

VA



U.S. Department
of Veterans Affairs

CHARTING THE COURSE: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations

May 7, 2020

Introduction

The Department of Veterans Affairs' (VA) mission is to fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans. VA employees across the Nation are dedicated to serving Veterans, Servicemembers, caregivers, and their families, as well as the larger public, with healthcare, benefits, and memorial services. In the face of the historic coronavirus disease 2019 (COVID-19) pandemic, VA is committed to ensuring continuity of mission critical and essential services, while playing a key leadership role in the Nation's overall response and recovery efforts.

Purpose, Applicability, and Scope

This document provides a framework for VA to resume normal, pre-COVID-19, public-facing operations, in accordance with the White House National Guidelines, "Opening Up America Again," and subsequent guidance in the Office of Management and Budget (OMB) and Office of Personnel Management (OPM) Memorandum M-20-23, "Aligning Federal Agency Operations with the National Guidelines for *Opening Up America Again*." In summary, those guidelines allow objective assessments of epidemiological status and overall preparedness by states to follow a phased approach to resume normal activities, based on consideration of "gating criteria," outlined in the National guidance. This document applies to all VA organizations. Due to the rapidly evolving nature of the COVID-19 pandemic, this document is dynamic and will be updated with additional annexes as more data and information becomes available.

Objectives

The overall objective of this framework is to provide Department-level guidelines for resuming normal, pre-COVID-19, public-facing operations once the Secretary of Veterans Affairs (SECVA) determines that such operations can be initiated. Specific framework objectives include:

- Aligning VA activities with National guidance.
- Providing an executable roadmap for resuming operations as the situation evolves.
- Clearly communicating guidance and criteria to the VA workforce, Veterans, patients, visitors, and stakeholders.
- Mitigating risk of resurgence and protecting the most vulnerable populations.
- Utilizing data to drive decision-making to assure mission readiness.
- Protecting the VA workforce and considering the safety of their families.

Planning Assumptions and Challenges

COVID-19 response and recovery present VA with unprecedented challenges due to variances amongst Department mission areas supporting Veterans, workforce demographics, geographic locations, occupations, facilities, and available resources. As such, this framework is based on the following planning assumptions:

- Pandemic is not over, and VA continues to provide response efforts.
- Duration and severity can vary depending on the characteristics of the virus and the public health response.
- Definition of “normal operations” may change as the situation evolves.
- Resources required to mitigate identified risk may be limited.
- Driving factors to reopen state functions may not align with Federal “gating criteria” to increase physical presence in Federal facilities.
- Geographically separated Federal entities’ implementation of “gating criteria” will vary due to local environmental considerations and associated risks.
- Active engagement with key stakeholders will occur throughout planning efforts at the national and local levels.

Additionally, the Department identified significant challenges related to centrally tracking all applicable critical information and resource requirements at the local level.

VA’s COVID-19 Response Efforts

VA implemented an aggressive public health response to protect and care for Veterans, their families, healthcare providers, and staff in the face of the COVID-19 pandemic. With approximately 90% of the workforce engaged in providing healthcare to Veterans, most employees remained in their daily work environments throughout the pandemic and they will continue to do so throughout the return to normal, pre-COVID-19 operations. The remaining workforce, including VA Staff Offices and headquarters components of the VA Administrations, maximized telework and digital processes to continue providing seamless support services.

During the early onset of the pandemic, VA quickly realigned various activities and operations around the country while continuing its core missions. Since the start of the pandemic, VA has:

- Continued to provide healthcare services at all VA Medical Centers and maintained maximum staffing levels to respond to the pandemic, while expanding virtual medical care and telehealth to minimize physical contact.
- Implemented specific protective measures, such as targeted outreach to Veterans and staff, COVID-19 screening, and limiting access to healthcare facilities.
- Activated its “Fourth Mission” support in select areas and is supporting humanitarian cases throughout the country as directed by the Federal Emergency Management Agency (FEMA).
- Continued to keep cemeteries open for visitation and interment of Veterans and eligible individuals.
- Conducted tele-townhalls to provide an interactive forum for Veterans to hear updates on available benefits and eligibility, and how VA is responding during COVID-19.

- Expanded virtual Board of Veterans' Appeals (BVA) hearings through technology to homes or appropriate alternate to ensure participant privacy, health, and safety.
- Collaborated with OMB and OPM on temporary measures related to pay, hiring authorities, and delegations, enabling more rapid staffing.
- Expanded employment of Veterans Benefits Management System to sustain Veterans claim processing goals and continued enhancements to the case management system of record to sustain appeals processing levels throughout the crisis.
- Worked with both Department of Treasury and the Internal Revenue Service to ensure those Veterans who do not file tax returns receive stimulus checks.
- Increased use of telehealth and Acceptable Clinical Evidence, an initiative to review the medical record evidence virtually to support Compensation and Pension (C&P) exams used to determine disability ratings.
- Partnered with the Food and Drug Administration and National Institutes of Health to accelerate production of 3D printed Personal Protective Equipment (PPE).
- Extended existing technologies to remain accessible while limiting exposure to vulnerable populations.

Returning VA Operations to Normalcy

VA holds itself to a high standard for providing benefits and services to Veterans, their families, and beneficiaries. To this end, VA will continue to ensure continuity in delivery of critical services, to protect the health and safety of the workforce, and to provide leadership and momentum as an impetus toward a broader national return to normalcy.

VA's return to normal, pre-COVID-19, public-facing operations will be controllable and steady, by aligning Department operations through the "Gating Period" and 3-Phase framework outlined in the National guidelines. Before proceeding through any of the phases, VA will incorporate state and county decisions on gating criteria into its business-line specific assessments, along with weighing the criticality of currently suspended face-to-face Veteran services.

The timeline for moving through this transition process will be dependent upon the ability to minimize and control exposure and infection levels and to maintain a constant decrease over time. VA is committed to following a Federally supported, state-managed, and locally executed model that incorporates VA mission specific factors. The SECVA, or designee(s), will determine when regions initiate and transition through the phases using a combination of the parameters, criteria and phases as determined by state and local jurisdictions, and risk assessments identified later in this document. All criteria and parameters (outlined in the "Gating Criteria" section) must be met before starting the phases (see Table 1) and may precipitate a return to an earlier phase.

VA will be informed by state and local determinations and utilize available information to continue making mission critical decisions where necessary. The below descriptions provide an overview of how VA activity may progress, but are not indicative of making determinations of state and local jurisdictions in lieu of state and local decisions.

Table 1. 3-Phased Approach

PHASE 1	For Localities that Satisfy Gating Criteria	Start Date TBD
PHASE 2	For Localities with No Evidence of a Rebound and that Satisfy the Gating Criteria a Second Time	Start Date TBD
PHASE 3	For Localities with No Evidence of a Rebound and that Satisfy the Gating Criteria a Third Time	Start Date TBD

Source: Adapted from the White House National Guidelines

While VA will continue current capabilities and workplace flexibilities put in place to respond to COVID-19, the Department plans on resuming some of the public-facing operations that were temporarily paused or modified due to COVID-19.

Phase 1

VA anticipates resuming the following public-facing operations that support Veterans:

- Veterans Health Administration (VHA) will continue to provide urgent and emergent services and procedures, and assess the risks/impacts of initiating certain non-emergent procedures, of expanding additional medical services (e.g., blood draw, clinic visits, X-Ray, etc.) with awareness of rates of influenza-like illness, and of resuming admissions to Spinal Cord Injury and Disorder units.
- VHA will also assess community care capacity and assist Veterans in coordinating care as clinically appropriate and when eligibility is present.
- Veterans Benefits Administration (VBA) will maintain its current posture and work with C&P contract examiners to formulate a plan within the next 30 days to resume face-to-face exams (contract exams should resume, based on this plan later in Phase 1).
- National Cemetery Administration (NCA) will maintain its current posture and prepare to resume activities in subsequent phases.
- BVA will maintain its current posture and collaborate with Veterans Services Organizations (VSOs), private representatives, and other stakeholders to conduct higher numbers of virtual hearings hosted at VSO-operated facilities and other private/secure space near Veterans and their representatives while encouraging physical distancing and compliance with Center for Disease Control (CDC) guidance.
- VA Staff Offices will continue essential support activities that enable service delivery to support mission needs.

