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## COVID DIGEST

<ul style="list-style-type: none"> <li>• <a href="#">Virginia Daily COVID-19 Cases and Testing Count</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Virginia Daily Vaccine</a></li> </ul>
<ul style="list-style-type: none"> <li>• <a href="#">COVID-19 VHHA Hospital COVID Data</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">COVID-19 in Virginia: Cases Among Children</a></li> </ul>
<ul style="list-style-type: none"> <li>• <b>*NEW*</b> <a href="#">CDC Recommends Novavax's COVID-19 Vaccine for Adolescents</a></li> </ul>	<ul style="list-style-type: none"> <li>• <b>*NEW*</b> <a href="#">CDC Streamlines COVID-19 Guidance To Help The Public Better Protect Themselves And Understand Their Risk</a></li> </ul>
<ul style="list-style-type: none"> <li>• <b>*NEW*</b> <a href="#">ASPR TRACIE Technical Assistance (TA) Response: COVID-19 Resources for Returning to the Office for Mental Health Outpatient Services</a></li> </ul>	

## MONKEYPOX DIGEST

<ul style="list-style-type: none"> <li>• <a href="#">U.S. Monkeypox Outbreak 2022: Situation Summary</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Expanding Monkeypox Testing Capacity to Five Commercial Laboratory Companies</a></li> </ul>
<ul style="list-style-type: none"> <li>• <a href="#">Enhanced Strategy to Vaccinate and Protect At-Risk Individuals from the Current Monkeypox Outbreak</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">U. S. Department of Health and Human Services Response to the Monkeypox Outbreak</a></li> </ul>
<ul style="list-style-type: none"> <li>• <a href="#">Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox</a></li> </ul>	<ul style="list-style-type: none"> <li>• <b>*NEW*</b> <a href="#">U.S.-Based Production of Smallpox and Monkeypox Vaccine</a></li> </ul>





## Communications

### **\*UPDATE\* Monthly Communications Drills**

The Virginia Healthcare Emergency Management Program has put the responsibility of regular communications drills in the hands of the coalition. For FY23, there will be no quarterly state-wide drills.

Communication drill schedule for 1<sup>st</sup> and 2<sup>nd</sup> quarters of FY23:

- September 28 – quarterly satellite phone drill. Those facilities with satellite phones will test their devices by contacting other facilities, EVHC directly and their landlines.
  - October 21 – joint RIOS radio test with neighboring coalitions and regional partners
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### **\*UPDATE\* Site Visits Continue!**

The coalition offers site visits to all members annually. These non-punitively visits review emergency operations plans, identify best practices in planning bring the wealth of the region's planning knowledge directly to the staff. The meetings are open to emergency managers and health district planners, last no more than an hour and can be scheduled between July and April of each fiscal year. If interested in participating, contact Amy Green, Medically Vulnerable Populations Coordinator, at [agreen@vaems.org](mailto:agreen@vaems.org).

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### **First Responder Resiliency ECHO**

The First Responder Resilience ECHO Program continues as a virtual tele-mentoring platform supporting First Responders within New Mexico and internationally. The program began initially to support First Responders through the opioid epidemic, and as the COVID-19 pandemic grew, the curriculum and audience broadened to include self-care and resilience skills to participants around the world. The notion of a First Responder was changed as providers everywhere were facing new challenges in their front-facing experience, whether this be a sense of overwhelm, an experience of detachment or of overload. The curriculum was altered with ongoing input from participants to address the needs of those working to help others during the COVID-19 pandemic, and included didactics in psychological first aid, self-care and resilience, peak performance skills, communication methods, diagnostic and systems descriptions, as well as the development of effective peer support programs around the nation. Follow this [link](#) to register for the program. Two sessions each in September and October.



**\*NEW\* Long Term Care Focus Group**

The Long Term Care Focus Group is excited to offer our members a hybrid (in person and virtual) meeting option this fiscal year. Each quarter we will offer an in person option for discussing pressing topics in emergency operations, planning opportunities and resources. This collaborative group dives into preparedness from the lens of Long Term Care organizations in our region. We encourage organizations such as assisted living facilities, home health, hospice, dialysis and the like to get involved in this amazing group. Our next meeting will take place **October 27 starting at 9AM**. To get your invitation please register using the following [link](#) or contact Amy Green at [agreen@vaems.org](mailto:agreen@vaems.org).

