

**VETERANS HEALTH ADMINISTRATION EMERGENCY  
MANAGEMENT PROGRAM PROCEDURES**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook revises the procedures for the conduct of the VHA Emergency Management Program (EMP).
- 2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook establishes VHA EMP elements and standards for the operation and evaluation of the EMP.
- 3. RELATED ISSUES:** VA Directive 0320, "Emergency Preparedness Planning;" VA Handbook 0320.1, "Emergency Preparedness Planning Procedures and Operational Requirements;" VA Handbook 0320.2, "Emergency Preparedness Planning VA Central Office Emergency Operations Center Standard Operating Procedures;" VHA Directive 97-046, "Disaster Emergency Medical Personnel System;" VHA Directive 0320, "Emergency Medical Preparedness;" and VHA Handbook 0320.1, "Department of Veterans Affairs and Department of Defense Contingency Hospital System Plan."
- 4. RESPONSIBLE OFFICE:** The Emergency Management Strategic Healthcare Group is responsible for the contents in this VHA Handbook.
- 5. RESCISSIONS:** VHA Handbook 0320.2 dated May 25, 2000, is rescinded.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of June 2005.

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## **VETERANS HEALTH ADMINISTRATION EMERGENCY MANAGEMENT PROGRAM PROCEDURES**

### **1. PURPOSE**

This handbook establishes procedures for the implementation, management, and evaluation of the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Program for Comprehensive Emergency Management (CEM).

### **2. SCOPE**

This handbook addresses the emergency management functions and activities of VHA, and the responsibilities of the Under Secretary for Health, Chief Network Officer (CNO), Veterans Integrated Service Network (VISN) Directors, VA medical center directors, and Chief Consultant, Emergency Management Strategic Healthcare Group (EMSHG).

### **3. GOALS**

The overall goal is to improve the national medical readiness by supporting VA, Department of Defense (DOD), other Federal agencies, and strategically specified communities within the National Disaster Medical System (NDMS).

a. VHA will implement CEM to enhance VA medical centers' ability to effectively respond and recover from contingency situations that could adversely affect the continuity of patient care or hospital operations. Such contingency situations include, but are not limited to: war, national emergencies, and natural, technological, or man-made disasters including terrorist events involving weapons of mass destruction (WMD).

b. In addition, VHA will:

(1) Serve as the primary medical care backup to the DOD health care system during or following a military conflict.

(2) Fulfill significant NDMS partnership responsibilities, including management of Federal Coordinating Centers (FCCs).

(3) Under applicable authorities, provide assistance to other Federal departments and agencies, local communities, and states by coordinating the appropriate VA medical response to emergencies and catastrophic disasters.

### **4. RESPONSIBILITIES**

#### **a. Under Secretary for Health**

(1) The Under Secretary for Health is responsible for the implementation, management, and evaluation of VHA CEM.

(2) The Under Secretary for Health may prioritize and allocate available VHA medical resources to ensure the continuity of patient care, support the DOD health care system, and when appropriate, support other Federal emergency management and response plans in accordance

with applicable public laws, executive orders, and VA directives and policies during a national security or other emergency or disaster situation.

b. **Chief Network Officer**

(1) Coordinates with the Chief Consultant, EMSHG, to implement, manage, and evaluate VHA CEM throughout the VISNs and VA medical centers in accordance with applicable public laws, executive orders, VA and VHA directives and policies, and other applicable emergency management guidance.

(2) Coordinates the allocation of available VHA medical resources in accordance with VA and VHA policy while ensuring the continuity of patient care during a national security emergency situation or whenever VA supports the Federal response to a catastrophic disaster.

(3) Coordinates with the Chief Consultant, EMSHG, to ensure plans and procedures are in place for continuity of patient care, the safety of patients, visitors and staff, support of the DOD health care system, and when possible, support of other Federal emergency management and response plans during a national emergency or other adverse contingency situation.

c. **Chief Consultant, Emergency Management Strategic Healthcare Group**

(1) Develops policies and procedures for VHA's CEM to ensure a standardized approach to planning, training, mitigation, preparedness, response and recovery activities, and emergency communications equipment.

