

VHA COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive updates policy for the VHA Comprehensive Emergency Management Program (CEMP) and describes responsibilities for implementing the CEMP at VHA Central Office, Veterans Integrated Service Network (VISN) and Department of Veterans Affairs (VA) medical facilities.

2. SUMMARY OF MAJOR CHANGES: This revised VHA directive serves as an umbrella directive for the other VHA 0320-series (emergency management) directives that provide program-specific policy and responsibilities. This revised VHA directive:

- a. Focuses the VHA CEMP on providing health security for VA patients, military personnel, first responders and the public during emergencies, as appropriate.
- b. Adds health security as an outcome of the CEMP (paragraph 4).
- c. Incorporates major national security, health and emergency management policy and doctrinal guidance.
- d. Adds additional responsibilities for the Director, VHA Office of Emergency Management (OEM) (paragraph 5.e.)

3. RELATED ISSUES: VHA Directive 0320.01, Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures, dated April 6, 2017; VHA Directive 0320.05, Medical Emergency Radiological Response Team Program, dated August 12, 2019; VHA Directive 0320.06, First Receivers Decontamination Program, dated October 27, 2016; VHA Directive 0320.07, Dual Use Vehicle (DUV) Program, dated June 18, 2018; VHA Directive 0320.09, Resilient High Frequency Radio Network, dated September 1, 2017; VHA Directive 0320.10, Inspection of VA All-Hazard Emergency Caches by the VHA Office of Emergency Management, dated July 26, 2017; VHA Directive 1154, Mobile Medical Unit (MMU) Program Management, dated July 26, 2017; VHA Handbook 0320.03, Disaster Emergency Medical Personnel System (DEMPS) Program and Database, dated March 26, 2008; VHA Handbook 0320.04, Department of Veterans Affairs and Department of Defense Contingency Plan, dated March 13, 2014.

4. RESPONSIBLE OFFICE: The VHA Office of Emergency Management (OEM, 10NA1) is responsible for the contents of this directive. Questions may be referred to 304-264-4800.

5. RESCISSION: VHA Directive 0320, Comprehensive Emergency Management Program, dated April 12, 2013, is rescinded.

July 6, 2020

VHA DIRECTIVE 0320

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of July 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY THE DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Assistant Under Secretary for Health
for Operations

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publication Distribution List on July 8, 2020.

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VHA COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy and responsibilities for VHA's Comprehensive Emergency Management Program (CEMP) ensuring health security of Veterans from the impacts of emergencies and disasters.

AUTHORITY: Title 38 United States Code (U.S.C.) § 1784, 1785, 8111A, 8117 and 8153; and 42 U.S.C. § 300hh – 300hh–31 and § 5121-5208.

2. BACKGROUND

a. In 1999, VHA adopted Comprehensive Emergency Management (CEM) which had been the Federal Emergency Management Agency's (FEMA) overall policy context since 1980.

b. VHA retains the CEM concept and incorporates the following national policy and doctrinal guidance into the CEMP:

(1) After the terrorist attacks of September 11, 2001, the Department of Veterans Affairs (VA) Emergency Preparedness Act identified requirements for the readiness of VA medical facilities, security, tracking of pharmaceuticals, mental health counseling and training.

(2) The Department of Homeland Security (DHS) established national preparedness policy to provide an overall structure for the coordination and implementation of all-hazards preparedness in the United States. The National Preparedness System (NPS) includes a national preparedness goal and process, mission areas and core capabilities.

(3) DHS also created the National Incident Management System (NIMS) from its wildland firefighting roots and required its use by Federal departments and agencies and State, Local, Tribal and Territorial (SLTT) agencies so that a single domestic emergency management system existed.

