

# Supporting Documentation

These documents give details about the guidance and logistical work in and around the region throughout the pandemic. These are examples of the work on the ground and informed the development of the After Action Report. While these are not exhaustive, the inclusion of these documents give context and breadth to some of the specifics that drove the work of the Task Force and partners.

## Contents

2021 Incident Command Response Report

2020-2022 Samples of Isolation & Quarantine Flowcharts

2022 CDC Guidance Document

2021 DOLI Guidance Document

2020 & 2021 Example NRHD Press Releases



# Response Plan

## NEW RIVER VALLEY PUBLIC HEALTH TASK FORCE



Created: 18 May, 2021

Amended: 7 September, 2021

30 December, 2021

14 March, 2022

**THIS PAGE BLANK INTENTIONALLY**

# Contents

Background .....	1
Purpose and Development of the New River Valley Public Health Task Force .....	1
NRVPHTF Organizational Structure .....	2
COVID-19.....	2
NRVPHTF Response Phases .....	3
Phase I – Response.....	3
Phase II - Recovery.....	4
Phase III – Return .....	5
Phase IV – Continuing Education / Community Support .....	6
Testing.....	7
Scope.....	7
Drive Thru Testing Support .....	7
Purpose .....	7
Concept of Operations.....	7
Site Security.....	7
Access Requirements and Pre-Screening.....	7
Check-In .....	7
Testing .....	7
Media .....	7
Walk-Up Testing.....	8
Optional On-Site Screening.....	8
Assignment of Responsibilities .....	8
Site Preparation and Operation .....	8
NRHD Responsibilities .....	8
Task Force Responsibilities .....	8
Administration and Logistics.....	9
Check-In of Support Staff.....	9
Disposal of Biohazard Waste .....	9
Resource Tracking and Resource Requests .....	9
Personnel Safety.....	9
Severe Weather .....	9
Communications for Support Staff.....	9
Site Setup .....	10
Site Locations.....	10
Self-Collection Testing Support .....	10
Purpose .....	10

Concept of Operations.....	10
Self-Collection Site.....	10
Self-Collection Registration.....	10
Site Security.....	10
Assignment of Responsibilities .....	11
Site Preparation and Operation .....	11
Appointments .....	11
Information and Instructions .....	11
Administration and Logistics.....	11
Site Setup .....	11
Site Requirements .....	11
Disposal of Biohazard Waste .....	11
Personnel Safety.....	11
Vaccination Support.....	12
Scope .....	12
Concept of Operations.....	12
Vaccination Site.....	12
Vaccine Registration.....	12
Appointments .....	12
Optional On-Site Registration .....	12
Vaccine Site Process Flow .....	12
Site Security.....	13
Media.....	13
Assignment of Responsibilities .....	13
Site Preparation and Operation .....	13
Data Analysis.....	13
Administration and Logistics.....	13
Site Setup .....	13
Site Requirements .....	13
Check-In of Support Staff.....	13
Disposal of Biohazard Waste .....	13
Resource Tracking and Resource Requests .....	13
Personnel Safety.....	14
Communications for Support Staff.....	14
Site Locations.....	14
Communication Plan.....	15
Communication Vehicles .....	15
Tactics .....	16

COVID – 19 Crushers ..... 18

- Overview ..... 18
- Support Events and Successes..... 18

Appendix A: Drive Thru Test Site Operation Plan ..... 19

Appendix B: Self-collection Site Operation Plan ..... 20

Appendix C: Vaccination Site Operation Plan (400 dose site) ..... 21

Appendix D: Organizational Charts ..... 22

Appendix E: Site Plans ..... 24

- Drive Thru Testing ..... 24

  - Blacksburg High School ..... 24
  - Christiansburg Middle School ..... 24
  - Floyd County High School ..... 25
  - Giles County High School ..... 25
  - New River Valley Mall (Rev. 1) ..... 26
  - Pulaski County Fairgrounds (Rev. 1) ..... 27
  - Radford Recreation Veterans Fields ..... 27
  - Radford University Dedmon Center ..... 28
  - Virginia Tech Lane Stadium..... 29

Appendix F: Forms ..... 30

- NRVPHTF Meeting Roll Call Form ..... 30
- NRVPHTF Site Sign-In Form ..... 31
- NRVPHTF Radio Sign Out Form ..... 33
- NRVPHTF Communications Plan ..... 34
- NRVPHTF ICS Forms ..... 35

Appendix G: Wellness Commitment ..... 43

- Resolution adopted by those affiliated with NRV Public Health Task Force ..... 43

Appendix H: NRVPHTF Stakeholders / Partners ..... 44

## Background

### Purpose and Development of the New River Valley Public Health Task Force

In the last weeks of February 2020, local law enforcement entered into a conversation with our hospital system to begin to explore the quickly moving pandemic (COVID-19) and how we would respond to the arrival in our community.

This first meeting brought to light startling images of what could possibly happen without proper preparation. It brought to light how wide the impact would range and how it was going to take a coordinated action of multiple disciplines to confront and address the ramifications. Stakeholders were identified and a follow-up meeting was scheduled.

This meeting brought in all Montgomery County law enforcement agencies, Montgomery County Emergency Services, both our hospital systems (HCA and Carillion), Montgomery County Fire and EMS, Virginia Department of Health, New River Valley Community Services, Montgomery County Public Schools, Virginia Tech Emergency Management, Public Information Officers from each municipality. The Montgomery County Public Health Task Force was born.

The original goal for the Task Force was to identify and address our critical infrastructure and vulnerabilities. Our hospitals were the first emphasis as the most critical protection effort during a medically based event. Surge Protection was identified as a critical piece for hospital viability. The potential for overwhelming the capacity of our local hospitals could quickly capsize the system and prove to be the deadliest scenario. The hospitals had systems in place to expand physical features (admission, emergency department, mental health screening), externally should capacity grow past one hundred percent. This physical expansion would require assistance from all our stakeholders to be successful. A subcommittee was established to address Surge Protection and plans were drafted and implemented at both hospitals.

The second emphasis of the Task Force was to address messaging the public about the virus and supporting the Virginia Department of Health (VDH) in the creation and staffing of a Health Department Covid-19 Hotline. This piece of the response was also deemed critical as it was going to set the stage for directing the public to medical care and eventually testing and vaccination opportunities. Our PIO Group would take this information piece and begin community messaging.

A key emphasis and ongoing activity throughout the pandemic was establishing communications channels and practices to proactively inform residents and communities with information about COVID-19 and how to mitigate risk and what actions to take when they were infected. The PIO Communication team, highly experienced marketers and communicators who represented many of the organizations in the Task Force, pooled their talents and resources to coordinate efforts to reduce its local impact and facilitate community recovery. The time and talent was donated by each organization, and CARES funding was used for many of the out-of-pocket expenses for billboards, bus ads and tangible items.

The next emphasis was to follow the lead of VDH Director Dr. Bissell and develop the ability to do drive-through community testing for Covid-19. This would not only take the talent and power of the Task Force, it would require the financial backing of each locality to locate and secure testing materials and Personal Protection Equipment (PPE) that simply would not be provided through the State or the Federal Government. Each of the localities managers or administrators joined the group and pledged financial support to this effort.

One of the main purposes of the Task Force is to provide robust, regional support to mitigate the impact of the disease with a focus on supporting secure and coordinated access to a community testing, drive-thru testing sites and vaccination sites for the New River Health District (NRHD).

As testing material and supplies became available and accumulated, the emphasis soon became on how we could expand this model to include serving the entire region. As we had found, this pandemic was going to tax all of our available resources and be just as crippling to our neighboring towns and counties. Pulaski, Giles and Floyd Counties were invited to join as was the City of Radford. We now had the logistical support of the entire region combined to support one another through whatever situations arose. The name of the Task Force was changed to the New River Valley Public Health Task Force (NRVPHTF).

The Task Force is comprised of members of Montgomery County, Town of Christiansburg, Town of Blacksburg, Virginia Tech, New River Health District, Virginia Department of Emergency Management, Virginia State Police, Radford University, National Guard, with support from Floyd County, Pulaski County, Giles County, and the City of Radford.

## NRVPHTF Organizational Structure

The NRVPHTF was structured around the Incident Command System (ICS) to help maintain an orderly direction for the activities of the Task Force and to help ensure that there was little or any duplication of efforts. This proved to be a valuable tool as the taskforce grew in size and scope.

A Unified Command was established as the core leadership of the Task Force. This group was made up of first responders from agencies within Montgomery County. Dr. Noelle Bissell and the Joint Information Group were in direct communications with the command group.

As the activities and responsibilities of the Task Force grew in size and scope the organizational chart for the Task Force was updated to reflect the phases and direction of growth and direction.

## COVID-19

COVID-19 is a novel respiratory infection initially identified in China in December 2019 with the first positive case announced in Virginia on March 7, 2020. COVID-19 was characterized by the World Health Organization as a pandemic on March 11, 2020.

### Merriam Webster Definition of COVID-19

1: a mild to severe respiratory illness that is caused by a coronavirus (Severe acute respiratory syndrome coronavirus 2 of the genus Beta coronavirus), is transmitted chiefly by contact with infectious material (such as respiratory droplets) or with objects or surfaces contaminated by the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure

NOTE: While fever, cough, and shortness of breath are common symptoms of COVID-19, other symptoms may include fatigue, chills, body aches, headache, loss of taste or smell, sore throat, runny nose, nausea, vomiting, or diarrhea. COVID-19 was first identified in Wuhan, China in December 2019.

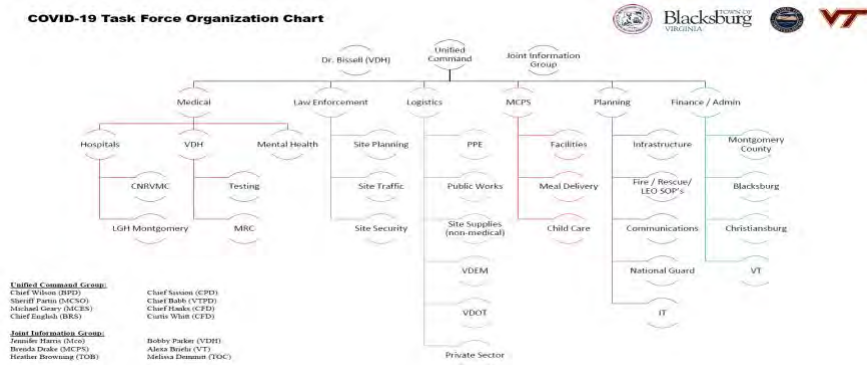


# NRVPHTF Response Phases

## Phase I – Response

Phase I of the New River Valley Public Health Task Force was to work hand in hand with the local hospitals assist with the planning for the expected patient surge through the Medical Group. The Task Force worked with the two local hospitals to help establish surge protection plans for the hospital grounds and offered equipment to support this effort if needed. Shortly into this Phase I the Task Force began working with the hospitals to keep both LGH Pulaski and Carilion Giles in the information loop through the Medical Group and offer support as needed.

The ability to secure finances for PPE and testing supplies was tasked to the Finance / Admin Group. This group originally included Montgomery County, the Town of Blacksburg, the Town of Christiansburg, and Virginia Tech. It quickly grew to include representation from Giles County, Pulaski County, Floyd County, and the City of Radford.



Montgomery County Public Schools (MCPS) were a critical part of the Phase I planning for support of the Meal Delivery Program. The MCPS Group quickly evolved into the Community Services Group that included both MCPS and New River Community Services (NRVCS). This group was to assist with the MCPS Meal Delivery Program as well as the Feeding America program.

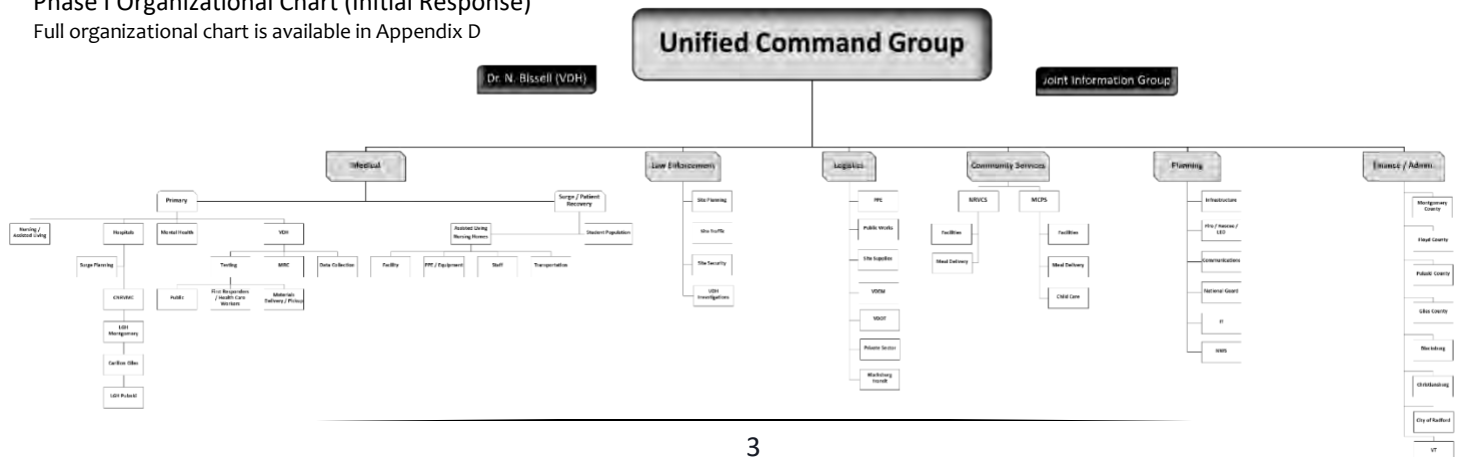
Maintaining the critical infrastructure in the counties and towns was area of concern that the Task Force began planning to support as needed through the Planning Group.

The decision was made early on to create a Drive Thru Testing Model for sites in the county, this was tasked to the Law Enforcement and Logistics groups.

The Logistics Group was tasked with securing PPE, test site supplies, test site locations, outside agency support and any additional needed supplies or assets.

The communications team supported all the Task Force efforts with timely and accurate information, using multiple channels to reach deeply into the community. Informing the community about drive-through testing and regional resources was critical. The PIO Communications team helped disseminate information through the news media, social media, and, in some cases, emails from local government. A series of 6 interactive town halls were particularly effective in providing the community with the knowledge and security of regional efforts, along with a podcast from the New River Health District Epidemiologist. News releases, press calls, and media interviews were coordinated, along with activating community influencers. A shared information drive was established that served the Task Force communications effort throughout the pandemic.

- Phase I Organizational Chart (Initial Response)  
 Full organizational chart is available in Appendix D



## Phase II - Recovery

Phase II of the New River Valley Public Health Task Force was to focus on recovery from this pandemic while continuing to provide the support to our community.

The focus continued to be the protection of the healthcare system the surge planning for our hospitals and nursing/assisted living facilities. Once these facilities were stable the Task Force began to look at the economic support that the valley would need. For the local economy to be supported the Task Force determined four areas that would need be supported. These areas were the Education, Business Task Force, Local Government and the development of a Business Continuity Team.

The Business Continuity Team was vital to the recovery phase by providing a single point of contact for education, testing and ultimately vaccination planning for the local manufacturers, industry and businesses. This group worked to help keep businesses open and assist in reopening plans during this time. This group also works hand in hand with the educational systems, higher education and K-12 throughout the NRVHD.

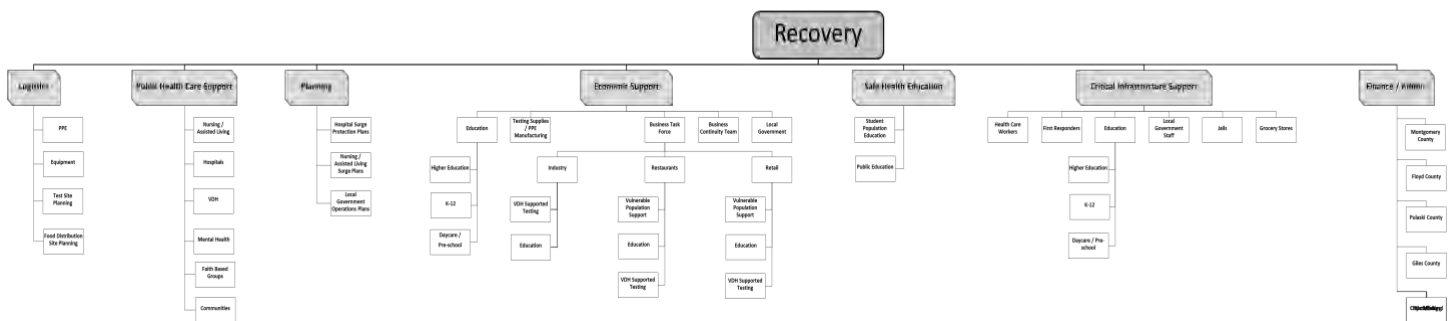
Another area that was critical to the recovery phase was to support the Critical Infrastructure within the NRVHD. This included healthcare workers, first responders, jails, local government, education systems and the essential workers. The Task Force also assisted and supported two events such as Feeding America Southwest Virginia to help ease food insecurities within the health district. By focusing on these areas, the NRVHD was able to help maintain those critical infrastructure services with little if any disruption to our communities.

Public education quickly became an area of concern during the recovery phase. The NRVPHTF was able to work with Montgomery County Public Schools (MCPS) to create a graduation program for their schools that provided a unique and safe environment for the Class of 2019. The next step in the education piece was to work with the school districts in the NRHD to present a VDEM pilot program on how to safely and effectively open schools back up for the 2019-2020 school year.

At this time the Task Force became a voice of education for safe health practices through the Public Information Group. This included printed and social media information as well as tangible items such as masks, pens and stickers.

The PIO Communications team developed a campaign for the community, which helped the Task Force efforts become recognizable and increased community support and cohesiveness. Be committed. Be well campaign was kicked off with a video including regional leaders, Google digital ads, bus wraps for public transportation buses, masking of Hokie Birds and other statues, hashtags for social media, a Community Wellness Commitment Resolution, adopted by a number of agencies and communities, plus billboards throughout the New River Valley.

During this phase, the Task Force contracted with a crisis PR/communications team to support the communications efforts. A weekly press call was established to provide consistent information to the community with one voice (Dr. Bissell) and outreach began to build a team of ambassadors to share accurate and timely information within their area of influence.



- Phase II Organizational Chart (Recovery)  
Full organizational chart is available in Appendix

## Phase III – Return

Phase III of the New River Valley Public Health Task Force was to focus on vaccination and testing support as the pandemic began to stabilize with the continued focus on providing the support to our community.

As the numbers began to decline (hospitalizations and deaths), the primary focus shifted to vaccinations and the continued testing for COVID-19. A close watch was maintained on the healthcare systems and their capacities and operations. To assist with and maintain the Recovery effort it became clear that large scale vaccination clinics were needed. The Task Force began to develop plans and secure sites to provide large numbers of vaccines to the public. These sites were made possible with the help of community partners and higher education facilities. Once the demand from the public for vaccines begins to decrease the large-scale sites will closed and community members will be able to access the vaccine from VDH and its local and federal partners.

