



Subcommittee #2 Health Care Systems and Emergency Management

Action Items

I. Legislation

1. Legislation requiring the Virginia Department of Emergency Management (VDEM), in cooperation with the Department of Behavioral Health and Developmental Services, to develop standardized guidelines for mental health support during extended incident. The legislation will include a requirement to establish a definition and designation of a period for "extended incident response."
Observation 1.1: Despite efforts to support mental health, individuals still experienced challenges and could have benefited from more support.
Recommendation 1.1.2: Develop comprehensive mental health support Guidelines
TAB A
2. Legislation requiring the DEM to develop a training program on National Incident Management System principles, the Incident Command System, and the role of the Emergency Operations Center. Agency heads would be required to attend the training within six months of appointment with additional training required at regular intervals.
Observation 7.1: A lack of understanding of National Incident Management System (NIMS) principles, including the role of the Emergency Operations Center (EOC), the use of the Incident Command System (ICS), and resource management negatively impacted response operations.
Recommendation 7.1.1: Conduct comprehensive NIMS and ICS training.
TAB A
3. 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.
Observation 7.1
Recommendation 7.1.2: Establish clear role definitions.
TAB A
4. Legislation directing the VDEM to (i) offer health and safety training to volunteer organizations that are incorporated into the Virginia Emergency Support Team (VEST) and (ii) develop a health monitoring system for all volunteers incorporated into the VEST during times of emergency.
Observation 11.1: Before the vaccine was available, it was difficult to obtain volunteer support due to concerns about contracting the virus.
Recommendation 11.1.1: Provide comprehensive health and safety training.
Recommendation 11.1.2: Establish a health monitoring and support system.
TAB A

5. Legislation directing the Chief Information Officer and the Virginia Information Technologies Agency, with the cooperation of the VDEM, to develop an emergency resource management system. The system should be capable of integrating information from multiple sources, including contractors and temporary staff, to provide real-time updates on operational status.

Observation 7.1:

Recommendation 7.1.3: Enhance tracking and resource management systems.

TAB B

6. Legislation directing the VDEM and the Department of Health (DOH) to study the existing emergency management regions and local health districts and recommend a mutually beneficial alignment to the General Assembly for implementation. VDEM and DOH will report findings and recommendations to the General Assembly by November 1, 2025.

Observation 8.2: A lack of interagency preparedness and response coordination hindered response operations

Recommendation 8.2.1: Review alignment of emergency management and public health regions.

TAB C

II. Joint Subcommittee Letters

Letter from the Joint Subcommittee to the VDEM requesting the agency to review the following item from the Final After Action Report:

a. **Observation 2.1:** Barriers to internal communication impacted public information dissemination and **Recommendation 2.1.2:** Implement a centralized information management system (policy options 1, 2, and 3)

a. **Observation 2.2:** An oversized working group was established to support health equity, hindering effective public messaging and **Recommendation 2.2.1:** Streamline the health equity working group structure.

b. **Observation 7.2:** The pandemic response placed a significant strain on personnel resources and **Recommendation 7.2.3:** Expand and diversify the staffing pool.

c. **Observation 8.1:** Existing agency or pandemic plans were insufficient in their scope and approach to the COVID-19 pandemic and **Recommendation 8.1.3:** Prioritize continuous plan evaluation.

d. **Observation 8.2:** A lack of interagency preparedness and response coordination hindered response operations and **Recommendation 8.2.2:** Integration of key internal and external partners (policy options 1, 2, 3, and 4).

e. **Observation 9.3:** Key external partners were integrated into response late, resulting in redundancy, confusion, and frustration for health care partners-

Recommendation 9.3.2: Establish clear communication channels and protocols.

Recommendation 9.3.3: Strengthen and formalize partnerships before crises.

Any findings and recommendations to be provided to the General Assembly by November 1, 2025.

TAB D

III. Budget Language

1. Budget language directing VDEM and the DOH to study the development and implementation of a data collection framework for health care and other external partners, including local emergency management, involved in emergency responses that integrates essential elements of information across all reporting tools and stakeholders. This framework should establish consistent data requirements, streamline reporting processes, and provide clear guidelines to ensure cohesive and efficient data gathering and analysis during emergencies. Prioritize the integration of existing data collection systems and establish robust coordination mechanisms among all relevant partners, including those responsible for housing and managing data systems.

