

VIRGINIA

January 2007 Quarterly Report

I. General Information

Report Period: October-December, 2006

Date Submitted: January 16, 2007

State: Virginia

FEMA Region: III

Person Submitting Report:

Julie Stanley

Office of the Governor

Director, Office of Community Integration for People with Disabilities (OCI)

julie.stanley@governor.virginia.gov

Phone: (804) 371-0828

Fax: (804) 371-6984

Other individuals in State Delegation:

Curtis Brown

Office of the Governor, Commonwealth Preparedness (OCP)

curtis.brown@governor.virginia.gov

Lisa Kaplowitz, M.D., MSHA

Virginia Department of Health (VDH) Emergency Preparedness and Response Programs

lisa.kaplowitz@vdh.virginia.gov

Kim Allan, B.S., M.P.A.

VDH Emergency Preparedness and Response Programs

kim.allan@vdh.virginia.gov

Bill Peterson (Note: Janet Schaefer is no longer with VDA)

Virginia Department for the Aging (VDA)

bill.peterson@vda.virginia.gov

Anna McRay

Virginia Department of Emergency Management (VDEM)

anna.mcray@vdem.virginia.gov

Suzanne Simmons

VDEM

suzanne.simmons@vdem.virginia.gov

Rebecca Currin

Virginia Office of Protection and Advocacy (VOPA)

rebecca.currin@vopa.virginia.gov

Gail Jaspen

Office of the Secretary of Health and Human Resources (OSHHR)

gail.jaspen@governor.virginia.gov

Tricia Snead

Virginia Department of Social Services (VDSS)

patricia.snead@dss.virginia.gov

Bill Armistead

Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)

E-mail: bill.armistead@co.dmhmrzas.virginia.gov

II. State Delegation Meetings/Teleconferences

Date: January 11, 2007

Outcome: Preparation of Quarterly Report

Please note that, while this was the only meeting specifically scheduled for the Delegation this quarter, many members have met together within other groups as described below. Also, since the last Quarterly Report, Bill Armistead of DMHMRSAS has joined the Virginia Delegation.

III. Emergency Planning Highlights

- **Activity: OCP Regional Working Groups established.** Pursuant to the Code of Virginia, OCP has established regional working groups to focus on “regional initiatives in training, equipment, and strategy to ensure ready access to response teams in times of emergency and facilitate testing and training exercises for emergencies and mass casualty preparedness.” The seven Virginia State Police regions were chosen. These seven groups consist of regional representatives from the fire (Chiefs), health, and law enforcement (Chiefs) fields. At least one person with a disability/family member has been invited to join each regional group as follows:
 - Region #1 (City of Richmond, New Kent, Charles City County, King George, Dinwiddie, Goochland, Louisa): Craig Fabian, member of the Community Integration Advisory Commission
 - Region #2: (Rappahannock, Page, Frederick, Rockingham, Harrisonburg, Orange): Jack Brandt, former Governor's Fellow, OCI
 - Region #3: (Halifax, Mecklenburg, Amherst, Staunton, Waynesboro, Charlottesville, Fluvanna): Joan Manley, Vice-Chair of the Community Integration Advisory Commission
 - Region #4: (Lee, Scott, Russell, Tazewell, Smyth, Grayson, Bland, Pulaski, Radford, Wise): Charlie Holiday, emergency services dispatcher, formerly with the Center for Independent Living
 - Region #5: (Virginia Beach, Norfolk, Surry, Williamsburg, James City County, Newport News, Hampton): Lisbet Ward, Chair, Virginia Board for People with Disabilities and affiliated with the Endependence Center (a CIL)
 - Region #6: (Botetourt, Franklin, Danville, Martinsville, Bath, Highland, Montgomery, Blacksburg, Christiansburg, Roanoke): Linda Wyatt, Secretary of the Community Integration Advisory Commission
 - Region #7: (Fairfax County, Fairfax City, Prince William, Loudoun, Arlington, Falls Church, Alexandria): Charles Brown, member of the Community Integration Advisory Commission

Outcome/Product: The groups will work closely with the Secure Commonwealth Panel in shaping policy and providing cohesive Commonwealth Preparedness planning.

- **Activity: EO 2 Implementation Team and Community Integration Advisory Commission Update:** VDEM forwarded the recommendations made by the Team and Commission (discussed in the first quarterly report) to its Preparedness, Training and Exercises Division as well as to other areas of the agency for review and action. Updates on emergency planning and preparedness activities were given at the regularly scheduled meetings of the Commission (10/31/06) and the Team (12/19/06).

Outcome/Product: Increased knowledge of activities through continued cross-agency and cross-disability discussion and sharing of information among state agencies and stakeholders.

- **Activity: Governor’s Budget Proposal for Integration of People with Disabilities into Disaster Preparedness, Response and Recovery Operations:** On December 15, Governor Kaine requested funds in support of an All Hazards Readiness Initiative that is focused on strengthening the Commonwealth's capabilities to prepare for, respond to, and recover from a natural or man-made catastrophic event. The intent of the initiative is to minimize the devastation and societal disruption as experienced in the Gulf states from Hurricane Katrina. Specifically, this amendment creates a position within the Office of Community Integration to work with OCP to evaluate and improve the availability of services for individuals with disabilities. For 2008, \$67,882 and an increase of one position have been requested to evaluate and coordinate the availability and provision of services statewide for individuals with disabilities in the event of a catastrophic event.

Outcome/Product: OCI will work with VDEM to develop a plan to maximize services for people with disabilities, which will include a disability-focused presence in the Emergency Operations Center during actual emergencies.

- **Activity: VDEM’s Citizen Corps Vulnerable Populations Work Group.** This group, led by Delegation Member Suzanne Simmons, reported its September 28 work to the Citizens Corps Council October 5. This meeting focused on sharing of stakeholder information, networking and identification of people who should be involved in the process, including all nongovernmental organizations. A second meeting held January 11 was a working session to prepare for 11 **Community Based Emergency Response Seminars: Preparing for All Abilities** scheduled to start March 3. These one-day workshops are designed to increase understanding of requirements and expectations between first responders and citizens with medical, communication, mobility or behavioral challenges; medical and mental health providers, law enforcement, fire/EMS, emergency planners and managers, public health staff, public relations/media specialists, volunteer organizations and other providers. Citizens and responders from each community will be able to discuss their requirements and expectations and begin developing solutions to ensure preparedness during emergencies. Delegation members will be actively involved in these seminars. (Flyer is attached).

