitted directly or indirectly from one individual to another and has been found to create a risk of death or significant injury or impairment as described in Section 32.1-48.06, Code of Virginia.

Designated Employees

As defined in DHRM Policy 1.35, Emergency Closings, designated employees are exempt and non-exempt employees who are required to work during an authorized closing because their positions have been designated by their agencies as essential to agency operations during emergencies. Designated employees may be required to work during times they are not regularly scheduled to work. Agencies may designate different employees as essential for different situations.

Exceptional Circumstances

When one or more persons within the Commonwealth are known or are reasonably expected to have been exposed to or infected with a Communicable Disease of Public Health Threat as described in Section 32.1-48.05, Code of Virginia.

Immediate Family Member

Immediate family includes parents, step-parents or persons who stood in place of the parent and performed parental duties and responsibilities; a spouse as defined by laws of the Commonwealth; children, including step-children, foster children, and legal wards; siblings, including step-siblings, residing within an Affected Area.

Public Health Official

Public Health physicians under the supervision and management of the State Health Commissioner who are licensed to practice medicine in the Commonwealth and have expertise in public health duties, epidemiology, sanitary science and/or environmental health, including Public Health physicians at all clinical sites administered by local health departments.

APPENDIX 14

REFERENCES

Code of Virginia, §32.1-111, §32.1-116.3, 44-146.17, § 44-146.23.

Commonwealth of Virginia Emergency Operations Plan (COVEOP); ESF #8 Annex – Health and Medical Services, September 2007

Commonwealth of Virginia, Virginia Department of Health, Pandemic Influenza Vaccine Delivery and Distribution Plan, 15 November 2007

Emergency Medical Services and Non-Emergent (Medical) Transport Organizations Pandemic Influenza Planning Checklist; Healthcare Planning Checklists, www.pandemicflu.gov

EMS Pandemic Influenza Guidelines for Statewide Adoption; US Department of Transportation, May 3, 2007

Homeland Security Exercise and Evaluation Program (HSEEP); <http://www.hseep.dhs.gov>.

National Response Framework; US Homeland Security, March 22, 2008

Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points (PSAPs); US Department of Transportation, May 3, 2007

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