Emergency Operations Plan (EOP)

Introduction

This Emergency Operations Plan (EOP) describes a general strategy for how the operating units in the health care facility (Facility) will coordinate during emergencies. The EOP identifies various “key activities” (tasks common to emergency response) under the functional areas of the Incident Command System (ICS). The operating units are assigned responsibility under one or more of those functional areas. Some or all of these functions and key activities may be needed to meet the requirements of any particular emergency situation. Actual management of the emergency will be guided by the ICS incident action planning process.

This EOP is one outcome of the Facility’s comprehensive emergency management program where hazards reduction, capability development, and emergency operations are linked in an on-going process of activities which occur in four phases:

- Preparedness activities build individual and organizational ability to manage emergency situations;
- Response activities minimize personal injury and property damage, and to control the effects of emergency situations;
- Recovery activities begin concurrently with response activities and is directed toward restoration of essential services and resumption of normal operations, ending with after-action reports designed to improve future mitigation, preparedness, response and recovery actions;
- Mitigation activities eliminate or reduce potential effects of emergencies.

Purpose

The purpose of the EOP is to describe how the Facility will respond to and recover from all hazards. It does not replace occupant emergency procedures or emergency procedures developed by Individual operating units.

The EOP consists of basic plan and three types of annexes. The basic plan provides the overall policies, concept of operations, organizational structure and responsibilities. The support annex describes how the Facility supports patient reception operations under the VA~Department of Defense (DoD) Contingency Hospital System or the National Disaster Medical System. The functional annexes explain how the Incident Command System is implemented. The incident annexes contain short, concise guidance on the initial response to priority hazards, threats and events.
Policies

The Director is responsible for providing a safe environment for patients, visitors, and employees.

Life safety and patient care take precedence over all other responsibilities.

Any employee may take those actions necessary to mitigate, prepare for, respond to, recover from, and restore essential services in a threatened or actual emergency.

When the Director implements the EOP, he/she will notify the Network Director.

The Director will remain in charge of emergency operations at the Facility and will establish an Incident Command System (ICS) structure that is consistent with the community and those used in the Network.

The overall goal is to provide continuity of patient care operations. The objectives that support this include:

- Provide maximum safety for patients, visitors and staff;
- Protect the environment, property, facilities, equipment and vital records;
- Maintain the integrity of the chain of command;
- Have a clearly defined incident command structure;
- Maintain and restore services as quickly as possible following an emergency incident or disaster.

Scope

This EOP describes activities required by the emergency situations. Normal/routine functions not affected by the emergency are outside the scope of this Plan. These day-to-day functions not directly related to an emergency response may be suspended for the duration of the emergency as determined by the Director.

Procedure

Situation

An emergency situation is any event which threatens to affect continuity of patient care and/or safety of patients, visitors, and employees. It begins upon recognition or notification that a threat exists, continues while all activities are underway to assess, control and correct on-going adverse or negative effects, and ends when determined by the Director.

Concept of Operations
If a warning or notification is received that a situation threatens to disrupt continuity of patient care, and/or poses a risk to patients, visitors and staff, the Director will take the necessary action(s) to assess, organize, mobilize, and deploy the organization required to protect patients, visitors, employees, resources, and property based upon the threat.

The Incident Command System (ICS) will be used to plan, organize, staff, direct and control emergency situations. The specific ICS organizational structure put in place will depend upon the requirements of the emergency. The organization's staff builds from the top down with responsibility and performance placed initially with the Initial Incident Commander. As the need exists, four separate Sections (Operations, Plans, Logistics, and Finance/Administration) can be developed, each with several units which can be established, as required. If one individual can simultaneously manage all major functional areas, no further organization is required. If one or more of the areas requires independent management, an individual is named to be responsible for that area.

