ACCESS DENIED

Delivery of Critical Healthcare Products and Personnel to Disaster Sites

REPORT AND RECOMMENDATIONS
Acknowledgements

Healthcare Ready sincerely thanks the Department of Health and Human Services’ (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Critical Infrastructure Protection (CIP) program and Deloitte for their support.

We are grateful to the many leaders and officials from public health departments and emergency management agencies across the country who have given their time, insights and information, with particular gratitude to the following states: Illinois, Ohio, Oklahoma, Louisiana, Massachusetts, Missouri, New Jersey, North Carolina, South Dakota and Washington.

We are thankful for the insights shared by private sector partners from the healthcare, commerce, telecommunications, and logistics industries. Additionally, we extend deep thanks to the National Governor’s Association and the National Council of ISACs for their valuable research and feedback.

Photo credits: All photo credits FEMA Photo News, 2016.
© Healthcare Ready 2016. All Rights Reserved.
# Table of Contents

1. Executive Summary
2. Background
9. Current Solutions
21. Recommendations
25. Conclusion
27. Terms of reference
28. Appendix A: State by State Summary
47. Appendix B: Model Programs and Legislation
Advances to public health preparedness and our nation's health security have enabled lifesaving response within hours of an event, including the provision of water, food and other key commodities and supports.

These successes rely on a broad array of private and public sector partners, and a robust, end-to-end supply chain. One of the early steps in almost any disaster is to ensure the affected area is secure. While this is critical to ensuring a safe and effective response, it can also delay, and sometimes prevent critical personnel and supplies from reaching those who need them. Recent events, including Northeastern Winter Storms (2015) and Hurricane Matthew (2016), impacted our critical infrastructure and exposed systemic gaps in credentialing and logistics that prevented employees and supplies from getting to disaster affected areas in a timely fashion.

Access Denied: Delivery of Critical Healthcare Products and Personnel to Disaster Sites is an important first step toward addressing this national vulnerability. Commissioned and funded by the U.S. Department of Health and Human Services’ (HHS) Office of the Assistant Secretary for Preparedness and Response, this report is the first to document procedures in each state and analyze best practices from those programs. The accompanying recommendations challenge policymakers and industry leaders to invest in interoperable, systematic, technological and administrative solutions to strengthen formal access programs and improve public-private sector coordination.

Our nation’s critical infrastructure must remain ready and available at all times, including immediately after disasters. HHS will continue to work with Healthcare Ready, the Federal Emergency Management Agency, and other partners to support development of plans to establish nationwide solutions so the health sector’s critical infrastructure can continue to provide services and support to communities when every moment counts.
Executive Summary

While many aspects of everyday life are disrupted during and after a disaster, continued access to healthcare services cannot be one of them. Patients require all types of medical care, supplies, and medicines. Healthcare facilities such as hospitals, long-term care facilities, and dialysis centers, among others, need to continue to operate in order to serve patients. With more than 90 percent of critical U.S. healthcare assets owned or operated by the private sector, a community’s healthcare resilience is directly dependent on private sector personnel, deliveries and services.¹

However, after disasters – when these personnel and supplies are most urgently needed – is also the time when the private sector encounters the most difficulty accessing facilities and providing services. Facilitating private sector access to disaster sites has been a major preparedness and response challenge for decades due to a lack of coordination, limited understanding of the urgency of the issue, and an unclear understanding of what healthcare supply chains require to operate.² Government agencies at the federal, state and local levels, and their private sector partners, have increasingly begun to recognize the critical nature of this issue and are working to create solutions that ensure safety and security, while fostering flexibility to allow key organizations access.

This report aims to:

- Examine the challenges and impacts that disrupted access to disaster sites has on healthcare;
- Analyze current programs and solutions being used across the country to address this problem;
- Present recommendations informed by best practices from current programs, and;
- Provide technical resources for both public and private stakeholders. These resources include:
  - A state-by-state summary of access programs and approaches in place (with contact information for relevant authorities); and
  - A summary of model access programs and legislation by high-performing states and jurisdictions.

This report is the first of its kind to provide a comprehensive review of and recommendations for access programs in the United States. The challenges surrounding private sector access to disaster sites are undeniably complex and growing in importance and urgency as the likelihood and intensity of events impacting communities continues to increase.³ While a “one size fits all” solution is not feasible, there is a need to develop and implement interoperable, realistic solutions throughout the country.

The recommendations and resources provided in this report are intended to serve as a resource for states and jurisdictions seeking to develop their own access programs and inspire those who may not have considered one yet. The recent progress and innovations made at the state and local levels are encouraging and commendable, but are not enough to ensure patients’ continued access healthcare services when they need it most.

---

¹ For more information, see: [Source 1]
² For more information, see: [Source 2]
³ For more information, see: [Source 3]
A Red Cross volunteer stands on the back of a truck that is carrying emergency supplies to residents of Columbus, MS that were affected by storm and tornado damage in 2015.

Photo credit: FEMA Photo News, 2016
Imagine a hurricane, flood, or tornado devastating a community. The disaster would result in many familiar challenges: people living with limited supplies in their homes or in emergency shelters, loss of power for unknown durations, a lack of clean running water and other complications.

As the emergency response process begins, law enforcement authorities – local police, state troopers, or the National Guard – move quickly to restrict access to the area to ensure physical safety and security. As a result, we see another impact of the disaster: health care workers and delivery trucks cannot easily access health care facilities, potentially leaving patients without the care or medicines they need.

Law enforcement and emergency responders control and limit access into disaster areas to ensure safety during an active response operation and mitigate dangerous and unsafe conditions that pose a threat to safety, such as protecting an area from crime or looting. Restricting access is required in order to protect communities and to begin to establish stability in the immediate aftermath of a crisis. Law enforcement or other local authorities managing the response must balance safety and security with the need to validate the identity and role of each person requesting access in order to grant entry only to those who truly require it. This task can be a difficult during an already complex and constantly evolving situation, and determining the authenticity of an individual and their claims is a challenge, especially if the personnel requesting access do not have appropriate identification.

Unfortunately, restricting access to disaster sites can hinder a community’s response and recovery by preventing vital personnel and deliveries access into the areas that need it the most. This issue affects all infrastructure sectors, including telecommunications and energy, but is particularly high-impact in healthcare, where private sector personnel are critical to continuing patient care in hospitals, pharmacies, or clinics. In addition, these personnel are responsible for the delivery of life-saving medications and supplies, a critical function given that most cities’ “just-in-time” medical supply chains can be depleted within one to two days. These companies rely on law enforcement’s ability to provide access. States generally recognize the impact of reduced healthcare services and include provisions for healthcare-related service providers to move through crisis area boundaries, but it is often hard for law enforcement to determine whether an individual is associated with a business providing healthcare.

“We provide emergency healthcare services, and as a major health system we need our employees to be able to get to work which might be in a restricted area.”

NORTHWELL HEALTH, CHIEF QUALITY OFFICER
Challenges to fulfilling that intent to allow healthcare-associated personnel entry to crisis areas include:

**Difficulty in Defining Critical Personnel**

Typically private sector healthcare personnel in roles deemed “critical” are more likely to receive access. Unfortunately, what is critical varies widely between the public and private sectors, particularly in healthcare. Generally, doctors or nurses requesting access to local hospitals are recognized as critical, but hospitals may also deem their information technology (IT) or cleaning staff as critical, where law enforcement may not. Similarly, employees of large distribution centers that house and dispense critical healthcare supplies frequently need to access these facilities to retrieve and deliver supplies during an emergency. These operational staff often have difficulty communicating the critical nature of their work to local authorities who control access and traffic.

**Last Mile Delivery**

Companies that manufacture and distribute medicines and healthcare supplies frequently contract their ‘last mile’ delivery to third party logistics providers (3PLs). Often these are unmarked courier vans with drivers who have a limited awareness of the contents they are transporting. As these drivers are contractors and often not employees, they rarely have company identification verifying their affiliation. This makes it difficult for law enforcement to confirm affiliation with the company and contents to ensure only the most critical receive access.

“...another challenge we encounter is that even if employees with hospital IDs can get through checkpoints, contractors may have difficulty.”

NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE

**Jurisdictional Challenges**

Modern supply chains which transport and deliver medicines and healthcare supplies are complex. Often they are global or national, and require access across multiple jurisdictions. Emergency response operations, on the other hand, are run by the local emergency management agency (EMA) and law enforcement. Often the rules, regulations or checkpoints are different in each jurisdiction. In order for companies to successfully make deliveries during an emergency, they need relationships with every jurisdiction along their supply route. This takes substantial resources and in reality is nearly impossible.

Jurisdictions’ varying access requirements impact critical private sector operations beyond the supply chain during disasters. Companies often contract surge personnel to support response operations. Similar to 3PLs, these contractors do not receive photo identification from the company.
“During Hurricane Sandy, some 3rd party security guards experienced challenges in gaining access/clearance to their assigned stores because they were from out of state and NJ laws required NJ issued credentials.”

MULTI-NATIONAL RETAIL CORPORATION

for which they are working, making it difficult for access control officers to verify their identify and purpose. Additionally, they may be coming from out of state or a neighboring jurisdiction and therefore not have the local or state-specific identification local authorities recognize and use to grant access.

Summary

The problem of private sector access to disaster sites is not new. Over the last few decades, programs were – and continue to be – created to address these challenges at the city, county and state levels. In addition, guidelines and ad hoc solutions exist. This has led to dozens of solutions currently in existence throughout the United States.

This report serves to not only explain this landscape and the emergency site access challenges experienced by the private sector, but also provide a review and analysis of existing solutions across the country. The aim of this analysis is to spur further conversations and information sharing between the public and private sectors on policy, best practices and solutions.

The issue of private sector access is critical to protecting our communities’ continuous access to the healthcare services and resources they rely on daily.

Note on a Federal Solution

While this report focuses on programs and solutions established at the state, city and county levels, there has been an ongoing discussion on creating a federal solution to the issue of access. In 2011, the U.S. Emergency Services Sector Coordinating Council (ESSCC) formed a working group dedicated to coordinating a “standardized national approach to cross-jurisdictional credentialing and disaster reentry,” the Credentialing and Disaster Reentry Working Group.