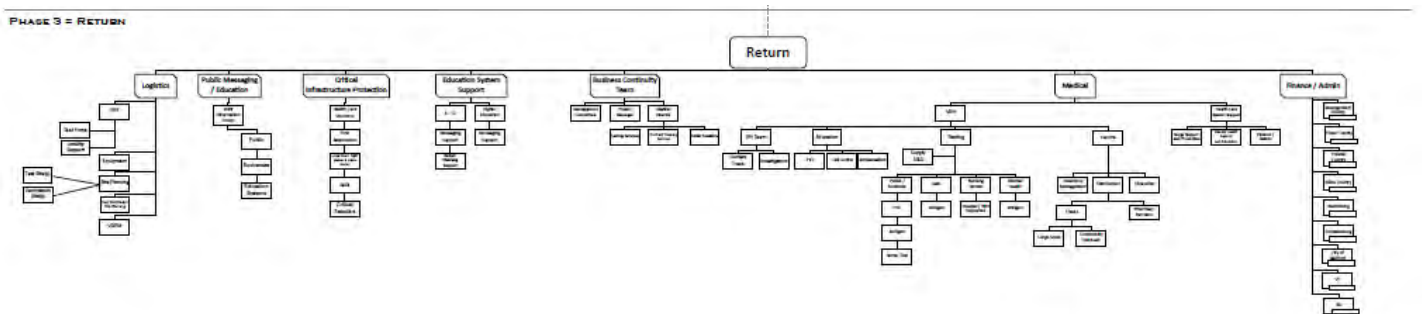
Drive thru testing on a large scale has been discontinued and testing is being done on a smaller, local scale within the localities. The Task Force has continued to work with VDH to support these sites as needed.

The Task Force will support the education systems as they plan for vaccinations of elementary, middle and high school students in the coming months.

The communications team continued working the Be Committed. Be Well campaign, supporting the Task Force with strong, effective, reliable, creative communications messaging. The need for communications grew during this period as residents grew fatigued of restrictions and as the vaccination program began. The Ambassador program kicked off and the website was reshaped for up-to-the-minute information and social sharing.

Communications were vital to the vaccination effort, with site support with signage and appointment emails and text and phone reminders. A hotline was established to support vaccine and testing questions. During the initial vaccination period, a significant amount of data crunching was needed to sort those needing appointments. A community email campaign was established to let interested parties know the current locations and availability of vaccines. The email campaign resulted in the communications team responding to several thousand personal emails. The Task Force provided data analysis resources (PR contractor) to process the data to be able to reach out to those signed up and those needed second shot appointments. The New River Regional Commission contracted with Everbridge for a service called Incident Communication for sending out appointment announcements to residents. This was used until the vaccination supply met demand.

- Phase III Organizational Chart (Return)  
Full organizational chart is available in Appendix



## Phase IV – Continuing Education / Community Support

Phase IV of the New River Valley Public Health Task Force was to focus on continuing education and community support as the pandemic continues with a continued focus on providing the support to our community.

As the numbers began to increase (hospitalizations and deaths) due to a new variant, the primary focus shifted to continuing education and community support. A close watch was maintained on the healthcare systems and their capacities and operations during this increase.

As VDH begins to offer boosters for the COVID-19 vaccines for the community members that are at risk or feel that they need the boosters as well as the growing population that are being approved. The NRVPHTF stands ready to offer support and logistics support in these efforts. The Task Force continues to maintain a robust supply of PPE to assist the healthcare system and local emergency services.

The NRVPHTF will continue to plan for vaccine and booster sites, both simple and large scale, as needed while maintaining contact with the localities within the health district to assist with their needs.

All the planning and operations of these sites and support services will follow the basic ICS principles as we have done in the past.

As the requirements for boosters changed and as vaccines became available for children, the communications team continued the press updates, community emails, ambassador program, video support, social media, producing supporting communication materials for the schools, and continual website updates. By this phase, the community knew where to get information and keeping the channels filled with accurate information was critical.

A campaign was developed to help the schools encourage sports attendees to mask up during the game and the Be Committed. Be Well campaign was expanded to Be Committed. Be Well. Be Kind. After 18 months of a pandemic, community fatigue was leading to general incivility. An effort to encourage businesses to support the schools and other organizations with moral support and volunteers was also developed.

As the community began moving into the endemic phase, the communications contractor engagement ended and the ambassador and community emails were wound down. Weekly press updates, website updates, video support continued.

# Testing

## Scope

The development of drive-thru and self-collection testing sites within the community allowed community members to receive COVID-19 testing, offsite and away from hospitals, further protecting the staff and residents of these facilities. The locations of these sites were strategically planned and placed around the New River Health District to provide the maximum opportunity for the community to receive the tests.

## Drive Thru Testing Support

### Purpose

The drive thru testing models that have been created by the NRVPHTF can increase the capacity of community testing, especially when a rapid test becomes available and more community members begin to show symptoms of the disease. COVID-19 testing helps inform the epidemiological picture within the NRHD and will continue to do so until the outbreak grows to wide community spread, where testing may no longer be necessary on a community level.

The Operations Plan for Drive-Thru Testing for COVID-19, contained within this document, is to provide consistent guidance surrounding the setup, security, safety, and operations of a drive-thru testing site for the New River Health District. Many agencies are represented in the New River Public Health Task Force, so it is imperative that the operations of the testing site are clearly and definitively communicated. This will support the collaborative effort and ease of transition between staffing personnel, as well as provide guidance as other anticipated needs arise. The plan provides guidance for the support functions of the testing site which are separate from the New River Health District (NRHD) Point of Dispersion (POD) plans. The support of the remote testing sites will allow NRHD staff to execute POD operations safely and systematically.

## Concept of Operations

### Site Security

Security of support personnel, health department staff, and community members at the test site is essential. Law enforcement will be staged at critical checkpoints providing security, traffic control, and access to the testing site. The specific locations of law enforcement are dependent upon the layout requirements of each site in the attached Appendices. These roles may also be supported by National Guard and the Virginia State Police. Law enforcement supervisor will be assigned to the site.

### Access Requirements and Pre-Screening

All community members wishing to receive testing at the drive-thru site must complete the NRHD pre-screening process. This pre-screening process identifies risk factors and symptoms that qualify individuals for testing. Community members may call the NRHD public health hotline at 540-267-8240 to receive pre-screening. Once they have been pre-screened and are identified as a candidate for testing, the NRHD will digitally issue a “pass” or “ticket” either by email or text that can be taken to the testing site. Individuals will not be allowed to receive testing without the NRHD’s authorization.

### Check-In

Once a community member has received their pre-screening authorization to receive testing, they can access the testing site by driving through the access check point and being directed to the Check-In station. At the Check-In station, they will present their identification and “ticket” received from the NRHD. The presented information will be checked against a list provided by the NRHD of all approved individuals who may receive screening. If the NRHD public health hotline issues additional authorizations during testing site hours, Check-In staff will be notified by the NRHD and the list will be updated. Once the individual has been checked in, they may proceed to the testing area. No other passengers in the vehicle may receive testing unless they have also been pre-screened and authorized by the NRHD and are in possession of a “ticket”.

### Testing

Anyone receiving testing must be accessible to the health department staff through either a passenger’s or driver’s side window. No one will be permitted to exit the vehicle during testing or at any time while in the testing site. Health department staff will conduct either a traditional or rapid COVID-19 test and will properly store the sample for processing. Individuals will be notified when they can expect to receive their results. The NRHD will apply their operational plans to manage testing, processing, and patient notification of results.

### Media

There is no planned public advertisement of the drive-thru testing site, however, information about the efforts and pre-screening process will be shared as recommended by the health department and the joint information group. If the media

attempts to access the site before, during, or after operation, they will be directed away from the area and asked to contact the regional Virginia Department of Health (VDH) public information officer (PIO) or their designee from the Task Force Joint Information Group, represented by the agencies in the Task Force. No media will be allowed on the testing site, media can request access thru the PIO Group and will be escorted to the site.

### Walk-Up Testing

Walk-up testing will not be available at each testing site. If a testing site is determined to have the appropriate layout and associated need, law enforcement will verify the individual's NRHD testing authorization "ticket" and identification and will work with the Check-In station to confirm eligibility. The individual will then be directed to the designated walking route to the walk-up testing tent. Individuals will be separated by 6-foot distances while awaiting their test. After completing their test, they will be directed off of the test site by NRHD and/or law enforcement personnel via the designated walking exit.

### Optional On-Site Screening

Once the testing site is operational, community knowledge and interest may spread and individuals who have not been through the pre-screening process may attempt to visit the site and request testing. All individuals will be asked to contact the NRHD public health hotline for pre-screening. However, if the need arises to have pre-screening conducted at the testing site, a pre-screening station managed by NRHD staff will be setup. The location of this station will depend on the layout of the testing site and will provide access to both the Check-In station and an "Abort Lane", where individuals who do not meet testing criteria will be asked to exit the testing site. Activating on-site pre-screening will require additional law enforcement resources to provide NRHD staff security and traffic control to the necessary lanes of travel. The location and traffic flow of this station can be found in the Appendices with the site plan.

## Assignment of Responsibilities

### Site Preparation and Operation

See Appendix A – Drive Thru Testing Site Operations Plan

### NRHD Responsibilities

The NRHD is responsible for all direct testing and pre-screening related activities. This includes:

- Checking NRHD staff in and out of the site
- Conducting pre-screening of community members
- Providing authorization to community members for testing
- Verifying the identity of individuals who arrive for testing
- Conducting traditional or rapid COVID-19 tests
- Training NRHD staff on the use of personal protective equipment (PPE) and protective measures
- Providing PPE to NRHD staff
- Obtaining testing resources and supplies
- Disposing of sharps in designated sharps containers
- Notifying community members of test results
- Managing the transportation and disposal process of all biohazard waste collected

### Task Force Responsibilities

The New River Public Health Task Force is responsible for all non-medical site related activities. This includes:

- Creating, managing, and updating the Operations Plan for Drive-Thru Testing for COVID-19
- Creating a cohesive staffing plan in conjunction with agencies represented in the Task Force
- Checking staff in and out of the testing site
- Obtaining site resources, such as tents, barriers, cones, and signage
- Setting up tents, barriers, cones, and signage
- Managing access to the testing site
- Managing the flow of traffic in and around the testing site
- Providing security at the testing site
- Providing communication capabilities throughout the site
- Tracking the life cycle of resources to include their return to the appropriate agency
- Providing other site logistics as needed

- Takedown of the testing site
- Contact of EMS personnel in the event of a medical emergency at the testing site

## Administration and Logistics

### Check-In of Support Staff

It is imperative to track all support staff hours in order to validate reimbursement requests related to local, state, and federal emergency declarations. Check-in data should, at minimum, include the name, represented agency, time in, and time out of each supporting person for each day the testing site is operational. This should include time used for setup and takedown. Support staff should not begin working at the testing site until they have checked-in at the Check-In station and received their assignment and any necessary equipment. Any equipment, such as radios, must be returned to the Check-In station upon check-out.

### Disposal of Biohazard Waste

All PPE and testing resources used at the testing site must be treated as if they are contaminated with COVID-19 and disposed of in conjunction with Department of Environmental Quality (DEQ) regulations according to NRHD biohazard waste disposal procedures. This includes the disposal of all used PPE into appropriately labeled biohazard waste bags. Any sharps related to testing will be disposed of in sharps containers supplied by the NRHD. The NRHD will be responsible for transporting and disposing of used PPE and testing supplies in sharps containers. After used PPE has been collected in the appropriate biohazard waste bags, it will be transported by NRHD staff to the Montgomery County Health Department for disposal.

### Resource Tracking and Resource Requests

Many resources are required for the setup and security of the testing site, which are supplied by the various partner agencies within the Task Force. Local resources are requested and filled/approved locally. State resources are requested through WebEOC and may be filled at the regional or state level. All resources, including equipment and personnel, will be tracked by the designated Task Force member utilizing the Resource Tracking Sheet, found in the Appendices. Tracking equipment includes documenting the lifecycle of the resource from the date obtained to the date returned.

### Personnel Safety

Support personnel are required to wear PPE based on their roles at the testing site, law enforcement personnel are not required to wear a mask while in their vehicle. However, support personnel should limit contact and maintain the recommended 6-foot physical distance between themselves and presenting community members. When possible, they should review identification and pre-screening “tickets” visually, without handling the materials. If materials are handled by support personnel, hand washing for 20 seconds or the use of hand sanitizer should be used afterwards. Any perceived or potential exposures to COVID-19 should be reported the NRHD staff who will determine if testing should be conducted. All responding personnel will wash their hands before and after testing site operations at the provided portable hand-washing stations or the provided hand sanitizers.

### Severe Weather

In the event of severe weather, the Logistics staff may monitor the weather and make the decision to notify the site staff of dangerous situations and may enforce the suspension or cancelation of the testing in the event of severe weather. The decision to cancel, suspend or continue the testing include but are not limited to:

Any reported lightning strike on the mobile DTN Weather Sentry Lightning/Storm Detector app within the eight-mile caution range regardless of the presence of visible lightning. The decision to cancel, suspend or continue the testing during this occurrence will be at the discretion and authority of Command Staff and/or forward command. Command will decide to continue or discontinue the testing based upon the information provided by the DTN weather system.

Utilization of the Flash-to-Bang Method (Count the seconds from the time the lightning is sighted to when the clap of thunder is heard. Divide this number by five to obtain how far away, in miles, the lightning is occurring.) If it reveals lightning to be within the 8-mile caution range, (a 40-second count between the flash of lightning and the bang of thunder) the decision to cancel, suspend or continue the testing will be at the discretion of Command.

It shall be the policy that if lightning strikes within a six-mile radius of the site, a mandatory suspension of the testing will be in effect until 30 minutes have passed without any additional lightning or weather warnings.

### Communications for Support Staff

There are various agencies supporting the testing site with varying communication capabilities. To promote interagency communication across the testing site, a radio cache will be obtained for a local company, in the event these radios are unavailable the regional radio cache will be requested from the Virginia Department of Emergency Management (VDEM) through WebEOC. Radios will be signed in and out of the testing site when support personnel arrive at the Check-In station. Radios are the responsibility of each individual they are assigned to. A communications plan will be provided that identifies the

channel in use for the testing site. The radio cache will be returned at the end of testing site operations each day and transported to and from the testing site by the logistics unit or their designee.

### Site Setup

The Task Force is responsible for designing the layout of the testing site, determining equipment needs, and identifying the type of support needed to manage the site. Agencies within the Task Force will coordinate with one another to determine when and where to deliver equipment. Task Force agencies, such as Virginia Tech and National Guard, may provide manpower for the setup of the testing site layout, as determined by the Task Force. The site will also include staged portable handwashing stations and restrooms in each site plan.

### Site Locations

The NRVPHTF setup sites in Montgomery, Pulaski, Giles and Floyd counties and the City of Radford.

The following locations were identified, and site plans were developed for:

#### **Montgomery County:**

- Blacksburg High School – 3401 Bruin Lane, Blacksburg, Va. 24060
- Christiansburg Middle School – 1205 Buffalo Drive – Christiansburg, Va. 24073
- The Montgomery County Frog Pond – 390 Cinnabar Road, Christiansburg, Va. 24073
- New River Valley Mall – 782 New River Road, Christiansburg, Va. 24073

#### **Pulaski County:**

- Pulaski County High School – 5414 Cougar Trail Road, Dublin, Va. 24084
- New River Valley Fairgrounds – Route 100, Dublin, Va. 24084

#### **Giles County:**

- Giles County High School – 1825 Wenonah Ave., Pearisburg, Va. 24134

#### **Floyd County:**

- Floyd County High School – 721 Baker Street, Floyd, Va. 24091
- Floyd County Recreation Fields- Park Drive, Floyd, Va. 24091

#### **City of Radford:**

- Radford Recreation Department – 200 George Street, Radford, Va. 24141
- Radford Parks and Recreation Veterans Fields – 1500 New River Drive, Radford, Va. 24141

## Self-Collection Testing Support

### Purpose

Self-collection testing allows community members the opportunity to obtain a COVID-19 test if they are unable to get the testing through VDH, a pharmacy or other medical partners. This testing will be on a limited schedule as set forth by the locality. Test results will be relayed to the tested individual by the locality (negative) of VDH (positive).

## Concept of Operations

### Self-Collection Site

The New River Valley Public Health Task Force (NRVPHTF) will work with NRHD to provide operational and logistical support of COVID-19 self-collection sites within the New River Health District. Self-collection sites and hours of operations will be determined by the locality and must meet the sample drop off times as set forth by the NRHD policy.

### Self-Collection Registration

Any community member wishing to receive the COVID-19 self-collection testing must be registered through the locality or NRHD. Community members may call the NRHD public health hotline at (540) 267-8240 or visit [www.nrvroadtowellness.com](http://www.nrvroadtowellness.com) to register for testing. Once they have been registered, NRHD will notify the locality that a community member has been scheduled for testing at the locality site.

### Site Security

Security of support personnel, health department staff, and community members at the vaccination site is essential. The specific locations of law enforcement are dependent upon the layout requirements of each site. These roles may also be supported by the Virginia National Guard and the Virginia State Police as needed.



## Assignment of Responsibilities

### Site Preparation and Operation

See Appendix B – Self-collection Site Operations Plan

### Appointments

A hotline will be established by the Task Force to respond to calls about appointments. A multi-channel appointment system will be established that employs email, text and phone calls. This will require data processing and standardization of forms.

### Information and Instructions

The Task Force was responsible for the creation of information packages and the Self-Collection instructional material that accompanied the testing supplies at the various self-collection sites.

## Administration and Logistics

### Site Setup

The NRVPHTF will assist a locality in securing the location, designing the layout of the self-collection site, determining equipment needs and identifying the type of support needed to manage the site.

### Site Requirements

A site requires enough square feet of space to accommodate safe and efficient self-collection operations and social distancing requirements. A large open space is preferred, with the space being divided into registration and self-collection testing. A fixed facility is preferred to a temporary facility (i.e. tent). The site should meet all required building safety codes, ADA requirements and have evacuation procedures and space for shelter-in-place. The parking area should be able to accommodate the number of patients and staff at any given time and should have adequate ingress/egress for emergency vehicles. The NRVPHTF requests that a facility point of contact (POC) be designated during operations.

### Disposal of Biohazard Waste

All PPE and testing resources used at the self-collection site must be treated as if they are contaminated with COVID-19 and disposed of in conjunction with Department of Environmental Quality (DEQ) regulations according to NRHD biohazard waste disposal procedures. This includes the disposal of all used PPE into appropriately labeled biohazard waste bags. After used PPE and other materials have been collected in the appropriate container(s), it will be transported by NRHD staff to the Montgomery County Health Department for disposal.

### Personnel Safety

Support personnel are required to wear PPE based on their roles at the self-collection site. However, support personnel should limit contact and maintain the recommended 6-foot physical distance between themselves and presenting community members. When possible, they should review identification and registration information without handling the materials. If materials are handled by support personnel, hand washing for 20 seconds or the use of hand sanitizer should be used afterwards. Any perceived or potential exposures to COVID-19 should be reported the NRHD staff who will determine if testing should be conducted.

