

Richmond Behavioral Health Authority

**Risk
Management
Plan**

July 29, 2010

Updated July 2009
Updated November 2009
Updated March 2010
Revised July 2010

I.
Policy5

II.
Purpose.....5

III.
References.....5

IV.
General Information
Geographic Area6
Assumptions.....6
Acronyms 6-7

V.
Concept of Operations
General.....7
Direction and Control7
Phases of Emergency Management 7-8
Priorities in Continuing Program Services & Temporary Locations.....8

VI.
Vulnerability Analysis
Environmental and Man-Made9
Hurricanes10
Northeasters10
Thunderstorms10
Snow and Ice Storms10
Tornadoes.....11
Workplace Violence..... 11-12

VII.
RBHA Site Vulnerability
Sites.....13
Programs at Non-RBHA Sites13

VIII.
Staff Assignment and Duties
Emergency Incident Command Structure within RBHA.....14
Staff Duties in Emergencies.....15
A. The RBHA Chief Executive Officer15
B. Director of General Services15
C. Director of Assessment, Emergency & Medical Services 16-17
D. Director of Intellectual Disability Services17
E. Director of Mental Health Services17

F. Director of Substance Abuse Services.....17
G. Director of Human Resources.....17
H. Director of Quality and Standards17
I. Emergency Services Director17
L. Program Supervisors18

IX.

Communications with Other Agencies

Links to Other Agencies 19-20
Area Departments of Health 20-21
NEHCs 21
FACs 21
Metropolitan Richmond Medical Response Systems (MRMRS)..... 21-22
Disaster Shelter Job Description for RBHA Employees 22

X.

Recovery & Restoration

Returning to Regular Operations 23
Medications in an Emergency..... 23
Access to Stockpiled Pharmaceuticals..... 23
Isolation and Decontamination Sites 23

XI.

Preparing for an Emergency

Orientation, Training, Drills 24
Emergency Supplies..... 24
Bioterrorism 25
Recognizing a Bioterrorist Event..... 25
Bioterrorism Reference Table..... 26-27
Ten Steps in the Management of Biological Casualties 27

XII.

Cooperation with Area CSBs

Terrorist Acts and Weapons of Mass Destruction 28
All Area Emergencies/Disasters 28

XIII.

Information Technology (IT) Systems 29-38

XIV.

Emergency / Disaster Leave..... 39-41

XV.

Key Players in Disaster Stress Intervention 42-43

XVI.

Directory of Local Emergency Managers..... 44-46
Directory of Local Emergency Shelters.....47

XVII.

Virginia State Emergency Communication Committee..... 48-49

XVIII.

Forms

XIX.

Program Plans

I. Policy:

It is the policy of Richmond Behavioral Health Authority (hereinafter referred to as “RBHA”) to be prepared for emergencies that might affect its consumers, staff, visitors, facilities, and the community. RBHA is mandated to do so by various oversight agencies or regulations. Therefore, the agency will develop, implement, and practice measures to prepare for emergencies affecting the agency’s services and support as it may in order to continue services to its consumers and constituents.

II. Purpose:

RBHA must prepare for and respond to various emergencies to provide protection for its staff, consumers, and visitors, to preserve its physical resources, to provide for the continuation of services to its consumers, and to assist local and state authorities in responding to community and state emergencies and disasters.

Therefore, the agency must have protocols in place to respond to both internal emergencies (those affecting RBHA only) and external emergencies (those affecting the community and state.) This *Risk Management Plan* is RBHA’s plan to focus on both the Authority’s response within the agency (RBHA) and outside the agency (the community.)

As part of the “community” in the Central and Coastal areas of Virginia, RBHA may be required to work with local city and state government emergency agencies and its sister CSBs, responding to both environmental and man-made emergencies and disasters.

III. References:

12 VAC 35-105-530. *Rules and Regulations for the Licensing Of Providers of Mental Health, Intellectual Disabilities and Substance Abuse Services.*

DBHDS annual Community Services Board Performance Contract.

VA Emergency Operations Plan, Annex II-F, "Crisis Counseling and Emergency Mental Health Services for Peacetime Disasters." Prepared by DBHDS .

Metropolitan Richmond Medical Response System (MRMRS.)

Components of the CSB Emergency Management Plan, DBHDS Oct. 2004

The Robert T. Stafford Relief and Emergency Assistance Act, P.L.93-288, section 416, and IT cellaneous Directives of P.L.100-707.

IV. General Information:

Geographic Area

The Central region of the Commonwealth of Virginia consist of the cities of Richmond and Petersburg; adjacent to Richmond are the counties of Hanover, Henrico, Chesterfield, Goochland and Powattan; the major area served by RBHA is Richmond City.

Assumptions

1. RBHA has sufficient resources and manpower to deal with some emergencies; however, these resources may become overwhelmed if a major or catastrophic emergency escalates.
2. RBHA will strive to plan for an acceptable level of risk for those emergencies it might face; realizing that total preparedness is not a realistic goal.
3. The public should be prepared to react to the threat of an emergency, and be prepared for the possibility of being isolated from RBHA services.
4. RBHA would depend upon outside resources and assistance in a major emergency. Outside assistance may take up to 72 hours or longer to arrive and to effectively deal with the consequences of some emergencies.
5. Emergencies are managed from the RBHA Executive Administrative Office in consultation with the City of Richmond and applicable surrounding cities and counties Emergency Operations Center (when activated.)
6. It is the policy of RBHA that the agency will remain open to the extent possible.
7. RBHA programs are responsible for the identification of vital and critical IT sions and for appropriate contingency and continuity planning to minimize the effects of disasters to their programs and abilities to continue operations. In the event of some disasters, RBHA may only be able to deliver vital and critical services, and consequently may temporarily suspend some services as may be required.

Acronyms:

ARC	American Red Cross
AMEX	American Express
CDMHS	Coordinator of Disaster Mental Health Services
CICS	Crisis and Intensive Care Services
CISM	Critical Incident Stress Management
CSB	Community Services Board
DBHDS	Department of Behavioral Health and Developmental Disability Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FAC	Family Assistance Center
IC	Incident Commander
JIC	Joint Information Command
MRMRS	Metropolitan Richmond Medical Response System
MSU	Mental Health Services Unit
NEHC	Neighborhood Emergency Health Center
VDEM	Virginia Department of Emergency Management

VDH Virginia Department of Health
WMD Weapons of Mass Destruction

V. Concept of Operations:

General

Disaster preparedness is a primary operational component of RBHA’s emergency management organization that includes: securing facilities and organizing resources prior to anticipated risk events; implementing an orderly and secure computer system shutdown that protects organizational and consumer data base information; insuring that lines of communication are maintained during an event; maintaining continuity of leadership during and after an event; preparing consumers for the possibility of being isolated from RBHA services for an undetermined period of time; planning and implementing evacuation to shelter plans for consumers in agency residential programs, if needed; and planning for staff deployment to community sites (area shelters, Neighborhood Emergency Health Centers (NEHCs), or Family Assistance Centers (FACs) as may be directed by city and state agencies.

Direction and Control

The RBHA Chief Executive Officer will approve activation of the Risk Management Plan. Unless otherwise directed by the Chief Executive Officer, disaster coordination will be from the agency’s administrative offices.

If the Emergency Operations Center (EOC) is opened, the Chief Executive Officer and the Director of Assessment, Emergency and Medical Services will deploy to that site if directed by city/county officials. The Director of Operations will then direct agency operations from the RBHA’s administrative offices. Additional administrative and program supervisory staff will rotate through EOC staffing as assigned.

Phases of Risk and Emergency Management

Emergencies involve four phases of activities and planning. The RBHA Risk Management Plan and its procedures reflect these phases realizing that each phase has an important role in protecting agency resources and serving consumers of agency services:

1. Mitigation and Planning - Those activities that research, exercise, and plan for emergency operations.
2. Increased Readiness - Activities planned and steps taken to systematically prepare for a developing threat or emergency.

Implementation of the RBHA’s readiness plan will be its first response to an impending disaster. Some weather conditions provide time frames within which a series of action steps will occur to secure all program sites, once it is declared that a major weather event is imminent.

3. Response - Actions taken in anticipation of or in response to an actual emergency.

Responses by the RBHA will either be internal or external:

Internal

Internal responses are those responses made by RBHA staff to emergencies/disasters that affect only the RBHA (consumers, staff, visitors, facilities and vehicles.) Examples include flooding of a building; fire within a building requiring evacuation and resulting in temporary operations being conducted elsewhere; etc.

All internal responses should include how equipment and vital records would be protected. For example, in preparation for possible flooding, computers would be moved to “higher ground” and covered in plastic. Consumers will be notified as it applies to the specific disaster and the type of program.

External

External responses are those such as sending staff to support emergency shelter staff and Neighborhood Emergency Health Centers (NEHCs.)

4. Recovery - Those activities and considerations associated with the post-emergency/disaster event. Recovery activities can continue for some time after an emergency to include long-term recovery issues.