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**Emergency Operations Planning**

**Trends, Policies, and Protocols Related to Healthcare Workplace Violence**

From HHS.gov, this [article](#) provides an overview of workplace violence, highlights risk factors that contribute to healthcare workplace violence, and summarizes related legislation and policies. It also highlights strategies and guidance healthcare staff and security partners can incorporate into their coordinated healthcare workplace violence plans.

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**Climate Change and Extreme Heat Events: How Health Systems Should Prepare**

According to the New England Journal of Medicine, hospitals risk losing power in situations when the power grid is overtaxed, disrupting care and exposing highly vulnerable persons to elevated temperatures. Because hospitals are typically sealed buildings, loss of power can result in a rapid rise in interior temperatures during a heat wave. Health system preparedness for the growing threat of heat waves and extreme heat events (EHE) should be rooted in the concept of resilience. They should pay particular attention to assessing climate-specific risks such as EHEs, updating system-wide emergency plans and infrastructure, developing triage and treatment protocols, and ensuring clinical staff and first responders are appropriately trained and prepared. This also requires an assessment of the surrounding community to identify populations most vulnerable to heat and its possible consequences, such as loss of electrical power. Follow this [link](#) for more information.

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**Emergency Psychiatric Care That Finally Works for Patients Source**

According to the Alameda Health System, up to 15% of emergency department visits now involve behavioral health emergencies, including substance use and mental health crises. Yet in managing these patients, too many hospitals adhere to historically inefficient care models that benefit few—and may actually cause patients' symptoms to worsen. To improve emergency



psychiatric care, we must first challenge the assumption that most behavioral health patients require inpatient admission as their disposition. Experience at Vituity suggests that with urgent interventions, as many as 80% of patients in behavioral health crisis can be stabilized and returned home or to outpatient care within 24 hours (that is, in less time than many are sitting waiting in EDs today). Follow this [link](#) for more information.

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## **American Academy of Pediatrics Urges Schools To Be Prepared For Medical Emergencies**

The newly updated policy statement, “Individual Medical Emergencies Occurring at School” (published online June 27), says that schools need to be prepared to deal with medical, behavioral, and traumatic emergencies that students or staff may experience. It is estimated that 10% to 25% of childhood injuries occur while the child is in school. It is prudent for schools to prepare particularly for potential medical emergencies related to chronic conditions, such as seizures, diabetes, allergies/anaphylaxis, mental illness, substance use, or asthma, through personnel training and emergency action plans, the statement says. Follow this [link](#) for more information.

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## **Ransomware Spurs Weeks, Months of IT Downtime**

According to UC San Diego, Well Being, ransomware encrypts a sufferer’s laptop records and data and solely releases them in exchange for a fee. At hospitals, that may imply information-technology methods like digital well-being information, scheduling and even telephone methods develop into unavailable. Docs, nurses and different medical workers have to maneuver to paper charts, and could also be out of shape or have not been skilled on that course. Follow [link](#) this for more information.

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## **Active Shooter Planning and Response in a Healthcare Setting**

According to Healthcare and Public Health Sector Coordinating Council, active shooter events in a healthcare setting present unique challenges: a potentially large vulnerable population, hazardous material (including infectious disease), locked units, special challenges (such as weapons and Magnetic Response Imaging (MRI) machines, as well as caregivers who can respond to treat victims. There is no single method to response to an incident, but prior planning will allow you and your staff to choose the best option during an active shooter situation, with the goal of maximizing lives saved. The best way to save lives is to remove potential targets from the shooter’s vicinity. The article addresses some difficult choices that will need to be made in this document. Follow this [link](#) for more information.





## Preparedness and Readiness

### **\*NEW\* September is National Preparedness Month**

National Preparedness Month is an observance each September to raise awareness about the importance of preparing for disasters and emergencies that could happen at any time.

FEMA will release national public service announcements throughout the country this September to help get preparedness information into the hands of those who live in underserved communities. This year's theme: A Lasting Legacy. Follow this [link](#) for more information. Stay tune to the EVHC ListServ all month for the FEMA PSAs.

CDC has published a new #PrepYourHealth social media toolkit in observance of National Preparedness Month as well. The theme of the 2022 toolkit is "Meet People Where They Are." The contents consider the impacts that social determinants of health can have on people's preparedness for and response to emergencies. The toolkit also suggests ways the whole community can create opportunities for everyone to prepare and respond to emergencies to their full potential. The contents of the toolkit are free to use and available on CDC's [Prepare Your Health website](#).