# Vaccination Support

## Scope

Local vaccination sites were developed and supported by the NRVPHTF to increase the capacity of VDH to deliver COVID-19 vaccines to as many community members as possible. As with the testing sites, these were strategically planned and placed around the New River Health District to provide the maximum opportunity for the community to receive vaccinations. The NRVPHTF also created a strong outreach program to share vaccination opportunities with local populations that did not have transportation or were not comfortable visiting one of the planned vaccination sites.

## Concept of Operations

### Vaccination Site

The New River Valley Public Health Task Force (NRVPHTF) will work with NRHD to provide operational and logistical support of COVID-19 vaccination sites within the New River Health District.

The vaccine site will consist of the following areas: (see site requirement section of this document)

- Registration wait area
- Registration
- Vaccination wait area
- Vaccine distribution area
- Post-vaccine waiting area
- Emergency medical area
- Staff/support break area

The Communications Group designed and provided signage for these sites that included:

- Traffic flow
- Information
- Schedule changes
- Site closures
- Other on-site directional needs
- I Got Vaccinated Stickers were provided to help build support

### Vaccine Registration

All community members wishing to receive the COVID-19 vaccine must be registered through VDH. This registration process identifies individuals meet the tiered requirements as set forth by the CDC and VDH for vaccination. Community members may call the NRHD public health hotline at 540-427-7341 or visit [www.nrvroadtowellness.com](http://www.nrvroadtowellness.com) to register for the vaccine. Once they have been registered, they will be notified of the vaccination appointment date and time.

### Appointments

A hotline will be established by the Task Force to respond to calls about appointments. A multi-channel appointment system will be established that employs email, text and phone calls. This will require data processing and standardization of forms.

### Optional On-Site Registration

Once the vaccination site is operational, community knowledge and interest may spread and individuals who have not been through the registration process may attempt to visit the site and request vaccination. All individuals will be asked to contact the NRHD public health hotline or [www.nrvroadtowellness.com](http://www.nrvroadtowellness.com) for registration. However, if the need arises to have registration conducted at the vaccine site, a registration station managed by NRHD staff will be setup.

### Vaccine Site Process Flow

Community members will arrive at the site for their scheduled appointment as scheduled by VDH. Upon entry into the facility patients will be directed to the registration area to confirm their appointment in the VDH database and complete any necessary paperwork. After registration they will be directed to the vaccination administration area and assigned a vaccinator by a line manager. Once the vaccine has been administered the patient will be directed to the post-vaccine waiting area for a time of not less than 15 minutes. The post-vaccination waiting area will be monitored by VHD staff for patients experiencing post vaccine complications. After the required waiting time the patient will be directed to the exit.

## Site Security

Security of support personnel, health department staff, and community members at the vaccination site is essential. Law enforcement will be staged to provide security, traffic control, and access to the vaccination site. The specific locations of law enforcement are dependent upon the layout requirements of each site. These roles may also be supported by the Virginia National Guard and the Virginia State Police as needed.

## Media

There is no planned public advertisement of the vaccination site, however, information about the efforts and registration process will be shared as recommended by the health department and the joint information group. If the media attempts to access the site before, during, or after operations, they will be directed away from the area and asked to contact the regional Virginia Department of Health (VDH) public information officer (PIO) or their designee from the Task Force Joint Information Group, represented by the agencies in the Task Force.

## Assignment of Responsibilities

### Site Preparation and Operation

See Appendix C – Vaccination Site Operations Plan based on a 400-dose site  
(Larger scale vaccine sites will maintain the same operational plan with needed adjustments to staffing)

### Data Analysis

Early in the vaccination effort the Task Force recognized early that state data was not available and there were multiple lists and sources of those vaccinated or wanting appointments. The Task Force provided data analysis resources (PR contractor) to process the data to be able to reach out to those signed up and those needed second shot appointments.

## Administration and Logistics

### Site Setup

The Task Force is responsible for securing the location, designing the layout of the vaccine site, determining equipment needs and identifying the type of support needed to manage the site. Agencies within the Task Force will coordinate with one another to determine when and where to deliver equipment.

### Site Requirements

A site requires enough square feet of space to accommodate safe and efficient vaccine operations and social distancing requirements. A large open space is preferred, with the space being divided into registration, pre-vaccination waiting, vaccine administration, post-vaccine monitoring, and emergency medical. A fixed facility is preferred to a temporary facility (i.e. tent). The site should meet all required building safety codes, ADA requirements and have evacuation procedures and space for shelter-in-place. The parking lot should be able to accommodate up to 100 vehicles of patients and staff at any given time and should have adequate ingress/egress for emergency vehicles. The NRVPHTF requests that a facility point of contact (POC) be designated during operations.

### Check-In of Support Staff

It is imperative to track all support staff hours in order to validate reimbursement requests related to local, state, and federal emergency declarations. Check-in data should, at minimum, include the name, represented agency, time in, and time out of each supporting person for each day the vaccination site is operational. This should include time used for setup and takedown. Support staff should not begin working at the vaccination site until they have checked-in and received their assignment and any necessary equipment. Any equipment, such as radios, must be returned upon check-out.

### Disposal of Biohazard Waste

All PPE and vaccine resources used at the vaccine site must be treated as if they are contaminated with COVID-19 and disposed of in conjunction with Department of Environmental Quality (DEQ) regulations according to NRHD biohazard waste disposal procedures. This includes the disposal of all used PPE into appropriately labeled biohazard waste bags. Any sharps related to vaccination will be disposed of in sharps containers supplied by the NRHD. The NRHD will be responsible for transporting and disposing of used PPE and testing supplies in sharps containers. After used PPE and other materials have been collected in the appropriate container(s), it will be transported by NRHD staff to the Montgomery County Health Department for disposal.

### Resource Tracking and Resource Requests

Many resources are required for the setup and security of the vaccination site, which are supplied by the various partner agencies within the Task Force. Local resources are requested and filled/approved locally. State resources are requested

through WebEOC and may be filled at the regional or state level. All resources, including equipment and personnel, will be tracked by the designated Task Force member utilizing the Resource Tracking Sheet, found in the Appendices. Tracking equipment includes documenting the lifecycle of the resource from the date obtained to the date returned.

### Personnel Safety

Support personnel are required to wear PPE based on their roles at the vaccination site. However, support personnel should limit contact and maintain the recommended 6-foot physical distance between themselves and presenting community members. When possible, they should review identification and registration information without handling the materials. If materials are handled by support personnel, hand washing for 20 seconds or the use of hand sanitizer should be used afterwards. Any perceived or potential exposures to COVID-19 should be reported the NRHD staff who will determine if testing should be conducted. All responding personnel will wash their hands before and after vaccination site operations.

### Communications for Support Staff

There are various agencies supporting the vaccination site with varying communication capabilities. To promote interagency communication across the vaccine site, a radio cache will be obtained from a local company, in the event these radios are unavailable the regional radio cache will be requested from the Virginia Department of Emergency Management (VDEM) through WebEOC as needed. Radios will be signed in and out of the vaccine site as needed by the Task Force Logistics Group. Radios are the responsibility of each individual that they are assigned to. A communications plan will be provided that identifies the channels in use for the vaccine site. The radio cache will be returned at the end of vaccine site operations each day and transported to and from the vaccine site by the logistics unit or their designee.

### Site Locations

The NRVPHTF identified, secured and developed site plans for large scale vaccination sites at the following locations:

#### **Montgomery County:**

Blacksburg High School – 3401 Bruin Lane, Blacksburg, Va. 24060

Blue Ridge Church – 1655 Roanoke Street – Christiansburg, Va. 24073

Grace Life Baptist Church – 1640 Peppers Ferry Road, Christiansburg, Va. 24073

Virginia Tech Lane Stadium – 285 Beamer Way, Blacksburg, Va. 24061

#### **Giles County:**

Giles County High School – 1825 Wenonah Ave., Pearisburg, Va. 24134

#### **City of Radford:**

Radford University Dedmon Center – 101 University Drive, Radford, Va. 24141

# Communication Plan

## Rationale

During times of disaster and crisis, community communications is one of the strongest tools for navigating successfully with as little loss as possible. Residents need a constant stream of information, to communicate changes and to communicate when there is no change. They need instruction on what to do in different situations. The communications must be more frequent and repetitive than usual, because citizens are afraid or angry. Fear and anger build when they perceive that they don't know what is going on. Consistency matters in these situations; a consistent spokesperson, consistent tone, and a consistent, up-to-date place to go for information.

## Communications Team

The PIO Communications team was very effective in sharing resources and communicating with their constituents, and was key to the community's navigation of the pandemic. The Communications team was composed of representatives of the following organizations:

- New River Health Department
- Montgomery County
- Town of Blacksburg
- Town of Christiansburg
- City of Radford
- Virginia Tech
- Montgomery County Public Schools
- New River Community College
- Carilion Clinic
- Lewis Gale
- Radford University
- Montgomery County Sheriff's Office
- Blacksburg Rescue Squad
- New River Valley Community Services
- New River Regional Commission and the Business Continuity Team

During the Recovery Phase, a contractor was engaged to support and coordinate this team. The engagement ended as the community was moving into the endemic phase. Their brief was to create a flexible, efficient structure and support the community communications effort. The contractor served as Task Force community communications lead, working with a point team for fast-moving information and strategy that included the VDH PIO, the Montgomery County PIO, and the BCT for fast-moving information. The regional PIO group supported the efforts with advice, insights, resources, and continued amplification of the messages. The Social Media team was highly involved, creating materials to amplify the messages.

## Strategy

- Communicate best practices to support the Task Force's disease mitigation efforts with the goal of protecting our most vulnerable populations.
- Emphasize the regional collaborative effort to meet the needs of the community by securing adequate PPE for first responders and local medical professionals, as well as stopping the spread of COVID-19 through preventative measures, mitigation tactics, and contact tracing.
- Provide accurate and timely information regarding COVID-19 to all audiences.
- Support the testing and vaccination efforts with timely, multi-channel messages.
- Employ communications to help the community remain cohesive and supportive during a long-duration crisis.
- Combat disinformation and fear-mongering with consistent, correct information and compassion.

## Communication Vehicles

- Websites:
  - [www.nrvroadtowellness.com](http://www.nrvroadtowellness.com)
  - Affiliated organizations link to nrvroadtowellness.com
- Local government TV Channels
  - Channel 190 - Montgomery County

- Channel 2 - Town of Blacksburg
- News Releases, Media Advisories
- Press Calls
- Social Media (#BeCommittedBeWell #CoverYourBeak #weareinthistogether)
  - Facebook
  - Twitter
  - Instagram
- Youtube
  - NRV Public Health Task Force
  - Montgomery County
  - MCPS
  - Town of Blacksburg
- Videos
- Podcasts
- Community email and individual email ([nrphtaskforce@gmail.com](mailto:nrphtaskforce@gmail.com))
- Text and phone messages
- Tangible give aways
- Out-of-home
  - Billboards
  - Bus ads
  - Yard signs
- Printed Flyers and Newsletters
  - Provide content for various newsletters produced and distributed by organizations affiliated with the Task Force.

## Tactics

- Community Wellness Commitment Resolution: adopted by those affiliated with the Task Force (including all governing bodies).
- Weekly press call for local media partners
  - Format: Zoom webinar: Dr. Bissell provides and update and a designated moderator feeds questions from media participants to Dr. Bissell.
  - Record the press call.
  - Log media participants and questions.
  - Provide link to recording to any media partner who requests it.
- Regular updates to community leaders/elected officials.
  - Provide after each Task Force meeting
  - Distribution: email to state, regional and local elected officials, as well as [nrvroadtowellness.com](http://nrvroadtowellness.com)
  - Key points to communicate:
    - Number of cases the New River Health District is actively investigating.
    - Number of new hospitalizations (and provide context about capacity, current state of health care systems)
    - Testing (provide context for this each time)
    - Vaccines (provide context for this each time)
    - Other current issues: CRAFT visit results, flu vaccine, reiterate successful collaboration and planning.
    - Link to other resources – [nrvroadtowellness.com](http://nrvroadtowellness.com), VDH, etc.
- Develop and utilize a list of “community influencers.”
  - Provide the Task Force talking points and some graphics to them so they can share on social and in other community forums (community meetings, letters to the editor, etc.).
- News Releases

- Shared various VDH and joint news releases from March 2020 through February 2022.
- Social media posts
  - VDH initiates the posts and all affiliated public relations and marketing professionals share the content on their respective social media platforms.
- Marketing
  - Be committed. Be well. campaign
    - Google digital ads
    - Bus wraps to public transportation buses
    - Billboards throughout the NRV
    - Face coverings
      - HokieBird campaign – cover all HokieBird statues with oversized Be committed. Be well. face coverings
    - Tote Bags (for food drive)
    - Ink Pens
    - I Got Vaccinated Stickers
  - Masks On campaign for winter sports spectators
    - Provide templates to school districts
    - Signs, banners, posters
    - PA Announcements
    - Email and parent communications
    - Social media
  - Be Committed. Be Well. Be Kind. Campaign extension
    - Templates for businesses and organizations
    - Support schools and community resources with moral support and volunteers
  - Outreach to banks to engage businesses for BCT efforts
- A/V
  - Videos
  - Virtual Town Halls
  - Podcasts
- Fact sheets:
  - Testing – types of tests and what they mean.
  - Face covering/mask facts
  - Exposure and Susceptibility.
  - The data: current vs. cumulative cases – provide the disclaimer (this may not need to be a fact sheet, but we need to all have the language surrounding this so we can be sure that we are all consistent when communicating about it.)
  - Testing and quarantine
- Provide public direct access to Dr. Bissell through online inquiry form and Google Voice
  - Shared both link to online form and Google voice number through various communication vehicles and responded directly to all messages and online form inquiries
- Outside resources: adapt and amplify
  - VDH
  - VDEM
  - CDC

# COVID – 19 Crushers

## Overview

The COVID-19 Crushers was a student-led initiative created in response to the COVID-19 pandemic. The group of 22 Virginia Tech graduate and undergraduate students was funded by the Town of Blacksburg and worked in collaboration with the Virginia Tech Department of Population Health Sciences, Virginia Tech Fralin Biomedical Research Institute and the New River Valley Public Health Task Force. The COVID-19 Crushers provided non-threatening boots on the ground COVID-19 education to Blacksburg residents and Virginia Tech students with the goal of meeting the evolving needs of the New River Public Health Task Force throughout the pandemic.

## Support Events and Successes

During the Fall of 2020, the COVID-19 Crushers facilitated 43 outreach events in Downtown Blacksburg. Every Friday and Saturday night, the students distributed masks, hand sanitizer, educational resources, and \$5 gift cards to local Blacksburg businesses to anyone who participated in COVID-19 trivia. Additionally, the COVID-19 Crushers assembled and distributed 5,000 resource bags with masks and COVID-19 educational resources at a total of 7 flu clinics and local organizations. Importantly, the educational resources were created by the student team and adapted to the local needs of the pandemic.

In the Spring of 2021, the COVID-19 Crushers assisted the New River Health District with 34 COVID-19 testing events, 52 large-scale vaccine clinics. Every Monday, Wednesday, and Friday, the COVID-19 Crushers staffed the COVID-19 testing location to collect nasal swab tests. Alongside these efforts, the COVID-19 Crushers staffed the NRHD large scale vaccine clinics and recruited 50 additional student volunteers.

Notably, the most successful events organized by the COVID-19 Crushers were 3 large scale COVID-19 vaccine clinics targeting the Hispanic community in the New River Valley resulting in over 600 vaccinations. The COVID-19 Crushers developed low literacy flyers in English and Spanish and clearly stated the COVID-19 vaccine was free and no health insurance or proof of immigration status was required to get vaccinated. Promotional material was distributed by going door-to-door to restaurants and businesses. The COVID-19 Crushers worked closely with local Hispanic leaders to promote clinics and encourage participation. To address the barriers faced by Hispanic individuals such as language, immigration status, literacy, etc., the COVID-19 Crushers recruited native Spanish speaking and bilingual staff for the clinics. To reduce the fear of law enforcement presence, officers from the local police departments provided security but dressed in civilian clothes rather than uniforms. The success of the Hispanic vaccine clinics increased trust amongst the Hispanic community and helped promote trust in the COVID-19 vaccine and other local health department resources.

To complement the COVID-19 response efforts, the COVID-19 Crushers hosted 4 food drives for the New River Valley Agency on Aging and the Interfaith Pantry. Collected food items were delivered to low-income older adults and their pets as well as students to address the increased burden of food insecurity during the pandemic. To promote mask usage, the COVID-19 Crushers distributed 7,000 masks during the Spring 2021 graduation ceremonies to Virginia Tech students and their friends and families.

During the Summer of 2021, the COVID-19 Crushers assisted with 37 mobile vaccination clinics at community fairs, construction sites, food pantries, apartment complexes, mobile home communities, long-term care facilities, state and local parks and schools. Transportation and materials needed for mobile outreach was funded through the Virginia Tech Fralin Biomedical Research Institute.



# Appendix A: Drive Thru Test Site Operation Plan

## Testing Site Operation Plan

The following operational plan will provide guidance for the overall operation of a remote testing site providing drive-thru testing to community members who have been pre-screened by the New River Health District.

## Unified Command

Unified Command will be operating on site out of the VTPD MCU (when available).

## Roles and Responsibilities

The following roles must be designated within the Task Force:

- Check-In Station (LEO) – Assist with traffic flow into and out of the station. Assist with vehicles exiting into the Abort Lane.
- Site Security (LEO) – Provide with traffic control and site security at testing site(s).
- VDH – Will be responsible for all scheduling, check-in, testing and disposal of Biohazards from the test site.
- Law Enforcement Supervisor – Responsible for overall officer/deputy assignments and site security.
- Logistics - Liaison with VDH regional director, and test site coordination, setup, dis-assembly of site and operations. Serve as a liaison with equipment suppliers and vendors. Serve as a liaison with the National Guard resources on site.
- Emergency Services Coordinator – Assist with onsite operations and provide meals and support as needed.
- Fire/Rescue –Response, treatment, and transport (if needed) of fire/medical emergencies at the testing site.

## Operation Plan Summary

Vehicles will enter the site and will be directed to the Check-In station located marked by traffic control devices and/or signage. Verification of preauthorized testing will be conducted by VDH staff. Those verified will be directed to the test kit issuing station. Vehicles will be directed into the cuing lane, aligned by traffic control devices and/or signage, and will proceed into the testing lane. Only VDH staff will conduct the test and direct the subject to exit once completed. Vehicles will be directed to exit the testing site by traffic control devices and/or signage.

Vehicles that DO NOT have pre-authorization from VDH or their PCP will exit the “Check-In” station and directed to the Abort Lane and exit the area (noted on the map). There will be no walk-up testing conducted at this site unless as approved in section above.

## Appendix B: Self-collection Site Operation Plan

### **Self-collection Site Operation Plan**

The following operational plan will provide guidance for the overall operation of a COVID-19 Self-collection site for community members.

