

COMMONWEALTH OF VIRGINIA

Emergency Operations Plan



HAZARD-SPECIFIC ANNEX #4 PANDEMIC INFLUENZA RESPONSE *(Non-Clinical)*

VIRGINIA DEPARTMENT
OF
EMERGENCY MANAGEMENT

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Lead Agency

Virginia Department of Emergency Management (VDEM)

Support Agencies and Organizations

- Virginia Department of Agriculture and Consumer Services (VDACS)
- Secretariat of Commerce and Trade (SCT)
- Department of Education (DOE)
- Virginia Department of Health (VDH)
- Virginia Department of Fire Programs (VDFP)
- Department of General Services (DGS)
- Virginia Department of Human Resource Management (DHRM)
- Department of Labor and Industry (DOLI)
- Department of Motor Vehicles (DMV)
- Department of Rail and Public Transportation (DRPT)
- Virginia Department of Transportation (VDOT)
- Virginia Port Authority (VPA)
- Virginia Information Technologies Agency (VITA)
- Virginia State Police (VSP)
- Department of Military Affairs (DMA)
- Virginia Employment Commission (VEC)
- State Council of Higher Education for Virginia (SCHEV)
- Virginia Community College System (VCCS)
- Office of the Secretary of Veterans Affairs and Homeland Security (SVAHS)
- Economic Crisis Strike Force (ECSF) Agencies

Purpose

The Commonwealth of Virginia Pandemic Influenza Response Annex is a hazard-specific component of the Commonwealth of Virginia Emergency Operations Plan (COVEOP). It has been developed to provide a sound basis for pandemic influenza preparedness and to establish the organizational framework and operational concepts and procedures designed to minimize the loss of life and property and to expedite the restoration of essential services following an influenza pandemic.

This non-clinical COVEOP annex is designed to be used in concert with VDH's clinical Pandemic Influenza Plan. Together, these documents represent the Commonwealth's approach to respond to and recover from pandemic influenza.

Scope & Applicability

This annex is designed to mitigate the health, public safety, social, and economic impacts in the public and private sectors throughout the Commonwealth.

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 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.

Planning Assumptions

- Pre-event planning is critical to ensure a prompt and effective response to a pandemic influenza, as its spread will be rapid, recurring (in multiple waves), and difficult to stop once it begins.
- 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.
- Workforce absenteeism may rise as high as 40 percent at the height of a given pandemic wave for periods of about two weeks.

- 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.)
 - 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.
 - 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 human-caused events that impact a specific geographic area in a more defined, shorter, and nonrecurring timeframe.
 - A comprehensive and integrated strategy will require the involvement of all levels of government, the private sector, non-governmental organizations (NGO's), and citizens.
 - Pan Flu planning is inherent in continuity of operations and business continuity 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.
- 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.
 - 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.
 - 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.
 - 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.
 - Telecommunications connectivity may be limited.
 - Vital resource shortages may occur.

Policies

- All agencies assigned responsibilities within this annex will develop and maintain the necessary plans, standard operating procedures, mutual aid agreements, and model contracts to successfully accomplish their tasks.

Organizational Structure

The Virginia Emergency Response Team (VERT) and associated Emergency Support

Functions (ESFs) will coordinate response operations via the Virginia Emergency Operations Center (VEOC). A pandemic influenza event will require a comprehensive, coordinated, and sustained response over an extended period of time.

Concept of Operations

VDEM will be the lead agency in addressing all non-clinical issues and needs that may arise during an outbreak of pandemic influenza and will provide the necessary guidance to responders, government agencies, businesses, and citizens throughout the Commonwealth.

VDH will be the lead agency in addressing all health and medical issues and needs that may arise during an outbreak of pandemic influenza and will provide the necessary guidance to responders, government agencies, businesses, and citizens throughout the Commonwealth.

The VDH plan and this annex represent the Commonwealth's overall plan to respond and recover from a pandemic influenza outbreak.

1. Declaration of State 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 may necessitate a request for federal assistance. A State of Emergency will be declared when the Commonwealth response stage reaches #3 – Pandemic Phase. 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.

2. Measures to Procure and Stockpile Additional Supplies

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 response structure will include provisions for the Finance Section to provide assistance for acquiring equipment and materials as requested in coordination with ESF #7 in the VEOC. ESF #7, in accord with procurement policy, will track resource requests, make provisions for service and emergency material delivery (e.g., site access, ingress routes, etc.), make sure vendors and suppliers are made aware of site access requirements, and provide for remote staging areas. 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 Receive, Store, and Stage (RSS) site, a state-owned facility, will be made available for storage and redistribution of received just-in-time supplies, among other warehousing options.