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### **\*UPDATE\* Administration for Strategic Preparedness and Response Health Care Readiness Bulletin**

This bulletin provides the latest news and information related to ASPR's Health Care Readiness Programs, in addition to links to a variety of emergency preparedness and response tools and resources. The August 29, 2022 bulleting contains a wealth of information on the Monkeypox Guidance, Reports and Resources. To receive weekly bulletins via email, follow this [link](#) to subscribe.

The U.S. Department of Health and Human Services (HHS) announced that Secretary Xavier Becerra has elevated the existing Office of the Assistant Secretary for Preparedness and Response (ASPR) from a staff division to an operating division, taking on the new name of the Administration for Strategic Preparedness and Response (ASPR).

The move elevates ASPR to a standalone agency within the Department alongside other HHS agencies, such as the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), among others. This change will allow ASPR to mobilize a coordinated national response more effectively and efficiently during future disasters and emergencies in close collaboration with its sister agencies.



While the change in name and organizational status are effective immediately, the transition will be phased in over the next one to two years, and, when complete, will provide ASPR with greater administrative capabilities to help it execute its work more effectively.

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## ASPR Critical Infrastructure Protection Bulletins

The Administration for Strategic Preparedness and Response (ASPR) Division of Critical Infrastructure Protection offers a variety of bulletins to stakeholders of the Healthcare and Public Health (HPH) Sector. These bulletins share need-to-know information, resources, and timely incident alerts that allow HPH Sector stakeholders to personalize the information they receive. For more information and to subscribe to weekly bulletins, please use the following [link](#). Member can choose from:

- **Healthcare and Public Health (HPH) Sector Partnership Bulletin Distribution List:** Sent twice a week to share engagement opportunities open to the HPH stakeholders and as needed for essential HPH Partnership information sharing.
  - **Incident Response Bulletin Distribution List:** Sent as needed for all hazard incidents (hurricanes, wildfires, earthquakes, cyber incidents, infectious disease, etc.) effecting the HPH Sector.
  - **Preparedness, Response, and COVID-19 Updates Distribution List:** Sent weekly to provide COVID-19 situational updates and resources to enhance organizational preparedness and resilience.
  - **Cybersecurity Weekly Bulletin Distribution List:** Sent weekly to provide cyber news, resources, engagement opportunities, and security updates.
  - **Cyber Incident Response Bulletin Distribution List:** Sent as needed to provide alerts for major cyber incidents affecting the HPH Sector and mitigation tactics.
  - **Healthcare Supply Chain Bulletin Distribution List:** Sent every other week to provide supply chain news, alerts, resources, and engagement opportunities
  - **Infectious Disease Update Distribution List:** Sent every other week to provide emerging infectious disease tracking, news, resources, and engagement opportunities. To be noted, this bulletin will not provide coverage on the COVID-19 pandemic. For COVID-19 coverage subscribe to the Preparedness, Response, and COVID-19 Updates Distribution List.
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## Ethics in Healthcare During Disasters

In the current [issue](#) of The Exchange, ASPR TRACIE shifts the focus back to ethics in healthcare during disasters, crisis standards of care, and patient load balancing to ensure equitable treatment.

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The previous [issue](#) of The Exchange from 2021 focused on the impact of civil unrest and workplace violence on healthcare (with articles on healthcare preparation for and response to local civil unrest; trends, policies, and protocols related to workplace violence; and strategies for preventing and responding to violence in the emergency department).

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## **Hurricane Season Preparedness – Lessons Learned from SANDY For Improving Healthcare and Public Health Response and Recovery**

This [report](#) summarizes the findings from a research project conducted to evaluate how the healthcare system was negatively affected in preparation for, during, and after Hurricane Sandy. Lessons learned from the hospital, EMS, and ancillary services (i.e., pharmacies, methadone clinics, dialysis/kidney centers, and medical supply companies) sectors are noted to assist healthcare professionals, medical facilities, and public health better prepare for future disasters.

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## **VHASS Verified Phone Numbers**

Missed a monthly Coalition Communications Drill? The coalition has the solution. Many of our members do not have their phone numbers verified in the Virginia Healthcare Alerting and Status System (VHASS). Those without this verification will not receive the alerts that initiate our communication drills. Please use the document attached to this edition of the digest to verify your phone number. If you have difficulty please feel free to email us at [evhc@vaems.org](mailto:evhc@vaems.org).



How-to-setup-text-alerts-in-VHASS.pdf

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## **How healthcare organizations can protect their supply chain from cyber risks**

Healthcare IT News explores several causes for supply chain and risk management program failure:

- A lack of automation, which makes keeping up with cyber threats challenging.
- The cost and time-consumption of vendor risk-assessments.
- Partial or full failure to deploy critical vendor-management controls and processes







"Regardless of the reason, it is imperative HDOs have an effective supply chain risk-management program to manage the process throughout the supply chain risk-assessment life cycle," said the report.