The working group recommended the adoption of the Joint Standard Operating Procedure (JSOP) as a national template for states to use when developing access protocols. This template is designed to serve as a foundational framework for jurisdictions developing guidance (or a program) on disaster reentry, allowing states to tailor the framework to their needs while providing a uniform approach to coordinating access nationwide. Importantly, this framework does not establish a formal nationwide program, and creation of such a program is unlikely due to numerous challenges including governance.  

Research Methods

Research for this report required a multi-pronged approach and included:

**Comprehensive review of state-level legislation and regulations**

Current state statutes and regulations were reviewed for provisions addressing entry and re-entry, and transportation and delivery of critical goods and services during a disaster.

**Survey of over 120 federal and state emergency managers, public health officials, and private sector representatives on their experiences and recommendations**

Partners from the Federal Emergency Management Agency (FEMA) National Business Emergency Operations Center (NBEOC), the National Association of City and County Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), Department of Health and Human Services/Office of the Assistant Secretary for Preparedness and Response (HHS/ASPR), National Council of Information Sharing and Analysis Centers (National ISAC), and the National Library of Medicine (NLM) all distributed the survey.

**Interviews with twenty five public and private sector stakeholders**

Interviews were conducted with emergency management agencies in states and cities that have or are developing access programs, as well as with states that do not have or are unable to implement a program. Interviews were also conducted with business continuity specialists in healthcare, retail, telecommunications, and logistics industries.

**Analysis of applicable emergency declaration language**

Emergency declarations were reviewed to analyze language addressing private sector and/or healthcare operations during a disaster.
A truck carrying supplies for storm victims waits for clearance at a checkpoint to Rentschler Field in East Hartford, CT in 2011.

Photo credit: FEMA Photo News, 2016
Current Solutions

A physician hands over food and diapers to residents affected by a hurricane in Houston, Texas.

Photo credit: FEMA Photo News, 2016
The issue of access to disaster sites is managed through a variety of approaches. These solutions reflect best efforts at the state, local, and city levels to streamline the process of ensuring access. Based on both the nature of the emergency, the size, and the scope of the private sector company, each approach can yield varied results during an event.

There are two primary methods of facilitating access to restricted sites:

1. Formal access programs that identify and authorize essential personnel before an event, and
2. Ad hoc or “just-in-time” methods that authorize personnel during or immediately following an event.

Appendix A provides a state-by-state summary on programs, methods, and legislation in each state.

Legal Frameworks

Federal legislation related specifically to private sector access and re-entry to restricted sites does not exist, but several state codes contain a statute directing the establishment of a program or providing guidance on the issue. Codes in four states (Florida, North Carolina, South Carolina and Texas) explicitly address private sector or non-governmental re-entry following a disaster. The content of each statute varies, but all four state codes have language that directs the state emergency management agency (EMA) to establish a state-wide program.

**FLORIDA**

Chapter 252.359: Ensuring availability of emergency supplies

The Division of Emergency Management shall establish a statewide system to facilitate transport and distribution of essentials throughout the state.

The division shall develop a system to certify a person who transports essentials in commerce or assists in ensuring the availability of essentials.

**NORTH CAROLINA**

Chapter 166A-19.70: Ensuring availability of emergency supplies and utility services

The Secretary shall develop a system pursuant to which a person who transports essentials in commerce or assists in ensuring their availability, and persons who assist in the restoring of utility services can be certified as such for the purpose of reentry into an area subject to a state or local curfew.

**SOUTH CAROLINA**

Section 25-1-445: South Carolina Emergency Management Division

The Director of the South Carolina Emergency Management Division shall develop a system by which a person who transports goods or services, or assists in ensuring their availability, and a person who assists in the restoration of utility or other services can be certified as such for the purpose of reentry into an area subject to a state or local curfew.

Before certification, the employer must be in good standing with the South Carolina Secretary of State as a bona fide company doing business in South Carolina. A certification of the employer constitutes a certification of the employer’s employees.

**TEXAS**

Section 418.050: Phased Re-entry Plan

The division shall develop a phased reentry plan to govern the order in which particular groups of people are allowed to reenter areas previously evacuated because of a disaster or threat of disaster. The plan may provide different reentry procedures for different types of disasters.
Formal Access Programs

Increasingly, states and local jurisdictions are developing and implementing formal access programs. These are administered in one of two ways: directly by the state or local EMA, or through coordination with a third party organization that has an access program adopted by the jurisdiction. Both government-run and third party programs typically require organizations to register employees through the administering organization (i.e. the EMA or partner non-profit), which in turn approves, manages, and monitors vetted personnel through a database.

State and Local Government-Managed Programs

Eight states currently maintain state-wide programs. Of these, five are managed by the state EMA (Florida, Ohio, New Jersey, North Carolina, and South Carolina) and three have adopted programs set up and managed by a third party access program (Louisiana, Massachusetts, and Mississippi). Two states (Rhode Island and Washington) have state-wide programs in development that are expected to come online within the year. As an additional layer, numerous cities and counties have implemented locally-developed or third party programs.

These programs take various forms, but generally

“The lack of standardization of on scene credentialing and the lack of pre-arranged vetting and/or plan integration creates delays in the overall response.”

MULTI-NATIONAL RETAIL CORPORATION, BUSINESS CONTINUITY DIVISION LEADER

State and Local Government-Managed Programs

**Advantages to this approach:**
- All current state or local programs run by the public sector incur no cost to private sector participants.
- Advanced registration allows state and local authorities to maintain awareness of which companies/staff are pre-authorized.
- Improves coordination before and during a disaster.
- Reliable, as it avoids the challenge of relying on informal relationships and networks to access a restricted area.
- Consolidates information sources – state or local EMA serves as single point of contact and maintains control of all information.

**Disadvantages to this approach:**
- Companies not headquartered in these states are less likely to be aware of the program or its requirements.
- State or city-specific credentials are not likely to be recognized outside the state or city in which they are issued, which can complicate transportation of resources and surge personnel across multiple jurisdictions.
- Participating organizations must identify essential employees and account for employee turnover, which can be burdensome for large companies.

MULTI-NATIONAL RETAIL CORPORATION, BUSINESS CONTINUITY DIVISION LEADER

**The lack of standardization of on scene credentialing and the lack of pre-arranged vetting and/or plan integration creates delays in the overall response.”**
rely on companies to pre-register for access into the state. Requirements vary by program, but companies may be requested to provide verification of employee credentials, liability coverage, and a rationale for access during an emergency. States then provide certification of registration and approval in the form of a badge, letter, or similar document to approved company personnel which must be renewed on a pre-determined basis, often annually. In many programs, approved companies and personnel are entered into a database the EMA manages. Importantly, all state and local-run programs offer authorized access only after local law enforcement has declared an area safe.

The limited number of state run programs can be attributed partly to the number of home rule states in the United States. A home rule state is one in which authority is exercised at the municipal (city, county or municipal) level in terms of the laws and policies in force in that subdivision. In a “home rule” state, permission or authority does not have to be granted by state authorities (executive or legislative) for action to be taken. Therefore, local authorities in home rule states exercise greater autonomy in local affairs, including whether the jurisdiction adopts a statewide access program.

Third Party Access Programs

Third party organizations dedicated to providing governments with customizable, ready-to-use systems for defining, managing and enforcing access have been gaining traction across the
Examples of access badges

State and Local Government Managed Programs

New Jersey Badge Example

Ohio Badge Example

**ESSENTIAL EMPLOYEE VERIFICATION CARD**

This is to certify that

NAME: C. Sample

EMPLOYED BY: NJSP

is registered in the New Jersey Statewide Resource Directory Database (RDDB) as an ESSENTIAL EMPLOYEE. Their services are considered essential in support of gubernatorial or federally declared statewide emergency response and recovery operations. Please allow the person named herein to travel on the state's roadways so that they may safely report or respond to and from the disaster/emergency site (or their emergency assignment location) during this emergency. This card will not grant access to law enforcement secured areas without further authorization procedures as deemed necessary.

Third Party Access Program Badges

CEAS Badge Example

ER-ITN Badge Example
country. Two of the largest programs, both regionally focused, are highlighted below: the Corporate Emergency Access System (CEAS) in the Northeast; and, the Emergency Responder-ID Trust Network (ER-ITN) in Gulf Coast states. Both programs are sustained by fees assessed to companies.

**Corporate Emergency Access System (CEAS)**

CEAS is operated through the Business Network of Emergency Resources, Incorporated (BNET). BNET developed CEAS in 2003 following a study funded by FEMA to examine challenges to resuming business operations following a disaster. The program uses pre-issued identification cards that can be managed online to verify requesting personnel’s affiliation and qualifications to law enforcement controlling access. Fees typically range from $100 to $3,000 annually per allotment for each company based on subscription tier. Additional information on the basic fee structure is available on the CEAS website. CEAS requires participants to demonstrate proof of liability insurance coverage when registering.

The CEAS program works with law enforcement and emergency management officials to develop access requirements and to determine guidelines for the specific number of CEAS cards that can be issued to an organization. These allotments are based on a percentage of the number of full-time equivalent (FTE) employees within all participating company facilities. The allotments generally range from 25% of staff for small companies (up to 20 FTEs) to 10% for large companies (more than 1,000 FTEs).

Businesses, non-profits, and non-governmental organizations in jurisdictions using CEAS may use one of three cards (also provided in a mobile app):

- **Standard Card**: SCs permit registered personnel to access one company facility for which they are pre-approved.
- **Multi-Facility Card (MFC)**: MFCs permit pre-approved employees to access all company facilities in a given jurisdiction with one credential. However, only 15 percent of registered companies’ card allotment may be issued as MFCs.
- **Flex Cards (FC)**: FCs are non-photo credentials which companies may issue to non-registered employees as a means of facilitating just-in-time registration. Typically FCs account for between 25% and 50% of SC allotment as FCs.