3. 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 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.

Roles & Responsibilities

Department of Education

- Coordinate and facilitate regional conference calls with school superintendents in coordination with VDEM, VDH, and the Virginia Association of School Superintendents.
- Ensure an effective and timely coordination/interface with school districts throughout the state during an event.
- Maintain the Pandemic Influenza Plan Guidelines for Virginia Public Schools.
- Work with VDH to facilitate in-school flu vaccination campaigns.

State Council of Higher Education for Virginia

- Coordinate and facilitate regional conference calls in coordination with VDEM and VDH
- Work with VDH to facilitate in-school flu vaccination campaigns.

Virginia Community College System

- Coordinate and facilitate regional conference calls in coordination with VDEM and VDH.
- Work with VDH to facilitate in-school flu vaccination campaigns.

Department of Social Services

- Ensure that providers of its facilities receive information necessary for planning and developing strategies for screening, infection control and

precautions, as well as communications among staff and legal guardians.

Secretary of Veterans Affairs and Homeland Security

- Monitor 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 pandemic influenza event.

Department of Human Resource Management

- 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.
- 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 3 (2010).
- Activate the Adjunct Emergency Workforce (AEW), as necessary.
- Collect and organize absenteeism data from all executive branch agencies and report results to the State Coordinator of Emergency Management, State Health Commissioner, and the Governor's Office.
- Provide guidance documents and tools that support and promote

teleworking in accordance with Code of Virginia requirements.

- Coordinate, on behalf of the Governor's Office, a series of employee communications to promote wellness, inform employees of state initiatives, and to clarify the roles, responsibilities, and expectations of all employees.
- 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.

Virginia State Police

- Through ESF #13, provide security for the transportation and/or storage of vaccine, antivirals, and other medical supplies.
- Enforce orders of quarantine and isolation.
- Prevent and respond to civil disturbances associated with the pandemic.
- Assist law enforcement agencies that are unable to provide essential law enforcement services due to high rates of absenteeism.
- 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.

Virginia Department of Fire Programs

- Serve as a coordination point for needed augmentation personnel in areas most severely affected by staff absenteeism.
- Support local mitigation initiatives by providing and reinforcing information for transmission prevention/reduction efforts by local fire-rescue personnel.

- Support local efforts to contain disease transmission by establishing regional distribution centers for appropriate disposable and non-disposable personal protective equipment.

VDH, Office of EMS

- Support the coordination and utilization of public health surveillance and epidemiologic techniques for protection of EMS responders and their patients.
- Support the EMS system during an influenza pandemic to assist with situational awareness.

- Support local EMS in the use of mutual aid plans to assist them in locating adequate personnel during all times of emergency including pandemic events.
- Provide field representatives to assist local jurisdictions and independent EMS agencies in obtaining equipment, supplies, and services during times of emergency or disaster.
- 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.
- Provide field representatives to disseminate information to localities and EMS agencies including emerging protocols before and during an influenza pandemic.

- Distribute information on the protection of EMS workers and their families during an influenza pandemic.

Virginia Department of Health

- Work with DHRM and DOLI to disseminate appropriate guidance for

agencies to follow during all phases of a pandemic influenza event.

- Activate the clinical pandemic influenza plan.

DOLI, Occupational Safety and Health

- Encourage employers and employees to use [OSHA pandemic influenza planning 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.
- Provide technical assistance and guidance to employers in regard to an influenza pandemic based on the OSHA guidance developed.

Virginia Department of Agriculture and Consumer Services

- Take measures to ensure the safety of meat, poultry, and egg products in the event of a human pandemic influenza.

Department of Military Affairs

- Provide necessary support to the Commonwealth.
- Conduct linkup and establish working relationships with local, state, & federal agencies.
- Maintain and update staff estimates and requirements.
- Issue alerts, prepare and issue orders.
- Anticipate and be prepared to rapidly transition to the response phase with little or no notice.
- Ensure forces are immunized according to DMA's priority rankings to mitigate

the initial and secondary effects of the biological pandemic.

- Conduct transition activities that postures for future missions and allows for long-term recovery from the pandemic.
- Maintain communication with other agency response forces and headquarters.
- Be prepared to receive and integrate additional forces.

Virginia Department of Transportation

- Coordinate with federal and state agencies to address cargo surges and cargo prioritization precipitated by a pandemic influenza event to meet the needs of the Commonwealth.

Secretary of Transportation

- Monitor and coordinate, as needed, the activities of VDOT, VPA, DRPT, and DOA 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.
- Facilitate, in coordination with VSP and affected local governments, traffic movement during large-scale evacuations, re-entry and quarantines.

