1
2   **T E M P L A T E**
3
4   **Emergency Operations Plan (EOP)**
5
6
7   **Introduction**
8
9   This Emergency Operations Plan (EOP) describes a general strategy for how the
10   operating units in the health care facility (Facility) will coordinate during emergencies.
11   The EOP identifies various "key activities" (tasks common to emergency response)
12   under the functional areas of the Incident Command System (ICS). The operating units
13   are assigned responsibility under one or more of those functional areas. Some or all of
14   these functions and key activities may be needed to meet the requirements of any
15   particular emergency situation. Actual management of the emergency will be guided by
16   the ICS incident action planning process.
17
18   This EOP is one outcome of the Facility's comprehensive emergency management
19   program where hazards reduction, capability development, and emergency operations
20   are linked in an on-going process of activities which occur in four phases:
21
22   - Preparedness activities build individual and organizational ability to manage
23   emergency situations;
24   - Response activities minimize personal injury and property damage, and to con-
25   trol the effects of emergency situations;
26   - Recovery activities begin concurrently with response activities and is directed
27   toward restoration of essential services and resumption of normal operations,
28   ending with after-action reports designed to improve future mitigation,
29   preparedness, response and recovery actions;
30   - Mitigation activities eliminate or reduce potential effects of emergencies.
31
32   **Purpose**
33
34   The purpose of the EOP is to describe how the Facility will respond to and recover from
35   all hazards. It does not replace occupant emergency procedures or emergency
36   procedures developed by Individual operating units.
37
38   The EOP consists of basic plan and three types of annexes. The basic plan provides
39   the overall policies, concept of operations, organizational structure and responsibilities.
40   The *support annex* describes how the Facility supports patient reception operations
41   under the VA~Department of Defense (DoD) Contingency Hospital System or the
42   National Disaster Medical System. The *functional annexes* explain how the Incident
43   Command System is implemented. The *incident annexes* contain short, concise
44   guidance on the initial response to priority hazards, threats and events.

45

Policies

46

47

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

50

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

52

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

55

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

57

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

61

62 The overall goal is to provide continuity of patient care operations. The objectives that
63 support this include:
64   • Provide maximum safety for patients, visitors and staff;
65   • Protect the environment, property, facilities, equipment and vital records;
66   • Maintain the integrity of the chain of command;
67   • Have a clearly defined incident command structure;
68   • Maintain and restore services as quickly as possible following an emergency
69   incident or disaster.

70

71 ## **Scope**

72

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

77

78 ## **Procedure**

79

80 Situation

81

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

87

88 Concept of Operations

89

90   If a warning or notification is received that a situation threatens to disrupt continuity of
91   patient care, and/or poses a risk to patients, visitors and staff, the Director will take the
92   necessary action(s) to assess, organize, mobilize, and deploy the organization required
93   to protect patients, visitors, employees, resources, and property based upon the threat.
94
95   The Incident Command System (ICS) will be used to plan, organize, staff, direct and
96   control emergency situations. The specific ICS organizational structure put in place will
97   depend upon the requirements of the emergency. The organization's staff builds from
98   the top down with responsibility and performance placed initially with the Initial Incident
99   Commander. As the need exists, four separate Sections (Operations, Plans, Logistics,
100 and Finance/Administration) can be developed, each with several units which can be
101 established, as required. If one individual can simultaneously manage all major
102 functional areas, no further organization is required. If one or more of the areas
103 requires independent management, an individual is named to be responsible for that
104 area.
105
106 In an incident without warning, such as a fire on a ward, the Initial Incident Commander
107 may be a nurse on duty who first recognizes the danger. In an incident that provides
108 warning, such as severe weather or reports of a cloud of hazardous materials
109 approaching the Facility, the Emergency Preparedness Coordinator may be the Initial
110 Incident Commander. If one individual can simultaneously manage all major functional
111 areas, no further organization is required. If one or more of the areas requires
112 independent management, an individual is named to be responsible for that area.
113
114 Depending on the magnitude, complexity and/or duration of the emergency, the
115 responsibility for Incident Command will transition to the most qualified individual, who
116 will initiate the incident action planning process.
117
118 Some or all of the following activities may be necessary to effectively prepare for,
119 respond to, and/or recover from an emergency:
120 • Verification that a threatening situation exists.
121 • Analysis of incident factors to determine the level and extent of EOP implementation.
122 • Alert/notification of key staff and external authorities, as appropriate.
123 • Issuance of an internal warning message and instructions.
124 • Pre-impact preparations.
125 • Establishment of an incident command system organizational structure.
126 • On-going situation and resource assessments.
127 • Incident operations necessary to protect life and property.
128 • Request for, or provision of, mutual assistance.
129 • Demobilization.
130 • Incident critique, and
131 • After action review and corrective actions.
132
133 Organization
134
135 In the EOP, operating units have been grouped together under the incident command

