

XI. Emergency Preparedness

Emergency planning and preparedness are critical for all citizens, including those with disabilities. Historically, emergency preparedness planning for persons with disabilities has focused on those residing in congregate settings such as group homes, state hospitals, training centers, and nursing facilities. Little attention has been paid to the needs of persons with disabilities who live in the community and who may need extra assistance or reasonable accommodations, either to find safe shelter where they are, or to evacuate. With the U.S. Supreme Court decision in *Olmstead v. L.C.*, more and more individuals with significant disabilities are living successfully in their own homes and other community settings. The devastating impact of Hurricane Katrina for the people of New Orleans in 2005, for example, made it clear that better planning for and with these individuals is necessary.

The Virginia Department of Emergency Management (VDEM) notes that since the terrorist attacks of September 11, 2001, emergency management has been at the forefront of public awareness. This heightened awareness has caused federal, state, and local governments to examine more regularly their ability to prepare for, respond to, recover from, and mitigate natural and manmade disasters for all citizens. With each new disaster, a reexamination occurs, creating constant change in the emergency management planning profession.

Since 2005, there has been progress at many levels to help individuals with disabilities find shelter in place and to develop better planning for emergency preparedness. This chapter captures a snapshot in time. Emergency management will—as it should—continue to undergo change as disasters or emergencies test the response systems. The reader is encouraged to stay current with these developments by regularly revisiting the Web site references listed at the end of this chapter and by following preparedness developments in their localities.

A. What Is Emergency and Disaster Preparedness?

The National Response Plan, published by the Department of Homeland Security in 2004 and updated May 25, 2006, defines “preparedness” as:

The range of deliberate, critical tasks and activities necessary to build, sustain and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process involving efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities and identify required resources.

“Emergency and disaster preparedness” refers to the ability of individuals, communities, and local, regional, state, and federal entities to respond to an emergency of any scope and from any source. Individuals, families, communities, and businesses must engage in emergency preparedness planning to ensure that:

- Individuals have emergency preparedness plans and the necessary supports to evacuate or shelter in place (i.e., where they live) as needed in the case of an emergency;
- Families have an emergency preparedness plan to ensure eventual relocation and reunification following an emergency;
- Communities have sufficient knowledge of their surroundings and of other residents to provide support to each other during and following an emergency as necessary;
- Businesses and governmental entities have sufficiently planned for continuity of operations to sustain business operations during and following an emergency; and
- Local, regional, state, and federal entities have cooperative agreements, continuity of operations plans, and mobilization methodologies to sustain communities in planning relocation or to offer shelter-in-place supports during and after an emergency.

B. Who Is Eligible for Emergency Services?

Citizens of Virginia, including those with disabilities and their families, are responsible for examining what is happening within their local communities and obtaining the necessary preparedness training or resources for an emergency or a disaster. All citizens are eligible to participate in individual preparedness training, such as the **Citizens Emergency Response Training** and **Community Corps training** developed by the Virginia Department of Emergency Management (VDEM) as well as training provided by the Virginia Department of Health (VDH) and local chapters of the American Red Cross. Most training opportunities are no-cost programs and such training is often provided in collaboration with local police and fire programs.

In addition to emergency preparedness training, individuals may be eligible for specific disaster relief available under certain circumstances. **Disaster Assistance Programs** use public funds to provide financial assistance to persons and businesses victimized by a major disaster. Following an emergency declaration by the President, state and local disaster assistance programs are made available for those businesses and individuals who have suffered loss or damage within the designated area.

A key disaster assistance program is the **Individuals and Households Program (IHP)**, which is administered by the Virginia Department of Social Services. The maximum amount available under this program is \$28,800 per household for both the **Housing Assistance** and **Other Needs Assistance** services. A single registration is used for both IHP services, with the standard registration period being 60 days from the date of the federal disaster declaration. Assistance through Other Needs Assistance is restricted to disaster applicants whose income does not meet the Small Business Administration (SBA) income test, or who have applied for and been denied an SBA loan. Applicants with insurance may not be eligible. Individuals can register for the IHP program by calling (800) 621-3362, the toll-free FEMA National Processing

Center, or, for the hearing impaired, (800) 462-7585. Individuals may also apply online on the Federal Emergency Management Agency (FEMA) Web site.

Other programs vary by locality and are ever-changing. An all-inclusive description of local programs is beyond the scope of this report. Individuals are encouraged to contact their local department of social services, department of health, or Red Cross chapter to find out more about emergency preparedness or relief programs in their communities.

C. How Are Emergency Services and Preparedness Activities Accessed and Delivered?

Responsibility for emergency services and preparedness is shared by federal, state, and local governments. This section provides an overview of how those responsibilities are carried out at each level. Both the roles and responsibilities and the relationships between federal, state, and local agencies are detailed in a draft document, “The National Response Framework.” It also describes key operational components that may be activated when a local emergency occurs. (A link to this document can be found at the end of this chapter.)

Federal Agency Responsibilities: At the national level, leadership in emergency preparedness planning originates in the **Department of Homeland Security (DHS)** and the **Federal Emergency Management Agency (FEMA)**. Federal response entities include the **National Response Coordination Center, Regional Response Coordination Centers,** and the **DHS Joint Field Offices and Disaster Recovery Centers**. These federal authorities respond to emergencies when the Governor activates the Emergency Operations Plan following notification to FEMA of an emergency and a request for a damage assessment.

In 2006, the U.S. Departments of Health and Human Services and Homeland Security began requiring that all states submit quarterly reports on improvements to emergency preparedness activities. This requirement was a follow-up to the federally sponsored *Working Conference on Emergency Management and Individuals with Disabilities and the Elderly* (discussed in more detail later in the chapter).

State Agency Responsibilities: A number of state agencies in Virginia have statutory and regulatory authority to plan for emergencies. An operational protocol, defined in the *Code of Virginia*, §44-146, authorizes certain cooperative strategies to be followed should populations need to evacuate, relocate, and cooperate to improve the likelihood of human and animal survival. On the state level, of primary interest to persons with disabilities are the services provided or coordinated by the following agencies:

- Virginia Department of Emergency Management;
- Office of Commonwealth Preparedness;
- Virginia Department of Social Services, in collaboration with local social service agencies;

- Virginia Department of Health, in collaboration with local health departments;
- Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, in collaboration with local community services boards; and
- Virginia Department of Fire Programs.

As noted above, emergency preparedness responsibilities and authorities are addressed in the *Code of Virginia*. Among the relevant sections of the *Code* related to Emergency Planning at the local and state levels are sections 44-146.19, “Powers and duties of political sub-divisions,” and 44-146.24, “Cooperation of Public Agencies.”