The goal of recovery will be to assess the status of the RBHA service programs and its infrastructure as soon as possible in the wake of the disaster. The continuation of service delivery across the agency will be a primary concern. Initial assessment of the disaster impact will be completed at each site affected by the Disaster Impact Team (i.e. Coordinator of Disaster Behavioral Health Preparation & Response (DBHPR) Team, Safety Officer, and General Services Director). Program Supervisors will report to their Division Directors; the Division Directors will report to the Disaster Impact Team, the Disaster Impact Team will report to the Chief Executive Officer and the General Services Director will liaison, as appropriate, with the owners of RBHA facilities. The Chief Executive Officer will liaison with city and county officials. An Emergency List of Consumers will kept at the Marshall Center site.

Priorities in Continuing Program Services/ Temporary Operations

In the event of an emergency whereby either there are not enough service sites or not enough staff available to continue providing programs services, these programs will be considered as priorities for service provision:

- Emergency Services
- Medical Services
- PACT
- Case Management (MH, SA and ID)
- Other Residential Programs

If the 107 South Fifth Street site becomes inaccessible due to flooding, fire or other emergency, temporary operation sites for Emergency and Medical Services will be set up at the Broad Street Center. All Case Management and PACT Services will temporarily conduct business at the Marshall Center. The Senior Management Team members will be dispatched to one of temporary sites as directed by the CEO in collaboration with the Disaster Impact Team.

VI. Vulnerability Analysis:

Environmental and Man-Made

Potential emergencies and disasters facing the agency include both environmental and man-made emergencies and disasters, examples of which include:

<u>Environmental</u>	<u>Man-made</u>	
Biological (flu, plague, etc.) Fire Flooding Hurricanes/Tropical storms Northeasters Snow/Ice storms Thunderstorms Tornadoes	Biological (anthrax) Civil Disturbances Cyber attacks on computer systems/databases Explosions <ul style="list-style-type: none"> • Gas (aviation and motor vehicle gasoline pipelines and storage, propane, natural gas, methane, etc.) Fertilizer plant(s) <ul style="list-style-type: none"> • Heavy and light industries 	Hazardous Material Accidents: <ul style="list-style-type: none"> • Oil Spill Incidents • Radioactive Materials Accidents • Toxic chemical / gas leaks Medical Emergencies Munitions Nuclear Attack Terrorist activity Transportation disasters: <ul style="list-style-type: none"> • Aircraft • Railroad • Shipping Workplace Violence

Environmental and man-made hazards need to be considered based upon their history, their probability of occurrence and their relative threat to the agency. Some of these emergencies, while their occurrence would be rare, would have potentially catastrophic consequences and should be considered as potential threats and provide a basis for planning.

The most significant natural disasters in the Commonwealth’s history resulted from severe flooding from hurricanes, winter storms, or slow-moving thunderstorms. Hurricanes (wind and storm surge related impacts), winter storms (snow and ice impacts), localized floods, tornadoes, and earthquakes all periodically impact Virginia.

The RBHA catchment area is not the home of a major military installation, or a major rail distribution network. However it has major ports, a local airport and various manufacturing plants. Therefore, this area may be vulnerable to wartime events and terrorist activities as well as disasters such as explosions (military or commercial, e.g., a fertilizer plant), toxic-gas (military or shipments by rail or from manufacturing plants that use toxic substances such as chlorine), airplane crashes and the like.

Hurricanes

The Commonwealth of Virginia recognizes hurricanes as a primary natural hazard. While hurricanes can affect the area from June through November, nearly 80% occur in the months of August, September and October, with approximately 40% occurring in September. Tropical storms of hurricane force pass within 250 miles of the Virginia Beach coast on an average of once a year. Tidewater's history is such

that it can expect to feel the effects of hurricane force winds on an average of 3 times in a 20 year period.

The effects of hurricanes are felt both at the coast and for many miles inland since hurricanes often cover hundreds of miles from their center to their outermost energy bands. Hurricanes often spawn tornadoes, and flooding is to be expected. This can be so for areas outside the primary area of the hurricane. In September 2003, Hurricane Isabel killed 32 people, caused \$1.9 billion in damages, and caused wide spread power outages and downed trees.

Tropical storms, with winds under hurricane strength (consistent winds of less than 74 miles per hour), can cause significant damage to the area from its winds, water surge, and flooding from the rain dropped as the storm passes.

The Saffir-Simpson Scale is used to categorize the amount of damage that can be expected from hurricanes of varying strengths. Destruction increases as numbers advance from C1 through C5.

Northeasters

Northeasters are storms along the U.S. Atlantic Coast from the Carolinas northward. The name refers to the northeast winds off the Atlantic Ocean that normally bring the storms' worst weather. Accompanying winds are not of hurricane force, but are persistent, causing above normal tides for long periods of time. Along the coast, beach erosion is possible. Inland, wind and water damage is common, with flooding of city streets a great possibility. Flooding may also occur if rivers overflow their banks.

It is quite common for the rain-snow line to fall right over the Richmond area and surrounding counties. From December 23-25, 1998, an ice storm produced up to one inch of ice on trees and power lines causing 400,000 customers to be without power up to 10 days.

“Intense areas of low pressure develop off the East Coast during late fall, winter and early spring. They usually make life hard for forecasters. The storms are called "northeasters" because they usually bring strong northeast winds over the East as they move north along the Atlantic Coast. Northeasters often bring heavy rain, heavy snow and severe coastal flooding to the East. Historically, northeasters with an easterly track have brought the East Coast its heaviest snowfalls.” --Chad Palmer, USATODAY.com

Thunderstorms

Thunderstorms may cause power outages, destruction of property and damage to agricultural crops. July is the most active month for thunderstorms in Virginia. Most thunderstorms commonly occur in the late afternoon or evening during summer months.

Snow and Ice Storms

Since the South Central and Coastal areas are generally not accustomed to snow and ice storms, they may cause traffic snarls, closures of businesses and schools, and can shut down the mobility within the area. With them comes the possibility of power outages. Ice storms are common during the winter months, notably between December and February.

Tornadoes

A spokesperson for the Virginia Department of Emergency Management (VDEM) said most tornados found in Virginia occur during spring and summer months—but can even occur in the winter. According to National Weather Service data, 16 tornadoes touched down in 12 localities in Virginia in 2006. Those storms injured 3 people and caused over \$425,000 in damages, according to VDEM. This was

nearly a 1/3 decrease in tornadic activity in Virginia from the record year of 2005, during which there were 24 tornadoes.

A number of 2004's tornadoes in Virginia were related to the remnants of Hurricanes Gaston, Ivan and Jeanne, a National Weather Service spokesman reported. But he added that tornadoes can occur year-round and often strike with little or no advance warning.

"2004 clearly showed that tornadoes are not just a spring and summer phenomenon in Virginia," said a warning coordination meteorologist at the National Weather Service station in Wakefield, VA.

Workplace Violence

Workplace Violence is defined as "violence or the threat of violence against workers." It can occur at or outside the workplace, and can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job-related deaths. However it manifests itself, workplace violence is a growing concern for employers and employees nationwide.

Some 2 million American workers are victims of workplace violence each year. Workplace violence can strike anywhere, and no one is immune. Some workers, however, are at increased risk. Among them are workers who exchange money with the public; deliver passengers, goods, or services; or work alone or in small groups, during late night or early morning hours, in high-crime areas, or in community settings and homes where they have extensive contact with the public. This group includes health-care and social service workers such as visiting nurses, psychiatric evaluators, and probation officers; community workers such as gas and water utility employees, phone and cable TV installers, and letter carriers; retail workers; and taxi drivers.

What can these employers do to help protect these employees? The best protection employers can offer is to establish a zero-tolerance policy toward workplace violence against or by their employees. The employer should establish a workplace violence prevention program or incorporate the information into an existing accident prevention program, employee handbook, or manual of standard operating procedures. It is critical to ensure that all employees know the policy and understand that all claims of workplace violence will be investigated and remedied promptly. To this end, RBHA offers additional protections such as the following:

- RBHA offers a course entitled "Violence in the Workplace" via NetSmart/RBHA University. The course focuses on safety education for employees so they know what conduct is not acceptable, what to do if they witness or are subjected to workplace violence, and how to protect themselves.
- RBHA has made provisions to secure the workplace. Where appropriate to the business, video surveillance has been installed.
- Extra lighting, alarm systems and barriers to minimize access by outsiders through identification badges, electronic keys, and guards have been implemented.
- Provide drop safes to limit the amount of cash on hand. Keep a minimal amount of cash in registers during evenings and late night hours.
- RBHA primary service providers have been equipped with cellular phones and hand-held alarms or noise devices, and they are required to either prepare a daily work plan and/or keep a contact person informed of their location throughout the day. RBHA provided vehicles must be properly maintained at all times.

- RBHA employees are instructed not to enter any location where they feel unsafe. Each service area are encouraged to introduce a “buddy system” or provide an escort service or police assistance in potentially dangerous situations or at night.
- Policies and procedures covering home visits by primary service providers can be found in the RBHA Employee Handbook, page 36. These procedures address the conduct of home visits, the presence of others in the home during visits, and the worker’s right to refuse to provide services in a clearly hazardous situation.