136   system functional areas to facilitate the management, coordination and accomplishment
137   of key activities that may be required:
138
139   <u>ICS Functional Area</u>   <u>Lead Operating Unit</u>
140   • Command or management   Director
141   • Planning   Emergency Prep Coordinator
142   • Logistics   AM&M
143   • Finance   Fiscal
144   • Operations:
145   o Business Continuity   Associate Director
146   o Equipment, Plant and Utilities   Engineering
147   o Safety and Security   Safety/Police
148   o Health and Medical.   Chief of Staff
149
150   Specific responsibilities for the lead operating units are described in the responsibilities
151   section of the Basic Plan and in the Annexes to this EOP.
152
153   **Responsibilities**
154
155   <u>Facility Director</u>
156
157   Prior to an emergency, the Director is responsible for ensuring the Facility has an up-to-
158   date Emergency Operations Plan (EOP) and is engaging in the necessary
159   preparedness activities.
160
161   During emergency situations, the Director is responsible for overall leadership,
162   management and coordination during emergency situations. This includes conducting
163   on-going situation and resource assessments; making activation/de-activation
164   decisions; establishing objectives, priorities and policies during incident action planning
165   meetings; and ensuring coordination between operating units assigned under the
166   incident command system.
167
168   Following an emergency, the Director is responsible for ensuring a critique is scheduled
169   to elicit general input concerning the Facility's response and recovery to the emergency;
170   coordination of the preparation of an after-action report; reviewing recommendations
171   and, establishing priorities for corrective actions.
172
173   <u>Primary or Lead Operating Units</u>
174
175   Prior to an emergency, the Chiefs of operating units designated as Lead Agents are re-
176   sponsible for the initiating preparedness activities related to their involvement.
177
178   During emergencies, the Chiefs of Lead Agents are responsible for the implementation,
179   management, coordination, and accomplishment of key activities as required by the
180   situation.
181

182 Following the emergency, the Chiefs of Lead Agents will ensure evaluations and
183 reviews are conducted and the necessary follow-up actions are taken.
184
185 <u>Support Operating Units</u>
186
187 Prior to an emergency, the Chiefs of operating units designated as Support Agents are
188 responsible for participating in the preparedness activities related to their involvement.
189
190 During emergencies, the Chiefs of Support Agents are responsible for supporting the
191 Lead Agents.
192
193 Following emergencies, the Chiefs of Support Agents will participate in evaluations and
194 reviews and take the necessary follow-up actions.
195
196 **VI.References**
197
198 Public Law 93-174, Section 5011A, Veterans Administration and Department of
199 Defense Health Resources Sharing and Emergency Operations Act.
200 Public Law 100-707, Robert T. Stafford Disaster Relief and Emergency Assistance Act.
201 VA Directive 0320, Emergency Preparedness Planning.
202 VHA Handbook 0320.1, VA-DoD Contingency Hospital System.
203 VHA Handbook 0320.2, Emergency Management Program Procedures.
204 VHA Handbook 0320.3, Disaster Emergency Medical Personnel System.
205 VHA Emergency Management Program (EMP) Guidebook.
206
207 **VII.   Attachments**
208
209 A.   Support Annex, Patient Reception Operations for VA~DoD Contingency Hospital
210   System and the National Disaster Medical System, Federal Coordinating Center
211
212 B.   Functional Annexes
213
214   1   Command
215   2   Planning
216   3   Logistics
217   4   Finance/Administration
218   5   Business Continuity Operations
219   6   Equipment, Plant and Utilities Operations
220   7   Safety and Security Operations
221   8   Health and Medical Operations
222
223 C.   Incident Annexes
224
225 (Standard Operating Procedures as determined by the Hazards Vulnerability Analysis)
226
227

228 **VIII. Rescission/Review Date.**
229
230
231 (Name)
232 VA Medical Center,
233 VISN __
234 (month/year)