The *Code*, §44-146.19, provides that “every jurisdiction . . . 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 is required to maintain an agency of emergency management consistent with requirements of state disaster plans and that has jurisdiction over that political subdivision. Powers and duties include, but are not limited to, appointment of a director or coordinator of emergency management; establishment of a local emergency preparedness; and distribution of food, fuel, clothing, goods, and services within the boundaries of that jurisdiction. There are also provisions for reciprocal assistance in case of a disaster too great to be dealt with unassisted, as well as guidelines for local oversight for congregate facilities, such as the emergency plans for nursing homes, assisted-living facilities, adult day-care centers, and child day-care centers that are located within the locality.

The *Code of Virginia*, §44-146.24, requires interagency cooperation and also requires that the “Governor, the heads of state agencies, the local directors and governing bodies of the political subdivisions of the Commonwealth are directed to utilize the services, equipment, supplies and facilities of existing departments, offices, and agencies of the Commonwealth and the political subdivisions thereof to the maximum extent practicable consistent with state and local emergency operation plans.”

The **Virginia Department of Emergency Management (VDEM)** is the lead agency in emergency preparedness planning pursuant to §44.146.18 of the *Code of Virginia*. VDEM’s authority is reinforced in its 2004 Virginia Emergency Operations Plan (EOP). This plan provides information regarding state support to local governments. In the EOP plan, localities are directed to initiate those functions necessary to protect life and property in accordance with local emergency operations plans. All localities are advised to have a shelter plan as a part of their local EOP. Localities are advised, but not mandated, to identify their populations with special needs. The state EOP directs localities to provide relevant information to the state in the event that state-managed shelters need to be opened.

The 2004 EOP also outlines additional protocols to be followed by other state agencies (in coordination with local agencies and organizations). Those Virginia agencies are:

- Department of Agriculture and Consumer Services;
- Department of Corrections;
- Department of Education;
- Department of General Services;
- Department of Health;
- Department of Mental Health, Mental Retardation and Substance Abuse Services;
- Department of Military Affairs; and
- Department of Social Services.

VDEM staff note that the next EOP, currently under development at the time of this publication, will specifically detail the responsibilities of 45 state and local emergency planning and response agencies, including emergency transportation planning and response entities.

VDEM provides training and coordination to state agencies and oversight to local programs such as the **Community Emergency Response Training (CERT)**. CERT is a “neighborhood-based team that receives special training to enhance their ability to recognize, respond to, and recover from a major emergency or disaster situation.” This program is available through local community governmental–designated agencies, most typically involving fire, police, and health officials and other emergency responders. Citizens can contact their local government to learn where such training is provided, and how to become involved.

During normal operations, VDEM has several field emergency management coordinators that maintain a continuing dialogue between localities and VDEM. The VDEM central administrative office ensures that state and federal programs support and enhance development of comprehensive local emergency management capabilities. They also help to synchronize target and threat assessments, conduct state planning, and coordinate federal funding and incident management activities between state agencies and localities. When major emergencies or disasters affect communities, VDEM regional coordinators provide critical coordination of information and resources to those communities in order to alleviate problems and to promote a return to normality.

Other programs supported by VDEM include: **Fire Corps, Neighborhood Watch, Volunteers in Public Service, News, and Public Safety Volunteers**. These are described further below. Individuals can learn more about what is offered in local communities by contacting their local fire department or Office of Local Emergency Preparedness.

The **Office of Commonwealth Preparedness (OCP)** advises the Governor regarding emergency preparedness as provided for in §2.2-304 of the *Code of Virginia*. The OCP’s role is to evaluate the outcomes of the agencies that intersect in local, regional, and state communities and to provide opportunities for stakeholders to consider strategies to procure sufficient federal Homeland Security funds for emergency and recovery planning. Its goal is to develop a seamless, coordinated security and preparedness strategy and implementation plan. The OCP works with federal, state, and local officials as well as with the private sector. The OCP also serves as the liaison between the Governor and the U.S. Department of Homeland Security.

The OCP's duties include:

- Provide oversight, coordination, and review of all disaster, emergency management, and terrorism management plans for the state and its agencies;
- Serve as the Governor's representative on regional efforts to develop a coordinated security and preparedness strategy;
- Serve as a direct liaison between the Governor and local governments and first responders on issues of emergency prevention, preparedness, response, and recovery; and
- Educate the public on homeland security and overall preparedness issues.

Pursuant to the *Code of Virginia*, §2.2-305, the OCP has established seven **Regional Preparedness Advisory Committees** that 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 as points of reference for development of seven groups consisting of regional representatives (i.e., Chiefs) of fire, health, and law enforcement. At least one person with a disability or a family member of a person with a disability is represented on each regional group.

The OCP has also established the **State Interoperability Executive Committee (SIEC)**, the **State Interoperability Advisory Group**, and the **Commonwealth Interoperability Coordinator's Office**, all of which collaborate with the OCP to refine and improve the Statewide Emergency Plan on an annual basis. Each update of the Statewide Plan reflects new and ongoing initiatives throughout the Commonwealth that will affect interoperability in the coming years. Inoperability occurs when operations cease and existing infrastructure becomes ineffectual.

The **State Interoperability Executive Committee** was established in 2006 through Executive Order Number 30 and works with the OCP to ensure that vital communications and infrastructure continue during or following an emergency or disaster. The SIEC's main purpose is to:

- Make official recommendations via the Commonwealth Interoperability Coordinator to the Commonwealth Preparedness Working Group
- Serve as a voice for the community, and
- Receive input from diverse stakeholders.

Members of the SIEC include the following associations and agencies and may include any other state agencies or institutions and local government agencies or institutions that are designated by the Governor:

- Commonwealth Interoperability Coordinator
- Office of Commonwealth Preparedness
- Office of the Secretary of Public Safety
- Office of the Secretary of Technology
- Virginia Association of Chiefs of Police
- Virginia Association of Counties
- Virginia Association of Government Emergency Medical Services Administrators
- Virginia Association of Public Communication Officials
- Virginia Department of State Police
- Virginia Fire Chiefs Association
- Virginia Information Technologies Agency
- Virginia Military Advisory Council
- Virginia Municipal League
- Virginia Sheriffs Association

The specific responsibilities of the State Interoperability Executive Committee are to:

- Recommend an approach to Virginia's interoperability efforts, evaluate progress, and approve changes in direction and scope for the overall strategy;
- Represent their respective organizations at SIEC and State Interoperability Advisory Group meetings;
- Coordinate protocol with and support the Commonwealth Interoperability Coordinator;
- Make formal recommendations to the Commonwealth Preparedness Working Group and the Secure Commonwealth Panel concerning DHS interoperability grant funds;
- Provide advice, feedback, and support to appropriate decision-makers;
- Ensure that local, regional, and state interoperability efforts are in alignment with the Statewide Strategic Plan for Interoperable Communications;
- Resolve issues requiring policy, procedural, or other business decisions as needed;
- Participate in periodic, prescheduled meetings; and
- Develop minimum requirement recommendations for interoperable communications.