VA will take the following steps to protect the workforce:

- Continue to maximize telework, where possible, to complete essential functions while ensuring protections are in place for front line employees currently reporting to work sites.
- Prepare offices for reopening in future phases by identifying testing, screening, PPE, and other appropriate protections in accordance with OPM and CDC guidance.
- Continue to optimize Information Technology (IT) systems to support greater demand for virtual interfaces between VA staff and Veterans/customers.
- Continue to screen individuals, as appropriate, for indicators of potential exposure to COVID-19 or other similar infectious disease and restrict physical access to buildings accordingly.
- Continue to allow all vulnerable individuals who are at a higher risk for severe illness from COVID-19, including older adults and people of any age who have serious, underlying medical conditions, to telework (at the maximum extent possible).
- Continue to grant staff who cannot telework Weather and Safety Leave as needed.
- Continue to grant eligible staff emergency paid sick leave and emergency family and medical leave under the provisions in the Families First Coronavirus Response Act (FFCRA).
- Require strict physical distancing protocols at all facilities.
- Keep most common areas closed.
- Continuously monitor the health of the overall workforce.
- Allow limited travel based on business case and in accordance with CDC guidance.
- Use staggered shifts and team schedules for staff returning to work sites who are performing operations that cannot be carried out remotely.

Depending on local conditions, data collected, and lessons learned throughout this phase, VA may determine to cease certain, if not all, public-facing activities resumed during Phase 1.

Phase 2

VA will continue all public-facing operations in Phase 1, in addition to the following:

- Expand non-emergent procedures and services, and ancillary services when “gating criteria” are met locally, through a risk-based assessment that includes both patient factors and resource considerations.
- Reopen Fisher Houses and resume the Hoptel Program, when “gating criteria” is met locally.
- Conduct public-facing services in VBA regional offices on a limited basis by appointment only and prepare for additional public-facing activities in Phase 3.
- Resume committal services and military honors with attendance limitations/at-risk population disposition at National cemeteries in accordance with CDC guidance.

- Allow ceremonies and events where projected attendance/at-risk populations disposition is within CDC guidance.
- Schedule and conduct memorial services (in-lieu of committal services) for all direct interments conducted as of March 23, 2020.
- Schedule and conduct memorial services and interments postponed by families due to COVID-19 restrictions.
- Resume limited operations for in-person video BVA appeals hearings at VBA facilities.

VA will take the following steps to protect the workforce:

- Continue to utilize telework as appropriate to meet mission needs and ensure the safety of their workforce.
- Assess continuing telework for employees capable of performing 100% of their job duties remotely.
- Up to 50% of VBA's employees will return on a rotational basis.
- Increased numbers of BVA hearing branch staff and administrative support staff will return to work sites, using staggered shifts/teams and expansion of core hours to reduce number of people in a facility at any time.
- BVA Judges and non-remote attorneys will return on a staggered rotation schedule while staying below a 50% threshold.
- Continue to allow all vulnerable individuals who are at a higher risk for severe illness from COVID-19 to telework.
- Continue to grant eligible staff emergency paid sick leave and emergency family and medical leave under the provisions in the FFCRA.
- Require moderate physical distancing protocols at all facilities.
- Keep most common areas closed and implement revised sanitation protocols for reopened areas.
- Continue to allow limited travel based on business case and in accordance with CDC guidance.

Depending on local conditions, data collected, and lessons-learned throughout this phase, VA may determine to cease certain, if not all, activities or revert to previous phase conditions.

Phase 3

VA will continue all public-facing operations in Phases 1 and 2, in addition to the following:

- Resume appropriate visitor access to all VHA healthcare facilities, including Community Living Centers and Spinal Cord Injury and Disorder Units.
- Expand additional non-emergent procedures and services as permitted by PPE and other resource requirements, stock levels, and utilization rates.
- Resume admissions to Blind Rehabilitation facilities.

- Expand access for public contact services conducted in VBA regional offices by appointment only and conduct Veteran-facing activities outside of regional offices, as necessary.
- Resume normal committal services, military honors, and public ceremonies and events consistent with best practices in physical distancing.
- Resume in-person BVA hearings while continuing to conduct, and to expand, use of virtual hearings.
- Resume near normal, or normal, essential support activity levels that enable benefits and service delivery to Veterans.

VA will take the following steps to ensure the health and safety of the workforce:

- Most employees will return to work sites and resume normal telework schedules in accordance with re-entry plans.
- On a case-by-case basis, continue to allow vulnerable individuals to telework and/or work flexible schedules.
- Continue to grant eligible staff emergency paid sick leave and emergency family and medical leave under the provisions in the FFCRA.
- Reopen common areas provided they adhere to standard sanitation protocols and remodeled physical environment protocols.
- Require limited physical distancing protocols at all facilities.
- Allow most business travel to resume, as approved.
- Evaluate resuming national meetings and large travel events in accordance with CDC guidance.

Depending on local conditions, data collected, and lessons learned throughout this phase, VA may determine to cease certain, if not all, activities or revert to a previous phase.

Gating Criteria

The Department will track national and state conditions centrally at VA Central Office (VACO) consistent with FEMA regions, but VA Administrations and Staff Offices may break down their regions into smaller regions to calibrate with local data and information. Additionally, VA will use OMB resources to track state and local status.

VA will follow the “gating criteria” and core preparedness parameters in the National Guidelines as major health benchmarks for regions to meet before returning to work sites (see Tables 2 and 3).

Table 2. Gating Criteria

Symptoms	Cases	Hospitals
Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period,	Downward trajectory of documented cases within a 14-day period,	Treat all patients without crises care,
AND	OR	AND
Downward trajectory of COVID-like syndromic cases reported within the 14-day period.	Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests).	Robust testing program in place for at-risk healthcare workers, including emerging antibody testing.
<p><i>VA Administrations and Staff Offices may need to tailor application of these parameters to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild).</i></p>		

Source: Adapted from the White House National Guidelines

Table 3. Core Preparedness Parameters

Testing and Contact Tracing	Healthcare System Capacity	Plans
<ul style="list-style-type: none"> ✓ Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results. 	<ul style="list-style-type: none"> ✓ Ability to quickly and independently supply sufficient PPE and critical medical equipment to handle dramatic surge in need. 	<ul style="list-style-type: none"> ✓ Protect the health and safety of workers in critical mission areas.
<ul style="list-style-type: none"> ✓ Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results. 	<ul style="list-style-type: none"> ✓ Ability to surge ICU capacity. 	<ul style="list-style-type: none"> ✓ Protect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities).
<ul style="list-style-type: none"> ✓ Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans). 		<ul style="list-style-type: none"> ✓ Protect employees and users of mass transit. ✓ Advise employees and contractors regarding protocols for physical distancing and face coverings. ✓ Monitor conditions and immediately take steps to limit and mitigate rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity.

Source: Adapted from the White House National Guidelines

Along with meeting the “gating criteria” and parameters above, VA will consider:

- Capacity to perform clinical procedures and services under a “new normal” for personal protection.
- Risks of expanding face-to-face services during an ongoing response effort.
- Continued capacity of expanded virtual care services.
- Surge capability to treat a localized COVID-19 outbreak while providing safe healthcare for Veterans.
- Provider readiness in VHA’s Community Care network.

As such, pure administrative locations supporting healthcare delivery may reach Phase 1 readiness before complex medical centers.

Once a region or locality meets both the parameters and core preparedness parameters, it should review and validate that the appropriate Department-level policies and procedures are in place.

Policies and Procedures

VA Administrations and Staff Offices will adhere to personnel guidelines in M-20-23 and apply Department policies and procedures to individuals and work units within diverse operational environments and locations.

OMB/OPM Personnel Guidelines

In accordance with M-20-23, VA will consider the following:

- Precautions for vulnerable and at-risk populations.¹
- Employees' physical and mental health.
- Impact on workforce should COVID-19 re-emerge in areas that have recovered.
- Available mechanisms (and limitations) for tracking and reporting symptomatic employees and contractors.
- Collective bargaining obligations.

VA will also incorporate OPM's Frequently Asked Questions regarding the resumption of normal workforce operations (<https://www.opm.gov/policy-data-oversight/covid-19/opm-frequently-asked-questions-regarding-the-resumption-of-normal-workforce-operations/>) and Equal Employment Opportunity Commission guidance (https://www.eeoc.gov/eeoc/newsroom/wysk/wysk_ada_rehabilitaion_act_coronavirus.cfm).

VA Human Capital Guidelines

Before resuming any operations, VA Administrations and Staff Offices should address any staffing shortages. Offices should assess the criticality of certain job series or positions for performing public-facing services and implementing COVID-19 response efforts.