Law enforcement is able to control access by verifying the cardholders requesting access by scanning the CEAS card with a mobile app. Law enforcement may also use the app to verify both the validity of the credential as well as track personnel on the scene. The use of CEAS credentials is contingent upon an emergency response activation and emergency declaration issued by the participating government(s), with the exception of Massachusetts and Rhode Island which no longer require an emergency declaration for cards to be used. Information on activation levels is available on the CEAS website.

CEAS was implemented state-wide in Massachusetts in May 2016 and may be expanded to Rhode Island by the end of 2016. Additionally, programs are active in the following cities and some surrounding counties: New York, NY; Philadelphia, PA; Baltimore, MD; Providence, RI; Stamford, CT; and Buffalo, NY.

**Emergency Responder – ID Trust Network (ER-ITN)**

ER-ITN is a web-based system for pre-event registration of critical personnel that may require access. The system was designed and is...
maintained by ER-ITN, LLC, a private, independent access and credentialing organization. An annual subscription is charged to each company based on the number of employees enrolled in the program. Fees per credential range from $9 - $36 per enrollee. Additional information is available on the [ER-ITN website](#). Unlike CEAS, ER-ITN does not require liability coverage to participate.

State and local governments that wish to use the system enter into an agreement with ER-ITN. Government officials, law enforcement, and emergency managers then define access requirements for the system. ER-ITN has developed the Joint Standards Operating Procedure (JSOP) as a framework for governments to use in this process, with communities being able to tailor the JSOP to their specific needs. The JSOP outlines a tiered, time-phased procedure for access and re-entry. Access tiers include:

**Tier ER (emergency response)** – Immediate / Unrestricted Access (law enforcement, emergency medical services, military, etc.)

**Tier 1 – Response Support** (critical infrastructure owners and operators, critical healthcare providers, etc.)

**Tier 2 – Recovery Support** (Relief workers, animal rescue, non-critical healthcare staff)

**Tier 3 – Rebuild / Repopulate** (all other businesses)

Companies that participate register essential employees’ information in the online system.
via the local emergency management agency. Employee information tracked in the system can include the entry ‘tier’ for which they are approved, as well as other relevant response qualifications or certifications. This information is then displayed to law enforcement scanning their badge or looking them up in the system The program uses a mobile app, vehicle access placards, and letters of access for re-entry. Law enforcement at checkpoints control and approve access by scanning registered QR access codes, which pre-approved personnel have through the mobile app, letter of access, or ID card.

The system is currently active state-wide in Louisiana and Mississippi, as well as in parts of Texas.

**Ad Hoc or “Just-in-Time” Solutions**

These four solutions represent the primary ‘just-in-time’ methods used by the private sector to gain access to a disaster site post-event. This list is not intended to be comprehensive, but rather to provide details on the most commonly used approaches.

**Coordination through emergency operations centers (EOCs) and business emergency operations centers (BEOCs)**

Nearly all state BEOCs maintain as many private sector points of contact information as they can in their databases. In recognition of the fact that state and local EOCs and (in states that jurisdictions that maintain one) BEOCs serve as hubs during crises – sharing information between sectors, coordinating resources, and supporting local response operations where possible – local authorities and private sector organizations frequently coordinate access requests through private sector liaisons and/or BEOCs. When law enforcement has a question or concern about an access request, they contact the EOC or BEOC in an effort to determine if they can vouch for the personnel requesting access.

Similarly, private sector organizations will frequently contact the EOC, BEOC, or private sector liaison when their personnel are experiencing a challenge gaining access, explaining the challenge their personnel are experiencing to the public sector counterpart and verifying their need for access. The EOC, BEOC, or private

---

**Advantages to this approach:**

- There is a high likelihood of success if the relationship exists.
- Has the possibility of providing a real-time solution.
- No requirement to know in advance which personnel require access.

**Disadvantages of this approach:**

- BEOC or private sector liaison contact information is likely not known to all private sector organizations.
- Likelihood of success largely dependent on the network and level of engagement of BEOC or private sector coordinator.
- Identifying the correct contact to coordinate with may take time and delay access.
When telecommunications were down following a tornado – including 911 – and multiple authorities were managing control of the area, the BEOC was able to quickly coordinate access for providers trying to get in to restore service by communicating and validating the providers’ need to the multiple authorities controlling access.

ILLINOIS EMERGENCY MANAGEMENT AGENCY

Letters of Entry Support

A common practice companies that routinely require access after a disaster use is the development of event-specific letters requesting access. Companies create letters printed on official letterhead containing a brief message explaining the role of the critical personnel or critical nature of the supplies attempting to be delivered. These letters are issued to critical employees and shown at security checkpoints.

Companies also frequently work directly with the local or state EOCs or BEOCs, federal agencies, and partner organizations and nonprofits (such as Healthcare Ready) to coordinate official letters of access issued by the local or state EMA that company personnel can use at security checkpoints. These letters may contain company and government agency logos side by side.

Advantages to this approach:

- Neither on-the-ground communications nor internet access are required, both of which may be limited in a disaster.
- The letters are relatively easy to develop, with many organizations maintaining stock language or having experience developing and issuing such letters for previous events.
- The documents can be easily shared between vehicles.

Disadvantages to this approach:

- There is no guarantee of success and the approach is entirely dependent on whether law enforcement accept the letter.
- Process is inherently insecure, personnel may misplace the letter, or letters could potentially result in fraud if convincingly forged.
- This solution may not overcome challenges in getting the physical letter to the personnel who will need it (at the disaster site). (*This is especially true in the case of “last mile” deliveries).
Often these letters are printed or laminated and placed in all vehicles as placards. A government-issued or company-issued form of identification is required as well.

**Emergency Declarations**

Emergency declarations have also been used to facilitate access during disasters. However, declaration language varies widely even within the same jurisdiction, for example; during Hurricane Sandy, New York State issued bridge restrictions which were lifted for emergency personnel and “medical personnel which include doctors, nurses, etc.” This language, while allowing healthcare professionals into the area, was not as effective for allowing other personnel or deliveries access.

In contrast, New York City issued a declaration during the 2016 response to Winter Storm Juno which allowed for access for any “vehicles used for the purposes of any private agency, organization or group...for the purpose of providing fire, medical, ambulance...or other services directed toward relieving human suffering...vehicles used to deliver food, medical supplies or fuel.” Emergency declarations like these are designed to make it easier for critical private sector personnel to gain access.

---

**Emergency Declarations**

**Advantages to this approach:**

- The declaration is applicable to an entire jurisdiction.
- Governors can create flexible declarations to assist specific groups.
- Declarations can be created ad hoc and disseminated quickly.

**Disadvantages to this approach:**

- Declarations are not always issued in time (often 24-48 hours following an event).
- It is difficult to craft a declaration that will cover every situation, group, or potential issue.
- Specific content of declarations are not often communicated to local law enforcement, which still makes the final decision on whether or not to allow access.
- Declarations can be released through different channels at different times for different states, which adds complication during an emergency that involves multiple states.
Recommendations

Photo credit: FEMA
Photo News, 2016
While many states and localities are developing programs, solutions are being created and implemented in a patchwork fashion across the country and best practices may not be known or widely shared. Further, with the likelihood and frequency of crises with multi-jurisdictional or multi-state impacts increasing, these solutions must be interoperable in order to support companies effectively.

Healthcare Ready has therefore developed a set of recommendations for both formal access programs and ad hoc solutions. Recommendations were developed based on reflections from both the public and private sector and are not intended to serve as step-by-step guide for creating an access program, nor should they be considered an endorsement of a particular program already established. Rather, these recommendations represent what we consider to be hallmarks of a program that adequately recognizes and addresses the complexities of this issue.

While recommendations for both methods are provided, it is further recommended that, when possible, formal programs administratively managed at the state-level and recognized state-wide be implemented due to the complex nature of supply chain operations. Though ad hoc, “just-in-time” solutions have been proven to work occasionally, the reliability afforded by formal programs should be the standard.

Recommendations for Establishing an Access Program

1. **Review** models and best practices from current formal state-wide programs. Details on state programs are available in Appendix A: State-by-State Summary.
   - Model programs in place: Louisiana and Mississippi (utilize same program); Massachusetts; New Jersey; North Carolina; Ohio.

2. **Review** existing systems, infrastructure and technology (e.g. Web-based EOC, BEOC, or other state databases) for possible use in managing the access program.
   - Model programs in place: New Jersey Private Sector Employee Registration Project; Ohio Emergency Partner Credentialing System; Chicago Business Recovery Access Program

3. **Engage** and invite a diverse set of stakeholders to the table to develop collaborative protocols in order to reflect diverse interests and concerns.
   - Groups to consider including: local EMA, law enforcement, key private sector partners (e.g. critical infrastructure working groups, national or multinational companies with headquarters or major facilities in the area), healthcare coalitions, healthcare providers (including hospitals, long term care facilities, pharmacists), etc.
4 Develop the program to be compatible for a range of events, from small, routine closures to catastrophic events.

  • This will help facilitate socialization and adoption of the program among local authorities and companies alike

5 Ensure provisions for “just-in-time” authorization of personnel.

  • Note: While a formal program with established protocols and pre-registration of companies and personnel will reduce the need for “just-in-time” authorization, the implications of contracted personnel in last mile delivery and recognition of the fact that critical personnel and resources can vary depending on a crisis and its impacts necessitate a procedure for just-in-time authorization

6 Allow critical infrastructure sectors and/or organizations to define and determine their critical personnel and update as necessary.

  • This provision provides the opportunity for healthcare organizations to authorize staff beyond physicians and nurses – i.e. staff readily accepted as critical – essential for healthcare services and operations

  • State EMA or another organization managing the program should have awareness of designated critical personnel and be able to approve their registration or follow up with registering organizations for further details or explanation

7 Create redundant, non-electronic solution for events in which telecommunications and/or web-based systems are not available.

  • Example: PDF of access authorization letter that may be emailed to and printed by registered organizations

8 Share the proposed system with neighboring states, soliciting input and taking necessary steps to align the protocol to ensure it is interoperable and recognized by neighboring states.