For more information please follow this [link](#).

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## **How Nursing Homes Could Benefit From Having a Seat at the Table in Community-Wide Disaster Planning**

One way to improve how nursing homes respond to emergencies going forward is to ensure that leadership is involved and prepared throughout the process. This may include enacting policy to better regulate and track that nursing homes effective train facility leadership for the rigors of dealing with a disaster. Follow this [link](#) for more information.

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## **\*NEW\* First Responder Resiliency TeleECHO Program**

The First Responder Resiliency ECHO Program is aimed at increasing self-care and resiliency in crisis. This interdisciplinary team, led by a group of subject matter experts including Dr. George Everly, an internationally acknowledged disaster psychologist, and Dr. Jeff Katzman, a leading expert in trauma and resiliency, has expertise in a variety of specialties including: critical incidence trauma care, psychiatry, emergency and pre-hospital medicine, law enforcement mental health, and pastoral care. These sessions are held every other Monday from 4:00 - 5:00 PM ET. Follow this [link](#) to register. The next session available is September 29, 2022.

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## **\*NEW\* Hazard Vulnerability Assessment Workshop**

These workshops review the purpose and function of the Kaiser Permanente Hazard Vulnerability Assessment. The next workshop will take place virtually on October 22 at 9 AM. Please register by following this [link](#) or email Amy Green at [agreen@vaems.org](mailto:agreen@vaems.org).

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## **Regulatory News and Updates**

### **2022 VA Legislative Information for Assisted Living Facilities**

The attached memo details legislative changes affecting Assisted Living Facilities from the Virginia Department of Social Services. The changes became effective July 1, 2022.



Attachment-LIS-  
Assisted Living Faciliti

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## 988: New Suicide and Crisis Lifeline Now Live

On July 16, the National Suicide Prevention Lifeline transitioned to 988 an easy-to-remember, three-digit dialing code that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, seven days a week, across the United States. The lifeline comprises a national network of more than 200 local crisis centers, combining custom local care and resources with national standards and best practices.

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## **\*NEW\*** ASPR Announces New Notice of Funding Opportunity (NOFO) for Regional Emerging Special Pathogen Treatment Center (RESPTC) Cooperative Agreement

The U.S. Department of Health and Human Services (HHS), Administration for Strategic Preparedness and Response (ASPR) is pleased to announce a new [NOFO for the RESPTC Cooperative Agreement](#).

The purpose of this NOFO is to sustain and improve health care system preparedness for emerging special pathogens through implementation of the [National Special Pathogen System of Care Strategy](#) (NSPS of Care Strategy) and to expand the regional hospital network within the [National Special Pathogen System \(NSPS\)](#). As regional hubs for special pathogen readiness, RESPTCs are a resource for patient care and clinical operations among the region's health care organizations. Additionally, RESPTCs mitigate surges of patients at health care facilities through supporting patient distribution across the region.

A Technical Assistance call will be held at 3:00 – 4:00 PM ET on Thursday, September 1, 2022. Follow this [link](#) to register.

Applications will be due in Grants.gov at 5:00 PM ET on September 22, 2022.

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## **Exercises and Training**

**Exercise and Training Workgroup meeting** – next meeting: Wednesday, September 21 at 9:30. If you are interested in participating in the workgroup please email [mcolmer@vaems.org](mailto:mcolmer@vaems.org) or call (757) 963-0632, ext 325.



## Upcoming Exercises

### **\*UPDATE\*** Naval Air Station Oceana Mass Casualty Incident exercises

In preparation for the Naval Air Station (NAS) Oceana Air Show scheduled for September 16-18, 2022, EVHC is participating with the City of Virginia Beach, Sentara Virginia Beach General and NAS in a series of Mass Casualty Incident exercises.

September 8 – Family Re-unification/Family Assistance Center workshop

EVHC deployed the Southside mobile command trailer to NAS Oceana during the full-scale exercise to support and help coordinate patient transportation.

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### **\*NEW\*** Severe Winter Weather Combined Table-top and Functional Exercise

EVHC is partnering with Home Health Agencies, Hospice, Dialysis Centers and Long-term Care Facilities to design and conduct a series of exercise focusing on preparedness for, continuity of care during and response to a severe winter weather incident. The planning process is currently underway. A Table-top Exercise will be conducted in November prior to Thanksgiving and a Functional exercise will be conducted in December, exact dates and times to be determined. If any facility of these four types is interested in participating in the exercise, please email EVHC at [EVHC@vaems.org](mailto:EVHC@vaems.org). A more formal registration process will be forthcoming.

