

# Virginia

## April 2007 Quarterly Report

### I. General Information

*Report Period:* January-March, 2007

*Date Submitted:* August 2007

*State:* Virginia

*FEMA Region:* III

*Person Submitting Report:*

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Note: Anna McRay, formerly the VDEM Shelter and Evacuation Planner, has moved from VDEM to Henrico County as their Emergency Manager. Although we will miss her contributions to our state-level team, we are glad that her skills will be well-utilized. We welcome Michelle Pope, who will take Anna's place, to the delegation.

## II. State Delegation Meetings/Teleconferences

*Date:* January 11, 2007  
*Outcome:* Preparation of the second 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.*

## III. Emergency Planning Highlights

(For example, promoting the: a) development of State emergency plans that consider needs of individuals with disabilities and the elderly; and b) coordination among state agencies and with regional, and local entities to develop emergency plans that better serve the target population.)

*Activity* (e.g., training, conference, drill):

*Outcome/Product* (e.g., policy change, guidance, procedures, MOU, increased capacity)

- *Activity:* On January 12, 2007, Governor Kaine issued **Executive Order 44**, Establishing Preparedness Initiatives in State Government (attached).

*Outcome/Product:* Among other things, the order directs the Office of Commonwealth Preparedness to develop an annual Continuity of Operations Plan testing, training and review schedule for all executive branch agencies. A report on the status of the Commonwealth's executive branch agency's Continuity of Operations Plans, prepared by the Office of Commonwealth Preparedness in collaboration with the Virginia Department of Emergency Management, is due to the Governor annually, with the first report due December 31, 2007.

- *Activity:* While at the conference, the delegation identified a need to change congregate care regulations to require emergency planning and coordination with local emergency managers. Last quarter, we reported that the pertinent regulations had been modified to require such a plan.

*Outcome/Product:* We are pleased to report that the 2007 General Assembly passed several bills that further strengthen the link between congregate care facilities and emergency planning. House Bill 2726 (attached) relating to review of certain emergency plans by localities. Localities that have established an agency of emergency management shall have authority to require the review of, and suggest amendments to, the emergency plans of nursing homes, assisted living facilities, adult day care centers, and child day care centers that are located within the locality. We believe that this is a major step forward in protecting many vulnerable citizens. Additionally, House Bill 2378 and Senate Bill 1240 (attached) requires the Health Commissioner to ensure, in the licensure of health care facilities, that quality of care, patient safety, and patient privacy are the overriding goals of such licensure and related enforcement efforts, to coordinate with the Department of Health's emergency preparedness and response efforts, and to ensure that prevention of disease and protection of public health remain the Department's overriding goals.

- *Outcome/Product:* The General Assembly also passed Senate Bill 1167 (attached) relating to a limited sales and use tax exemption for hurricane preparedness equipment for seven days each May from 2008-2012. The tax exemption shall apply to each portable generator with a selling price of \$1,000 or less, and each article of other hurricane preparedness equipment with a selling price of \$60 or less.
- *Activity:* In the last quarterly report we related that OCP had 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 groups are entitled **Regional Preparedness Advisory Committees (RPACS)**. They are currently completing their second round of meetings across the Commonwealth. There are a total of 7 regional groups. At least one person with a disability/family member/advocate has been invited to join each regional group. At least one person in each group has ties to either the Community Integration Advisory Commission or a Center for Independent Living.

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

- *Activity:* **VDEM’s Citizen Corps Vulnerable Populations Work Group.** This group, led by Delegation Member Suzanne Simmons, met on January 11, with sub-group meetings January 25, January 26, February 21, and March 12. The meetings focused primarily on interface with the VDH on planning for the upcoming **Community Based Emergency Response Seminar: Preparing for All Abilities**. (See Section V below). The resource materials and potential community partners were identified in these meetings.

*Outcome/Product:* A major goal of the regional workshops is to initiate local discussions that attendees will continue working together on following the workshops.

#### **IV. Emergency Preparedness Highlights**

(For example, promoting the: a) development of individual preparedness plans for use by individuals with disabilities, their families and providers; and b) establishment of government agency and provider procedures for continuation of operation and service delivery to the target population during a disaster.)

*Activity* (e.g., training, conference, drill):

*Outcome/Product* (e.g., policy change, guidance, procedures, MOU, increased capacity):

- *Activity:* **Sixth Annual Conference on Social Equity and Leadership:** Delegation Member Julie Stanley and Deputy VDEM Director Janet Clements (VDEM) served as panelists on February 15 at the National Academy of Public Administration (NAPA) Sixth Annual Conference on Social Equity and Leadership. The conference examined policy challenges facing vulnerable populations and attempted to provide practical, replicable solutions; demonstrating 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.

Julie and Janet were panelists for ‘*When the Sirens Sound: Policy, Research, Politics and Equity in Regional Emergency Planning.*’ Janet also presented on a special needs panel. Both shared information of what is happening at the state level. Special attention was given to growing international populations in the Richmond region and related linguistic barriers, ongoing challenges with economic disparities and their associations with race and age, and the needs of individuals with disabilities.

*Outcome:* The conference provided the opportunity for approximately 60 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.

- *Activity:* The **Commonwealth Preparedness Working Group**, which consists of Virginia Emergency Response Team agencies, continues to meet regularly and collaborate on grant activities, exercise, and strategic planning related to emergency preparedness. This group includes the Governor’s Special Advisor on Disability Issues and Concerns, who is himself both a senior and a person with a disability.

*Outcome:* Issues relating to seniors and people with disabilities have been incorporated into the fabric of emergency planning at the highest levels of state government.

- *Activity:* The **Secure Commonwealth Panel Outreach Sub Panel** continues to meet to discuss emergency preparedness goals including the integration of people with disabilities into the emergency preparedness planning process. Curtis Brown and Julie Stanley help to staff this sub panel. Recent discussions focused on ensuring that localities were aware of the need to integrate people with disabilities in the planning process. There was also considerable discussion of utilization of multiple forms of communications to ensure that people with disabilities are receiving emergency communications.