  • Note: Different programs used different “tiers” or categories for granting access and reentry. Steps should be taken as early in the planning process as possible to compare the tiers (whether they are time-phased, as with Louisiana and Mississippi, or sector-based, as in North Carolina, for example).
Recommendations on Running an Access Program

1. **Designate** a key office and/or position as primary point of contact during a crisis.
   - Best practice: Using a generic departmental email account (i.e. privatesector@state.ema.gov) to which multiple staff have access

2. **Require** registering organizations to assign an administrator responsible for maintaining/renewing organization and personnel information and liaising with designated critical personnel before or during a crisis.

3. **Create** and maintain distribution lists of registered organizations and relevant stakeholders and actively push information on enrolling and renewing their information in the program.

4. **Make** program information, including enrollment requirements and program contact information, publically available and easy to locate on all relevant websites.

Recommendations on Ad Hoc Solutions

In recognition that not all states have the resources to develop or administer a formal program, the recommendations below are designed to facilitate and expedite access requests in locations without an established program.

1. **Develop** language to ensure emergency declarations are specific and provide guidance on private sector access.

2. **Make** BEOC and/or private sector office operational contacts publically available on EMA website and easy to locate.

3. **Create** template letter of access that may be customized for each event from the state or local EMA that contains the EMA logo and contact information that may be emailed to companies.
   - Developing these letters before an event will allow EMAs to issue a document quickly to organizations/personnel requesting access that law enforcement controlling the scene will readily recognize
Conclusion

Law enforcement check the credentials of people entering a natural disaster site in Moore, OK.

Photo credit: FEMA Photo News, 2016
The common adage to “never wait until a disaster occurs to build relationships” holds especially true for an issue like access.

The challenges are multi-layered and complex, and solving them in a crisis can cause critical delays in access to healthcare. That is why formal, established access programs and guidance are critical to protecting communities.

This report establishes a baseline assessment of the state-level programs across the country from the perspectives of both public and private sector partners. While the landscape is constantly changing, this report will ideally foster a deeper conversation about the ways to develop or improve access programs to ensure public-private coordination at the most critical time.

Recent years have seen more progress on this issue than ever before, and the creation of state and regional programs is promising. But these programs cannot remain in a silo, familiar only to stakeholders within that state or region. By sharing best practices from programs across the country, working to make them interoperable with one another, and amplifying their existence and benefit to the private sector that will use them, this report aims to strengthen healthcare preparedness from the local to national level. The growth of access programs will lead to more rapid and stronger disaster responses in the decades to come.

As with all planning, the process is more important than the plan and having the relationships established ahead of time is key to successful integration of all entities.

COOPER UNIVERSITY HOSPITAL, NEW JERSEY
Terms of reference

**ASPR** – Assistant Secretary for Preparedness and Response

**BEOC** – Business Emergency Operations Center, a state- or federally-run program to coordinate the public and private sectors during an emergency response

**BNET** – Business Network of Emergency Resources

**CEAS** – Corporate Emergency Access System

**Credential** – Physical or electronic documentation that identifies personnel and authenticates and verifies agency or company of employment

**Critical healthcare infrastructure** – Infrastructure used for healthcare delivery, supply and distribution

**Critical infrastructure** – Physical and cyber systems and assets vital to a community’s security and safety, economy, and public health

**EMA** – Emergency Management Agency

**Emergency declaration** – For the purposes of this report, a governor’s declaration of a state of emergency due to state resources being overwhelmed or insufficient; triggers authorities and actions related to resource deployment and respond operations

**EOC** - Emergency Operations Center. Site where key decision makers gather information about the disaster, assess policy options, facilitate field operations for emergency service and other disaster personnel, and manage the overall response to the disaster

**Emergency responders** – Public and private sector personnel responsible for response and mitigation activities in a public health emergency, natural disaster, or other hazard

**Entry (also access, re-entry)** – Access to a restricted area of a disaster site that is being controlled by law enforcement due to safety concerns

**ER-ITN** - Emergency Responder ID Trust Network

**FEMA** – Federal Emergency Management Agency

**Last mile** – Term for the final stage of the supply chain, the transportation of goods from a transportation hub to its final destination

**NCI** – National Council of Information and Sharing Analysis Centers

**Security checkpoints** – Access points to disaster sites controlled by law enforcement personnel due to safety and security concerns

**Third party logistics provider** – A firm that provides service to its customers of outsourced (or “third party”) logistics services for part, or all, of supply chain management functions
APPENDIX A: State-by-State Summary

Introduction

This state-by-state summary is intended to serve as a resource for private and public sector stakeholders for facilitating private sector access into restricted areas. It contains details on access and reentry guidance, programs, and key contact information, where available. Due to the varying structures of state emergency response organizations and public health departments, contact information varies from state to state.

Many major cities with programs in place are also included. However, due to the scope and constantly evolving nature of this issue, there may be programs not be included in this document. Please email ContactUs@HealthcareReady.org to update any information.

List of states (click on state to view directly)

<table>
<thead>
<tr>
<th>Alabama</th>
<th>Kentucky</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>Louisiana</td>
<td>Ohio</td>
</tr>
<tr>
<td>Arizona</td>
<td>Maine</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Maryland</td>
<td>Oregon</td>
</tr>
<tr>
<td>California</td>
<td>Massachusetts</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>Colorado</td>
<td>Michigan</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Minnesota</td>
<td>South Carolina</td>
</tr>
<tr>
<td>Delaware</td>
<td>Mississippi</td>
<td>South Dakota</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>Missouri</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Florida</td>
<td>Montana</td>
<td>Texas</td>
</tr>
<tr>
<td>Georgia</td>
<td>Nebraska</td>
<td>Utah</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Nevada</td>
<td>Vermont</td>
</tr>
<tr>
<td>Idaho</td>
<td>New Hampshire</td>
<td>Virginia</td>
</tr>
<tr>
<td>Illinois</td>
<td>New Jersey</td>
<td>Washington</td>
</tr>
<tr>
<td>Indiana</td>
<td>New Mexico</td>
<td>West Virginia</td>
</tr>
<tr>
<td>Iowa</td>
<td>New York</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>Kansas</td>
<td>North Carolina</td>
<td>Wyoming</td>
</tr>
</tbody>
</table>
### Alabama

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- AL Emergency Management Agency
- County EMA contact numbers
- Department of Public Health: (800) ALA-1818
- Center for Emergency Preparedness: (866) 264-4073

### Alaska

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- AK Division of Homeland Security and Emergency Management
- State EOC: seoc@ak-prepared.com
- Health and Medical Emergency Duty Officer: (907) 903-3721

### Arizona

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- AZ Department of Emergency and Military Affairs contacts
- AZ Business Emergency Coordination Center (BECC)
- AZ Department of Health Services Public Health Emergency Preparedness

### Arkansas

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- AR Department of Emergency Management
- State EOC: ops@adem.arkansas.gov
- County EMA contact information
- AR Department of Health Preparedness and Emergency Response: (501) 661-2482
- Emergency Communications Center: (800) 651-3493

### California

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- Governor’s Office of Emergency Services (Cal OES)
- California Business and Utilities Operations Center (BUOC)
- CA Department of Public Health Emergency Preparedness Office (EPO): (770) 488-7100

### Colorado

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- CO Division of Homeland Security and Emergency Management
- State EOC: (303) 279-8855
- County EMA contact numbers
- CO Department of Public Health & Environment Emergency Preparedness and Response: (303) 692-2030 | cdphe.commentspepr@state.co.us
## Connecticut

### Approach

| State: Division of Emergency Management and Homeland Security (DEMHS) Department of Emergency Services Statewide Credentialing Guidance |
| City of Stamford: CEAS |

### Details

**State:**
- Entry/re-entry will occur in tiered phases, with admittance granted based on immediate needs and requirements of the locally affected area through the jurisdiction with authority.
  - Level 1: Includes, but not limited to, fire, EMS, law enforcement, public works, search and rescue, infrastructure and utilities repair personnel, damage assessment
  - Level 2: Relief workers, public health and medical responders, banking organizations, insurance agencies, and other businesses essential to recovery
  - Level 3: Businesses not included in Tier 2 and residents
- Private sector partners should issue their employees identification cards that clearly indicate their roles in emergency situations.
- Private sector partners should additionally issue magnetic decals to be placed on unmarked vehicles on an as-needed basis.
- Private sector companies should submit a picture of their identifying logo and/or identification badge to the [Department of Emergency Services and Public Protection](mailto:web@esppct.state.ct.us) to be kept on file in Web EOC. This will allow the SEOC and the law enforcement community a simple way to access credentials and recognize appropriate travelers.

**CEAS (Stamford):**
CEAS cards are valid when the CEAS program has been activated by the government authority. Governments work with CEAS to define activation levels and corresponding access and re-entry criteria. Organizations that register employees are assessed a fee to participate in the program.
- Businesses may register employees designated as critical to receive a secure identification card from CEAS at [www.ceas.com](http://www.ceas.com).
- An annual fee is assessed to businesses based on the number of full time employees.
- Businesses receive an allotted number of credentials based on a percentage of FTEs at each registered facility.
- Approved individuals receive one of the following cards:
  - Standard Card: issued to a specific employee for access to a specific facility
  - Multi-Facility Card: issued to a specific employee for access to all participant facilities within a jurisdiction
  - All Area Access Card: issued to individuals with a specifically defined group or business and granting cardholder unrestricted access anywhere within issuing jurisdiction
  - Flex Card: issued to any employee within a registered business. Flex Cards must be accompanied by another form of government-issued photo identification and proof of employment with the business listed on the Flex Card.

