Subcommittee #2 Health Care Systems and Emergency Management

2:00 p.m. Virtual Meeting
November 26, 2024

Report

Business Continuity and Continuity of Operations

1.1.1 Expand access to mental health resources.

Policy Options

1) Proactive Mental Health Frameworks: Instead of just responding to crises, healthcare systems should develop proactive mental health support systems that are continuously available. This includes routine mental health check-ins, peer support groups, and integrating mental health services as part of daily operations.
Subcommittee consensus: Best practice recommendation.

2) Resilience Training: Provide resilience and stress-management training for healthcare staff, equipping them with coping mechanisms to handle the intense pressures of their roles during emergencies.
Subcommittee consensus: Best practice recommendation.

3) Increased funding for mental health services will likely be required to carry forward this recommendation, necessitating a budget amendment. Legislation could be introduced directing the Commissioner of Behavioral Health and Developmental Services or the Department of Behavioral Health and Developmental Services to conduct a review of the mental health services and funding needs and report back to the General Assembly.
Subcommittee consensus: No action.

4) Legislation could be introduced to expand existing programs coupled with budget amendments sufficient to fund such program expansions.(Examples of existing programs were provided)
Subcommittee consensus: No action.

1.1.2 Develop comprehensive mental health support guidelines.

Policy Options

1) For Recommendations 1.1.1 and 1.1.2, budget language directly DHRM to create and implement clear, standardized guidelines for mental health support during extended incident response across all state agencies during emergency response including protocols for identifying and addressing mental health concerns, provide access to mental health professionals, and incorporate flexible options like childcare and paid time off to alleviate stress and prevent burnout.
Subcommittee consensus: Best practice recommendation.

2) Section 44-146.18 of the Code of Virginia establishes the powers and duties of the Department of Emergency Management. This section could be amended to add a provision requiring the Department, in cooperation with the Department of Behavioral Health and Developmental Services, to develop standardized guidelines for mental health support during extended incident response across all state agencies. The legislation could include a requirement to establish a definition and designation of a time period for "extended incident response."

Subcommittee consensus: Legislation requiring the Department of Emergency Management, in cooperation with the Department of Behavioral Health and Developmental Services, to develop standardized guidelines for mental health support during extended incident.

3) Alternatively, a resolution could also be introduced directing the Department or a selected group of relevant agencies to study the development of comprehensive mental health support guidelines and report back to the General Assembly with recommendations for implementation.

Subcommittee consensus: No action.

Communications

2.1.1 Establish a dedicated SME pool.

Policy Options

1) Amend the Code to require dedicated SME pool for key agencies to be trained and readily available during emergencies,

2) Chapter 3.2 of Title 44 of the Code of Virginia could be amended to establish a Public Safety Communications Response Council during times of emergency. This council would provide subject matter-specific support from agencies to a centralized communication platform. Such legislation could direct relevant agencies to appoint a representative whose duty it is to respond to inquiries related to that agency's subject matter.

Subcommittee consensus: Best practice recommendation regarding these two policy options involving expansion of the provisions of Executive Orders 41 and 42.

2.1.2 Implement a centralized information management system (CIMS).

Policy Options

1) Amend the Code to implement a Centralized Information Management System (CIMS). Deploy a centralized platform for managing and disseminating information during a crisis. This system should include real-time updates, FAQs, and guidance from SMEs. It would streamline the flow of information, enabling JIC staff to access accurate and up-to-date content quickly and reducing the time spent searching for answers.

2) Decentralized Crisis Communication Networks: Create regional communication hubs that feed into a centralized system but maintain flexibility. This will allow local agencies to

respond to community-specific needs while ensuring alignment with state and national directives.

3) Public Communication Frameworks: Develop a uniform public communication framework that simplifies the delivery of consistent, accurate information to the public. Healthcare teams can collaborate with trusted local leaders to enhance outreach, addressing public mistrust and misinformation early.
Subcommittee consensus: Letter from the Joint Subcommittee to the Virginia Department of Emergency Management to study **Observation 2.1** and **Recommendation 2.1.2** and provide recommendations for legislation, if appropriate.