*Outcome:* Issues relating to seniors and people with disabilities have been incorporated into the fabric of emergency planning at the highest levels of state government.

- *Activity:* VDEM planned **Shelter Accessibility Surveys** during this quarter. Delegation member Anna McRay consulted with other delegation members regarding suitable survey instruments and arranged to have persons with disabilities involved in the conduct of these surveys to begin in April.

*Outcome:* People with disabilities and seniors will have access to “general population” shelters.

## V. Emergency Response Highlights

(For example, promoting the: a) ability of first responders to address the needs of individuals with disabilities and the elderly; and b) efficient operation of response activities such as locate, evacuation, tracking, advocacy, screening, and temporary shelters and other housing tailored to serving individuals with disabilities and the elderly)

*Activity* (e.g., training, conference, drill):

*Outcome/Product* (e.g., policy change, guidance, procedures, MOU, increased capacity):

- *Activity: **Community Based Emergency Response Seminars - Preparing for All Abilities:*** These one-day workshops were 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 have the chance able to discuss their requirements and expectations and begin developing solutions to ensure preparedness during emergencies. Four regional workshops were conducted in the quarter. The seminars were well-attended and met with a very favorable response. The first seminar was held on March 3, in Fredericksburg and had 120 attendees. Conferences were held in Roanoke on March 22, 123 attendees; Charlottesville on March 29, 116 attendees; and Richmond, March 30, 195 attendees. Delegation member Meg Ridley coordinated arrangements for these seminars; delegation members Rebecca Currin and Julie Stanley gave welcoming remarks at the seminars; and delegation members Suzanne Simmons attended and assisted with questions and answers.

A typical agenda is attached. These workshops were located across the Commonwealth in an effort to ensure availability statewide (see map).

*Outcome/Product:* As hoped, participants used this opportunity to network and to recruit each other to participate in various workgroups and training efforts. Each participant received a notebook with conference materials and resource directories.

*The Richmond Times Dispatch* ran an article following the Richmond CBERS conference titled “Disaster services for the disabled - State officials are trying to plan how to handle the needs of those with special medical conditions” (attached).

- *Activity: **Sheltering Policy Development.*** VDSS has the lead on mass sheltering. VDSS, in collaboration with DHRM, OCP and VDEM, continues to develop and enhance methods for state employee volunteers for shelter teams in State-Managed Shelter Operations. An Incident Command Structure will be used in Shelter Operations. Training for shelter teams has been identified and training schedules are being developed.

Site assessments of higher education institutions are on-going. One-third of the assessments will be completed by 31 May 2007; the second third by 1 July 2007; and the final third by end of this calendar year. The Shelter Site Assessment Team is comprised of representatives from VDSS, VDEM, VDH, VSP, DRS, and VDACS. Sites are being reviewed for all-hazards. Our focus is on the suitability of the site for the general population, Medical Special Needs, and pets.

*Outcome/Product:* VDSS staff in each of its 5 regions has received Shelter-Management Training. As assessments are completed the data is being reviewed to determine the occupancy capacity, for what populations, ease of access, and retrofit needs.

- *Activity: **Special Medical Needs Shelter Group.*** The multi-stakeholder workgroup, established last October by VDH, had its second meeting on January 24. The meeting was chaired by Delegation member Lisa Kaplowitz; other delegation members participating were Rebecca Currin, Kim Allan, Anna McRay, Tricia Snead, Bill Armistead and Julie Stanley. There was discussion of definitions, target population to be served and how best to do this.

*Outcome/Product:* See attached meeting summary by Kim Allan. This group will continue to meet until a policy is adopted.

## VI. Emergency Recovery Highlights

(For example, promoting the: a) access of individuals with disabilities and the elderly to benefit programs; b) use of case managers trained in serving individuals with disabilities and the elderly; and c) efficient operation of recovery activities such as transportation, community integration, long-term housing, rehabilitation, and employment tailored to meet the needs of individuals with disabilities and the elderly)

*Activity* (e.g., training, conference, drill):

*Outcome/Product* (e.g., policy change, guidance, procedures, MOU, increased capacity):

- *Activity:* The Virginia Department of Health/Health Promotion for People with Disabilities has posted and is showing a public service announcement highlighting the impact of disasters on people with disabilities and their response as “**Ordinary People;**” see <http://www.vahealth.org/cdpc/disability/media.asp>.

*Outcome/Product:* The general public will become more aware of not only the need to include people with disabilities in emergency planning, but will also come to understand that people with disabilities can be active and valued participants in disaster recovery efforts.

- *Activity:* The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has developed and posted on their website two publications ***Helping to Heal, Behavioral Health for Public Health Emergencies*** <http://www.dmhmrsas.virginia.gov/documents/cwd-helpToHealBehaviorHealthPubHlthEmerg.pdf> and ***Helping to Heal, Behavioral Health Planning and Response to Natural Disasters*** <http://www.dmhmrsas.virginia.gov/documents/cwd-HelpToHealBehaviorHealthPubHlthPlanRespDisaster.pdf>

*Outcome/Product:* These publications will be used in Virginia and elsewhere across the country in providing training on disaster mental health.

## Next Steps

*Significant Planned Activities:*

- ***Community Based Emergency Response Seminar: Preparing for All Abilities:*** Six regional workshops will be conducted in the next quarter (flier attached). These workshops are a continuation of those begun in March.
- DMHMRSAS and VDH have partnered in developing a **Train the Trainer course on Disaster Mental Health**, using the above-mentioned publications. There will be seven trainings, conducted around the state, to prepare the Community Services Boards and Behavioral Health Authorities to respond in case of pandemic or other disaster and to train other community partners in disaster mental health. The first training is scheduled for June.