VA has already developed specific human capital guidance and temporarily modified certain human resources (HR) processes to address current conditions. VA will continue to encourage telework whenever possible and feasible to meet mission requirements in accordance with *VA Handbook 5011, Part 11, Chapter 4*. VA will also maximize telework flexibilities to all eligible workers within those populations that the CDC has identified as being at higher risk for serious complications from COVID-19, regardless of location. VA Administrations and Staff Offices do not need to require certification by a medical professional and may accept self-identification by employees who are in one of

¹ Vulnerable populations include adults 65 and older and people of any age who have serious underlying medical conditions. Other at-risk populations include pregnant people, people experiencing homelessness, and people with disabilities (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>).

these populations. As conditions change, VA will review, and revise telework policies and agreements as necessary.

In addition to telework, VA will utilize other HR flexibilities, such as Weather and Safety Leave, flexible work schedules (e.g., maxi-flex), leave under the Families First Coronavirus Response Act, and new work arrangements to support resuming normal, public-facing operations to Veterans, their families, and beneficiaries, while balancing the health and safety of the workforce. Use of alternating schedules that rotate employees in the office may allow organizations to maintain physical distancing and reduce contact among work units. When considering new work arrangements, VA Administrations and Staff Offices should balance operational constraints with employee needs, such as childcare and transportation.

VA Administrations and Staff Offices should plan for appropriate union engagement and continue to be transparent with information provided to labor organizations as practicable. VA will, at the appropriate time, fulfill bargaining obligations on a post implementation basis as appropriate. VA will communicate with employees and the appropriate union representatives as soon as possible regarding return to work plans. VA Administrations and Staff Offices should coordinate any such communications with appropriate HR, equal opportunity, and general counsel officials to address compliance questions including Department requirements pursuant to collective bargaining agreements and employee requirements regarding return-to-work directives.

VA Facilities, Services, and Operations Guidelines

The decision to open or close a Federally owned or leased building under the General Services Administration's authority are, by regulation, made by the building's Designated Official (the chair of the building's Facility Security Council), in consultation with the building manager and law enforcement organization responsible for protecting the facility. Beyond the "open or close" determinations, VA may make decisions concerning utilization of specific space (e.g., floor, office, suite, etc.) within any multi-occupant facility that it inhabits.

VA has already enhanced cleaning services, closed most common areas, suspended non-essential transportation, and developed COVID-19 signage and risk assessment charts for main lobbies and elevators. In addition to keeping the current protocols in place, VA will identify appropriate screening, testing, and contact tracing procedures to restrict individuals infected with or at higher risk of serious illnesses from COVID-19 from accessing its facilities. VA policies will include specific considerations for employees, contractors, and visitors.

In accordance with CDC and Department of Labor (DOL) guidance, as well as other appropriate resources, VA's Designated Agency Safety and Health Official will disseminate workplace policies around availability of hygiene supplies, maintaining facility cleanliness, building airflow/ventilation, displaying consistent signage, and maintaining physical distancing and vigilance in workplace and service delivery. In

states requiring individuals to wear cloth face coverings² in public settings, and in facilities that VA designates as necessary to wear face coverings, VA will make face coverings available for employees and contractors at work sites and will follow CDC and DOL guidance on the design, use, and maintenance of such coverings. When appropriate, VA will also provide PPE for specific frontline workers depending on the risk of exposure.³ VA will continue to follow related guidance in place for healthcare settings. VA will prioritize the availability of supplies and cleaning services to services that are the most public-facing, as well as those most critical to implementing COVID-19 response efforts.

VA IT Guidelines

VA will continue to maintain IT capacity ahead of demand to assure access to, and the security of, VA's information and information systems. The Department will also continue to ensure the continuity of access to, and delivery of, healthcare services and benefits to Veterans.

Decision Making Process

The Department will establish policies and procedures consistent with National Guidelines. VA will monitor "gating criteria" and gather relevant national, state, and local data to help inform the decision to initiate and move through the phases. VA will use this information to supplement state and local determinations on the status of a local jurisdiction where necessary.

Other Key Considerations

VA will consider returning employees to VA facilities based on several factors, including, but not limited to:

- Availability of PPE and face coverings.
- Capabilities of laboratory testing for COVID-19.
- Availability of pharmaceuticals.
- Availability of sanitizer gel and disinfection wipes for employees' use.
- Capacity to test and screen employees prior to accessing facilities.
- Capacity to ensure adequate facility cleaning.
- Availability of facility cleaning supplies.
- Status of schools and daycares.
- Functionality of mass transit and parking availability.
- Required space alterations needed to ensure appropriate physical distancing.
- Specific VA business line requirements.

² Textile cloth covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>)

³ Equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses (<https://www.osha.gov/SLTC/personalprotectiveequipment/>).

- Additional community characteristics (e.g., state-wide directives, county-wide/city directives, presence of “hot spots” or “flare ups,” etc.).

VA will follow existing labor contracts, as appropriate, with respect to PPE, union participation on local safety committees, and testing of employees with a reasonable belief that they were exposed.

Risk Assessments

VA will use this information to assess the risks (and identify potential mitigations and opportunities) for implementing Phase 1 and transitioning to subsequent phases. VA will carefully consider the risks before taking specific actions to resume normal, public-facing operations since returning to primary work sites involve an increase in risk over the maximum use of telework. Once “gating criteria” have been met, VA may initiate some actions with little or no mitigation efforts, while others may require one or more mitigation steps be taken to protect the VA workforce and mission.

Prior to each phase, each region will perform a risk assessment that identifies and mitigates threats and hazards. Not all facilities, work units, or functions will have the same threats, risks, hazards, and mitigation opportunities. Regions can tailor risk assessments to meet individual needs but should analyze the impact of resuming certain functions using standard scoring and impact factors (such as those in the table below).

Table 4. Sample Risk Impact Probability Chart

		Impact L----->H		
		Ease of performance; Nice to have; Local in nature; Can be Deferred for extended periods of time (1)	Day-to-day Operations; Regional in nature; Can be deferred for limited periods of time (2)	Mission Related; National Impacts; Should be performed continuously or with minimal disruption. (3)
Risk L----->H	High (3)	3	6	9
	Medium (2)	2	4	6
	Low (1)	1	2	3

To help regions, VA is developing a standard data collection form and risk assessment tool to enable efficient and effective decision-making. VA will stand up a technical assistance cell within VACO to provide consultation and advice as regions perform their assessments.

Internal and External Communications

Successful implementation of this framework will require frequent messaging to VA employees, both nationally and locally. VA will develop messaging and public statements to facilitate communication with VA employees and provide guidance to facilities as they move from one phase to another. Once established, an internal communication plan will identify important key messaging and methods of distribution (e.g., email, signs, memorandum, intranet postings, etc.) to provide quick and direct updates to employees. Every effort will be made to reach all employees, and messaging will cover topics to include, but are not limited to:

- White House, VA, CDC, DOL, OMB, and OPM updates and guidance.
- Employee resources, such as VA's Employee Assistance Program.
- Expected process changes, requirements, or restrictions for returning to work sites.
- HR policies and procedures, to include a COVID-19 Playbook for first line supervisors.
- Union engagement and outreach.

The VA external communication plan will outline how, when, and what to communicate with external stakeholders, customers, media, local community, etc. Consultation with public affairs and coordination with the White House must occur prior to release of external messages, and every VA region must consult with public affairs before publicly announcing any return to a previous phase (e.g., revert from Phase 2 to Phase 1). Additionally, every effort will be made to align external communications with internal communications to ensure unified messaging.



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CHARTING THE COURSE: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations

Veterans Health Administration Annex May 6, 2020

This document is an Annex to the Department of Veterans Affairs (VA) “Charting the Course: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations” and outlines the Veterans Health Administration’s (VHA) approach for resuming normal, pre-COVID-19, public-facing operations in accordance with White House Guidelines for Opening Up America Again and the White House National Guidelines, “Opening Up America Again,” and subsequent guidance in the Office of Management and Budget (OMB) and Office of Personnel Management (OPM) Memorandum M-20-23, “Aligning Federal Agency Operations with the National Guidelines for *Opening Up America Again*.”

This document focuses on opening VHA administrative locations and includes a general approach to VHA healthcare facilities. Operations will align with VA guidance that are founded on recommendations from the Centers for Disease Control and Prevention (CDC). The continuation or re-initiation of healthcare activities will provide Veterans and staff with a safe environment for high quality healthcare. A separate plan (attached) establishes plans and guidelines to open each VHA healthcare facility.