### **Roles and Responsibilities**

The localities will be responsible for the following:

- Provide an ADA compliant location
- Tables and chairs
- WiFi access
- Advertising of testing site and scheduling patients within the jurisdiction (at the localities discretion)
  - Scheduling should be based on the hours set forth for the site by the locality
  - VHD can direct patients to the site as well
- The locality will be responsible for contacting patients with **NEGATIVE** results
  - VDH will provide the locality with a script that will answer 99% of questions that people may have. Beyond that, patients will be directed to call the NRHD

The NRVPHTF will be responsible for the following:

- COVID Crushers
  - Staffing for site
  - Coaching patients through the self-collection testing
  - Enter collected data into Red Cap
  - Provide educational materials
  - Deliver collected samples to the lab for processing
- NRHD
  - Contact patients with **POSITIVE** results
  - Provide localities with a script for negative callbacks
  - Create MOU for localities

### **Operation Plan Summary**

The goal of the NRVPHTF is to work in conjunction with NRHD to provide as many COVID-19 self-collection tests as possible to the community in a safe and efficient manner.

## Appendix C: Vaccination Site Operation Plan (400 dose site)

### **Vaccination Site Operation Plan**

The following operational plan will provide guidance for the overall operation of a vaccination site to community members who have been registered by the New River Health District.

### **Unified Command**

Unified Command will be operating on site.

### **Roles and Responsibilities**

The NRVPHTF would provide the following for the vaccination site (400 dose site):

- Required vaccine, vaccination equipment, needed recovery equipment and forms
- Nursing Supervisor (1)
- Vaccine Staff (8)
- Waiting area Staff (1)
- Registration Staff (2)
- Ambassadors / Transport Volunteers (4)
- Data Entry Staff (2)
- Site Advisor (1)

Here is what would be required for each locality to provide for a vaccination site (400 dose site):

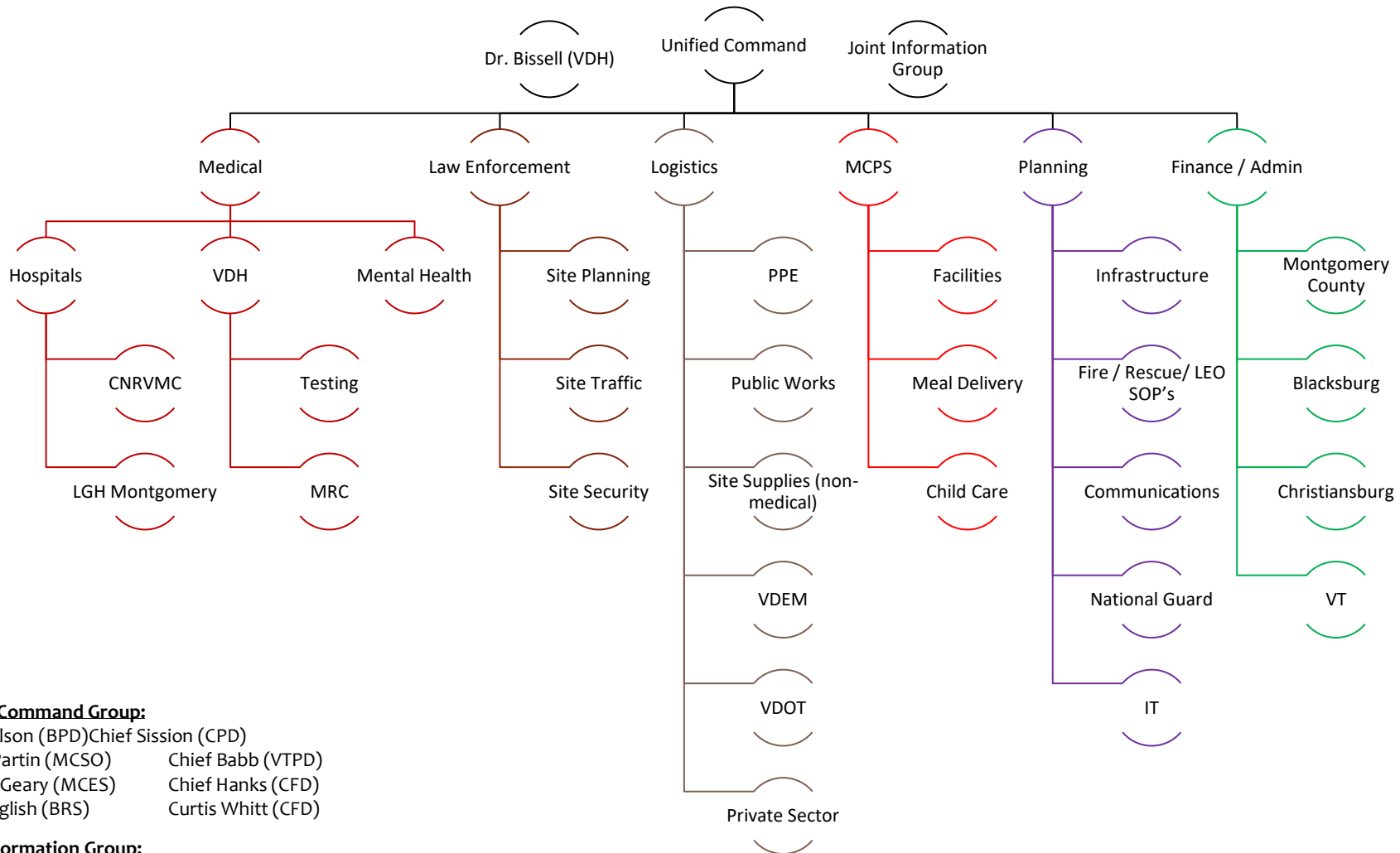
- ADA compliant location with restroom (for public and staff)
- Site Security
- Internet access
- Check-in area with tables and chairs (10 tables and 2 chairs per table)
- Vaccine waiting area
- Vaccination area (5 tables and 20 chairs)
- Post vaccine waiting area with seating for at least 50 people physically distanced
- Emergency medical area
- Directional signage and/or movement control devices to create waiting lines and post vaccine exit paths
- Parking area(s) that area ADA compliant with directional signage
- Work area for Data Entry staff (2 people)
- Break area for vaccination staff to include water and snacks
- Lunch for the staff as needed (approx. 20 people)
- Wheelchairs (Minimum of 2)
- Staff to setup, demobilize and clean site
- Trash removal
- Provide a contact person for the location for building issues
- Support for inclement weather (snow removal, ice melt)

### **Operation Plan Summary**

The goal of the NRVPHTF is to work in conjunction with VDH to provide as many COVID-19 vaccinations as possible to the community in a safe and efficient manner.

# Appendix D: Organizational Charts

## COVID-19 Task Force Organization Chart



**Unified Command Group:**

Chief Wilson (BPD) Chief Sission (CPD)  
 Sheriff Partin (MCSO) Chief Babb (VTPD)  
 Michael Geary (MCES) Chief Hanks (CFD)  
 Chief English (BRS) Curtis Whitt (CFD)

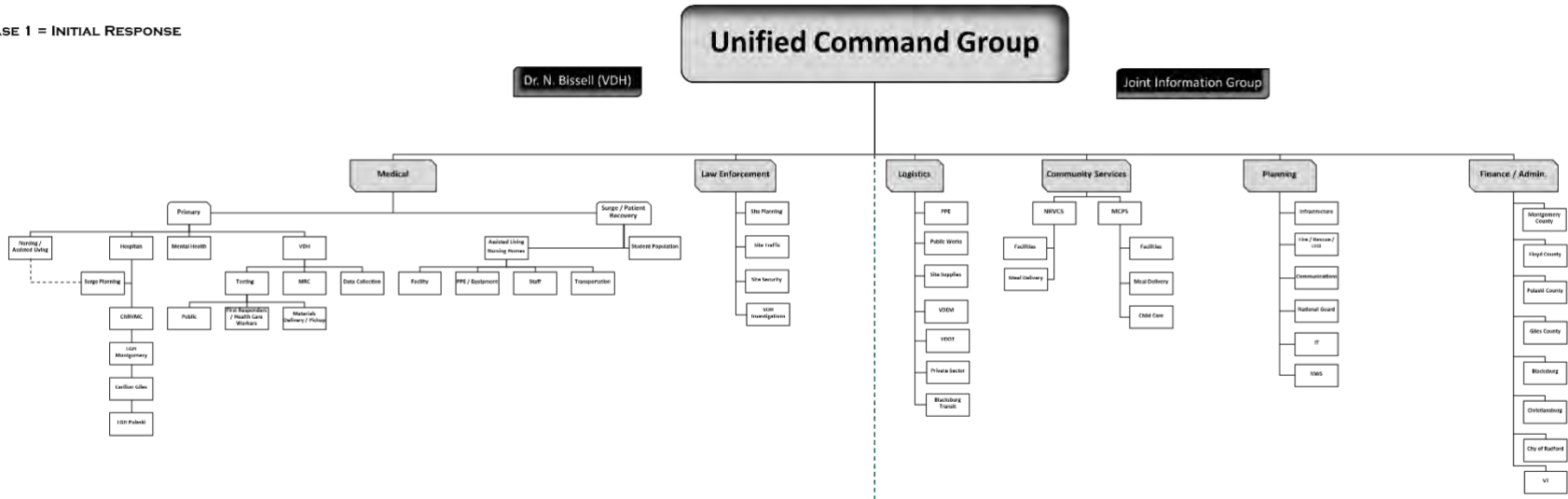
**Joint Information Group:**

Jennifer Harris (Mco) Bobby Parker (VDH)  
 Brenda Drake (MCPS) Alexa Briehi (VT)  
 Heather Browning (TOB) Melissa Demmitt (TOC)

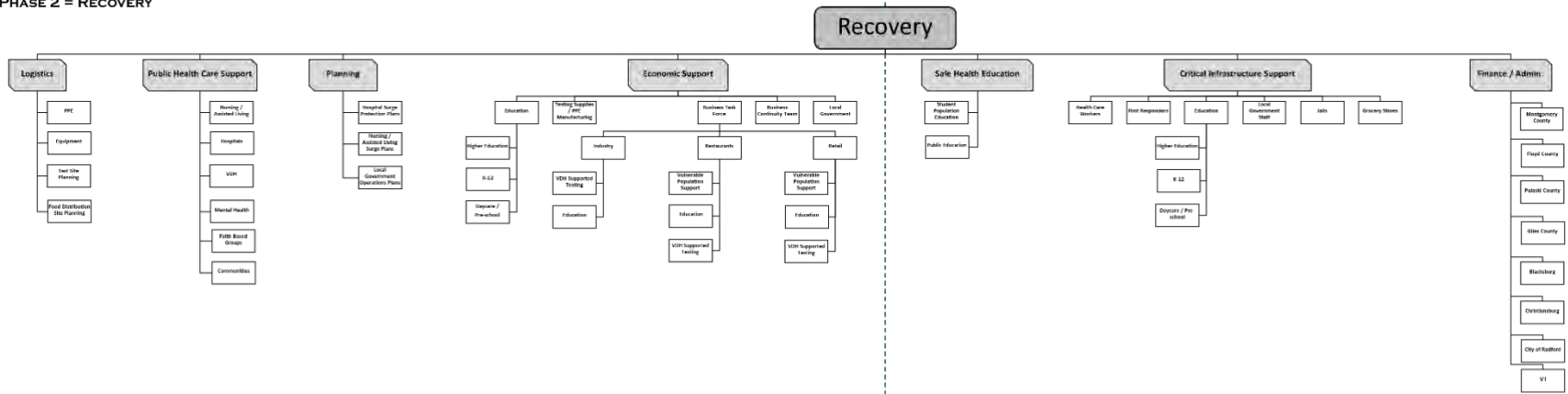
# New River Public Health Task Force Organization Chart

Updated: 30 December, 2021

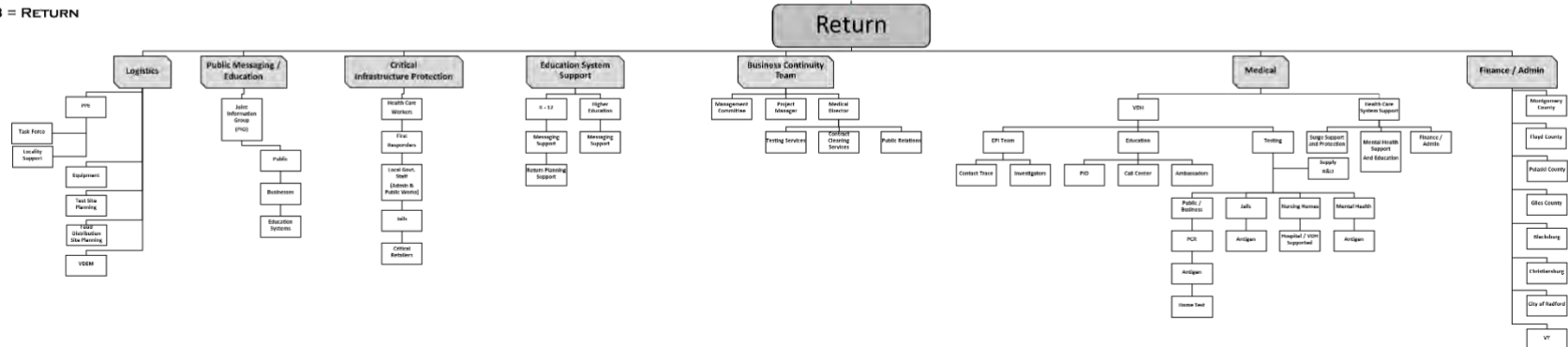
## PHASE 1 = INITIAL RESPONSE



## PHASE 2 = RECOVERY



## PHASE 3 = RETURN



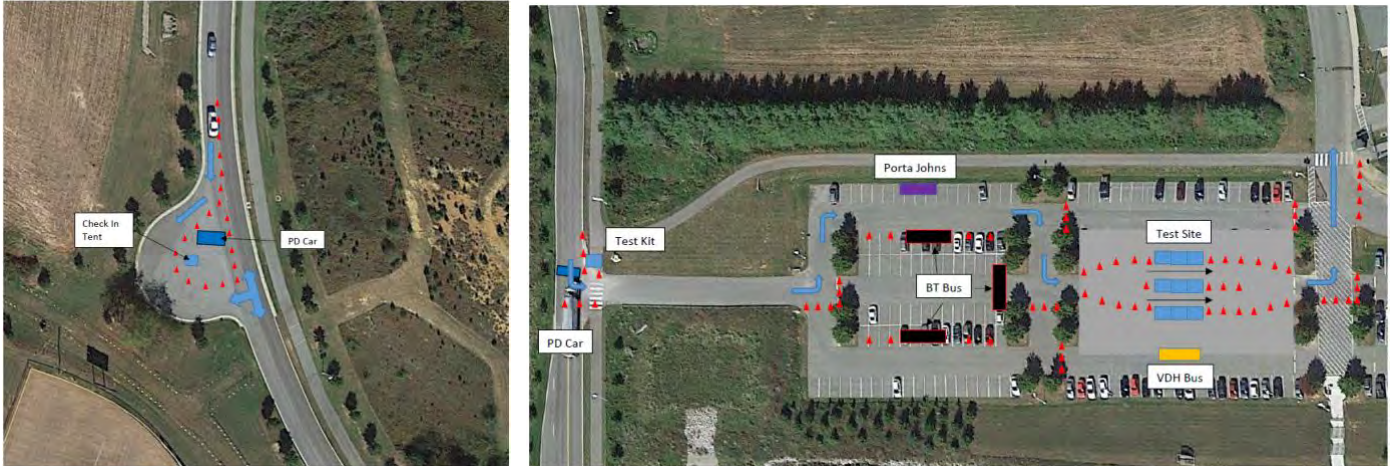
# Appendix E: Site Plans

## Drive Thru Testing

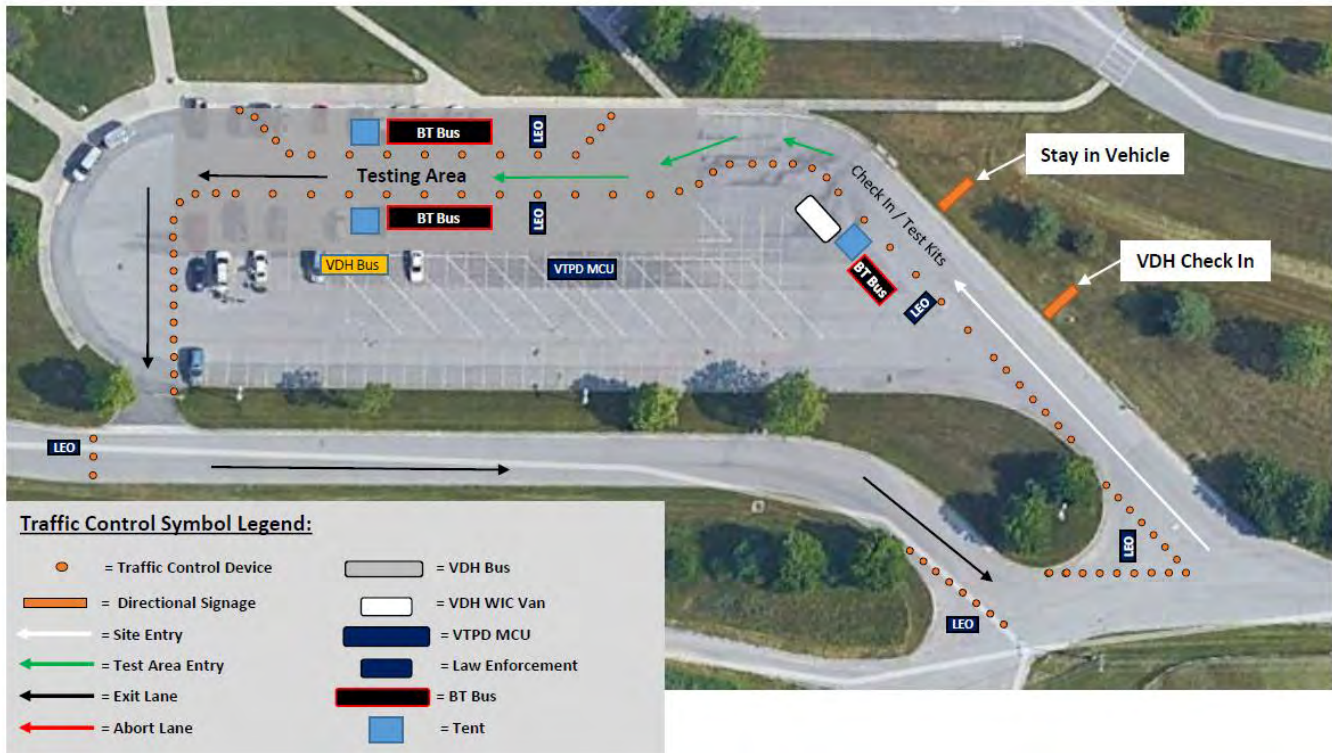
The drive thru testing site plans are designed around the needs of the community testing, volume of tests to be performed and the needs of the locality.