## VII. Other

Nothing to report at this time.

## **NEXECUTIVE ORDER 44 (2007)**

Establishing Preparedness Initiatives in State Government

### **Importance of the Issue**

The Commonwealth of Virginia must be prepared for both man-made and natural disasters. State government is obligated to stand at the forefront of a response to any disaster or emergency by taking appropriate steps to protect the lives of the Commonwealth's citizens and to provide for their well being.

In order to further this mission, it is vitally important that preparedness be considered an essential common good that each executive branch agency diligently maintains. The development and coordination of preparedness initiatives within state government will better equip us with the tools needed to prevent, respond, and recover from a disaster. I, therefore, direct that the following steps to accomplish this end be implemented.

### **Preparedness as Agency Mission**

With the obligation to protect the citizens of the Commonwealth as my primary duty, and by the virtue of authority vested in me by Article 5, Sections 1 and 7 of the Constitution of Virginia and by § 44-146.17 of the Code of Virginia, as Governor and as Director of Emergency Management, I hereby direct all executive branch agencies, including institutions of higher education, to include emergency preparedness planning, training and promotion as a core component of their mission. This order affirms each agency's responsibility, under the guidance of their Emergency Coordination Officer, to actively plan, train, and act in the interest of the protection of the citizens of the Commonwealth and its infrastructure.

### **Preparedness as an Individual Responsibility**

Furthermore, preparedness as a common good requires that not only organizations but also each individual participate in creating and maintaining a "Culture of Preparedness" within the Commonwealth. To this end, I continue the direction that all state employees shall complete the prescribed Terrorism and Security Awareness Orientation course, and direct that all executive branch agencies ensure that this and other individual training required under other authorities, such as appropriate National Incident Management System (NIMS) training, be accomplished. Furthermore, each agency shall maintain a continuing program to encourage individual preparedness and promote a culture of preparedness for its employees.

### **Preparedness Planning**

Furthermore, each executive branch agency shall include emergency preparedness in its strategic planning and performance management process, pursuant to guidelines promulgated by the Assistant to the Governor for Commonwealth Preparedness, in collaboration with the Governor's Cabinet, Commonwealth Preparedness Working Group, the Department of Planning and Budget, and the Council on Virginia's Future. Such inclusion shall be done in conjunction with the strategic planning process for the 2008-2010 biennium that will begin in the spring of 2007.

## **Annual Preparedness Assessment**

Also, I hereby assign the Office of Commonwealth Preparedness, the authority to create, disseminate, and devise an annual preparedness assessment to gauge the level of preparedness of executive branch agencies, including institutions of higher education. The purpose of conducting such assessment shall be to identify deficiencies and to devise solutions to address those areas of needed improvement.

All executive branch agencies, through their Emergency Coordination Officer, shall complete the annual preparedness assessment and respond as directed by the Assistant to the Governor for Commonwealth Preparedness.

## **Governor's Certification Program**

Furthermore, I authorize the Office of Commonwealth Preparedness to create the criteria for a Governor's Preparedness Certification Program to recognize those agencies that represent exemplary preparedness initiatives among state government.

## **Emergency Plans and Procedures and Training**

I direct the Office of Commonwealth Preparedness to certify that each agency, through their Emergency Coordination Officer, has annually updated its emergency plans and procedures in all appropriate respects. Furthermore, under the leadership of the Office of Commonwealth Preparedness, in collaboration with the Virginia Department of Emergency Management and the Department of Human Resources Management, each agency will certify annually that appropriate employees have completed the National Incident Management System, Incident Command System, or other appropriate training.

## **Uniformity, Review, and Testing of Continuity of Operations Plans**

Continuity of Operation Planning is critical to the Commonwealth's ability to deliver valuable services to its citizens during and immediately after a disaster. Therefore, to provide for consistent and uniform planning, I hereby direct that each executive branch agency including institutions of higher education with guidance from their Emergency Coordination Officer:

1. Create or update Continuity of Operation Plans to conform to the template produced by the Virginia Department of Emergency Management, and
2. Utilize the resources available from the Virginia Department of Emergency Management for creating or updating Continuity of Operations Plans.

The process of creating or updating Continuity of Operations Plans shall be completed by April 1 of each year, with an electronic copy sent to the Virginia Department of Emergency Management. I authorize the Office of Commonwealth Preparedness, in consultation with the Virginia Department of Emergency Management to devise a process for review of all executive branch agencies' Continuity of Operations Plans by the first week of December each year.

Furthermore, I direct the Office of Commonwealth Preparedness to develop an annual Continuity of Operations Plan testing, training and review schedule for all executive branch agencies.

A report on the status of the Commonwealth's executive branch agency's Continuity of Operations Plans, prepared by the Office of Commonwealth Preparedness in collaboration with the Virginia Department of Emergency Management, will be due to me annually, with the first report due December 31, 2007.

This Executive Order works in conjunction with [Executive Order 65 \(2004\)](#), which assigns each designated state department or agency to appoint a lead and one alternate Emergency Coordination Officer for the agency. Included in their responsibilities is the coordination on emergency preparedness, response, and recovery issues. Please reference Executive Order 65 (2004) for more information on the Emergency Coordination Officer duties.

### **Effective Date of the Executive Order**

This Executive Order shall be effective upon its signing and shall remain in full force and effect unless amended or rescinded by further executive order. Given under my hand and the Seal of the Commonwealth of Virginia this 12th day of January, 2007.

**/s/ Timothy M. Kaine, Governor**

**Attest:**

**/s/ Secretary of the Commonwealth**

# VIRGINIA ACTS OF ASSEMBLY -- 2007 SESSION

## CHAPTER 129

*An Act to amend and reenact § 44-146.19 of the Code of Virginia, relating to review of certain emergency plans by localities.*

[H 2726]

Approved March 8, 2007

**Be it enacted by the General Assembly of Virginia:**

**1. That § 44-146.19 of the Code of Virginia is amended and reenacted as follows:**

§ 44-146.19. Powers and duties of political subdivisions.