(4) The Pandemic and All-Hazards Preparedness Act (PAHPA), and subsequent reauthorizations, has guided the major programs of Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), including the National Health Security Strategy (NHSS), a strategic framework for health and medical service delivery in emergencies and disasters.

c. CEMP includes reduction or elimination of the impact from potential hazards (mitigation); building the capacity and capability of the organization to manage the impacts (preparedness); acting to stop on-going negative effects (response); and, working to restore essential functions and returning the organization to a new normal (recovery). VHA implements CEMP through an integrated emergency management process that includes:

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

(2) An appraisal of hazards and their primary and secondary effects.

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

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

(5) Emergency operations.

(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 and preparedness activities.

d. Resiliency is an outcome of a CEMP and is defined as the ability to maintain mission critical business operations and regular health care services, ensuring health security despite the effects of a disaster or emergency.

e. Health security is achieved through actions in support of three primary objectives:

(1) Preparing, mobilizing and coordinating the Whole-of-Government to bring the full spectrum of Federal medical and public health capabilities to support SLTT authorities in the event of a public health emergency, disaster or attack;

(2) Protecting the Nation from the health effects of emerging and pandemic infectious diseases and chemical, biological, radiological and nuclear threats; and

(3) Leveraging the capabilities of the private sector.

3. DEFINITIONS

a. **Continuity**. Continuity is the ability to provide uninterrupted services and support, while maintaining organizational viability, before, during and after an event that disrupts normal operations.

b. **Emergency**. An emergency is a hazard impact causing adverse physical, social, psychological, economic or political effects requiring immediate actions to maintain or increase capacity and capability (call-back procedures, mutual aid), and commonly requires change from routine management methods to an incident command process to achieve the expected outcome. Synonymous with incident.

c. **Emergency Management Capabilities Assessment Program.** Emergency Management Capabilities Assessment Programs (EMCAP) are surveys to assess the status of all VA medical facility CEMP Programs.

d. **Emergency Management Coordination Cell.** VHA's Emergency Management Coordination Cell (EMCC) serves as the central point of communication and coordination for the Under Secretary for Health in planning for, responding to and recovering from significant events that require national level direction/support or supporting Federal interagency requests for assistance.

e. **Emergency Management Performance Improvement Funds.** For the purposes of this directive, Emergency Management Performance Improvement (EMPI) Funds are funds provided through the VHA Office of Emergency Management (OEM) to support VA medical facility projects that enhance local emergency management program goals.

f. **Emergency Operations Plan.** An Emergency Operations Plan (EOP) provides the structure and processes that the organization utilizes to respond to and initially recover from an event. The EOP is implemented through the Incident Command System.

g. **Emergency Relocation Group.** The Emergency Relocation Group (ERG) consists of staff assigned to continue performance of essential functions at an alternate location should their primary operating facility or facilities be impacted or incapacitated by an emergency.

h. **Essential Functions.** Essential functions are those functions an organization must continue through emergencies. The identification and prioritization of essential functions is the foundation of continuity planning and establishes the parameters that drive an organization's continuity planning and preparedness efforts.

i. **Hazard.** A hazard is a potential or actual force, physical condition or agent with the ability to cause human injury, illness or death and significant damage to property, the environment, critical infrastructure, agriculture and business operations and other types of harm or loss.

j. **Health Care Coalition.** A health care coalition is a functional entity of health care organizations and related organizations that work together to prevent, protect, militate against, respond to and recover from an incident.

k. **Incident Command System.** The Incident Command System (ICS) is a component of NIMS which provides a standardized organizational structure with common terminology to enable effective and efficient domestic incident management.

l. **Incident Management Team.** An incident management team (IMT) is an organization based on ICS that is focused on the resolution of the emergency or management of the exercise or designated special event.

m. **Mission Essential Functions.** Mission Essential Functions (MEF) are the essential functions directly related to accomplishing an organization's mission as set forth in statutes or executive charters.

n. **National Disaster Medical System.** The National Disaster Medical System (NDMS) is a federally coordinated health care system and partnership of HHS, DHS, the Department of Defense (DoD) and VA.