The following are examples of Drive Thru Test Site layouts

### Blacksburg High School



### Christiansburg Middle School



Floyd County High School



Giles County High School



New River Valley Mall (Rev. 1)





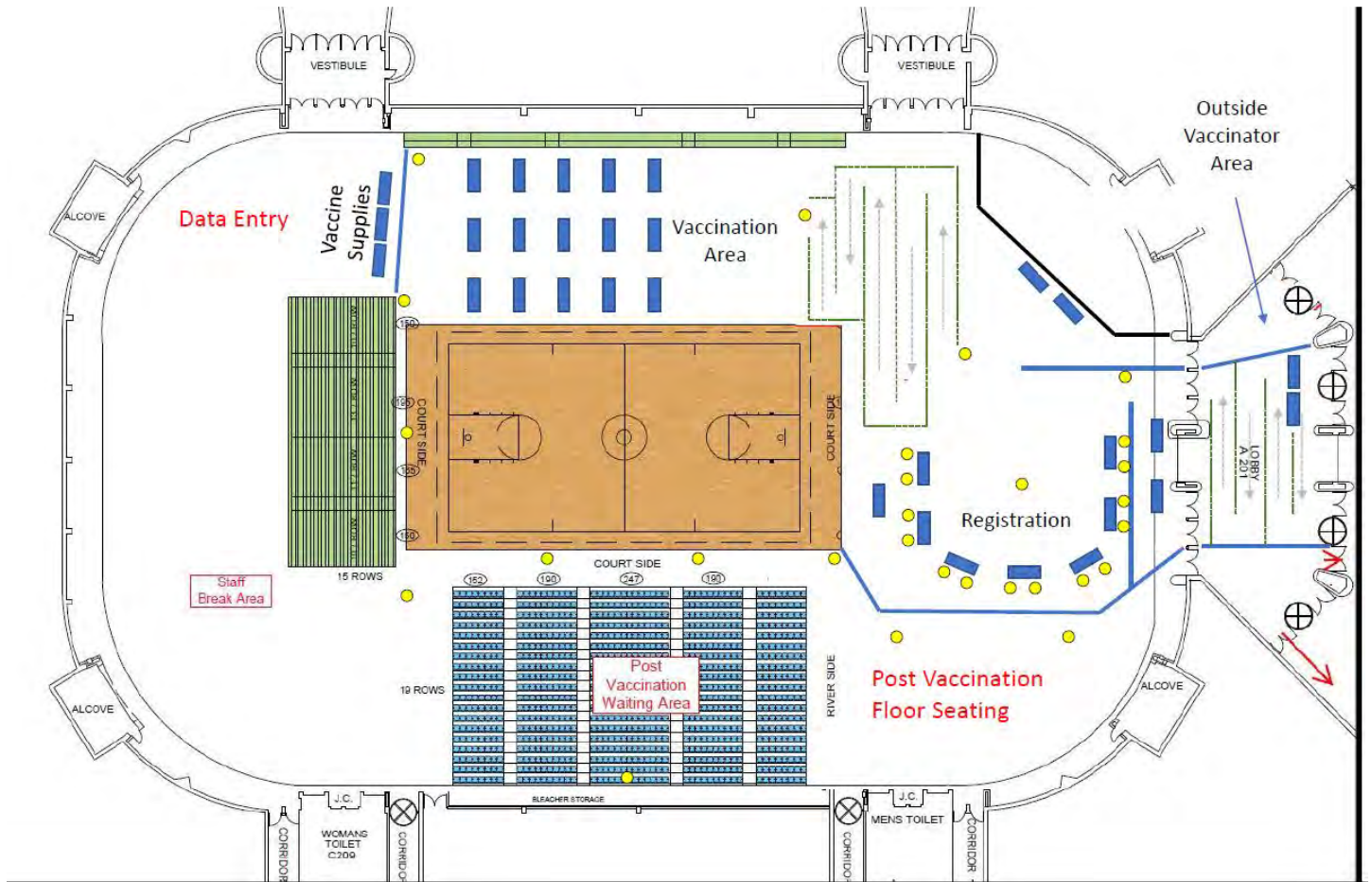
Pulaski County Fairgrounds (Rev. 1)



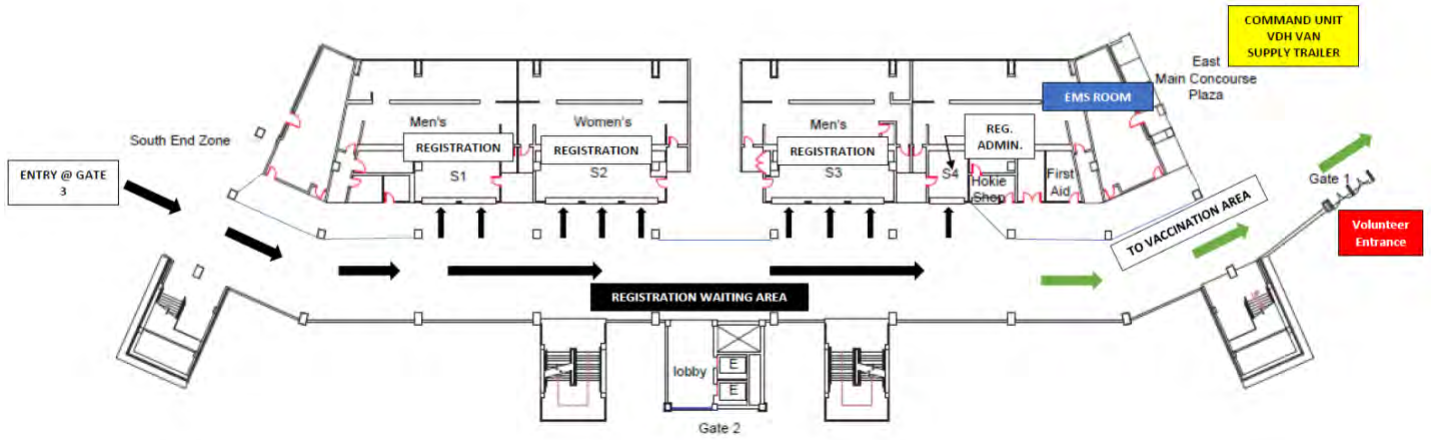
- = Abort Lane
- = Testing Lane
- = EXIT Lane
- ★ = National Guard Post

Radford Recreation Veterans Fields





## South Endzone Registration Area



## East Side Vaccination Area





NRVPHTF Site Sign-In Form  
 COVID-19 Task Force



**Site Sign In**

Incident Name:	Date/Time Prepared		Operational Period:			
COVID-19 Remote Testing Site (Pulaski County Fairgrounds)	<b>Date:</b>	15 June, 2020	<b>Date From:</b>	23 June, 2020	<b>Date To:</b>	23 June, 2020
	<b>Time:</b>	1600	<b>Time From:</b>	0930	<b>Time To:</b>	1500

Name	Agency	Unit #	Vehicle #	Time In	Time Out	Assignment / Location

EXAMPLE

Name	Agency	Unit #	Vehicle #	Time In	Time Out	Assignment / Location

**EXAMPLE**

NRVPHTF Radio Sign Out Form

Site Radio Check Out:

TYPE OF UNIT	MAKE/MODEL	SERIAL NUMBER	Unit Number / Agency
PORTABLE	TK-3200	70402261	
PORTABLE	TK-3200	70402262	
PORTABLE	TK-3200	70402263	
PORTABLE	TK-3200	70402266	
PORTABLE	TK-3200	70402272	
PORTABLE	TK-3200	70402278	
PORTABLE	TK-3200	70402280	
PORTABLE	TK-3200	70402283	
PORTABLE	TK-3200	70402309	
PORTABLE	TK-3200	70402311	
PORTABLE	TK-3200	70402314	
PORTABLE	TK-3200	70402317	
PORTABLE	TK-3200	70402319	
PORTABLE	TK-3200	70402331	
PORTABLE	TK-3200	70402334	
PORTABLE	TK-3200	70402335	
PORTABLE	TK-3200	70402337	
PORTABLE	TK-3200	70402340	
PORTABLE	TK-3200	70402354	
PORTABLE	TK-3200	70402360	
PORTABLE	TK-3200	70402382	
PORTABLE	TK-3200	70402385	
PORTABLE	TK-3200	70402387	
PORTABLE	TK-3200	70402402	
PORTABLE	TK-3200	70403033	
PORTABLE	TK-3200	70403037	
PORTABLE	TK-3200	70403039	
PORTABLE	TK-3200	70403083	
PORTABLE	TK-3200	70403331	
PORTABLE	TK-3200	70403333	
PORTABLE	TK-3200	70403335	
PORTABLE	TK-3200	70403336	
PORTABLE	TK-3200	70403340	
PORTABLE	TK-3200	70403919	
PORTABLE	TK-3200	70403963	
PORTABLE	TK-3200	70403968	
PORTABLE	TK-3200	70403982	
PORTABLE	TK-3200	70403983	
PORTABLE	TK-3200	70403985	
PORTABLE	TK-3200	70403987	
PORTABLE	TK-3200	70403989	
PORTABLE	TK-3200	70404062	
PORTABLE	TK-3200	80203447	
			SPARE BATTERIES (25)

EXAMPLE

## INCIDENT RADIO COMMUNICATIONS PLAN COVID-19 Testing Site - Giles County High School

ICS 205

Incident Name		Date/Time Prepared		Operational Period	
COVID-19 Remote Testing Site		28-Apr-2020	11:00	9-Jun-20	0930 - 1600
Basic Radio Channel Utilization					
Function	Radio Type/Cache	Group/Channel	Frequency/Tone	Assignment	Remarks
Test Site Operations		Channel 1	467.76250	Test Site Operations Channel	Site Operations
Test Site Operations		Channel 2	462.91250	National Guard	Site Operations
Fire			453.0000	Giles Co. Fire Response	Fire Response
Law Enforcement			451.050	Giles Co. Law Enforcement	Law Enforcement Response
Rescue			453.0000	Giles Co. Resp. Response	EMS Response
Prepared by (Communications Unit)					
Curtis Whitt					

EXAMPLE



# NRVPHTF ICS Forms

These are the most common used ICS Forms for the NRVPHTF

## Incident Briefing

ICS 201

Incident Name:	Incident Location:	Date/Time Initiated:
0	0	0-Jan-1900 0
<p>Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment):</p>		
<p>Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.</p>		
Prepared By: _____	Date: _____	
Position: _____	Time: _____	

# Incident Objectives

ICS 202

Incident Name		Date Prepared	Time Prepared
-		0-Jan-1900	0:00
Operational Period (Date and Time)	0-Jan-1900	0	
General Control Objectives for the Incident (include Alternatives)			
Weather Forecast for Operational Period			
General Safety Message			
Attachments (check if attached)			
<input type="checkbox"/> Organization List (ICS 203)	<input type="checkbox"/> Medical Plan (ICS 206)	<input type="checkbox"/>	_____
<input type="checkbox"/> Assignment List (ICS 204)	<input type="checkbox"/> Incident Map	<input type="checkbox"/>	_____
<input type="checkbox"/> Communications Plan (ICS 205)	<input type="checkbox"/> Traffic Plan	<input type="checkbox"/>	_____
	Prepared by (PSC)	Approved by (IC)	

# ORGANIZATION ASSIGNMENT LIST

ICS 203

Incident Name			Operations Section	
			- OPS Chief	
Operational Period	Date	0-Jan-1900	Deputy OPS	
	Time	1/0/1900	a.	Branch 1
<b>Incident Commander and Staff</b>				
Incident Commander			Branch Director	
Deputy IC			Deputy	
Safety Officer			Div / Group 1A	
Information Officer			Div / Group 1B	
Liaison Officer			Div / Group 1C	
			Div / Group 1D	
			Div / Group 1E	
<b>Agency Representative</b>				
Agency	Name		b.	Branch 2
			Branch Director	
			Deputy	
			Div / Group 2A	
			Div / Group 2B	
			Div / Group 2C	
			Div / Group 2D	
			Div / Group 2E	
			c.	Branch 3
			Branch Director	
			Deputy	
			Div / Group 3A	
<b>Planning Section</b>				
Chief			Div / Group 3B	
Deputy			Div / Group 3C	
Resource Unit			Div / Group 3D	
Situation Unit			Div / Group 3E	
			d.	Air Branch
Documentation			Air Operations Branch Dir.	
Demobilization			Air Support	
Human Resources			Air Attack	
Technical Specialists (name / specialty)			Helicopter Coord	
			Air Tanker Coord	
			<b>Finance Section</b>	
			Chief	
			Deputy	
			Time Unit	
<b>Logistics Section</b>				
Chief			Procurement Unit	
Deputy			Comp/Claims Unit	
Service Branch			Cost Unit	
Support Branch				
Supply Unit				
Facilities Unit			Prepared by (Resource Unit Leader)	
Ground Support				
Communications				
Medical Unit				
Security Unit				
Food Unit				

# DIVISION ASSIGNMENT LIST

ICS 204

Incident Name	Operational Period (Date and Time)
0	- 0

Branch	Division

Operations Personnel			
Operations Chief		Division/Group Supervisor	
Branch Director		Air Attack Supervisor No.	

Resources Assigned this Period					
Strike Team/Task Force/Resource	Leader	Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time

Control Operations

Special Instructions

Division/Group Communication Summary							
Function	System	Grp/Channel	Frequency	Function	System	Grp/Channel	Frequency
Command				Support			
Prepared by (RESL)		Approved by (PSC)		Date		Time	

**INCIDENT RADIO COMMUNICATIONS PLAN**

**ICS 205**

Incident Name		Date/Time Prepared		Operational Period	
0		0-Jan-1900	0:00	0-Jan-00	0
Basic Radio Channel Utilization					
Function	Radio Type/Cache	Group/Channel	Frequency/Tone	Assignment	Remarks
Prepared by (Communications Unit)					

# Medical Plan

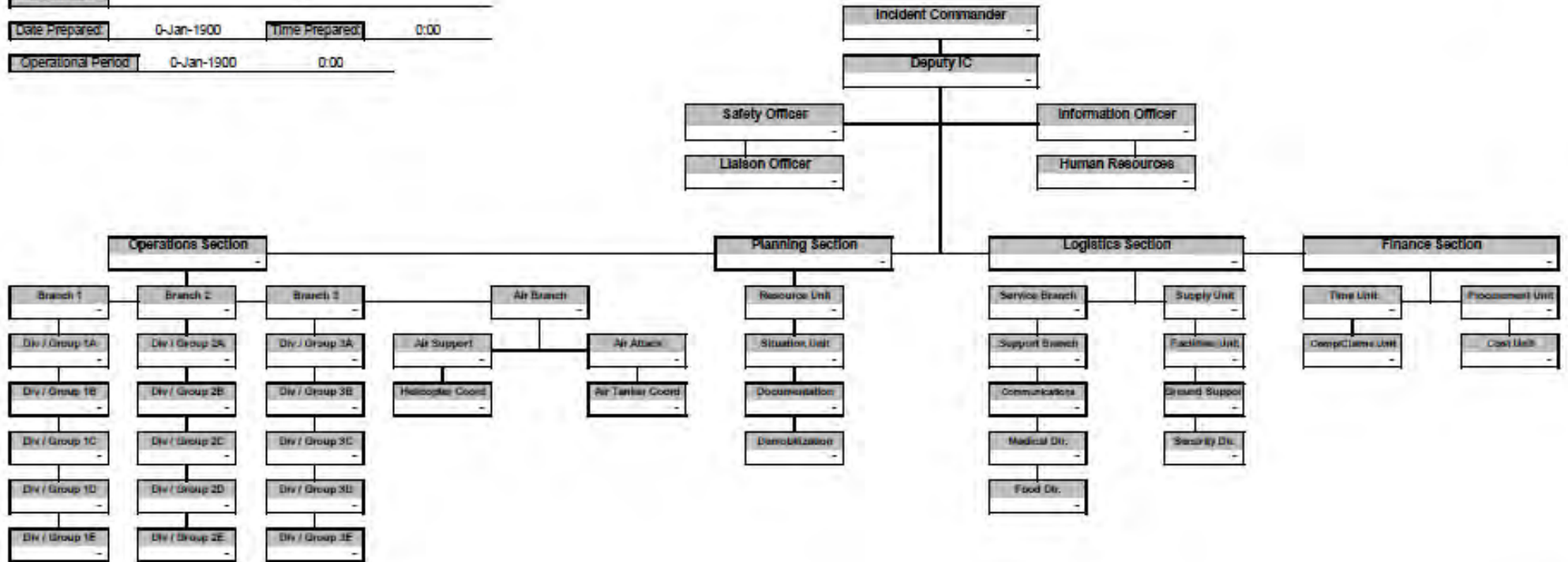
ICS 206

Incident Name	Date Prepared	Time Prepared	Operational Period					
-	0-Jan-00	0:00	0-Jan-00	0				
Incident Medical Aid Stations								
Medical Aid Stations	Location			Paramedics				
				Yes	No			
Transportation								
A. Ambulance Services								
Name	Address	Phone	Paramedics					
			Yes	No				
B. Incident Ambulances								
Name	Location			Paramedics				
				Yes	No			
Hospitals								
Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Grnd		Yes	No	Yes	No
Medical Emergency Procedures								
Prepared by (Medical Unit Leader)					Reviewed by (Safety Officer)			

# ICS Organizational Chart

ICS 207

Incident Name	0		
Date Prepared	0-Jan-1900	Time Prepared	0:00
Operational Period	0-Jan-1900		0:00



Notes:

# SAFETY MESSAGE

Incident:		Date:	Time:
		0-Jan-1900	0:00
Operational Period:	0-Jan-1900		0:00

Major Hazard and Risks:	
<ul style="list-style-type: none"> <li>▣</li> <li>▣</li> <li>▣</li> <li>▣</li> <li>▣</li> </ul>	<hr/> <hr/> <hr/> <hr/> <hr/>

Narrative:
Prepared By: SAFETY OFFICER



# Be committed. Be well.

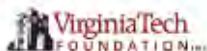
## COMMUNITY WELLNESS COMMITMENT

The New River Public Health Task Force is comprised of officials from local health, public safety, education, and government agencies. We are working collaboratively to provide residents and communities with effective guidance about COVID-19 and other infectious diseases.

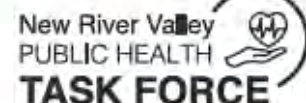


**As members of the community, we pledge to care for the health and well-being of others by personally adopting our Community Wellness Commitment:**

- **We will** affirm our commitment to the safety, health, and well-being of our campuses and local communities.
- **We will** affirm that we will support the mental well-being of all community members.
- **We will** wear face coverings/masks in public areas.
- **We will** practice physical distancing by maintaining at least 6 feet of distance from others.
- **We will** practice good hygiene, including frequent handwashing and covering coughs or sneezes.
- **We will** stay home and avoid public spaces when not feeling well.
- **We will** contact our health care provider or an urgent care facility if we believe we are sick or have been exposed to the coronavirus.
- **We will** support but avoid contact with those who are sick.
- **We will** follow public health guidelines and medical recommendations to be tested and self-isolate as necessary.
- **We will** make a list of all others with whom we have had close contact, if necessary, to aid in contact-tracing efforts.