A. Each political subdivision within the Commonwealth shall be within the jurisdiction of and served by the Department of Emergency Management and be responsible for local disaster mitigation, preparedness, response and recovery. Each political subdivision shall maintain in accordance with state disaster preparedness plans and programs an agency of emergency management which, except as otherwise provided under this chapter, has jurisdiction over and services the entire political subdivision.

B. Each political subdivision shall have a director of emergency management who, after the term of the person presently serving in this capacity has expired and in the absence of an executive order by the Governor, shall be the following:

1. In the case of a city, the mayor or city manager, who shall appoint a coordinator of emergency management with consent of council;

2. In the case of a county, a member of the board of supervisors selected by the board or the chief administrative officer for the county, who shall appoint a coordinator of emergency management with the consent of the governing body;

3. A coordinator of emergency management shall be appointed by the council of any town to ensure integration of its organization into the county emergency management organization;

4. In the case of the Town of Chincoteague and of towns with a population in excess of 5,000 having an emergency management organization separate from that of the county, the mayor or town manager shall appoint a coordinator of emergency services with consent of council;

5. In Smyth County and in York County, the chief administrative officer for the county shall appoint a director of emergency management, with the consent of the governing body, who shall appoint a coordinator of emergency management with the consent of the governing body.

C. Whenever the Governor has declared a state of emergency, each political subdivision within the disaster area may, under the supervision and control of the Governor or his designated representative, control, restrict, allocate or regulate the use, sale, production and distribution of food, fuel, clothing and other commodities, materials, goods, services and resource systems which fall only within the boundaries of that jurisdiction and which do not impact systems affecting adjoining or other political subdivisions, enter into contracts and incur obligations necessary to combat such threatened or actual disaster, protect the health and safety of persons and property and provide emergency assistance to the victims of such disaster. In exercising the powers vested under this section, under the supervision and control of the Governor, the political subdivision may proceed without regard to time-consuming procedures and formalities prescribed by law (except mandatory constitutional requirements) pertaining to the performance of public work, entering into contracts, incurring of obligations, employment of temporary workers, rental of equipment, purchase of supplies and materials, levying of taxes, and appropriation and expenditure of public funds.

D. The director of each local organization for emergency management may, in collaboration with (i) other public and private agencies within the Commonwealth or (ii) other states or localities within other states, develop or cause to be developed mutual aid arrangements for reciprocal assistance in case of a disaster too great to be dealt with unassisted. Such arrangements shall be consistent with state plans and

programs and it shall be the duty of each local organization for emergency management to render assistance in accordance with the provisions of such mutual aid arrangements.

E. Each local and interjurisdictional agency shall prepare and keep current a local or interjurisdictional emergency operations plan for its area. The plan shall include, but not be limited to, responsibilities of all local agencies and shall establish a chain of command. Each political subdivision having a nuclear power station or other nuclear facility within 10 miles of its boundaries shall, if so directed by the Department of Emergency Management, prepare and keep current an appropriate emergency plan for its area for response to nuclear accidents at such station or facility.

F. All political subdivisions shall provide an annually updated emergency management assessment to the State Coordinator of Emergency Management on or before July 1 of each year.

G. By July 1, 2005, all localities with a population greater than 50,000 shall establish an alert and warning plan for the dissemination of adequate and timely warning to the public in the event of an emergency or threatened disaster. The governing body of the locality, in consultation with its local emergency management organization, shall amend its local emergency operations plan that may include rules for the operation of its alert and warning system, to include sirens, Emergency Alert System (EAS), NOAA Weather Radios, or other personal notification systems, amateur radio operators, or any combination thereof.

*H. Localities that have established an agency of emergency management shall have authority to require the review of, and suggest amendments to, the emergency plans of nursing homes, assisted living facilities, adult day care centers, and child day care centers that are located within the locality.*

# VIRGINIA ACTS OF ASSEMBLY -- 2007 SESSION

## CHAPTER 320

*An Act to amend and reenact § 32.1-19 of the Code of Virginia, relating to duties of the Health Commissioner.*

[H 2378]

Approved March 13, 2007

**Be it enacted by the General Assembly of Virginia:**

**1. That § 32.1-19 of the Code of Virginia is amended and reenacted as follows:**

§ 32.1-19. Duties prescribed by Board.

*A. The Commissioner shall perform such duties as the Board may require, in addition to the duties required by law.*

*B. The Commissioner shall ensure, in the licensure of health care facilities, that quality of care, patient safety, and patient privacy are the overriding goals of such licensure and related enforcement efforts.*

*C. The Commissioner shall coordinate the Department's emergency preparedness and response efforts.*

*D. The Commissioner shall ensure that prevention of disease and protection of public health remain the Department's overriding goals.*

# VIRGINIA ACTS OF ASSEMBLY -- 2007 SESSION

## CHAPTER 608

*An Act to amend and reenact §§ 58.1-625 and 58.1-626 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 58.1-611.3, relating to a limited sales and use tax exemption for hurricane preparedness equipment.*

[S 1167]

Approved March 20, 2007

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 58.1-625 and 58.1-626 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 58.1-611.3 as follows:**