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## Upcoming Training

### **Flight 60 Training**

Flight 60 has agreed to do monthly training for Respiratory Therapy and anyone interested in learning the flight 60 units the second Tuesday of every month starting Aug 9 from 11:00 – 12:00. See the connection information below. This number will be used through at least December 2022.

<https://us02web.zoom.us/j/5411003757?pwd=NjZ2ZDFtblgwaVd4d0pNamVldWhhdz09>

Meeting ID: 541 100 3757

Passcode: 143775

One tap mobile:

+13017158592,,5411003757#,,,,\*143775# US (Washington D.C)

+13126266799,,5411003757#,,,,\*143775# US (Chicago)



## **VHASS Training**

The Eastern Virginia Healthcare Coalition is offering Virginia Healthcare Alerting and Status System (VHASS) Training for new, existing and prospective members. This training is a great opportunity to learn the following:

- What is VHASS?
- Emergency Event Log & Community Outreach
- Verifying Phone Numbers
- Add/Remove Members
- Emergency Resources and Documents
- Status Board Update & Coalition Use
- Meet Other Members

Training will take place virtually on September 29 at 9:00 AM. Follow this [link](#) to register. If you have any questions or have difficulty registering, please email [evhc@vaems.org](mailto:evhc@vaems.org). Use the information below to connect.

Join Zoom Meeting

<https://us02web.zoom.us/j/85761941963>

Meeting ID: 857 6194 1963

Passcode: VHASSFY23

(929) 205-6099 Passcode: 85761941963#

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## **\*UPDATE\* Burn Training**

Sentara Norfolk General will be hosting a series of Burn Trainings in the next fiscal year. The first course has been delayed until November. Exact dates, times and how to register will be forthcoming. Look for updates in the monthly EVHC Ready and via the EVHC ListServ.

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## **Homeland Security Exercise and Evaluation Program**

The Homeland Security Exercise and Evaluation Program course is an intermediate-level course designed to provide a set of guiding principles, standardized methodology, available resources and practical skill development, which will assist in developing an HSEEP consistent exercise program. This course describes a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning.

The student must achieve a minimum passing score of 75% on final knowledge assessment to earn the IACET CEU.

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The target audience for this training are those involved in planning, program management, design and development, conduct, evaluation, and improvement planning of HSEEP consistent exercises.

Go to: [https://training.fema.gov/netc\\_online\\_admissions/](https://training.fema.gov/netc_online_admissions/) then select NETC Online Admissions Application. In the "Select a Course" pull-down menu, type in k0146 for a virtual course, L0146 of an in person courses. There are two in person sessions in Virginia in 2022;

- October 11-12 in Fairfax, VA
- November 2-3 in Culpeper, VA

Your application requires the approval from a supervisor only. Maximum attendance is 30.

To apply for this or any FEMA EMI course, you must have a FEMA Student ID. Go to: <https://cdp.dhs.gov/femasid> to get a Student ID.

A complete list of EMI courses can be found here:

<https://www.firstrespondertraining.gov/frts/npccatalog?catalog=EMI>. The schedule of upcoming courses can be found here: <https://training.fema.gov/emicourses/schedules.aspx>.

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## **Virginia Fusion Center, Fusion Liaison Program**

A Fusion Liaison Officer (FLO) is an individual who serves as the main point of contact for their agency and corresponds with the Virginia Fusion Center in matters related to suspicious activity and intelligence. The FLO continues to work for and is under complete control of their parent agency. The VFC supplies the FLO and their agency with a place to send information and receive vetted intelligence. The Program is offered to First Responders, Corrections, Dispatchers, Healthcare Professionals, Health and Human Services, Public Works, Federal and appropriate Private Sector partners. There is no cost to become a Fusion Liaison Officer. However, all class are in-person. The next class is scheduled for August 17-19, 2022 in Richmond, VA. Please follow this [link](#) for more information or see the attached flyer.



Fusion Liaison Officer  
Training Announceme



## **\*NEW\* Medical Management of Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Events.**

In conjunction with FEMA, CHKD, Eastern Virginia Medical School (EVMS), EVHC, and National Domestic Preparedness Consortium, The Texas A&M Engineering Extension Service (TEEX) will be holding training on Medical Management of CBRNE Events at EVMS. See the attached flyer for more information and how to register. Core participants include but are not limited to, Fire Services; Law Enforcement; EMS; Hospital Personnel, Physicians, and Nurses; Public Health Services; Emergency Management Organizations; City, County, State, Federal Medical; Private Industry; Community Emergency Response Teams (CERT); and Dispatchers.