THE BLACKSBURG PARTNERSHIP



[vt.edu/ready/well](http://vt.edu/ready/well)  
[nrroadtowellness.com](http://nrroadtowellness.com)

FALL 2020

## Appendix H: NRVPHTF Stakeholders / Partners

Below is a list of the identified stakeholders in the NRVPHTF

### **Montgomery County:**

County Administration  
Sheriff's Office  
Parks and Recreation  
New River Community Services

Montgomery County Board of Supervisors  
Emergency Services  
Montgomery County Public Schools

### **Town of Blacksburg:**

Town Administration  
Public Works  
Fire Department  
Information Technology  
Parks and Recreation

Town Council  
Police Department  
Rescue Squad  
Blacksburg Transit  
COVID Crushers

### **Town of Christiansburg:**

Town Administration  
Public Works  
Fire Department  
Parks and Recreation

Town Council  
Police Department  
Rescue Squad  
Planning and Engineering

### **Pulaski County:**

County Administration  
Sheriff's Office  
Pulaski County Public Schools  
Pulaski Police Department

Pulaski County Board of Supervisors  
Emergency Services  
Dublin Police Department

### **Giles County:**

County Administration  
Emergency Management  
Sheriff's Office

Giles County Board of Supervisors  
Giles County Public Schools  
Pearisburg Police Department

### **Floyd County:**

County Administration  
Sheriff's Office  
Floyd County Public Schools

Floyd County Board of Supervisors  
Emergency Services  
Parks and Recreation

### **City of Radford:**

City Administration  
Police Department  
Sheriff's Office  
Parks and Recreation

City Council  
Fire / EMS  
Emergency Services  
Radford Transit

### **Virginia Tech:**

Virginia Tech Administration  
VT Police  
VT Athletics

Emergency Services  
VT Rescue  
VT Facilities

### **Edward Via College of Osteopathic Medicine (VCOM):**

**Radford University:**

Radford University Administration  
RU Emergency Management  
RU EMS

RU Facilities  
RU Athletics  
RU Police Department

**New River Community College:**

NRCC Administration

NRCC Facilities

**State of Virginia:**

Virginia Department of Health  
State Police  
MRC

VDEM  
VDOT

**Federal:**

United States Army National Guard

**Health Care:**

Lewis Gale Hospitals Administration  
Carilion Clinic Administration  
Carilion Police

**Pharmacy:**

Blacksburg Pharmacy  
Martins Pharmacy  
Main Street Pharmacy  
Davidson's Pharmacy

Christiansburg Pharmacy  
Pharm House  
Radford Pharmacy

**Churches:**

Blue Ridge Church  
Pulaski Church of God

Grace Life Church

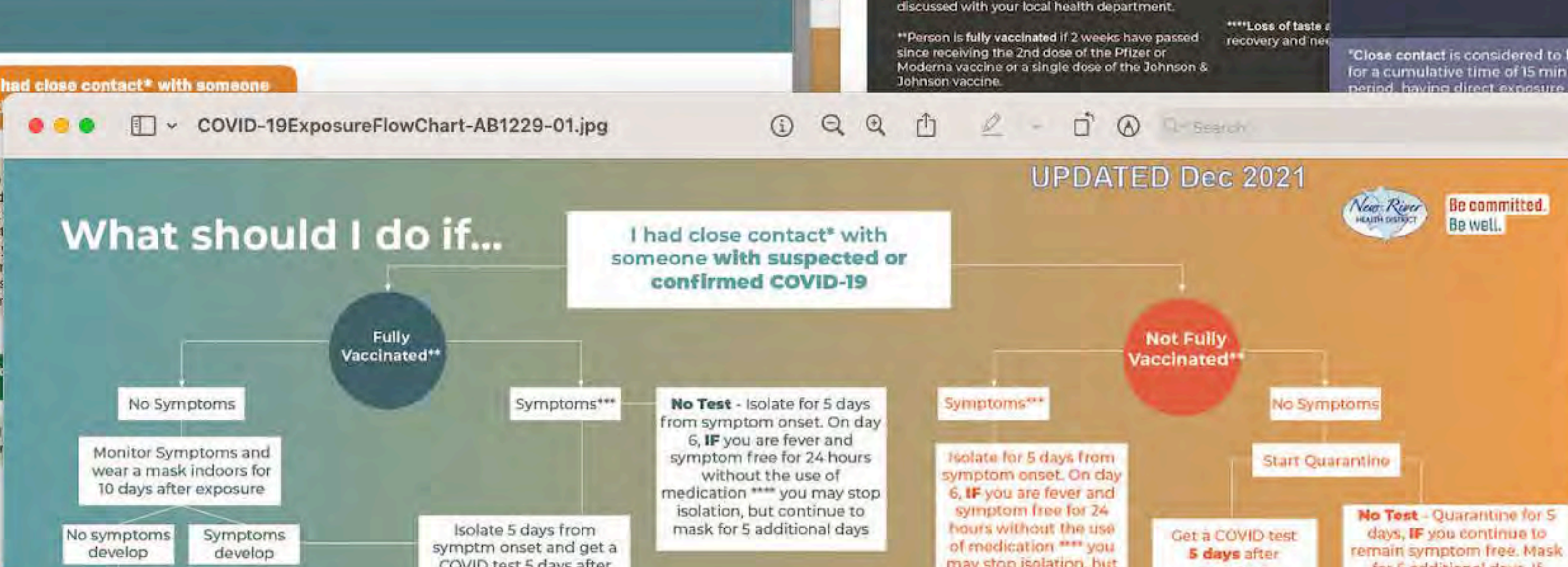
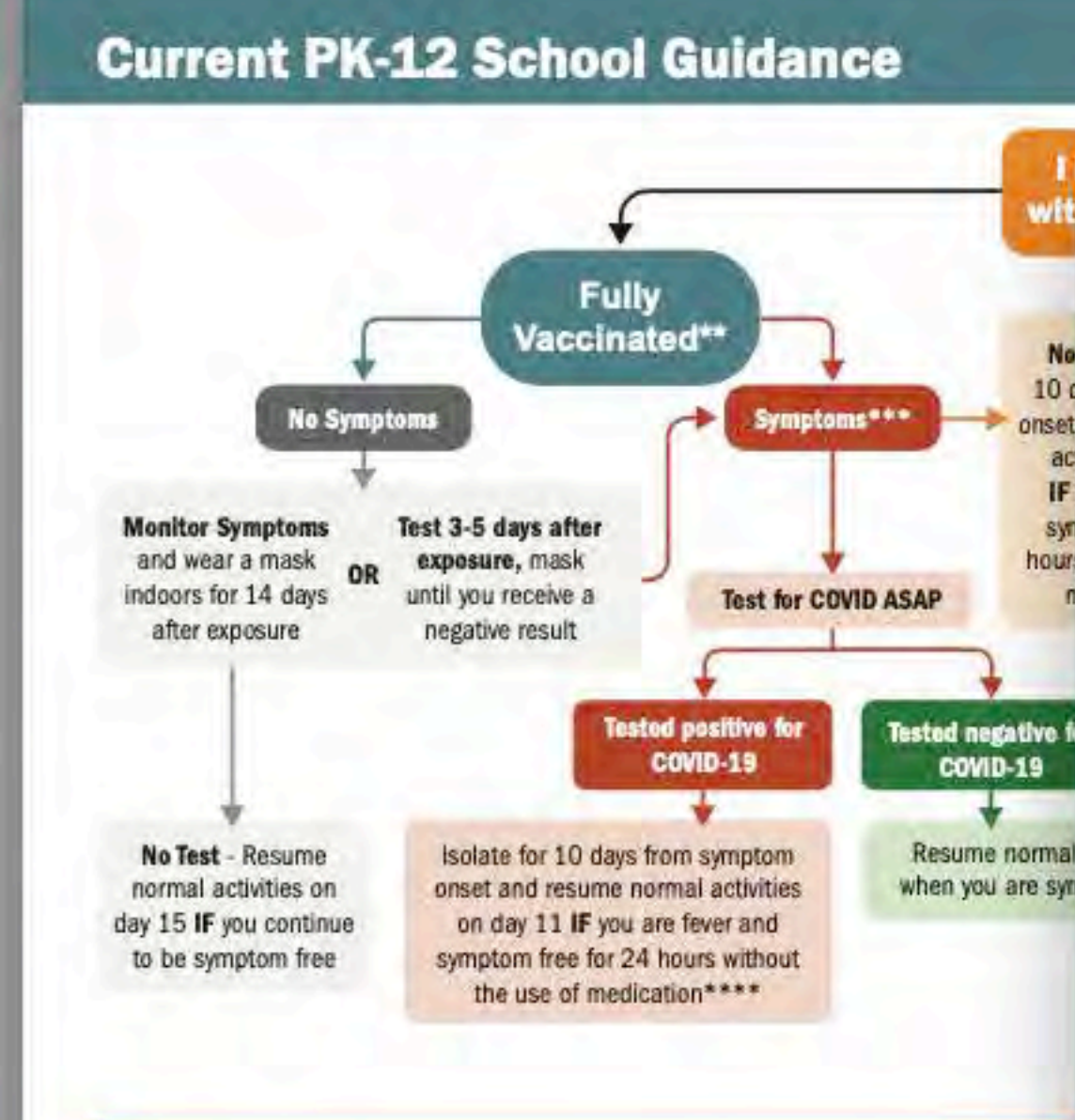
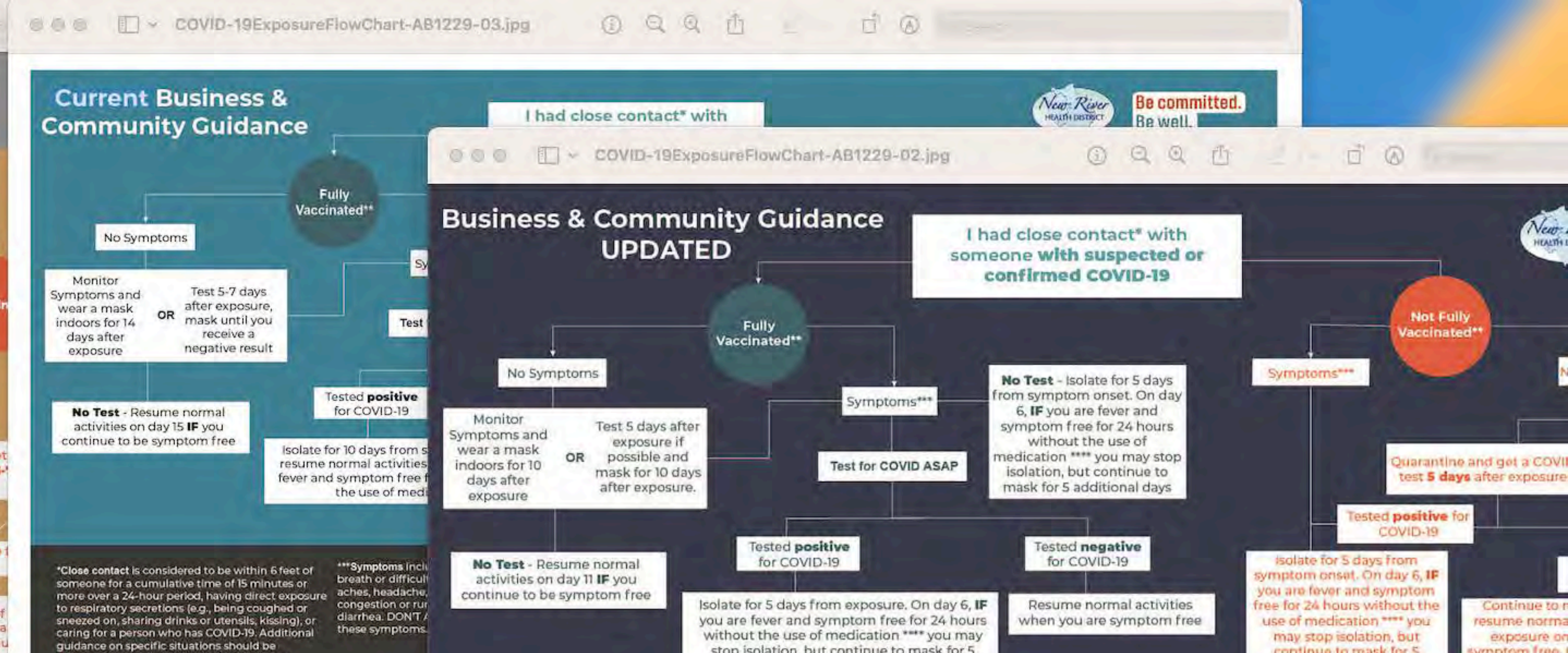
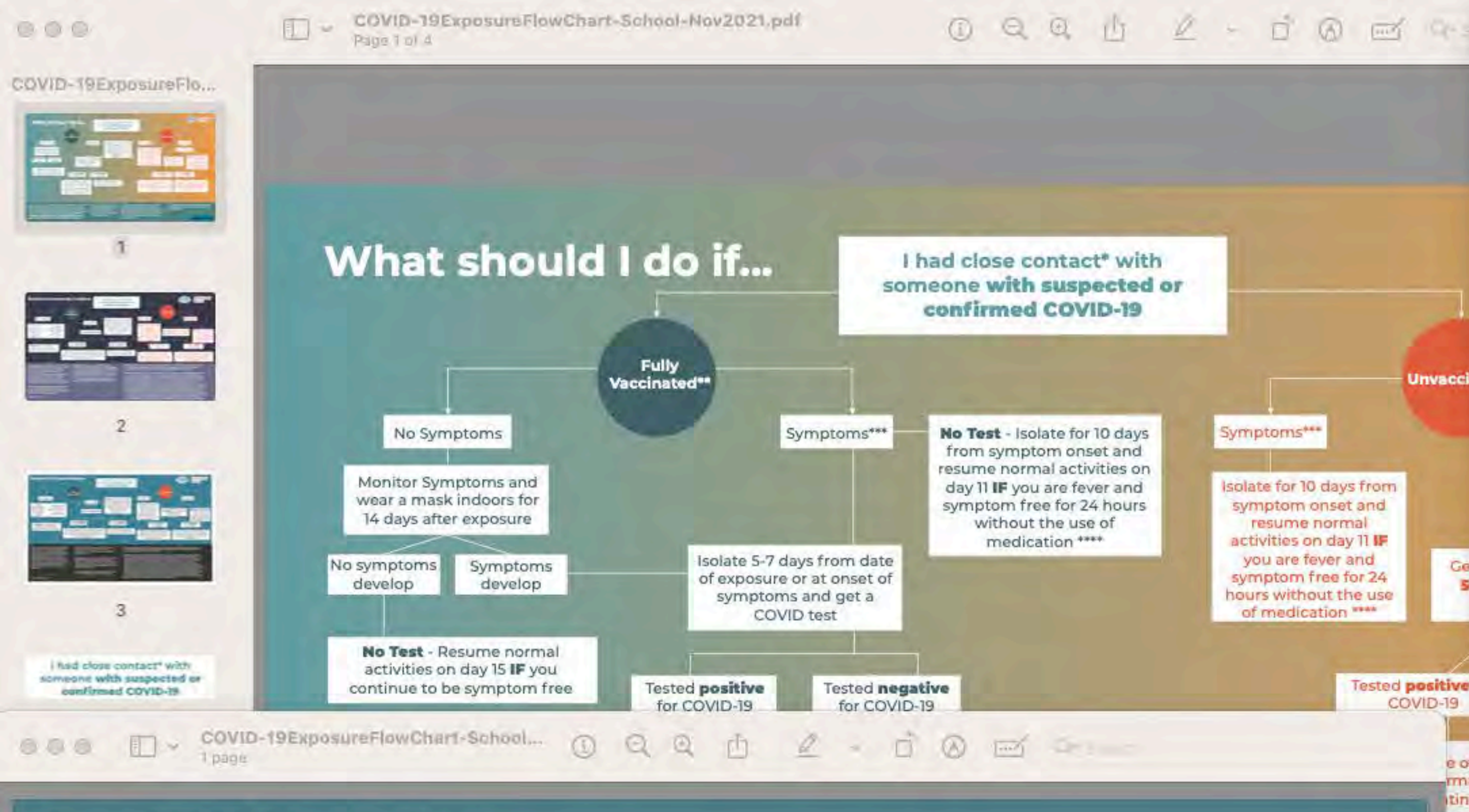
**Businesses:**

Uptown Christiansburg  
7-11 – Radford  
Chick-Fil-A  
Pulaski County Fairgrounds  
Floyd Event Center

Domino's Pizza  
McAlister's Deli  
Sub Station 2  
Uncork-it, Inc.  
New River Valley Regional Commission

**Food Distribution:**

Feeding America Southwest Virginia



#### Definitions

**Isolation** begins when symptoms start and/or you receive a positive COVID-19 test result. You must isolate from public groups indoors for at least 10 days (14 days recommended as the safest quarantine period) from the positive or suspected person. You CANNOT quarantine in a household with that person unless you can isolate completely from that person (NO shared bedrooms, unshared or spaced PLUS masking in and separate use of all other shared spaces). If isolation is not possible, the quarantine period begins at the END of the positive COVID-19 person's isolation period. During the above defined quarantine, a person may test on day 5 and return to work/school on day 8 after last exposure to a COVID-19 positive person IF the test is negative and they remain symptom free providing a test out option is supported by their local health department. Vaccinated persons do not need to quarantine if exposed to COVID-19. Vaccinated people should mask around positive household members and follow the guidelines for avoiding additional exposure during that person's isolation period; however, they are not subject to exclusion from the public during that time.

**Quarantine** occurs when you have been exposed to a known or suspected positive case of COVID-19. You must stay away from public groups indoors for at least 10 days (14 days recommended as the safest quarantine period) AFTER the LAST day you are exposed to the positive or suspected person. You CANNOT quarantine in a household with a positive COVID-19 person unless you can isolate completely from that person (NO shared bedrooms, unshared or spaced bathroom uses, PLUS masking in and separate use of all other shared spaces). If isolation is not possible, the quarantine period begins at the END of the positive COVID-19 person's isolation period. During the above defined quarantine, a person may test on day 5 and return to work/school on day 8 after last exposure to a COVID-19 positive person IF the test is negative and they remain symptom free providing a test out option is supported by their local health department. Vaccinated persons do not need to quarantine if exposed to COVID-19. Vaccinated people should mask around positive household members and follow the guidelines for avoiding additional exposure during that person's isolation period; however, they are not subject to exclusion from the public during that time.

**Close contact** is considered to be indoors, unmasked within 3 feet of someone for a cumulative time of 15 minutes or more over a 24-hour period UNLESS in a singing or shouting setting indoors and unmasked within 6 feet for a cumulative time of 15 minutes or more over a 24-hour period applies. **Some non-PK-12 school settings may involve different mitigating circumstances**

**\*\*Person is fully vaccinated** if 2 weeks have passed since receiving the 2nd dose of the Pfizer or Moderna vaccine (but no more than 6 months) or a single dose of the Johnson & Johnson vaccine.

**\*\*\*Symptoms** include: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea. DONT ASSUME ALLERGIES if you have any of these symptoms.

**\*\*\*\*Loss of taste and smell** may persist for weeks or months after recovery and need not delay the end of isolation.

**Shortening the duration of Isolation or quarantine from 10 to 5 days is only acceptable for individuals who remain**

**Close contact** is considered to be within 6 feet of someone for a cumulative time of 15 minutes or more over a 24-hour period, having direct exposure to respiratory secretions (e.g., being coughed or sneezed on, sharing drinks or utensils, kissing), or caring for a person who has COVID-19. Additional guidance on specific situations should be discussed with your local health department.

