

**Virginia Health and Medical (ESF-8) Emergency Operations Center
Staff
STANDARD OPERATING PROCEDURE AND REFERENCE GUIDE
edition 1.0
14 July 2000**

Legal Authority: Authority for response to disaster and responsibilities of all state agencies to do so are contained in:

Title 44, Code of Virginia, Chapter 3.2, “Commonwealth of Virginia Emergency Services and Disaster Law of 1973.”

Commonwealth of Virginia Emergency Operations Plan, Executive Order Seventy-Three (97).

1. The Disaster Cycle: Disasters are a recurring part of a normal cycle of activity, both in nature and in how our civilization functions. A disaster life cycle with four phases is commonly used for planning and management purposes:

a. Mitigation: Mitigation actions are designed to prevent the occurrence of disasters or to reduce their impact if they do happen. Typical mitigation measures include land use restrictions, buyouts and conversion of high risk property to low risk uses, building codes, and insurance.

b. Preparedness: Preparedness measures accept that the disaster will happen and are designed to prepare the community to respond to its impact. Typical preparedness measures include planning, training, public education, disaster exercises, budgeting, and the purchase of equipment and supplies.

c. Response: Response actions occur immediately before, during, and for an initial period (usually considered to be 3 days) after impact. Response actions include the mobilization of response units, emergency evacuation, rescue and firefighting, sheltering, immediate lifeline (power, telephone, water, gas, transportation) repair, and damage assessment and needs identification.

d. Recovery: Recovery actions are those taken to restore the ability of an impact jurisdiction to function. They do not restore a community to pre-disaster conditions. However, well planned recovery actions will facilitate community development and include mitigation measures to reduce future impacts.

2. Disaster Threats in Virginia: Virginia is exposed to a wide range of potential disasters that may require state level response (events that have required some level of Department of Health response in the last six years are noted with an asterisk):

a. Natural Disasters: listed in approximate order of severity and frequency. All events in this list have happened in the last six years.

hurricane (*)
northeaster
flooding, either flash flooding or slow rising river flooding (*)
severe winter storms (*)
tornado (*)
disease outbreak (*)
wildfire
drought (*)
earthquake

b. Man Made Disasters: listed in approximate order of severity and frequency. All events in this list have happened in the last six years:

transportation accidents--aircraft, marine, rail, highway (*)
hazardous materials releases (*)
infrastructure failures—including building or dam collapse

c. National Security Threats: listed in approximate order of probability of occurrence. Events in this list that have happened in the last six years are indicated with a pound symbol:

conventional terrorism—bombs, shootings, arson, etc. (#)
riots and civil disturbance
radiological terrorism (#) (*)
chemical terrorism (* not an actual event)
biological terrorism (* not an actual event)
conventional or nuclear attack

3. The Disaster Response Process:

a. Disaster Definitions: The term disaster is a specific term with a limited meaning. The correct terms to describe disaster events in Virginia based on who issues a declaration are:

(1) **Local Emergency**: the Director of Emergency Services (normally the chief elected or administrative official or the county or city) of a local jurisdiction may declare a Local Emergency. Normally in a local emergency the jurisdiction will also activate its Emergency Operations Center and implement its Emergency Operations Plan.

(2) **State of Emergency**: the Governor declares a State of Emergency. Normally in a State of Emergency the Department of Emergency Management will open and staff the State Emergency Operations Center (EOC) and implement the

Commonwealth of Virginia Emergency Operations Plan (COVEOP). The COVEOP is an Executive Order of the Governor with the force of law.

(3) Disaster: The President declares a Disaster, normally based on a formal written request from a state documenting the level of effort in detail, showing that state resources are fully committed, and demonstrating that Federal help will be needed to resolve the situation.

b. Impact of Emergency Declarations: The declaration of a State of Emergency results in the following (specific interpretations of these provisions exist based on determinations by state agencies and traditional practice; this information is provided as a general guide of the types of actions to expect):

(1) All state agencies are tasked to make their resources available and carry out actions necessary for disaster response and recovery to “the maximum extent practicable” and to cooperate with the Department of Emergency Management (44-146.24).

(2) Broad liability protections are put in place for those responding to disasters (44-146.23).

(3) Administrative regulations may be suspended, either by order of the Governor or by virtue of clauses in place in the regulations (44-146.17).