When: December 13-14, 8:00 to 5:00

Where: Eastern VA Medical School Campus

Registration: <https://my.teex.org/TeexPortal/?MO=mExtLogin>

Creating a username and password will eliminate the need to fill out registration paperwork in class and will be the same site you will log in to after successful completion of the class to view and print your certificate.

For more information, visit TEEX website at: <https://teex.org>

Contact: Walter Soto Phone: 757-668-6903 email: [walter.soto@chkd.org](mailto:walter.soto@chkd.org)



TEEX CBRNE FLYER  
2022 (December).pdf

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## **Upcoming Webinars**

### **\*UPDATE\* Weekly National COVID-19 Call Series**

CDC hosts a series of national calls with state, tribal, local, and territorial (STLT) partners to deliver the latest information on the COVID-19 outbreak and U.S. preparedness efforts. Next call is September 19 at 2:00. Click [here](#) for connection information and registration.

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### **\*NEW\* Clinician Outreach and Communication Activity (COCA) Call**

Presenters on this call will discuss the history of polio in the United States and the current New York state outbreak. They will also review clinical aspects of poliovirus infection, how to report suspected cases, and recommendations for polio vaccination in the United States. The call is

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scheduled for September 1, 2022, from 2-3PM. Follow this [link](#) to connect to the call. No registration required.

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## **\*NEW\* Zoonoses & One Health Updates (ZOHU) Calls**

ZOHU Calls are one-hour monthly webinars that provide timely education on zoonotic and infectious diseases, One Health, antimicrobial resistance, food safety, vector-borne diseases, recent outbreaks, and related health threats at the animal-human-environment interface. This month's call will cover translocation of a rabid Anteater resulting in multiple human exposures, the projected expansion of coccidioidomycosis, and integrating public health surveillance and environmental data to model the presence of Histoplasma. The next call is scheduled for September 7, 2022. Follow this [link](#) to connect. No registration required.

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## Resources

### **\*UPDATE\* Sentinel XL S-3000 PAPR Units**

EVHC is offering ILC Dover Sentinel XL HP PAPR Systems to members free of charge. This is a blower-assisted air purifying respirator that includes a head cover, battery pack, hoses and other components. Chemical, biological, radiological and nuclear (CBRN) Conversion kits are also available for the PAPR units. If you have interest please contact Ben Cibock, EVHC Inventory and Management Specialist at [bcibock@vaems.org](mailto:bcibock@vaems.org).

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### **\*UPDATE\* Personal Protection Equipment**

If anyone is in need of PPE as they continue COVID response efforts, contact Ben Cibock, EVHC Inventory and Management Specialist at [bcibock@vaems.org](mailto:bcibock@vaems.org). Items provided would be at no cost to our members.

- N-95 Mask
  - Face Shields
  - Hair Covers
  - Shoe Covers
  - Adult Surgical Masks
  - Isolation Gowns
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## Additional Events and Announcements

### **\*UPDATE\* Healthcare Organizations Emergency Preparedness Seminar**

The Eastern Virginia Healthcare Coalition is bringing back the Healthcare Organizations Emergency Preparedness Seminar (HOEPS). HOEPS anticipated to occur the week of May 2, 2023, with the intent of having one session on the Peninsula and one on the Southside. EVHC is looking for more topics and training possibilities. Thus far, the Seminar is considering:

- EMS transfer concerns for LTC Facilities
- Hazardous Vulnerability Assessments
- Q&A panel with local jurisdictional Emergency Managers
- Any training that could have CEUs attached
- Small in scope Table-top Exercise
- New Emergency Management reality – adjustments and improvements due to COVID-19.

Please reach out to EVHC at [EVHC@vaems.org](mailto:EVHC@vaems.org) with your ideas and suggestions.