4) Section 44-146.18:5 of the Code of Virginia establishes the Division of Public Safety Communications. This section could be amended to direct the Division to establish a centralized messaging platform during times of emergency
Subcommittee consensus: No action.

2.2.1 Streamline the health equity working group structure.

Policy Options

1) Amend the Code to reduce the size of the working group to a more manageable number of participants. Focus on including key representatives who can provide diverse perspectives without overwhelming the decision-making process. Establish smaller, specialized subcommittees for specific tasks such as translation or cultural considerations to enhance efficiency and effectiveness.

2) Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within Chapter 3.2 of Title 44 of the Code of Virginia to require the Department of Emergency Management to establish a work group on health communications and equity during a statewide public health emergency. The legislation would seek to establish a clear upper limit on the number of participants in the work group and include required subject matter-specific subgroups to facilitate efficiency and focus.
Subcommittee consensus: Letter from the Joint Subcommittee to the Virginia Department of Emergency Management to study **Observation 2.2** and **Recommendation 2.2.1** and provide recommendations for legislation, if appropriate.

2.2.2 Implement clear decision-making protocols.

Policy Options

1) Amend the Code to develop and enforce clear protocols for decision-making within the working group. Establish criteria for resolving conflicts and making decisions swiftly to avoid delays. This could include predefined guidelines for translation and other critical aspects to streamline the process and ensure timely dissemination of information.
Subcommittee consensus: No action.

2) Perhaps there can be some discussion of the need to establish an "Information line" where health care providers can call to ascertain clarifications on policy matters and the time and dates when future guidance calls or memos will be available.
Subcommittee consensus: No action.

3) Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within Chapter 3.2 of Title 44 of the Code of Virginia, directing the Department of Emergency Management to require the establishment of the previously mentioned work group that would contain language requiring the work group to develop a framework for decision-making at its first meeting. Additionally, the statute could contain a requirement that a quorum of members be present in order for decisions to be effectual.
Subcommittee consensus: No action.

4) Alternatively, legislation could be introduced directing the Secretary of Public Safety and Homeland Security or the Department of Emergency Management to convene a work group to pre-establish the health equity work group's structure, protocols for decision-making within the group, and a rapid response framework that could be implemented in times of emergency.
Subcommittee consensus: No action.

2.2.3 Establish a rapid response framework.

Policy Options

Chapter 3.2 of Title 44 of the Code of Virginia could be amended to require the establishment of the previously mentioned work group with the responsibility to develop health messaging protocols and policies to support rapid response to changing public health needs.
Subcommittee consensus: No action.

2.3.1 Enhance ongoing public engagement and education.

Policy Options

1) Perhaps there can be some discussion of the need to establish an information line where health care providers can call to ascertain clarifications on policy matters and the time and dates when future guidance calls or memos will be available.

2) Chapter 3.2 of Title 44 of the Code of Virginia could be amended to require that any work group created or established during a declared time of emergency include the appointment of non-governmental community leaders in advisory roles.
Subcommittee consensus: No action.

7.1.1 Conduct comprehensive NIMS and ICS training.

Policy Options

Section 2.2-1209 of the Code of Virginia requires the Department of Human Resource Management to develop training programs to familiarize the director of each agency in the executive branch of state government with state human resources policies. Each agency director is required to attend the training within six months after appointment.

Legislation could be introduced that would similarly require the Department of Emergency Management to develop a training program on NIMS principles, the ICS, and the role of the EOC. Agency heads would be required to attend the training within six months of appointment with additional training required at regular intervals. The legislation could establish other policy makers and key personnel who would be required to attend the training.

Subcommittee consensus: Legislation requiring the Department of Emergency Management to develop a training program on NIMS principles, the ICS, and the role of the EOC. Agency heads would be required to attend the training within six months of appointment with additional training required at regular intervals.