### Key Contacts

| CT Department of Emergency Services and Public Protection |
| State EOC: (860) 566-3180 |
| CT Department of Public Health Preparedness & Response: (860) 509-8282 |
| Emergencies: (860) 509-8000 |
## Delaware

<table>
<thead>
<tr>
<th><strong>Approach</strong></th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| **Key Contacts** | DE Emergency Management Agency  
State EOC: (302) 659-DEMA  
County EMA contact numbers  
DE Division of Public Health Emergency Preparedness: (302) 223-1720 |

## District of Columbia

<table>
<thead>
<tr>
<th><strong>Approach</strong></th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| **Key Contacts** | DC Homeland Security and Emergency Management Agency  
DC Business Emergency Management Operations Center (BEMOC)  
DC Department of Health Emergency Preparedness & Response: (202) 442-5955  
DC Health Emergency Preparedness & Response Administration: (202) 671-4222 |

## Florida

<table>
<thead>
<tr>
<th><strong>Approach</strong></th>
<th>Statewide Private Sector Re-Entry Program</th>
</tr>
</thead>
</table>
| **Details** | Statewide system under development will be administered and managed by the Florida Emergency Management Agency via the FL virtual business operations center (VBEOC). There will be no cost to registering organizations. Organizations may register for the re-entry system through the Florida VBEOC.  
Per the [statute requiring the system](#), the system under development shall certify a person who transports essentials in commerce or assists in ensuring the availability of essentials, subject to the following:  
- The system must allow for both pre-emergency declaration and post emergency declaration certification and may include an annually renewable precertification.  
- The division may certify only a person who routinely transports or distributes essentials.  
- If requested by the employer, a certification of the employer constitutes a certification of the employer's employees.  
- The division shall create an easily recognizable indicium of certification to assist local officials' efforts to determine which persons have been certified under this subsection.  
- A person certified by the division is not required to obtain any additional certification or fulfill any additional requirement in order to transport or distribute essentials. |
| **Key Contacts** | FL Division of Emergency Management  
FL Virtual Business Emergency Operation Center (FLVBEOC)  
FLVBEOC Contacts  
FL Department of Health Emergency Preparedness & Response: (850) 245-4040  
County Emergency Management Agency Contacts |
Georgia

<table>
<thead>
<tr>
<th>Approach</th>
<th>Georgia Emergency Management Agency (GEMA) Critical Workforce Disaster Re-entry Permits</th>
</tr>
</thead>
</table>
| Details  | GEMA will issue Critical Workforce Disaster Re-entry Permits (re-entry permits) to critical infrastructure owners/operating officers (CI/OO) and Georgia coastal counties' EMAs (for local distribution). These permits are made available for companies to disseminate to their contractors, subcontractors, and assigns. Companies can use these permits for unmarked vehicles, or to support contractors, subcontractors, and assigns acting on behalf of the CI/OO responding to the crisis. County EMAs will be asked to provide GEMA with the number of permits needed for their jurisdiction no later than April 1 of each issuance cycle. Additional permits can be acquired anytime by official written request to the GEMA Operations Division, Planning Section, Hurricane Planner. Required Elements: For Critical Infrastructure Owners and Operators
• Employer-issued photo ID; and
• Marked company vehicle (company markings may or may not be permanently affixed to the vehicle but need to be sufficient in size and placement to easily demonstrate affiliation – non permanent markings must be officially issued by the CI/OO); or
• State of Georgia issued Critical Workforce Disaster Re-entry Permit for vehicles that are unmarked or otherwise unrecognizable as being affiliated with a CI/OO. For Contractors, Subcontractors, and Assigns of the CI/OO
• Employer-issued photo ID; and
• State of Georgia issued re-entry permit – one per vehicle or group / fleet of vehicles traveling together. Private companies or contractors not identified by a county or statewide CI/OO as a critical workforce provider should follow normally established methods of seeking access to disaster areas. Scope GEMA will only provide re-entry permits directly to the County EMAs and CI/OOs with regional or statewide responsibilities. County Emergency Management Agencies are responsible for providing the re-entry permits to entities within their jurisdiction; CI/OO are responsible for providing the re-entry permits to their contractors, subcontractors, and assigns; and GEMA will provide a maximum of 500 permits to any single CI/OO. Exceptions to this restriction will be handled on a case-by-case basis if a CI/OO can provide. |
| Key Contacts | GA Emergency Management Agency
Regional Office contact information
GEMA Operations Division: (404) 635-7200
GA Department of Public Health Emergency Preparedness: (404) 463-5419
After hours: (866) PUB-HLTH (1-866-782-4584) |
### Hawaii

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

NOTE: Honolulu’s Department of Emergency Management (DEM) works year-round with the city police department and Hawaii Emergency Management Agency (HI-EMA) to foster public-private coordination on this issue and have collaborated on a list of pre-approved identification badges, including select private sector ID cards with designated stickers.

DEM coordinates with the Hawaii Hotel and Visitor Industry Security Association to ensure hotel staff are able to have access so tourists receive information and are aware of emergency management directions and coordinated efforts.

**Key Contacts**
- HI Emergency Management Agency
  - State EMA: (808) 733-4300
  - County EMA contact information
- HI Department of Health Public Health Preparedness: (808) 586-4400

### Idaho

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- ID Office of Emergency Management
- State EOC
- County EMA contact information
- Idaho Bureau of Homeland Security Public Private Partnerships
- ID Department of Health & Welfare Public Health Preparedness Program: 208-334-6957

### Illinois

**Approach**
State: No formal program - coordination between local authorities and state EOC as needed

City of Chicago: Business Area Recovery Access Program (BRAP)

**Details**
State: Access to a disaster area is facilitated by local law enforcement responsible for impacted area, with support from state BEOC as requested. BEOC staff coordinate directly with private sector partners and law enforcement to resolve just-in-time access issues via phone and email. The BEOC also activates a private sector page on WebEOC for information sharing with private sector partners.

Chicago:
- Designed for private sector business continuity and disaster recovery personnel.
- Businesses register critical personnel (“BRAP Registered Personnel”) in the Chicago Public Private Partnership (CP3) portal within the city Facility Information Management System (FIMS). In the event that a critical employee is not registered, BRAP Registered Personnel may vouch for a limited number of individuals.
- Local law enforcement has access to this system and can look up individuals requesting access.

**Key Contacts**
- IL Emergency Management Agency BEOC website
- BEOC email: Ema.beoc@illinois.gov
- County EMA contact information
- IL Department of Public Health Office of Preparedness and Response: (217) 782-7860
- IL Critical Access Hospital Network
### Indiana

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | IN Department of Homeland Security  
IN Public Health Preparedness & Emergency Response: (317) 233-1325 |

### Iowa

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | IA Homeland Security & Emergency Management  
County EMA contact information  
Safeguard Iowa Partnership  
Homeland Security and Emergency Management Duty Officer: HSEMDDutyOfficer@iowa.gov  
IA Department of Public Health Emergency Preparedness: (515) 281-5604 |

### Kansas

| Approach | No formal program - coordination between local authorities and state EOC as needed.  
NOTE: State uses Comprehensive Resource Management and Credentialing System (CRMCS) for public sector first responder credentialing. |
|----------|----------------------------------------------------------------------------------|
| Key Contacts | KS Division of Emergency Management  
County EMA contact information  
KS Department of Health Preparedness: (877) 427-7317 |

### Kentucky

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | KY Division of Emergency Management  
County EMA contact numbers  
KY Private Sector Working Group  
KY Department for Public Health Public Health Preparedness: (502) 564-7243 |

### Louisiana

<table>
<thead>
<tr>
<th>Approach</th>
<th>Louisiana Statewide Credentialing and Access Program</th>
</tr>
</thead>
</table>
| Details | Statewide program is jointly administered by the Louisiana State Police and ER-ITN and based on the Joint Standard Operating Procedure (JSOP). Registering organizations are assessed a fee based on the number of employees enrolled.  
Individuals and organizations pre-register for re-entry credentials by calling (toll free) (855) 379-4861 or by visiting www.eritn.com. Once an application has been approved for the appropriate tier by local government, the applicant will have web-based access to re-entry credentials.  
The JSOP employs a time-phased, tiered re-entry approach. Tiers include:  
- Tier ER – Immediate / Unrestricted Access (law enforcement, EMS, military, etc.)  
- Tier 1 – Response Support (CIKR owners and operators, critical healthcare providers, etc.)  
- Tier 2 – Recovery Support (Relief workers, animal rescue, non-critical healthcare staff)  
- Tier 3 – Rebuild / Repopulate (all other businesses)  
Pre-registered individuals/companies receive an identification credential that includes their tier as well as a placard for vehicles, if needed. This credential must be shown with a government-issued ID. Individuals and organizations not pre-registered are required to show government issued photo ID, another form of ID, a letter of access from employer, and marked vehicle. |
<table>
<thead>
<tr>
<th>State</th>
<th>Approach</th>
<th>Key Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>State EOC email: <a href="mailto:GOHSEP-Operations@la.gov">GOHSEP-Operations@la.gov</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>LA Department of Health &amp; Hospitals Emergency Preparedness: (225) 354-3511</td>
</tr>
<tr>
<td>Maine</td>
<td>No formal program - coordination between local authorities and state EOC as needed.</td>
<td>ME Emergency Management Agency: (800) 452-8735</td>
</tr>
<tr>
<td></td>
<td></td>
<td>County EMA contact information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ME Division of Public Health Systems Public Health Emergency Preparedness: (207) 287-5182</td>
</tr>
<tr>
<td>Maryland</td>
<td>State: No formal program - coordination between local authorities and state EOC as needed.</td>
<td>MD Emergency Management Agency: (877) 636-2872</td>
</tr>
<tr>
<td></td>
<td>City of Baltimore: CEAS</td>
<td>MD Private Sector Integration Program and Virtual Business Operations Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MD Department of health and Mental Hygiene Office of Preparedness &amp; Response: (410) 767-0823</td>
</tr>
<tr>
<td></td>
<td>State: Access to a disaster area is facilitated by local law enforcement responsible for impacted area, with support from state Business Operations Center as requested. Business operations Center staff coordinate directly with private sector partners and law enforcement to resolve just-in-time access issues via phone and email. The BEOC also activates a private sector page on WebEOC for information sharing with private sector partners.</td>
<td>CEAS cards are valid when the CEAS program has been activated by the government authority. Governments work with CEAS to define activation levels and corresponding access and re-entry criteria. Organizations that registered employees are assessed a fee to participate in the program.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Businesses may register employees designated as critical to receive a secure identification card from CEAS at <a href="http://www.ceas.com">www.ceas.com</a>.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An annual fee is assessed to businesses based on the number of full time employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Businesses receive an allotted number of credentials based on a percentage of FTEs at each registered facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Approved individuals receive one of the following cards:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Standard Card: issued to a specific employee for access to a specific facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Multi-Facility Card: issued to a specific employee for access to all participant facilities within a jurisdiction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- All Area Access Card: issued to individuals with a specifically defined group or business and granting cardholder unrestricted access anywhere within issuing jurisdiction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Flex Card: issued to any employee within a registered business. Flex Cards must be accompanied by another form of government-issued photo identification and proof of employment with the business listed on the Flex Card.</td>
</tr>
</tbody>
</table>
## Massachusetts

**Approach**  
CEAS (statewide)

**Details**  
Massachusetts adopted the CEAS program state-wide in May of 2016. Unlike the CEAS program in other jurisdictions, the program does not need an emergency to be declared to be ‘activated’ – the Massachusetts program is always active.