Outcome/Product: A major goal of the regional workshops is to initiate local discussions that will lead to attendees continuing to work together following the workshops.

- **Activity: Article, Virginia Board for People With Disabilities November Newsletter.** Delegation members Julie Stanley and Rebecca Currin co-authored an article entitled “Emergency Planning for People with Disabilities” that appeared in VBPD’s November “Voices & Visions” newsletter.

Outcome/Product: Article is attached.

IV. Emergency Preparedness Highlights

- **Activity: VDEM Local Emergency Coordinator Briefings.** Delegation Members Rebecca Currin, Julie Stanley, and Lisa Kaplowitz; Bob Mauskaupf of VDH; and Jack Brandt, a self advocate, spoke on panels at VDEM’s Local Emergency Coordinator Briefings (November 7, Bristol; November 14, Williamsburg; and November 30, Charlottesville). Over 300 people attended the three sessions. Each panel also featured a regional representative who addressed efforts within the region. The panels were specifically designed to encourage local emergency planners to consider the needs of and include people with disabilities and the elderly in planning efforts. Topics covered included transportation, sheltering, inclusion, registries, congregate care facilities, natural supports (including development of individual preparedness plans), accessibility

of information and materials, and contact information for local and regional disability and senior organizations.

Outcome/Product: A PowerPoint used in these briefings is included in the e-mail transmitting this quarterly report.

- *Activity:* **Local Problems. Regional Solutions conference:** VDEM and Citizens Corps co-sponsored a conference November 15-17, 2006, in Williamsburg, that was focused on regional partnering and outreach. Segments of the conference were devoted specifically to at risk populations, including people with disabilities and the elderly. Examples of topics covered included cultural issues in emergency planning and communication with people who are deaf or hard of hearing. The keynote speaker from Harris County, Texas, addressed meeting the needs of *all* people in the Astrodome shelter operation. Advocates and self advocates assisted in developing these sessions in response to priorities developed during the year.

Outcome/Product: Increased local and regional knowledge of issues involved in emergency planning for people with disabilities and the elderly.

- *Activity:* **Governor's Hurricane Evacuation and Sheltering Task Force:** This group completed its work (described in First Quarter Report) in the previous quarter.

Outcome/Product: Implementation of the strategies included in the final report is being monitored regularly and updates are being compiled for the Governor.

- *Activity:* **Commonwealth Preparedness Work Group Planning Review Subcommittee Established.** With the advent of winter on the horizon, the Hurricane Evacuation and Sheltering Task Force turned its attention to preparedness for and response to possible winter storms. This group continues to include a person with a disability--Ed Turner, recently appointed as the Governor's Special Advisor on Disability Issues and Concerns. The group met November 16 and heard presentations from VDEM and VDOT on winter weather preparedness (agenda attached)

Outcome/Product: Increased state agency knowledge and cooperation in winter weather emergency events planning.

- *Activity:* **OSHHR Emergency Response Work Group Meeting.** As the Office of Commonwealth Preparedness turned its attention, in part, to ensuring that appropriate plans are in place for responding to winter storms and emergency sheltering needs that sometimes arise in those events, members of the OSHHR Emergency Response Work Group reconvened November 20 to update each other on activities over the past several months. Delegation members present included Gail Jaspen, who led the group, Bill Armistead, Tricia Snead and Julie Stanley.

Outcome/Product: Increased state agency knowledge and cooperation in emergency planning and preparedness.

Activity: **Outreach Subcommittee of Secure Commonwealth Panel.** The Secure Commonwealth Panel is established as an advisory board in the executive branch of state government. The Panel monitors and assesses the implementation of statewide prevention, preparedness, response, and recovery initiatives. Language establishing the mission of the Secure Commonwealth Panel's Outreach Sub-panel sets inclusion of people with disabilities as a specific priority:

Purpose: Conduct activities so that citizens of the Commonwealth are provided the opportunity to provide input to first responders, private leaders, and public policy decision makers.

Objectives:

- Identify opportunities for developing regional forums for citizens to provide input to the Secure Commonwealth Panel.
- *Ensure that people with disabilities and the elderly are integrated into the emergency planning process.*
- Develop strategies for presenting successful Secure Commonwealth activities to first responders, localities, emergency response non-profit organizations, media outlets and citizens of the Commonwealth.
- Ensure that diverse and underserved populations have opportunities to voice opinions and concerns.

V. Emergency Response Highlights

- **Activity: Sheltering Policy Development.** Challenges have been identified with sheltering from a state perspective: inland host sheltering, super sheltering, diverse populations including elderly, children, persons with existing physical or medical conditions without medical needs, persons with specific medical needs, cultural differences, language differences, transportation of certain populations, and human resource issues (staff and volunteers). VDSS is now taking the lead on mass sheltering.

Outcome/Product: VDSS has completed a local government questionnaire to identify the location, capabilities and accessibility of local shelters. VDSS has also surveyed state government agencies, schools, and non-governmental facilities to identify facilities that may be available to be used as potential shelters. VDSS is also working on developing standard operating procedures for a state managed shelter facility to be used when local governments are overwhelmed, and is looking to develop five regional shelter teams that will be able to deploy to a given site within four hours or less. Use of current state employees is being considered for shelter staffing (State personnel policy 4.17 (attached) currently permits agencies to grant up to 80 hours of paid leave annually to qualifying employees who are called away from their regular jobs to provide specific kinds of emergency services during defined times of state and/or national disaster.)

- **Special Medical Needs Shelter Group Established.** VDH established a multi-stakeholder workgroup which first met October 27 at the Virginia Emergency Operations Center to suggest policy and offer guidance specific to those with medical needs during a disaster. Acute Hospital Care Concerns, Special Medical Need Pilot Project from ODEMSA, an example of a shelter assessment tool (June 2006), and the Florida Special Needs Shelters levels of care template were shared with the group. Delegation members Rebecca Currin, Kim Allan, Lisa Kaplowitz, Anna McRay, Tricia Snead, Bill Armistead and Julie Stanley attended and addressed the group.

Outcome/Product: See attached meeting summary. This group will continue to meet until a policy is crafted; its next meeting is scheduled for January 24.