7.1.2 Establish clear role definitions.

Policy Options

1) Section 44-146.18 of the Code of Virginia establishes the powers and duties of the Department of Emergency Management. This section could be amended to direct the Department to develop and distribute a document (i) outlining the roles and responsibilities of all policymakers, agency heads, and key personnel within the Incident Command System framework and (ii) protocols for communication, decision-making, and collaboration with the objective of improving overall coordination.

2) Alternatively, legislation could be introduced directing all state agencies to develop a document for their individual agency briefly outlining the Incident Command System and the role of the Virginia Emergency Support Team in the event of a declared emergency.

Subcommittee consensus: Legislation directing state agencies to develop a document for their agency briefly outlining the Incident Command System and the role of the Virginia Emergency Support Team in the event of a declared emergency. This document is to be reviewed and submitted to the General Assembly every two years.

7.1.3 Enhance tracking and resource management systems.

Policy Options

1) Resource Allocation Dashboards: Establish real-time dashboards that track the availability of essential resources like ventilators, PPE, and staffing levels across healthcare facilities. This ensures quick allocation where needed and prevents bottlenecks in resource distribution.

Subcommittee consensus: Best practice recommendation.

2) Section 2.2-2007 of the Code of Virginia establishes the powers and duties of the state's Chief Information Officer (CIO) relating to the development of policies, standards, and guidelines for information technology for executive branch agencies. Legislation could be introduced amending this section or adding a section directing the CIO and the Virginia Information Technologies Agency, with the cooperation of the Department of Emergency Management, to develop an emergency resource management system that integrates the recommended information.

Subcommittee consensus: Legislation directing the CIO and the Virginia Information Technologies Agency, with the cooperation of the Department of Emergency Management, to develop an emergency resource management system that integrates the recommended information.

7.2.1 Centralize administrative tasks.

Policy Options

Pursuant to the authority granted in § 44-146.18 of the Code of Virginia, the Department of Emergency Management has established a project management office, a human resource department, and disaster services planning functions. The Joint Subcommittee may wish to consider legislation, with an accompanying budget amendment, providing that during a declared emergency additional funding is directed to the Department for expanding these functions to support an increase in temporary staff.

Subcommittee consensus: No action.

7.2.2 Implement rotational staffing.

Policy Options

1) Surge Staffing Models: Implement a system for rapidly deploying temporary healthcare workers during a crisis. This could include partnerships with medical schools, nursing programs, and retired healthcare professionals to build a reserve workforce that can be mobilized in emergencies

Subcommittee consensus: No action.

2) Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within Chapter 3.2 of Title 44 of the Code of Virginia, directing the Department of Emergency Management to establish a system of rotational staffing to be implemented in times of emergency.

Subcommittee consensus: No action.

3) Since the rotational staffing for VEST during times of emergency would likely require funding to hire additional staffing, the Joint Subcommittee may wish to consider a budget amendment clearly providing for the transfer of balances or other means in times of emergency to cover the costs of this staffing

Subcommittee consensus: No action.

7.2.3 Expand and diversify the staffing pool.

Policy Options

1) It would be helpful to Include communications workers in this discussion.

2) From an aspirational standpoint, partnerships are typically developed at the individual agency level. As for staffing temporary positions during a declared state of emergency, § 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within Chapter 3.2 of Title 44 of the Code of Virginia to require the Department of Emergency Management to establish a work group on health communications and equity during a statewide public health emergency (See Recommendation 2.2.1). That work group could be directed to include targeted messaging on the need for skilled professionals to fill temporary positions

Subcommittee consensus: Letter from the Joint Subcommittee to the Department of Emergency Management to study **Observation 7.2** and **Recommendation 7.2.3**, including the policy actions, and provide recommendations for legislation, if appropriate.

Planning

8.1.1 Review and update pandemic and emergency operations plans.

Policy Options

1) Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management to prepare and maintain a comprehensive pandemic response plan that assigns primary and support responsibilities for basic emergency services functions to state agencies, organizations, and personnel as appropriate. The legislation could also require the Department to establish a model pandemic response plan for use by individual state agencies and local governing bodies.

Subcommittee consensus: No action.