- Businesses may register employees designated as critical to receive a secure identification card from CEAS at [www.ceas.com](http://www.ceas.com).
- An annual fee is assessed to businesses based on the number of full time employees.
- Businesses receive an allotted number of credentials based on a percentage of FTEs at each registered facility.
- Approved individuals receive one of the following cards:
  - Standard Card: issued to a specific employee for access to a specific facility
  - Flex Card: issued to any employee within a registered business. Flex Cards must be accompanied by another form of government-issued photo identification and proof of employment with the business listed on the Flex Card.

**Key Contacts**  
- MA Emergency Management Agency  
- MEMA Regional Office contact information  
- [MA Department of Health Office of Preparedness and Emergency Management](mailto:dph.emergencypreparedness@state.ma.us): (617) 624-6088  
  After hours: (617) 339-8351  
- [dph.emergencypreparedness@state.ma.us](mailto:dph.emergencypreparedness@state.ma.us)

## Michigan

**Approach**  
No formal program - coordination between local/county authorities and state EOC, as needed.  
NOTE: [Michigan State Police Disaster Area Pass System](https://www.msp.state.mi.us/disasterarea/) may be activated.

**Details**  
Michigan State Police (MSP) Official Order No. 3 prescribes the use of a disaster area pass system to ensure that only authorized individuals have access to disaster areas. This system may be utilized for access control and security purposes if conditions warrant the implementation of such a system and the affected MSP field commander authorizes implementation.

In absence of need for disaster area pass system implementation, MSP will work in coordination with local law enforcement and state EOC as necessary to facilitate reentry.

**Key Contacts**  
- MI State Police Division of Emergency Management & Homeland Security  
  State EOC: (517) 336-6198  
  County EMA contact information  
- [MI Prepares](https://www.miprepares.michigan.gov): (517) 335-9030  
- County Health Department Emergency Preparedness Coordinators

## Minnesota

**Approach**  
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**  
- MN Homeland Security and Emergency Management  
  State EOC: (651) 201-7468  
  County EMA contact information  
- [MN Department of Health Emergency Preparedness & Response](https://www.health.state.mn.us/dph/preparedness/preparedness_info.html): 651-201-5000  
  Local Health Departments
### Mississippi

**Approach**

Mississippi Statewide Emergency Access Program (MEAP)

**Details**

Statewide program is jointly administered by the Mississippi State Police, Highway patrol and ER-ITN and based on the Joint Standard Operating Procedure (JSOP). Registering organizations are assessed a fee based on the number of employees enrolled.

Individuals and organizations pre-register for re-entry credentials by calling (toll free) (855) 379-4861 or by visiting [www.eritn.com](http://www.eritn.com). Once an application has been approved for the appropriate tier by local government, the applicant will have web based access to re-entry credentials.

The JSOP employs a time-phased, tiered re-entry approach. Tiers include:

- **Tier ER** – Immediate / Unrestricted Access (law enforcement, EMS, military, etc.)
- **Tier 1** – Response Support (CIKR owners and operators, critical healthcare providers, etc.)
- **Tier 2** – Recovery Support (Relief workers, animal rescue, non-critical healthcare staff)
- **Tier 3** – Rebuild / Repopulate (all other businesses)

Pre-registered individuals/companies receive an identification credential that includes their tier as well as a placard for vehicles, if needed. This credential must be shown with a government-issued ID. Individuals and organizations not pre-registered are required to show government issued photo ID, another form of ID, a letter of access from employer, and marked vehicle.

**Key Contacts**

- MS Department of Public Safety Office of Emergency Operations
- MS Emergency Management Agency
- County EMA contact numbers

### Missouri

**Approach**

No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**

- MO State Emergency Management Agency
- State EOC: (573) 526-9100
- County EMA contact numbers
- MO Office of Public Safety Public Private Partnership (MOP3)
- MO Department of Health & Senior Services Office of Emergency Coordination: (573) 751-5152

### Montana

**Approach**

No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**

- MT Department of Military Affairs Department of Disaster and Emergency Services
  - State EOC: (406) 324-4777 | mtdefes@mt.gov
- MT Public Health and Safety Public Health Emergency Preparedness: (406) 444-0919 | dphhspep@mt.gov

### Nebraska

**Approach**

No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**

- NE Emergency Management Agency
  - Operations: 24 hour contact: (402) 471-7421
  - State EOC: (877) 297-2368
  - County EMA contact information
  - NE Department of Health & Human Services Emergency Preparedness: (402) 471-1983
Nevada

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- NV Division of Emergency Management
  - State EOC: (775) 687-0400
  - County EMA contact information
- NV Division of Public and Behavioral Health Public Health Preparedness: (775) 684-4117
- NV Public Health Emergency Preparedness Program: (775) 684-3224

New Hampshire

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- NH Homeland Security and Emergency Management
  - State EOC: (603) 271-2231 nheoc@dos.nh.gov
- NH Department of Health and Human Services Public Health: (603) 271-4501

New Jersey

**Approach**
Private Sector Essential Employee Registration Program

**Details**

- Individuals designated as essential or maintaining operations - as determined by state Critical Infrastructure Advisory Committees - may be registered by a company administrator in the RDDB, a web-based system law enforcement may access. (Companies have a finite number of eligible employees, as designated by the CI advisory groups.)
- Approved, registered Essential Employees are issued an Essential Employee Verification Card to keep in their possession for display to law enforcement upon request in the event of a travel ban.
- This credentialing service, which is authorized by the NJ OEM and recognized by the law enforcement community, comes at no cost to employers.
- Responders are required to present the issued verification card, a company issued identification card and driver's license (or other government issued ID) to law enforcement.

NJ OEM may also develop and provide a "Temporary Essential Employee Verification Document" that can be created online and issued to specific employees who are deemed essential for limited periods of time during an emergency. Documents will have a specific start and end date identifying the time period the employee named on the document is deemed to be an essential employee.

**Key Contacts**
- NJ Office of Emergency Management: (609) 963-6900
- County EMA contact information
- NJ Department of Health Public Health Preparedness: 609-826-4872
  - After hours: 609-392-2020
- Local Health Departments Emergency Contact Numbers

New Mexico

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- NM Department of Homeland Security & Emergency Management: (505) 476-9600
- NM Department of Health Public Health Division
### New York

| Approach | State: No formal program - coordination between local/county authorities & state EOC, as needed  
**New York City; Buffalo; Erie, Nassau, Rockland, and Suffolk Counties:** CEAS  
Details | State: Access to a disaster area is facilitated by local law enforcement responsible for an impacted area, with support from state EOC as requested.  
CEAS:  
CEAS cards are valid when the CEAS program has been activated by the government authority. Governments work with CEAS to define activation levels and corresponding access and re-entry criteria. Organizations that registered employees are assessed a fee to participate in the program.  
• Businesses may register employees designated as critical to receive a secure identification card from CEAS at [www.ceas.com](http://www.ceas.com).  
• An annual fee is assessed to businesses based on the number of full time employees.  
• Businesses receive an allotted number of credentials based on a percentage of FTEs at each registered facility.  
• Approved individuals receive one of the following cards:  
  - Standard Card: issued to a specific employee for access to a specific facility.  
  - Multi-Facility Card: issued to a specific employee for access to all participant facilities within a jurisdiction.  
  - All Area Access Card: issued to individuals with a specifically defined group or business and granting cardholder unrestricted access anywhere within issuing jurisdiction.  
  - Flex Card: issued to any employee within a registered business. Flex Cards must be accompanied by another form of government-issued photo identification and proof of employment with the business listed on the Flex Card.  

| Key Contacts | **NY State Division of Homeland Security and Emergency Services contacts**  
State EOC: 518-292-2200  
NYC OEM CorpNET  
NY State Department of Public Health Emergency Preparedness: 1-866-881-2809  
NYC Department of Health Emergency Preparedness |

### North Carolina

| Approach | Disaster Re-entry Certification Program  
Details | Statewide pre-event personnel registration program administered and managed by the North Carolina Department of Public Safety, Division of Emergency Management, Private Sector Office (NC EM). There is no fee to registering organizations.  
• Companies providing essential commerce under three categories – life saving services, health safety, or economic well-being – register location and contact information with NC EM through WebEOC  
• Approved companies are issued re-entry certificates annually. Certificates may be copied, distributed, and displayed as required.  
• During an event, local authorities determine access restrictions according to the three categories and enter this information in WebEOC  
• Once a level of restriction is entered or changed, registered companies in the affected area receive a notification through WebEOC with details of restriction/what category of company is allowed access  
• Certificate of entry exempts company from curfew restrictions  

| Key Contacts | **NC Division of Emergency Management:** (919) 825-2500  
County EMA contact information  
NC Public Health Preparedness & Response: 919-546-1820  
NC Public Health Preparedness & Response Regional Offices |
### North Dakota