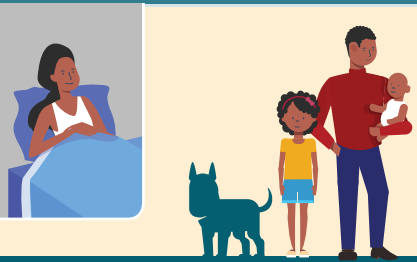
**\*\*\*Symptoms** include: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea. DONT ASSUME ALLERGIES if you have any of these symptoms.

**\*\*\*\*Loss of taste and smell and fatigue** may persist after recovery and need not delay the end of isolation. Isolation begins when symptoms start and/or you receive a positive COVID-19 test result. You must isolate completely away from other people (including those in your household if possible) for at least 5 days if you are symptom free.

**Quarantine** occurs when you have been exposed to a known or suspected positive case of COVID-19. You must stay away from public groups indoors for at least 10 days (14 days recommended as the safest quarantine period) AFTER the LAST day you are exposed to the positive or suspected person. You CANNOT quarantine in a household with a positive COVID-19 person unless you can isolate completely from that person (NO shared bedrooms, unshared or spaced bathroom uses, PLUS masking in and separate use of all other shared spaces). If isolation is not possible, the quarantine period begins at the END of the positive COVID-19 person's isolation period. During the above defined quarantine, a person may test on day 5 and return to work/school on day 8 after last exposure to a COVID-19 positive person IF the test is negative and they remain symptom free providing a test out option is supported by their local health department. Vaccinated persons do not need to quarantine if exposed to COVID-19. Vaccinated people should mask around positive household members and follow the guidelines for avoiding additional exposure during that person's isolation period; however, they are not subject to exclusion from the public during that time.

# Isolate and take precautions if you have or suspect you have COVID-19

## ISOLATION



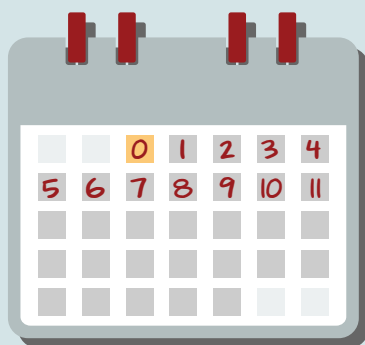
**Stay home and away from others**

Wear a high-quality mask if you must be around others

### Start counting days

Day 0 is the day your symptoms started

If you never had symptoms, day 0 is the day you took a COVID-19 test



**Watch for emergency warning signs, like trouble breathing**

Seek help if they develop

## ENDING ISOLATION

**Isolate to day 6 or later, if you**

- never had symptoms or symptoms are improving, and
- are fever-free for 24 hours without the use of fever-reducing medication



**Continue to isolate** if your fever persists or other symptoms have not improved

**Isolate through day 10**, if you experienced moderate illness, like shortness of breath or difficulty breathing

## AFTER ISOLATION

Until at least day 11, avoid being around people who are more likely to get very sick

Wear a high-quality mask when around others indoors



### Removing your mask

After ending isolation, wear your mask through day 10

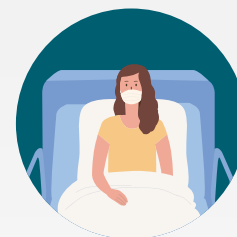
**OR**

Take 2 antigen tests, 48 hours apart

If both tests are negative, you may remove your mask sooner than day 10

**Isolate through day 10 and talk with a healthcare provider before you end isolation, if you**

- were hospitalized, or
- have a weakened immune system



---

**DISCLAIMER:**

**THIS GUIDANCE DOCUMENT WILL NOT TAKE EFFECT UNTIL THE VIRGINIA STANDARD FOR INFECTIOUS DISEASE PREVENTION OF THE SARS-COV-2 VIRUS THAT CAUSES COVID19, 16VAC25-220, (VIRGINIA STANDARD) IS NO LONGER IN EFFECT.**

**NOTHING IN THIS DOCUMENT SHALL BE CONSTRUED TO IN ANY WAY LIMIT VOSH'S ABILITY TO ENFORCE ITS LAWS, STANDARDS AND REGULATIONS. FOR MORE INFORMATION, PLEASE REFER TO THIS LINK TO VOSH WORKPLACE SAFETY RULES AND REGULATIONS.**

**FOR MORE INFORMATION ABOUT THE VIRGINIA STANDARD, SEE: <https://www.doli.virginia.gov/virginia-standard-for-infectiousdisease-prevention-of-covid-19/>**

**REGARDLESS OF ANY INFORMATION CONTAINED IN THIS GUIDANCE DOCUMENT, EMPLOYERS HAVE THE LEGAL RIGHT TO ADOPT SAFETY AND HEALTH WORKPLACE RULES FOR EMPLOYEES THAT ARE MORE STRINGENT THAN THIS GUIDANCE. § 40.1-51.1. Duties of Employers**

**<https://law.lis.virginia.gov/vacode/40.1-51.1/>**

---

## **VIRGINIA DEPARTMENT OF LABOR AND INDUSTRY Virginia Occupational Safety and Health Programs**

### **Guidance for Employers to Mitigate the Risk of COVID-19 to Workers**

#### **Purpose**

As current COVID-19 infections decline and vaccinations and natural immunity increase within the general population, Virginia is on a path toward normalcy. This guidance is designed to help employers provide appropriate information for workers to mitigate the risk of COVID-19 transmission in the workplace and to help establish a workplace framework for future organizational and individual expectations and responsibilities.

The Commonwealth of Virginia and the Department of Labor and Industry believe that fully approved COVID-19 vaccines and boosters mitigate the individual health risk from contracting the COVID-19 virus, and we encourage all people to consider the benefits of vaccines and boosters in reducing the impact of COVID-19.

Immunity is conferred either after contracting an infection from the COVID-19 virus or from a COVID-19 vaccine. The Commonwealth of Virginia and the Department of Labor and Industry recognize that natural immunity, after recovery from COVID-19 infection, likely provides significant protection against COVID-19 for some time. COVID-19 “immunity” does not mean that a person will not contract the COVID-19 virus in the future – rather, a person with “immunity” may not get seriously symptomatic or hospitalized with COVID-19.

As the population of vaccinated and natural immunity increase, the level of transmission and health risks in our community is reduced. This increased level of community immunity is an important step on Virginia’s path to normalcy.

During this transition period of near normalcy, the Commonwealth of Virginia and the Department of Labor and Industry support and respect the rights of individuals to choose whether to wear masks or to not wear masks in non-federally mandated environments, unless required by law or as medically appropriate in cases of acute illness or in certain healthcare environments.

The Commonwealth of Virginia and the Department of Labor and Industry will not allow or condone illegal discrimination based on wearing or not wearing masks, and people should not be fired or terminated for not wearing a mask, except as noted above, or unless required by federal law.

Because the COVID-19 vaccine and booster reduces the risk of hospitalization and death from the COVID-19 virus, this guidance specifically recommends, but does not mandate, COVID-19 vaccinations and boosters for workers and encourages employers to permit workers and customers the choice of whether to wear a mask, except as otherwise required by their employer or VOSH pursuant to Va. Code §40.1-51.1.A.

The Department of Labor and Industry relies on the current data and guidance received from the Virginia Department of Health and the expertise of the Governor’s Medical Advisory Committee regarding the COVID-19 Omicron variant and the disease in general. Employers and workers may also find information on the revised CDC guidelines as listed below.

This guidance provides general COVID-19 recommendations that may be implemented in the workplace. Nevertheless, employers should adhere to the VOSH mandatory safety and health standards that may apply to their specific industries or workplaces.

All recommendations are intended to assist employers in providing a safe and healthy workplace free from recognized hazards that are causing or likely to cause death or serious physical harm.

## **General Guidance for Employers**

Under the OSH Act and Va. Code §40.1-51.1.A, employers are responsible for providing a safe and healthy workplace free from recognized hazards likely to cause death or serious physical harm.

Employers should engage with workers to mitigate COVID-19 transmission and the impact of contracting the virus, including:

- Facilitate employees getting vaccinated and boosted;
- Encourage any workers with COVID-19 symptoms to stay home from work and seek advice on testing and treatment from their physician;
- Require all workers infected with COVID-19 virus to stay home;
- Provide workers with face coverings or surgical masks, as appropriate;
- Encourage good sanitary work habits such as frequent hand washing;
- Educate workers on your COVID-19 policies and procedures using accessible formats and in languages they understand;
- Operate and maintain ventilation systems in accordance to manufacturers specifications to achieve optimal performance;
- Record and report COVID-19 infections and deaths which are mandatory under VOSH regulations part 1904; and,
- Follow other applicable mandatory VOSH standards.

All of VOSH's standards that apply to protecting workers from infection remain in place.

These **mandatory VOSH standards** include: requirements for PPE (part 1910, Subpart I (e.g., [1910.132](#) and [133](#))), respiratory protection ([1910.134](#)), sanitation ([1910.141](#)), protection from blood borne pathogens ([1910.1030](#)), VOSH's requirements for employee access to medical and exposure records ([1910.1020](#)), and requirements in the VOSH Administrative Regulations Manual.

Employers are also required by the General Duty Clause, [Va. Code 40.1-51.1.A](#), to provide a safe and healthful workplace free from recognized hazards that are causing or likely to cause death or serious physical harm.

See the OSHA COVID-19 guidance for more information on how to protect workers from potential exposures, according to their exposure risk.



## **Additional Resources**

For more information to mitigate COVID-19 transmission among employees, reduce the impact of contracting the disease, maintain healthy business operations, and maintain a healthy work environment, please see the informational resources. They are provided as educational information regarding additional practices that businesses and individuals may choose to implement to plan, prepare, prevent and respond.

### **Virginia Department of Health (VDH)**

COVID-19 in Virginia

<https://www.vdh.virginia.gov/coronavirus/>

COVID-19 Data in Virginia

<https://www.vdh.virginia.gov/coronavirus/see-the-numbers/covid-19-in-virginia/>

Latest Guidance for Health Professionals

<https://www.vdh.virginia.gov/coronavirus/get-the-latest-guidance/health-professionals/>

Schools, Workplaces & Community Locations

<https://www.vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/>

### **Occupational Safety and Health Administration (OSHA)**

Coronavirus Disease (COVID-19)

<https://www.osha.gov/coronavirus>

Guidance by Industry

<https://www.osha.gov/coronavirus/guidance/industry>

Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace

<https://www.osha.gov/coronavirus/safework>

### **Centers for Disease Control and Prevention (CDC)**

Centers for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Guidance by Audience (e.g., Employers, Business Owners and Community Leaders; Health Care Professionals; State and Local Government; etc.)

<https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance.html>

How to Protect Yourself & Others

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

Activities and Gatherings

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/index.html>

Science Brief: COVID-19 Vaccines and Vaccination

<https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/>

Vaccines for People with Underlying Medical Conditions

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

People with Certain Medical Conditions

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

COVID-19 Workplace Prevention Strategies

<https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html>

### **Federal Emergency Management Agency**

Exercise Starter Kit for Workshop on Reconstituting Operations

<https://www.fema.gov/disaster/coronavirus/best-practices/exercise-starter-kit-workshop-reconstituting-operations>

### **Equal Employment Opportunity Commission**

What You Should Know About COVID-19, the ADA, the Rehabilitation Act, & Other EEO Laws

<https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

# Weekly Update with Dr. Bissell

December 9, 2020



## Press Statement from Dr. Bissell

Good morning,

Thanks for joining us today and helping to spread the information that can keep our communities safe. I am going to take you through our Epi curves and then I would like to discuss several points that might interest you, plus give some context to our data.

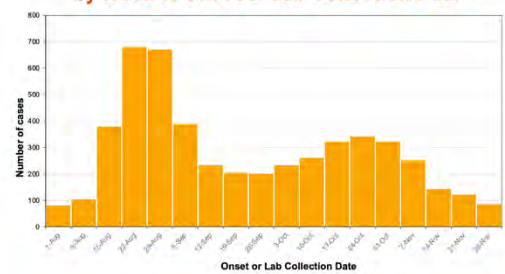
Looking at our Epi curves for the New River Health District, it is clear the same trends we have been reporting for several weeks are continuing. Remember that last week hasn't been completed because there is a delay in test reporting from commercial labs and data entry.

Floyd is holding somewhat steady with its cases, and our investigating team reports that the increases in Pulaski and Giles are attributable to a mixed community spread in households, churches, nursing homes and workplaces.

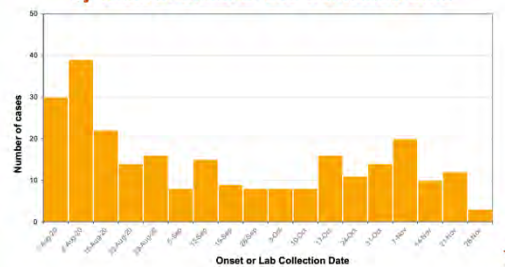
Montgomery and Radford have lost a chunk of their populations with the students returning home; overall, both locality numbers are down, but are still fluctuating with substantial community spread.

This is evidence of our holiday bump. We are almost 14 days out, so we don't expect many more cases from Thanksgiving. The hospitalizations and deaths from this will lag for several weeks, and we will be following this closely. Our health care system is already stressed with both COVID and non-COVID patients and we urge everybody to continue to protect themselves and our community by watching your distance, wearing a mask, and washing your hands.

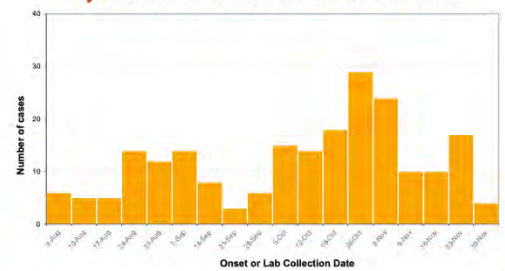
NRHD, COVID-19 Epi Curve, 1 Aug – 8 Dec, by Week of Onset or Lab Collection Date



Floyd Co., COVID-19 Epi Curve, 1 Aug – 8 Dec, by Week of Onset or Lab Collection Date



Giles Co., COVID-19 Epi Curve, 1 Aug – 8 Dec, by Week of Onset or Lab Collection Date



We have significant community spread in the New River District. Basically, if you are in a group of people not wearing masks, there is a good chance you are with somebody who is positive.

Our schools have been doing a good job of operating under difficult conditions. Giles is going remote for the rest of the year because of operational issues, and the other school districts are able to continue to operate with a mix of in-person and virtual learning.

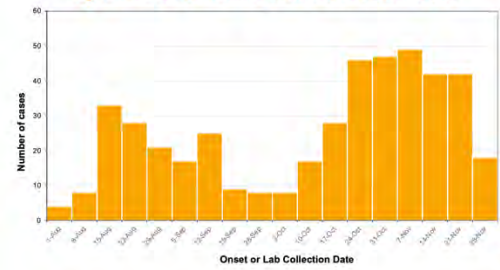
We continue to provide drive-through testing events, and added locations before and after Thanksgiving. We have another drive-through event tomorrow morning from 9-11 at the Radford Fire Department. We offer free testing to anybody who wants or needs a test.

Thanks to our partnership with Fralin and the universities, we have been able to maintain one of the strongest testing programs in the state. Within our health district, we have provided more than 90,000 COVID tests – in a population that is 180,000. This is the highest testing per population in the state. It doesn't mean that half the people have been tested, because some people get tested multiple times. However, it's a significant achievement for our region.

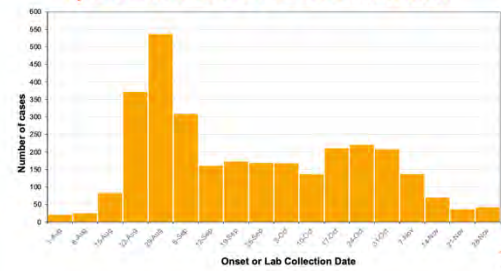
The vaccine is a bright spot and we expect to start vaccinating health care workers and long-term care facilities next week. This vaccine is an mRNA vaccine that doesn't incorporate a virus. It's a very exciting development in vaccines. I also want to remind you that vaccines are the single greatest public health intervention that we have.

Although we are starting a vaccine program, it will be months before it makes a dent in the pandemic and we have a lot of hard work ahead of us. We will continue with our testing efforts while being called on to implement one of the largest ever vaccination programs in history. In planning for these dual roles, we plan to adjust testing and are hoping to open some walk-up, self-serve operations in the New Year.

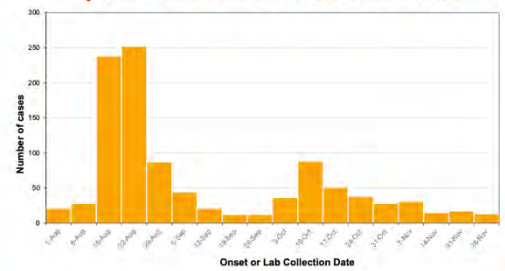
**Pulaski Co., COVID-19 Epi Curve, 1 Aug – 8 Dec, by Week of Onset or Lab Collection Date**



**Montgomery Co., COVID-19 Epi Curve, 1 Aug – 8 Dec, by Week of Onset or Lab Collection Date**



**Radford City, COVID-19 Epi Curve, 1 Aug – 8 Dec, by Week of Onset or Lab Collection Date**



When I started these regular updates, I promised to give context to the data that is being provided. Data is a tool for public health and we take it very seriously. Our epidemiologists are professional data experts who know how to tease actionable information from data that is changing as they study it. The teams that collect and process the data work very effectively with the policy makers and public health directors, but they are accountable to their leadership in the Office of Epidemiology. They do not report to local health directors, and are not influenced by political or personal agendas, inside or outside VDH. VDH's collection, assessment and interpretation of the data is organized to ensure it is as accurate as possible. It's an effective system that has been honed over decades. Simply put, we follow the science.

Now that we are in a pandemic, the public is more interested than ever in this data and we are making it available. We'd like to ask the public to respect the data and try to understand the context. This week, I'd like to focus on death data. The deaths that are reported on the VDH dashboard do not represent people who died yesterday or last week. Death reports can be delayed by weeks, even months, and often get reported in large chunks into the system due to backlogs and prioritization. The dates in the dashboard represent the dates the deaths were entered in the system, not the date of death.

First, a hospital or medical professional writes out and files a certificate of death. The cause of death is sent to Richmond, where officials investigate and confirm whether that person died as a result of COVID-19. Once verification is complete, the death will be included on the VDH dashboard.