o. **Primary Mission Essential Function.** Primary Mission Essential Function (PMEF) are those MEFs that must be continuously performed to support or provide for the uninterrupted performance of National Essential Functions.

p. **Public Health Emergency Medical Countermeasures Enterprise Strategy.** The Public Health Emergency Medical Countermeasure Enterprise (PHEMCE) Strategy includes "medical countermeasures" (pharmaceutical interventions such as vaccines, antimicrobials and antitoxins) and non-pharmaceutical interventions (diagnostics, ventilators, personal protective equipment and patient decontamination) that may be used to prevent, mitigate or treat the adverse health effects of an intentional, accidental or naturally occurring chemical, biological, radiological or nuclear threat. See <https://www.phe.gov/Preparedness/mcm/phemce/Pages/about.aspx>.

q. **Vulnerable Patients.** Vulnerable patients are patients enrolled in Home-based Primary Care (HBPC), home oxygen, homeless, spinal cord/vent, nursing home, high-risk mental health, dialysis, chemotherapy and infusion services and tier 1 telehealth programs.

4. POLICY

It is VHA policy to provide health security for Veterans, military personnel, first responders and the public during emergencies, as appropriate.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Designating VHA OEM as the program office responsible for the overall coordination of emergency management within VHA.

(2) Determining resources to be shared and establishing crisis standards of care for VHA during emergencies, in consultation with VA leadership, the Assistant Secretary for Preparedness and Response, Department of Health and Human Services, the Assistant Secretary of Defense for Health Affairs, Department of Defense and other officials.

NOTE: *The responsibility to set controls on what resources are shared with other Federal agencies and with SLTT entities during emergencies and establish crisis standards of care is a discretionary act.*

(3) Serving as a member of the NDMS Senior Policy Group (SPG).

(4) Serving as co-chairperson of the Health Executive Committee (HEC) with the Assistant Secretary of Defense for Health Affairs.

(5) Serving as a member of the Department of Health and Human Service PHEMCE.

(6) Ensuring the timely research, development, regulation, procurement, stockpiling, maintenance, deployment and utilization of priority emergency medical countermeasures.

(7) Serving as a member of the VA Secretary's ERG to support the PME of VA.

NOTE: For more information see:

https://www.va.gov/VHAEMERGENCYMANAGEMENT/CEMP/CEMP_COOP.asp.

(8) Ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health.** The Deputy Under Secretary for Health is responsible for:

(1) Ensuring directors of VHA program offices actively support requests for assistance communicated through the EMCC.

(2) Serving as a member of the VA Secretary's ERG to support the PME of VA.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Serving in the ICS Agency Executive role for the VHA EMCC, providing command and control to the Veterans Integrated Service Networks (VISNs) for the continuous and safe operation of all VA medical facilities during emergencies.

(2) Providing oversight of VISNs to assure compliance with this directive, relevant standards and applicable regulations.

(3) Providing available support to DoD for medical care of military personnel as defined under the VA-DoD Memorandum of Understanding and VA-DoD Contingency Hospital System Plan (see VHA Handbook 0320.04, Department of Veterans Affairs and Department of Defense Contingency Plan, dated May 31, 2014).

(4) Serving as a member of the VA Secretary's ERG to support the PME of VA.

(5) Communicating the contents of this directive to each VISN.

(6) Providing assistance to VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

d. **Deputy Assistant Under Secretary for Health for Operations.** The Deputy Assistant Under Secretary for Health for Operations is responsible for:

(1) Providing oversight for the entire VHA OEM organization.

(2) Serving as a member of the VA Secretary's ERG to support the PMEF of VA.

e. **Director, VHA Office of Emergency Management.** The Director, VHA OEM is responsible for:

(1) Establishing CEMP requirements for program offices, VISNs and VA medical facilities.