In an incident without warning, such as a fire on a ward, the Initial Incident Commander may be a nurse on duty who first recognizes the danger. In an incident that provides warning, such as severe weather or reports of a cloud of hazardous materials approaching the Facility, the Emergency Preparedness Coordinator may be the Initial Incident Commander. If one individual can simultaneously manage all major functional areas, no further organization is required. If one or more of the areas requires independent management, an individual is named to be responsible for that area.

Depending on the magnitude, complexity and/or duration of the emergency, the responsibility for Incident Command will transition to the most qualified individual, who will initiate the incident action planning process.

Some or all of the following activities may be necessary to effectively prepare for, respond to, and/or recover from an emergency:

- Verification that a threatening situation exists.
- Analysis of incident factors to determine the level and extent of EOP implementation.
- Alert/notification of key staff and external authorities, as appropriate.
- Issuance of an internal warning message and instructions.
- Pre-impact preparations.
- Establishment of an incident command system organizational structure.
- On-going situation and resource assessments.
- Incident operations necessary to protect life and property.
- Request for, or provision of, mutual assistance.
- Demobilization.
- Incident critique, and
- After action review and corrective actions.

Organization

In the EOP, operating units have been grouped together under the incident command
system functional areas to facilitate the management, coordination and accomplishment of key activities that may be required:

<table>
<thead>
<tr>
<th>ICS Functional Area</th>
<th>Lead Operating Unit</th>
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<tbody>
<tr>
<td>Command or management</td>
<td>Director</td>
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<td>Planning</td>
<td>Emergency Prep Coordinator</td>
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<td>Logistics</td>
<td>AM&amp;M</td>
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<td>Finance</td>
<td>Fiscal</td>
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<td>Operations:</td>
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<td>Equipment, Plant and Utilities</td>
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<td>Safety and Security</td>
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<td>Health and Medical.</td>
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Specific responsibilities for the lead operating units are described in the responsibilities section of the Basic Plan and in the Annexes to this EOP.

**Responsibilities**

**Facility Director**

Prior to an emergency, the Director is responsible for ensuring the Facility has an up-to-date Emergency Operations Plan (EOP) and is engaging in the necessary preparedness activities.

During emergency situations, the Director is responsible for overall leadership, management and coordination during emergency situations. This includes conducting on-going situation and resource assessments; making activation/de-activation decisions; establishing objectives, priorities and policies during incident action planning meetings; and ensuring coordination between operating units assigned under the incident command system.

Following an emergency, the Director is responsible for ensuring a critique is scheduled to elicit general input concerning the Facility's response and recovery to the emergency; coordination of the preparation of an after-action report; reviewing recommendations and, establishing priorities for corrective actions.

**Primary or Lead Operating Units**

Prior to an emergency, the Chiefs of operating units designated as Lead Agents are responsible for the initiating preparedness activities related to their involvement.

During emergencies, the Chiefs of Lead Agents are responsible for the implementation, management, coordination, and accomplishment of key activities as required by the situation.
Following the emergency, the Chiefs of Lead Agents will ensure evaluations and reviews are conducted and the necessary follow-up actions are taken.

Support Operating Units

Prior to an emergency, the Chiefs of operating units designated as Support Agents are responsible for participating in the preparedness activities related to their involvement. During emergencies, the Chiefs of Support Agents are responsible for supporting the Lead Agents.

Following emergencies, the Chiefs of Support Agents will participate in evaluations and reviews and take the necessary follow-up actions.

VI. References

Public Law 100-707, Robert T. Stafford Disaster Relief and Emergency Assistance Act.
VHA Handbook 0320.1, VA-DoD Contingency Hospital System.
VHA Emergency Management Program (EMP) Guidebook.

VII. Attachments

A. Support Annex, Patient Reception Operations for VA–DoD Contingency Hospital System and the National Disaster Medical System, Federal Coordinating Center

B. Functional Annexes

1. Command
2. Planning
3. Logistics
4. Finance/Administration
5. Business Continuity Operations
6. Equipment, Plant and Utilities Operations
7. Safety and Security Operations
8. Health and Medical Operations

C. Incident Annexes

(Standard Operating Procedures as determined by the Hazards Vulnerability Analysis)
VIII. Rescission/Review Date.