Objectives

- Align VHA’s activities with Department-level framework and guidance.
- Provide an executable plan for resuming operations as the situation evolves.
- Clearly communicate guidance and criteria to the VA workforce, Veterans, patients, visitors, and stakeholders.
- Mitigate risk of resurgence and protect the most vulnerable populations.
- Utilize data to drive decision-making to assure mission readiness.
- Implement a safe environment for Veterans, VHA staff, and visitors to VHA healthcare and administrative facilities.

Gating Criteria

In addition to the “Gating Criteria” outlined in Department guidance, VHA will incorporate the following business line specific criteria:

- Creation of an environment that is safe for Veterans, staff and visitors.
- Development of risk-based assessment for expanding face-to-face health care services.
- Continued support and expansion of virtual care services.
- Capacity to perform clinical procedures and services while taking into account sustainable resource allocations.
- Availability of personal protective equipment, laboratory testing capabilities for COVID-19, and pharmaceuticals.
- Surge capability to treat a localized COVID-19 outbreak while providing safe healthcare for Veterans.
- Provider readiness in VHA’s Community Care network.

Guidelines

In addition to Department guidelines, VHA is developing and promoting the following cascading guidance and protocols:

- Tabletop exercise for repopulating administrative locations.
- Guidelines for VHA Central Office masking, hygiene, physical distancing, and disinfection.
- Screening, testing, and contact tracing.
- When appropriate and consistent with specific roles, staff will return to work sites using staggered shifts and team schedules.
- Guidelines for facility access and distancing in common areas (i.e., conference rooms, transitioning the building, breakrooms, restrooms).
- Continue telework capabilities when appropriate and consistent with specific roles.
- Support development of telehealth capabilities.
- Continue community care eligibility determinations and referrals when clinically appropriate.

Implementation of Phases

The timeline for moving through the 3-Phase process will be dependent upon the ability to minimize and control exposure and infection levels and to maintain a constant decrease over time. VHA will meet all criteria and parameters in Department guidance, along with specific criteria outlined in this document.

In addition to the requirements for a downward trajectory of influenza-like illness and COVID-19 like syndromic cases within a 14-day period in each geographic location, VHA will initiate phase one plans when adequate supplies of required physical

protective equipment exists. Pure administrative locations may reach Phase 1 readiness before complex medical centers.

Phase 1

Public Facing Operations that Support Veterans

- Continue COVID-19 screening and limiting access to all VHA facilities.
- Enforce strict physical distancing protocols at all VHA facilities.
- Remodel the environment of care and processes at VHA healthcare facilities.
- Continue to provide urgent and emergent services and procedures to enrolled Veterans in VHA healthcare facilities.
- Continue and expand virtual care and telehealth.
- Assess the risk of initiating certain non-emergent procedures
- Assess the impact of expanding additional medical services (e.g., blood draw, clinic visits, X-Ray) with awareness of rates of influenza-like illness.
- Assess safety of resumption of admissions to Spinal Cord Injury and Disorder units.
- Ensure Community Living Centers are prepared to resume admissions of Veterans following specific elective procedures.
- Continue to assess community care capacity and assist Veterans in coordinating care as clinically appropriate and when eligibility is present.

Activities to Protect the Workforce

- Continue telework capabilities when appropriate and consistent with specific roles.
- VHA Senior Leadership and their support staff will return to work sites, using staggered shifts and team schedules.
- Limit use of common areas, to include break rooms and kitchens.
- Enforce strict physical distancing protocols at all facilities.
- Allow limited travel based on business case and in accordance with CDC guidance.

Phase 2

Phase 2 continues to have shelter in place for specific vulnerable individuals and those who live in households with those individuals. Physical distancing is expanded which permits some areas of VHA to now open (e.g., canteen, larger conference rooms). Travel expands and access to senior living facilities remains prohibited. As with Phase one, decisions will be based on level of influenza-like illness and COVID-19 like syndromic cases in the community, availability of personal protective equipment, and the ability to conduct COVID-19 testing.

Public Facing Operations that Support Veterans

- Continued monitoring for and treatment of influenza-like illness and COVID-19 like syndromic cases to ensure safe environment.

- Expand non-emergent procedures and services and associated ancillary services when gating criteria is met locally, through a risk-based assessment that includes both patient factors and resource considerations.
- Reopen Fisher Houses and Hoptels when gating criteria is met locally.
- Continued monitoring of community care capacity and utilization.

Activities to Protect the Workforce

- VHA Central Office staff will continue to telework when consistent with specific roles; vulnerable individuals will continue to telework.
- Begin phased approach to returning staff on telework back to VHA facilities.
- Reopen common areas, to include break rooms and kitchens, under revised sanitation protocols.
- Enforce moderate physical distancing protocols at all VA facilities.
- Allow limited travel based on business case and in accordance with CDC guidance.

Phase 3

Phase 3 begins a period to open public interactions. Physical distancing should be maintained to minimize exposures in social settings. Visits to senior living facilities and hospitals can be resumed and VHA facilities will stand down surge capabilities for COVID-19.

Public Facing Operations that Support Veterans

- Continue readiness for emergency response.
- Resume admissions to Blind Rehabilitation facilities.
- Resume appropriate visitor access to all VHA healthcare facilities including Community Living Centers and Spinal Cord Injury and Disorder units.
- Continued expansion of additional non-emergent procedures and services as permitted by personal protective equipment and other resource requirements, stock levels, and burn rates.

Activities to Protect the Workforce

- Non-virtual employees will return to work sites.
- On a case-by-case basis, continue to allow vulnerable individuals to telework and/or work flexible schedules.
- Reopen common areas provided they adhere to standard sanitation protocols and remodeled physical environment protocols (e.g. spacing of chairs).
- Enforce standard physical distancing protocols at all facilities.
- Allow most business travel to resume, as approved.
- Evaluate resuming VHA-funded national meetings and large travel events in accordance with CDC guidance.

Incorporating Lessons Learned

VHA will continuously monitor and assess the phases, while collecting lessons learned by:

- Standard performance measures for healthcare delivery and outcomes.
- Physical distancing measures
- Utilization Rates of consumables and equipment.
- Issue brief reports on areas of patient safety and quality topic areas.
- Rates of influenza-like illness and COVID-19 like syndromic cases in conjunction with screening and laboratory testing for COVID-19 and other infectious respiratory illnesses.
- Customer and employee satisfaction and trust surveys
- Reports on blogs, VA web/Facebook, and media outlets.

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Safe Care is Our Mission



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In accordance with the *White House Guidelines for Opening Up America Again*, the Veterans Health Administration (VHA) will use the following approach for addressing continued engagement of safe access to care for both VA direct services and community care services. This plan applies to general/elective surgery, other procedural cases and inpatient and outpatient services. This plan will provide standardized guidelines which can be tailored to individual Veterans Integrated Service Networks (VISN) and VA Medical Centers (VAMC), in consideration of Federal, state and local guidance, and is interoperable with other formal guidance provided by VA.

Key Principles

- As a High Reliability Organization (HRO), the safety of Veterans¹ and staff is, and must be, the highest priority when considering the provision of health care services, items and procedures during the COVID-19 pandemic. Before any clinical care is delivered, safe infrastructure and support must be in place.
- VA will adhere to Centers for Disease Control and Prevention (CDC), and relevant federal, state and local public health guidance and recommendations; the safety of our Veterans and staff members is paramount and part of VHA's culture.
- Facilities must develop a process for Veterans and staff to be screened for COVID-19 symptoms and fever. If symptomatic, testing is offered by VA.
- Symptomatic staff will be triaged by occupational health or designated staff.
- If appropriate, appointments/procedures will be postponed for symptomatic patients to mitigate risks.
- Virtual care modalities should be provided as clinically appropriate. Virtual care should be expanded to include clinical care for all patients, unless it is required that care be performed face-to-face.
- Under these conditions, facilities should work to continually expand their capacity to provide medically appropriate care that reduces risk of COVID-19 transmission to Veterans and staff.
- Procedures and surgeries will be prioritized in accordance with state, local and professional society guidance, as they have been put on hold like in other health systems.
- Decisions on which time-sensitive care to further deliver is a local decision and based on clinician determination of risk.
- Medically indicated surgical, medical or dental treatments or procedures at a VA facility should be based on patient preference, as well as the professional

¹ In referencing "Veterans," this document may include, where appropriate, non-Veteran patients receiving VA treatment or services through VA's 4th Mission.