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## COVID Digest

### **Virginia Daily COVID-19 Cases and Testing Count**

Total Cases: 2,040,106 Total Hospitalization: 55,263 Death: 21,416  
PCR 7-day Positivity Rate: 21.1% Total MIS-C cases: 180 MIS-C deaths: 1

Source: Virginia Department of Health. VDH is closely monitoring and investigating cases of the novel coronavirus in the Commonwealth and Multisystem Inflammatory Syndrome in Children (MIS-C). Follow [link](#) for more detailed information. (Data as of August 1, 2022)

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### **Virginia Daily Vaccine**

Total Doses Administered: 16,580,437 At Least One Dose: 7,087,809  
Full Vaccinated: 6,204,616  
% of Population Vaccinated with at Least One Dose: 82.5%  
% of Population Fully Vaccinated: 72.2%  
People with Booster/Third Dose: 3,699,855





Source: Virginia Department of Health. People vaccinated with two doses of 2-dose vaccine or a one dose of a single dose vaccine are included. Follow [link](#) for more detailed information. (Data as of August 31, 2022)

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## **COVID-19 VHHA – Hospital COVID Data**

Currently Hospitalized: 831

Hospitalized in the ICU with confirmed COVID positive test: 106

Source: Virginia Hospital and Healthcare Association. VHASS status board data is used at the state level for COVID surge modeling and emergency management. Follow this [link](#) for more detailed information. (Data as of August 31, 2022)

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## **COVID-19 in Virginia: Cases Among Children**

All Cases Reported: 346,770

Cases in The Past Two Weeks: 7,451

All Hospitalizations: 1,663

Hospitalizations in The Past Two Weeks: 35

All Deaths: 23

Deaths in The Past Two Weeks: 2

Source: Virginia Department of Health. The status board is a collection of data that began on March 15, 2020 and is updated each week on Friday. Follow this [link](#) for more detailed information. (Data as of August 19, 2022)

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## **\*NEW\* CDC Recommends Novavax's COVID-19 Vaccine for Adolescents**

Novavax's COVID-19 vaccine be used as another primary series option for adolescents ages 12 through 17. This recommendation follows FDA's authorization to authorize the vaccine for this age group under emergency use. Novavax's COVID-19 vaccine, which is available now, is an important tool in the pandemic and provides a more familiar type of COVID-19 vaccine technology for adolescents. Having multiple types of vaccines offers more options and flexibility for the public, jurisdictions, and vaccine providers. Novavax's COVID-19 vaccine packages harmless proteins of the COVID-19 virus alongside another ingredient called an adjuvant that helps the immune system respond to the virus in the future. Vaccines—like the Novavax COVID-19 vaccine—that use protein subunit technology have been used for more than 30 years in the United States, beginning with the first licensed hepatitis B vaccine. Other protein subunit vaccines used in the United States today include those to protect against influenza and whooping cough (acellular pertussis). Follow this [link](#) for more information.



## **\*NEW\* CDC Streamlines COVID-19 Guidance To Help The Public Better Protect Themselves And Understand Their Risk**

In the coming weeks CDC will work to align stand-alone guidance documents, such as those for healthcare settings, congregate settings at higher risk of transmission, and travel, with today's update. CDC is streamlining its COVID-19 guidance to help people better understand their risk, how to protect themselves and others, what actions to take if exposed to COVID-19, and what actions to take if they are sick or test positive for the virus. COVID-19 continues to circulate globally, however, with so many tools available to us for reducing COVID-19 severity, there is significantly less risk of severe illness, hospitalization and death compared to earlier in the pandemic.

- Continuing to promote the importance of being up to date with vaccination
- Updating its guidance for people who are not up to date on COVID-19 vaccines
- Recommending that instead of quarantining if you were exposed to COVID-19, you wear a high-quality mask for 10 days and get tested on day 5.
- Reiterating that regardless of vaccination status, you should isolate from others when you have COVID-19.
- You should also isolate if you are sick and suspect that you have COVID-19 but do not yet have test results.
- If your results are positive, follow CDC's full isolation recommendations.
- If your results are negative, you can end your isolation.
- Recommending that if you test positive for COVID-19, you stay home for at least 5 days and isolate from others in your home. You are likely most infectious during these first 5 days. Wear a high-quality mask when you must be around others at home and in public.
- If after 5 days you are fever-free for 24 hours without the use of medication, and your symptoms are improving, or you never had symptoms, you may end isolation after day 5.
- You should wear a high-quality mask through day 10.
- Recommending that if you had moderate illness (if you experienced shortness of breath or had difficulty breathing) or severe illness (you were hospitalized) due to COVID-19 or you have a weakened immune system, you need to isolate through day 10.
- Recommending that if you had severe illness or have a weakened immune system, consult your doctor before ending isolation. Ending isolation without a viral test may not be an option for you. If you are unsure if your symptoms are moderate or severe or if you have a weakened immune system, talk to a healthcare provider for further guidance.
- Clarifying that after you have ended isolation, if your COVID-19 symptoms worsen, restart your isolation at day 0. Talk to a healthcare provider if you have questions about your symptoms or when to end isolation.
- Recommending screening testing of asymptomatic people without known exposures will **no longer** be recommended in most community settings.