*§ 58.1-611.3. Limited exemption for certain hurricane preparedness equipment.*

*Beginning in 2008, for a seven-day period that begins each year on May 25 and ends at 11:59 p.m. on May 31, the tax imposed by this chapter or pursuant to the authority granted in § 58.1-605 or 58.1-606 shall not apply to (i) portable generators used to provide light or communications or preserve food in the event of a power outage and (ii) certain other hurricane preparedness equipment, including, but not limited to, blue ice, carbon monoxide detectors, cell phone batteries, cell phone chargers, gas or diesel fuel tanks, nonelectric food storage coolers, portable self-powered light sources, portable self-powered radios, two-way radios, weather band radios, storm shutter devices, tarpaulins or other flexible waterproof sheeting, ground anchor systems or tie down kits, and packages of AAA cell, AA cell, C cell, D cell, 6 volt, or 9 volt batteries, excluding automobile and boat batteries. As used in this section, "storm shutter" means materials and products manufactured, rated, and marketed specifically for the purpose of preventing window damage from storms. The tax exemption shall apply to each portable generator with a selling price of \$1,000 or less, and each article of other hurricane preparedness equipment with a selling price of \$60 or less. Any discount, coupon, or other credit offered either by the retailer or by a vendor of the retailer to reduce the final price to the customer shall be taken into account in determining the selling price for purposes of this exemption. The Department shall develop guidelines that describe the items of merchandise that qualify for the exemption and make such guidelines available, both electronically and in hard copy, no later than May 15 of each year.*

*§ 58.1-625. Collection of tax.*

The tax levied by this chapter shall be paid by the dealer, but the dealer shall separately state the amount of the tax and add such tax to the sales price or charge. Thereafter, such tax shall be a debt from the purchaser, consumer, or lessee to the dealer until paid and shall be recoverable at law in the same manner as other debts. No action at law or suit in equity under this chapter may be maintained in this Commonwealth by any dealer who is not registered under § 58.1-613 or is delinquent in the payment of the taxes imposed under this chapter.

Notwithstanding any exemption from taxes which any dealer now or hereafter may enjoy under the Constitution or laws of this or any other state, or of the United States, such dealer shall collect such tax from the purchaser, consumer, or lessee and shall pay the same over to the Tax Commissioner as herein provided.

Any dealer collecting the sales or use tax on transactions exempt or not taxable under this chapter shall transmit to the Tax Commissioner such erroneously or illegally collected tax unless or until he can affirmatively show that the tax has since been refunded to the purchaser or credited to his account.

Any dealer who neglects, fails, or refuses to collect such tax upon every taxable sale, distribution, lease, or storage of tangible personal property made by him, his agents, or employees shall be liable for and pay the tax himself, and such dealer shall not thereafter be entitled to sue for or recover in this Commonwealth any part of the purchase price or rental from the purchaser until such tax is paid.

Moreover, any dealer who neglects, fails, or refuses to pay or collect the tax herein provided, either by himself or through his agents or employees, shall be guilty of a Class 1 misdemeanor.

All sums collected by a dealer as required by this chapter shall be deemed to be held in trust for the Commonwealth.

Notwithstanding the foregoing provisions of this section, any dealer is authorized during the period of time set forth in §§ 58.1-611.2 and 58.1-611.3 not to collect the tax levied by this chapter or levied under the authority granted in §§ 58.1-605 and 58.1-606 from the purchaser, and to absorb such tax himself. A dealer electing to absorb such taxes shall be liable for payment of such taxes to the Tax Commissioner in the same manner as he is for tax collected from a purchaser pursuant to this section. § 58.1-626. Absorption of tax prohibited.

No person shall advertise or hold out to the public, directly or indirectly, that he will absorb all or any part of the sales or use tax, or that he will relieve the purchaser, consumer, or lessee of the payment of all or any part of such tax. Any person who violates this section shall be guilty of a Class 2 misdemeanor. The prohibitions contained in this section shall not apply *(i)* during the time period set out in § 58.1-611.2 or during the 14 days immediately preceding such time period for advertisements relating to sales to be made during the time period set out in § 58.1-611.2; *and (ii) during the time period set out in § 58.1-611.3 or during the 14 days immediately preceding such time period for advertisements relating to sales to be made during the time period set out in § 58.1-611.3.*

**2. That the Department of Taxation, in conjunction with the Office of Commonwealth Preparedness, shall develop a complete list of items of merchandise that qualify for the exemption and make such list available, both electronically and in hard copy, no later than May 15 of each year.**

**3. That the provisions of this act shall expire on July 1, 2012.**

Community Based Emergency Response Seminar:  
Preparing for All Abilities  
Hampton Inn & Conference Center, Winchester, VA  
8 May 2007

9:00 Welcome

~ Rebecca Currin, Disability Rights Advocate, Virginia Office for  
Protection & Advocacy

Panel Discussions Members

- ~ Moderator – Aaron Kesecker, Emergency Planner, Lord Fairfax  
Health District
- ~ Non-English Speaking Populations – Licette Martinez, Bridging  
Community Communications
- ~ Deaf & Hard of Hearing
  - Donna Williams, Outreach Specialist for the Deaf & Hard of  
Hearing, Access Independence
  - Mike Ernest, Outreach Specialist for Shenandoah Valley  
Deaf & Hard of Hearing Services Center, Inc.
- ~ Blind & Vision Impaired – Denise Stuck, Rehabilitation  
Counselor, Dept for the Blind & Vision Impaired
- ~ Physical Disabilities – Jack Brandt, Valley Associates for  
Independent Living
- ~ Mental Illness & Cognitive Disabilities – Byron Stith, Outreach  
Coordinator, Virginia Organization of Consumers Asserting  
Leadership (VOCAL)

9:30 Individual Preparedness Overview

~ Lynn Miller, Emergency Management Coordinator, City of  
Winchester

Individual Preparedness Panel Discussion

- ✓ Describe steps that need to be taken to prepare personally for an  
emergency or disaster
- ✓ Detail additional steps needed for persons with certain impairments,  
disabilities or vulnerabilities
- ✓ List items needed in a go-kit
- ✓ Itemize additional go-kit items needed for specific impairments, disabilities  
or vulnerabilities

10:30 Break

10:45 Evacuation Overview

~ Bruce Sterling, Region 2 Coordinator, Virginia Department of  
Emergency Management

### Challenges with Evacuations Panel Discussion

- ✓ Illustrate the current state of regional planning for evacuating before, during and after a disaster
- ✓ Explain the additional needs of persons with specific impairments, disabilities and vulnerabilities in regards to emergency evacuations
- ✓ Outline means to meet additional needs

12:00 Lunch and visit exhibit tables

1:00 Sheltering Overview

~ Tootie Rinker, Executive Director Winchester-Frederick County  
Chapter, American Red Cross.