Observation 9.4: The existing data gathering systems for health care lacked cohesion due to the changing information needs of multiple stakeholders and the utilization of multiple reporting tools.

Recommendation 9.4.1: Establish a standardized data collection framework.

TAB E

2. Budget language providing funding for VDEM to establish and educational outreach campaign.

Observation 11.1: Before the vaccine was available, it was difficult to obtain volunteer support due to concerns about contracting the virus and

Recommendation 11.1.3: Engage a more diverse demographic.

TAB F

Subcommittee #2 Health Care Systems and Emergency Management

Tab A

Legislation:

- 1) Providing for the Department of Emergency Management (Department) to consult with the Department of Behavioral Health and Developmental Services regarding the development of standardized guidelines for mental health support during an emergency or extended incident.
- 2) Providing for the Department to develop a training program comprised of National Incident Management System (NIMS) principles, the state's Incident Command System (ICS) structure, and the role of the Emergency Operations Center (EOC). Each agency head will be required to complete the training within six months of appointment and again every two years and every two years thereafter.
- 3) Providing for the Department to (i) offer health and safety training to volunteer organizations incorporated into the Virginia Emergency Support Team (VEST) and (ii) establish a health monitoring system for volunteers to be implemented during a declared state of emergency.

SENATE BILL NO. _____ HOUSE BILL NO. _____

1 A BILL to amend and reenact § 44-146.18 of the Code of Virginia and to amend the Code of Virginia by
2 adding sections numbered 44-146.18:10 and 44-146.18:11, relating to Department of Emergency
3 Management; powers and duties; development and implementation of standardized guidelines and
4 training programs.

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

6 **1. That § 44-146.18 of the Code of Virginia is amended and reenacted and that the Code of Virginia**
7 **is amended by adding sections numbered 44-146.18:10 and 44-146.18:11 as follows:**

8 **§ 44-146.18. Department of Emergency Management; administration and operational**
9 **control; coordinator and other personnel; powers and duties.**

10 A. The State Office of Emergency Services is continued and shall hereafter be known as the
11 Department of Emergency Management (the Department). Wherever the words "State Department of
12 Emergency Services" are used in any law of the Commonwealth, they shall mean the Department of
13 Emergency Management. During a declared emergency this Department shall revert to the operational
14 control of the Governor. The Department shall have a coordinator who shall be appointed by and serve at
15 the pleasure of the Governor and also serve as State Emergency Planning Director. The Department shall
16 employ the professional, technical, secretarial, and clerical employees necessary for the performance of
17 its functions.

18 B. The Department shall in the administration of emergency services and disaster preparedness
19 programs:

20 1. In coordination with political subdivisions and state agencies, ensure that the Commonwealth
21 has up-to-date assessments and preparedness plans to prevent, respond to, and recover from all disasters
22 including acts of terrorism;

23 2. Conduct a statewide emergency management assessment in cooperation with political
24 subdivisions, private industry, and other public and private entities deemed vital to preparedness, public

safety, and security. The assessment shall include a review of emergency response plans, which include the variety of hazards, natural and man-made. The assessment shall be updated annually;

3. Promulgate plans and programs that are conducive to adequate disaster mitigation preparedness, response, and recovery programs;

4. Prepare and maintain a State Emergency Operations Plan for disaster response and recovery operations that assigns primary and support responsibilities for basic emergency services functions to state agencies, organizations, and personnel as appropriate;

5. Coordinate and administer disaster mitigation, preparedness, response, and recovery plans and programs with the proponent federal, state, and local government agencies and related groups;

6. Provide guidance and assistance to state agencies and units of local government in developing and maintaining emergency management and continuity of operations (COOP) programs, plans, and systems;

7. Make necessary recommendations to agencies of the federal, state, or local governments on preventive and preparedness measures designed to eliminate or reduce disasters and their impact;