- **Activity: Assisted Living Facility (22VAC 40-72) and CORE (Children's Residential) (22 VAC 42-10) Regulations Revised.** These regulations have been enhanced to an all hazards approach and now require provider coordination with local emergency coordinators, just as the DMHMRSAS regulations have provided.

Outcome/Product: Increased safety of residents in congregate care facilities and increased communication among congregate care facilities and local emergency planners.

VI. Emergency Recovery Highlights

VII. Next Steps

Significant Planned Activities:

- **Community Based Emergency Response Seminar: Preparing for All Abilities:** VDEM, VDH, the Department for the Deaf and Hard of Hearing and the disAbility Resource Center will host 11 regional workshops beginning March 3. The objective is to increase understanding of requirements and expectations between first responders and citizens with special needs. Citizens and responders from each community will be able to discuss their requirements and expectations and begin developing solutions to ensure preparedness during emergencies. The following audience is being targeted: citizens with medical, communication, mobility or behavioral challenges; medical and mental health providers, law enforcement, fire/EMS, emergency planners and managers, public health staff, public relations and media specialists, volunteer organizations and other providers. See Flyer attached.
- **Special Medical Needs Shelter Group:** This group (see above) will hold its second meeting January 24.
- **Sixth Annual Conference on Social Equity and Leadership:** Delegation Member Julie Stanley will serve as a panelist on February 15 at Virginia Commonwealth University's hosting of the National Academy of Public Administration (NAPA) Sixth Annual Conference on Social Equity and Leadership: "Social Equity: Putting Solutions into Practice." With the clear importance of effective planning for supporting emergency preparedness for individuals with disabilities, this conference is being designed to highlight regional work with a local and national audience. The conference will examine policy challenges facing vulnerable populations and provide practical, replicable solutions; demonstrate how equity analysis can be hard-wired into every step of service delivery to improve participation; and provide more integrated, comprehensive and culturally responsive services. The panel is entitled 'When *the Sirens Sound: Policy, Research, Politics and Equity in Regional Emergency Planning*' and will focus on issues of social equity in local and regional emergency planning. Special attention will be paid in the discussion to growing international populations in the region and the state and related linguistic barriers, ongoing challenges with economic disparities and their associations with race and age, and the needs of individuals with disabilities. The session will provide the opportunity for community stakeholders, VCU students, as well as local and national researchers and professionals to better understand and discuss critical factors relevant to social equity and public responses to emergency situations. Members of the OCP regional work groups (see above) are invited guests.
- **Fire Chiefs Association.** An invitation has been extended to the Virginia Fire Chiefs Association for a presentation at its next conference or an article in its newsletter regarding emergency planning and preparedness for people with disabilities and the elderly.
- **Homeland Security Grant Meeting January 29-30:** In preparation for the Department of Homeland Security (DHS) 2007 Grant Application, OCP is hosting a two-day stakeholder meeting to discuss and prioritize investment areas. Delegation member Julie Stanley will participate in a Citizen Corps investment area breakout group in order to discuss and prioritize specific projects. Two self advocates (one with a mental health issue and another with a physical disability) will join the group.

- **VOPA Objective Update:** VOPA is using an all-hazards approach to licensed community facilities and state-operated facilities and is working to develop a framework on which all future emergency planning assessments will be conducted.

Products under Development: Tool kit for ***Preparing for All Abilities*** regional workshops

VIII. Other

Points of Interest (e.g., lessons learned, innovative approaches):

Challenges (e.g., areas for which State delegation is requesting suggestions from others)



SAVE THE DATES! MARK YOUR CALENDARS!

Virginia Departments of Emergency Management, Deaf & Hard of Hearing and Health, and the disAbility Resource Center announce *the second annual...*

Community Based Emergency Response Seminar: Preparing for All Abilities

March 2007

3 – (Sat) – Fredericksburg
22 – Roanoke
24 – (Sat) – Abingdon
29 – Charlottesville
30 – Richmond
31 – (Sat) – South Boston

May 2007

8 – Winchester
9 – Northern VA
15 – Hampton Roads
16 – VA Beach/Chesapeake
19 – (Sat) Tentative –
Eastern Shore

Objective: Increase understanding of requirements and expectations between first responders and citizens with special needs. Citizens and responders from each community will be able to discuss their requirements and expectations and begin developing solutions to ensure preparedness during emergencies.

Target Audience: Citizens with medical, communication, mobility or behavioral challenges; medical & mental health providers, law enforcement, fire/EMS, emergency planners and managers, public health staff, public relations/media specialists, volunteer organizations and other providers.

Online, telephone and fax registration will be available 2 January 2007



The disAbility Resource Center

Emergency Planning for People with Disabilities

Rebecca Currin, Virginia Office for Protection & Advocacy and Julie Stanley, Virginia Office of Community Integration

We will remember the summer and fall of 2005 as one of the worst hurricane seasons in U.S. history. The Gulf Coast was devastated by three hurricanes, and the New Orleans levees were breached, leading to widespread recognition that, despite fancy technology and advanced communications, we were not prepared to respond to major disasters. We also learned that emergency planning and response were woefully inadequate, particularly for seniors and persons with disabilities.

In recognition of these hard-learned lessons, on June 28-30, 2006, the U.S. Departments of Health & Human Services and Homeland Security sponsored a Working Conference on Emergency Management and Individuals with Disabilities and the Elderly (www.add-em-conf.com for more information). The conference brought together state experts on disabilities, aging, and emergency management to discuss promising practices, formulate state teams, take a critical look at state emergency planning processes, and identify how they might strengthen with regard to individuals with disabilities and the elderly.

Virginia's delegation included the Offices of Community Integration for People with Disabilities, Commonwealth Preparedness, and Protection & Advocacy, as well as the Departments of Emergency Management, Health, and Aging. Each morning, recognized experts in the field presented the lessons learned since 2005. Afternoon discussions addressed specific topics and recommendations, giving particular emphasis to defining "special needs populations" and the usefulness--and pitfalls--of providing "special needs shelters" and maintaining "registries" of persons with special needs.

Conferees quickly reached two decisions: everyone needs to develop a personal emergency plan and persons with disabilities and seniors must be involved at every stage and level of emergency planning and response. Involvement in state level planning can be expedited by existing entities such as the Community Integration Implementation Team and Advisory Commission and the Virginia Board. At the local level, involvement of Centers for Independent Living, Disability Services Boards, Community Services Boards, Area Agencies on Aging, and numerous consumer groups is also essential.