The Virginia Department of Social Services (DSS) is also integrally involved in emergency planning and management. The state's 2004 Emergency Operations Plan (EOP) identifies DSS as the lead agency for Emergency Support Function (ESF6), Mass Care, and Housing and Human Services. ESF6 addresses the need for shelter and other human needs, including the needs of vulnerable populations. Numerous state agencies and volunteer

organizations provide support to DSS in this effort. In noncatastrophic events, DSS supports the local ESF6 efforts. Local governments are encouraged to partner with volunteer groups for emergency augmentation and the **Commonwealth of Virginia Emergency Operations Plan (COVEOP)** recommends a memorandum of understanding between the local jurisdiction and local American Red Cross chapter to ensure staff training and ESF6 provisions to the public during a local emergency.

In catastrophic events, in addition to providing continued support to local ESF6 efforts, DSS is responsible for oversight of the **State Managed Shelter (SMS) Program**. The SMS Program is designed to keep family units together by co-locating persons with special medical needs and persons who are elderly or have disabilities within the general population shelters. SMS also provides for rapid registration, tracking, and reunification of individuals and families. Based on experience after Hurricane Katrina in 2005, local and state plans are also being developed to shelter pets and service animals in proximity to their owners.

The 2004 EOP provides guidance on the development of local cooperative memorandums of understanding between local American Red Cross chapters and local departments of social services. The purpose of these agreements is to ensure that the following services are provided within shelter operations: mass feeding; overnight sleeping accommodations; back-up power; augmented communications, including radio backup; a medical aid station; security; traffic control; and fire inspections. Plans to secure displaced pets and other animals fall to local animal control organizations and agencies.

Annex E of the current (2004) EOP provides specific guidelines for local shelter operations and includes guidelines for localities to make reasonable accommodations for segments of the population with communication or mobility limitations, including those who are deaf, blind, and/or non-English-speaking. Annex E states: "People who need skilled medical care should be cared for in facilities through arrangements made by their medical caretakers." Annex E further addresses the issue of providing for shelter and care of individuals with disabilities: "The State Department of Social Services will work with local departments to ensure that adequate facilities and resources are predesignated to ensure that the needs of the handicapped and elderly are considered, and that the public is adequately informed."

All local, regional, and state human services organizations may be requested to help provide Human Needs and Shelter Operations. There are also nonprofit organizations that provide materials, resources, information, and services. The following organizations provide specific disaster-related services and engage in planning for emergencies: the American Red Cross; the Salvation Army; and Virginia Voluntary Organizations Active in Disasters.

The State Emergency Operations Plan (EOP) describes the activities undertaken by DSS to ensure coordination with the American Red Cross. DSS is also given responsibility by the VDEM Basic EOP for reporting and providing details of population-tracking activities of individuals who move into and out of shelter services. The Emergency Operations Center, however, located at VDEM, carries ultimate responsibility for receipt of such reports.

In addition, DSS ensures compliance with rules and regulations for the operation of Assisted Living Facilities (ALFs) that house the elderly and persons with disabilities. Virginia regulations 22VAC40-72-930, *Emergency Preparedness and Response Plan*, describe the compliance standards for ALFs. In summary, these regulations ensure that a written plan is developed to address:

- Local disaster risks and emergency management policies, including emergency response procedures for assessing the emergency situation; protecting life, resources and records; and restoring services;
- Orientation and training for staff, volunteers, and residents;
- Periodic review of the emergency plan;
- Notification to family members and community emergency responders;
- Reporting requirements to the proper licensing entities;
- Maintenance records reflecting drills and evaluation of evacuation processes;
- Records of emergency equipment and supplies; and
- Planning for resident emergencies and practice exercises.

The same requirements are reflected in the regulations governing Children's Residential Facilities regulations (22VAC42-11) that became effective on December 28, 2007.

The Virginia Department of Health (VDH): The *Code of Virginia*, § 32.1-19, requires the state Health Commissioner to ensure that the overriding agency goals are: (1) prevention of disease and protection of public health; (2) quality of care, patient safety, and patient privacy; and (3) coordination of public health emergency preparedness and response efforts.

VDH has a number of responsibilities with respect to emergency preparedness. The **VDH Office of Emergency Preparedness and Response Programs (EPR)** involves state, regional, and local emergency response partners working together to enhance readiness to respond to bioterrorism, infectious disease outbreaks, and other public health emergencies.

The mission of the **VDH Office of Emergency Medical Services (EMS)** is: "To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide emergency medical services system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need."

VDH offers technical assistance to local communities and their emergency responders—such as fire departments, ambulances, and paramedics—to enable them to provide the highest-quality emergency medical care to those in need in the event of an emergency. Training,

consultation, and technical assistance are provided in local, regional, and statewide initiatives to help communities better prepare for local health emergencies. Training occurs within local or regional communities through the collaboration of local departments of social services and health, as well as emergency management–designated authorities. VDH has also developed guidelines that apply to facilities licensed by the Virginia Department of Social Services, such as adult day care centers and assisted living facilities, as well as mental health and mental retardation facilities and programs licensed by the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS).

VDH makes available a medical professional–directed program entitled the **Medical Reserve Corps (MRC)**. This program prepares health professionals, volunteers, and other individuals to respond to health-related emergencies. The MRC is based in local communities and, like CERT, is comprised of individuals who have registered to assist during an emergency and who generally have education and training in a medical field (such as Certified Nursing Assistants, Registered Nurses, and other medical professionals, such as physicians).

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) operates state psychiatric hospitals and training centers (intermediate care facilities for persons with mental retardation—ICFs/MR). DMHMRSAS also provides guidance to and oversight of its licensed providers in the public and private sectors. Licensed providers of services (such as community ICFs/MR, group homes, and other residential programs for persons with intellectual disabilities, mental illness, or substance abuse disorders) are required to assess the various risks that would disrupt the normal course of their operations. Providers must ensure that they undertake emergency preparedness and response planning. This includes establishing and maintaining contact with their local emergency coordinators, so that they are aware of communitywide disaster response plans.