Nothing can guarantee that an employee will not become a victim of workplace violence. These steps, however, can help reduce the odds:

- Learn how to recognize, avoid, or diffuse potentially violent situations by attending personal safety training programs.
- Alert supervisors to any concerns about safety or security and report all incidents immediately in writing.
- Avoid traveling alone into unfamiliar locations or situations whenever possible.
- Carry only minimal money and required identification into community settings.

What should RBHA do following an incident of workplace violence?

- Encourage employees to report and log all incidents and threats of workplace violence on the RBHA Non-Consumer Incident Form.
- Provide prompt medical evaluation and treatment after the incident.
- Report violent incidents to the local police promptly.
- Inform victims of their legal right to prosecute perpetrators.
- Discuss the circumstances of the incident with staff members. Encourage employees to share information about ways to avoid similar situations in the future.
- Offer stress debriefing sessions and posttraumatic counseling services to help workers recover from a violent incident.
- Investigate all violent incidents and threats, monitor trends in violent incidents by type or circumstance, and institute corrective actions.
- Discuss changes in the program during regular employee meetings.
- The Safety Team and the Disaster Behavioral Health Preparation & Response Team should immediately conduct a Debriefing Session with the CEO

VII. RBHA Site Vulnerability

Sites:

- 107 South Fifth Street, Richmond, VA 23219 (RBHA main site)
- 4118 West Broad Street, Richmond, VA 23230 (Broad Street Psychosocial Center)
- 4303 West Broad Street, Richmond, VA 23230 (Marshall Center-Psychosocial)

Programs at non-RBHA sites

RBHA has staff on sites owned/managed by agencies other than RBHA. Should an emergency occur at those sites, RBHA staff will follow the directions of their hosts or will return to RBHA sites as directed by the RBHA’s Chief Executive Officer. These programs and sites are:

<u>Program</u>	<u>Host Site</u>
Therapeutic Day Program	Richmond Public Schools
Juvenile Corrections	Richmond Juvenile Detention Center
Jail Services	Area Jails/prisons
ALF Case Management	Area Adult Living Facilities
Prevention & Early Intervention	Various Community Sites

VIII. STAFF ASSIGNMENTS AND DUTIES

EMERGENCY INCIDENT COMMAND STRUCTURE WITHIN RBHA

Primary Assignment of RBHA staff members:

	EMERGENCY OPERATIONS CENTER CLOSED		EMERGENCY OPERATIONS CENTER OPEN	
	Primary Assignment	Backed up by	Primary Assignment	Backed up by
<i>Chief Executive Officer</i>	Chief of Operations	Director of AEMS	EOC	
<i>Director of General Services</i>	Support Chief Exec. Officer (CEO)		Physical Plant & Building Landlord	
<i>Director of Assessment, Emergency & Medical Services</i>	Disaster Behavioral Health Preparation & Response (DBHPR)		DBHPR	
<i>Director of Intellectual Disability Services</i>	ID Services		ID Services	
<i>Director of Mental Health Services</i>	MH Services		MH Services	
<i>Director of Substance Abuse Services</i>	SA Services		SA Services	
<i>Director-Human Resources</i>	Human Resources		Human Resources	
<i>Director of Quality & Standards</i>	Support CEO & follow Safety Plan		Support CEO & follow Safety Plan	
<i>Emergency Services Director</i>	Emergency Services		Emergency Services	

Staff Duties in Emergencies

A. The RBHA Chief Executive Officer

1. City's Emergency Operations Center (EOC) – Open
 - a. Report for duty at the EOC.
 - b. Advise the mayor, city manager, EOC manager and others on matters of mental health, intellectual disabilities and substance abuse.
 - c. Coordinate with city officials any support services provided by RBHA.
2. City's Emergency Operations Center - Closed
 - a. Serve as the RBHA's Chief of Operations. (See below)

B. Director of General Services and Physical Plant

1. City's Emergency Operations Center (EOC) – Open
 - a. Serve as support to the RBHA's Chief Executive Officer. (See below)
2. City's Emergency Operations Center - Closed
 - a. Support the Chief Executive Officer (CEO).
 - b. Contact and ascertain the status of the agency staff.
3. Serve as Historian and maintain an ongoing journal of activities that occur as a result of a disaster. The decisions, events, problems and information collected should include adequate detail, names & addresses, times and issues that can later be used for debriefing, system improvement, grant requests or reimbursement. Also prepares appropriate certificates, thank-you letters or other recognition to be sent, once normality is restored.
4. The Director of General Services will collaborate with the CEO and the CEO will direct the finance staff to take action accordingly so that expenses associated with the emergency / disaster event are collected in such a manner as to provide the basis on which reimbursement applications may be made to the city, state, and federal governments as may be appropriate and provided for:
 - a. Comptroller/Procurement Manager
 - b. Preposition emergency supplies in each of the RBHA's sites. Examples of emergency supplies to consider may be cellular phones, walkie talkies, vehicles, generators, food, water, ice, medications, battery-operated radio and television, flashlights, batteries, bulbs, etc.
 - c. Obtain emergency supplies as needed.
 - d. Secure an assortment of active emergency supply price agreements in place with vendors ranging from McDonald's for food, to generators for power from both local and out of the area vendors.
5. In the event of an emergency, applicable credit card limits may be raised for all or select individuals as needed so credit cards can be used to fund any purchases as required. An AMEX emergency supplier list is available.

- C. Director of Assessment, Emergency & Medical Services(AEMS-Director)** - The CEO/Chief of is the most senior individual on the scene and is the individual actually running the disaster response.
- a. Under the direction of the Chief of Operations/CEO: The AEMS Director directs all RBHA operations during an actual disaster or emergency situation.
 - b. Contact Virginia Department of Behavioral Health and Developmental Disabilities Commissioner's Office / Emergency Preparedness Office, providing information on the emergency, requesting assistance as may be necessary.
 - c. Contact other CSB Chief Executive Officers if regional behavioral health support is needed.
 - d. Contact key internal RBHA management staff, determining the status and needs of their divisions.
 - e. Maintain liaison with the Coordinator of Disaster Mental Health Services (CDMHS) regarding behavioral health support to city, state and federal agencies.
 - f. Approve the dissemination of any information, as deemed necessary, with media, federal, state, city and local officials, and other community organizations/agencies.
 - g. Serve as the Coordinator of Disaster Behavioral Health Services (CDMHS.)
 - h. Maintain liaison with CEO.
 - i. Maintain contact with other regional CDMHS.
 - j. Maintain contact with EOC Incident Commander, the Joint Information Command (JIC), federal, state, and local officials as directed, coordinating the mental health support provided to city, state and federal agencies.
 - k. Assess acute behavioral health needs based on information provided by various sources and deploy emergency staff as directed by various sources and deploy emergency staff as directed.
 - l. Direct behavioral health resources in support of consumers, staff, and services.
 - m. Provide information and education about disaster behavioral health issues as requested by Chief Executive Officer.
 - n. Coordinate delivery of behavioral health services to the following targeted populations.
 - ⇒ People affected On-site
 - 1) Deploy designated crisis counselors to disaster sites or as directed by the Incident Command. Provide Crisis Intervention Services.
Refer targeted group to appropriate community resources.
 - ⇒ First Responders
 - 2) Communicate identified need for assistance to the Regional Critical Incident Stress Management System (CISM).
 - 3) Refer targeted group to that resource.
 - ⇒ Witnesses to the Event

- o. Provide behavioral health crisis counseling to staff and persons served at Neighborhood Emergency Health Centers (NEHCs) when opened by the local health district of the Virginia Department of Health (VDH).
- p. Provide behavioral health crisis counseling to staff and persons served at Family Assistance Centers (FACs) when opened by the Office of the Medical Examiner of the local health district of the Virginia Department of Health (VDH).

D. Director of Intellectual Disabilities (ID)

- 1. Direct ID Services in support of consumers, staff and services.
- 2. Contact and ascertain the status of the Division's staff.
- 3. Provide staff to the Director of CICS as needed.

E. Director of MH Services

- 1. Direct MH Services resources in support of consumers, staff, and services.
- 2. Contact and ascertain the status of the Division's staff.
- 3. Provide staff to the Director of CICS as needed.

F. Director of Substance Abuse Services

- 1. Direct SA services and resources in support of consumers, staff, and services.
- 2. Contact and ascertain the status of the Division's staff.
- 3. Provide staff to the Director of CICS as needed.

G. Director of Human Resources

- 1. Assist the CEO and Chief of Operations in assessing, making, and tracking staff and volunteer assignments.
- 2. Maintain a master listing of all available staff.
- 3. Contact and ascertain the status of all staff. A status report should be prepared and forwarded to the CEO and Chief of Operations.
- 4. Determine staffing needs for clinical, administrative, and support functions.
- 5. Process requests for manpower needs that have been routed through the CEO.
- 6. Maintain a master listing of staff of volunteers.

H. Director of Quality and Standards

- 1. Support CEO and Chief of Operations; coordinate Safety Team activities as directed by CEO

I. Emergency Services Supervisor

- 1. EOC Open:
 - a. Serve at the EOC as the mental health crisis counselor, monitoring and providing services to EOC staff and recommendations to the EOC leadership.
- 2. EOC Closed
- c. Continue duties as the Emergency Services Supervisor.