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | ND Department of Emergency Services  
State EOC: (701) 328-8100  
ND Department of Health Division of Public Health Preparedness: (701)328-2293 |

### Ohio

<table>
<thead>
<tr>
<th>Approach</th>
<th>Emergency Partner Credentialing System</th>
</tr>
</thead>
</table>
| Details | Statewide pre-event personnel registration program administered and managed by the Ohio Public private Partnership (OP3) within Ohio's Office of Homeland Security.  
- There is no fee to registering organizations. However, registering organizations must be OP3 member in one of six sectors: Healthcare Water, Energy, Transportation, Chemical, or Communications.  
- OP3 member organizations designate an administrator to enter information on personnel designated essential by the organization into the Communication and Information Management System (CIMS), Ohio Homeland Security’s secure information sharing tool.  
- Program issues two types of credentials:  
  - Emergency-Specific credentials: When an emergency is declared by the Director of Ohio Homeland Security, the emergency is posted to the EPCS page within CIMS and local administrators receive notification and issue emergency-specific credentials to registered personnel in the form of a PDF email. These credentials expire within 7 days of the emergency. Personnel can print hard copy or display credential to law enforcement on a mobile device.  
  - Multi-Emergency credentials: Require advance approval by OHS, this credential gives personnel access to any emergency across the state. These credentials expire after 6 months.  
- Law enforcement and highway patrol may look up personnel within the CIMS portal at checkpoints. |
| Key Contacts | Ohio Public Private Partnership (OP3)  
Regional EMA Field Offices contact numbers  
Ohio Department of Health Office of Emergency Preparedness  
Local health Department Contacts |

### Oklahoma

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | OK Department of Emergency Management  
State EOC: (405) 521-2481  
County EMA contact information  
OK Department of Public Health Emergency Preparedness & Response: (405) 271-0900 |

### Oregon

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | OR Office of Emergency Management  
State EMA: (503) 378-2911  
County EMA contact information  
OR Health Authority Public Health Preparedness  
Local Health Department Contacts |
# Pennsylvania

## Approach

| State: No formal program - coordination between local authorities and state EOC as needed. |
| City of Philadelphia: **CEAS** |

## Program Details

| State: Access to a disaster area is facilitated by local law enforcement responsible for an impacted area, with support from state EOC as requested. |
| CEAS (Philadelphia): |
| CEAS cards are valid when the CEAS program has been activated by the government authority. Governments work with CEAS to define activation levels and corresponding access and re-entry criteria. Organizations that registered employees are assessed a fee to participate in the program. |
| - Businesses may register employees designated as critical to receive a secure identification card from CEAS at [www.ceas.com](http://www.ceas.com). |
| - An annual fee is assessed to businesses based on the number of full time employees. |
| - Businesses receive an **allotted number of credentials** based on a percentage of FTEs at each registered facility. |
| - Approved individuals receive **one of the following cards**: |
|   - Standard Card: issued to a specific employee for access to a specific facility. |
|   - Multi-Facility Card: issued to a specific employee for access to all participant facilities within a jurisdiction. |
|   - All Area Access Card: issued to individuals with a specifically defined group or business and granting cardholder unrestricted access anywhere within issuing jurisdiction. |
|   - Flex Card: issued to any employee within a registered business. Flex Cards must be accompanied by another form of government-issued photo identification and proof of employment with the business listed on the Flex Card. |

Pennsylvania has also developed a standard suggested letter of access critical emergency services providers may carry when traveling during a travel ban, [PEMA Directive: Movement of Authorized Persons on Commonwealth Highways During a Disaster](http://www.emergency.pa.gov/PEMA%20Directives/PEMA%20Directives%202012/PEMA%20Directives%202012_0001.pdf).

## Key Contacts

| PA Emergency Management Agency |
| State EMA: (717) 651-2001 |
| County EMA contact numbers |
| PA Bureau of Public Health Preparedness: 717-346-0640 |
Rhode Island

| Approach | State: No formal program - coordination between local authorities and state EOC as needed. NOTE: A state-wide adoption of CEAS is being explored and has the potential to be implemented within a year.  
City of Providence: [CEAS](http://www.ceas.com) |
|---|---|
| Details | State: Access to a disaster area is facilitated by local authorities with jurisdiction for an impacted area, with support from state EOC as requested.  
CEAS (Providence):  
CEAS cards are valid when the CEAS program has been activated by the government authority. Governments work with CEAS to define activation levels and corresponding access and re-entry criteria. Organizations that registered employees are assessed a fee to participate in the program.  
- Businesses may register employees designated as critical to receive a secure identification card from CEAS at [www.ceas.com](http://www.ceas.com).  
- An annual fee is assessed to businesses based on the number of full time employees.  
- Businesses receive an allotted number of credentials based on a percentage of FTEs at each registered facility.  
- Approved individuals receive one of the following cards:  
  - Standard Card: issued to a specific employee for access to a specific facility.  
  - Multi-Facility Card: issued to a specific employee for access to all participant facilities within a jurisdiction.  
  - All Area Access Card: issued to individuals with a specifically defined group or business and granting cardholder unrestricted access anywhere within issuing jurisdiction.  
  - Flex Card: issued to any employee within a registered business. Flex Cards must be accompanied by another form of government-issued photo identification and proof of employment with the business listed on the Flex Card. |
| Key Contacts | RI Emergency Management Agency: (401) 946-9996  
[County EMA contact information](http://www.emaa.ri.gov)  
[RI Department of Health Center for Emergency Preparedness and Response](http://www.rihealth.com) |

South Carolina

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Details | Statewide pre-event personnel registration program coordinated jointly by the South Carolina Emergency Management Division (SCEMD) and South Carolina Department of Commerce. There is no fee to registering organizations.  
- Registering business must be in good standing with the South Carolina Secretary of State as a bona fide business doing business within the state.  
- Businesses apply for reentry certification online through the South Carolina Emergency Management Division website.  
- By registering, employers enter into a memorandum of agreement with the SCEMD |
| Key Contacts | [SC Emergency Management Division](http://www.scmd.org): (803) 737-8500  
[County EMA contact information](http://www.emaa.sc.gov)  
[SC Department of Health and Environmental Control Disaster Preparedness](http://www.doh.sc.gov): (803) 898-3708  
[Regional Contacts](http://www.emaa.sc.gov) |
## South Dakota

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

NOTE: State uses Comprehensive Resource Management and Credentialing System (CRMCS) for first responder credentialing. However, only contractors to SD Office of Emergency Management are currently able to receive private sector credentials.

**Key Contacts**
- SD Emergency Management Agency
- County EMA contact information
- SD Department of Health Public Health Preparedness and Response: 605-773-6188 | PHPRinfo@state.sd.us
- Staff and Regional Contacts

## Tennessee

**Approach**
No formal program - coordination between local authorities and state EOC as needed.

**Key Contacts**
- TN Emergency Management Agency: (615) 741-0001
- Regional Office contacts
- TN Department of Health Emergency Preparedness: 615-741-7247
- EP.Response@tn.gov

## Texas

### Details

**Approach**
Responders Reentry: State of Texas Emergency Management Plan

Counts and municipalities in Texas hold the authority to control or restrict public access to areas within their jurisdictions during disasters. When requested, the state provides assistance to local jurisdictions and can coordinate reentry operations across a wide geographic area based on the Concept of Operations outlined in the Responder Reentry strategy outlined in the state emergency management plan.

Texas recognizes a number of badges and credentials. A list of badges or credentials that responders may encounter during reentry operations is detailed in Appendix D—List of Recognized IDs of the State of Texas Emergency Plan, Responder Reentry.

During the reentry phase the standard placard and letters of access are the most recognizable badge for the purpose of access control. Local jurisdictions are free to create their own badge.

The state has designated sample templates for a vehicle placard and letter of access. These templates may be used by any local jurisdiction and are used by the state when a local jurisdiction requests assistance with managing re-entry operations. The templates are designed to be similar in look and feel to the model outlined in the Louisiana State Joint Standard Operating Procedure and thereby facilitate interstate reentry operations.

Re-entry will be granted according to a time-phased, tiered system used in neighboring states (Louisiana and Mississippi). Tiers include:
- Tier ER – Immediate / Unrestricted Access (law enforcement, EMS, military, etc.)
- Tier 1 – Response Support (CIKR owners and operators, critical healthcare providers, etc.)
- Tier 2 – Recovery Support (Relief workers, animal rescue, non-critical healthcare staff)
- Tier 3 – Rebuild / Repopulate (all other businesses)

**Key Contacts**
- TX Division of Emergency Management
  - State EOC: (512) 424-2208 | (512) 424-2277 | (512) 424-5348
  - TX BEOC
  - TX Health Service Regions
  - Local Health Department Contacts
Utah

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | UT Department of Public Safety Emergency Management  
County EMA contact information  

Vermont

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | VT Emergency Management Agency: (800) 347-0488  
VT Department of Health Public Health Preparedness: (802) 863-7200 |

Virginia

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | VA Department of Emergency Management  
State EOC: (804) 674-2400  
County EMA contact information  
VA Department if Health Emergency Preparedness: (804) 864-7026 |
### Washington

| Approach | Business Re-Entry Pass System  
|----------|------------------------------------------------------------------|
| **Details** | Statewide pre-event business registration program administered and maintained by the Washington Military Department EMD Private Industry program.  
| | • There is no fee assessed to registering organizations.  
| | • Available only to businesses with locations in multiple jurisdictions.  
| | • Organizations must meet one of the following criteria:  
| | 1. Qualified under one of the 16 Critical Infrastructure Sectors as defined by the Department of Homeland Security  
| | 2. Insurance Provider with policies impacted by the incident or disaster  
| | 3. Organizations with a justifiable need to access infrastructure to preserve critical business functions. Prior to receiving BRE Registration Cards, these organizations must verify they operate with both:  
| | a. Response personnel with an appropriate level of training and relevant job classification (emergency/incident management, continuity of operations, asset loss prevention, security, etc.).  
| | b. Pre-determined response strategy as part of a Continuity of Operations Plan, or other relevant response plan.  
| | • BRE registrations are by organization – a single point of contact can register a business and is responsible for maintaining up to date information within the EMD system accountability of issued registration cards.  
| | • Organizations may apply for up to 25 passes online. The final number of passes issued is determined by WA Emergency Management Division staff based on justifications provided by registrant.  
| | • Cards are valid four years from date of issuance.  
| | • Cards are issued to organization POCs via email. Organization POCs are responsible for issuing cards to personnel in their organization who require a re-entry card.  
| | • Personnel must present a government issued photo ID and official credential identifying them as a valid employee of the organization in addition to a valid Business Re-Entry Card.  