235   **Support Annex - Patient Reception Operations**
236
237   **Purpose**
238
239   This document explains how patient reception operations will be managed within
240   Veterans Integrated Service Network (VISN) 11 under concurrent implementation of the
241   VA~DoD Contingency Hospital System (VA~DoD) and National Disaster Medical
242   System (NDMS). This plan applies to the Detroit, MI. and Indianapolis, IN. Patient
243   Reception Areas (PRAs).
244
245   **Policies**
246
247   Legal Authorities
248
249   Public Law 97-174, the (then) Veterans Affairs and Department of Defense, Health
250   Resources and Emergency Operations Act. This Act mandates that the VA support the
251   military health care system during and immediately following a period of war or national
252   emergency declared by the President or Congress.
253
254   The Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL100-707 as
255   amended, authorizing the Federal Response Plan. The National Disaster Medical
256   System (NDMS) is a partnership between the Department of Defense (DoD),
257   Department of Health and Human Services (DHHS), the Department of Veterans Affairs
258   (DVA) and the Federal Emergency Management Agency (FEMA). NDMS is a subset of
259   Emergency Support Function #8, Health and Medical Services of the Federal Response
260   Plan.
261
262   Patient Admission and Treatment Policies
263
264   All veterans who present themselves for admission will be examined, evaluated, and a
265   disposition made for their care.
266
267   Military casualties will receive priority over all VA beneficiaries except those service-
268   connected (SC), or with a life-threatening emergency. Non-service connected (NSC)
269   inpatients who may be discharged without a significant compromise of their health will
270   be released; others may be referred to secondary support hospitals or community
271   hospitals, as determined by the patient's physician.
272
273   Situation
274
275   Military conflict may produce casualties who may be returned to the United States for
276   definitive medical care. It is also possible that a significant number of civilian casualties
277   could be generated by a domestic event occurring within the same timeframe.
278
279   Health care facilities should take into account employees who are subject to military
280   mobilization.

281
282 VA and community hospitals will continue to receive non-conflict-generated active-duty
283 military patients through normal Air Force procedures.
284
285 Following activation, patients will be outplaced from military and VA hospitals to other
286 VA and community hospitals in order to increase capacity.
287
288 Military casualties could arrive within 72 hours of activation of the VA/DoD and NDMS
289 programs and will be returned to the area of their unit of record, not home of record.
290 The Air Force regulates patients to each area by bed category, not medical facility.
291 Patient distribution to specific medical facilities from the airport will be based on
292 urgency, medical capabilities and the patient's needs, and home of record.
293
294 These patients will arrive in a generally stable condition, barring complications during
295 travel.
296
297 **Procedure**
298
299 Notification and Status Reports
300
301 The VA Medical Center Directors who are Federal Coordinating Center Directors will
302 provide notification to non-Federal NDMS-participating hospitals regarding the current
303 status of activation of the NDMS system.
304
305 Activation. The phases and component activities are:
306
307 Level One – Readiness. The purpose of this phase is to establish and maintain a state
308 of heightened readiness to receive patients from a military conflict or domestic event.
309 Network Office and Medical Center activities at this level include:
310   • Update and test Key Personnel Resource Matrix and cascade callback lists.
311   • Review plans and clarify responsibilities and reporting relationships, particularly
312   patient reception teams.
313
314 Level Two – Alert. The purpose of this phase is to signal that an incident has occurred
315 that could result in patient reception operations, such as a declaration of war or
316 occurrence of a significant domestic event. Network Office and Medical Center
317 activities at this level include:
318   • Increased communication and coordination both internally and to supporting
319   facilities.
320   • Increased security procedures.
321   • Briefing of patient reception teams and community entities.
322   • Establishing Emergency Operations Centers (EOC), as appropriate.
323
324 Level Three – Activation. The purpose of this phase is to announce to facilities that
325 patient reception operations are imminent. Network Office and Medical Center activities
326 at this level include:

327   • Adjusting patient admission and care policies and out-placing patients in order to
328   maximize available beds.
329   • Assembling and deploying patient reception teams
330   • Specifying operational periods and reporting requirements.
331
332 De-activation of the system(s) will occur in reverse order of activation.
333
334 **Responsibilities**
335
336 VA Medical Centers designated as Primary Receiving Centers (PRCs) will receive
337 military casualties directly from the U.S. Air Force.   Each PRC will:
338   • Coordinate bed reporting with VAMCs designated as Secondary Support Centers
339   (SC).
340   • Transfer VA patients to Secondary Support VAMCs.
341   • Coordinate of bed availability, patient regulation (ward assignment), airport
342   reception site readiness, and patient tracking.
343   • Establish reception teams to receive patients at the airport reception site and the
344   VAMC.
345   • Coordinate primary and secondary transportation assets to accomplish patient
346   movement (airport to PRC, PRC to SSC, etc.).
347   • Coordinate with designated military installation to ensure appropriate
348   • Military Patient Administration Team (MPAT) assets are available.
349
350 VA Medical Centers designated as Secondary Support Centers (SSCs) will receive
351 patients from and/or provide resource support to the primary receiving hospital to
352 increase availability of resources at the primary receiving center. Each SSC will:
353   • Report beds available for DoD casualties to the supported PRC.
354   • Provide additional beds, personnel, supplies, and/or equipment to assist in
355   maximizing the number of DOD casualties that can be received at the primary
356   receiving center.
357   • Maintain close coordination with the associated PRC.
358
359

360 **Functional Annex 1 - Command/Management**

361

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

364

365 **Assignment of Operating Units**

366

367 Lead
368 • VAMC Director

369

370 Support
371 • IRM Service
372 • Medical Administration Service
373 • Public Affairs Officer
374 • Other Services, as applicable

375

376 **Key Activities**

377

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

380

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

385

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

388

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

391

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

399

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

403

404 **ICS Positions**

405
406   • Initial Incident Commander / Incident Management Team Commander
407   • Liaison Officer
408   • Safety Officer
409   • Public Affairs Officer
410

411   **Standard Operating Procedures**

412
413   • Line of Succession
414   • Delegation of Authority
415
416

417 **Functional Annex 2 - Planning**
418
419 The purpose of the Planning function is to gather, organize and document information
420 about the situation and resources and support incident action planning and
421 demobilization planning.
422
423 **Assignment of Operating Units**
424
425 Lead
426 • Emergency Program Coordinator (Planning)
427
428 Support
429 • IRM Service
430 • Medical Administration Service
431 • Public Affairs Officer
432 • Other Services, as applicable
433
434 **Key Activities**
435
436 • Situation Status - The situation status activity includes maintaining current status
437 information on the incident.
438
439 • Resource Status - The resource status activity includes maintaining current status
440 information on all resources (human and physical) assigned, available or out-of-service
441 at the incident.
442
443 • Incident Action Planning - The incident action planning activity is the setting of
444 objectives for each shift or operational period of the incident to guide response and
445 recovery efforts.
446
447 • Documentation - The documentation activity includes the maintenance of a file
448 system and records on all incident activities. Provide duplication services to the
449 Emergency Operations Center staff.
450
451 **ICS Positions**
452
453 • Plans Section Chief
454 • Situation Status Unit Leader
455 • Resource Status Unit Leader
456 • Documentation Unit Leader
457 • Demobilization Unit Leader
458
459 **Standard Operating Procedures**
460

461   •   Incident Action Planning Process and ICS Forms
462

463 **Functional Annex 3 - Logistics**
464
465 The purpose of the logistics functional area is to provide the services and support
466 necessary to accomplish the response and recovery objectives, e.g. facilities,
467 transportation, supplies, equipment maintenance and fueling, feeding, employee health,
468 and communications.
469
470 **Assignment of Operating Units**
471
472 Lead
473 • A&MM
474
475 Support
476 • Human Resource Management Service
477 • Facilities/Engineering Service
478 • Pharmacy Service
479 • IRM Service
480 • Nutrition and Food Service
481 • Voluntary Service
482 • Others as applicable
483
484 **Key Activities**
485
486 • Supply - The supply activity includes ordering, receiving and issuing equipment and
487 supplies, etc., to support incident-related needs.
488
489 • Facilities - The facilities activity includes the provision of buildings and space needed
490 to support incident-related needs.
491
492 • Transportation - The transportation activity includes the provision of resources
493 required to support the facility's response and recovery efforts, e.g., vehicles, drivers,
494 fuel and maintenance.
495
496 • Communications - The communications activity includes the provision of
497 communications equipment and services in support of the incident-related needs.
498
499 • Food - The food activity includes the feeding of all persons working the incident.
500
501 • Medical/Rehabilitation - The medical/rehabilitation activity includes the provision of
502 medical, rest and support services to all persons working the incident, including their
503 representatives, as required.
504
505 **ICS Positions**
506
507 • Logistics Section Chief