(4) Some budgetary restrictions may be lifted and Departments authorized to spend the sum sufficient to resolve the emergency (44-146.28).

(5) Personnel rules may be altered, allowing personnel to be assigned to work outside their normal job description and work hours to be changed as required (44-146.28(b)).

(6) Purchasing restrictions requiring competitive bidding may be lifted allowing the purchase, lease, or rental of equipment and supplies needed for response and recovery (44-146.28(b)).

(7) Temporary personnel may be hired for the duration of the emergency (44-146.28(b)).

c. Sequence of Actions:

(1) For many events (including large weather based natural events and some potential terrorist threats to high profile gatherings) activation of state resources may come prior to the impact of the event as a precaution. This typically is in the form of augmentation of staffing of the State Emergency Operations Center and activation of the Emergency Support Center. If this does not happen before the event, it will occur as soon

as it is obvious that the event is a significant one. Typically this results in a 24 hour operations cycle based on 0600-1800 (6:00 am to 6:00 pm) and 1800-0600 shifts.

(2) The Governor declares a State of Emergency. The date and time of a gubernatorial declaration is variable and depends on the event. In some cases, the Governor may declare well in advance to permit activation and prepositioning of resources. In other cases, the declaration may occur during the initial impact or shortly thereafter.

(3) A disaster event impacts a local jurisdiction causing the jurisdiction to fully commit its local resources.

(4) The jurisdiction requests assistance from state government. Some assistance may be provided without a gubernatorial declaration based on the normal statutory responsibilities of government departments (actions by Water Programs, Epidemiology, the Chief Medical Examiner, and Radiological Health) are examples of this. Other assistance, because of the expenses and liabilities involved will normally require a declaration by the Governor (a good example is the deployment of Emergency Medical Services Disaster Task Forces).

(5) State government agencies coordinate a response to the request. Such response should include inputs from all Departments with a stake in the action or with information that will make the action more effective. Typical options may include:

(a) dispatch of state government resources to assist the local government either in work performance or with technical advice.

(b) assistance in locating other local government resources that can assist under mutual aid agreements (to be facilitated by the Statewide mutual Aid Agreement).

(c) assistance in locating commercial services that can provided needed technical capabilities or vendors for needed supplies and equipment.

(d) requesting resources under the Emergency Management Assistance Compact from another signatory state.

(e) requesting Federal resources.

(f) denial or postponement of action on a request based on either limited resources, the need to gather additional information, or the assessment that local resources are adequate to resolve the situation.

(6) If the disaster appears to be severe enough to generate a significant burden for state financial and physical resources, the Department of Emergency Management will request through the Director of the Federal Emergency Management

Agency that the President declare a Disaster and make Federal assistance available. Prior to such a declaration some Federal agencies may be able to provide support under their statutory authority. Two examples that impact health and medical response are:

(a) the authority of military installation commanders to provide immediate assistance to civilian governments in immediate proximity to their bases for life saving, and

(b) the authority of the U. S. Public Health Service to activate the National Disaster Medical System on request of the State Health Officer (the State Commissioner of Health).

(7) At the same time the Federal Emergency Management Agency will deploy its Emergency Response Team-Advanced Element (ERT-A) to the Virginia Emergency Operations Center. The ERT-A typically establishes offices in the State Police Academy above the EOC. The ERT-A includes a Public Health Service representative.

(8) As the immediate response phase is completed, recovery operations will transition to a Disaster Field Office to work long term actions to provide essential services to disaster victims (Individual Assistance or IA) and to impacted governments (Public Assistance or PA). The Disaster Field Office is typically located near, but not in, the impact area in a large office space capable of housing several hundred to one thousand staff members. This Office may remain open for as much as six months until all Federal and State governmental recovery actions are completed.

4. The Role of the Emergency Operations Center (EOC) and Emergency Support Center (ESC):

a. The Emergency Operations Center: The State EOC is the center for coordination of emergency actions by state government agencies in response to a disaster. All state agencies and functions may be represented in the EOC, or only key agencies may be present, depending on the nature and intensity of the event. The following departments and agencies are normally considered key in any significant event: Emergency Management, State Police, Transportation, National Guard, and Health.

b. Function of the Health and Medical Representative in the EOC: The ESF-8 (Health and Medical) Liaison Officer in the EOC fulfills five key roles:

(1) Information gathering. This includes both listening to the flow of oral information in the EOC and maintaining situation awareness for information of value to health actions and monitoring the EOC's computerized task tracking system.