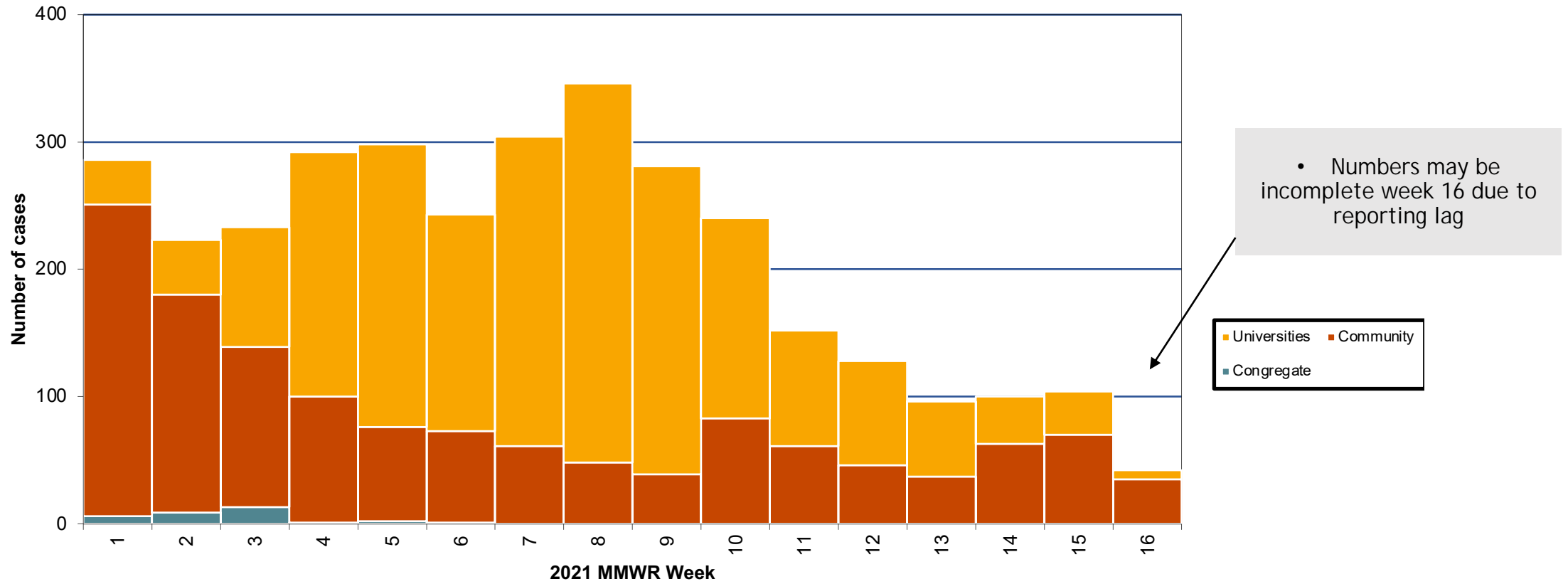
On the other hand, our hospitalization numbers are reported directly to us and more closely resemble real-time within maybe a few days. Please note that the cases/hospitalizations/deaths are cumulative. Our 3 times weekly updates give current hospitalizations in the NRV, but they do not account for residents hospitalized elsewhere such as Roanoke. Any time you study COVID-19, you should consider the context and the collection methods so that you understand what you are looking at and what it shows.

Lastly, I want to discuss how a pandemic is measured by more than cases, hospitalizations and deaths. Many residents in our community are also experiencing economic hardship from lost or downsized jobs or inability to work. Our community has many people with food insecurity. This can be hard to measure. Last week, the New River Task Force held a food distribution in Giles that helped more than 1100 people from around the region, including as far as Roanoke. This was a very successful event and we plan to conduct more in coming weeks.

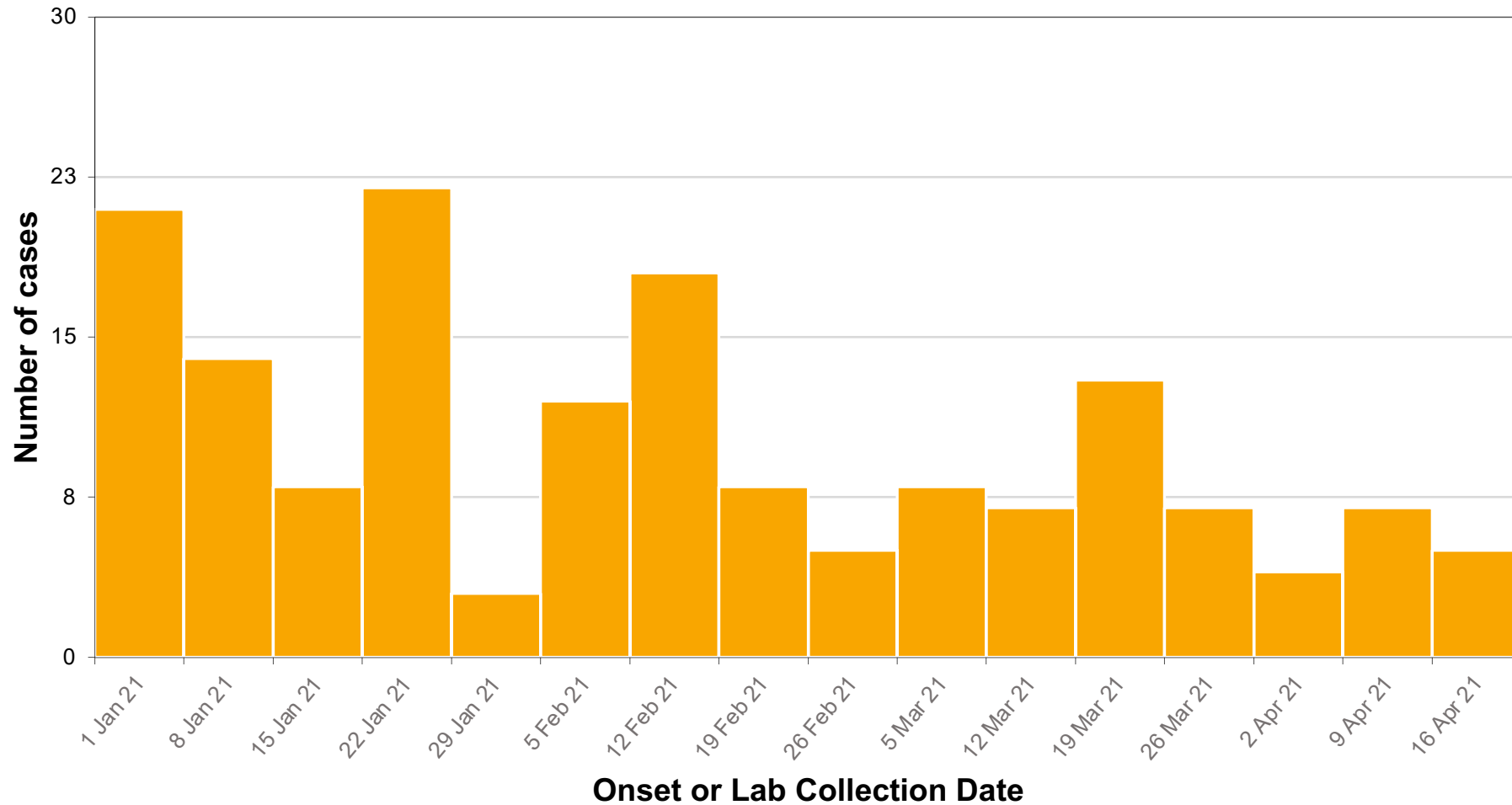
I'd like to close with my broken record. We know how to control this pandemic, and it takes a behavioral choice by all of us. Wear a mask, watch your distance, wash your hands, practice good respiratory etiquette and stay home when sick.

—Dr. Noelle Bissell, Director, New River Public Health District.

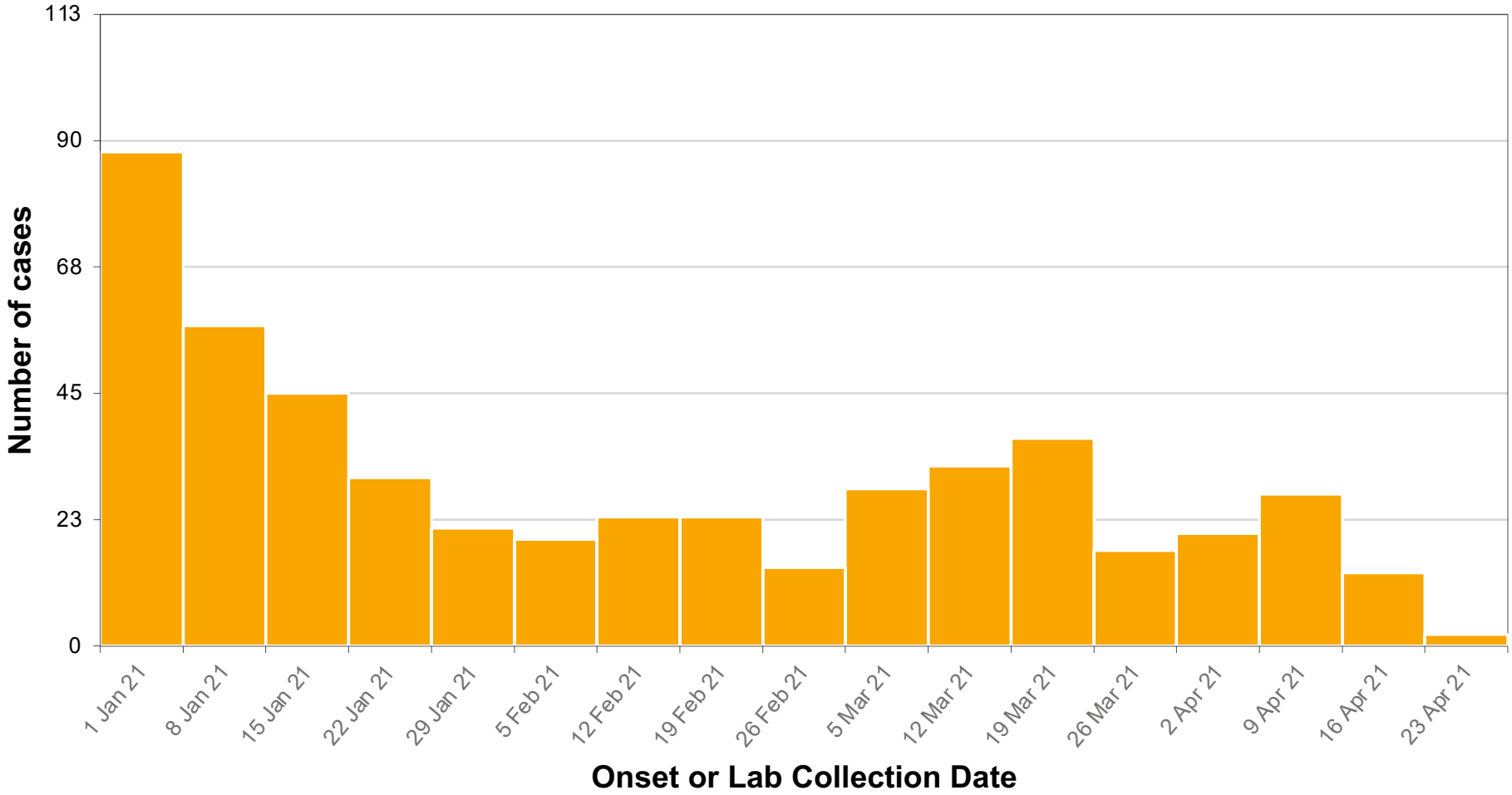
# Montgomery County, MMWR Week of Onset or Lab Collection, University vs. Congregate Settings vs General Pop as of 4/26/2021



# Montgomery Co., COVID-19 Epi Curve, Aged 5 – 17, 1 Jan – 26 Apr, by Week of Onset or Lab Collection Date

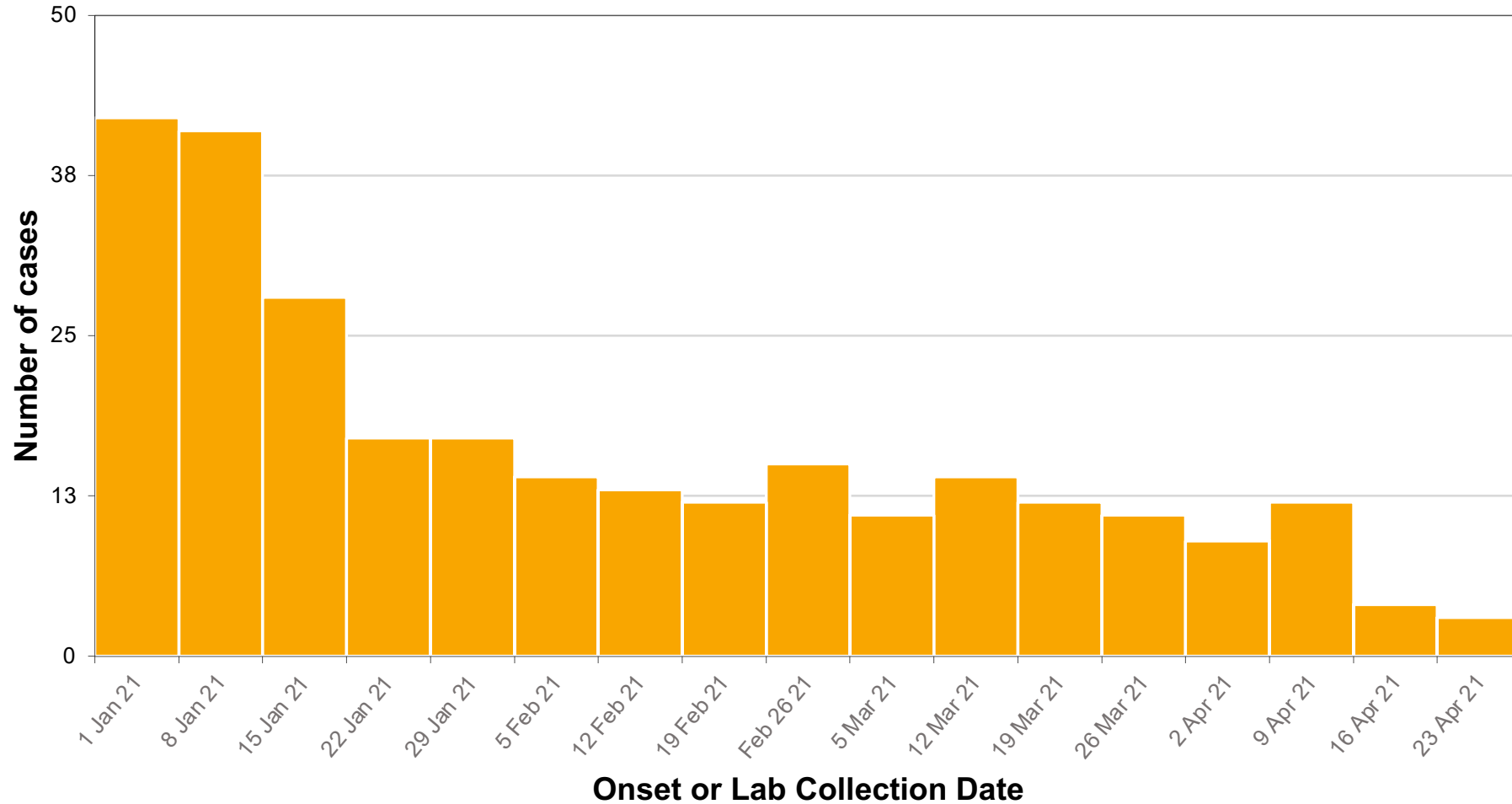


# Radford City, COVID-19 Epi Curve, 1 Jan – 26 Apr, by Week of Onset or Lab Collection Date

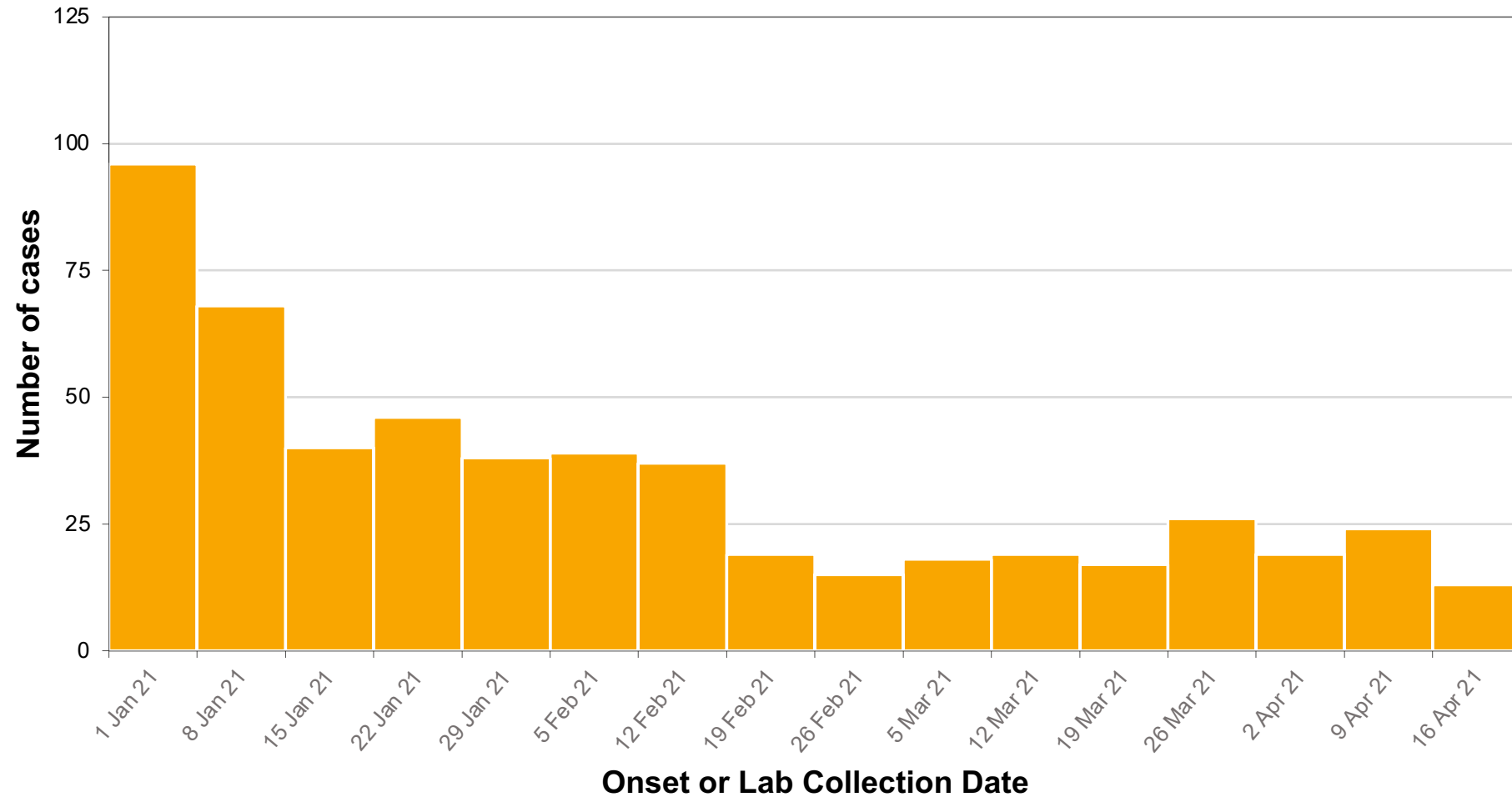




# Floyd Co., COVID-19 Epi Curve, 1 Jan – 26 Apr, by Week of Onset or Lab Collection Date



# Giles Co., COVID-19 Epi Curve, 1 Jan – 26 Apr, by Week of Onset or Lab Collection Date



# Pulaski Co., COVID-19 Epi Curve, 1 Jan – 26 Apr, by Week of Onset or Lab Collection Date