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- judgement and risk assessment of the treating clinician in collaboration with a local multidisciplinary leadership team (e.g., Chief of Staff, Associate Director for Patient Care Services, etc.) that can provide information about resource and infrastructure capacity.
- It is critical that leadership creates an environment that facilitates and encourages staff members to speak up, offer suggestions, innovate and be heard. Every staff member can anticipate risk and be a problem solver as their perspectives and insights help us identify safety concerns and develop solutions.
 - In a Culture of Safety, all providers should follow guidelines for personal protection, physical distancing and environmental cleaning recommendations outlined by CDC and VA guidance to protect their Veterans and staff both during procedures and business operations.
 - All facilities must have a process to inquire about signs/symptoms and/or testing for COVID-19 in any Veteran who undergoes an invasive medical, surgical or dental procedure. This contact will occur within 10-14 days after the procedure, and additional recommendations for testing must be developed for any Veteran who responds affirmatively.
 - Veterans and staff should comply with physical distancing at all times when inside a facility or Community Based Outpatient Clinic (CBOC). Everyone has a role in maintaining a safe environment. Each facility should determine the necessary workflows, patient/staff flow and required equipment, supplies and space needed to support necessary physical distancing.
 - Consider initial ceilings for face-to-face care (for example: increase by 10 or 20%, increase by 25%, etc.) so that each facility can monitor the downstream impact on care needed, personal protective equipment (PPE) utilization and supply chain sustainability. As impacts and utilization are evaluated, a focus on root cause analysis and continuous process improvement must be implemented to ensure the safety of all Veterans and staff.

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Gating Criteria

In alignment with the *White House Guidelines for Opening Up America Again*, VA guidance and federal, state and local guidance (e.g., CDC guidance), the following Gating Criteria shall be used:

Symptoms²	Cases	Medical Facilities
The state or region in which the facility is located has a downward trajectory of influenza-like illnesses reported within a 14-day period	The state or region in which the facility is located has a downward trajectory of documented cases of COVID-19 within a 14-day period	The facility is able to treat all patients within the normal standard of care (i.e., not the crisis standard of care)
AND	OR	AND
A downward trajectory of COVID-like syndromic cases reported within a 14-day period	A downward trajectory of positive COVID-19 tests as a percent of total COVID-19 tests within a 14-day period (flat or increasing volume of tests)	A robust testing program is in place for at-risk healthcare workers, including emerging antibody testing
<i>VISNs and VAMCs may need to tailor application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild).</i>		

Communications and Outreach

VA has developed a national communications campaign in conjunction with this plan, Moving Forward Together: **Safe** Care is Our Mission. The campaign includes:

- A customizable package featuring products on a deployable timeline (t-minus schedule) for Lead Sites, and then VISNs and VAMCs as they move into the next phase of operations.
- A coordinated approach with program offices, VISN and VAMC Public Affairs teams who will review the plan and products to ensure unified messaging.
- The six essential change management questions for product development, including “What’s in it for me” (WIIFM) messaging and HRO principles and values.

² Sources: [CDC](#); National Surveillance Tool; if market-specific data is unavailable, consider facility Emergency Department Dashboard.

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- Safety is VA's number one priority and how VHA is leading the national recovery phase by ensuring safety principles and guidelines are the foundation of plan.
- Veterans Top Line Messages:
 - We, at VA, are here to ensure we meet your needs in a safe environment. (HRO Value: Support a Safety Culture)
 - VA continues to make your safety a priority. We screen everyone entering our facility for COVID-19 to ensure minimum exposure for Veterans, caregivers and staff. (HRO Principle: Preoccupations with Failure)
 - Please feel free to talk to our staff about our facility screening process and the precautions that we are taking to ensure your safety. (HRO Value: Respect for People)
 - You may be tested for COVID-19 within VA. We may ask you to distance yourself from others while waiting for your results. (HRO Principle: Preoccupations with Failure)
 - Please be sure to inform your VA provider if you receive a COVID-19 diagnostic test outside of VA.
 - Non-VA facilities may not follow the same guidelines that VA is practicing. Feel free to ask your community providers about their safety practices and policies, such as screening, distancing and any other measures they are taking to ensure the safest access to treatment. (HRO Value: Duty to Speak Up)
 - You and your provider will discuss your treatment options and overall health status while COVID-19 safety restrictions still exist. Your VA provider will discuss the risks of undergoing certain treatments or procedures, taking into account your overall health status, risk for complications and urgency of the considered treatment. Your VA provider may recommend that you continue to postpone routine but highest risk procedures, including dental and eye examinations. (HRO Values: It's About the Veterans, Support a Safety Culture, Respect for People, Preoccupation with Failure)
 - If you experience serious and urgent non-COVID-19 concerns (e.g., chest pains), immediately seek medical attention. Safety for all Veterans – including those needing emergency care not related to COVID-19 – is VA's top priority. VA medical facilities are taking every precaution (e.g., 100% mask utilization, physical distancing, etc.) to ensure a safe environment for anyone who enters.
- VA Leadership and Staff Top Line Messages
 - Our facility will expand operations in an environment that is safe for our Veterans and staff. Our goal is to care for the Veterans who have the greatest clinical need while ensuring a safe environment for all involved. To accomplish this goal, we will provide health services, taking into account guidance from various agencies including state and local government. (HRO: Sensitivity to Operations)

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- Even before COVID-19, VHA was committed to High Reliability (HRO) principles. HRO principles teach us to empower and value expertise – and we are all empowered to determine what is needed for our Veterans. You have proven this on many occasions by anticipating risks and solving problems through innovations and engagement that supports our mission and keeps both employees and Veterans safe. We are grateful for your dedication, your talents and your willingness to be creative while performing your duties in this COVID-19 environment. (HRO statement)
- Our dedicated staff has always worked in partnership with our Veterans. Our leadership knows you are committed to continuing VHA’s noble mission of safely caring for Veterans. (HRO Principle: Sensitivity to Operations; HRO Value: Respect for People)
- You have earned the trust of our Veterans, which the latest VA trust scores reflect. To maintain that trust, we will re-introduce areas of healthcare as it is safe to do so, and our facility will join community partners in moving forward. (HRO Principle: Deference to Expertise)

Risk/Benefit-Based Assessment for Expanding Procedural Face-to-Face Services

VHA will incorporate the following framework to integrate clinical and supporting considerations in prioritizing and scheduling non-urgent procedures:

- VA will utilize a risk-based framework³ to prioritize which non-urgent procedures may be scheduled in addition to the urgent procedures currently being performed.
- The risk-based guidance below outlines a framework for prioritizing clinical activities for the safety of the Veteran and considering state and local public health guidance.
- Since patient and disease factors are assessed in this framework, care for members of vulnerable populations will be prioritized.
- Facilities will establish multidisciplinary teams to utilize the framework using the following process:
 - Confirm indication for procedure,
 - Determine urgency of procedure,
 - Assess resource impacts on facility,
 - Confirm resources or define gaps, and
 - Determine location of procedure [in-house, other VA facility, affiliate, agency partner (e.g., Indian Health Service, Defense Health Agency, Federally Qualified Health Center) or community care].

Category	Factor
□ Patient Factors	Age

³ It is recommended that VA Office of Research and Development evaluate the usage of the framework for more objective application in the future.

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Category		Factor
		Lung Disease
		Other Comorbidities Result in Impact on Patient Outcome
		Obstructive Sleep Apnea
		Cardiovascular Disease/Hypertension
		Diabetes
		Immunocompromised
		Influenza-like symptoms
		Positive/Negative Indication of COVID-19
		Exposure to COVID-19
	Recent Travel	
	Disease Factors	Non-operative Effectiveness
		Non-operative Resource Exposure
		2-wk Delay Disease Outcome Impact
		2-wk Delay Surgical Risk Impact
6-wk Delay Disease Outcome Impact		
6-wk Delay Surgical Risk Impact		
Facility Specific	Staff Safety	Staff Member Health and Risk Profile Associated with Exposure to COVID-19 (low, medium or high risk based on respiratory droplet exposure ⁴)
	Resource Considerations ⁵ Facilities Staffing Equipment Supplies Pharmaceuticals	Volume of pending cases
		Pre-admission resource consumption/readiness (e.g., supplies, radiology, imaging)
		Intra-procedure resource consumption/readiness (e.g., PPE, staffing)
		Intra-procedure factors (e.g., procedure length, estimated stay, Post-Op ICU Need, Anticipated Blood Loss, Surgical Size Team, Intubation Probability, Surgical Site)
		Post-Procedure factors (e.g., PPE, staffing)
		Post-Discharge resource consumption (e.g., radiology, imaging, subacute care, physical therapy)

Site-Specific Phasing to Expand Services

- VA will put in place and ensure safety of the environment and clinical care and then employ lead sites to quickly assess impact of this risk-based approach and adjust as necessary through regular reassessment.
 - Charter cross-service prioritization work groups to perform advance planning on management of Veterans through pre-admission, procedure, post-procedure and post-discharge resource (e.g., support services, PPE, workforce) consumption.