For more of the guidance and additional information follow this [link](#).



## **\*NEW\* ASPR TRACIE Technical Assistance (TA) Response: COVID-19 Resources for Returning to the Office for Mental Health Outpatient Services**

This [TA response document](#) provides COVID-19 policies and other information related to returning to the office, particularly resources applicable to an outpatient mental health counseling setting.

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## **Monkeypox Digest**

### **U.S. Monkeypox Outbreak 2022: Situation Summary**

The Center for Disease Control and Prevention is urging healthcare providers in the U.S. to be alert for patients who have rash illnesses [consistent with monkeypox](#), regardless of whether they have travel or specific risk factors for monkeypox and regardless of gender or sexual orientation. CDC is working with state and local health officials to identify people who may have been in contact with individuals who have tested positive for monkeypox, so they can [monitor their health](#). Follow this [link](#) for more information ([Signs and Symptoms](#)). ([Outbreak Map](#)).

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### **HHS Expanding Monkeypox Testing Capacity to Five Commercial Laboratory Companies**

According to the Department of Health and Human Services, commercial laboratories will dramatically expand testing capacity nationwide and make testing more convenient and accessible for patients and health care providers. Health care providers will be able to use these laboratories by early July and testing capacity through these companies will be ramped up throughout the month. This development will facilitate increased testing, leverage established relationships between clinics, hospitals and commercial laboratories, and support our ability to better understand the scope of the current monkeypox outbreak.

As of Tuesday, June 21 there have been 142 reported monkeypox cases in the United States across 24 states and Washington, D.C. Since the first case was reported to the CDC on May 17, 2022. Follow this [link](#) for more information.

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### **HHS Announces Enhanced Strategy to Vaccinate and Protect At-Risk Individuals from the Current Monkeypox Outbreak**

The Department of Health and Human Services (HHS) is rapidly expanding access to hundreds of thousands of doses of the JYNNEOS vaccine for prophylactic use against Monkeypox in areas with the highest transmission and need, using a tiered allocation system. Jurisdictions can also request shipments of the ACAM2000 vaccine, which is in much greater supply, but due to significant side effects is not recommended for everyone. Follow this [link](#) for more information.

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## **U.S. Department of Health and Human Services Response to the Monkeypox Outbreak**

Since the first reported case of Monkeypox in the United States on May 18, HHS has communicated public health information about the virus to patients and health care providers, provided access and substantially increased supply of vaccines and treatments, and significantly expand the availability of tests. HHS has distributed nearly 200,000 JYNNEOS vaccines in recent weeks, accelerated the inspection of approximately 800,000 vaccines for delivery this summer while procuring millions more for delivery in mid-2023, and ensured that tens of thousands of tests per week would be available to physicians and patients. Follow this [link](#) to learn more.

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## **Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of Monkeypox**

According to the World Health Organization has implement response actions with the goal of protecting vulnerable groups (immunosuppressed individuals, children, pregnant women) who may be at risk of severe Monkeypox disease. Those actions include: targeted risk communication and community engagement, case detection, supported isolation of cases and treatment, contact tracing. These may also include targeted immunization which takes into careful consideration the risks and benefits for the individual in a shared clinical decision-making. Follow this [link](#) for more information.

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## **\*NEW\* U.S.-Based Production of Smallpox and Monkeypox Vaccine**

"Rapidly increasing the supply and safe delivery of Monkeypox vaccine to at-risk Americans is a top priority," said Assistant Secretary for Preparedness and Response Dawn O'Connell. "BARDA's support helps ensure success in doubling the capacity available to fill and finish this vaccine, improves preparedness for smallpox bioterrorism, and strengthens the security of the U.S. supply chain. Production of JYNNEOS in the U.S. creates jobs and speeds the availability of the vaccine." The agreement between the Biomedical Advanced Research and Development Authority ([BARDA](#)), part of the HHS Administration for Strategic Preparedness and Response (ASPR), and GRAM aids the company in accelerating the fill and finish manufacturing qualification and production in its recently expanded facility. The funding will allow GRAM to purchase additional equipment necessary for JYNNEOS production and recruit and train additional staff to operate the line. With BARDA's support, vaccine production at the facility is expected to be underway later this year, months ahead of the 9-month schedule typical for this type of work. For more information, follow this [link](#).