In order to protect vulnerable populations, DMHMRSAS regulations incorporate similar strategies to Virginia Department of Social Services regulations for assisted-living facilities in terms of emergency preparedness for licensed congregate-care facilities. The DMHMRSAS regulations, 12 VAC 35-105-530, outline specific requirements for emergency preparedness and response planning. The following requirements are among those regulatory provisions:

- Establish a written emergency preparedness and response plan for all of the provider’s services and locations.
- Establish written emergency management policies outlining specific responsibilities for:
 - Providing administrative direction and management of response activities;
 - Coordinating logistics during the emergency;
 - Communications;

- Assuring the safety of employees, contractors, students, volunteers, visitors, and individuals receiving services; property protection; and
 - Community outreach and recovery and restoration.
- Establish written emergency response procedures for:
 - Providing emergency access to secure areas and opening locked doors,
 - Conducting evacuations to emergency shelters and relocating individuals receiving residential or inpatient services, if necessary;
 - Notify family members and legal guardians of emergency plans and circumstances;
 - Ensure that, in the case of evacuation, staff of congregate-care facilities accompany and stay with residents until the emergency concludes;
 - Orient and provide ongoing staff training on emergency preparedness;
 - Orient individuals being served.

The Virginia Fire Corps: *The Code of Virginia*, § 9.1-200, establishes the **Department of Fire Programs (VDFP)**, which has as its mission: “To assist Virginia fire and emergency service organizations with the successful implementation and ongoing sustenance of Fire Corps through marketing, outreach support and resource identification.” As a member of **Virginia’s Citizen Corps Council**, VDFP is charged with promoting Fire Corps in Virginia to both fire and emergency organizations and the public. At the program level, VDFP’s primary function is to assist Virginia’s Fire Service with the successful implementation and ongoing sustenance of the Fire Corps through marketing, outreach, support, and resource identification. Currently, there are 36 active, registered Fire Corps in Virginia

The VDFP program is a partnership between the International Association of Fire Chiefs’ Volunteer and Combination Officers Section, the International Association of Fire Fighters, and the National Volunteer Fire Council. Collectively, these organizations work along with members from the Fire Corps National Advisory Committee, consisting of nearly every national organization representing the fire services today. They provide critical feedback, support, and ideas to ensure continuation of the program.

The Virginia Department of Fire Programs complements the **Community Emergency Response Team (CERT)**, the **Medical Reserve Corps (MRC)**, the **Neighborhood Watch/USAonwatch**, and the **Volunteers in Police Service (VIPS)**. Each partner program represents and supports emergency responder disciplines. These programs share a common goal, to create opportunities for Americans to help communities prevent, prepare for, and respond to natural disasters, terrorism, crime, public health issues, and all other emergencies.

The Fire Corps program provides nonoperational community support through volunteerism. The main goal of the program is to support and supplement resource-constrained fire departments at all levels—volunteer, combination, and career professionals. The program helps local fire and emergency service organizations get the help they need, enabling them to dedicate more time to their core mission—responding to and preparing for emergencies. Some examples of volunteer nonoperational support include:

- Program marketing and public relations assistance;
- Carbon monoxide and smoke alarm home installations;
- Home safety and child safety seat checks;
- Administrative tasks, such as bookkeeping, meeting facilitation, answering phones, or filing reports;
- Grant-writing.

Recent State Coordination Activities: In June 2006, the federal Administration on Developmental Disabilities of the U.S. Department of Health and Human Services and the U.S. Department of Homeland Security held a Working Conference on *Emergency Management and Individuals with Disabilities and the Elderly*. Other federal agencies involved included: the Department of Human Services Office of Civil Rights and Civil Liberties, the Administration on Aging, the Office on Disability, the Family and Youth Services Bureau, the Children’s Bureau, and the Substance Abuse and Mental Health Services Administration.

State delegations, including members of the emergency planning leadership in Virginia, attended the conference. Virginia’s delegation included representatives from the Department of Emergency Management, the Governor’s Office, the Department for the Aging, the Virginia Office for Protection and Advocacy, the Department of Health, the Office of Commonwealth Preparedness, the Department of Social Services, and the Governor’s Office on Community Integration. All of the state delegations have been required to submit postconference quarterly reports on activities and accomplishments. The reports submitted during 2006 and 2007 provide information on activities that have improved emergency planning for and with individuals with disabilities. These reports cite the following activities and improvements:

- To make sure that individuals with disabilities can use “general population” shelters, state shelter accessibility surveys have been initiated;
- All congregate-care facilities serving individuals with disabilities have been given responsibility to develop an emergency plan in coordination with local planning efforts;
- Individuals with disabilities were represented on the Governor’s Hurricane Preparedness Task Force;
- Training in “special needs” was provided to local emergency planners across the Commonwealth in the fall of 2006;

- At least one person with a disability, a family member, or an advocate has been invited to join each OCP regional preparedness advisory group, and one person in each group has ties to either the Community Integration Advisory Commission or a Center for Independent Living;
- A series of 10 local and regional seminars were planned and coordinated by the Virginia delegation in concert with the Virginia Department of Health, the Virginia Department of Emergency Management, and other state and local agencies;
- Training needs for shelter teams have been identified and training schedules are being developed;
- The Virginia Department of Health was assigned to lead the effort to plan for Medical Needs populations; and
- An Incident Command Structure has been established and will be used in Shelter Operations. Training for shelter teams has been identified and training schedules are being developed.

The January–March 2007 Quarterly Report by the Virginia delegation highlighted a series of ten regional **Community Based Emergency Response Seminars**, entitled *Preparing for All Abilities*. In an effort to ensure that individuals with disabilities are included in emergency response and shelter planning in local communities, a series of one-day workshops was designed to increase understanding of requirements and expectations between first responders and citizens with medical, communication, mobility, or behavioral challenges. The seminars proved highly effective in ensuring that the voices of individuals with sensory, physical, cognitive, and other disabilities were included in emergency preparedness planning. Also represented were medical and mental-health providers; law enforcement, fire and EMS responders; emergency planners and managers; public health staff members; public relations and media specialists; volunteer organizations; and other providers.

As a result, citizens and responders from each community discussed their requirements and expectations and developed solutions to ensure preparedness during emergencies. Citizens' recommendations included:

- Encourage Disability Services Boards, Community Services Boards, Centers for Independent Living, and the Citizen Corps to team together to conduct public forums.
- Ensure that information about and during emergencies is made available in formats that are accessible to persons with sensory and other communication disabilities, including redundant presentation, e.g., making information provided in scrolling captions at the bottom of television screens available orally, and making verbal information available through captioning.

- Ensure sufficient, accessible, publicly provided transportation for evacuations and to get people with disabilities to evacuation sites (e.g., helping localities to understand that they must have pickup points that are at geographically diverse sites so people can get to them and developing policies regarding what paratransit providers will and will not do during emergencies).

The **Governor’s Community Integration (Olmstead) Advisory Commission (CIAC)** has played a critical role in coordination and planning activities, providing advice and guidance regarding the needs of persons with disabilities to agencies responsible for emergency preparedness and planning, including members of the state delegation referenced above. The CIAC exists pursuant to the *Code of Virginia*, §§2.2-2524–2529, to monitor the implementation of state and federal laws pertaining to community integration of Virginians with disabilities. The CIAC is a key stakeholder in emergency preparedness planning. Since September 2006, the CIAC has been involved in developing processes to improve the representation of individuals with disabilities in emergency preparedness and planning activities. Several members of the CIAC serve on the OCP regional preparedness advisory committee.