(Name)
VA Medical Center,
VISN __
(month/year)
Support Annex - Patient Reception Operations

Purpose

This document explains how patient reception operations will be managed within Veterans Integrated Service Network (VISN) 11 under concurrent implementation of the VA~DoD Contingency Hospital System (VA~DoD) and National Disaster Medical System (NDMS). This plan applies to the Detroit, MI. and Indianapolis, IN. Patient Reception Areas (PRAs).

Policies

Legal Authorities

Public Law 97-174, the (then) Veterans Affairs and Department of Defense, Health Resources and Emergency Operations Act. This Act mandates that the VA support the military health care system during and immediately following a period of war or national emergency declared by the President or Congress.

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL100-707 as amended, authorizing the Federal Response Plan. The National Disaster Medical System (NDMS) is a partnership between the Department of Defense (DoD), Department of Health and Human Services (DHHS), the Department of Veterans Affairs (DVA) and the Federal Emergency Management Agency (FEMA). NDMS is a subset of Emergency Support Function #8, Health and Medical Services of the Federal Response Plan.

Patient Admission and Treatment Policies

All veterans who present themselves for admission will be examined, evaluated, and a disposition made for their care.

Military casualties will receive priority over all VA beneficiaries except those service-connected (SC), or with a life-threatening emergency. Non-service connected (NSC) inpatients who may be discharged without a significant compromise of their health will be released; others may be referred to secondary support hospitals or community hospitals, as determined by the patient’s physician.

Situation

Military conflict may produce casualties who may be returned to the United States for definitive medical care. It is also possible that a significant number of civilian casualties could be generated by a domestic event occurring within the same timeframe.

Health care facilities should take into account employees who are subject to military mobilization.
VA and community hospitals will continue to receive non-conflict-generated active-duty military patients through normal Air Force procedures.

Following activation, patients will be outplaced from military and VA hospitals to other VA and community hospitals in order to increase capacity.

Military casualties could arrive within 72 hours of activation of the VA/DoD and NDMS programs and will be returned to the area of their unit of record, not home of record. The Air Force regulates patients to each area by bed category, not medical facility. Patient distribution to specific medical facilities from the airport will be based on urgency, medical capabilities and the patient’s needs, and home of record.

These patients will arrive in a generally stable condition, barring complications during travel.

**Procedure**

**Notification and Status Reports**

The VA Medical Center Directors who are Federal Coordinating Center Directors will provide notification to non-Federal NDMS-participating hospitals regarding the current status of activation of the NDMS system.

**Activation.** The phases and component activities are:

- **Level One – Readiness.** The purpose of this phase is to establish and maintain a state of heightened readiness to receive patients from a military conflict or domestic event. Network Office and Medical Center activities at this level include:
  - Update and test Key Personnel Resource Matrix and cascade callback lists.
  - Review plans and clarify responsibilities and reporting relationships, particularly patient reception teams.

- **Level Two – Alert.** The purpose of this phase is to signal that an incident has occurred that could result in patient reception operations, such as a declaration of war or occurrence of a significant domestic event. Network Office and Medical Center activities at this level include:
  - Increased communication and coordination both internally and to supporting facilities.
  - Increased security procedures.
  - Briefing of patient reception teams and community entities.
  - Establishing Emergency Operations Centers (EOC), as appropriate.

- **Level Three – Activation.** The purpose of this phase is to announce to facilities that patient reception operations are imminent. Network Office and Medical Center activities at this level include:
• Adjusting patient admission and care policies and out-placing patients in order to
maximize available beds.
• Assembling and deploying patient reception teams
• Specifying operational periods and reporting requirements.

De-activation of the system(s) will occur in reverse order of activation.