(2) Serves as the primary health and medical consultant for emergency management including WMD preparedness for the Under Secretary for Health, the CNO, and other VHA Headquarters staff and functions.

(3) Coordinates with the CNO the VHA medical response support of the DOD health care system and other Federal emergency management and response plans in accordance with applicable public laws, executive orders, and VA directives and policies during a national security emergency situation or in the event of a catastrophic event.

(4) Coordinates with governmental and non-governmental organizations to ensure consistency of VHA CEM.

(5) Provides guidance and support to Area Emergency Managers (AEMs) who, in turn, will support VISNs and VA medical centers as consultants and program experts on CEM, and who will also serve as liaisons for VA support to Federal, state, and community emergency management efforts.

(6) Supervises the operation of the VHA Emergency Operations Center (VHAEOC) at Martinsburg, WV, and the VHA Crisis Center located at VHA Headquarters.

(7) Maintains and operates a VHA off-site emergency operations capability to ensure continuity of critical VHA Headquarters functions.

(8) Maintains and operates the VA relocation site in support of the VA Continuity of Operations Plan (COOP).

d. **Network Director**

(1) Implements, manages, maintains, and evaluates CEM that is consistent with VHA policies and guidance.

(2) Ensures the development, maintenance, and evaluation of each Network VA medical center's all-hazards (including WMD) emergency management plan that includes, as applicable, the VA-DOD contingency hospital system, NDMS, Federal Response Plan (FRP), and other Federal or local emergency management plans.

(3) Maintains liaison with Federal, state, and local emergency management agencies, as applicable, to facilitate VA's response to catastrophic disasters or other adverse contingency situations that threaten the continuity of patient care, the safety of patients, visitors and staff, or the community where the VA medical center is located.

e. **Medical Center Director**

(1) Develops, implements, and evaluates a program for CEM and an all-hazards plan including WMD, consistent with VHA and VISN guidance, to include support of the VA-DOD Contingency Hospital Plan and National Disaster Medical System (NDMS) as required.

(2) Provides for the emergency management training of medical center staff and conducts exercises to enable that staff to practice and evaluate the activation, response, and resumption activities as described in the medical center's emergency plans.

(3) Coordinates with local, county, and state emergency management activities, as well as public, private, and VISN hospitals, to ensure compatibility of emergency plans and procedures in the event of a disaster or emergency.

## **5. COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM**

The Comprehensive Emergency Management Program supports the mission, vision, and strategic goals of the organization to ensure the continuity of patient care, the safety of patients, staff, and resources, and provides for the continuity of hospital operations in the event of a disaster or emergency. CEM is a conceptual framework and is developed through use of the Integrated Emergency Management System (IEMS). The program incorporates all aspects, requirements and standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Environment of Care standard of emergency preparedness. The elements of the program include:

a. **VHA-Unique Emergency Management Responsibilities.** VA medical centers, as part of a health care delivery system that employs a comprehensive emergency management approach, have the following requirements in addition to those established by the JCAHO.

(1) **VA and DOD Contingency Hospital System.** VA, through VHA, supports DOD by providing health care for active duty military personnel during DOD contingencies.

(2) **National Disaster Medical System.** NDMS is a nationwide medical mutual-aid system coordinated by the Department of Health and Human Services, DOD, VA and the Federal

Emergency Management Agency. VA is assigned responsibility for coordinating NDMS in designated major metropolitan areas.

(3) **Federal Response Plan (FRP).** The FRP implements the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended). The FRP is the overall structure through which Federal departments and agencies and the American Red Cross coordinate to deliver services to state and local governments following a Presidential declaration of a major disaster.

b. **Program Development Process.** An emergency management program is developed and maintained through the following process:

(1) Assessment of the status of the current program through an audit and the establishment of goals and priorities.