J. Program Supervisors

1. Support respective Directors in providing staff and services as may be directed.
2. Assess the physical and mental status of their staff, providing time off, rest, food, reassignment, and debriefing as required.

IX. COMMUNICATIONS WITH OTHER AGENCIES:

Links to other agencies

Agency	Contact Name(s)	Contact Information
DBHDS	ComIT sioner	804-786-3921
	Deputy ComIT sioner	804-786-3921
	Assistant ComIT sioner for Community Services	804-786-3921
	Disaster Preparedness and Response Director	804-786-5671 (F) 804-371-0092
RBHA	Chief Executive Officer	804-819-5216 (F) 804-
	Director of Assessment, Emergency & Medical Services	804-819-4195 (F) 804-819-4265 Cell 804-690-4661
Richmond	Mayor	804-646-7970 (F) 804-
	Risk Manager	804-646-5604 (F) 804-
	Emergency Communications	804-646-5100
	City Safety Officer	804-646-3313 (F)
	Div. Chief / Div of Fire & EMS	804-646-5451 (F) 804-
	City Manager	(F)
	Emergency Management Director	804-646-2504 (F)
American Red Cross of Greater Richmond	Chief Executive Officer	804-780-2250 (F) 804-780-2263
	Manager, Disaster Services	804-780-2250 (F) 804-780-2263

RBHA responds to community-wide emergencies in accordance with:

- Direction from the Commissioner of the Department of Behavioral Health and Developmental Disability Services (DBHDS) or designee.
- The area Departments of Health.
- The Metropolitan Richmond Medical Response System (MRMRS).
- Providing assistance to area shelters as requested by local officials and as staff are able to do.

Area Departments of Health

The area's Departments of Health are the local health districts of the Virginia Department of Health (VDH.) VDH has major responsibility for insuring the public's health and welfare and accomplishes this through its local health districts.

DBHDS has a primary role in assisting the VDH and responds to psychological reactions following a major disaster. Thus, individual CSB's have an obligation to assist the local health departments to that end, and such is the role of RBHA in relation to the area Departments of Health.

The area Departments of Health have adopted their emergency response plans.

RBHA will assist the area Departments of Health when it opens:

- Neighborhood Emergency Health Centers (NEHCs), and / or
- Family Assistance Centers.

NEHCs are opened by the direction of the Director of the area Department(s) of Health. NEHCs serve as a community triage point where those affected or exposed, but not yet ill can enter into the medical system. At these facilities, casualties can receive medical and pharmaceutical prophylactic support and limited outpatient treatment.

Information about NEHCs:

- Only 2 -3 expected to open simultaneously.
- Length of expected operation: subject to nature of the emergency.
- Number of hours in 24 hours that the NEHC is expected to be open: subject to nature of the emergency.
- Number of mental health professionals needed per shift: unknown.

FACs are opened at the direction of the Office of the Medical Examiner, area Departments of Health, when there is a community disaster resulting in a large number of casualties (dead and injured.)

Information about FACs:

- Sites expected to be used by the Office of the Medical Examiner would be large, multipurpose buildings.
- Only one is expected to open per emergency.
- Length of expected operation: subject to nature of the emergency.

- Number of hours in 24 hours that the NEHC is expected to be open: subject to nature of the emergency.
- Number of mental health professionals needed per shift: unknown.

Both NEHCs and FACs require mental health professionals as part of their staff complement to assist psychologically both staff and those being served by the NEHCs or the FACs.

Metropolitan Richmond Medical Response System (MRMRS):

The MRMRS operations begin as a result of major emergencies in the RBHA service area resulting from terrorist activity or Weapons of Mass Destruction (WMDs).

The Mental Health Annex (Annex H) of the MRMRS plan governs the RBHA's response:

1. Organization and Assignment of Responsibilities
 - A. When notified by the city/county EOC or city/county administrator, RBHA Chief Executive Officer will direct their Coordinators of Disaster Mental Health Services (CDMHS) to activate the emergency Mental Health Plan.
 - B. RBHA Chief Executive Officer Responsibilities
 - 1) Contact Virginia Department of Behavioral Health and Developmental Disabilities ComIT sioner's Office.
 - 2) Contact key internal RBHA management staff.
 - 3) Maintain liaison with the CDMHS.
 - 4) Contact other CSB Chief Executive Officers if regional behavioral health support is needed.
 - 5) Coordinate the dissemination of any information, as deemed necessary with media, federal, state, city and local officials, and other community organizations/agencies.
 - C. Director of Assessment, Emergency & Medical Sevices/Coordinator of Disaster Behavioral Health Services Responsibilities
 - 1) Maintain liaison with RBHA Chief Executive Officer.
 - 2) Maintain contact with other regional CDMHS.
 - 3) Assess acute mental health needs based on information provided by various sources and deploy emergency staff as directed.
 - 4) Maintain contact with EOC Incident Commander, the Joint Information Command (JIC), federal, state, and local officials as directed.
 - 5) Provide information and education about disaster mental health issues as requested by RBHA CEO.
 - 6) Coordinate delivery of behavioral health services to the following targeted populations:
 - a) People affected On-site

- Deploy designated crisis counselors to disaster sites or as directed by the Incident Command. Provide Psychiatric Crisis Intervention Services.
 - Refer targeted group to appropriate community resources.
- b) First Responders
- Communicate identified need for assistance to the Regional Critical Incident Stress Management System (CISM),
 - Refer targeted group to that resource.
- c) Witnesses to the Event
- Deploy designated crisis counselors to disaster sites or as directed by the Incident Command. Provide Psychiatric Crisis Counseling.
 - Refer targeted group to appropriate community resources.

Disaster Shelter Job Descriptions for RBHA Employees:

1. Perform routine shelter tasks that assist the shelter Manager in preparing the shelter for reception of the public choosing to utilize the shelter, i.e., sign-in, organization of shelter space, identification of additional resources in population entering shelter, others.
2. Provide early identification of communication of possible problems developing in the shelter to the Shelter Manager.
3. Provide consultation to the Shelter Manager and other shelter staff regarding crisis management of all persons in shelter, particularly the mentally ill, the intellectual disabled and substance abusing persons.
4. Provide counseling intervention to persons with pre-existing mental conditions, who may need assistance to prevent decompensation.
5. Provide counseling to shelter residents to prevent or ameliorate the severity of later emotional disturbance related to the disaster.
6. Provide counseling/consultation to helping professionals in the shelters, i.e., nurses, rescue personnel, police, and social services workers.
7. Document observations, recommendations given and interventions provided.
8. Recommend alternate accommodations to the shelter manager when the stress of communal living would be significantly detrimental to the mental health of a victim.
9. Assist shelter staff in the resolution of conflicts, potential behavior problems among shelter population.

X. RECOVERY & RESTORATION:**Returning to Regular Operations**

Returning to regular and normal operations following emergencies and disasters is important to the consumers served by the RBHA. Therefore all staff are responsible to do all they can and whatever is necessary to assist consumers and other staff in returning to the normal day-to-day routine of providing services.

In the event a portion of or an entire RBHA facility is unusable; the Senior Management Team (Chief Executive Officer and Division Directors) will direct re-deployment of staff and assets to other facilities to continue routine service delivery.

The Procurement/Facilities Manager, under supervision and direction from the Chief Executive Officer, will liaison with the applicable facility owner(s) to obtain facility repair goals and timelines along with goals for reopening a facility for use. The Chief Executive Officer will liaison with city and county officials, as necessary.

Medications in an Emergency

Some of our medications are received from the State Pharmacy and distributed to consumers who are uninsured. These medications are kept securely in accordance with applicable rules and legislation. In the event these medications need to be relocated, the relocation is carried out as directed by the Director of Assessment, Emergency and Medical Services.

The PACT program maintains consumer medications in its spaces. These medications are kept securely in accordance with applicable rules and legislation. In the event these medications need to be relocated, the relocation is carried out as directed by the Director of Assessment, Emergency and Medical Services in accordance with applicable rules.

Access to Stockpiled Pharmaceuticals

Should access to strategically stockpiled medications be required, applications for same will be routed through the area Departments of Health or the Metropolitan Richmond Response System (MRMRS) as required and as applicable.

Isolation and Decontamination Sites

If an emergency or disaster required the use of isolation and/or decontamination sites, the agency would follow protocols established by the city, state or federal response agencies.

XI. PREPARING FOR AN EMERGENCY:

Orientation, Training, Drills

RBHA's Health and Safety policy (*Health and Safety Management Program*) sets forth emergency preparedness training and drill procedures for staff, contractors, and volunteers.

Orientation to emergency preparedness of new staff/contractors/volunteers is conducted by the agency Human Resources/Program Management staff and is part of the orientation curriculum.

Emergency Supplies:

At each program are supplies for emergencies that are kept secure and well-stocked. Supplies include items such as flashlights, batteries, cell phones (system phones may not work during a power outage), a bullhorn, and a weather radio. The equipment is inventoried and replenished by the Program Manager and monitored by the Safety Officer and Safety Team through regular inspections.

Emergency First Aid Kits, Bio-hazard spill kits and fire extinguishers are located strategically in each facility and in each vehicle.