2) In addition, Chapter 6 of Title 2.2 of the Code of Virginia could be amended to require all state agencies to develop and maintain individual pandemic response plans to be updated periodically.

Subcommittee consensus: No action.

8.1.2 Integrate inclusivity and support for vulnerable populations.

Policy Options

1) It would be useful to ask the State to plan, if possible, to ascertain the capacity of private health care providers in the respective regions.

Subcommittee consensus: No action.

2) Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management to prepare and maintain a comprehensive pandemic response

plan (See Recommendation 8.1.1) that includes a component requiring the inclusion of community stakeholders and representatives who represent populations in an agency's service area or who are likely to be affected by the actions of the agency. The requirement for inclusion of community stakeholders and representatives would also be included in the model pandemic response plan for use by individual state agencies and local governing bodies.

Subcommittee consensus: No further action.

8.1.3 Prioritize continuous plan evaluation.

Policy Options

Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management to prepare and maintain a comprehensive pandemic response plan (See Recommendation 8.1.1) that includes a component requiring a proactive and continuous evaluation and adaptation process for the pandemic response plans, enabling the Department to regularly assess their effectiveness and make necessary adjustments based on lessons learned from ongoing or past crises. The model pandemic response plan would also include the same component to also enable agencies to regularly assess effectiveness and make necessary adjustments. The legislation could require the review and update of such plans at regular intervals.

Subcommittee consensus: Letter from the Joint Subcommittee to the Department of Emergency Management to study **Observation 8.1** and **Recommendation 8.1.3**, including the policy actions, and provide recommendations for legislation, if appropriate.

8.2.1 Review alignment of emergency management and public health regions.

Policy Options

1) It would be useful to ask the State to plan, if possible, to ascertain the capacity of private health care providers in the respective regions.

Subcommittee consensus: No action.

2) Legislation could be introduced requiring the Department of Emergency Management to update its emergency management regions to align with the Department of Health's 35 local health districts. The legislation could also specify that no individual local health district be included in more than one emergency management region.

Subcommittee consensus: No action.

3) Alternatively, legislation could be introduced directing the Department of Emergency Management and the Department of Health to study the existing emergency management regions and local health districts and recommend a mutually beneficial alignment to the General Assembly for implementation.

Subcommittee consensus Legislation directing the Department of Emergency Management and the Department of Health to study the existing emergency management regions and local health districts and recommend a mutually beneficial alignment to the General Assembly for implementation.

8.2.2 Integration of key internal and external partners.

Policy Options

1) Unified Regional Command Structures: Develop a unified command structure for regional healthcare and public health authorities to improve coordination during emergencies. This will ensure that regions can work together more effectively and reduce conflicting guidance.

2) Pandemic Preparedness Drills: Conduct regular multi-agency drills that simulate pandemic scenarios, focusing on vaccination distribution, contact tracing, and care for vulnerable populations. This will expose weaknesses in coordination and provide opportunities to refine plans.

3) Decentralized Crisis Communication Networks: Create regional communication hubs that feed into a centralized system but maintain flexibility. This will allow local agencies to respond to community-specific needs while ensuring alignment with state and national directives.

4) Public Communication Frameworks: Develop a uniform public communication framework that simplifies the delivery of consistent, accurate information to the public. Healthcare teams can collaborate with trusted local leaders to enhance outreach, addressing public mistrust and misinformation early.

Subcommittee consensus: Letter from the Joint Subcommittee to the Department of Emergency Management to study **Observation 8.2** and **Recommendation 8.2.2**, including the policy options, and provide recommendations for legislation, if appropriate.

Public Health / Local Health Districts

9.1.2 Enhance regional coordination and support.

Policy Options

1) Enhancing regional coordination is essential for creating a unified response. Regular inter-regional meetings and shared resources can promote consistency. Additionally, establishing regional liaison officers could facilitate communication between regions and the central authority.

Subcommittee consensus: Best practice recommendation.

2) Interoperable Data Systems: Invest in creating interoperable data collection systems that healthcare institutions can use during crises. These systems should be designed for real-time data sharing and analysis, helping healthcare providers anticipate patient surges and track key metrics like infection rates and hospital capacity.