(2) An appraisal of hazards including WMD and the primary and secondary effects (needs assessment).

(3) Mitigation activities designed to reduce the effects of those hazards.

(4) The development of capabilities (preparedness activities of staff education, planning, training, exercises, and purchase of equipment and supplies).

(5) Emergency operations (response and recovery).

(6) Identification of shortfalls in capability (evaluation activities including after-action critiques from exercises or actual events providing the feedback loop to unmet preparedness issues).

(7) A multi-year development plan to guide the overall mitigation, preparedness, response and recovery activities. The multi-year development plan is reviewed annually and its annual work increment guided by goals, objectives, and strategies.

## **6. PROGRAM EVALUATION**

VHA CEM will be evaluated and assessments will be based upon recognized standards established by national emergency management organizations and authorities as supplemented by VHA. EMSHG will provide consultation and technical assistance in the development, management, coordination, and evaluation of these programs.

## GLOSSARY

**1. COMPREHENSIVE EMERGENCY MANAGEMENT.** A conceptual framework that encompasses all hazards and all levels of government (including the private sector). It includes four phases: mitigation, preparedness, response and recovery.

**2. COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM.** A program that supports the mission, vision, and strategic goals of the organization to ensure the safety of patients, staff, and resources, and provides for the continuity of operations in the event of a disaster or emergency that affects the organization. The program uses Comprehensive Emergency Management (CEM) as its conceptual framework, is developed through use of the Integrated Emergency Management System (IEMS), and has, as its overall goal, the prevention or minimization of the loss of life and injuries, and the provision for the continuity of the organization's critical operations. Such a program would include:

a. **LAWS AND AUTHORITIES.** Federal, state, and local statutes and any implementing regulations that establish the legal authority for the development and maintenance of the emergency management program and organization, and define the emergency powers, authorities and responsibilities of the chief executive official and the emergency program manager.

b. **HAZARD IDENTIFICATION AND RISK ASSESSMENT.** The process of identifying situations or conditions that have the potential of causing injury to people, damage to property, or damage to the environment, and the assessment of the likelihood, vulnerability and magnitude of incidents that could result from exposure to hazards.

c. **HAZARD MANAGEMENT.** Systematic management approach to eliminate hazards that constitute a significant threat to the entity or to reduce the effects of hazards that cannot be eliminated through a program of hazard mitigation.

d. **RESOURCE MANAGEMENT.** Systematic development of methodologies to assure the prompt and effective identification, distribution, accounting, and use of personnel and major items of equipment for essential emergency functions.

e. **PLANNING.** The collection, analysis, and use of information, and also the development, promulgation, and maintenance of the organizational comprehensive emergency management plan, action plans and mitigation plans.

f. **DIRECTION, CONTROL AND COORDINATION.** Development of the capability for the chief executive and key staff to direct, control and coordinate response and recovery operations.

g. **OPERATIONS AND PROCEDURES.** Development, coordination, and implementation of operational policies, plans, and procedures.

h. **LOGISTICS AND FACILITIES.** Identification, location, acquisition, distribution, and accounting for services, resources, materials and facilities to support emergency management.

i. **EDUCATION, TRAINING AND EXERCISES.** Assessment, development, and implementation of a training or educational program and evaluation of emergency response plans and capabilities through a program of regularly scheduled tests and exercises.

j. **PUBLIC INFORMATION.** Procedures to disseminate and respond to requests for pre-disaster, disaster, and post-disaster information involving employees, the public and the media. Also, an effective public education program regarding hazards affecting the jurisdiction.

k. **FINANCE AND ADMINISTRATION.** Development of fiscal and administration procedures to support emergency measures before, during, and after disaster events and to preserve vital records.

**3. CONTINGENCY.** A future event that is likely but not certain to happen. The consequences of the occurrence are such that one must prepare for the event.