Bioterrorism

Bioterrorism is the deliberate release of pathogenic microorganisms (bacteria, viruses, fungi, and toxins) into a community. The most likely diseases associated with bioterrorism include smallpox, anthrax, botulism, plague, and tularemia.

Recognizing a Bioterrorist Event

To minimize the number of casualties, early identification that an outbreak is from an unnatural source is essential. A bioterrorism event may be suspected when increasing numbers of otherwise healthy people with similar symptoms seek treatment in hospital emergency departments, physician's offices, or clinics over a period of several hours, days or weeks. The early clinical symptoms for most bioterrorism agents may be similar to common diseases seen by health care professionals every day.

The most common features of an outbreak caused by bioterrorist agents include:

- A rapid increase (hours to days) in the number of previously healthy persons with similar symptoms seeking medical treatment
- A cluster of previously healthy persons with similar symptoms who live, work, or recreate in a common geographical area
- An unusual clinical presentation
- An increase in reports of dead animals
- Lower incident rates in those persons who are protected (e.g., confined to home; no exposure to large crowds)
- An increase number of patients who expire within 72 hours after admission to the hospital
- Any person with a history of recent (within the past 2-4 weeks) travel to a

Updated July 2009

Updated November 2009

Updated March 2010

Revised July 2010

foreign country who presents with symptoms of high fever, rigors, delirium, rash (not characteristic of measles or chicken pox), extreme myalgias, prostration, shock, diffuse hemorrhagic lesions of petechiae, and/or extreme dehydration due to vomiting or diarrhea with or without blood loss.

Bioterrorism Reference Table					
	Anthrax	Botulinum	Plague	Smallpox	Tularemia
Agent	<i>Bacillus anthracis</i>	<i>Clostridium botulinum</i>	<i>Yersinia pestis</i>	<i>Variola major</i> (Orthopox virus)	<i>Francisella tularensis</i>
Unique features	Spores can survive in soil up to 40 yrs; causes black, coal-like skin lesions with animal contact	Toxin, types A-G; irreversibly binds to neuromuscular junction preventing Ach release	Very easily spread person-to-person. Need to wear mask if treating potential cases. Non-spore forming GNR.	Easily spread person-to-person or from contaminated clothing	Hardy non-spore-forming GNR, can survive for weeks; highly infectious; zoonotic
Likely route of Dissemination as weapon	Aerosol; coincident cutaneous exposure possible	Aerosol, or food or water contamination	Aerosol	Aerosol	Aerosol; contamination of food or water also possible
Incubation Period	Avg 1-6 days range up to 8 weeks	Hours to 5 days	Avg 2-4 days, range 1-6 days	Avg 12-14 days, range 7-19 days	Avg 3-5 days, range 1-14 days

<p>Clinical Presentation</p>	<p>fever, cough, dyspnea, headache, vomiting, chills, weakness; followed by hemorrhagic thoracic lymphadenitis and mediastinitis (CXR: widened mediastinum), hemorrhagic meningitis, shock</p>	<p>Nausea, vomiting, cranial nerve palsies (ptosis, diplopia, dysphagia, dysphonia), flaccid paralysis. No fever. May decrease secretions (as opposed to nerve agents)</p>	<p>Fever, chills, headache, malaise, followed by cough, hemoptysis, dyspnea, stridor, cyanosis, and death for pneumonic plague (CXR: bilateral patchy infiltrates)</p>	<p>malaise, fever, rigors, vomiting, headache, backache. Skin lesions 2-3 days later, progress from macules to papules, then to pustular vesicles</p>	<p>Initial nonspecific febrile illness; then pleuropneumonitis over days to weeks. (CXR: pneumonic process, mediastinal lymphadenopathy or pleural effusion)</p>
<p>Diagnosis</p>	<p>ELISA and PCR at national reference labs—contact Dept of Health</p>	<p>Clinical; ELISA and PCR in development</p>	<p>Gram, Wright, Giemsa or Wayson stain of blood, sputum, CSF, or lymph node aspirates</p>	<p>Virions on EM; light microscopy, Guarnieri bodies (aggregations of variola virus particles) on LM</p>	<p>Culture possible but difficult; gram stain or DFA of sputum, exudates, or tissue; serology confirmatory later</p>
<p>Mortality Rate</p>	<p>Up to 90% unless antibiotics given <i>before</i> symptoms</p>	<p><5% w/proper support; 50-60% without</p>	<p>Nearly 100% for untreated pneumonic</p>	<p>30%</p>	<p>2% with rx; 5-15% overall, but up to 30-60% w/o treatment</p>
<p>Treatment</p>	<p>Ciprofloxacin; other quinolones, amoxicillin, and doxycycline may be effective</p>	<p>Anti-toxin; intubation and mechanical ventilation</p>	<p>Doxycycline, quinolones, aminoglycosides, or chloramphenicol</p>	<p>Quarantine, supportive rx, consider antiviral or post-exposure vaccination</p>	<p>Quinolones, macrolides, aminoglycosides, doxycycline, or chloramphenicol</p>

Vaccine?	Yes, for military	Toxoid & human antibodies can provide protection	In development	Yes	Yes, for lab workers; under FDA review
-----------------	-------------------	--	----------------	-----	--

Ten Steps in the Management of Biological Casualties:

1. Have a high index of suspicion—early treatment is often essential to survival
 2. Protect yourself—take appropriate vaccines, use mask if suspected agent is transmitted person-to-person
 3. Perform rapid clinical assessment, with attention to neurologic, dermatologic, and pulmonary findings
 4. Appropriate decontamination
 5. Confirm a diagnosis
 6. Consider early empiric treatment
 7. Maintain infection control
 8. Alert appropriate authorities (e.g., Dept of Health or military public health officials)
 9. Assist epidemiologic investigation
 10. Keep your knowledge up to date on potential threats and their likely clinical presentations.
-

XII. COOPERATION WITH AREA CSBS:

Terrorist Acts and Weapons of Mass Destruction

In accordance with and in support of the Metropolitan Richmond Medical Response System, RBHA will send emergency services personnel to another sister RBHA, and will call on other CSBs when needed, for assistance in providing emergency crisis counseling services.

All Area Emergencies/Disasters

There may be a major emergency or disaster in the Central and Coastal areas during which any of the nine cities and counties served by RBHA might be affected simultaneously in some manner. It is expected that that travel from one area to another within the RBHA area may be difficult because of emergency personnel and equipment travel, as well as roadblocks to control traffic around the area of the emergency/disaster.

For this reason, it may be necessary for designated RBHA staff to serve as emergency responders (psychiatric crisis counselors) for other CSBs, and vice versa.

In the event it is necessary to request or provide assistance with other agencies, following is a list of neighboring Community Services Boards:

Chesterfield Community Services Board	804-768-7220
Colonial Community Services Board	757-220-3200
Crossroads Community Services Board	434-392-7049
Gochland-Powhatan Community Services Board	804-556-5400
Hanover Community Services Board	804-365-4222
Henrico Area MH/MR Services	804-727-8581
Southside Community Services Board	434-572-6916
Western Tidewater Community Services Board	757-255-7126

Information regarding Emergency/Disaster Leave is located in Chapter IV of this Emergency Plan.

XIII. INFORMATION TECHNOLOGY (IT) SYSTEMS DISASTER RECOVERY:

CONTENTS

Backup Procedures

- Prevention
- Contingency Plan for Major Disasters
- Establishment of Full Recovery at Backup Site
- Processing Payroll and Accounts Payable Following a Catastrophe
- Restoration of Facilities and Operations at Original/New Site
- Planning and On-Going Responsibilities
- Training
- Testing
- Monitoring and Evaluation

Software Backup Procedures

- Disaster Recovery Network Equipment Configuration Backups
- Disaster Recovery Perle Configuration Backups
- Disaster Recovery Backups (AIX)
- Disaster Recovery Exchange Server Configuration Backups
- Disaster Recovery SQL Server Configuration Backups
- Disaster Recovery Domain Controller Configuration Backups
- Disaster Recovery Terminal Server Configuration Backups
- Disaster Recovery Application Server Configuration Backups
- Disaster Recovery Blackberry Server Configuration Backups

INTRODUCTION AND PURPOSE

Policy Statement

It is the policy of RBHA that all staff, students, volunteers, interns, residents, and contract workers will comply with the Policies and Procedures for Security Rule – Electronic Protected Health Information, and other related state and federal laws and regulations. Violations should be reported according to the protocols established in the RBHA Compliance Plan.

RBHA’s Information Technology (IT) Department will maintain prevention activities and reserve systems to assure access to a current and complete database and network system during regular business hours.

Preemption Issues

"Generally, where provisions of the HIPAA Privacy Rule are contrary to state law, state law is preempted unless the state law is more stringent." "Contrary" means that it is impossible to comply with both the state and federal requirements, or that the state law stands as an obstacle to the accomplishment and execution of the full purposes and objectives of the Privacy Rule. "More stringent" means that the consumer is provided with greater protection or greater access. Where state laws are more stringent, those state laws and regulations must be followed. These policies and procedures identify which of the laws must be followed under which circumstances."