(2) Engaging stakeholders to establish the strategic direction for VHA CEMP. **NOTE:** *Stakeholders refers to both internal VHA organizations and intergovernmental bodies such as HHS and DoD.*

(3) Ensuring VHA OEM provides situational awareness information needed by VHA leadership to support the requirements identified by VISNs during emergencies. Such information is obtained through open source information products developed by the VHA Watch Office and reports from VISNs and VA medical facilities.

(4) Overseeing the Medical Emergency Radiological Response Team (MERRT) (see VHA Directive 0320.05, Medical Emergency Radiological Response Team Program, dated August 12, 2019).

(5) Directing the Disaster Emergency Medical Personnel System (DEMPS) (see VHA Handbook 0320.03, Disaster Emergency Medical Personnel Management (DEMPS), dated March 26, 2008).

(6) Coordinating the deployments of personnel, mobile assets and other logistical support to meet requirements from VISNs and other Federal agencies during emergencies, special events and exercises.

(7) Providing technical assistance and available funding to VA medical facilities for emergency management capability development, assessment and performance improvement. **NOTE:** *The VHA OEM Director approves distribution of EMPI funds requested by VISNs and VA medical facilities. VA medical facility requests are additionally reviewed and approved by their respective VISN office.*

(8) Ensuring the development, testing and maintenance of VHA continuity procedures.

(9) Managing a comprehensive CEMP education, training and exercise program.

(10) Providing technical assistance and available funding to VA medical facilities for the development and maintenance of first receivers decontamination and all-hazards response teams.

(11) Providing staff to advise and help coordinate readiness and patient movement operations at VA medical facilities designated as NDMS Federal Coordinating Centers (FCCs), Primary Receiving Centers (PRCs) and Secondary Support Centers (SSCs) for the VA-DoD Contingency Hospital System.

(12) Collaborating with the VA Emergency Management Evaluation Center (VEMEC) on research that contributes to the health security for Veterans.

(13) Providing subject matter expertise to advise VA medical facilities on development of plans for mobilization and use of the VA All Hazards Emergency Caches (AHEC).

(14) Maintaining information systems (e.g., Performance Improvement Management System (PIMS)) that support the VHA CEMP.

(15) Providing planning, resource coordination, expertise and emergency management staff to support the emergency management requirements of VA special events and National Special Security Events (NSSEs).

(16) Establishing policy and guidance for compliance with NIMS.

(17) Maintaining an inventory of VHA OEM vehicles, equipment and supplies that can be deployed to support intra-/inter-agency requirements during emergencies.

(18) Overseeing the operations of the VHA Watch Office.

(19) Ensuring VHA OEM compliance with all VA CEMP requirements.

(20) Reviewing and certifying VA medical facility EOPs and supporting documents.

f. **VHA Program Office Director.** The Directors of VHA program offices with assigned emergency management responsibilities will ensure compliance with all CEMP requirements.

g. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Assigning staff with existing emergency management duties to coordinate VISN and VA medical facility emergency management activities in collaboration with VHA OEM staff.

(2) Providing guidance and coordination to VA medical facility Directors during emergencies.

(3) Proactively identifying vulnerabilities to infrastructure, security and health care operations through annual Hazards Vulnerability Analyses (HVA), program reviews and implementing improvement projects. (See VHA Directive 0320.01, Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures, dated April 6, 2017.)

(4) Enhancing partnerships with SLTT health and emergency management authorities.

(5) Coordinating a VISN-wide effort to organize, train and equip staff to support internal or external requirements during emergencies. (See VHA Handbook 0320.03.)

(6) Ensuring the reporting of emergencies.

(7) Maintaining the capability to coordinate VISN-wide response to and recovery from emergencies.

(8) Ensuring VISN office and VISN-wide compliance with the VHA CEMP requirements by reviewing EMCAP reports prepared by OEM. **NOTE:** *Compliance entails the development and execution of an Improvement Plan.* (See VHA Directive 0320.01.)