8. Determine requirements of the Commonwealth and its political subdivisions for those necessities needed in the event of a declared emergency which are not otherwise readily available;

9. Assist state agencies and political subdivisions in establishing and operating training programs and programs of public information and education regarding emergency services and disaster preparedness activities;

10. Consult with the Board of Education regarding the development and revision of a model school crisis and emergency management plan for the purpose of assisting public schools in establishing, operating, and maintaining emergency services and disaster preparedness activities;

11. Consult with the State Council of Higher Education in the development and revision of a model institutional crisis and emergency management plan for the purpose of assisting public and private two-year and four-year institutions of higher education in establishing, operating, and maintaining emergency services and disaster preparedness activities and, as needed, in developing an institutional crisis and emergency management plan pursuant to § 23.1-804;

12. Develop standards, provide guidance, and encourage the maintenance of local and state agency emergency operations plans, which shall include the requirement for a provision that the Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund be contacted immediately to deploy assistance in the event of an emergency as defined in the emergency response plan when there are victims as defined in § 19.2-11.01. The Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund shall be the lead coordinating agencies for those individuals determined to be victims, and the plan shall also contain current contact information for both agencies;

13. Prepare, maintain, coordinate, or implement emergency resource management plans and programs with federal, state, and local government agencies and related groups, and make such surveys of industries, resources, and facilities within the Commonwealth, both public and private, as are necessary to carry out the purposes of this chapter;

14. Coordinate with the federal government and any public or private agency or entity in achieving any purpose of this chapter and in implementing programs for disaster prevention, mitigation, preparation, response, and recovery;

15. Establish guidelines pursuant to § 44-146.28, and administer payments to eligible applicants as authorized by the Governor;

16. Coordinate and be responsible for the receipt, evaluation, and dissemination of emergency services intelligence pertaining to all probable hazards affecting the Commonwealth;

17. Coordinate intelligence activities relating to terrorism with the Department of State Police;

18. Develop an emergency response plan to address the needs of individuals with household pets and service animals in the event of a disaster and assist and coordinate with local agencies in developing an emergency response plan for household pets and service animals; ~~and~~

19. Establish and maintain an Emergency Management Equity Working Group (the Working Group) to ensure that emergency management programs and plans provide support to at-risk individuals and populations disproportionately impacted by disasters. The Working Group shall include experts from (i) the Governor's Office of Diversity, Equity, and Inclusion and other state agencies; (ii) the public at

large; and (iii) the private sector who have expertise related to at-risk and vulnerable populations and the threats faced by such populations during a disaster;

20. Consult with the Department of Behavioral Health and Developmental Services regarding the development of standardized guidelines for mental health support during an emergency or extended incident. Such guidelines shall, among other things, (i) define "extended incident," (ii) establish protocols for identifying and addressing mental health concerns, (iii) provide access to mental health professionals, and (iv) incorporate flexible options to alleviate stress and work-related exhaustion and burnout connected to the emergency or extended incident; and

21. Develop a model document for use by state agencies outlining relevant roles and responsibilities of policy makers, agency heads, key personnel within the Incident Command System (ICS) deployed by the state, and the role of the Virginia Emergency Support Team (VEST).

The Department of Emergency Management shall ensure that all such plans, assessments, and programs required by this subsection include specific preparedness for, and response to, disasters resulting from electromagnetic pulses and geomagnetic disturbances.

C. The Department of Emergency Management shall during a period of impending emergency or declared emergency be responsible for:

1. The receipt, evaluation, and dissemination of intelligence pertaining to an impending or actual disaster;

2. Providing facilities from which state agencies and supporting organizations may conduct emergency operations;

3. Providing an adequate communications and warning system capable of notifying all political subdivisions in the Commonwealth of an impending disaster within a reasonable time;

4. Establishing and maintaining liaison with affected political subdivisions;

5. Determining requirements for disaster relief and recovery assistance;

6. Coordinating disaster response actions of federal, state and volunteer relief agencies; and

7. Coordinating and providing guidance and assistance to affected political subdivisions to ensure orderly and timely response to and recovery from disaster effects.