Changes in Policies and Procedures or Agency Protocols

The Chief Executive Officer may make changes to these policies and procedures when recommended by the Senior Management Team.

Whenever changes in the law occur which require a change in these policies and procedures, the Senior Management Team members shall promptly advise the Chief Executive Officer and make suggested revisions to the policies and procedures. Once approved by the Chief Executive Officer, the Director of Quality and Standards will distribute the revised policies and procedures to Division Directors, who will notify staff in their respective divisions, of the changes

Backup Procedures:

Purpose:

- A. To develop an on-going program for the prevention of damage to the main computer system.
- B. To develop a plan for recovery of current and complete data as soon as possible following a disaster or damage to the main computer systems.

Procedures:

A. Prevention

- 1. The main computer equipment will be maintained under a hardware maintenance contract to allow for repair and maintenance of defective or damaged equipment.

2. An uninterruptible power supply (UPS) is installed to prevent damage caused by power fluctuations and allow for a normal shutdown in the event of a power failure.
3. All computers will have a virus scan program installed with the basic setup of the computer. The standard virus and spyware protection used by RBHA is TREND MICRO.
4. Regular back-up procedures will be followed for data files and software files to insure recovery of the most current information. (See back up schedule outlined below). Back-up tapes will be stored in a location that minimizes the danger of destruction to the information on those tapes.
5. Back-up Schedule for the CMHC Server:

- Daily Full system back-ups Monday thru Thursday.
- Weekly Full system backups Monday.
- Monthly Full system backups on the last day of the month and kept for 1 month.
- Annually Last month of the calendar year and kept for 1 year.

6. Back-up Schedule for the Windows Servers:

- Daily Incremental backup Monday thru Thursday.
- Weekly Full backup on Friday.
- Monthly Full backup the last day of the month.

7. Back-up Storage for CMHC:

Daily tapes are stored in a fireproof box in the IT computer room. Daily tapes are taken off site approximately every two weeks to the back-up site. The following individuals have access to the safe for storage and retrieval of the back-up tapes:

Positions	Contact Information
Network Administrator	(804) 819-4000
Database Administrator	(804) 819-4000
Director of IT	(804) 819-4000
Comptroller & Physical Plant	(804) 819-4000

8. CMHC users will date and initial all original sources of entry (i.e., entry forms, Service Activity Logs, etc.) and file in a manner that will allow the gathering of this data for reentry in the event of emergency recovery procedures.

B. Contingency Plans for Major Disasters:

In the event of a disaster, a four-phase cycle will take place to bring about full restoration of normal processing; detection and reaction, implementation, initiation of backup site procedures, establishment of full recovery at backup site.

1. Detection and Reaction

In the event of an emergency situation, the Chief Executive Officer will be notified who in turn would notify the appropriate emergency authorities. If the Network Administrator or Database Administrator cannot be reached, contact the next available person on the list.

Positions	Contact Information
Comptroller & Physical Plant	(804) 819-4000
IT Technicians	(804) 819-4000

The person that responds to the emergency from this point on shall be referred to as the IT Disaster Recovery Captain.

2. In the event of damage to the computer(s), the following steps will be taken:

- a) At the time the IT Disaster Recovery Captain has been contacted, the captain will make a decision based on the problem encountered and contact one or more of the following:
 - 1.) Hardware Problems:
 - a.) CMHC Systems, Account # 426
(614) 764-0143, or
(800) 233-2642

Report any emergencies and identify self as RBHA employee. Request immediate attention for equipment repair or replacement under hardware maintenance agreement.

- 2.) Electrical (contact Landlord)
- 3.) Air conditioning (contact Landlord)
- 4.) Routers & direct connect lines: 1-800-533-1659 or David Allen at the Virginia Information Technology Agency (VITA): (804) 351-4093
- b) If the IT Disaster Recovery Captain has elected to power down the computer or if the computer powers down by itself for any reason, it should not be powered up until approval has been received from the hardware vendor and the Network Administrator.
- c) In case of fire or flood, and the decision has been made by the Disaster Recovery Captain not to relocate the computers to an alternate site, the following steps should be taken:

- 1.) Notify all users
 - 2.) Power down the computers
 - 3.) Power down all printers and peripherals (attached equipment)
 - 4.) Turn off the UPS
 - 5.) Unplug all equipment
 - 6.) Cover all equipment with plastic
 - 7.) Notify the hardware vendor to have equipment checked for damage
3. Initiation of backup site procedures

In the event that potentially dangerous conditions are present (hurricane, flood, fire etc.) and the Chief Executive Officer has chosen to relocate the administration, the computer and all other equipment, manuals, tapes, forms, etc. that have been previously labeled shall be packed up and readied for transport to designated facility.

C. Establishment of full recovery at backup site

1. Relocation Steps –

- a) Determine, which alternate backup facility, needs to be used:

Alternate Backup Site #1	Marshall Center
Alternate Backup site #2	Broad Street Center

- b) Notify backup site of intent to use facility

- 1.) Notify users to sign off programs and hold source documents
- 2.) Power down computers
- 3.) Power down all printers and peripherals
- 4.) Turn off UPS
- 5.) Unplug all equipment
- 6.) Ready equipment for transport
- 7.) Take all needed manuals, tapes, and forms
- 8.) Cover remaining equipment with plastic before transportation of equipment begins.

- c) Begin setup and assembly of equipment at backup site.

- d) Establish hardware & supply needs.

- e) Order necessary equipment & supplies

- f) Order necessary equipment & supplies

- g) Notify all programs and users of current backup facilities and recent events, amount of damage and anticipated timeframes

- h) IT Disaster Recovery Captain to contact the RBHA Risk Manager to do the following if appropriate:

MINOR DAMAGE

Anticipated downtime one to two days. Damage may be to hardware, software, mechanical equipment, electrical equipment or the facility.

MAJOR DAMAGE

Anticipated downtime three to six days. Major Damage to hardware or Facility.

CATASTROPHE

Anticipated downtime one week or more. Computer room or facility completely destroyed. Restoration will begin both at alternate site and current facility.

- a.) Photograph site if possible.
- b.) Prepare report that outlines damages and disposition of hardware.
- c.) Have RBHA Risk Manager contact the insurance company, follow up with adjuster and initiate insurance claims.

- 2. Notify all CMHC and Computer users by e-mail and/or phone calls:

- a. Batch by date all information entered since the last available backup in preparation for re-entry of this information.
- b. Wait for further instructions on the availability of the system.
- c. Bring up system if OK has been given by IT Manager or IT Disaster Recovery Captain.
- d. If the equipment is new, test.
- e. Restore latest full system backup and latest data only backups.
- f. Begin testing to verify file and database integrity.
- g. Establish processing schedule for operations.
- h. Start processing critical applications.

D. Processing Payroll and Accounts Payable Following a Catastrophe:

- 1. A safe deposit box will be established at the **(bank) Branch on (Street Name)**. Access will be limited to the Chief Executive Officer, Comptroller & Physical Plant, and Accounting Manager. Two persons are required to access the safe deposit box. **This matter was not resolved as of 9/10**
- 2. A supply of at least 1000 blank checks will be stored in a locked fireproof box to be maintained off site and used in the event of a catastrophe.
- 3. A listing of salaried employees' net pay (updated each calendar quarter) will be maintained off site after each payroll process with the blank checks to be used to prepare manual payroll checks in the event the database system is down for more than one pay period.

4. Emergency accounts payable checks will be written, as necessary from the supply of checks in the safe deposit box.

E. Restoration of Facilities and Operations at Original/New Site:

1. Coordinate the repair/construction of the original/new location.
2. Contact hardware vendors to determine if hardware is repairable or must be replaced
3. Contact cable company to verify existing cabling is good or if it needs replacement.
4. Order any other data handling equipment (CSU/DSU, routers, modems, switch boxes, surge protectors).
5. Contact (**place name here**) and arrange for new lease line. Set up schedule for proposed completion.
6. Give Procurement/Facilities Manager a list of all items required.
7. Contact all Division Directors and determine what PC's, terminals, printers, modems, surge protectors or software need replacing.
 - a. Set up time frame and schedule ordering, delivery and installation.
 - b. Make departments aware of this schedule and what our expectations are of them.
8. As soon as equipment is replaced or repaired, retrieve and restore the latest full system and latest data only backups. Following restoration of the backup(s) to the computer equipment, test the system to make sure it is in good working order and that the restore procedures worked.
9. Notify CMHC users that:
 - a. They may sign back on the system.
 - b. They must re-enter the data gathered in step II.D.2.a.
 - c. After re-entering the data selected in step II.D.2.a, they should check the area of information affected to make sure it is correct and up-to-date before resuming entry of previously un-entered information.