Department of Motor Vehicles

- Coordinate the transport of essential goods and people over all modes in support of the VERT during emergency operations and recovery.

Virginia Employment Commission

- 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.

- Coordinate the provision of basic unemployment insurance benefits.
- Provide written and on-line information on employment services, job referral, job development, employer information.
- Coordinate the provision of Disaster Unemployment Insurance Benefits and Extended UI Benefits when deemed appropriate by DOLI.
- Provide support resource referrals.
- Coordinate partnership brokering.

Authorities & References

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.
- Reporting of Disease (32.1-35; 32.1-36; 32.1-37)
- Investigation of Disease (32.1-39)
- Authority to Examine Records (32.1-40; 32.1-48.015)
- Emergency Orders and Regulations (32.1-13; 32.1-42; 32.1-20)
- Disease Control Measures (32.1-43; 32.1-47; 32.1-48)
- Isolated or Quarantined Persons (32.1-44)
- Isolation or Quarantine of Persons with Communicable Disease of Public Health (32.1-48.05 through 32.1-48.017)

Attachment 1 – Response Phases

WHO Phases	Federal and Commonwealth Response
INTER-PANDEMIC PHASE	
<p>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.</p>	<p>0 – New domestic animal outbreak in at-risk country</p>
<p>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.</p>	
PANDEMIC ALERT PHASE	
<p>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.</p>	<p>0 – New domestic animal outbreak in at-risk country</p>
<p>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.</p>	<p>1 – Suspected human outbreak overseas</p>
<p>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.)</p>	<p>2 – Confirmed human outbreak overseas</p>
PANDEMIC PHASE	
<p>6 – Pandemic Phase: increased and sustained transmission in general population.</p>	<p>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.</p>

Attachment 2 – Community Strategy for Pandemic Influenza Mitigation

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 and Virginia has adopted these standards. 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. 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.

1. Initiation Interval

When an influenza virus is recognized as the next pandemic strain, the first laboratory confirmed case of pandemic influenza infection within any state is the trigger that defines the beginning of the initiation interval. 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.

2. 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.

3. 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 patients 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.

4. Declaration 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.

**HAZARD-SPECIFIC ANNEX #4
PANDEMIC INFLUENZA RESPONSE**

**Appendix A
AGENCY ACTION MATRIX**

Stage 1 – Suspected Human Outbreak Overseas
WHO Phase 4

ALL VERT AGENCIES:

1. Exercise, train, and refine continuity plans with an emphasis on pandemic influenza.
2. Provide pandemic influenza related education and training.
3. Review agency communications plan.
4. Review resource inventories and sustainability of supply chains.

VIRGINIA DEPARTMENT OF AGRICULTURE:

1. Review Avian Flu and Highly Contagious Livestock or Poultry Disease Emergency Operations Plan.
2. Monitor and respond to avian/swine flu outbreaks.
3. Review prioritized list of essential functions as part of the continuity plan to ensure safety of meat, poultry, and egg products.
4. Review protocols for maintaining essential functions.
5. Review plans for recording and communicating the status of inspected establishments.
6. Review the communications plan to interface with federal partners.

SECRETARIAT OF COMMERCE AND TRADE:

1. Review long-term recovery process/plans in coordination with support agencies.
2. Review continuity plan pandemic influenza annex.
3. Review communications plan.

DEPARTMENT OF EDUCATION:

1. Review public school pandemic influenza plan.
2. Review communications plan.
3. Review plans to support the coordination of education sector response and recovery operations during the event.

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT:

1. Review, exercise, and refine the COVEOP pandemic influenza annex.
2. Review resource needs/inventory/vendors.
3. Prepare to support implementation of travel restrictions.
4. Emphasize preparedness at all levels and sectors.
5. Promote and provide public education.
6. Provide technical assistance and support to agencies regarding continuity planning.

VIRGINIA DEPARTMENT OF FIRE PROGRAMS:

1. Review continuity plan and roster of key personnel who may be assigned support positions in VERT or other operational assignments.
2. Provide staff update training and current situation information.
3. Deploy information advisories for dissemination to local fire-rescue organizations.

4. Identify/confirm access and availability for basic health/medical PPE vendors who provide materials for agency staff and local fire-rescue personnel.
5. Review the internal communications plan and review external communications/networking procedures. Provide VEOC current agency status report(s), as requested.