In late 2006, the CIAC reviewed recommendations from the cross-secretariat, multistate agency **Community Integration Implementation Team**, added further recommendations, and submitted these to the Office of the Secretary of Health and Human Resources and the Virginia Department of Emergency Management. The CIAC’s recommendations regarding inclusion of people with disabilities in planning were:

1. Include one or more persons with a disability on every CERT Team and Citizen Corps Council (when possible and within the appropriate context).
2. Use existing consumer organizations for input at all levels of planning. These organizations could also include emergency planning and response as an agenda item for their future meetings and sharing their input directly with VDEM.
3. Ensure that people with various disabilities are active participants in any disaster-response training exercises at both state and local levels.
4. Ensure that Virginia’s emergency response and public safety personnel who have had direct evacuation and sheltering experience with people with disabilities share their experiences and lessons learned with other personnel.
5. Each disability service agency should gather information and advice from its counterpart agency in other states regarding lessons those states have learned as a result of actual emergency response experience.
6. Specific to “Special Needs” Shelters, the CIAC also recommended that:
 - All shelters used for the general population should be accessible to individuals with all types of disabilities and be ADA compliant.
 - Red Cross shelter standards for accessibility should be ascertained.

- Plans to address relocation trauma of individuals with disabilities and their families and caregivers should be enhanced.
- Shelters and related services should be mapped and available to the public.
- By having agreements in place in advance with transportation providers, home health-care providers, volunteers using the shelter who have special knowledge about people with disabilities, and others, “general population” shelters can better meet the needs of all citizens, including those with disabilities.

Additional recommendations of the Community Integration Advisory Commission (CIAC) were:

- Encourage people to include, in their personal and family emergency plans, alternatives plans for situations in which there are power outages.
- Develop a policy on medication availability, particularly for Medicaid recipients, if local pharmacies are not open.
- Establish clear levels of responsibility in decision-making among local and state governments. Assure state-level support and assistance to localities.
- Assure that people with disabilities can locate shelters, and that accessibility standards include the provision of necessary services, such as personal assistants and interpreters who are available both in the shelter and during relocation. It is important to make prior arrangements with providers to staff shelters. Ask service providers to educate people whom they serve.
- Request that the American Red Cross Virginia Chapters include people with disabilities in their planning.
- Review and implement successful local planning models that include people with disabilities, such as that used in Arlington.
- Include people with disabilities in all facets of local and regional emergency planning, including at the Planning District Commission level.
- Develop standards for prioritizing individuals’ needs for assistance.
- Encourage people with disabilities to make comments directly to state and local agencies.

Local Agency Responsibilities: All citizens of the Commonwealth are responsible for familiarizing themselves with their local emergency preparedness plans and being aware of the mobilization strategies that are in development in their communities. Most communities have CERT training, as well as fire, police, Red Cross, health, social services, and mental health practitioners, volunteer organizations, and community-based groups that are involved in local emergency planning. Since planning processes vary by locality, an analysis of each local planning process is beyond the scope of this chapter. Local chapters of the Red Cross and the

local departments of social services are usually the best first point of contact for individuals hoping to learn more about emergency preparedness. Centers for Independent Living (CILs) may also be a resource, but there are varying strategies utilized within each Center for community education. For individuals with disabilities, CILs, where they exist, are a good point of entry to discern how to become involved in emergency preparedness planning, and how to learn what activities are planned following an emergency. Other agencies that may be helpful on a local level include:

- Local Office of Emergency Management, if the locality has one;
- Local Department of Health;
- Local Department of Social Services;
- Local Chapter of the American Red Cross;
- Churches that may be involved in emergency preparedness;
- Volunteer organizations prepared to engage after a disaster;
- Local Community Services Boards;
- Centers for Independent Living, where one is accessible.

D. What Emergency or Disaster Services are available?

The agencies described throughout this chapter provide information, resources, and in some instances direct disaster relief programs and/or services.

The **Virginia Department of Emergency Management (VDEM)** offers the following resources:

- **READY Virginia**, www.readyvirginia.gov, offers emergency preparedness information for individuals, seniors, people with disabilities, and people with pets. Information includes how to prepare a plan, create a disaster supply kit, and stay informed.
- **Business Tool-kit** for small business emergency preparation available on the Web site, www.vaemergency.com.
- The **Emergency Management Assistance Compact** is a congressionally ratified organization that provides form and structure to interstate mutual aid.
- The **Virginia Statewide Mutual Aid** compact allows cities and counties to seek additional resources from member communities to strengthen their response and recovery efforts.

More detailed information on the various Citizen Corps programs can be found at www.vaemergency.com.

Once the Governor has requested and the President has approved a federal disaster declaration for the state, the **Virginia Department of Social Services (DSS)** administers an individual disaster assistance program. The **Individuals and Households Program (IHP)** is

administered jointly with the Federal Emergency Management Agency (FEMA). There are two provisions of IHP: **Housing Assistance**, a FEMA program that is 100 percent federally funded; and **Other Needs Assistance**, which has a 75–25 federal and state funding split.

The **Individuals and Households Program (IHP)** is available to affected individuals and households in the disaster area. Funds can be used for necessary disaster-related expenses and serious needs that cannot be met through other means. IHP is not intended to cover disaster losses or to purchase items or services that may be considered as nonessential, luxury, decorative, or improvements. As noted in the earlier section, eligibility is evaluated through an application process that determines income level, insurance status, and other factors.

Housing Assistance is provided to disaster applicants displaced from their primary residences. It also covers predisaster residences that are deemed uninhabitable and those who have no insurance to provide for their housing needs. Assistance may be available for permanent housing construction, repairs, replacement, and temporary housing.

Assistance through the **Other Needs Assistance** provisions of IHP may be available to eligible individuals to meet expenses for medical and dental services, funerals, personal property, and transportation. Other expenses that may be available include moving and storage, group flood insurance, and miscellaneous postincident expenses.

The **Virginia Department of Health (VDH) Office of Emergency Operations** within the Emergency Services Division offers the following resources:

- *Disaster Supply Kit Checklist* describes items to have on hand to ensure that adequate sanitation supplies, clothing, bedding, first-aid items, food, and survival tools are set aside and rotated on an ongoing basis. This list was developed in collaboration with VDEM and the American Red Cross.
- *Preparedness Today: What You Need to Know* is a list of resources for emergency responders, health professionals, and individuals to improve emergency response preparedness.
- *Pandemic Flu Resources*. To support planning and recovery in response to pandemic flu, the VDH provides a volume of information, including checklists for individual and family planning, links to related Web sites, bioterrorism planning and response, and related Web site links to additional resources.
- *FEMA-EMS Resource Typing* is a resource for the public that describes how evacuation ambulance airbus, ambulance strike teams, task forces, and ground ambulance protocols work during disasters.