### Key Contacts  
WA Military Department’s Emergency Management Division: (253) 912-4900  
WA Private Industry Program: business@mil.wa.gov  
WA Department of Health Emergency Preparedness: 360-236-4068

### West Virginia

| Approach | No formal program - coordination between local authorities and state EOC as needed.  
|----------|------------------------------------------------------------------|
| **Key Contacts** | WV Division of Homeland Security & Emergency Management: 304-558-5380  
| | County EMA contact information  
| | WV Bureau for Public Health Center for Threat Preparedness: (304) 558-6900  
| | After hours: (304) 925-9907
### Wisconsin

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | **WI Department of Military Affairs Division of Emergency Management**  
State EOC: (800) 943-0003  
County EMA contact information  
**WI E-SPONDER**  
**WI Department of Health Services Public Health Emergency Preparedness:**  
608-266-1865 |

### Wyoming

<table>
<thead>
<tr>
<th>Approach</th>
<th>No formal program - coordination between local authorities and state EOC as needed.</th>
</tr>
</thead>
</table>
| Key Contacts | **WY Office of Homeland Security**: (307) 777-HOME  
After hours: (307) 777-4321  
County EMA contact information  
**WY Department of Health Public Health Preparedness Unit**: (307) 777-8624  
(307) 777-5778 |
In researching this issue, several access and re-entry programs stood out as model programs with approaches to this issue that could serve as a starting point for states or jurisdictions considering developing or implementing an access program. Additionally, several states have developed legislation directly relevant to this issue that could serve as model legislation for states seeking to take further action.

**State and City Programs**

Each of the programs listed below engaged existing databases and resources – adding portals or components as necessary – to create an access program managed by the state or local government, and free of cost to private sector partners.

**North Carolina State Preparedness and Resource Tracking Application (SPARTA) Program**

Overview: North Carolina General Statue 166A-10.70 Ensuring Availability of Emergency Supplies and Utility Services mandates that a system for certifying personnel that transport essentials in commerce and/or assist in the restoration of utility services can be certified as such both pre- and post-emergency declaration. The North Carolina Department of Public Safety, Division of Emergency Management Agency administers and manages the required program, the State Preparedness and Resource Tracking Application (NC SPARTA). North Carolina’s SPARTA program streamlines and clarifies access procedures by designating registered private sector partners according to the category of service they provide.

How it works: Vendors (i.e. businesses) responsible for one of three categories – Life, Health/Safety, or Economic Well Being – register within the NC BEOC. Once a vendor registers, their facility location(s) (latitude and longitude) are entered and stored in a map of the state managed by the EMA. Vendors are then tied to counties by location. Once registered, vendors receive a Certificate of Re-Entry, active for one year, with the details of their registration, including the category of their work. An unlimited number of these certificates may then be printed by the vendor and distributed to those employees the vendor deems critical.

When an event or disaster requiring restricting access to areas occurs, vendors in that county are pushed a notification via Web EOC with details on the restrictions. In this fashion, local authorities still manage the level of restriction and access points, while the state administers the registry of vendors. Vendors with Life services, such as pharmacies, telecommunications, etc., are prioritized first for re-entry, followed by Health/Safety and Economic Well Being. Depending on the nature of the event, these categories may be moved up. There is no cost for organizations that register within the system.

**Ohio Emergency Partner Credentialing System (EPCS) Program**

Overview: Ohio’s recently implemented Emergency Partner Credentialing System was developed by the Ohio Public Private Partnership (OP3) division of the Ohio Department of Homeland Security as a collaborative effort between public officials and private sector organizations headquartered in the state. After learning how extensive the challenge of access was to private partners following conversations with multinational organizations with headquarters in the state, Ohio OP3 committed to developing a program
that was free, would have complete buy-in from law enforcement, and was managed at the local level. Ohio’s EPIC program was developed in collaboration with private sector partners and pushes authorized personnel a credential during events that may be displayed to law enforcement in a variety of ways – as a PDF on their phone, printed out, or looked up in the LEADS system.

How it works: A portal for registered OP3 partners was created in the state Homeland Security’s Communication Information Management System (CIMS). OP3 organizations may then designate an administrator within their organization to register critical employees. When an emergency is designated, these administrators receive an email notification and then login to the system and begin issuing credentials to approved personnel. The credential is emailed as an Adobe PDF to personnel who may then print it or show it on their phone. Each credential has a serial number that is tied to the individual. The unique document number on the credential allows law enforcement to verify a person’s identity in the Law Enforcement Automated Data System (LEADS) used by highway patrol and local law enforcement.

Chicago Public-Private Partnership

Overview: Public and private sector partners in Chicago joined together to tackle the challenge of facilitating private sector access to disaster sites through their joint development of the Chicago Business Recovery Access Program (BRAP). Overseen by the Chicago Office of Emergency Management and Communications and administered through the Chicago Public Private Partnership, the BRAP successfully engaged existing resources to develop a city-wide credentialing system. Chicago’s BRAP engaged existing resources to develop an access program that automatically ties critical personnel to the facilities in which they work.

How it works: The BRAP relies on the city’s Facility Incident Management System (FIMS), a database to which the Office of Emergency Management and Communications and fire and police departments all have, rather than hard cards issued to individuals. All business area owners and operators input data on critical personnel (BRAP Registered Personnel), including contact information and photographs, as well as emergency plans in FIMS. During the response and recovery to an event, first responders look up individuals requesting access to the restricted area in FIMS. In the event an individual from a registered business is not pre-registered in the system, another BRAP Registered Personnel may vouch for them. First responders can then log personnel granted entry in WebEOC so that response coordinators have real-time awareness of personnel in a restricted area.

Model Legislation

New York State Assembly Bill A.8562 – Related to Disaster Preparedness

Having passed both the Senate and Assembly and currently waiting to be delivered to the governor for signature, this bill would amend executive law to require the state disaster preparedness plan to include provisions for ensuring that “medical supplies and medications can be delivered to pharmacies, hospitals and nursing homes located within the area declared to be experiencing a disaster emergency.”

Massachusetts Bill H.1988: An Act relative to the availability of prescription medication during an emergency

Currently receiving hearings in relevant committees and subcommittees, this bill would amend state General Laws to require the Department of Public Health to “develop and publicize a statewide plan for ensuring the
availability of prescription medications during a state of emergency declared by the governor.” Specifically, the plan is directed to include the following related provisions:

(a) allowance for early refills of prescriptions, if the current amount that a patient possesses is not expected to last beyond 10 days of the date of the declaration of emergency; provided, however, that a pharmacist shall confirm such prescription with the prescriber before each refill;

(b) ensuring that vehicles delivering medications to pharmacies and hospitals be given the same road access available to other emergency vehicles;

(c) ensuring that the system does not create a duplicate or redundant supply chain infrastructure;

(d) coordination among pharmaceutical manufacturers, wholesalers, distributors, pharmacists and other industry stakeholders; and,

(e) creation of a safety net system including a toll-free telephone number and a website for citizens to contact during the emergency for assistance in locating prescription medication, in the event no medications are available to them locally.

**Oklahoma First Informer Broadcasters Act**

In recognition of the fact that broadcasters provide critical life-saving information to the public, Oklahoma passed this act following the 2013 tornadoes to not only allow broadcasters access to response information, but also provide for immediate the restoration of telecommunications and broadcasting capabilities.

Title 63: Public Health and Safety, Section 683.35

(D.) To the extent practicable and consistent with not endangering public safety or inhibiting recovery efforts, state and local governmental agencies shall allow a first informer broadcaster access to an area affected by an emergency or disaster for the purpose of restoring, repairing, or resupplying any facility or equipment critical to the ability of a broadcaster to acquire, produce, and transmit essential emergency or disaster-related public information programming, including, without limitation, repairing and maintaining transmitters and generators, and transporting fuel for generators.
Endnotes

3 U.S. Global Change Research Program: Climate Change Impacts in the United States: The Third National Climate Assessment
4 ‘Just-in-time’ inventory management is a strategy companies employ aimed at decreasing waste by ordering or receiving goods as they are needed, as opposed to maintaining a stockpile of goods.
5 ‘Last mile’ delivery refers to the transportation of goods from a warehouse or hub to their final destination.
6 Charting A Path Forward on Crisis Reentry For the Emergency Service Sector: Report of the Emergency Services Sector Coordinating Council
7 Known major city-run programs are captured in Appendix A: State by State Summary. However, due to the geographic scope of this issue, it is possible that not all city programs active in the U.S. have been captured.
8 Details on each state program are available in Appendix A: State by State Summary
9 The JSOP may be viewed in Attachment B of the Emergency Services Sector Coordinating Council’s Charting A Path Forward on Crisis Reentry Report
10 Disclosure: Healthcare Ready has an agreement with CEAS and ER-ITN to provide a discount to members who join those programs.
11 The CEAS program in Massachusetts – the only state in which the program has been adopted state-wide – varies slightly. CEAS credentials in the state are limited to Standard Cards and Flex Cards.
12 The JSOP may be viewed in Attachment B of the Emergency Services Sector Coordinating Council’s Charting A Path Forward on Crisis Reentry Report
13 There have been reports after previous events that a few companies have been able to secure access after calling political leaders. This ad hoc method has limited success, and it entirely relationship-dependent. In our experience it is very difficult for smaller companies (or companies that are not headquartered in the state) without substantial local presence to be able to access higher levels of political leadership.
16 Exceptions may apply in home rule states