Responsibilities

VA Medical Centers designated as Primary Receiving Centers (PRCs) will receive
military casualties directly from the U.S. Air Force. Each PRC will:
• Coordinate bed reporting with VAMCs designated as Secondary Support Centers
  (SC).
• Transfer VA patients to Secondary Support VAMCs.
• Coordinate of bed availability, patient regulation (ward assignment), airport
  reception site readiness, and patient tracking.
• Establish reception teams to receive patients at the airport reception site and the
  VAMC.
• Coordinate primary and secondary transportation assets to accomplish patient
  movement (airport to PRC, PRC to SSC, etc.).
• Coordinate with designated military installation to ensure appropriate
  Military Patient Administration Team (MPAT) assets are available.

VA Medical Centers designated as Secondary Support Centers (SSCs) will receive
patients from and/or provide resource support to the primary receiving hospital to
increase availability of resources at the primary receiving center. Each SSC will:
• Report beds available for DoD casualties to the supported PRC.
• Provide additional beds, personnel, supplies, and/or equipment to assist in
  maximizing the number of DOD casualties that can be received at the primary
  receiving center.
• Maintain close coordination with the associated PRC.
Functional Annex 1 - Command/Management

The purpose of the management function is to provide direction, control and coordination of the overall response effort.

Assignment of Operating Units

Lead
- VAMC Director

Support
- IRM Service
- Medical Administration Service
- Public Affairs Officer
- Other Services, as applicable

Key Activities

- Mobilization/Demobilization - Activation and deactivation of the EOP is at the discretion of the VAMC Director or designee.

- Emergency Policies - The need for emergency policy changes prior to, during or after the emergency is at the discretion of the VAMC Director. Examples of these would include curtailment of elective procedures, out-placing patients, and employees' emergency leave).

- Liaison - The liaison function includes serving as a point of contact for representatives from other agencies/organizations.

- Safety - The safety activity includes having authority over the safety of all personnel, and monitoring and advising on hazardous conditions.

- Public Affairs - The public affairs function may include the development of accurate and complete information regarding the incident cause, magnitude, situation updates, status of resources, and other matters of general interest. The public affairs function will normally be the point of contact for the media and other governmental agencies that request or need information concerning the incident and its impact upon the patients, staff and facility. Inquiries by family members about the status of patients will also be handled by the Public Affairs Officer.

- Reporting - The reporting activity would include internal reporting, such as situation status, resource status, etc.; and external reporting, such as bed availability, situation status, etc.

ICS Positions
• Initial Incident Commander / Incident Management Team Commander
• Liaison Officer
• Safety Officer
• Public Affairs Officer

Standard Operating Procedures

• Line of Succession
• Delegation of Authority
Functional Annex 2 - Planning

The purpose of the Planning function is to gather, organize and document information about the situation and resources and support incident action planning and demobilization planning.

Assignment of Operating Units

Lead
• Emergency Program Coordinator (Planning)

Support
• IRM Service
• Medical Administration Service
• Public Affairs Officer
• Other Services, as applicable

Key Activities

• Situation Status - The situation status activity includes maintaining current status information on the incident.

• Resource Status - The resource status activity includes maintaining current status information on all resources (human and physical) assigned, available or out-of-service at the incident.

• Incident Action Planning - The incident action planning activity is the setting of objectives for each shift or operational period of the incident to guide response and recovery efforts.

• Documentation - The documentation activity includes the maintenance of a file system and records on all incident activities. Provide duplication services to the Emergency Operations Center staff.

ICS Positions

• Plans Section Chief
• Situation Status Unit Leader
• Resource Status Unit Leader
• Documentation Unit Leader
• Demobilization Unit Leader

Standard Operating Procedures
• Incident Action Planning Process and ICS Forms
Functional Annex 3 - Logistics

The purpose of the logistics functional area is to provide the services and support necessary to accomplish the response and recovery objectives, e.g. facilities, transportation, supplies, equipment maintenance and fueling, feeding, employee health, and communications.