On August 22, the delegation presented recommendations for inclusive, accessible sheltering and involvement of persons with disabilities and seniors at every level of emergency planning and response to the Community Integration Implementation Team. The Team agreed with the delegation's recommendations, and on September 19, they were presented to the Community Integration Advisory Commission. The Commission adopted the Team's recommendations and made several helpful suggestions of its own.

Get involved! Working with Citizen Corps, the Departments of Emergency Management and Health are funding a series of regional outreach and training sessions focused on emergency preparedness for people with disabilities, seniors, and other "vulnerable" populations. Virginia delegation members will be involved in planning these daylong events and hope to gain active participation from the disability and senior communities. The first forum, being developed with the disAbility Resource Center in Fredericksburg, is scheduled for March 2007. Once finalized, forum details will be posted at ww.vaemergency.com/train/calendar.cfm. **VV**

CPWG Planning Review Subcommittee Meeting

**Thursday November 16, 2006
Governor's Cabinet Conference Room
Patrick Henry Building, 3rd Floor
2:00 p.m. to 4:00 p.m.**

Welcoming Remarks

Steve Mondul
Governor's Office of Commonwealth Preparedness

Winter Storm Readiness Discussion (power outages, special needs populations, heating fuel, and sheltering)

Janet Clements
Virginia Department of Emergency Management

Winter Storm Readiness (road clearance, pre-winter exercises, supply stockpile strategy, and special needs population)

Quintin Elliot
Virginia Department of Transportation

Update: Roundtable discussion on outstanding hurricane evacuation and sheltering concerns

All to participate

Next Steps

EMERGENCY/DISASTER LEAVE

APPLICATION: Full-time and part-time classified employees.

PURPOSE

This policy permits agencies to grant up to 80 hours of paid leave annually to qualifying employees who are called away from their regular jobs to provide specific kinds of emergency services during defined times of state and/or national disaster. This policy also permits agencies to grant up to 80 hours of paid leave annually to employees who are victims of disasters that meet the criteria specified in this policy.

DEFINITIONS

Emergency Services

The preparation for and carrying out of functions to prevent, minimize and repair injury and damage resulting from natural or man-made disasters. These include fire-fighting services, police services, medical and health services, rescue, engineering, warning services, communications, radiological, chemical and other special weapons defense, evacuation of persons from stricken areas, emergency welfare services, emergency transportation, emergency resource management, existing or properly assigned functions of plant protection, temporary restoration of public utility services, and other functions related to civilian protection. See Va. Code § 44-146.16. Employees activated under military orders, whether by state or federal authorities, are not covered by this policy. See Military Leave, Policy 4.50.

Major Disaster

An official status declared by the President of the United States when he deems that federal assistance is needed under the Stafford Act (P.L. 93-288 as amended) to supplement state, local, and other resources to deal with the effects of a variety of natural or man-made catastrophic events.

Man-made Disaster

An event caused by the action of one or more persons that imperils life and property and produces danger or the imminent threat of danger through exposure to biological, chemical, or radiological hazards, as defined in Va. Code § 44-146.16. Examples include large spills resulting from transportation or industrial accidents, and effects of terrorist acts. Some man-made disasters may also be called technological disasters.

Natural Disaster	An event of nature that causes extensive and/or severe threat to or destruction of life and/or property, as defined in Va. Code § 44-146.16. Typically, such situations are the result of wind, earthquake, blizzard, ice storm, widespread fire, or flood.
Primary Personal Residence	The home or apartment in which the employee resides most of the time. This does not include vacation or second homes, nor property owned but not occupied by the employee. Normally, this location will bear the employee’s official address as recorded by the city or county where the dwelling is located.
Specialized Skills or Training	Specific, definable skills or training that enables an individual to provide certain identified services needed during periods of state or national emergency or disaster. These skills and training may or may not be related to the qualifications used in the employee’s state job.
State of Emergency	The status declared by the Governor of Virginia (see Va. Code § 44-146.17) or of another state for conditions of sufficient severity and magnitude that assistance is needed to supplement the efforts of localities and other relief organizations.

BASIC PROVISIONS

Pay During Emergency/Disaster Leave	<p>An employee shall continue to receive his or her normal salary for up to 80 hours while using approved Emergency/Disaster leave under this policy.</p> <p>The Commonwealth will <i>not</i> pay for expenses related to providing emergency service, such as travel, food, or lodging.</p>
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Requesting Emergency/Disaster Leave	Employees must request Emergency/Disaster Leave in accordance with procedures established by their agencies. Agency heads or their designees have sole discretion to approve requests for paid leave in the emergency or disaster situations described in this policy.
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Leave to Provide Emergency Services	<p>Employers may approve an employee’s request to use up to two weeks (80 hours) of paid leave annually to provide emergency services in compliance with the criteria of this policy.</p> <p>Employees asked by emergency/relief service authorities to extend their service beyond 80 hours for the same event may request approval from their agencies to use appropriate accrued leave or leave without pay. Approval is at the discretion of the agency head or designee.</p>
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NOTE: If supplying emergency service is within an employee’s normal job duties, the employee shall serve in the manner directed by his or her agency. The time will be treated as normal hours of work and will not be considered Emergency/Disaster Leave under this policy.

Qualifying Events

Employees may be granted leave to provide emergency services if all of the following criteria are met:

The area is covered by an official declaration of major disaster by the President of the United States, or a declaration of a State of Emergency by the Governor of Virginia or the governor of another state.

Public officials at the site of the disaster have requested the assistance of individuals with specialized skills or training.

The employees possess the required specialized skills or training requested by the authorities.

Employees present written requests to provide emergency services and obtain approval prior to using leave under this policy.

Leave for Victims of Disaster

Leave may be available under this policy to an employee who has sustained severe or catastrophic damage to or loss of his or her primary personal residence, or has been ordered to evacuate that residence, as a result of a natural or man-made emergency or disaster.

Agency heads have sole discretion for authorizing up to 80 hours of leave annually under this policy for employees who meet all criteria shown below:

- The event resulted in a formal declaration of a State of Emergency or of federal disaster status.
- The employee's home was located in the officially declared disaster area.
- Formal documentation from recognized disaster relief organizations or insurance companies verifies severe, extreme, or catastrophic damage to or loss of personal property as a result of the declared emergency in which the damage or required evacuation rendered the employee's home temporarily or permanently uninhabitable.