DEPARTMENT OF GENERAL SERVICES:

1. Exercise, train, and refine Continuity Plans with an emphasis on pandemic influenza.
2. Provide pandemic influenza related education and training.
3. Review agency communications plan.
4. Review resource inventories and sustainability of supply chains.
5. Continually develop and enhance resource contract capabilities.

VIRGINIA DEPARTMENT OF HEALTH:

1. Review and exercise the VDH pandemic influenza plan.
2. Continue surveillance.
3. Coordinate with partners.
4. Initiate education campaign.
5. Prepare pre-scripted messages.
6. Review and adjust inventories of selected resources.
7. Coordinate with suppliers.
8. Review and update the fatality management plan.

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT:

1. Review HR policies.
2. Support agency HR needs.
3. Review resource requirements to sustain essential services.

DEPARTMENT OF LABOR AND INDUSTRY:

1. Disseminate OSHA pandemic influenza guidance.
2. Review agency continuity plan with pandemic influenza component to ensure maintenance of critical functions.

VIRGINIA DEPARTMENT OF TRANSPORTATION:

1. Continue to maintain the state highway system.
2. Review current agency continuity plan and roster of key personnel who may be assigned support positions in VERT or other operational assignments.
3. Review internal communications plan.
4. Review external communications and networking procedures.
5. Provide the VEOC current agency status report(s), as requested.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY:

1. Provide IT/Communications services and support throughout pandemic influenza event including support of remote access for teleworking employees as well as customers.
2. Check resource inventories/supply chains.
3. Coordinate with private sector partners regarding status of Pan Flu annexes of COOP plans.

VIRGINIA STATE POLICE:

1. Review continuity and pandemic influenza plans to ensure maintenance of critical services
2. Brief staff.
3. Exercise plan.

DEPARTMENT OF MILITARY AFFAIRS:

1. Review continuity and pandemic influenza plans to ensure maintenance of critical services.
2. Brief staff and exercise plan.
3. Maintain situational awareness of Outside Continental United States (OCONUS) deployed forces.

Stage 2 – Confirmed Human Outbreak Overseas
WHO Phase 5

ALL VERT AGENCIES:

1. Continue to brief agency staff, as needed.
2. Review plans, as needed.
3. Reinforce contact and transmission strategies.
4. Review resource inventories.
5. Pre-deploy assets, as appropriate.

VIRGINIA DEPARTMENT OF AGRICULTURE:

1. Continue surveillance of agricultural sector.
2. Continue to provide technical assistance and support to agricultural community.
3. Respond to requests for assistance, as necessary.
4. Continue to interface with local, state, and federal partners.
5. Continue to conduct inspections to ensure food safety and security.

SECRETARIAT OF COMMERCE AND TRADE:

1. Continue to brief agency staff, as needed.
2. Review plans, as needed.
3. Reinforce contact and transmission strategies.
4. Review resource inventories.
5. Pre-deploy assets, as appropriate.

DEPARTMENT OF EDUCATION:

1. Continue to review plans.
2. Continue to assist schools with continuity plans, as necessary.
3. Disseminate health guidance/updates as necessary.

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT:

1. Support the implementation of tiered screening measures at entry points.

VIRGINIA DEPARTMENT OF FIRE PROGRAMS:

2. Continue to provide agency staff and stakeholders with briefings on the situation.
3. Continue assessing plans and personnel availability.
4. Review and reinforce transmission prevention procedures for staff.
5. Coordinate with agencies for continued development and dissemination of information advisories for stakeholders.
6. Identify regional (Division) receive, store, and stock points for materials, equipment, or supplies to support local needs (Division Offices to coordinate regional distribution procedures in case of need.)

DEPARTMENT OF GENERAL SERVICES:

1. Continue to brief agency staff, as needed.
2. Review plans, as needed.
3. Reinforce contact and transmission strategies.
4. Review resource inventories.
5. Pre-deploy assets, as appropriate.
6. Continue to support agency resource needs as required.
7. Continue to maintain/expand contract services.
8. Continue to provide technical assistance/support in regard to purchasing/contracting.

VIRGINIA DEPARTMENT OF HEALTH:

1. Declare a “public health emergency.”
2. Review and activate appropriate plans.
3. Maintain dialogue with partners.
4. Maintain heightened hospital and community-based surveillance.
5. Continue education/guidance to the public.
6. Support isolation and quarantine initiatives at ports of entry.
7. Monitor health sector.
8. Review and implement anti-viral distribution plans.

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT:

1. Review HR policies.
2. Support agency HR needs.
3. Review resource requirements to sustain essential services.

DEPARTMENT OF LABOR AND INDUSTRY:

1. Continue to disseminate and promote OSHA pandemic influenza guidance.
2. Continue to provide technical assistance support to customers.
3. Review communicants plan.
4. Review continuity plan.
5. Ensure critical services can be maintained.
6. Continue to coordinate with local, state, and federal partners.