⁴ Low risk (minimal risk to respiratory droplet exposure), e.g., lower extremities (podiatry, ortho, physical therapy, prosthesis), primary care and mental health (caution when prolonged exposure, limit of guests/traffic), women’s health procedures, OR procedures; Medium risk, e.g., mammogram (technician proximity), colonoscopy (20% shed in mucosal lining), audiology fitting, optometry/ophthalmology; High risk, e.g.oral cavity with exposure to respiratory droplets (dental, ENT), Domiciliary Residential Rehabilitation Treatment Program (DOM/RRTP) and other group therapy (due to volume of exposure, communal activity, lack of physical distancing, back-and-forth usage), Upper GI, ERCP, bronchoscopy, EUS

⁵ Includes required support services – required to be in place regardless of nature of care being provided – regular cleaning and disinfecting of physical space (e.g. Audiology testing booth), SPS services, PPE supply chain, Staff testing, transitions of care post-procedure.

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- Identify priorities to achieving face-to-face workload target at the facility-level of at least a 25% increase of current state procedures over the past four weeks.
- Analyze both pre-COVID and current volumes to determine demand and remodel modalities used to provide safe care.
- Model PPE burn-rate for forecasted workload to include pre-admission, intra-procedure, post-procedure and post-discharge processes, considering local forecasted demands due to external health system demand.
- Maintain 30% active bed capacity and other resources (e.g., support services, PPE, workforce) and ensure VISN surge plans are updated based on COVID-19 transitioning plans.
- Lead with communications campaigns at facilities to educate Veterans and staff on continued delivery of safe care.
- Decisions to reduce or expand services must be continuously reassessed based on local circumstances. Local processes and guidelines should be revised to reflect these changes.
- Concurrent to Lead Site planning, VISNs will begin to establish strategies to expand services for each VAMC and its corresponding clinic services.
 - VISNs should follow the same approach as Lead Sites, analyzing incremental ceilings for increased face-to-face care (for example: increase by 10 or 20%, increase by 25%, etc.) so that each facility can monitor the downstream impact on safety and resources.
 - VISNs should incorporate guidance from Central Office based on learning from Lead Sites' planning.

Key Considerations When Determining When, Where and How Care Will Be Delivered

Virtual Care:

- VA will prioritize virtual modalities for delivery of primary care and mental health services.
- Optimize and prioritize virtual modalities of delivery for specialty care and surgical services when clinically appropriate:
 - Pre-op conversations
 - Post discharge appointments and care
 - Follow-up appointments
- Provide guidance, communications and education to Veterans on remote care/appointments. Educate Veterans and help dispel the myth that virtual care does not work and instead focus on the positive aspects.

VA Direct Care - VA Medical Center/Community Based Outpatient Clinic:

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- Take universal precautions and implement 100% mask utilization and handwashing soon after entry into the healthcare system for employees, Veterans, their family/caregivers, vendors and any other visitor.
 - 100% mask utilization is in alignment with Joint Commission and CDC guidance.
 - Continuously evaluate PPE and materiel burn rates and ability of local and national sources of supply to sustain operations.
 - Customize burn rates based on types of PPE being used in each facility (e.g., face shields, face masks, gowns, etc.).
 - Conduct simulations on supply need.
 - Establish feedback loop based on PPE. If supply levels are low, limit non-urgent/non-emergent procedures until supply levels have increased and stabilize.
 - Continue to limit non-patient visitors until further guidance is provided.
 - Consider four zones of inpatient beds where possible and maintain surge capacity: Surgery (including surgery step down), non-COVID medicine ward, COVID positive isolation ward and ICU.
 - Identify opportunities to improve wellness and social interaction, in keeping with physical distancing, either through new or existing virtual programs and advertise to Veterans.
 - Consider external partnerships, including Veterans Service Organizations, for further engagement.
 - Continuously evaluate and improve on processes and procedures to ensure staff and Veteran safety.
- Remodeling the environment of care and patient flows to establish a Veteran-centric care delivery model is a priority for expanding care to Veterans.
 - VHA Healthcare Environment and Facilities Programs (HEFP) are establishing guidance for VA medical centers and CBOCs.
 - For each service and location, the facility/site should plan and respond to changes in the frequency and demand for support services, such as:
 - Cleaning/Housekeeping/Decontamination/Sterilization
 - Modifications required (per local, State and VA requirements) to reduce disease transmission and spread:
 - Patient Care Rooms
 - Procedure Rooms
 - Business Operations/Check-in
 - Waiting Room Areas
 - Triage Areas at Clinics
 - Parking areas
 - Restroom Areas
 - Need for negative pressure rooms
 - Make risk-based decisions and communicate with local communities when assessing PPE and cleaning needs for drivers and Veterans using Transportation Services.

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- Veterans Transportation Service/Disabled American Veterans-government owned or leased vehicles
- Contracted services
- Remote Service (exterior to building w/clinic)
 - Conduct path modeling to ensure safe physical distancing throughout patient flow.
 - Screening at entrances and pathways dependent on screening results, with appropriate triaging
 - Handwashing stations (including location signage)
 - Limited waiting areas for group activities and encouragement of returning to cars or areas conducive to physical distancing requirement
 - Paperwork drop off
 - Pre-identified exam rooms
 - Concierge approach of providers meeting a Veteran in the exam room, instead of a Veteran moving around facility to receive different services, in order to streamline treatment and minimize exposure
 - Physical distance reminders (plexiglass; floor markings; removing chairs for spacing; waiting processes for pharmacy, lab and diagnostic imaging; signage)
 - Grab and go options for Canteen Services
 - Operationalize “drive thru” clinics when feasible and safe for Veterans and staff (e.g., pharmacy, testing and laboratory, etc.).
 - Temporary Shelter/Tent-Concierge Team approach:
 - Pharmacy
 - Lab
 - Other
- Determine longer-term needs/complex actions. Changes/additions that may require more complex facility infrastructure changes, such as changes to HVAC systems, furniture improvements/additions, partitions, plexiglass/sneeze shields, build-outs (temporary or permanent) to accommodate increased social distancing requirements.
 - Testing
 - Diagnostic
 - Rapid testing to be available at all VAMC to expedite diagnosis and conserve PPE.
 - Create a clinical assessment prioritization of needs for rapid testing.
 - Apply testing availability to the priority list.
 - Additional guidance will be provided by Integrated Clinical Communities (ICC) as details, testing availability and needs evolve.
 - Perform rapid testing day of procedure, when possible.

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- Hub/Spoke testing model available to provide 48-hour turn around service for non-emergent tests (e.g., general surveillance) and for testing volume above rapid test capabilities.
- Antibody tests
 - Availability of several testing platforms in place at VAMCs.
 - IgM testing will be available after IgG and total antibody tests are characterized and validated.
 - VA will conduct validation work as part of the Food and Drug Administration Emergency Use Authorization to characterize antibody development in relationship to active disease.
 - Messaging to clarify difference between VA testing protocols and state protocols.
 - Policies under consideration:
 - Implementation of universal testing of Veterans and staff.
 - Screening and testing for COVID-19 of Veterans prior to initiation of specific procedures
 - Surveillance of staff and Veterans for COVID-19 disease.
 - Guidance on providing non-emergent care (VA and community) to Veterans with active COVID-19 infection.
 - Guidance on personal protective equipment for employees and Veterans.

Community Care:

- Implement community care eligibility determination per the MISSION Act and its associated policies and procedures.
- Continue to work with third party administrators to assess availability of community providers and, if available, safety precautions being utilized.
- Communicate with local community providers regarding VA policies and procedures and local expansion plans in order to assure necessary wrap-around and support services are available.
- Communicate with Veterans regarding expectations of referral requests as local guidance and surge needs for non-emergent care may change availability and wait times over time.
- Empower Veterans to identify and expect safe practices in community settings, with VA as a model (e.g. screening expectations, mask utilization, environmental physical distance promotion).

Care Coordination:

- VA is committed to providing the safest and highest quality care to Veterans whether they are receiving their care within VA or in the community. VA will continue to incorporate Referral Coordination Teams to advise Veterans using shared and informed decision making when discussing all care options.
- For those Veterans referred to community care, VA will continue to offer a choice of providers who can meet their healthcare needs.