106 D. The Department of Emergency Management shall be provided the necessary facilities and
107 equipment needed to perform its normal day-to-day activities and coordinate disaster-related activities of
108 the various federal, state, and other agencies during a state of emergency declaration by the Governor or
109 following a major disaster declaration by the President.

110 E. The Department of Emergency Management is authorized to enter into all contracts and
111 agreements necessary or incidental to performance of any of its duties stated in this section or otherwise
112 assigned to it by law, including contracts with the United States, other states, agencies and government
113 subdivisions of the Commonwealth, and other appropriate public and private entities.

114 F. The Department of Emergency Management shall encourage private industries whose goods
115 and services are deemed vital to the public good to provide annually updated preparedness assessments to
116 the local coordinator of emergency management on or before April 1 of each year, to facilitate overall
117 Commonwealth preparedness. For the purposes of this section, "private industry" means companies,
118 private hospitals, and other businesses or organizations deemed by the State Coordinator of Emergency
119 Management to be essential to the public safety and well-being of the citizens of the Commonwealth.

120 G. The Department of Emergency Management shall establish a Coordinator of Search and
121 Rescue. Powers and duties of the Coordinator shall include:

- 122 1. Coordinating the search and rescue function of the Department of Emergency Management;
- 123 2. Coordinating with local, state, and federal agencies involved in search and rescue;
- 124 3. Coordinating the activities of search and rescue organizations involved in search and rescue;
- 125 4. Maintaining a register of search and rescue certifications, training, and responses;
- 126 5. Establishing a memorandum of understanding with the Virginia Search and Rescue Council and
127 its respective member agencies regarding search and rescue efforts;
- 128 6. Providing on-scene search and rescue coordination when requested by an authorized person;
- 129 7. Providing specialized search and rescue training to police, fire-rescue, EMS, emergency
130 managers, volunteer search and rescue responders, and others who might have a duty to respond to a
131 search and rescue emergency;
- 132 8. Gathering and maintaining statistics on search and rescue in the Commonwealth;

133 9. Compiling, maintaining, and making available an inventory of search and rescue resources
134 available in the Commonwealth; and

135 10. Periodically reviewing search and rescue cases and developing best professional practices.

136 Nothing in this chapter shall be construed as authorizing the Department of Emergency
137 Management to take direct operational responsibilities from local, state, or federal law enforcement in the
138 course of search and rescue or missing person cases.

139 **§ 44-146.18:10. Development of training course on certain emergency management-related**
140 **principles; mandatory training for agency heads; required state agency document.**

141 A. The Department shall develop a training course comprised of National Incident Management
142 System (NIMS) principles, the state's Incident Command System (ICS) structure, and the role of the
143 Emergency Operations Center (EOC). Each agency head shall be required to complete the training course
144 within six months of appointment and again every two years thereafter.

145 B. Each state agency shall develop and update every two years a document outlining relevant roles
146 and responsibilities of policy makers, agency heads, key personnel within the ICS deployed by the state,
147 and the role of the Virginia Emergency Support Team (VEST).

148 **§ 44-146.18:11. Department training and support; Virginia Emergency Support Team**
149 **(VEST).**

150 A. The Department shall offer health and safety training to volunteer organizations that have been
151 incorporated into the VEST.

152 B. The Department shall develop a health monitoring system for volunteers incorporated in the
153 VEST for implementation during a declared state of emergency.

154 #

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Tab B

Legislation directing the Chief Information Officer and the Virginia Information Technologies Agency, in cooperation with the Department of Emergency Management, to develop an emergency resource management system for use by the Commonwealth during a declared state of emergency.

SENATE BILL NO. _____ HOUSE BILL NO. _____

1 A BILL to direct the Chief Information Officer and the Virginia Information Technologies Agency, in
2 cooperation with the Department of Emergency Management, to develop an emergency resource
3 management system for the Commonwealth.

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

5 1. § 1. The Chief Information Officer (CIO) and the Virginia Information Technologies Agency (VITA),
6 in cooperation with the Department of Emergency Management, shall develop an emergency resource
7 management system for use by the Commonwealth during a declared state of emergency. The emergency
8 resource management system developed by the CIO and VITA shall, at a minimum, be capable of
9 integrating information from multiple sources, including contractors and temporary staff, to provide real-
10 time updates on operational statuses. The CIO and VITA shall complete development of the emergency
11 resource management system by November 30, 2025.