F. Planning and On-Going Responsibilities:**IT Director/Security Officer**

1. Keep IT Disaster Plan updated; correcting names, addresses and telephone numbers.

2. Ensure plan is properly distributed. Copies are to be kept at all alternate locations. Copies distributed to Network Administrator, Database Administrator, IT Technicians, Chief Executive Officer, Division Directors, Director of Quality and Standards, and the computer room. Employee copies are to be kept at home.
3. Periodically check alternate backup facilities.
4. Formally update Plan annually.
5. Schedule IT emergency management team meeting every 6 months, discuss current status.
6. Meeting with other corporate disaster recovery team leaders will take place following agency guidelines.
7. Develop and keep current computer room labeling of equipment.
8. Keep and maintain documentation of all computer hardware configurations.
9. Review insurance coverage with Chief Executive Officer, Comptroller, and Network Administrator annually to verify coverage is adequate and current.

G. Training:

Employees will be trained in the preventive back-up and recovery implementation procedures.

H. Testing:

An unannounced testing of the plan may be conducted once a year, requiring simulation restore and data recovery procedures for one day's work.

I. Monitoring and Evaluation:

1. The Network Administrator will conduct monitoring of prevention procedures periodically.
2. Evaluation of the plan will be done following annual testing and in the event of an actual emergency.

Software Backup Procedures

A. Disaster Recovery Network Equipment Configuration Backups

Configuration files are copied to a USB drive for WAN router, Internet router, ASA, network layer switch, data link layer switches and external site routers. The drive will be stored off site. This is accomplished only when network equipment configuration is updated.

B. Disaster Recovery Perle Configuration Backups

Configuration file is copied to a USB drive which will be stored off site. This is accomplished only when Perle configuration is updated.

C. Disaster Recovery Backups (AIX)

Backups for the AIX systems are a Full Volume Backup. These are created using the CMHC Backup Utilities from CMHC IT ADM Menu. Full Volume backups are taken daily except for weekends. The tapes are taken off-site on the following bi-weekly cycle. Full volume backup tapes expire on a 30 day retention cycle. Another important item carried off site is a listing of the tape management catalog. This will provide critical information concerning Dates for the backup tapes.

D. Disaster Recovery Exchange Server Configuration Backups

Incremental backups for Exchange 1 and Exchange 2 are performed daily from Monday to Thursday, full backups weekly and monthly. All backups are created using Symantec Backup Exec for Windows Server installed on Exchange 1. All backups are stored on Exchange 1 and only weekly backups will be manually copied to RBHA Apps.

E. Disaster Recovery SQL Server Configuration Backups

Incremental backups for RBHASQL1 are performed daily from Monday to Thursday, full backups weekly and monthly. All backups are created using Symantec Backup Exec for Windows Server installed on Exchange 1. All backups are stored on Exchange 1 and only weekly backups will be manually copied to RBHA Apps.

F. Disaster Recovery Domain Controller Configuration Backups

Manual monthly full backups of system drive and system state for RBHAWin2k and RBHAWin23 to Exchange 2. Manual monthly full backups and manual incremental weekly backups of shares for RBHA and RBHAWin2k are performed to RBHAWin23 and a monthly copy backup to secondary storage disk.

G. Disaster Recovery Terminal Server Configuration Backups

Manual monthly full backup of Terminal Server to RBHA Apps.

H. Disaster Recovery Application Server Configuration Backups

Manual monthly full backup of Application Server to Exchange 2.

I. Disaster Recovery Blackberry Server Configuration Backups

Manual monthly full backup of BlackBerry Server to RBHA Apps.

Updated July 2009

Updated November 2009

Updated March 2010

Revised July 2010

XIV. EMERGENCY/DISASTER LEAVE:

(Taken from the RBHA Employee Handbook)

9.14 EMERGENCY/DISASTER LEAVE**9.14.1 Purpose.**

Proposed in 2008, still needs Board Approval RBHA may grant up to ten work days of paid leave annually to qualifying employees who volunteer to provide specific kinds of emergency services during defined times of state and/or national disaster. This policy also permits RBHA to grant up to five days of paid leave annually to employees who are victims of disasters that meet the criteria specified in this policy. Services must be provided through the American Red Cross.

9.14.2 Definitions.

- A. **Emergency Services** – The preparation for and carrying out of functions to prevent, minimize and repair injury and damage resulting from natural or man-made disasters. These include fire-fighting services, police services, medical and health services, rescue, engineering, warning services, communications, radiological, chemical and other special weapons defense, evacuation of persons from stricken areas, emergency welfare services, emergency welfare services, emergency transportation, emergency resource management, existing or properly assigned functions of plant protection, temporary restoration of public utility services, and other functions related to civilian protection. See *Code of Virginia, § 44-146.16*. Employees activated under military orders, whether by state or federal authorities, are not covered by this policy. See [Section 9.5, "Military Leave."](#)
- B. **Major Disaster** – An official status declared by the President of the United States when he deems that federal assistance is needed under the Strafford Act (P.L. 93-288 as amended) to supplement state, local, and other resources to deal with the effects of a variety of natural or man-made catastrophic events.
- C. **Man-made Disaster** – An event caused by the action of one or more persons that imperils life and property and produces danger or the imminent threat of danger through exposure to biological, chemical, or radiological hazards, as defined in the *Code of Virginia, § 44-146.16*. Examples include large spills resulting from transportation or industrial accidents, and effects of terrorist acts. Some man-made disasters may also be called technological disasters.
- D. **Natural Disaster** – An event of nature that causes extensive and/or severe threat to or destruction of life and/or property, as defined in the *Code of Virginia, § 44-146.16*. Typically, such situations are the result of wind, earthquake, blizzard, ice storm, widespread fire, or flood.
- E. **Primary Personal Residence** – The home or apartment in which the employee resides most of the time. This does not include vacation or second homes, nor property owned but not occupied by the employee. Normally, this location will bear the employee's official address as recorded by the city or county where the dwelling is located.
- F. **Specialized Skills or Training** – Specific, definable skills or training that enables an individual to provide certain identified services needed during periods of state or national

emergency or disaster. These skills and training may or may not be related to the qualifications used in the employee's state job.

- G. **State of Emergency** – The status declared by the Governor of Virginia (see *Code of Virginia, § 44-146.17*) or of another state for conditions of sufficient severity and magnitude that assistance is needed to supplement the efforts of localities and other relief organizations.

9.14.3 Pay During Emergency/Disaster Leave.

- A. An employee shall continue to receive his or her normal salary for up to ten days while using approved Emergency/Disaster leave under this policy if serving as a volunteer. Employees who are victims of disasters as outlined in this policy can receive up to five paid leave days.
- B. RBHA will *not* pay for expenses related to providing emergency service, such as travel, food, or lodging.

9.14.4 Qualifying Events.

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

1. The area is covered by an official declaration of major disaster by the President of the United States, or a declaration of a State of Emergency by the Governor of Virginia or the governor of another state.
2. Public officials at the site of the disaster have requested the assistance of individuals with specialized skills or training.
3. The employees possess the required specialized skills or training requested by the authorities.
4. Employees present written requests to provide emergency services and obtain approval prior to using leave under this policy.
5. Employees have received American Red Cross Certification.

9.14.5 Leave for Victims of Disaster.

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

The Chief Executive Officer has sole discretion for authorizing up to five work days of leave annually under this policy for employees who meet all criteria listed below:

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

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

9.14.6 Agency Responsibilities.

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

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

RBHA is responsible for ensuring that the agency has the required documentation before awarding paid leave. For leave to provide emergency services, this includes:

- confirmation of the declaration of disaster by the President of the United States, Governor of Virginia, or governor of another state;
- verification of the request for assistance by the appropriate officials;
- corroboration that the employee possesses the relevant specialized skills or training; and
- official documentation describing service to be provided by the American Red Cross.

For leave for victims of disaster, this includes:

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

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

9.14.7 Employee Responsibility.

- A. Employees are responsible for requesting leave as required by this procedure, and for providing the required documentation or verification as listed above.
- B. Employees are responsible for all travel, food, or lodging expenses related to volunteer services.

XV. KEY PLAYERS IN DISASTER STRESS INTERVENTION:

Agencies, Resources, Functions, and Links

Agency/Resource	Functions	Address/Phone
<p>Federal Emergency Management Association (FEMA) http://www.fema.gov</p> <p>Region III (Philadelphia) http://www.fema.gov/home/fema/regoff.html</p> <p>Serves: District of Columbia, Delaware, Maryland, Pennsylvania, Virginia, West Virginia</p>	<ol style="list-style-type: none"> 1. Approves grant requests 2. Provides funds under Stafford Act 	<p>Regional Director</p> <p>Federal Emergency Management Agency Liberty Square Building, Second Floor 105 South Seventh Street Philadelphia, PA 19106-3316</p> <p>Tel: 215-931-5608 Fax: 215-931-5621</p>
<p>Center for Mental Health Services Knowledge Exchange Network http://www.mentalhealth.org/</p>	<ol style="list-style-type: none"> 1. Establishes Treatment Programs 2. Advises States/RBHA's on grant preparation 3. Reviews grant requests for FEMA 	<p>National Mental Health Services Knowledge Exchange Network P.O Box 42490 Washington, DC 20015 Phone: 1-800-789-CMHS (2647) Fax: 301-984-8796</p>
<p>Virginia Department of Emergency Services http://www.vdes.state.va.us</p>	<ol style="list-style-type: none"> 1. Acts as Governor's approval authority 2. Reviews grant requests 3. Task DBHDS facilities & Community Service Boards (RBHAs) 	<p>Virginia Department of Emergency Services Public Information Office 10501 Trade Court Richmond, VA 23236</p> <p>Phone: (804) 897 - 6510</p>
<p>James Madison University Department of Psychology http://www.jmu.edu/psyc/index.html</p>	<ol style="list-style-type: none"> 1. Operates Crisis Counseling Web Site (VDSI) 2. Provides 'Train the Trainer' Services to RBHA's 	<p>Counseling Program Coordinator VDSI Coordinator</p> <p>Phone: (540) 568 - 6522 Fax: (540) 568 - 3322</p>
<p>American Red Cross http://www.redcross.org/</p>	<ol style="list-style-type: none"> 1. Provides Crisis Counseling to ARC staff 2. Supplements RBHA efforts 3. Provides Crisis Counseling training 4. Operates Grief Centers 	<p>To locate your local Red Cross office, click below and follow the directions! http://www.redcross.org/where/where.html</p>