### Challenges with Shelters Panel Discussion

- ✓ Describe the current state of regional planning for sheltering before, during and after a disaster
- ✓ Explain the additional needs of persons with specific impairments, disabilities and vulnerabilities in regards to emergency shelters
- ✓ Discuss means to meet additional needs

2:00 Break

2:15 Discussion – Where do we go from here?

- ✓ Summarize gaps in current state of planning
- ✓ Propose actions to fill gaps

3:45 Closing Remarks

4:00 Adjourn

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Virginia Commonwealth University (VCU) School of Medicine and Virginia Department of Health. VCU is accredited by the ACCME to provide continuing medical education for physicians.

Physicians may claim up to 6.5 hours in Type 1 or Type 2 CME on the Virginia Board of Medicine Continued Competency and Assessment Form required for renewal of an active medical license.

VCU designates this educational activity for a maximum of 6.5 AMA PRA Category 1 Credit(s) TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This continuing education activity meets the criteria of Virginia Commonwealth University and the Southern Association of Colleges and Schools. .6 CEUs will be awarded and recorded with the University.

This activity has been approved for 7.0 hours of Career Development/Elective Partial In-Service Credit by the Virginia Department of Criminal Justice Services & 7.0 hours of Category 2 Continuing Education Units by the Virginia Department of Health, Office of Emergency Medical Services.

## **Richmond Times Dispatch**

### **Disaster services for the disabled**

#### **State officials are trying to plan how to handle the needs of those with special medical conditions**

Thursday, Apr 26, 2007 - 12:30 AM

Leslie Little has a type of muscular dystrophy that has weakened her legs and caused her to lose much of her hearing.

She is training her service dog, Usdi, to hear for her. When a weather radio near her bed sounds an alert, Usdi paws her. In addition, when Little knows bad weather is coming, she sleeps with her cell phone under her pillow. She gets text-message weather alerts. When messages come, the phone's vibrations wake her.

"It's not the best system, but it will work," said Little, who lives in Williamsburg.

A major hurricane or some other type of disaster could present special issues for people with disabilities. If evacuations are ordered, for instance, how prepared are localities to accommodate people in wheelchairs at shelters, people on oxygen or those who need dialysis three times a week?

In a series of meetings around the state, Virginia Department of Health officials are trying to get a better understanding of the needs of people with disabilities or special medical needs during disasters.

People with disabilities are chiming in, too, urging disabled people to understand that in a disaster they, like everyone else, may be without resources.

"I can't stress too much the importance of that support network" said Craig Fabian, speaking at one of the state-sponsored meetings held recently in Chester.

Fabian, who uses a wheelchair, had earlier talked about the need to have friends who can be relied on in a disaster. "Have they been trained to get you in and out of a wheelchair?" asked Fabian, who serves on the Community Integration Advisory Commission, a panel that advises the governor.

Past disasters, including Hurricane Katrina that in 2005 devastated New Orleans and other areas along the GulfCoast, have provided lessons.

"In Katrina . . . we did not have enough handicapped-accessible travel trailers and mobile homes," said Marianne C. Jackson, a federal emergency planner speaking at the program in Chester.

Local officials recounted lessons learned, too.

"During [Hurricane] Isabel, we had a gentleman in the shelter who was on oxygen," said Dr. William Nelson, Chesterfield Health District director. "He ran out [of oxygen] during the height of the hurricane. It was very tense for a while. Nobody was out because the winds were at a maximum."

The man made it through fine, said Nelson, and Chesterfield, like other localities, is including special-needs accommodations in its emergency-preparedness planning.

Nelson said Chesterfield's major evacuation shelters will be equipped to accommodate people with mobility issues, and each shelter will be staffed with nurses to help with things such as chronic-disease management and medication.

Richmond officials plan to set up a special-needs shelter in unused space at Rubicon Health Services, said Ben Johnson, director of emergency management for the city. He said the city is also in talks with McGuireVeteransAffairsMedicalCenter to have a shelter there and with the Instructive Visiting Nurse Association to help staff the shelters.

Rubicon, an addiction-treatment facility, is only using about a third of the space at its Highland Park campus, Johnson said. "That hospital, everything is still there. We went out and did an inspection."

During a disaster, a city special needs shelter could accommodate 20 to 25 people, city officials said.

The city also operates a registry that lets people voluntarily register ahead of time with emergency services. The registry lets officials know where folks with special needs live and also can be used to notify them during emergencies.

Henrico County officials also have looked for a way to create a registry but ran into privacy issues, said George T. Drumwright Jr., deputy county manager for community services.

Like other localities, Henrico is awaiting a state plan that might provide more guidance. For instance, in some states there are regional "super shelters" to accommodate people with special medical needs.

None of the government efforts eliminate the need for people to be prepared individually with emergency stashes of food, water, medications and other survival supplies to get them through several days at least.

Fabian said his emergency kit, kept at his bedside, includes such things as a cell phone and a flashlight that can be worn around his head.

"When you are pushing a wheelchair," he said, "you are going to be using both hands."

Contact staff writer Tammie Smith at [TLsmith@timesdispatch.com](mailto:TLsmith@timesdispatch.com) or (804) 649-6572.