12 #

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Tab C

Legislation directing the Department of Emergency Management and the Department of Health shall to study the makeup and composition of the seven emergency management regions, the five Virginia health regions, and the thirty-five local health districts to determine the feasibility of mutually beneficial alignment of such regions and districts.

SENATE BILL NO. _____ HOUSE BILL NO. _____

1 A BILL to direct the Department of Emergency Management and the Department of Health to study the
2 makeup and composition of the emergency management regions, state health regions, and local
3 health districts; report.

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

5 1. § 1. The Department of Emergency Management and the Department of Health shall study the makeup
6 and composition of the seven emergency management regions, the five Virginia health regions, and the
7 thirty-five local health districts to determine the feasibility of mutually beneficial alignment of such
8 regions and districts. The Departments shall complete their work and report their findings and
9 recommendations to the General Assembly no later than November 30, 2025.

10 #

**Subcommittee #2 Health Care Systems and Emergency
Management**

Tab D

Letter from the Joint Subcommittee to the Department of Emergency Management requesting the Department to review certain items from the Final After Action Report.

COMMONWEALTH OF VIRGINIA

SENATOR SCOTT A. SUROVELL
CO-CHAIR



DELEGATE CANDI MUNDON
KING
CO-CHAIR

JOINT SUBCOMMITTEE TO STUDY
PANDEMIC RESPONSE AND PREPAREDNESS

Virginia Department of Emergency Management
9711 Farrar Court
North Chesterfield, VA 23236
c/o Sean Polster, Chief Deputy State Coordinator

Dear Mr. Polster,

Senate Joint Resolution 10 (2022) established the Joint Subcommittee to Study Pandemic Response and Preparedness in the Commonwealth to assess and evaluate the Commonwealth's overall pandemic preparedness and response capabilities. To assist in carrying out this charge, the Joint Subcommittee hired Tidal Basin Government Consulting to conduct independent research, review the performance of existing laws in relation to the pandemic response, and recommend corrective actions. The consultant developed an after action report (AAR) using multiple sources of information, including (i) surveys and interviews with individuals engaged with the state's response between 2020 and 2023, (ii) public survey responses from across the state, and (iii) review of documents from the response period. From this work, the consultant developed several observations and recommendations for consideration by the Joint Subcommittee.

After review of the final AAR, the Joint Subcommittee would like to refer the following observations and recommendations to the Virginia Department of Emergency Management for review and possible action:

Observation 2.2: An oversized working group was established to support health equity, hindering effective public messaging and **Recommendation 2.2.1:** Streamline the health equity working group structure.

Observation 7.2: The pandemic response placed a significant strain on personnel resources and **Recommendation 7.2.3:** Expand and diversify the staffing pool.

Observation 8.1: Existing agency or pandemic plans were insufficient in their scope and approach to the COVID-19 pandemic and **Recommendation 8.1.3:** Prioritize continuous plan evaluation.

Observation 8.2: A lack of interagency preparedness and response coordination hindered response operations and **Recommendation 8.2.2:** Integration of key internal and external partners (policy options 1, 2, 3, and 4).

Observation 9.3: Key external partners were integrated into response late, resulting in redundancy, confusion, and frustration for health care partners.

Recommendation 9.3.2: Establish clear communication channels and protocols.

Recommendation 9.3.3: Strengthen and formalize partnerships before crises.

Attached you will find a copy of the final AAR along with a breakout document focusing on the observations and recommendations that the Joint Subcommittee would like the Department to review. If you have any questions regarding this referral, please contact Amigo Wade, Director, Division of Legislative Services, at awade@dls.virginia.gov or at (804) 698-1862. We ask that any responses or comments be submitted to Lauren Waller, Program Administrator with the Division, at lwaller@dls.virginia.gov by November 1, 2025.

We thank the Council in advance for its attention to this matter.

