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## COVID DIGEST

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## MONKEYPOX DIGEST

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## 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:

- October 21 – joint RIOS radio test with neighboring coalitions and regional partners
  - November – targeting Home Health Agencies, Hospice, Dialysis Centers and Long-term Care Facilities. Date TBD.
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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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### **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.

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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.



## **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**

### **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.

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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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## **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



## **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 effectively train facility leadership for the rigors of dealing with a disaster. Follow this [link](#) for more information.

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### **\*NEW\* Behavioral Health Professional Workforce Resiliency TeleECHO Program**

The Behavioral-Health Professional Workforce Resilience ECHO program, in partnership with the [Health Resources and Services Administration's behavioral health program](#), gives overworked and overburdened professionals resources and connects them with a community facing the same challenges. These sessions are held every Monday from 3:00 – 4:00 PM ET. Follow this [link](#) to register. Upcoming sessions available October 3 and 17, 2022, and then every Monday until the end of the year.

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### **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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### **\*NEW\* 2023 Preparedness Summit**

The 2023 Preparedness Summit is scheduled for April 24-27, 2023, in Atlanta, and the [abstract submission](#) period is now open. The deadline for submission is **Monday, October 24**. The 2023 theme, "Recover. Renew: Reprioritizing All-Hazards Preparedness," will provide an opportunity to revisit pressing issues in preparedness and share resources, shape policies, and build skills to mitigate a variety of threats. More information about the event is available on the [Preparedness Summit website](#).

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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 Facilities

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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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## **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\* 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 on November 15 and a Functional exercise will be conducted on December 7, both from 9AM-12PM. 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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### **\*NEW\* Psychiatric and Mental Health Facility Evacuation Planning**

On September 9, 2022, EVHC facilitated a seminar representing the initial step for the region to develop a regional plan focusing on evacuation of patients from psychiatric and mental health facilities. The seminar included three key objectives:





- Present to participants a previous evacuation of a mental health facility in order to understand some initial challenges.
- Discuss additional situations with other psychiatric and mental health facilities.
- Establish a strategy for developing a regional plan.

The next step in the process of developing a regional plan will be a workshop tentatively scheduled for late October or early November 2022. The workshop will examine the Long-term Care Facility Mutual Aid Plan and determine if it can be used as a model for a regional plan.

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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=NjZ2ZDFtbgwaVd4d0pNamVIdWhhdz09>

Meeting ID: 541 100 3757

Passcode: 143775

One tap mobile:

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

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

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### **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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### **\*NEW\* Hospital Incident Command System (HICS)**

Chesapeake Regional Healthcare will be conducting a Hospital Incident Command System (HICS) course at their Lifestyle Health & Fitness Center (800 N. Battlefield Blvd., Chesapeake, VA 23320) on October 18, 2022 from 0830-1400hrs. All course materials will be provided for attendees. Currently, they have 15 seats open for members in the region. All seats will be filled



on a first come, first served basis. If anyone is interested in participating, please email Matt Leicester at [James.Leicester@chesapeake-regional.com](mailto:James.Leicester@chesapeake-regional.com) by COB on October 7 to reserve a spot.

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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.

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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## **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



**EVHC READY**  
The Eastern Region's Pulse On Healthcare Emergency Preparedness



**October 2022**

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 October 17 at 2:00. Click [here](#) for connection information and registration.

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### **\*NEW\* 2022 Flu Outlook for Virginia Healthcare Professionals**

The Virginia Healthcare Emergency Management Program (VHEMP), in conjunction with the Virginia Department of Health's (VDH) Office of Emergency Preparedness and the Virginia Hospital & Healthcare Association (VHHA), is hosting a webinar on Oct. 7 at noon that will feature updates from VDH regarding the 2022 flu outlook, surveillance, data, infection control, treatment, and vaccines. Follow this [link](#) to register.

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## Resources

### **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
  - Lysol Wipes
- 

## Additional Events and Announcements

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

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## **\*NEW\* Building Workforce Resilience through the Practice of Psychological First Aid Course**

[This course](#) offers community leaders and teams the opportunity to consider and pursue coping and stress management strategies for supporting colleagues during a disaster response as stress levels increase for workers and the demands on organizations become more urgent. (Free registration required).

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## **COVID Digest**

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

Total Cases: 2,087,360 Total Hospitalization: 56,182 Death: 21,849  
PCR 7-day Positivity Rate: 11.7% Total MIS-C cases: 181 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 September 29, 2022)

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### **Virginia Daily Vaccine**

Total Doses Administered: 16,936,716 At Least One Dose: 7,106,715  
Full Vaccinated: 6,241,763  
% of Population Vaccinated with at Least One Dose: 82.7%  
% of Population Fully Vaccinated: 72.7%  
People with Booster/Third Dose: 4,000,566

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 September 29, 2022)

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

Currently Hospitalized: 559  
Hospitalized in the ICU with confirmed COVID positive test: 64



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: 360,753	Cases in The Past Two Weeks: 7,449
All Hospitalizations: 1,704	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 September 23, 2022)

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## **\*NEW\*** CDC Updates COVID-19 Guidance for Health Care Providers

The Centers for Disease Control and Prevention (CDC) Friday, Sept. 23 released updates to certain COVID-19 guidance pertaining to health care providers (HCP). The CDC cites as its rationale for these decisions the high levels of vaccine- and infection-induced immunity, the availability of effective treatment and prevention tools, and the need to streamline and consolidate current guidance. The updates include changes to the following: [Infection Control](#), [Potential Exposure at Work](#) and [Mitigating Staff Shortages](#).

Recognizing the staffing challenges facing hospitals and health systems, the agency updated its [conventional strategies](#) to advise that, in most circumstances, asymptomatic HCP with higher-risk exposures do not require work restrictions. This update applies to all HCP, regardless of vaccination status. As a result of these changes, the contingency and crisis strategies about earlier return to work for this group of HCP was removed. In addition to this change, the updated guidance for CDC also provides recommendations for hospitals and health systems pertaining to mitigating staffing shortages under conventional, contingency and crisis strategies. Additional details on the CDC guidance updates are below.

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## **\*NEW\*** FDA Updates COVID-19 Test Policy, Encourages Developers to Seek Traditional Premarket Review for Most Test Types

The U.S. Food and Drug Administration updated its COVID-19 test policy to ensure continued access to tests while encouraging the transition of these important public health tools to traditional premarket review pathways. The updated policy describes the FDA's intent to review only a small subset of new emergency use authorization (EUA) requests for diagnostic tests and encourages developers of all test types interested in marketing authorization to pursue



authorization through the de novo classification or 510(k) clearance pre-market review pathways. Follow this [link](#) for more information.

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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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### **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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### **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](#).

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**EVHC READY**  
The Eastern Region's Pulse On Healthcare Emergency Preparedness



**October 2022**

## **CDC Provides Recommendations to Prevent Occupationally Acquired Monkeypox Infection in Health Care Personnel**

Reports of occupationally acquired monkeypox infection in healthcare personnel (HCP) remain rare in this outbreak, with most reports involving HCP sustaining a sharps injury during specimen collection or not using [recommended personal protective equipment \(PPE\)](#). Currently, there are more than 61,000 [reported cases of monkeypox infection worldwide](#). CDC recommends HCP adhere to all recommended [infection prevention and control](#) measures including [recommended PPE](#) to reduce the risk of monkeypox virus transmission in health care settings.