**Special Needs Medical Sheltering Workgroup  
January 24, 2007**

Workgroup Members: (attending)

[Anna McRay, Sheltering Coordinator, VDEM](#)  
Beverly Soble, Virginia HealthCare Association  
[Bill Armistead, DMHMRSAS](#)  
Chuck Baker, VDH Assist State Pharmacist  
Craig Parrish, VDH State Pharmacist  
[Demetria Lindsay, VDH, Health Director](#)  
Diane Reynolds-Caine, MD, Daily Planet  
Gail Jaspens, Office of Secretary of Health and Human Services  
George Roarty, VDEM  
Helen Gillespie, RN  
Hui Shan Walker, City of Chesapeake  
Jennifer Atkins, VCU, Dept of Care Coordination  
[Jodie Wakeham, VDH, Nursing Director](#)  
John Beckner, Ukrops, Chairman, Board of Pharmacy  
[Jon Donnelly, ODEMSA](#)  
[Julie Stanley, Director, Ofc of Community Integration for People with Disabilities](#)  
[Kathy Siddall, Program Manager, VDEM, ARC](#)  
[Kim Allan, VDH EPR](#)  
Lisa Hague, VDH,  
[Lisa Kaplowitz, VDH, EPR Deputy Commissioner](#)  
Lisa Walker, Emergency Mgr, Chesapeake  
[Lonnie Byrd, Eastern Region Hospital Coordinator](#)  
Marcie Tetterton, VAHC  
Marge Thomas, Charlottesville  
Mark Dietz, VHHA  
Mark Levine, VDH, District Health Director ([Mike Magner, Henrico District Planner](#))  
Norm Bateman, MRC  
[Pat Winter, RN, retired VDH Nurse Manager](#)  
Paul Hundley, ARC Richmond  
[Rebecca Currin, VA Office of Protection and Advocacy](#)  
[Scottie Russell, Executive Director, Board of Pharmacy, DHP](#)  
Sgt. Sandra Williams, Dept of Military Affairs (transportation needs)  
Sheryl Garland, MCVH-VCU, ([Sandra Brown, MCVH-VCU](#))  
[Sue Love, VDH, EPR Regional MD Consultant](#)  
[Tammy Karlgaard, Hampton Roads Regional Planning Commission](#)  
[Terri Hamner, VDH, Nurse Manger, Crater Health District](#)  
[Tricia Snead, Emergency Planning Manager, DSS](#)  
Wayde Glover, DMHMRSAS  
Winnie Pennington, VDH, OEMS  
Barbara Rustin, DSS

## **Agenda for January 24, 2007**

Welcome and Introductions – Lisa Kaplowitz

### **Eastern Region Sheltering Model - Tammy Karlgaard**

- HRPDC one of 21 planning districts in the Commonwealth.
- REMTEC: combination of 16 localities emergency managers deals with planning aspects of emergency management.
- Medical Special needs subcommittee form in 2005, found not much information available. \
- Created definitions of Medical Special Needs – 3 levels: medically fragile, technologically dependent, and high risk.
- Conducted study assessment of current status in the region to determine baseline. Surveyed localities, answers very broad.
- Looked at other localities out of the state, with similar demographics, planning structures and coastal and some had past legislation to deal with the issue for comparison purposes. No cohesive structure at federal level to deal with medical shelters.
- 3 research objectives: 1) evaluation and summary of past and present regional preparedness efforts of areas comparable to Hampton Road 2) evaluation and summary of past and present regional preparedness efforts in Hampton Roads area, and 3) gap analysis to determine planning initiatives and projects for Hampton Roads. Identified 3 gaps 1) specific legislation in VA does not exist 2) no funding to address deficiencies, and 3) found that no cohesive registry in Hampton Roads that identified residents needing medical shelters.
- Looking at creating a regional data base to serve as a tool box for localities to use and incorporate into their own structure. Regional registry controversial. Persons do not like to be identified as “special needs”. Localities get nervous about identifying these populations because then there is an expectation that they are responsible. Maintenance is an issue. Funding is lacking.
- Concern about staffing demands for special medical shelters and expectation that everyone will all be taken care of. Also issues of confidentiality.
- No unified metropolitan evacuation plan. Wording in Virginia EOP is vague pertaining to transportation and evacuation responsibility. Many localities have shelters, but not necessarily to accommodate medical needs or are in unofficial capacity.

#### Recommendations:

- Continue research and identify populations.
- Adopt and modify “best practices”.
- Determine best method for coordinating efforts in Hampton Roads area.

Already six months since study, situations change rapidly. Some info in report already outdated. So this adds to difficulty for planning and managing.

### **Lonnie Byrd – counterpoints to the study**

- Map of jurisdictions in Hampton Roads Planning Commission. Hospital has 10 more jurisdictions (Northern Neck). Anything that MMRS funds for Planning Commission, HRSA funds for expanded jurisdictions.
- Hospitals planning a conference on sheltering in place. Jurisdictions, hospitals and health departments have three distinct roles in a response, each complimentary.
- Consideration for evacuations/sheltering: hospitals want regional approach; jurisdictions want in locally based but they don't want it in their locality. Williamsburg willing to house the shelter if have generator. Norfolk not best location because floods too often.
- Jurisdictions want funding to supplement existing facilities, but they are concerned about having to provide staffing for medical shelters.
- All regions have done hazard vulnerability analysis. Eastern – serious event is weather related events, Central region vulnerability is evacuation (receiving evacuees).
- Hospitals like the idea of identifying locations for sheltering that can be converted to acute care if/when needed. Hospitals are willing to use HRSA funding to fund support locations for special medical shelters.
- Definitions developed before study was completed.
- Excluded from definition of special medical needs: those requiring hospitalization, those requiring caregiver in a group setting, people who needs for shelter exists but who are capable of caring for them.
- Struggling with registry – what is data needed for? Do you need to know details? Or just counts? From locality standpoint, most feel don't need specific data. Alternative view is that usually these are the people who make first calls to 911, then if know details, and then can contact people in advance of event to warn/assist them.
- Need to know what the special need is in order to developing staffing. Need to know scope of the problem to capture what type medical need exists.