Senator Scott A. Surovell, Co-Chair

Delegate Candi Mundon King, Co-Chair

Subcommittee #2 Health Care Systems and Emergency Management

Tab E

Background information supporting the budget language to direct the Department of Emergency Management and the Department of Health to study the development and implementation of a data collection framework for health care and other external partners, including local emergency management, involved in emergency responses that integrates essential elements of information across all reporting tools and stakeholders.

(Amendment to be drafted by Senate Committee on Finance and Appropriations or House Committee on Appropriations staff)



Public Health / Local Health Districts

The Public Health / Local Health Districts focus area examines the efficacy and coordination of public health plans and protocols for disease surveillance, contact tracing, and vaccine distribution. It addresses the challenges in scaling up testing and contact tracing capacity, as well as the effectiveness of public health campaigns and community outreach. Additionally, it explores coordination with healthcare providers, logistical challenges in vaccine distribution, and issues related to vaccine hesitancy.

Observation 9.4: The existing data gathering systems for healthcare lacked cohesion due to the changing information needs of multiple stakeholders and the utilization of multiple reporting tools.

The existing data gathering systems for healthcare during the COVID-19 pandemic were characterized by a lack of cohesion, driven by the changing information needs of multiple stakeholders and the use of various reporting tools. The absence of a standardized set of essential elements of information, frequent changes in data requirements, and the delayed involvement of partners such as the VHHA which houses the data collection system that hospitals and VHA used prior to the pandemic across the Commonwealth all contributed to a fragmented and inefficient data collection process. Additionally, the inexperience of many healthcare facilities, including long-term care and assisted living facilities in regular data reporting further exacerbated these challenges.

Recommendation

- 9.4.1 **Establish standardized data collection framework.** Develop a standardized data collection framework for healthcare and other external partners, including local emergency management, involved in emergency responses that integrates essential elements of information across all reporting tools and stakeholders. This framework should establish consistent data requirements, streamline reporting processes, and provide clear guidelines to ensure cohesive and efficient data gathering and analysis during emergencies. Prioritize the integration of existing data collection systems and establish robust coordination mechanisms among all relevant partners, including those responsible for housing and managing data systems.

Joint Subcommittee action:

Request budget language directing the Department of Emergency Management and the Department of Health to study the development and implementation of a data collection framework for health care and other external partners, including local emergency management, involved in emergency responses that integrates essential elements of information across all reporting tools and stakeholders.

The Departments shall report their findings and recommendations to the General Assembly by November 1, 2025.

Subcommittee #2 Health Care Systems and Emergency Management

Tab F

Background information supporting the budget language providing funding for the Department of Emergency Management to establish an educational outreach campaign.

(Amendment to be drafted by Senate Committee on Finance and Appropriations or House Committee on Appropriations staff)



Volunteer and Donation Coordination

The Volunteer and Donation Coordination focus area explores the recruitment, training, and utilization of volunteers in the COVID-19 response, emphasizing their critical role. It also addresses coordination with local non-profits and community organizations, focusing on the impact of donated goods and services. Additionally, it examines the effectiveness and equity of systems for accepting, organizing, and distributing these resources across the entire Commonwealth.

Observation 11.1: Before the vaccine was available, it was difficult to obtain volunteer support due to concerns about contracting the virus.

The virus posed a significant risk to everyone, but particularly to older individuals, who are more vulnerable to severe outcomes. This was a concern as many potential volunteers were retirees, who generally had more time to contribute but also fell into the higher-risk category. The fear of exposure and the potential health consequences for themselves or their loved ones made many retirees hesitant to engage in volunteer activities. This reluctance was compounded by the uncertainty and high transmission rates associated with the virus, leading to a notable decline in volunteer participation during a critical time when additional support was urgently needed.

Recommendation

11.1.3 Engage a more diverse demographic. Target and recruit younger demographics, such as college students and young professionals, who may be less vulnerable to severe outcomes from a public health threat. Collaborate with educational institutions and professional organizations to mobilize these groups effectively.

Joint Subcommittee action:

Request budget language appropriating funds to the Department of Emergency Management to establish an educational outreach campaign.