Assignment of Operating Units

Lead
- A&MM

Support
- Human Resource Management Service
- Facilities/Engineering Service
- Pharmacy Service
- IRM Service
- Nutrition and Food Service
- Voluntary Service
- Others as applicable

Key Activities

- Supply - The supply activity includes ordering, receiving and issuing equipment and supplies, etc., to support incident-related needs.
- Facilities - The facilities activity includes the provision of buildings and space needed to support incident-related needs.
- Transportation - The transportation activity includes the provision of resources required to support the facility’s response and recovery efforts, e.g., vehicles, drivers, fuel and maintenance.
- Communications - The communications activity includes the provision of communications equipment and services in support of the incident-related needs.
- Food - The food activity includes the feeding of all persons working the incident.
- Medical/Rehabilitation - The medical/rehabilitation activity includes the provision of medical, rest and support services to all persons working the incident, including their representatives, as required.

ICS Positions
- Logistics Section Chief
• Supply Unit Leader
• Facilities Unit Leader
• Transportation Unit Leader
• Communications Unit Leader
• Employee Health Unit Leader

**Standard Operating Procedures**

• Critical Supplies
• Staff Shortage
• Alternate Operating Facilities
• Interoperable Communications
Functional Annex 4 – Finance/Administration

The purpose of the finance functional area is to provide cost estimates, document time and cost, procurement and processing compensation claims.

Assignment of Operating Units

Lead
- Fiscal

Support
- Human Resource Management Service
- Facilities/Engineering Service
- Pharmacy Service
- IRM Service
- Nutrition and Food Service
- Voluntary Service
- Others as applicable

Key Activities

- Time - The time activity includes timekeeping on all personnel assigned to the incident.
- Procurement - The procurement activity includes the contracting, purchasing and disbursing activities related to the incident.
- Compensation and Claims - The compensation and claims activity includes the reporting, investigation and processing of all claims related to injuries and property damages related to the incident.
- Cost - The cost activity includes tracking all expenditures related to the incident.

ICS Positions

- Finance Section Chief
- Time Unit Leader
- Procurement Unit Leader
- Comp/Claims Unit Leader
- Cost Unit Leader

Standard Operating Procedures

- Emergency Leave and Pay Policy
Functional Annex 5 - Business Continuity Operations

The purpose of the business continuity function area is to focus on certain aspects of health care facility operations and service delivery that must not be interrupted.

Assignment of Operating Units

Lead
- Associate Director

Support
- IRM Service
- Medical Administration Service
- Others as applicable

Key Activities

- Telecommunications/Information Management Systems – This activity includes the protection, inspection, evaluation, repair and maintenance of all facility information, communications, and detection systems.
- Patient Access to Services – This activity includes the identification of alternative sources of medical care and ancillary services.
- Records Preservation – This activity includes the process of preserving critical administrative and clinical records.
- Business Relocation – This activity includes identification of business functions that must be relocated to ensure continuity of service delivery during recovery and restoration.

ICS Positions

- Business Continuity Group Leader
- Task Forces and/or Strike Teams, as required.

Standard Operating Procedures

- Business Relocation
- Communications Disruption
- Critical Supplies
- Patient Access to Services
- Vital Records and Database Preservation
- Staffing Shortage
• VISTA and Other Computer System Disruptions
Functional Annex 6 - Equipment, Plant and Utilities Operations

The purpose of the Equipment, Plant and Utilities functional area is to protect, evaluate, control, repair and maintain plant and utility systems necessary for patient care, and to perform those services essential to facility operations and response and recovery objectives.