VIRGINIA DEPARTMENT OF TRANSPORTATION:

1. Continue to brief agency staff, as needed.
2. Review plans, as needed.
3. Reinforce contact and transmission strategies.
4. Review resource inventories.
5. Pre-deploy assets, as appropriate.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY:

1. Continue to support agency IT resource needs as required.
2. Continue to maintain/expand IT contract services.
3. Continue to provide IT technical assistance/support in regard to purchasing/contracting.

VIRGINIA STATE POLICE:

1. Continue to brief agency staff, as needed.
2. Review plans, as needed.
3. Reinforce contact and transmission strategies.
4. Review resource inventories.
5. Pre-deploy assets, as appropriate.

DEPARTMENT OF MILITARY AFFAIRS:

1. Support and coordinate with local, state, and federal partners.
2. Review resource requirements to sustain essential services.
3. Maintain situational awareness of OCONUS deployed forces.

Stage 3 – Widespread Outbreaks Overseas
WHO Phase 6

ALL VERT AGENCIES:

1. Place essential staff on recall.
2. Reach out to critical infrastructure providers to ensure pandemic influenza and continuity plans are in place.
3. Review resource inventories.
4. Reinforce protective measures.

VIRGINIA DEPARTMENT OF AGRICULTURE:

1. Continue surveillance of agricultural sector.
2. Continue to provide technical assistance and support to agricultural community/ports of entry.
3. Continue to conduct inspections to ensure food safety and security.
4. Continue to interface with local, state, and federal partners.
5. Review Pan Flu annex of continuity plan and place staff on alert.

SECRETARIAT OF COMMERCE AND TRADE:

1. Place essential staff on recall.
2. Reach out to critical infrastructure providers to ensure pandemic influenza and continuity plans are in place.
3. Review resource inventories.
4. Reinforce protective measures.

DEPARTMENT OF EDUCATION:

1. Review pandemic influenza annex of the continuity plan.
2. Review communications plan.
3. Alert and brief staff.
4. Disseminate appropriate preparedness information and guidance to students/parents in coordination with VDH.
5. Reinforce good hygiene practices and protective measures
6. Coordinate with resource providers.
7. Utilize established framework to monitor school status of operations and absenteeism on daily basis

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT:

1. Consider declaring a “state of emergency.”
2. Advise public to plan to reduce non-essential domestic travel once epidemic hits U.S.
3. Augment the VEOC .
4. Implement protective measures.
5. Establish a Joint Information Center.
6. Establish a Joint Public Inquiry Center.
7. Review continuity plan.
8. Coordinate with supply chain providers
9. Maintain dialogue with local, state, federal, and private partners.

VIRGINIA DEPARTMENT OF FIRE PROGRAMS:

1. Continue actions from Stages 1 and 2.
2. Test planning communications and networking systems for internal and external use.
3. Prepare database and log system for monitoring localities' issues relative to absenteeism, illnesses and personnel resource needs.
4. Disseminate guidance relative to personnel resource sharing, mutual aid, and related issues including credentialing criteria, cost sharing, etc.
5. Review/disseminate equipment/vehicle decontamination procedural guidance to stakeholders.

DEPARTMENT OF GENERAL SERVICES:

1. Place essential staff on recall.
2. Reach out to critical infrastructure providers to ensure pandemic influenza and continuity plans are in place.
3. Review resource inventories.
4. Reinforce protective measures.

VIRGINIA DEPARTMENT OF HEALTH:

1. Maintain heightened hospital and community surveillance.
2. Prepare to implement surge plans.
3. Review and implement anti-viral distribution plans.
4. Continue education and guidance to the public.

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT:

1. Continue to manage admin of workforce planning, HR policy, and benefits.
2. Provide guidance to agencies.
3. Review policies and tools available.
4. Begin monitoring agency absenteeism and reporting results.
5. Review adjunct workforce program.

DEPARTMENT OF LABOR AND INDUSTRY:

1. Continue to review appropriate plans.
2. Alert and brief staff.
3. Ensure adequate supplies available to maintain critical services.
4. Continue to provide technical assistance and support to customers.
5. Continue to coordinate with local, state, and federal partners.

VIRGINIA DEPARTMENT OF TRANSPORTATION:

1. Place essential staff on recall.
2. Reach out to critical infrastructure providers to ensure pandemic influenza and continuity plans are in place.
3. Review resource inventories.
4. Reinforce protective measures.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY:

1. Place essential staff on recall.
2. Reach out to critical infrastructure providers to ensure pandemic influenza and continuity plans are in place.
3. Review resource inventories.
4. Reinforce protective measures.