(9) Ensuring VA medical facilities provide outreach to vulnerable patients during emergencies.

(10) Approving EMPI funds requested by VA medical facilities within their VISN.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Assigning staff emergency management duties to coordinate the VA medical facility CEMP in collaboration with the VISN and VHA OEM staff.

(2) Enhancing and maintaining partnerships with health care coalitions and community response partners.

(3) Providing reports on the status of the VA medical facility's CEMP through PIMS.

(4) Ensuring VA medical facility compliance with VHA CEMP requirements.

(5) Providing guidance regarding policy and direction to the VA medical facility emergency management team.

(6) Applying criteria to make decisions regarding the curtailment of services, closure of facilities, use of alternate care sites, application of crisis standards of care and evacuation of facilities.

(7) Rendering the determination to provide emergency medical services to non-VA beneficiaries as a humanitarian service during local emergencies, on a cost reimbursable basis.

(8) Furnishing hospital care and medical services to individuals responding to, involved in or otherwise affected by disasters and emergencies that have been declared by the President under the Stafford Act (42 U.S.C. § 5121 et seq.), or during activation of the NDMS based on VA medical facility capabilities.

(9) Delivering care to active-duty Service members during war and immediately following a war or national emergency based on VA medical facility capabilities.

(10) Distributing medical countermeasures to Veterans, employees (including contractors), family members and others on VA property during a disaster or emergency declared under the Public Health Service Act (P.L. 78-410) or the Stafford Act.

(11) Sharing health care resources with other health care providers, entities or individuals subject to a sharing agreement within statutory limitations and availability of resources.

(12) Utilizing Government-owned or leased vehicles to transport employees to and from the VA medical facility and nearest adequate public transportation, or, if such public transportation is either unavailable or not feasible to use, to and from the VA medical facility and their home, on a cost reimbursable basis with VA Secretary approval. (See VA Directive 0637, VA Vehicle Fleet Management Program, dated May 10, 2013.)

(13) Providing situation reports to the VISN Office including any unmet requirements.

(14) Organizing, training and equipping VA medical facility staff to respond to internal or external requirements during emergencies.

(15) Providing training to resident medical staff and health care personnel on public health emergencies.

(16) Based on the mission of the VA medical facility, overseeing patient reception planning and operations under VA/DoD sharing authorities and the NDMS.

(17) Maintaining a health care continuity capability that is fully integrated into the VA medical facility's EOP.

(18) Conducting a VA medical facility after-action review process following an emergency and participating in other after-action review processes to identify corrective or preventive actions to be added to the VA medical facility's improvement plan.

(19) Appointing primary and secondary DEMPS Coordinators.

(20) Ensuring the use and maintenance of a mass notification system.

(21) Ensuring outreach is provided to vulnerable patients during emergencies.

(22) Ensuring that VA medical facility-specific profile information is provided in PIMS.

(23) Authorizing VA medical facility requests for EMPI funds.

(24) Ensuring that the VA medical facility provide bed reports quarterly for VA-DoD Contingency Hospital System.

(25) Ensuring that the VA medical facility report Dual Use Vehicle (DUV) readiness.

(26) Ensuring that the VA medical facility report on the status of their First Receivers Decontamination Program annually.

(27) Ensuring that the VA medical facility file Issue Briefs or Heads Up messages when emergencies occur.

6. REPORTS

PIMS is used to manage the records of VA medical facility emergency management programs, such as Emergency Management Capability Assessment Program (EMCAP) reports, self-assessments and the status of requests for EMPI funds. Situation reporting during emergencies will occur through normal administrative channels, unless otherwise directed by VHA OEM.