Subcommittee consensus: Best practice recommendation.

3)AI-Driven Analytics: Utilize artificial intelligence to predict resource needs, optimize staffing levels, and identify vulnerable populations in need of intervention. AI can assist healthcare teams in making quicker and more informed decisions during high-pressure situations.
Subcommittee consensus: Best practice recommendation.

4) Article 3 of Chapter 1 of Title 32.1 of the Code of Virginia could be amended to require the Department of Health to conduct periodic (e.g. annual, biannual) meetings with representatives from each of the local health districts to review each district's pandemic response plan.
Subcommittee consensus n: No action.

9.1.3 Centralize public health guidance and oversight during emergencies.

Policy Options

1) Centralizing guidance ensures uniform protocols and reduces confusion. However, it's important that centralization does not stifle regional flexibility. Regions should retain the ability to address local nuances, provided they align with overarching guidelines

Suggestions:

i) Establish a Federal-State Coordination Framework: To maintain regional flexibility while ensuring consistency, laws should mandate the establishment of a federal-state coordination framework. This would allow states to manage their unique needs while adhering to federal guidelines during national emergencies.

ii) Legislation for Public Health Coordination: Implement legislation that requires centralized oversight for public health emergencies, making it mandatory for all regions to follow consistent guidelines issued by the national or state-level public health authorities. This can include pre-established protocols for vaccine distribution, quarantine procedures, and PPE allocation.

iii) Emergency Preparedness Grants: Federal legislation could create grant programs incentivizing regions to regularly participate in statewide drills, resource sharing, and training, ensuring uniform readiness across regions.

iv) Develop a Unified Communication Platform: Implement a centralized digital platform where all regions can access the latest guidelines, submit reports, and share best practices.

v) Establish a Rapid Response Team: Create a multidisciplinary team that can be deployed to assist regions struggling with implementation, ensuring that expertise and resources are promptly available where needed.
Subcommittee consensus: Best practice recommendation.

2) Article 3 of Chapter 1 of Title 32.1 of the Code of Virginia could be amended to authorize the Department of Health to provide centralized oversight to ensure that all regions adhere to uniform protocols, enhance coordination, and reduce inconsistencies in response measures. The legislation would also authorize the Department to disseminate official communications during an emergency.
Subcommittee consensus: No action.

9.2.1 Inclusion of vaccination policies and definitions in pandemic plans.

Policy Options

1) Including clear definitions and policies in pandemic plans is crucial. This pre-planning can prevent confusion over priority groups. Engaging stakeholders in the development of these policies can enhance acceptance and compliance.
Subcommittee consensus: No action.

2) Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management to prepare and maintain a comprehensive pandemic response plan (**See** Recommendation 8.1.1). The legislation could include the requirement that the Department's plan and agency plans must directly address vaccination policies, including timelines for obtaining necessary vaccinations based on position.
Subcommittee consensus: No action.

9.2.2 Enhance data collection and coordination for vaccine distribution.

Policy Options

1) Robust data systems are vital for tracking vaccine distribution and identifying gaps. Interoperability between agencies' data systems can improve coordination

Suggestions:

i) Mandatory Inclusion of Vaccination Policies in Pandemic Plans: States should pass legislation requiring pandemic preparedness plans to include clearly defined vaccination policies, priority group identification (e.g., frontline staff, vulnerable populations), and transparent adaptation processes for different types of pandemics.

ii) Legislation for a National Vaccine Registry: Enact laws for the creation of a national vaccine registry to streamline data collection and monitor vaccination rates. Such legislation would help identify priority groups and prevent inconsistencies in regional vaccine distribution.

iii) Coordination Across Agencies: Enact laws that require seamless interagency coordination for vaccine distribution, ensuring that healthcare facilities and agencies receive up-to-date information on priority populations and vaccine availability. Coordination with educational institutions could also ensure that vaccine policies are continually reviewed and improved.
Subcommittee consensus: Best practice recommendation.