**4. CONTINUITY OF OPERATIONS PLANNING.** An internal effort within an organization to assure that the capability exists to continue essential business functions across a wide range of potential emergencies, including localized acts of nature, accidents, and technological and/or attack/terrorist-related emergencies. In addition to the CEM phase of mitigation, preparedness, response and recovery, continuity of operations planning (COOP) includes resumption and restoration phases. The goal of COOP is that an effective CEM process would guarantee that critical business functions would continue without interruption. COOP adds a resumption phase that identifies efforts that are directed to restoring the organization's critical operations if a disaster or emergency disrupts essential functions.

**5. DISASTER.** Accidental or uncontrollable events, actual or threatened, that are concentrated in time and space, in which a society undergoes severe danger and incurs such losses to its members and physical appurtenances that the social structure is disrupted and the fulfillment of all or some of the essential functions of the society is prevented.

**6. EMERGENCY.** An unexpected, serious occurrence or situation urgently requiring prompt action.

**7. EMERGENCY MANAGEMENT.** The discipline and the profession of applying science, technology, planning, and management to deal with extreme events that can injure or kill large numbers of people, do extensive damage to property and disrupt community life.

**8. HAZARD.** Natural, technological, or civil threats to people, property, and the environment.

**9. INCIDENT MANAGEMENT SYSTEM.** The combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for the management of assigned resources to effectively accomplish stated objectives pertaining to an incident.

**10. INTEGRATED EMERGENCY MANAGEMENT SYSTEM.** The management process for comprehensive emergency management. The Integrated Emergency Management System requires hazards and response assessments to identify capability shortfalls. These shortfalls are

addressed in multi-year development plans that also describe recovery and mitigation efforts aimed at reducing future vulnerabilities.

**11. MITIGATION.** Activities taken to eliminate or reduce the degree of risk to life and property from hazards, either prior to or following a disaster or emergency.

**12. PREPAREDNESS.** Activities, programs, and systems developed prior to a disaster or emergency that are used to support and enhance mitigation of, response to, and recovery from disasters or emergencies.

**13. RECOVERY.** Activities and programs designed to return the entity to an acceptable condition.

**14. RESPONSE.** Activities designed to address the immediate and short-term effects of the disaster or emergency.

**15. RISK.** The probability that a hazard will occur.

**16. VULNERABILITY.** The susceptibility to injury and damage from hazards.

**AUTHORITIES AND REFERENCES**

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- 4.** Federal Emergency Management Agency and National Emergency Management Association, State Capability Assessment for Readiness (CAR), June 6, 1997.
- 5.** Federal Radiological Emergency Response Plan, FEMA, dated May 1, 1996.
- 6.** International City Management Association, Emergency Management: Principles and Practice for Local Government, 1991.
- 7.** National Disaster Medical System Federal Coordinating Center Guide, dated March 1985.
- 8.** National Fire Protection Association 1600 (draft), Standard on Disaster/Emergency Management, 2000 Edition.
- 9.** National Security Decision Directive 47, Emergency Mobilization Preparedness, dated July 22, 1982.
- 10.** Presidential Decision Directive 39, U.S. Policy on Counterterrorism, dated December 1995.
- 11.** Presidential Decision Directive 62, Combating Terrorism, dated May 22, 1998.
- 12.** Presidential Decision Directive 63, Critical Infrastructure Protection, dated May 22, 1998.
- 13.** Public Law 93-288, as amended, Robert T. Stafford Disaster Relief and Emergency Assistance Act.
- 14.** Public Law 97-174, Defense Health Resource Sharing and Emergency Operations Act, dated May 4, 1982.
- 15.** The Federal Response Plan, For Public Law 93-288, as amended, April 1992.
- 16.** Veterans Affairs Directive 0320, Emergency Preparedness Planning, dated October 8, 1997.
- 17.** Veterans Health Administration Directive 0320, Emergency Medical Preparedness, dated May 1, 1997.