VDH's **Health Promotion for People with Disabilities Project** has also developed a public service announcement, *Ordinary People*, which highlights the impact of disasters on people with disabilities and their responsibilities. This public service announcement is credited

with demonstrating to the public that people with disabilities can be active and valued participants in disaster recovery efforts.

The **Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)** has developed a number of resources, including:

- *Helping to Heal: Planning and Response to Natural Disasters*, and *Helping to Heal: Planning and Response for Public Health Emergencies*: The purpose of these manuals is for the better preparation of mental health professionals and paraprofessionals for the early phases of response to a terrorist or mass trauma event.
- *The Community Resilience Project of Northern Virginia, Coming Together*, is a training kit that was developed based on the unique experiences of the Community Resilience Project of Northern Virginia. It provides information, suggestions, and lessons learned from the staff's response to the September 11, 2001, attacks and subsequent events; and it adapts materials from existing mental health publications related to natural disasters.
- *A Family Preparation Kit and a Family Emergency Preparedness Plan Template*.
- *Tips for Teachers*, a guidebook.

Other materials available to the general public include numerous guides for coping with crises, including caregiver guides, how to deal with grief, and materials that target senior citizens, children, and teenagers. DMHMRSAS publications focus on public education and the recovery process. They cover anticipated reactions and behaviors and offer examples of active coping strategies for persons with mental illness.

DMHMRSAS has also developed a **Public Information and Education Template** that serves as a training guide for individuals working in mental health, mental retardation, or substance abuse services. Sample press releases, tailored for many different scenarios, are free for the public to copy and to use at will in their work, home, or community emergency preparedness planning and disaster responses.

The **Virginia Department of Fire Programs** offers approximately 56 training programs related to the fire-fighting profession. Through partnerships with 23 institutions of higher education, 22 of the agency's training programs are eligible for college credit. In addition to training and technical support, the agency also sponsors the Fire Corps program. The Fire Corps program promotes community support through volunteerism for nonoperational program activities.

E. Cost and Payment of Emergency Preparedness

State Agencies: The 2006 *Strategic Plan* of the **Virginia Department of Emergency Management (VDEM)** states that the department's increased response capabilities were realized after the terrorist attacks of September 11, 2001. Following a decade of level federal funding for

nondisaster activities, the U.S. Department of Homeland Security increased the funds for localities and states in 2003. The Emergency Preparedness and Response Programs receive funding to support these efforts through grants from the U.S. Centers for Disease Control and Prevention, the U.S. Health Resources Services Administration, and the U.S. Department of Homeland Security.

VDEM's budget for state Fiscal Year (FY) 2005 was approximately \$85.2 million, of which \$9.7 million was dedicated to operations. Because of decreased federal funding, VDEM's FY 2008 budget is \$42,715,063, of which 80 percent are federal funds, 11 percent are state general funds, and 2 percent are Commonwealth transportation dollars. Dominion Virginia Power provides another 3 percent of total funding for state and local government radiological emergency preparedness; and other sources—such as hazmat (hazardous materials) training funds, fire program funds, disaster response funds, and hazmat billings—account for another 4 percent of funds.

The **Virginia Department of Social Services (DSS)**, as noted earlier, is responsible for individual and family eligibility determinations following specific disaster relief. Funding for the Individuals and Household Program is 75 percent federal money and 25 percent state. Federal moneys, subject to the state match, become available when a disaster occurs and vary according to the severity of the event.

The **Virginia Department of Health (VDH)** receives funding to support its disaster and emergency preparedness efforts through grants from multiple federal sources: the U.S. Centers for Disease Control and Prevention, U.S. Health Resources Services Administration, and the U.S. Department of Homeland Security. According to the 2006 VDH Strategic Plan, health-care emergency preparedness and response activities are 100 percent federally funded through two federal grants. These funds are awarded by the U.S. Department of Health and Human Services through two separate but interrelated cooperative agreements, one through the Centers for Disease and Control and Prevention (CDC) and the other through the Assistant Secretary for Preparedness and Response for Health and Human Services (ASPR). The CDC grant, which totaled \$21,300,739 in federal fiscal year (FFY) 2008, is used for building public health preparedness. The ASPR grant, which totaled \$10,189,048 in FFY 08, is used to support hospital and health systems preparedness. Both of these grants were reduced from their FFY 2007 funding level of \$23,915,622 and \$11,387,068, respectively.

According to its FY 2006 Annual Report, the **Virginia Department of Fire Programs (VDFP)** allocated \$19,539,031 from the proposed FY 2008 Fire Programs Fund directly to Virginia localities through the **Aid-to-Localities (ATL)** entitlement program. That allocation complied with the requirement set forth in *Code of Virginia*, §38.2-401. The Fire Programs Fund comes from a 1 percent levy on five lines of fire-related insurance coverage. After committed fixed obligations, 75 percent of the Fire Program Fund is annually distributed to 324 counties, cities, and incorporated towns within the Commonwealth as part of the ATL program. ATL provides funding to pay for firefighting equipment, personal protective clothing and gear,

prevention activities, and personnel training. These funds may not be used to supplant or replace any other appropriations by counties, cities, and towns for fire service operations.

The **Office of Commonwealth Preparedness (OCP)** reports that the **U.S. Department of Homeland Security (DHS)** has several grant programs that provide funds to state and local governments. Two of the key programs are the **State Homeland Security Program (SHSP)** and the **Law Enforcement Terrorism Prevention Program (LETTP)**. Additional funding streams within the Homeland Security Grant Program include the **Citizen Corps Program (CCP)** and **Metropolitan Medical Response System (MMRS)**.

When the SHSP and LETTP funding streams began, the DHS allowed each state to determine the best course of fund distribution among its localities. At that time, Virginia chose to distribute a base amount, which included an adjustment for population, to the localities because it offered flexibility in spending options. In 2006, however, DHS mandated changes to the process that resulted in a 49 percent reduction in local funding between state FY 2005 and FY 2006. As a result, local governments signed Memoranda of Understanding (MOUs) that allowed the state to spend \$3.5 million of the 2006 SHSP and LETTP local share funds on behalf of the localities for training, regional exercises, and shelter “hardening.” These funds are not used for salaries or administrative costs. The rest of the local share (\$8.5 million) was allocated directly to localities to fund radio caches, citizen preparedness, infrastructure protection programs, and law enforcement operations.