VIRGINIA STATE POLICE:

1. Place essential staff on recall.
2. Reach out to critical infrastructure providers to ensure pandemic influenza and continuity plans are in place.
3. Review resource inventories.
4. Reinforce protective measures.

DEPARTMENT OF MILITARY AFFAIRS:

1. JOC will monitor situation and continue to brief situational awareness to leadership.
2. Maintain and report on situational awareness of OCONUS deployed forces.
3. Initiate force health protection education and training campaign.

Stage 4 – First Human-to-Human Case in North America
WHO Phase 6

ALL VERT AGENCIES:

1. Activate continuity plan across all levels.
2. Limit non-essential domestic travel.
3. Maintain situational awareness.
4. Begin monitoring absenteeism.
5. Implement protective measures.

VIRGINIA DEPARTMENT OF AGRICULTURE:

1. Begin monitoring of agency absenteeism.
2. Disseminate health and safety measures to employees.
3. Recommend protective measures to sectors.
4. Activate Pan Flu annex of continuity plan.
5. Maintain critical services.
6. Implement communications plan.
7. Support JIC/Public Information.

SECRETARIAT OF COMMERCE AND TRADE:

1. Activate pandemic influenza annex of the continuity plan.
2. Alert essential staff.
3. Monitor staff absenteeism and availability.
4. Ensure availability of adequate resources to sustain critical operations and services.
5. Continue to disseminate preparedness and prevention information/guidance to staff.
6. Implement alternate means of providing services.
7. Maintain coordination and communications with resource providers/ agency partners.

DEPARTMENT OF EDUCATION:

1. Activate plans.
2. Begin monitoring status of school operations and absenteeism.
3. Brief staff.
4. Continue to disseminate preparedness/prevention information/guidance to parents/students.
5. Implement the appropriate protective measures
6. Continue to coordinate with resource providers.
7. Coordinate regional conference calls to develop consistent response strategy.
8. Maintain situational awareness.

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT:

1. Activate the COVEOP pandemic influenza annex.
2. Alert and brief staff.
3. Monitor state operations and absenteeism
4. Ensure adequate resources available to maintain critical services.
5. Continue to provide technical assistance and support to agencies and communities.
6. Continue to coordinate with local, state, and federal partners.

7. Limit non-essential travel in affected areas.
8. Disseminate preparedness and prevention information/guidance.
9. Implement protective measures/social distancing.
10. Provide guidance to public.
11. Continue to support VEOC, JFO, and JPIC.

VIRGINIA DEPARTMENT OF FIRE PROGRAMS:

1. Continue actions from Stages 1, 2 and 3.
2. If necessary, distribute/deploy communications hardware to Division offices or other designated locations, and test operability.
3. Conduct final reviews and formalize guidance for personnel sharing, mutual aid credentialing, cost sharing etc.
4. Begin evaluating local, regional, extra-regional, and statewide capabilities to maintain critical services with reduced personnel resources.
5. Prepare and begin processing of initial materials and supplies procurement paperwork.
6. Ready Division sites for receipt of materials, supplies, equipment, establish inventory management system.
7. Receive updated information from local stakeholders and review response triage protocols based on reduced staff capabilities.

DEPARTMENT OF GENERAL SERVICES:

1. Activate continuity plan across all levels.
2. Limit non-essential domestic travel.
3. Maintain situational awareness.
4. Begin monitoring absenteeism.
5. Implement protective measures.
6. Continue to support agency resource needs, as required.
7. Continue to maintain/expand contract services.
8. Continue to provide technical assistance/support in regard to purchasing/contracting.
9. Activate continuity plan.
10. Activate communications plan.
11. Continue to coordinate with state, federal, private sector partners.

VIRGINIA DEPARTMENT OF HEALTH:

1. Maintain heightened hospital and community surveillance.
2. Prepare to implement surge plans.
3. Review and implement anti-viral distribution plans.
4. Continue providing education and guidance to the public.
5. Implement antiviral treatment/targeted prophylaxis.

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT:

1. Monitor agency absenteeism.
2. Prepare to staff VEOC Policy Group/Logistics ESF.
3. Continue to provide HR guidance and support to agencies.
4. Prepare to implement employee reassignment plan/Adjunct Workforce Program.

DEPARTMENT OF LABOR AND INDUSTRY:

1. Prepare to activate plans.
2. Ensure adequate resources available to maintain critical services.
3. Continue to provide technical assistance and support to customers.
4. Continue to coordinate with local, state, and federal partners.