(2) Tasking coordination with the ESC or other units of the Department of Health. During the emergency response phase all taskings should be coordinated with the Emergency Support Center to maintain a single point of

coordination for the Department's actions. As operations shift to recovery, taskings should be coordinated with the individual unit of the Department that handles such issues as part of their normal duties.

(3) Tasking coordination with other agencies. The presence of other agencies in the EOC allows for face to face coordination with those agencies that can support or provide information needed for response actions.

(4) Reporting. The Liaison Officer provides reports of current Department activities to the appropriate interested individuals in the EOC. This includes making certain that tasking status is updated in the EOC's current tracking system.

(5) Documentation. The Liaison Officer maintains a written log of actions taken to assist in documenting Department actions for reimbursement of expenses and for development of lessons learned (see Attachment 1).

c. The Emergency Support Center: The Emergency Support Center provides a single point for the coordination of emergency response actions by the Department. The ESC may be staffed by a single Duty Officer or by a complete six person operations staff. It has telephone and radio communications, Internet access (including support by the Virtual Emergency Operations Center, a volunteer staffed on-line facility that provides information gathering and dissemination services), a variety of weather services, access to databases, and sophisticated emergency management and decision support software. The ESC is typically activated as much as five days prior to a hurricane landfall and will continue in operation for 3 to 7 days after incident impact, based on the characteristics of the event and the response. The ESC provides the following services:

(1) Warning and situation reporting for the statewide health and medical system, including the Commissioner, Health Districts, key Central Office offices, Emergency Medical Services deployable disaster resources, Regional Command Hospitals, Emergency Medical Services Regions, Federal resources, and key trade organizations.

(2) Alerting and mobilization of deployable teams, including Coordination Teams, Emergency Medical Services Task Forces, and Critical Incident Stress Management Strike Teams.

(3) Gathering situation information from a wide variety of Federal, State, Local, individual organization, and commercial sources and provides a single situation picture for decision making.

(4) Tasking fulfillment for tasks assigned to the Department, including coordination of specific needs with requesting jurisdictions, coordination and dispatch of resources, monitoring of deployed resources for safety, coordination of logistics support, and reporting of the status of actions in progress.

(5) Documentation in detail of every action taken by the ESC, the source of the tasking, and costs involved for reimbursement.

d. Where the Facilities are Located:

(1) The State Emergency Operations Center is located behind the State Police Headquarters on Midlothian Turnpike just west of Cloverleaf Mall on the right hand side of the road as headed west on Midlothian Turnpike. Take the driveway to the left of the brick administrative building. If the gate is closed use the buzzer and speaker to gain access, identifying yourself by name and agency and stating that you are going to the State EOC. Once in the compound follow the road up the hill past the front of the State Police Academy. As you reach the top of the hill there is a small parking lot to your left and an entry way with stairs down to the Emergency Operations Center. Use caution if it has been raining or snowing as the stairs can be very slick. At the bottom of the stairs is a door with a telephone. Use the phone to contact the staff inside, identify yourself and your agency, and on the buzzer open the door. Sign in at the workstation in the administrative area and proceed back along the hallway to the operations room.

(2) The Emergency Support Center is located in the Office of Emergency Services in North Run Office Park, 1538 East Parham Road, approximately one mile west of Interstate 95 off the Parham Road exit and across from J. Sergeant Reynolds Community College.

e. Contact: The primary telephone numbers for the Virginia Emergency Operations Center are (804) 674-2400 and fax 674-2419. For the Emergency Support Center the numbers are (hardwired) 371-3518, call director 371-3500 extensions 3537 and 3538, and fax 371-3543.