In 2006, Virginia received a total of \$16,888,018 in federal funds from DHS, which included: \$8,720,000 through the SHSP; \$6,340,000 through LETTP; \$434,038 through Citizen Corps; and \$1,393,980 through Metropolitan Medical Response System. Based on DHS guidelines, states are required to allocate 80 percent of the funding to localities. According to the OCP, the following investments were among those made in 2006 with available funds:

- Tidewater Resiliency Program, a regional project to improve critical infrastructure protection;
- Local Citizen Preparedness (Citizen Corps, CERT, Ready Share);
- LETTP: Law Enforcement Operations (competitive awards of \$1,091,000 to 12 local jurisdictions); and Interoperability (competitive awards to local jurisdictions for regional radio caches);
- Statewide Training Program;
- National Incident Management System (NIMS/Terrorism/Law Enforcement);
- Statewide Comprehensive Exercise;
- Regional exercises as required by DHS;
- Mass Care Enhancements–Shelter “Hardening”;
- Statewide sheltering capability, and lessons learned from Hurricane Katrina.

F. Monitoring and Evaluation of Emergency Preparedness Activities

The **Office of Commonwealth Preparedness (OCP)** has a lead role in oversight, monitoring, and evaluating the progress of citizens, local, state, and federal governments, and the private sector to develop sufficient emergency preparedness strategies. This role is described in the OCP's *Secure Commonwealth Initiative Strategic Plan: Priorities for 2005 through 2008*. The OCP states in this Plan:

The 29-member Secure Commonwealth Panel is charged with monitoring and assessing implementation of statewide deterrence, prevention, response, and recovery initiatives, as well as for reviewing, evaluating and making recommendations pertaining to the security and emergency preparedness of government at all levels in Virginia. The Panel also is responsible for facilitating cabinet-level security and emergency preparedness coordination among the various agencies of State government and facilitating private sector preparedness and communication. Additionally, the Panel is charged with preparing a comprehensive strategic plan that outlines the status of ongoing statewide efforts to manage physical, economic, and societal risks and recommends strategies for future activities.

The OCP Performance Measures Task Force was charged with developing measures to gauge the performance of localities and of Virginia as a whole in the implementation of the federal government's Homeland Security efforts. *The Secure Commonwealth Strategic Plan* includes a recommendation from the Task Force as follows:

In the years since September 11, [2001], the Commonwealth's focus has been primarily on taking short and medium term measures needed to close clearly identified "capability" gaps rather than on establishing a long-term vision of Virginia's security and ensuring we have the right capabilities to meet those overall needs. Indeed, most of the Federal homeland security grant assistance received by the Commonwealth has been utilized for specific equipment gaps that were identified rather than for training and the development of overall capabilities or protocols. With the passage of time and the completion of many short-term tasks, it is now time to plan for the longer term and put in place a full-scale, integrated homeland security strategy, including the building of an integrated set of capabilities to prevent and respond to homeland security threats and a system of standards to measure whether Virginia is meeting its preparedness needs.

OCP acknowledged, as well, that performance measures need to be "more than just money spent." The OCP concluded that Virginia will "no longer spend preparedness funds without clearly defined goals to close capability gaps in preparedness and the ability to measure progress toward those goals. If a preparedness goal cannot be measured, it will not be done."

In this chapter, a variety of planning and reporting mechanisms through the OCP, the **Virginia Department of Emergency Management (VDEM)**, and agencies within all branches

of state government have been identified. As of January 2008, the most comprehensive review of activities available is the *Fiscal Year 2007 Commonwealth of Virginia Strategic Plan for Statewide Communications Interoperability (Statewide Plan)*. This plan refines and enhances the FY 2006 Statewide Plan in response to *Code of Virginia*, §9.1-1200, which requires an annual plan update. The FY 2007 Statewide Plan resulted from a collaboration of the State Interoperability Executive Committee, the State Interoperability Advisory Group, the OCP, and the Commonwealth Interoperability Coordinator's Office. The Statewide Plan reflects new and ongoing initiatives throughout the Commonwealth that will affect interoperability in the coming years. Agency reporting requirements that contribute to oversight and monitoring activities are as follows:

- VDEM is required to submit to the Governor and to the General Assembly both an annual executive summary and a report on the status of emergency management response plans statewide, to include a description of measures taken or recommended to prevent, respond to, and recover from disasters, including acts of terrorism.
- Annex E of the 2004 Emergency Operations Plan requires that, on request of the VDEM Emergency Operations Center, localities report on the details of population-tracking activities of individuals who move into and out of shelter services.
- The State Interoperability Executive Committee is required to submit an annual report on activities to the Governor and General Assembly pursuant to Executive Order Number 30.
- The Virginia Higher Education Preparedness Consortium reports periodically, as may be appropriate, on issues affecting Virginia colleges and universities. These reports go to the Governor of the Commonwealth and the General Assembly through the Office of Commonwealth Preparedness and the Secretary of Education.

Localities that have established an agency of emergency management, under the *Code of Virginia*, §44-146 19 H, may review 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.

As referenced earlier, in June 2006, Virginia sent a multiagency state delegation to the national conference, *Conference on Emergency Management and Individuals with Disabilities and the Elderly*. Each agency that attended the conference was asked to identify respective state-specific activities underway and planned so that the nation can begin to “benchmark” progress being made in each state and to build on best practices. Quarterly reports have been submitted since this conference was held. These quarterly reports are available to the public online at: <http://www.add-em-conf.com/>. Federal monitoring of state reporting activities is coordinated by

the federal Administration on Developmental Disabilities (ADD). Virginia's 2006 and 2007 quarterly reports, discussed earlier, show that the Governor's Office of Community Integration has provided Secretariat leadership across the lead agencies responsible for emergency preparedness, and that a result of this leadership has been the inclusion of individuals with disabilities in state, regional, and local emergency planning activities.

G. Areas of Concern for Emergency Preparedness

This chapter detail provides information on the current state of emergency preparedness services in Virginia. Cited throughout the chapter are important information and data regarding state agency programs and activities. Here the reader will also find information on improved systems and services and improved activities and outcomes. This section focuses on the specific areas in which further improvements may be needed to move the system forward, particularly with respect to meeting the needs of persons with disabilities. The Virginia Board for People with Disabilities (VBPD) identified the following issues and concerns through a variety of mechanisms, including: (1) review and analysis of the source documents referenced within and listed at the end of this chapter, (2) public comment received via VBPD's six public forums held throughout the state in the Spring of 2007, and (3) written comment and information provided and verified by state agencies in their reviews. These issues are not all-inclusive, but represent those that VBPD has identified as important to systems improvement.