The Commonwealth will *not* pay for expenses incurred by the employee in recovering from the personal effects of a disaster.

**AGENCY
RESPONSIBILITIES**

Agencies should establish an internal process for employees to submit requests and for the agency to evaluate employee eligibility for leave under this policy.

Emergency/Disaster Leave to provide emergency service shall be granted at the discretion of the requesting employee's agency head or designee. In evaluating such requests, agency heads should consider the need for the employee to provide the specified assistance and the expected impact of the employee's absence on the agency's ability to fulfill its mission.

Agencies are responsible for ensuring that they have the required documentation before awarding paid leave. For leave to provide emergency services, this includes:

- confirmation of the declaration of disaster by the President of the United States, Governor of Virginia, or governor of another state;
- verification of the request for assistance by the appropriate officials; and
- corroboration that the employee possesses the relevant specialized skills or training.

For leave for victims of disaster, this includes:

- confirmation of the declaration of a State of Emergency or federal disaster status;
- documentation that the employee's primary residence is in the official disaster area
- verification as cited above of catastrophic damage to or loss of the residence, or requirement to evacuate the residence.

When an employee who is the victim of catastrophic damage to or loss of his or her primary residence, or who has been ordered to evacuate that residence, requests leave under this policy, the agency must obtain verification that the criteria described above (Leave for Victims of Disaster) have been met.

**EMPLOYEE
RESPONSIBILITIES**

Employees are responsible for requesting leave as required by their agency procedure, and for providing the required documentation or verification as listed above.

AUTHORITY

The Department of Human Resource Management issues this policy pursuant to the authority provided in Va. Code § 2.2-1201. This policy supersedes Policy 1.15, Disaster Relief, issued 9/16/93.

INTERPRETATION

The Director of the Department of Human Resource Management is responsible for official interpretation of this policy, in

accordance with Va. Code § 2.2-1201.

Questions regarding the application of this policy should be directed to the Department of Human Resource Management's Office of Agency Human Resource Services.

The Department of Human Resource Management reserves the right to revise or eliminate this policy.

**RELATED
POLICIES**

4.50, Military Leave

Special Needs Medical Sheltering Workgroup Meeting Summary
October 27, 2006
10:00am – Virginia EOC

Attendees (see attached roster)

Dr. Lisa Kaplowitz welcomed the group and gave a brief background on the Community Integration Committee (CIC) that had attended a conference in June 2006 where many issues regarding special medical needs were brought up. In order to assist the CIC in suggesting policy and offering guidance, it was determined that a specific group should be brought together to help address the nuances that are specific to those with medical needs during a disaster. There is another group already involved in discussion on how people with disabilities can assist during response during emergencies. The focus for this particular group will be medical needs during emergencies.

Patricia Snead, Virginia Department of Social Services, gave a state overview of sheltering issues.

- Challenges identified with sheltering in the Commonwealth from a state perspective: inland host sheltering, super sheltering, diverse populations including elderly, children, persons with existing physical or medical conditions w/o medical needs, persons with specific medical needs, cultural differences, language differences, transportation of certain populations, and as population as a whole, human resource issue (where's the staff, where are the volunteers).
- Efforts already underway to address these challenges. Already completed a local government questionnaire to identify location, capabilities of those shelters, how many are accessible. Also surveyed of state government agencies, schools, and non-governmental facilities. To identify facilities that may be available to be used as potential shelters. The list requires much work because previously these facilities have not been used as shelters.
- VDSS working on developing standard operating for a state managed shelter facility. Looking at these shelters to address mass evacuation or catastrophic events when local governments are overwhelmed. DSS will be lead but dependent upon agencies in their secretariat as well as staff from other agencies whose staff don't usually operate during emergencies.
- Evacuation and sheltering task convened, prepared a report through their secretariat. Still working on the report. Concept of state run shelters is a new concept. Looking from a regional perspective. Looking to develop five regional shelter teams that will be able to deploy to a given site within 4 hours or less. Anna (VDEM) will be working very hard to find facilities within each of those regions to serve as these regional sites.
- Questions:
 1. *Can you visualize what size facility is being considered for regional facilities?* Minimum is to accommodate at least 500+ persons. Any discussion of whether mega shelters will be general shelters or medical shelters. Any consideration of modeling "Town Pickett"? Desire is accommodate all persons in general shelters not separate designated as general or medical. Want to keep families together. Town Pickett was first attempt at, establishing mass shelter, will use good things that worked there in planning efforts moving forward.
 2. *Can we set up shelters that accommodate everyone or do we need a separate shelter to accommodate some sub-set of special medical needs persons.* Goal is to make all shelters as inclusive to the entire population as possible. It is realized that there

may be instances where people cannot shelter together, but the goal is to keep the population, and thereby families, together.

Patty Shaw, Deputy County of James City County Social Services, gave an overview of sheltering on a local level, using a local example.

- Emergency Operations Plan for JCC, identifies an oversight committee responsible for emergency planning. Meets regularly. Plan addresses job descriptions, shift managers, asst manager, shelter attendees, and registrars. Identified 4 phases of emergency operations: 1) normal operations (no storms, preparedness); 2) increased readiness (know something is on the way); 3) emergency situation is present (dealing with it); 4) recovery, when to close shelter.
- In past only had one shelter identified (community center). Now have 2 more (schools). Plans include layouts where registrar, nurse station, sleeping, smoking areas, etc. Plans regularly updated.
- Purchase four rolling suitcase that they keep info in that goes to EOC and each shelter
- List of interpreters, agreements with other agencies and business (within department, in county, out of county), lists of special needs clients (contact info, where they live), info on use of emergency radios, info on pet sheltering, staff emergency contact numbers, office supplies, shelter registration forms. 4 teams of 12 each identified. Identified as one of first stops people will take if evacuation from beach areas.
- Special needs list updated at least once a year, maintained in suitcase. Submitted to GIS and mapped into county system. Hope to verify 2 x years soon.
- In shelter don't have special shelter for medical needs. Have decided to serve all citizens including medically fragile. Have special section near nurse's station, in same area with family members. Don't have staff to man a separate facility. Have rented a storage unit that is stockpiled supplies: canned goods, clothing, personal care items, baby supplies, needs for the elderly to have available in the event something happens. Have put a lot of agreements in place with key businesses, i.e. oxygen companies, colonial services board (to provide staff), regional jail (to provide food), health clinic (will coordinate b/t them among other shelters), county staff (transporting cots), purchased cots (regular and special needs). Contacted hotels and vets so know who will accept animals during emergencies. Have 800 MHz radios and satellite phones as back-up communications. JCC participates in 4 different planning groups, VOAD, community services group, emergency preparedness group (ARC).
- Have plans in place to purchase a generator and showing facilities to support a facility for staff that will work in the shelters.
- Special needs list is voluntary, primarily looking at those who may need transportation to get to a shelter
- Questions:
 1. *How are people informed of availability of the list?* Website and word of mouth. The web address is <http://www.James-City.va.us>
 2. *Any arrangements for provision of pharmacy services?* No, but clinic support may assist some.
 3. *Comment: Need to consider if need to provide back-up water resources.*
 4. *Has JCC talked to other counties re partnering?* Only locality worked closely with them is City of Williamsburg. If Williamsburg does not use their staff JCC would expect there citizens would use JCC.
 5. *Has there been any consideration given to sheltering based upon type of disaster, e.g. flood versus biological?* The goal is to be all-hazards inclusive for sheltering plans. JCC has purchased hepa-filter masks, but still in beginning stages of this process.