### **Central Region Sheltering Planning Efforts – Jon Donnelly**

- Still in basic planning stages. Trying to put together set of guidelines, template to assist localities in how to set up a medical shelter.
- Local EMS people involved because citizens look to them during times of emergencies to provide basic level of care. Using EPR special medical needs paper as baseline guide.
- Targeting medically fragile and technologically dependent as those who will need special medical shelters. Will share template with local governments to adapt to their specific needs.
- Concept of regional shelter has not evolved yet.
- Tasks at hand: what pre-event data is needed; establishing relationships and establishing a process; who owns it?
- Current planning group planners from central region group, hospitals, local government emergency managers.

Eastern and Central will post their data and reports on VHHA website to share.

Virginia Emergency Fund may be used to “harden” shelters. Not sure how much money is in this fund. Generally, not much funding available to localities to help build infrastructure of shelters.

### **Town Pickett Sheltering Model**

- Effort mandated by Governor Warner following Katrina to set up sheltering area to handle evacuees as one stop shop where people could be assessed and receive services across multiple service and medical needs areas including medical, dental, education, social services, pharmacy, transportation, sheltering, mental health.
- Good model for people who many need to be housed there for more than a few days...possibly weeks. Full after action report available including a specific component on the health and medical piece.
- Tricia: time to pull together was 48 hours. IT support set up within 24 hours.
- Tremendously successful effort. Intake tool much broader than what ARC would use.

### **Regional Planning Assessments for State Run Shelters**

- Hoping to establish at least one state shelter in each of five VDEM regions.
- Looking at state properties, but may consider private entities.
- Looking at size to accommodate at least 500 people (or larger).
- Using VDSS staff supplemented by other state agencies and volunteer work groups.
- Hope to start regional meeting by 2/25/07.
- Interest in bringing in as many state agencies as possible because will need to utilize state people.
- Localities may be concerned about number of people that will be brought into their locality. Intent is NOT to burden the local resources.
- Drafted an SOP for shelter operations within DSS.
- Dealing with special medical needs persons, sex offender registered persons, people with pets.
- Looking into shelters that can be “divided” to meet various needs but allow families to all remain at the same shelter.

Question: Will location of shelters be published? Concern is people know or see it, people will expect to go there. When in actuality not all of these shelters will be open in all events so not necessarily a good thing to publish.

Eastern region – don’t believe MRC and CERT will be able to staff shelters. Trying to identify non-admitting practices agreeing to share their practices and staff to assist with staffing shelter. Issue is not who owns it, but who controls it.

- For state run shelters, DSS will be the lead agency.
- Recognize that state shelters never will open unless catastrophic event.
- DSS already has increased work dealing with increased influx of persons to serve in the general populations.
- DSS will be working to determine a transition of leadership of state shelters to someone else if required to be sustained for long period of time.
- State DSS workers cannot process paperwork for services, only can be done by localities
- Don’t want people self referring to state facilities. Need an intake process to refer people to the right facility.
- DSS struggling with mass evacuations, registrations at point of departure versus point of arrival. Would like to know in advance who is coming to the shelter so you can prepare staff and supplies for receiving those persons.
- Trying to get every locality to consider their responsibility in an event so they will develop a plan for response that impacts their locality.

- Trying to get statewide mutual aid information out to all DSS localities .

Important to point out a big difference between Katrina and the concept we are using to prepare our regional shelters. DMHMRSAS will be impacted at local level with regional shelters. All agencies will be impacted and under stress by an event. DMHMRSAS often is for an extended time beyond the actual date of the event.

In east region, each hospital signed MOU agreed to provide regional support to other localities within the region. Possibility could get similar agreements with hospitals in east region to transfer staff to other regions in the state.

### **Timeline - where we are with the state sheltering and evacuation plan?**

- Due 2/1/07 to go their review committee.
- Goal is to have plan finalized and in place by March to go to Governor and OCP with signing ceremony in mid-April.
- There will be a piece for special medical needs shelter within the base plan.

### **What Shelter Assessments will Encompass**

- Online DSS survey, have 61 potential facilities to evaluate.
- Requesting agencies assist with surveys.
- Obtained information regarding availability of generator requirements, meals, shower and bathroom facilities.
- Need persons with disabilities to participate on assessment teams to review facilities.
- Need list of necessary supplies
- Private paying patients will most likely plan for events and NOT be utilizing shelters. Speculate that those needing special medical shelters will be mostly Medicaid and Medicare clients. Will ask DMAS (for Medicaid) for possible information about this population.
- May need to establish requirement for medical registries in localities. Has worked effectively in Florida, Virginia should do it too. Should designate an agency to be responsible for this maintaining the data bases and funding for people, equipment and space to work
- Hope to have at least one site evaluated by VERTEX in April 2007. At least five sites evaluated by June 1, 2007.
- Determine if there in one referral mechanism for home care services. Discharge planners from hospitals may have this info.
- Can get access to hospital planning information by going to [www.vhha-mci.com](http://www.vhha-mci.com) – register and can access all planning information that hospitals have prepared that are not for official use only including emergency operations plan.
- Google “Denver ACC Criteria” is website requirements for alternate care centers – centralized state effort. Will show detailed specifications for various types of sites (non-hospital).

### **Next Steps**

- Plan for regional special medical needs shelters – what to include
  - Co-location with “regular” population
  - Generators/back-up power source
  - Presence of EMS (including transportation vehicle)
  - Mental Health capability within the facility
  - Medical triage capabilities

- Pharmacy services?
  - Potential clients served in medical shelters?
  - Proposed supply list?
  - Requirements for patients to have caregivers?
- Possible use of Town Pickett shelter model
- Local development of special medical shelter plan
- VDH to be involved in assessments of possible regional shelter sites