Assignment of Operating Units

Lead
- Facilities/Engineering Service

Support
- Environmental Management Service
- A&MM Service
- IRM Service
- Medical Administration Service
- Others as applicable

Key Activities

- Medical Devices/Systems – This activity includes the protection, inspection, evaluation, repair and maintenance of all patient care equipment and related systems.
- Medical Gas Systems – This activity includes the protection, inspection, evaluation, repair and maintenance of all medical gas storage and delivery systems.
- Power/Light Systems – This activity includes the protection, inspection, evaluation, repair and maintenance of all electrical supply and distribution systems and lighting.
- Heat/Ventilation/Cool Systems – This activity includes the protection, inspection, evaluation, repair and maintenance of all heating, ventilation and air-conditioning systems.
- Water/Sewer Systems – This activity includes the protection, inspection, evaluation, repair and maintenance of all potable water, wastewater and solid waste distribution and disposal systems.
- Buildings/Grounds/Roads – This activity includes the protection, inspection, evaluation, repair and maintenance of all buildings, grounds and roadways.
- Debris and Waste Removal – This activity includes the proper disposal of disaster-generated debris and wastes including hazardous wastes.

ICS Positions
• Equipment, Plant and Utilities Group Leader
• Task Forces and/or Strike Teams, as required.

**Standard Operating Procedures**

- Alarm System Failure
- Electrical Power Failure
- Elevators/Vertical Transport Failure
- Heating/Ventilation and Air Conditioning
- Internal Transport System Failure
- Medical Gases System Failure
- Roads and Grounds Blocked
- Waste and Debris Removal
- Water Delivery/Potability
Functional Annex 7 - Safety and Security Operations

The purpose of the Safety and Security function is to protect the safety and security of patients, visitors and staff.

Assignment of Operating Units

Co-Lead
- Police Service
- Safety Service

Support
- Industrial Hygienist
- Radiation Safety Officer
- Facilities/Engineering Service
- Fire Department/Service
- Others as applicable

Key Activities

- Alerting and Warning – This activity includes the monitoring, receipt, verification and dissemination of information related to any threat to continuity of patient care.
- Hazmat Control/Decontamination – This activity includes the protection of hazardous materials stored on the property, and the evaluation, control and decontamination of any releases associated with actual or potential internal damage caused by the incident.
- Fire Suppression – This activity includes the suppression of any fires associated with the incident.
- Search – This activity includes any search activities required as a result of the incident.
- Security – This activity includes the control of real or personal property, persons, vehicles and information necessary to the effective management of the incident.
- Sheltering/Evacuation – This activity includes the management of the sheltering or evacuation operations.

ICS Positions

- Safety and Security Group Leader
- Task Forces and/or Strike Teams, as required.
Standard Operating Procedures

- Alerting and Warning
- Facility Access Control
- Fire Suppression Systems
Functional Annex 8 - Health and Medical Operations

The purpose of the Health and Medical Services function is to provide medical, health and mass care services to patients, visitors and staff.

Assignment of Operating Units

Lead

- Chief of Staff

Support

- Ambulatory Care
- Medical Service
- Surgical Service
- Psychiatry Service
- Psychology Service
- Dental Service
- Nursing Service
- Social Work Service
- Pharmacy Service
- Radiology Service
- Chaplain Service
- Pathology and Laboratory Service
- Medical Administration Service
- Prosthetics Service
- Director’s Office
- Other Services, as appropriate

Key Activities

- Patient Management – This activity includes the continued care of the resident patient population.
- Triage – This activity includes the sorting of patients whose conditions will allow them to be released from the VAMC, as well as the sorting of disaster victims and the worried well.
- Treatment – This activity includes the diagnosis and treatment of all patients and victims associated with the incident.
- Patient relocation – This activity includes all patient management activities related to the relocation of patients required by the incident.
Outreach – This activity includes the monitoring of all patients receiving home-based care.

Fatalities Management – This activity includes the management of all fatalities associated with the incident.

ICS Positions

Health and Medical Group Leader
Task Forces and/or Strike Teams, as required.

Standard Operating Procedures

Alternative care site
Patient relocation
Fatality management
Mass casualty incident
Outreach
Incident Annexes

(As determined by the Hazards Vulnerability Analysis)