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- To maintain Veteran-centric care and allow them to be active participants in their own care delivery, VA will promote the preferred option of Veteran self-scheduling with community providers.
- For those Veterans who request that VA arrange their community care appointments, VA will work to streamline communication and handoffs with community care staff members.
- Veterans will be empowered to work directly with the community providers at their own pace, with VA at their side working to retrieve medical documentation and other needs to assure continuity of quality care between VA and our non-VA community partners.
- VA will be the integrator and coordinator of care while addressing Veteran concerns about having more control in the scheduling process.

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Clinical Consult/Referral Prioritization

- Ensure appropriate support services/capabilities are in place before expanding care.
- Each Integrated Clinical Community (ICC) has developed draft plans to give guidance on prioritizing active consults/referrals.
- ICCs are part of VISN-level governing bodies. Collaboration and learning among VISNs and their ICCs can ensure strong practice sharing.
- VISN level ICCs can use this guidance and align based on local facility needs.

Specialty Area	Guidance Provided
Anesthesia	3-phased plan for expanding service
Cardiology	Cardiac Electrophysiologic (EP) Procedures, Diagnostic and Interventional Invasive Procedures, Outpatient Clinics
Diabetes/ Endocrinology	General Outpatient Consult Prioritization
Gastroenterology	Prioritization of Endoscopy Consults (Specifics for Priority 1-4)
Hematology/Oncology	Outpatient consult prioritization (Specifics for priority 1-4)
Infectious Disease	Outpatient consult prioritization (Specifics for priority 1-4)
Hepatitis C and Liver Disease	Outpatient consult prioritization (Specifics for priority 1-4)
HIV	Outpatient consult prioritization (Specifics for priority 1-4)
Mental Health	General principles to consider when expanding care
Neurology	Outpatient consult prioritization (Specifics for priority 1-4)
Ophthalmology	Outpatient consult prioritization (Specifics for priority 1-4)
Optometry	Outpatient consult prioritization (Specifics for priority 1-4)
Physical Medicine and Rehab	Outpatient consult prioritization (Specifics for priority 1-4)
Podiatry	Outpatient consult prioritization (Specifics for priority 1-4)
Primary Care	TBD
Pulmonary	Outpatient consult prioritization (Specifics for priority 1-4)
Pain Management	Outpatient consult prioritization (Specifics for priority 1-4)
Radiology	Interim guidance for management and clinical review of orders placed on hold
Surgery	3-phased plan for expanding elective procedures

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Human Resources: Changes in Staffing and Training Needs

Volunteer Staff and Transition from COVID-19 Response Roles

- Staff returning from volunteer deployments (intra- or inter-VISN or 4th Mission) or direct patient care positions may self-quarantine for 14 days after returning to their home station. This time should be considered in facility staffing requirements and planning for return of staff, as well as overall staff wellness and employee health approaches.
- Hiring
 - Hiring for non-COVID-related roles may continue.
 - Temporary details resulting in a promotion can be done noncompetitively for up to 120 days. Temporary promotions for longer than 120 days must be competed. This does not apply to lateral details. VISNs and facilities should monitor waivers (e.g. pre-employment drug testing) to ensure timely completion.
 - VISNs should continue to monitor and address staff turnover and retirement. Hiring should support predicted needs and future staff losses (taking into consideration expected COVID-19 waves, surge in routine care, rehab, etc.).
 - VISNs and facilities should consider local market conditions in tailoring hiring approaches, including private industry healthcare workers out of business due to COVID-19 response.
- Balancing Staff Workload
 - VISNs may consider multiple options to balance surges or workload demands, including:
 - Expedited Temporary Hiring of Staff
 - Travel Nurse Corps deployments
 - Surgical Care Affiliates Nurses and technicians
 - Disaster Emergency Medical Personnel System assignments
 - Intra- and inter-VISN staff sharing
 - Surge Staffing Models (model 2 and 3), which advise on training up additional staff to augment ICU staff based on individual considerations (e.g., Veteran population, staff experience, layout of facility)
 - Telework: VISNs and facilities have discretion on their approach for maintaining or revising facility telework policies. Due to COVID-19 stay-at-home orders, dependent care or illness, telework approaches should be continually reassessed.
- Training
 - To continue to support ongoing COVID-19 care, VA will leverage clinical up-training for nurses and physicians to augment COVID-19 patient care.
 - Each facility should evaluate their unique circumstances to determine the types and manner of training needed. Virtual training via VA Talent Management System and other modalities will continue to be available to staff.

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Information Technology: Continued Expansion for Virtual Care Modalities

- VA seeks to sustain current expanded capabilities in primary care and mental health, while leveraging momentum to further develop video capabilities and innovations in Tele Critical Care and specialty care for appropriate clinical care delivery.
- Telehealth provides increased access to care regardless of geographic areas and promotes physical distancing. As a modality, it should be incorporated as fully as possible into VA's plan to provide expanded care.

VHA Enterprise Monitoring and Reporting

- VA's Healthcare Operations Center will be the centralized hub for VA's Common Operating Picture of COVID-19 operations, leading enterprise monitoring and reporting in coordination with VISN Directors.
- VA will establish centralized reporting and monitoring tools and common data sources and definitions for enterprise, regional and local reporting.
- VA-National Surveillance Tool (VA-NST):
 - Refine and use a single, authoritative VA data source for outbreaks, to provide a common denominator for all reporting and metrics during the course of an event.
 - Harmonize data from critical sources for Veteran information, system capacity, staffing and inventory, to serve multiple reporting and monitoring needs, from patient-level status to system-level readiness.
 - Provide a national surveillance summary, capturing relevant information for Strategic, Operational and Tactical response to an outbreak.
- Key measure categories will include:
 - COVID-19 Case Growth
 - Clinic Capacity
 - Bed Capacity
 - Equipment and Supplies
 - Workforce
 - Testing
 - Outpatient Operational Metrics

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VHA COVID-19 Surge Staffing Models:
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VHA Healthcare Environment and Facilities Programs (HEFP) COVID-19 Portal:
<https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/10NA5/HealthcareEngineering/Pages/COVID-19.aspx>.

VHA Integrated Clinic Communities Prioritization Guidance:
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U.S. Department
of Veterans Affairs

CHARTING THE COURSE: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations

Veterans Benefits Administration Annex April 22, 2020

This document is an Annex to the Department of Veterans Affairs (VA) “Charting the Course: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations” and outlines the Veterans Benefits Administration’s (VBA) approach for resuming normal, pre-COVID-19, public-facing operations in accordance with White House Guidelines for Opening Up America Again and the White House National Guidelines, “Opening Up America Again,” and subsequent guidance in the Office of Management and Budget (OMB) and Office of Personnel Management (OPM) Memorandum M-20-23, “Aligning Federal Agency Operations with the National Guidelines for *Opening Up America Again*.”

Objectives

- Align VBA’s activities with Department-level framework and guidance.
- Provide an executable plan for resuming operations as the situation evolves.
- Clearly communicate guidance and criteria to the VA workforce, Veterans, patients, visitors, and stakeholders.
- Mitigate risk of resurgence and protect the most vulnerable populations.
- Utilize data to drive decision-making to assure mission readiness.

Gating Criteria

In addition to the “Gating Criteria” outlined in Department guidance, VBA will incorporate the following business line specific criteria:

- OMB guidance on regions gating criteria met.
- State/local emergency orders, mandates, and recommendations, including limitation on mass transportation.
- FEB/FSC considerations.

Guidelines

In addition to Department guidelines, VBA is developing the following cascading guidance and protocols:

- Guidance for testing and screening employees and visitors to regional offices.
- Extend maximum telework for as long as possible.
- Remind employees they can use leave during all phases.

Implementation of Phases

The timeline for moving through the 3-Phase process will be dependent upon the ability to minimize and control exposure and infection levels and to maintain a constant decrease over time. VBA will meet all criteria and parameters in Department guidance, along with specific criteria outlined in this document.

Phase 1

Public Facing Operations that Support Veterans

- Work with Compensation and Pension contract examiners to formulate a plan within the next 30 days to resume face-to-face exams (contract exams should resume, based on this plan later in Phase 1).
- Prepare for co-located tenants, such as Veterans Service Organizations (VSOs), to return.
- Continue to allow alternate means of interacting with VBA and follow amended policies.