<p>The Community Services Board or Mental Health Program</p>	<ol style="list-style-type: none"> 1. Plans and executes the delivery of the mental health model 2. Hires/Trains Outreach Staff 3. Acts as MH advisor to local governments 	<p>Click below for a listing of Virginia's CSBs: http://www.DBHDS.state.va.us/csblast.asp</p>
<p>DBHDS Central Office</p>	<ol style="list-style-type: none"> 1. Prepares the grant request 2. Advises/Assists RBHA Grant Requests 3. Assists with training, funding, and guidance 4. Tasks CSB's via performance contract 5. Coordinates with Red Cross on licensing & referrals 6. Coordinates/plans with state level 	<p>Disaster Planner 804-786-5671</p>
<p>DBHDS Facilities GO Team Leaders</p>	<ol style="list-style-type: none"> 1. Support CSB's with personnel and training 2. Back up sheltering 3. Back up clinical operations of CSB's 	<p>Eastern State Hospital 757-253-5287 Western State Hospital 540-332-8053</p>
<p>Virginia Association of Community Services Boards</p>	<ol style="list-style-type: none"> 1. Assist in contacting CSB's or other agencies if necessary. 2. resource of technical assistance and consulting 	<p>804-330-3141</p>

XVI. DIRECTORY OF LOCAL EMERGENCY MANAGERS:

The VDEM Local Directory is a listing of local emergency management officials for Virginia towns, cities and counties.

Note:* indicates an individual designated to receive all correspondence concerning emergency services.

** indicates an individual designated to be contacted in an emergency or disaster situation.

RICHMOND CITY Hazardous Materials	HENRICO COUNTY Region Hazardous Materials	CHESTERFIELD COUNTY Region Hazardous Materials
<u>Coordinator/ Hazardous Materials Coordinator</u> */**	<u>Coordinator/ Hazardous Materials Coordinator</u> */**	<u>Coordinator</u>
Richmond, VA Office: 804-646-6660 FAX:	Office: FAX: <u>Deputy Hazardous Materials Coordinator</u>	Office: FAX: <u>Deputy Coordinator/ Hazardous Materials Coordinator</u> */**
<u>Deputy Coordinator</u>		Office: FAX:
Office: FAX: <u>Director</u>	Office: FAX: <u>Director</u>	<u>Director</u>
Office: FAX:	Office: FAX:	Office: FAX:

DIRECTORY OF LOCAL EMERGENCY SHELTERS:

(As of 12/3/08)

Richmond:

The local Department of Social Services has indicated that a decision as to which location to use would be made at the time of the disaster and would take into account which locations would be available/accessible.

Central Intake:

Families with children.....804-291-9082

Single Adults.....804-648-4177

Family Lifeline Safeplace:

804-275-7699

Daily Planet Medical Respite:

804-329-1751

Petersburg:

CARES Shelter (Halifax St.)

Men's Salvation Army (Commerce St.)

XVII. VIRGINIA STATE EMERGENCY COMMUNICATION COMMITTEE:



*Section 1.01 The Virginia EAS
Homepage*

*Virginia State Emergency Communications
Committee*

QUICK INDEX

- [Homepage](#)
- [State Committee](#)
- [State Plan](#)
- [Annex E Maps](#)
- [AMBER Alert](#)
- [Amber Plan](#)
- [Local Areas](#)
- [Local Plans](#)
- [Weather](#)
- [State Emergencies](#)
- [Agencies](#)
- [Supplemental](#)
- [Equipment](#)
- [FCC Info](#)

LOCAL AREAS

- [Quick Locator](#)
- [Eastern Virginia](#)
- [Richmond Extended](#)
- [Fredericksburg](#)
- [Northern Va - D.C.](#)
- [Culpeper](#)
- [Charlottesville](#)
- [Farmville](#)
- [Southside](#)
- [Danville - S Boston](#)
- [Roanoke Extended](#)
- [Shenandoah Valley](#)
- [Winchester](#)
- [Marion](#)

The Richmond Extended Local Area

Chair: Mike Fleming
 WRVA Radio
 3245 Basie Road
 Richmond, Virginia 23228
 Voice: (804) 474-0182
 Fax: (804) 474-0000

Virginia Department of Emergency Management
 10501 Trade Court, Richmond, VA 23236

CONTACT: Bob Spieldenner (804) 897-6510
bob.spieldenner@vdem.virginia.gov

North Anna Power Station Will Test Early Warning Sirens Nov. 18

RICHMOND, VA -- State and local officials will test the early warning siren system around the North Anna Power Station Wednesday, Nov. 18, 2009, at approximately 11:10 a.m. In Caroline, Hanover, Louisa and Spotsylvania counties, 68 sirens located within a 10-mile radius of the station will sound a three-minute tone.

Siren tests consist of a single three-minute tone and take place quarterly

Local Info

- [Surry Early Warning Siren System Test](#)
2010 Schedule
- [North Anna Early Warning Siren System Test](#)
2010 Schedule



Below is the RMT schedule for 2010.

The quarterly North Anna and Surry nuclear test occur generally on the 3rd and 2nd Wednesdays in the designated month respectively and that schedule is has been confirmed by VDEM for 2007. The NOAA state tornado drill is confirmed as listed.

2010 Richmond Extended RMT Schedule

Month Day Time Other Tests and Expected Dates

Full-scale tests of the Early Warning Siren System (EWSS) surrounding the Surry Power Station are scheduled for approximately 11:10 am on these dates:

- Wednesday, March 10, 2010
- Wednesday, June 9, 2010
- Wednesday, September 8, 2010
- Wednesday, December 8, 2010

This schedule may be changed as necessary and you will be notified as much in advanced as possible. It will also be posted on the Virginia EAS webpage at: <http://www.jmu.edu/wmra-eng/eas/index.html> where the State EAS and Amber plans are posted.

Mike Fleming

Market Engineering Manager
Clear Channel Communications
 Richmond, VA
Office: 804 474 0182
Pager 804 256 8609
Cell: 804 461 9283
mailto:michaelfleming@clearchannel.com

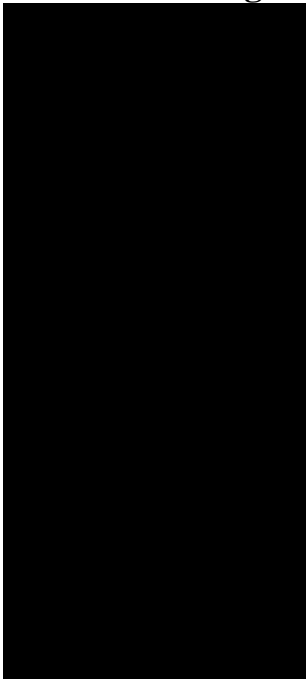
STATE PLAN

PN STATIONS MONITOR: LP-1 WRVA-AM 1140 kHz
 LP-1 WRVQ-FM 94.5 mHz
 LP-2 WRXL-FM 102.1 mHz
 LP-3 WRNL-AM 910 kHz

WRVA-AM 1140 kHz is STATE PRIMARY
 WRVQ-FM 94.5 mHz is STATE RELAY
 WRXL-FM 102.1 mHz is NATIONAL PRIMARY
 LP-1/LP-2/LP-3 ALSO MONITOR NOAA WX

The Richmond Extended Local Area is:

- 51081 Greensville
- 51730 Petersburg
- 51033 Caroline
- 51570 Colonial Heights
- 51595 Emporia
- 51041 Chesterfield



- 51183 Sussex
- 51007 Amelia
- 51760 Richmond City
- 51053 Dinwiddie
- 51036 Charles City
- 51127 New Kent
- 51149 Prince George
- 51145 Powhatan
- 51670 Hopewell
- 51109 Louisa
- 51085 Hanover
- 51087 Henrico
- 51101 King William
- 51097 King & Queen
- 51119 Middlesex
- 51103 Lancaster
- 51133 Northumberland
- 51159 Richmond Co.
- 51057 Essex
- 51193 Westmoreland
- 51075 Goochland

**XVIII. FORMS:
SEE FOLLOWING PAGES FOR FORMS.**

**XIX. PROGRAM PLANS:
SEE FOLLOWING PAGES FOR PROGRAM PLANS.**