- 1. Continued Challenges with Respect to Including Individuals with Disabilities in Planning and Preparation Activities:** The Community Integration Advisory Commission and the Virginia Emergency Planning Delegation, both of which attended the June 2006 *DHHS/Homeland Security Working Conference on Emergency Management and Individuals with Disabilities and the Elderly* (described later in this chapter) agreed that there were many challenges to be addressed regarding the inclusion of individuals with disabilities in planning, training, and responding in the event of an emergency. There are concerns that individuals with disabilities and advocacy organizations have not been systematically engaged in discussing the contributions they can make in emergency planning and have not typically been engaged as active participants in disaster-response training, planning, and exercises at the state, regional, or local levels. Until fairly recently, entities with emergency planning responsibilities have not partnered with disability organizations. There have been only limited opportunities to bring experienced emergency response and public safety personnel together with individuals with disabilities to ensure that both communities share their expertise and lessons learned about direct evacuation and sheltering. Integration of individuals into the emergency prepared processes in programs such as the Community Emergency Response Team has historically not occurred, although efforts are underway to do so at the state, regional, and local levels.
- 2. Need for Improved Shelter Management and Better Definitions:** It is critical to identify the availability of accessible shelters that can meet the needs of persons with diverse disabilities during and after an emergency event. Shelters used for the general population are

often not accessible to individuals with disabilities nor are they compliant with the Americans with Disabilities Act (ADA). Red Cross shelter standards for accessibility are unclear. There has been no mapping of shelter locations for the general public or individuals living in the community. Though there are some discussions with Medicaid regarding the development of plans for persons residing in institutions, it is unclear whether discussions and planning are underway to address the need of individuals with medical needs who are living in the community. Clarity is needed regarding what advance agreements are in place with transportation providers, home health-care providers, and the appropriate role of volunteers who may have special knowledge about people with disabilities. General population shelters that do not accommodate those with special medical needs will result in additional burdens for families who may have to relocate from shelter to shelter several times or be separated from family members.

3. **Lack of Adequate Transportation Options:** A continuing gap and critical need that must be addressed is evacuation transportation for persons with disabilities living in the community and in congregate-living situations, such as group homes. Even if appropriate shelter facilities are available, individuals with disabilities must be able to reach those facilities.
4. **Need for Education on Emergency Planning:** Ongoing education of family members, individuals with disabilities, and the general public is needed to ensure appropriate planning for the supports that an individual with a disability will need in an emergency situation. Many citizens do not have their own personal emergency plans. It is even more critical to have such a plan, however, when there is an individual or family member who has special needs with respect to shelter, medical care, and medication administration, or a need for personal care and support.

H. Board Recommendations for Emergency Preparedness

The Virginia Board for People with Disabilities (VBPD) is pleased to have had the opportunity to work with the various state agencies and departments, as well as the Office of Community Integration, on a variety of emergency planning workgroups and task forces. VBPD felt that a chapter on Emergency Preparedness and Planning within the *2008 Biennial Assessment* was an important addition. The broad recommendations below are consistent with and support the recommendations of the many groups that have been meeting over the last two years to ensure that our citizens with disabilities are safe, have proper medical and other care, and are treated with respect and dignity during an emergency situation.

1. **Implement Community Integration Advisory Commission (CIAC) Recommendations:** VBPD recommends implementation of the CIAC recommendations delineated in Section C of this chapter.
2. **Involve Individuals with Disabilities in Planning:** It is important to ensure full representation of individuals with disabilities and their families in emergency preparedness

and planning activities. VBPD recommends that the Virginia Department of Emergency Management (VDEM) provide guidance to state and local agencies related to how to accomplish meaningful participation. VDEM should consult with disability services agencies to ensure that they are able to provide accurate information on the requirements of the Americans with Disabilities Act and can advise localities on how to: (1) provide reasonable accommodations to people with disabilities, and (2) access the support and resources they need to ensure inclusion of this diverse population in all local, regional, and statewide planning activities and exercises.

3. **Enhance Shelter Accessibility:** VBPD supports implementation of the recommendations detailed in this chapter regarding accessible shelters. VBPD believes that planning for shelters should include an emphasis on supporting families so that they can remain together. In addition, there must be enough sheltering facilities that are equipped with, or able to accommodate, the specialized equipment and resources of individuals who have complex medical needs (i.e., the need for refrigeration, medication planning, backup power sources, and so on).
4. **Ensure Adequate Transportation in Emergencies:** VBPD recommends that the Virginia Department of Emergency Management (VDEM) and its partner agencies carefully review transportation service gaps for individuals with disabilities living in the community or in congregate settings. When developing transportation and evacuation plans, emergency planners need to account for the transportation needs of citizens with disabilities (and the elderly). It is also critical for congregate settings to have adequate plans for emergency transportation and evacuation, and that these plans be updated at least annually. VBPD also recommends that VDEM review current capacity for evacuation transportation and work with localities to develop and/or provide training to drivers who will be evacuating persons with disabilities and their family members.
5. **Identify and Implement Best Practices from Other States:** VBPD recommends that the Department of Emergency Management, the Office of Commonwealth Preparedness, the Virginia Department of Health, and other relevant agencies review best practices in emergency preparedness for disabilities, as identified by the federal government and as practiced in other states. Issues of particular concern, as noted above, are shelter, transportation, and planning for medication. The Department of Medical Assistance Services should determine whether other states have workable systems for ensuring that medication supplies are stocked and available in the event of emergencies, that needed prescriptions are readily available, and that insurance company (public and private) policies regarding medication refills do not pose a barrier to medication access during emergency situations.
6. **Promote Emergency Planning Efforts and Training Opportunities:** VBPD recommends direct outreach and marketing through media or other avenues to individuals with disabilities, the elderly, and family members who may not be aware of state, regional, and local services or resources. While emergency planning information tips and tools are provided on a variety of state agency Web sites, many citizens may not know where to look for this information or

may not have Internet access. Information should be available, on request, in alternate formats and reasonable accommodations should be provided to ensure communication and information access to individuals with disabilities.

Emergency Preparedness Sources Referenced in This Chapter

Web Sites:

Office of Commonwealth Preparedness Constituent Services:

<http://www.governor.virginia.gov/CitizenServices/ConstituentServices/index.cfm>

Ready America: <https://www.ready.gov/>

Ready Virginia: <http://www.readyvirginia.gov/>

State Inoperability Council: <http://www.interoperability.virginia.gov/>

U.S. Department for Homeland Security (Links for Citizens): <http://www.dhs.gov/xcitizens/>

Virginia Council of Churches: <http://vacouncilofchurches.org/cms/>

Virginia Department of Emergency Management:

<http://www.vaemergency.com/programs/index.cfm>

Virginia Department of Fire: <http://www.VAFire.com>

Virginia Department of Health: www.vdh.virginia.gov

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services:

www.dmhmrzas.virginia.gov

Virginia Department of Social Services: www.dss.virginia.gov/

Voluntary Organizations Active in Disasters: <http://www.VOAD.com>

Documents:

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