VIRGINIA DEPARTMENT OF TRANSPORTATION:

1. Activate continuity plan across all levels.
2. Limit non-essential domestic travel.
3. Maintain situational awareness.
4. Begin monitoring absenteeism.
5. Implement protective measures.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY:

1. Continue to support agency IT resource needs as required.
2. Continue to provide IT technical assistance/support in regard to purchasing/contracting.
3. Continue to coordinate with state, federal, private sector partners.

VIRGINIA STATE POLICE:

1. Activate agency continuity and pandemic influenza plana and begin implementing protective measures.
2. Begin evaluating critical service delivery in context of resources available and risk.
3. Coordinate with/monitor resource providers.
4. Continue to coordinate with local, state, federal and private sector partners.

DEPARTMENT OF MILITARY AFFAIRS:

1. Begin monitoring agency absenteeism.
2. Disseminate force health/safety protection counter-measures to employees.
3. Recommend force health protective measures/standards to sectors.
4. Maintain critical services.
5. Implement communications plan.
6. Continue to support Commonwealth as directed.
7. Maintain and report on situational awareness of CONUS and OCONUS deployed forces.
8. Maintain and sustain force health protection education and training campaign.

Stage 5 – Spread throughout U.S.
WHO Phase 6

ALL VERT AGENCIES:

1. Maintain situational awareness.
2. Limit non-essential domestic travel.
3. Monitor absenteeism.
4. Implement protective measures.
5. Sustain essential services.

VIRGINIA DEPARTMENT OF AGRICULTURE:

1. Continue to implement the pandemic influenza annex of the continuity plan.
2. Maintain essential functions and services to the greatest extent possible.
3. Continue to implement the communications plan.
4. Continue to monitor agricultural sector.
5. Support resource needs, as possible.
6. Continue to support JIC/Public Information.

SECRETARIAT OF COMMERCE AND TRADE:

1. Continue to provide services and support through traditional and alternative methods.
2. Monitor staff absenteeism and availability.
3. Ensure availability of adequate resources to sustain critical operations and services.
4. Continue to disseminate preparedness and prevention information/guidance to staff.
5. Maintain coordination and communications with resource providers/ agency/private-sector partners.

DEPARTMENT OF EDUCATION:

1. Continue to monitor status of school operations and absenteeism.
2. Continue to disseminate preparedness and prevention information/guidance to staff, parents, and students.
3. Implement the appropriate protective measures.
4. Consider school closures in coordination with the community.
5. Continue to coordinate with resource providers.
6. Continue to coordinate regional conference calls to implement a consistent response strategy.
7. Continue to maintain situational awareness.

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT:

1. Maintain situational awareness of community/agency needs.
2. Provide support in context of resources available/priorities.
3. Maintain civil order.
4. Support availability of CIKR.

VIRGINIA DEPARTMENT OF FIRE PROGRAMS:

1. Consult with/assist local stakeholders with supplemental support.
2. Implement and manage resource tracking system.
3. Provide on-going status reports, as appropriate.
4. Report any critical human resources shortages to SPS and others and provide recommendations for mitigation.

DEPARTMENT OF GENERAL SERVICES:

1. Maintain situational awareness.
2. Limit non-essential domestic travel.
3. Monitor absenteeism.
4. Implement protective measures.
5. Sustain essential services.
6. Continue to support agency resource needs, as required.
7. Continue to provide technical assistance/support in regard to purchasing/contracting.
8. Continue to coordinate with state, federal, private sector partners.

VIRGINIA DEPARTMENT OF HEALTH:

1. Maintain situational awareness of impacts on the health and medical sector.
2. Continuously evaluate epidemiology of the virus.
3. Update recommendations on treatment and protective actions.

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT:

1. Continue monitoring agency absenteeism.
2. Staff VEOC Policy Group/Logistics ESF.
3. Implement employee reassignment plan and adjunct workforce program.
4. Continue to provide HR guidance to support to agencies and staff.

DEPARTMENT OF LABOR AND INDUSTRY:

1. Activate continuity plan.
2. Activate communications plan.
3. Continue to brief staff.
4. Monitor status of operations and absenteeism.
5. Maintain critical services in context of available resources.

VIRGINIA DEPARTMENT OF TRANSPORTATION:

1. Facilitate, in coordination with VSP and affected local governments, unusual traffic movement and volumes.
2. Provide transportation service, back-up communications, and other available resources as needed in support of the VEOC.
3. Operate and maintain the VDOT Transportation Emergency Operations Center (TEOC).
4. 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.