Kathy Siddell, ARC Liaison to VDEM, gave an overview on the ARC role in sheltering.

- Red Cross sheltering designed for persons who are self sufficient. Has done limited sheltering for persons with special medical needs, but policy decision was made to turn that over to

states. Response is local through local planning chapters, with national guidelines and coordinating through state Emergency Management.

Julie Stanley, Director for the Community Integration for People with Disability Task Force spoke on the Working Conference for Persons with Disabilities and the Elderly.

- This conference was unique in that it gave us opportunities to start thinking about these issues for the first time. It was a great opportunity to learn what was going on throughout the state. Planning paradigm in many ways states were using general population versus special populations, because heard stories about people being separated from their wheelchairs and from their families who would provide support to that person. Other assisted technology issues, persons evacuated were not allowed to bring their assisted technology items and therefore in process of sheltering were made more dependent. Persons with disabilities are part of general population, and many have medical needs, but so do other citizens.
- OCP forming regional workgroups that will include persons with disabilities. VDEM sponsoring training for local emergency coordinators. In addition to philosophical concerns are also many practical concerns to address, want to be sure persons with disability and the aging are not separated from regular population.
- As result of the conference and discussion is to make shelters as broadly accessible as possible. But there are persons who do need special medical services that even in a fully accessible shelter would need extra care.
- Questions
 1. *Real disconnect about home care today, nurse going in to do teaching of family members to care for a medical needs person. Personal Care and Hospice is not every day all day long care.* Dr. Kaplowitz acknowledged that personal care and hospice has changed over time, however, these groups are still integral in getting the message on preparedness out to their patient population.

Kim Allan, Executive Advisor with Emergency Preparedness and Response for the Virginia Department of Health gave an overview of the Medical Reserve Corps in Virginia

- 24 federally recognized units, only 12 funded. 8200 persons enrolled in MRCS, 3300 in Fairfax. Many are health care professionals, but many are not. Identified roles for MRC personnel include assisting public health in dispensing sites or mass vaccination, but could be available to assist in shelters as well.
- Certain cadre has expressed interest in sheltering and has taken Red Cross sheltering program. What is ARC sheltering, health services program directed, must abide by certain protocols, don't take on a lot of liability program. If MRC is operating under local government or state agency when in shelters, then have sovereign immunity as part of Code of Virginia. Band Aid service, limited liability services.
- Lauren Bateman gave overview of UVA MRC program
 - UVA MRC – started as medial school project. Have recruited most health care professionals (most nurses). Using student teaching model to provide clinical services. Focusing on more direct care because of the model they use.

Pat Winter gave an overview of her experience in September 2004 in which she took team of 24 people from VDH to Indian County Florida to Sebastian HS special needs shelter.

- When the team arrived, shelter had been in operation for 7 days, with 300 people in residence - down from high of 500 during height of storm. Florida has well developed system for managing shelters.
- Facility was Spanish style facility open courtroom, main quadrangle of buildings; one building behind main quadrangle had generator capabilities.

- People that needed electricity were placed in the power supplied building. Bulk of people housed in gym of school. People who were electricity dependent were in higher need of medical care, also had care givers with them, keep family units together.
- Had requirements for pre-registration. Florida code requires every county to maintain a special needs registration. Participation is voluntary.
- Code also requires that electronic power companies send out info to allow people to sign up for special needs registry.
- Registry is maintained by local EMS in each county. Very labor intensive to maintain. Only about 10% of people pre-registered. Registration captured what their needs were. When people came to shelter, registry form was completed at time of enrollment at the shelter if they were not already registered.
- Evacuees were told to bring a caregiver with them and told to bring medications for 3-5 days. Would recommend this NOT be done. Biggest challenge was medicine management. Not labeled, stored in bulk zip lock bags. If you do tell them to bring medicines, stress that all medicines should be in original containers to facilitate refills if needed.
- Non electric dependent, many sensory impaired persons, mobility impaired, diabetes, MS, strokes, asthma (some can't tolerate temperature changes well, may need air conditioned space), COPD, dementia, CV disease also needed assistance. Most required normal assistance with ADL.
- Electric dependent: some oxygen dependent, CPAP, nobody completed dependent on mechanical ventilation 24/7. IV therapy, chemo therapy patients came with their equipment. Motorized wheelchairs have more access to keep chairs charged. Recent hospital discharges that required close monitoring were also sheltered in the power generated building.
- Staffing: Was many staff for extended period of time. Very elderly persons in different environment, needed assistance just getting up and down from cots, getting to meals.
- However, if staffed correctly, these shelters can assist with hospital surge. Many people required hemo-dialysis, provided transportation to the hospital for this service, some patients peritoneal dialysis came with caregivers.
- ICS structure used.
- Generally docs from hospitals provided consultants. Had access to a pharmacy. Had ACLS EMS support on site 24/7, a mental health counselor on site. Was a local DME company, respiratory therapy that serviced equipment?
- Many administrators (supply coordinators, financial support staff). Food service provided through school café, custodian and maintenance on site. Transportation, school bus on site. Many supplies available. Medical and nursing supplies available, dressings, O2 tanks, osteomy supplies, glucometers, strips, blankets.
- School had showers and commercial washer and dryers that had not been used in 1st 7 days. Needed to be manned 24/7 to keep clothes and linens for everyone present. Need to consider this issue ahead of time.
- 18 nurses, office support staff, a couple nursing assistants and outreach works. NY's #2 DMAT team was there (35 members, couple of docs, nurses, communications, pharmacist, nurse practitioners). Pharmacy set up separate room, coordinated with local pharmacy to get meds and to identify meds brought in by citizens.
- Respiratory therapist came, was very helpful.
- Teams had supplies for 270 people for 72 hours before being re-supplied. VA can also deploy staff. Local public health in FL manned 1st 7 days. Local RC, MH, SS provided support a few hours a day each day.
- State opened single special needs shelter in Orlando Civic Center (military MASH unit), where 110 from this facility went once shelter closed. Hospitals discharged patients from hospital directly to the shelter.
- A big issue was staff not knowing the people. Persons were supposed to have envelope that included their ID; envelopes tended to move even when the people did not! Obtained hospital bracelets with name and contact info and major diagnosis. When evacuees were sent to Orlando, the bracelet along with the sheet of info went with them.
- ID'ing people when they arrive is very important.