5. Functional and Departmental Organization: Within the State Emergency Operations Center the response activities may be either functionally organized or assigned by Departments.

a. General Organization: The Operations Staff in the EOC is divided into three Branches: Emergency Services, Human Services, and Infrastructure and Resources. The Health Liaison Officer may be located in or have to work taskings for any of these three branches. Emergency Medical Services is considered an Emergency Services Branch unit. Public Health is assigned under Human Services, and water supply engineering issues are considered part of infrastructure.

b. Functional Organization: The Federal Response Plan establishes a standard organization for Federal response to disasters. As an element of that Plan, Emergency Support Functions (ESFs) are established to provide a lead agency to coordinate, provide resources for, and manage a specific type of response and to identify supporting agencies that contribute to the response. ESF-8 is Health and Medical. Use of ESFs is not uniform in Virginia practice based on the characteristics of the event. At times the Department of Emergency Management expects the Department of Health to

act as the lead agency for ESF-8 in Virginia, and certain parts of the Emergency Operations Plan are written tasking the Department to do so.

(1) Virginia ESF-8 Agencies. The following Departments have been identified as ESF-8 agencies in Virginia:

- Health (lead agency)
- Agriculture and Consumer Services (State Veterinarian)
- Environmental Quality
- General Services
- Information Technology
- Mental Health, Mental Retardation, and Substance Abuse Services
- Military Affairs
- Social Services
- Transportation
- American Red Cross

(2) ESF-8 Functions. The following are identified as health and medical functions or areas of support:

- assessment of health and medical needs
- emergency medical services in the disaster area
- evacuation of patients and medical facilities
- medical support to shelters
- in-hospital care
- augmentation of resources
- potable water and wastewater and sewage
- radiological hazard monitoring and control
- chemical hazard monitoring and control
- biological hazard monitoring and control
- vector control
- emergency veterinary services
- mental health services
- worker health and safety
- public health information
- food, drug, and medical device safety
- victim identification and mortuary services

c. Departmental Organization: Responses in Virginia are often managed by Departments, i.e. the Department of Emergency Management tasks individual agencies to meet local requests (independent of the ESF structure). Such tasks may not always appear to be within the Department's capability. However, some Health Districts have specialized capabilities (mosquito control is an example) and individual Offices within the Department often have capabilities that are not widely known (the boats owned by Shellfish Sanitation are an example). If a task is assigned to the Department as a

Department, the Department of Emergency Management expects the Department of health to fill the request, whether this is done out of Department resources or the best expert in the Department finds outside resources to meet the need.

6. Making Decisions in Disasters:

a. Requests from Localities: Decision making in disasters in Virginia depends upon the receipt of specific requests for assistance from jurisdictions that have been impacted by the disaster. In general resources are not dispatched without a local government request for assistance from the state. Although it may be appropriate to alert and prepare resources for mobilization based on calls from local agencies or other sources, requests for assistance must come from a local government emergency operations center to the state emergency operations center.

b. Fiscal Impact: All disasters are financial events. Expenses for dispatches of resources based on local government requests routed through the State Emergency Operations center and assigned to state agencies may be reimbursed from the sum sufficient (for States of Emergency declared by the Governor) or under Robert T. Stafford Disaster Relief and Emergency Assistance Act funding (for Presidential Declarations of Disaster). Dispatches of resources in response to direct requests from local Health Districts or Departments that are not routed through the State Emergency Operations Center become the financial responsibility of the Virginia Department of Health and generally may not be reimbursed.

c. Shared Decision Making: Department representatives in the State Emergency Operations Center and the ESF-8 Emergency Support Center have broad authority and responsibility to make rapid decisions about how the Department will meet requests for health and medical assistance. It is always a good practice to involve more than a single individual in such decisions.

(1) When both the State Emergency Operations Center and the Emergency Support Center are staffed, any decision that spends money or moves resources should be made jointly by the Liaison and Duty Officers in the two facilities. When possible the supervisor of the involved unit within the Department should be consulted in that process.

(2) Any decision that involves Department policy or potential news media attention should also involve the Office Director and, potentially, the appropriate Deputy Commissioner and the Commissioner. The staff members in the State Emergency Operations Center and the Emergency Support Center should provide their best recommendation under these conditions.

d. Use of Federal Resources: The Federal government has extensive resources available for assistance in disasters. The decision to request Federal resources should be made only after it is clear that local and state resources will be exhausted. The insertion of Federal resources in a state or local response requires careful coordination

because Federal teams may not be trained in our state and local procedures or in how to report their actions through State and local channels as part of an integrated response.