508   • Supply Unit Leader
509   • Facilities Unit Leader
510   • Transportation Unit Leader
511   • Communications Unit Leader
512   • Employee Health Unit Leader
513
514   **Standard Operating Procedures**
515
516   • Critical Supplies
517   • Staff Shortage
518   • Alternate Operating Facilities
519   • Interoperable Communications
520
521
522
523
524

525 **Functional Annex 4 – Finance/Administration**
526
527 The purpose of the finance functional area is to provide cost estimates, document time
528 and cost, procurement and processing compensation claims.
529
530 **Assignment of Operating Units**
531
532 Lead
533 • Fiscal
534
535 Support
536 • Human Resource Management Service
537 • Facilities/Engineering Service
538 • Pharmacy Service
539 • IRM Service
540 • Nutrition and Food Service
541 • Voluntary Service
542 • Others as applicable
543
544 **Key Activities**
545
546 • Time - The time activity includes timekeeping on all personnel assigned to the
547 incident.
548
549 • Procurement - The procurement activity includes the contracting, purchasing and
550 disbursing activities related to the incident.
551
552 • Compensation and Claims - The compensation and claims activity includes the
553 reporting, investigation and processing of all claims related to injuries and property
554 damages related to the incident.
555
556 • Cost - The cost activity includes tracking all expenditures related to the incident.
557
558 **ICS Positions**
559
560 • Finance Section Chief
561 • Time Unit Leader
562 • Procurement Unit Leader
563 • Comp/Claims Unit Leader
564 • Cost Unit Leader
565
566 **Standard Operating Procedures**
567
568 • Emergency Leave and Pay Policy

569 **Functional Annex 5 - Business Continuity Operations**
570
571 The purpose of the business continuity function area is to focus on certain aspects of
572 health care facility operations and service delivery that must not be interrupted.
573
574 **Assignment of Operating Units**
575
576 Lead
577 • Associate Director
578
579 Support
580 • IRM Service
581 • Medical Administration Service
582 • Others as applicable
583
584 **Key Activities**
585
586 • Telecommunications/Information Management Systems – This activity includes the
587 protection, inspection, evaluation, repair and maintenance of all facility information,
588 communications, and detection systems.
589
590 • Patient Access to Services – This activity includes the identification of alternative
591 sources of medical care and ancillary services.
592
593 • Records Preservation – This activity includes the process of preserving critical
594 administrative and clinical records.
595
596 • Business Relocation – This activity includes identification of business functions that
597 must be relocated to ensure continuity of service delivery during recovery and
598 restoration.
599
600 **ICS Positions**
601
602 • Business Continuity Group Leader
603 • Task Forces and/or Strike Teams, as required.
604
605 **Standard Operating Procedures**
606
607 • Business Relocation
608 • Communications Disruption
609 • Critical Supplies
610 • Patient Access to Services
611 • Vital Records and Database Preservation
612 • Staffing Shortage

613   •   VISTA and Other Computer System Disruptions
614
615
616

617 **Functional Annex 6 - Equipment, Plant and Utilities Operations**
618
619 The purpose of the Equipment, Plant and Utilities functional area is to protect, evaluate,
620 control, repair and maintain plant and utility systems necessary for patient care, and to
621 perform those services essential to facility operations and response and recovery
622 objectives.
623
624 **Assignment of Operating Units**
625
626 Lead
627 • Facilities/Engineering Service
628
629 Support
630 • Environmental Management Service
631 • A&MM Service
632 • IRM Service
633 • Medical Administration Service
634 • Others as applicable
635
636 **Key Activities**
637
638 • Medical Devices/Systems – This activity includes the protection, inspection,
639 evaluation, repair and maintenance of all patient care equipment and related systems.
640
641 • Medical Gas Systems – This activity includes the protection, inspection, evaluation,
642 repair and maintenance of all medical gas storage and delivery systems.
643
644 • Power/Light Systems – This activity includes the protection, inspection, evaluation,
645 repair and maintenance of all electrical supply and distribution systems and lighting.
646
647 • Heat/Ventilation/Cool Systems – This activity includes the protection, inspection,
648 evaluation, repair and maintenance of all heating, ventilation and air-conditioning
649 systems.
650
651 • Water/Sewer Systems – This activity includes the protection, inspection, evaluation,
652 repair and maintenance of all potable water, wastewater and solid waste distribution
653 and disposal systems.
654
655 • Buildings/Grounds/Roads – This activity includes the protection, inspection,
656 evaluation, repair and maintenance of all buildings, grounds and roadways.
657
658 • Debris and Waste Removal – This activity includes the proper disposal of disaster-
659 generated debris and wastes including hazardous wastes.
660
661 **ICS Positions**