7. TRAINING

There are no formal training requirements associated with this directive. Other 0320-series VHA directives identify specific training recommendations and requirements.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

9. REFERENCES

- a. P.L. 78-410
- b. 38 U.S.C. § 1784, 1785, 8111A, 8117 and 8153.
- c. 42 U.S.C. § 300hh-300hh-31, and § 5151-5208.
- d. 45 C.F.R. Part 160, 164 Subparts A and C.
- e. Executive Order (EO)12657, Federal Emergency Management Agency Assistance in Emergency Preparedness Planning at Commercial Nuclear Power Plants.
- f. Presidential Policy Directive (PPD)-8, National Preparedness.
- g. Presidential Policy Directive (PPD)-21, Critical Infrastructure Protection and Resilience.
- h. Presidential Policy Directive (PPD)-22, National Special Security Events.
- i. Presidential Policy Directive (PPD)-40, Continuity of Operations.

j. Homeland Security Presidential Directive (HSPD)-5, Management of Domestic Incidents.

k. Homeland Security Presidential Directive (HSPD)-10, Biodefense for the 21st Century.

l. Homeland Security Presidential Directive (HSPD)-18, Medical Countermeasures against Weapons of Mass Destruction.

m. Homeland Security Presidential Directive (HSPD)-20, Federal Continuity Program.

n. Homeland Security Presidential Directive (HSPD) -21, Public Health and Medical Preparedness.

o. VA Directive 0320, VA Comprehensive Emergency Management Program, dated August 13, 2012.

p. VA Directive 0321, Serious Incident Reports, dated June 6, 2012.

q. VA Directive 0322, VA Integrated Operations Center (VA IOC), dated April 29, 2010.

r. VA Directive 0324, Test, Training, Exercise, and Evaluation Program, dated April 5, 2012.

s. VA Directive 0637, VA Vehicle Fleet Management Program, dated May 10, 2013.

t. VA Directive 5011/2, Hours of Duty and Leave, dated June 16, 2004.

u. VHA Directive 0320.01, Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures, dated April 6, 2017.

v. VHA Directive 0320.05, Medical Emergency Radiological Response Team Program, dated August 12, 2019.

w. VHA Handbook 0320.03, Disaster Emergency Medical Personnel Management (DEMPS), dated March 26, 2008.

x. VHA Handbook 0320.04, Department of Veterans Affairs and Department of Defense Contingency Plan, dated March 13, 2014

y. VHA Emergency Management Capability Assessment Program Guide.

z. VHA Emergency Management Program Guide.

aa. VHA Emergency Management Program Guidebook.

bb. VHA Physical Security and Design Manual: <http://vaww.ceosh.med.va.gov/>.

NOTE: *This is an internal VA website that is not available to the public.*

cc. VA Financial Policy Vol. XIII Chapter 6, Accounting During Declared Emergencies: <https://www.va.gov/finance/docs/VA-FinancialPolicyVolumeXIIIChapter06.pdf>.

dd. Department of Health and Human Services, National Disaster Framework.

ee. Department of Health and Human Services, National Health Security Strategy.

ff. Department of Health and Human Services, National Homeland Security Strategy.

gg. Department of Health and Human Services, National Infrastructure Protection Plan.

hh. Department of Health and Human Services, National Response Framework.

ii. Centers for Medicare and Medicaid Services, Emergency Preparedness Rule (See <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>).

jj. The Joint Commission, Emergency Management Standards: <http://vaww.ceosh.med.va.gov/>. **NOTE:** *This is an internal VA website that is not available to the public.*

kk. Commission on the Accreditation of Rehabilitation Facilities, Health and Safety: <http://vaww.ceosh.med.va.gov/>. **NOTE:** *This is an internal VA website that is not available to the public.*

ll. National Fire Protection Association (NFPA), NFPA 99 – Health Care Facilities Code, Chapter 12, Emergency Management: <http://vaww.ceosh.med.va.gov/>. **NOTE:** *This is an internal VA website that is not available to the public.*

mm. National Fire Protection Association (NFPA), NFPA 1600 – Standard on Continuity, Emergency, and Crisis Management.

nn. Institute of Medicine, Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response. March 21, 2012.