7. Information Needs:

a. Information Exchange: To function effectively the Liaison Officer in the State Emergency Operations Center and the staff in the Emergency Support Center must exchange information on a regular basis. As a minimum on shifts with a relatively low level of activity an hourly exchange is important; the more complex the event the more frequent the exchanges should be.

b. ESC Needs: Types of information that the Emergency Support Center will need include:

- scheduled time and phone number for conference calls
- dates and shifts of changes in Emergency Operations Center staffing
- emergency declaration by the Governor
- ordering of population protection actions—including sheltering and evacuations
- significant changes in weather or hazard forecast data
- changes in incident status or level of plan checklist being implemented
- locality reports of conditions
- summary reports of major events
- mobilization and arrival of the Emergency Response Team-Advanced Element
- initiation of damage assessment activities
- reports of injuries and fatalities
- summary reports of significant damage
- current road and other transportation system conditions
- mission tasking information—requirements, contact persons, telephone numbers, mission number assigned by the State Emergency Operations Center
- known impacts on communications
- available logistics support in the impact area
- contact information for the public information function

c. EOC Needs: Types of information the Liaison Officer in the State Emergency Operations Center will need:

- status of Health Department resources – units on alert and their alert status
- any situation information reported by local Health Districts or Departments, emergency medical services agencies, hospitals, other health and medical facilities, and deployed health Department teams
- status of response to any mission tasking
- significant problems encountered

requirements for additional information

d. Executive Briefings: The Commissioner, any Deputy Commissioners designated by the Commissioner, and the Director of the Office of Emergency Medical Services should be briefed at least once a day on:

current status of Health Department resources
mission taskings assigned to the Department of Health
general status in the impact area
significant problems encountered
expected trends in the incident
any known or potential issues that have attracted media attention.

8. Media Policy: Any requests for information from the media in reference to ongoing disaster response or recovery operations received by Department of Health staff should be referred to the Public Information Staff of the Department of Emergency Management. The Department of Emergency Management is the single point of contact for release of information in disasters to ensure that State Government presents a unified and consistent message.

9. Fatality Management:

a. Fatalities: All reports of possible or actual fatalities or mass fatality incidents (more than 25 deceased) will be immediately coordinated with the Office of the Chief Medical Examiner. Not all fatalities in a disaster are disaster fatalities. The Office of the Chief Medical Examiner is the only Office authorized to make the determination of whether or not a fatality is disaster related.

b. Displaced Remains: Reports of displaced human remains from current or historical graveyards are not unusual in flooding events. These draw media interest and significant Federal interest. Such reports should be immediately coordinated with the Office of the Chief Medical Examiner and appropriate guidance provided to local authorities on the recovery, protection, and reinterment of the remains. It is to our advantage to resolve these incidents prior to their attracting attention.

Attachments: 1 – Health and Medical EOC Log

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ATTACHMENT 1
HEALTH AND MEDICAL EOC LOG

INSTRUCTIONS:

Complete all entries using a black pen. Please write or print legibly. Make entries at the time the event occurred to ensure that information is not forgotten or mislaid. In the rare case where entries must be made after an event, clearly mark them as BACKLOG.

Incident: Enter an easily identified name for the incident.

Date: Enter the date the log was started.

Number: Enter a sequential entry number from the start of the event. If this is the second or subsequent line of the entry do not enter a number.

Time: Enter the time in 24 hour clock time. Times before 12:00 noon are number 01 through 12 plus the minutes (for example 9:31 am is 0931). Times after 12:00 noon are added to 12 plus the minutes (or example 4:40 pm is 1640). If this is the second or subsequent line of the entry do not enter a time.

Event, Information, Tasking, Decision: Enter all received, observations of event progress in the EOC, tasking information provided in person or by computer, coordination accomplished with other agencies, and decisions reached. Summarize reasons for decisions. Include names and telephone numbers of those called outside the EOC. Include action or tasking or mission numbers assigned. Use lines below to continue the text of this entry.

Follow: If follow-up is required, leave this block blank until follow-up is completed. Then enter the entry number or time that the follow-up has been completed. If no follow-up is required enter N/A. If this is the second or subsequent line of the entry do not enter anything.

Initials: At the last line of each entry, the individual making the entry will enter his or her initials.

Page: Enter the sequential page number for the log from the start of the emergency.

THE LAST INDIVIDUAL STAFFING THE EOC FOR THE HEALTH AND MEDICAL FUNCTION MUST RETURN THIS LOG TO THE OFFICE OF EMS.