- Public health team was concerned in the beginning because they felt didn't have acute care experience, but they did well.
- Most people with significant dementia were with family members. Some did not, arrived by community coaches.
- Overall good experience with lots of opportunity for Virginia to learn these best practices and incorporate them into up and coming sheltering planning.

Jon Donnelly with the Old Dominion EMS Alliance (ODEMSA) gave an overview of the Special Medical Needs Pilot Project

- One of 11 regional councils divided by planning districts that they serve. Serve very rural to very urban areas.
- Cumberland County Rescue Squad opened a medical shelter following Hurricane Isabel and worked very well.
- Project goal is to develop a template to give to localities to assist them when considering sheltering.
- Plan needs to be realistic and must be owned by local government.
- Planning concept is to assist localities to take care of their own, takes load of hospitals and EMS.
- Must agree to definition of Special Medical Needs.
- Pilot will occur in planning district 14. Rescue squads will be catalyst with local governments to sell the project.
- Coordinating with Emergency Preparedness and Response and other state efforts. Hopefully will result in a system that might be useful statewide.
- Question
 1. *On one hand understand need to define Medical Needs, but on other hand, don't see the need to define Medical Needs persons and separate them. Why do we need to carve out Medical Needs persons from any others?* It's important for everyone to agree and understand definitions of populations even if we don't decide to separate based upon those definitions. Local emergency managers need to know their populations and know how to assist them. It is more important to learn what people in the community expect especially pertaining to what the government is responsible for related to special medical needs.

Lonnie Byrd, with the Eastern Region Peninsula EMS Dept, spoke about Acute Care Hospital concerns

- Shared definitions used in planning in Eastern region of the state, from hospital perspective.
- In a disaster, some local physicians may have to close their practices but could assist in medical shelters.
- Critical objectives: standard of care treatment; triage to put in appropriate care setting; diversion from hospitals if possible perhaps to ambulatory setting

Tammy Karlgaard with the Hampton Roads Planning District Commission spoke about the local government perspective in the Tidewater area.

- Localities in the Hampton Roads region have agreed to medial special needs definition.
- A special needs study was conducted through planning district commission to compare their region versus others throughout the country. Results on their web site (<http://www.hrpdc.org/>).
- Have developed criteria to assist in identifying regional shelters. Chesapeake will have their own medical special needs capabilities in their shelters. Have tried to keep a registry, but is extremely difficult to maintain.

Kenny Hayes, Logistics Officer with the Virginia Department of Emergency Management gave an overview of where equipment and supplies for sheltering comes from.

- Historically, VDEM only worked with police, fire and EMS, now relying/ coordinating with DSS, VDH, and other agencies to support the response effort. Having regional facilities will be very beneficial to resource distribution and staffing. May need more info on VDEM's role of sheltering.
- 100 FEMA trailers of water, cots, and MREs which had been based in VA will be returned to a federal site for storage outside of the state. Meeting with DGS to start contracting out for these resources. Have contracts out for water, ice, cots, blankets, meals, etc. Target date of 3/1/07 to have contracts in place.
- Questions
 1. *Can VDEM provide resources to private entities?* VDEM cannot provide resources to private entities with or without emergency declaration. Could possibly access resources if passed along through local government. VDEM can refer private entities to their contractors.

Anna McRay, Evacuation & Shelter Planner with the Virginia Department of Emergency Management gave an overview of shelter planning from the emergency management perspective.

- Emergency management is much more inclusive than it used to be. More to EM than lights and sirens – we now are including social services, Red Cross, and other entities in the planning processes. This includes bringing those with special considerations for emergency management to the table to assist with planning efforts.
- Overall, a firm definition of special medical needs is necessary because we need to know who we are dealing with and who may need additional assistance.

After overall background sessions for this group were completed, Dr. Kaplowitz posed the question on what are this work group's goals and objectives should be; how should our mission be developed? Comments that were gathered included:

- Biggest gap is registry of special needs persons. Need to identify what challenges are and scope of challenges. Need to take time to collect data to support exactly what the problem is. Not sure of what resources are available versus what we need.
- Issue off definition may change depending on the scenario presented, e.g. infrastructure interruption versus pandemic. Need asset inventory and an inventory of needs based on scenario.
- Expected group to consider special needs sheltering given that infrastructure breakdown. Hoped to start around shelter issue before getting into others.
- Would like to know more what decisions have been made and where things are e.g. mega shelters vs. local jurisdictions sheltering activities. Has been radical change in sheltering since Katrina.
 - Anna McRay states that sheltering overall is still a local responsibility. However, the State is looking at recent events and stepping up to assist when local efforts are overwhelmed.
- Do we need statewide guidelines for localities for special medical needs? Do we want models for what should be included or considered in the shelter planning?
 - Dr. Kaplowitz stated that the hope is to get direction on where to go. Not expecting for this group to produce a document.
 - Localities would benefit from having guidelines but we need to look at ways to decrease the number of people who might have a special need during an event in advance. There will be legislative requirements that may need to be made to support best practices identified.
- In our planning, need to consider homeless persons, transportation and communications to this population.
- Go to localities that have dealt with special needs persons, ask them what their problems were, where do they need help and then develop our mission.
- Initial emergency response is at the local level. Are already some emerging best practices taking place at the local level, also some anecdotal experiences that seem beneficial? Maybe

have meeting with local managers to hear from another locality that has already started into this process to learn from them.