2) Investment in data collection systems for tracking vaccine distribution would require additional funding. The Joint Subcommittee may wish to consider legislation, with an accompanying budget amendment, providing that during a declared emergency additional funding is directed to the Department for the purpose of expanding these functions to support an increase in temporary staff.
Subcommittee consensus: No action.

9.3.1 Incorporate external partners early in the response planning.

Policy Options

1) Early involvement of partners like the VHHA can harness existing relationships and expertise, leading to a more coordinated response.

Suggestions:

i) Partnership Strengthening Legislation: Pass laws that require healthcare systems to maintain active partnerships with external organizations (e.g., VHHA, regional healthcare coalitions) before crises occur. This legislation could mandate regular joint planning, training, and communication exercises to ensure readiness.

ii) Creation of a Crisis Response Coalition: Create legislation that establishes a Crisis Response Coalition at the state or national level. This coalition would coordinate healthcare providers, emergency services, and other relevant stakeholders to ensure streamlined collaboration from the start of any public health emergency.

iii) Funding for Healthcare Partnership Initiatives: Legislative funding could support collaborative healthcare initiatives, providing resources for formalizing partnerships and implementing joint crisis management strategies.

iv) Public Engagement and Transparency: Communicate vaccination policies and priorities clearly to the public to manage expectations and reduce conflicts.

v) Leverage Technology for Scheduling and Tracking: Use digital platforms for vaccine appointment scheduling and follow-up, which can improve efficiency and data accuracy.

Subcommittee consensus: Best practice recommendation.

2) Similar to the policy options for Recommendation 2.3.1, any legislation establishing work groups could require the inclusion of a representative from relevant community stakeholders and organizations. Inclusion of community stakeholders could also be addressed by legislation requiring the establishment of pandemic response plans contemplated by Recommendation 8.1.1.

Subcommittee consensus: Best practice recommendation.

9.3.2 Establish clear communication channels and protocols.

Policy Options

1) Clear protocols prevent miscommunication. Regular joint briefings and shared communication platforms can facilitate this.

2) Section 44-146.18 of the Code of Virginia could be amended to require the Department of Emergency Management or the State Coordinator of Emergency Management to establish a centralized office for communications with external partners during periods of declared emergency. The office would have the mission of implementing clear communication channels and protocols for engaging external partners during emergencies.

Subcommittee consensus: Letter from the Joint Subcommittee to the Department of Emergency Management to review **Observation 9.3** and **Recommendation 9.3.2**, including the policy options, and provide recommendations for legislation, if appropriate.

9.3.3 Strengthen and formalize partnerships before crises.

Policy Options

1) Pre-established agreements and regular collaborative exercises can ensure partners are ready to act cohesively when emergencies arise.

Suggestions:

i) Create a Partner Integration Framework: Develop a standardized framework that outlines roles, responsibilities, and communication strategies for all external partners.

ii) Conduct Joint Training and Simulations: Regular joint exercises can improve preparedness and highlight areas needing improvement.

2) The same legislation recommended in Recommendation 9.3.2 could expand the requirement for the office to be established during times of declared emergencies and instead authorize the Department of Emergency Management or the State Coordinator of Emergency Management to maintain an office for communication with external partners on a permanent basis.

Subcommittee consensus: Letter from the Joint Subcommittee to the Department of Emergency Management to review **Observation 9.3** and **Recommendation 9.3.3**, including the policy options, and provide recommendations for legislation, if appropriate.

3) It is likely that this permanent establishment would require ongoing funding. The Joint Subcommittee may wish to consider budget language to fund the permanent establishment and staffing of the office.

Subcommittee consensus: No further action.

9.4.1 Establish standardized data collection framework.

Policy Options

1) A standardized framework can reduce redundancies and improve data quality. It's important to involve all stakeholders in its development to ensure it meets diverse needs.

2) Legislation could be introduced directing Department of Emergency Management and the Department of Health to study the development and implementation of a data collection framework as contemplated by this recommendation. The Departments would be required to make recommendations to the General Assembly for implementation.

Subcommittee consensus: Budget language directing the Department of Emergency Management and the Department of Health study the development and implementation of a data collection framework as contemplated by this recommendation.