5. Department of Rail and Public Transportation will coordinate with the railroad companies and public transport entities to maintain systems and provide resources as necessary.
6. Virginia Port Authority will coordinate with the Virginia ports to maintain systems and provide resources as necessary.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY:

1. Continue to support agency IT resource needs as required.
2. Continue to provide IT technical assistance and support in regard to purchasing/contracting.
3. Continue to coordinate with state, federal, private sector partners.

VIRGINIA STATE POLICE:

1. Maintain essential law enforcement functions.
2. Enforce orders of quarantine/isolation as required.
3. Prevent and respond to civil disturbances.

DEPARTMENT OF MILITARY AFFAIRS:

1. Monitor health of employees returning to workplace.
2. Maintain and report on situational awareness of CONUS and OCONUS deployed forces.
3. Maintain and sustain force health protection education and training campaign.
4. Maintain situational awareness and report on agencies ability to respond with essential core capabilities.

Stage 6 – Recovery/Preparation for Subsequent Waves
WHO Phase 6

ALL VERT AGENCIES:

1. Assess impact on agency personnel and essential services.
2. Adjust plans based on lessons learned.
3. Replenish critical resources.
4. Prepare for subsequent waves.

VIRGINIA DEPARTMENT OF AGRICULTURE:

1. Conduct assessment of impact on sector.
2. Coordinate natural disaster assistance from USDA.
3. Provide technical assistance/guidance to farmers to obtain assistance.

SECRETARIAT OF COMMERCE AND TRADE:

1. Assess impact of the incident and facilitate support from available programs and resources of state/federal agencies
2. Assist in the comprehensive recovery of impacted communities.

DEPARTMENT OF EDUCATION:

1. Assess impact on schools.
2. Adjust plans based on lessons learned.
3. Evaluate feasibility of resuming school activities.
4. Check status of supply chain and replenish critical resources.
5. Prepare for subsequent waves.
6. Continue to monitor school operations.
7. Continue to stress preventive and preparedness measures to staff, parents, and students.

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT:

1. Assess impacts in all sectors.
2. Adjust plans based on lessons learned.
3. Replenish critical resources.
4. Prepare for subsequent waves.
5. Coordinate recovery and assistance programs.

VIRGINIA DEPARTMENT OF FIRE PROGRAMS:

1. Continue monitoring resource shortages and assisting in cases when possible. Track critical shortages and support assistance initiatives.
2. Coordinate with stakeholders and others to provide timely and appropriate training to implement augmentation strategies for localities and areas severely impacted by personnel shortages.
3. Continue monitoring stock levels of PPE and related supplies and replenish as necessary.
4. Provide on-going status reports and projections to appropriate authorities.

DEPARTMENT OF GENERAL SERVICES:

1. Assess impact on agency personnel and essential services.
2. Adjust plans based on lessons learned.
3. Replenish critical resources.
4. Prepare for subsequent waves.

VIRGINIA DEPARTMENT OF HEALTH:

1. Assess regional impacts on the health and medical sector.
2. Review lessons learned and implement adjustments.
3. Replenish essential resource inventories.
4. Adjust regional staffs to meet needs.
5. Prepare for next wave.

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT:

1. Assess impact on agency personnel.
2. Revise plan based on lessons learned.
3. Support agency HR needs.
4. Prepare for subsequent waves.

DEPARTMENT OF LABOR AND INDUSTRY:

1. Assess impact of event on staff and services.
2. Adjust plans based on lessons learned and resources available.
3. Replenish critical resources to extent feasible.
4. Continue to provide guidance to staff in coordination with VDH.

VIRGINIA DEPARTMENT OF TRANSPORTATION:

1. Assess impact on agency personnel and essential services.
2. Adjust plans based on lessons learned.
3. Replenish critical resources.
4. Prepare for subsequent waves.

VIRGINIA INFORMATION TECHNOLOGIES AGENCY:

1. Assess impact on agency personnel and essential services.
2. Adjust plans based on lessons learned.
3. Replenish critical resources.
4. Prepare for subsequent waves.

VIRGINIA STATE POLICE:

1. Continue to provide necessary law enforcement and security services in coordination with local, state, federal, and private sector partners.

DEPARTMENT OF MILITARY AFFAIRS:

1. Assess impact of incident and support from available programs and resources of state/federal agencies.
2. Assist in comprehensive recovery of communities impacted and other mission assignments (from VDEM) as required.
3. Maintain and report on situational awareness of CONUS and OCONUS deployed forces.
4. Maintain/sustain force health protection education and training campaign.