- Maybe share experiences in smaller pieces, address pharmacy separate from EMS separate from transportation.
- Needs to be a definition of "special medical needs" so we can best place them in appropriate facility.
 - One suggestion offered was to "*Only deal with medically fragile not needing acute care in hospital and not eligible for a standard shelter.*"
- Need to identify all of alternative placement sites. Concern that long term placement sites not fully included. Need to consider other potential care sites.
- Need to ensure private facilities are planning in coordination with local emergency managers.
- Need to clarify what populations ARC does not accept in their shelters.
- Those needing skilled care or electrically dependent will need special medical shelter. All others should be able to function in a general population shelter with assistance if needed.
- Would like to develop an ANNEX to state operational plan that addresses sheltering including a component that speaks to special medical needs populations.

Look to mid –December for next meeting.

Dr. Kaplowitz will look to a small group to develop a proposal to be presented at next meeting.

Anna will gather dates for a meeting after the Thanksgiving holidays, but prior to the week of December 17 and will disseminate that to the group to select the next meeting date.

Meeting was adjourned at 12:00 noon.

Respectfully submitted,

Kim Allen, VDH
Anna McRay, VDEM


Roster of Attendees

First Name	Last Name	Agency Represented	Telephone	
Jennifer	Adkins	Virginia Commonwealth University Health Systems	804828-9135	jadkins@mcv
Kim	Allan	Virginia Department of Health	804864-9030	kim.allan@vd
Bill	Armistead	Virginia Department of Mental Health Mental Retardation & Substance Abuse Services	804786-5671	bill.armistead
Lauren	Bateman	University of Virginia Medical Reserve Corps	(434) 243-6250	lrb3v@virginia
John	Becknor	Virginia Board of Pharmacy	804340-4057	john.becknor
Lonnie	Byrd	Eastern Region Peninsula EMS Dept	757291-3875	lbyrd@vaems
Becky	Currin	Virginia Office for Protection & Advocacy	804662-7240	rebecca.currin
Jon	Donnelly	Old Dominion Emergency Medical Services Alliance	804560-3300	jondon@vaem
Helen	Gillespie	Virginia Healthcare Association	804405-6931	hgillespie@ah
Wayde	Glover	Virginia Department of Mental Health Mental Retardation & Substance Abuse Services	804371-2154	wglover@co.c
Lisa	Hague	Virginia Department of Health	804864-7026	lisa.hague@v
Terry	Hamner	Virginia Department of Health	(804) 863-1652 x8977	terry.hamner
Paul	Hundley	Greater Richmond Chapter - American Red Cross	804780-2271	hundleyp@us
Gail	Jaspen	Secretary of Health & Human Resources	804786-7765	gail.jaspen@c
Lisa	Kaplowitz	Virginia Department of Health	804864-7025	lisa.kaplowitz
Tammy	Karlgaard	Hampton Roads Planning District Commission	757366-4377	tkarlga@hrp
Mark	Levine	Henrico County Health Department	804501-4522	mark.levine@
Sue	Love	Virginia Department of Health	757683-2697	suzanne.love
Anna	McRay	Virginia Department of Emergency Management	(804) 897-6500 x6560	anna.mcray@
Winnie	Pennington	Virginia Department of Health	804864-7644	winnie.pennin
Dianne	Reynolds-Cane	Daily Planet	804514-3986	dllrcmd@msn
George	Roarty	Virginia Department of Emergency Management	(804) 897-6500 x6574	george.roarty
Scotti	Russell	Department of Health Professions - Board of Pharmacy	804662-9911	scotti.russell@
Patricia	Sharp	James City County Department of Social Services	757259-3104	psharp@jame
Kathy	Siddall	American Red Cross	804450-5344	siddallk@usa

Patricia	Snead	Virginia Department of Social Services	804726-7174	patricia.snead@va.gov
Beverly	Soble	Virginia Healthcare Association	802212-1697	beverley.soble@va.gov
Julie	Stanley	Office of the Governor	804371-0828	julie.stanley@gov.virginia.gov
Marcia	Tetterton	Virginia Association Home Health Care & Hospice	804285-8636	mtetterton@va.gov
Marge	Thomas	Charlottesville/UVA/Albemarle Emergency Management	(434) 971-1263	mthomas@allva.org
Joanne	Wakeham	Virginia Department of Health	804864-7017	joanne.wakeham@va.gov
Hui-Shan	Walker	Chesapeake Office of Emergency Management	757382-6193	hwalker@cityofva.gov
Sandra	Williams	Virginia Department of Military Affairs	804371-0447	sandra.f.williams@va.gov
Patricia	Winter	Citizen	757357-2155	patriciawinter@va.gov

Coordinators Briefing

Williamsburg, VA
November 14, 2006



Transportation for Evacuation

- Where are accessible vehicles located in your community?
- Are agreements with transportation providers in place prior to the need for evacuation?

Sheltering

- Are shelters accessible to seniors and people with disabilities who do NOT have medical needs?
- Are shelter admissions decisions based on functional criteria rather than criteria that exclude based on disability or age?
- Are agreements with providers in place prior to the need for sheltering?

Inclusion

- Are people with disabilities and seniors included as equal partners in all planning processes?

Registries

- If you have a registry, is the information it contains always up-to-date?
- Is registration voluntary?
- Have people with disabilities and seniors been actively involved in planning, maintaining and marketing the registry?

Congregate Care Facilities

- Where are all of the nursing homes, assisted living facilities and group homes located in your community?
- Have you offered to review or assist with their emergency plans?
- Are they involved in your local planning?

Natural Supports for Seniors and People with Disabilities

- Each individual is ultimately responsible for being prepared
- Emergency preparedness information needs to address use of natural supports
 - Family, friends, neighbors, civic organizations, churches, etc.

Emergency Information and Preparedness Materials

- Seniors and people with disabilities function on many different levels
- Emergency announcements need to be made in multiple accessible formats
- Instructions for preparing an emergency preparedness kit need to be accessible

Advocacy Organizations and Other Relief Organizations

- Advocacy and local organizations are key in getting the message out and consulting on many different issues
- They can help you determine whether a shelter is accessible
- They can assist in helping relief organizations understand the need for accessible shelters and that not all people with disabilities need medical attention