9.4.2 Provide training and support for data reporting.

Policy Options

1) Training is essential, especially for facilities inexperienced in regular reporting. Ongoing support can help maintain data integrity.

Suggestions:

i) Legislation for Standardized Data Reporting: Enact federal or state laws mandating standardized data collection frameworks across all healthcare facilities and agencies. These frameworks would integrate essential elements of information, such as patient demographics, treatment outcomes, and resource availability, to streamline emergency response and reporting.

ii) Create a Unified Health Information System: Push for the establishment of a unified health information system (HIS) through national legislation. This system would integrate healthcare data reporting across all regions and healthcare providers, making it easier to monitor real-time data during emergencies.

iii) Training Mandates: Legislation could require regular data reporting training for healthcare providers and administrative staff to ensure that they are capable of utilizing standardized reporting tools. This training could also be tied to licensing or accreditation processes to ensure compliance across all healthcare facilities.

iv) Implement a Centralized Data Management System: A unified system can facilitate real-time data sharing and analytics, aiding decision-making.

v) Ensure Data Security and Privacy Compliance: Protecting patient data is crucial. Systems should comply with all relevant regulations, such as HIPAA.

Subcommittee consensus: No action.

2) The study on the development and implementation of a data collection framework, mentioned previously under Recommendation 9.4.1, could also include the requirement that the Department of Emergency Management and the Department of Health jointly develop a training program for any data collection framework produced by the study

Subcommittee consensus: No action.

Volunteer and Donation Coordination

11.1.1 Provide comprehensive health and safety training.

Policy Options

1) Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within Chapter 3.2 of Title 44 of the Code of Virginia to direct the Department of Emergency Management to offer health and safety training to volunteer organizations that are incorporated into the VEST system.

2) It is likely that this expanded training requirement would require ongoing funding. The Joint Subcommittee may wish to consider budget language to fund the expanded training requirement.

Subcommittee consensus: Legislation to direct the Department of Emergency Management to offer health and safety training to volunteer organizations that are incorporated into the VEST system.

11.1.2 Establish a health monitoring and support system.

Policy Options

1) Long-Term Volunteer Networks: Build long-term volunteer networks, including younger demographics and community organizations, to ensure an ongoing pool of trained individuals ready for deployment in health emergencies. Regular training and engagement activities can help keep these networks active and motivated.

2) Volunteer Credentialing Systems: Create a system for credentialing volunteers with relevant medical or logistical skills, allowing them to be quickly integrated into emergency healthcare teams when needed.

3) Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within Chapter 3.2 of Title 44 of the Code of Virginia to direct the Department of Emergency Management to develop a health monitoring system for all volunteers incorporated into the VEST during times of emergency.

Subcommittee consensus: Incorporate basics of this recommendation in the legislation contemplated for Recommendation 11.1.1.

11.1.3 Engage a more diverse demographic.

Policy Options

1) Inclusive Care Protocols: Create specific protocols for providing care to marginalized groups, including non-English speakers, individuals with disabilities, and the elderly. These protocols should include accessible communication, equitable resource distribution, and targeted outreach strategies.

Subcommittee consensus: Best practice recommendation.

2) Community Health Advocates: Partner with community-based organizations to train local health advocates who can act as liaisons during emergencies. This will ensure vulnerable populations are supported and included in healthcare efforts, even when broader systems are strained.

Subcommittee consensus: Best practice recommendation.

3) Section 44-146.18 of the Code of Virginia could be amended or, alternatively, a separate section could be created within Chapter 3.2 of Title 44 of the Code of Virginia to add a provision encouraging the Department of Emergency Management to focus recruiting efforts on younger demographics.

Subcommittee consensus: Budget language establishing funding for an education outreach campaign.

4) It is likely that the contemplated recruiting efforts would require additional resources. The Joint Subcommittee may wish to consider budget language to support efforts to target and recruit younger demographics for the expanded training requirement.

Subcommittee consensus: Budget language establishing funding for an education outreach campaign.