662
663 • Equipment, Plant and Utilities Group Leader
664 • Task Forces and/or Strike Teams, as required.
665
666 **Standard Operating Procedures**
667
668 • Alarm System Failure
669 • Electrical Power Failure
670 • Elevators/Vertical Transport Failure
671 • Heating/Ventilation and Air Conditioning
672 • Internal Transport System Failure
673 • Medical Gases System Failure
674 • Roads and Grounds Blocked
675 • Waste and Debris Removal
676 • Water Delivery/Potability
677
678
679
680

681 **Functional Annex 7 - Safety and Security Operations**
682
683 The purpose of the Safety and Security function is to protect the safety and security of
684 patients, visitors and staff.
685
686 **Assignment of Operating Units**
687
688 Co-Lead
689 • Police Service
690 • Safety Service
691
692 Support
693 • Industrial Hygienist
694 • Radiation Safety Officer
695 • Facilities/Engineering Service
696 • Fire Department/Service
697 • Others as applicable
698
699 **Key Activities**
700
701 • Alerting and Warning – This activity includes the monitoring, receipt, verification and
702 dissemination of information related to any threat to continuity of patient care.
703
704 • Hazmat Control/Decontamination – This activity includes the protection of hazardous
705 materials stored on the property, and the evaluation, control and decontamination of any
706 releases associated with actual or potential internal damage caused by the incident.
707
708 • Fire Suppression – This activity includes the suppression of any fires associated with
709 the incident.
710
711 • Search – This activity includes any search activities required as a result of the
712 incident.
713
714 • Security – This activity includes the control of real or personal property, persons,
715 vehicles and information necessary to the effective management of the incident.
716
717 • Sheltering/Evacuation – This activity includes the management of the sheltering or
718 evacuation operations.
719
720 **ICS Positions**
721
722 • Safety and Security Group Leader
723 • Task Forces and/or Strike Teams, as required.
724

725 **Standard Operating Procedures**
726
727 • Alerting and Warning
728 • Facility Access Control
729 • Fire Suppression Systems
730
731
732

733   **Functional Annex 8 - Health and Medical Operations**
734
735   The purpose of the Health and Medical Services function is to provide medical, health
736   and mass care services to patients, visitors and staff.
737
738   **Assignment of Operating Units**
739
740   Lead
741   • Chief of Staff
742
743   Support
744   • Ambulatory Care
745   • Medical Service
746   • Surgical Service
747   • Psychiatry Service
748   • Psychology Service
749   • Dental Service
750   • Nursing Service
751   • Social Work Service
752   • Pharmacy Service
753   • Radiology Service
754   • Chaplain Service
755   • Pathology and Laboratory Service
756   • Medical Administration Service
757   • Prosthetics Service
758   • Director's Office
759   • Other Services, as appropriate
760
761   **Key Activities**
762
763   • Patient Management – This activity includes the continued care of the resident
764   patient population.
765
766   • Triage – This activity includes the sorting of patients whose conditions will allow
767   them to be released from the VAMC, as well as the sorting of disaster victims and the
768   worried well.
769
770   • Treatment – This activity includes the diagnosis and treatment of all patients and
771   victims associated with the incident.
772
773   • Patient relocation – This activity includes all patient management activities related to
774   the relocation of patients required by the incident.
775

776   •   Outreach – This activity includes the monitoring of all patients receiving home-based
777   care.
778
779   •   Fatalities Management – This activity includes the management of all fatalities
780   associated with the incident.
781
782   **ICS Positions**
783
784   •   Health and Medical Group Leader
785   •   Task Forces and/or Strike Teams, as required.
786
787   **Standard Operating Procedures**
788
789   •   Alternative care site
790   •   Patient relocation
791   •   Fatality management
792   •   Mass casualty incident
793   •   Outreach
794

795   **Incident Annexes**
796
797   (As determined by the Hazards Vulnerability Analysis)