Activities to Protect the Workforce

- Continue use of telework for most employees and vulnerable individuals.
- Prepare to open offices to employees and public:
 - Testing in place
 - Temperature
 - Appropriate PPE obtained for employees and Veterans
 - Social distance modifications made to enforce strict protocols
 - Employee areas
 - Public contact/VR&E areas to prepare for Veterans
 - Parking lots/other outdoor areas
 - Cleaning schedule established and supplies obtained
 - Common areas prepped for limited use under strict protocols
 - Extensive signage regarding screening, cleaning, distancing protocols
- Allow employees to return on limited basis once offices prepared.
- Allow limited travel based on business case in accordance with Center for Disease Control (CDC) guidance.

Phase 2

Public Facing Operations that Support Veterans

- Continue to allow alternate means of interacting with VBA and follow amended policies.
- Open public contact services conducted in regional offices on a limited basis by appointment only.
- Up to 50% of VBA's employees will return on a rotational basis.
- Prepare for Veteran-facing activities outside of regional offices.

Activities to Protect the Workforce

- Allow vulnerable individuals to telework.
- Continue all processes from Phase 1 to continue.
- Allow limited travel based on business case in accordance with CDC guidance.

Phase 3

Public Facing Operations that Support Veterans

- Expand access for public contact services conducted in regional offices by appointment.
- Conduct Veteran-facing activities outside of regional offices, as needed.

Activities to Protect the Workforce

- Continue appropriate safeguards from Phase 1 and 2.
- On a case-by-case basis, continue to allow vulnerable individuals to telework and/or work flexible schedules.
- Enforce limited physical distancing protocols at all facilities.
- Allow all business travel to resume.

Incorporating Lessons Learned

VBA will continuously monitor and assess the phases, while collecting lessons learned by:

- Monitoring Federal Emergency Management Agency guidance.
- Frequently obtaining on the ground feedback from field and staff offices.



U.S. Department
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CHARTING THE COURSE: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations

National Cemetery Administration Annex April 22, 2020

This document is an Annex to the Department of Veterans Affairs (VA) “Charting the Course: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations” and outlines the National Cemetery Administration’s (NCA) approach for resuming normal, pre-COVID-19, public-facing operations in accordance with White House Guidelines for Opening Up America Again and the White House National Guidelines, “Opening Up America Again,” and subsequent guidance in the Office of Management and Budget (OMB) and Office of Personnel Management (OPM) Memorandum M-20-23, “Aligning Federal Agency Operations with the National Guidelines for *Opening Up America Again*.”

Objectives

- Align NCA’s activities with Department-level framework and guidance.
- Provide an executable plan for resuming operations as the situation evolves.
- Clearly communicate guidance and criteria to the VA workforce, Veterans, patients, visitors, and stakeholders.
- Mitigate risk of resurgence and protect the most vulnerable populations.
- Utilize data to drive decision-making to assure mission readiness.

Gating Criteria

In addition to the “Gating Criteria” outlined in Department guidance, NCA will incorporate the following business line specific criteria:

- Operational status of funeral services industry.
- Containment levels that allow for group gatherings.
- Lessening of restrictions for “at risk” populations.
- Availability of military honor providers (Department of Defense and/or volunteer organizations).

Guidelines

In addition to Department guidelines, NCA is developing the following cascading guidance and protocols:

- Recovery Operations Planning Guidance.
- *Opening Up America Again* Decision Support template.
- Recovery Operations Reporting template.

Implementation of Phases

The timeline for moving through the 3-Phase process will be dependent upon the ability to minimize and control exposure and infection levels and to maintain a constant decrease over time. NCA will meet all criteria and parameters in Department guidance, along with specific criteria outlined in this document.

Phase 1

Public Facing Operations that Support Veterans

- National cemeteries remain open for visitation.
- National Cemetery Scheduling Office available for burial eligibility determinations and scheduling 7 days a week.
- Cemeteries conduct direct interments of casketed and cremated remains.
- Direct interments may be witnessed by immediate family upon request (limited to 10 or fewer witnesses).
- Virtual memorialization options are made available for families.
- Committal services and military honors remain suspended.
- Ceremonies and other broadly attended events remain postponed.

Activities to Protect the Workforce

- Allow employees in high risk populations and vulnerable individuals as defined by the Center for Disease Control (CDC) to continue telework.
- Continue use of telework and consideration for rotations of a recommended percentage of staffing cohorts (e.g., 25%) for NCA Central Office (NCACO) based employees.
- Cemetery team members will continue working at national cemetery sites, using team rotations as supported by workload and staggering shift schedules to support distancing in common areas (locker rooms, break rooms, etc.) and minimize equipment sharing.
- Close common areas, to include Public Information Centers, Administrative Buildings, and chapels.
- Enforce strict physical distancing protocols at all facilities.
- Allow limited travel based on business case, to include selected team engagement visits at cemeteries, in accordance with CDC guidance.

Phase 2

Public Facing Operations that Support Veterans

- National cemeteries remain open for visitation.
- National Cemetery Scheduling Office available for burial eligibility determinations and scheduling 7 days a week.
- Resume committal services and military honors with attendance limitations/at-risk population disposition in accordance with CDC-recommended guidelines.
- Allow ceremonies and events where projected attendance/at risk populations disposition is within CDC-recommended guidelines
- Schedule and conduct memorial services (in lieu of committal services) for all direct interments conducted as of 3/23/2020.
- Schedule and conduct interments postponed by families due to COVID restrictions.

Activities to Protect the Workforce

- Allow employees in high risk populations and vulnerable individuals as defined by the CDC to continue telework.
- Continue use of telework and consideration for rotations of a recommended percentage of staffing cohorts (e.g., 50%) for NCACO based employees.
- Cemetery team members will continue working at national cemetery sites, using team rotations as supported by workload and staggering shift schedules to support distancing in common areas (locker rooms, break rooms, etc.) and minimize equipment sharing.
- Open common areas, to include Public Information Centers, Administrative Buildings, and chapels, with access restrictions ((e.g., limiting number of individuals entering at any one time) if they adhere to standard sanitation protocols.
- Enforce moderate physical distancing protocols at all facilities.
- Allow limited travel based on business case, to include selected team engagement visits at cemeteries, operational oversight, and construction monitoring and inspections, in accordance with CDC guidance.

Phase 3

Public Facing Operations that Support Veterans

- National cemeteries remain open for visitation.
- National Cemetery Scheduling Office available for burial eligibility determinations and scheduling 7 days a week.
- Conduct committal services, military honors, and public ceremonies and events normally and consistent with best practices in social distancing.
- Schedule and conduct memorial services (in lieu of committal services) for all direct interments conducted as of 3/23/2020.

- Schedule and conduct interments postponed by families due to COVID restrictions.

Activities to Protect the Workforce

- All employees will return to work sites in accordance with re-entry plans and resume normal telework schedules.
- On a case-by-case basis, continue to allow vulnerable individuals to telework and/or work flexible schedules.
- Reopen common areas provided they adhere to standard sanitation protocols.
- Enforce limited physical distancing protocols at all facilities.
- Allow all business travel to resume.

Incorporating Lessons Learned

NCA will continuously monitor and assess the phases, while collecting lessons learned by:

- Reviewing First Notice of Events submitted by the cemeteries and district offices.
- Conducting routine recovery monitor calls.
- Monitoring COVID data and trend analysis.
- Monitoring state and regional orders and guidelines.



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CHARTING THE COURSE: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations

Board of Veterans' Appeals Annex April 22, 2020

This document is an Annex to the Department of Veterans Affairs (VA) “Charting the Course: Maintaining Continuous Services to Veterans and Resuming Normal, Pre-COVID-19 Operations” and outlines the Board of Veterans’ Appeals (the Board) approach for resuming normal, pre-COVID-19, public-facing operations in accordance with White House Guidelines for Opening Up America Again and the White House National Guidelines, “Opening Up America Again,” and subsequent guidance in the Office of Management and Budget (OMB) and Office of Personnel Management (OPM) Memorandum M-20-23, “Aligning Federal Agency Operations with the National Guidelines for *Opening Up America Again*.”

Objectives

- Align the Board’s activities with Department-level framework and guidance.
- Provide an executable plan for resuming operations as the situation evolves.
- Clearly communicate guidance and criteria to the VA workforce, Veterans, patients, visitors, and stakeholders.
- Mitigate risk of resurgence and protect the most vulnerable populations.
- Utilize data to drive decision-making to assure mission readiness.

Gating Criteria

In addition to the “Gating Criteria” outlined in Department guidance, the Board will incorporate the following business line specific criteria:

- Assess situation with building owners to ensure facility is properly cleaned and ventilated for return of personnel.
- Procure any required PPE (e.g., masks, gloves) and develop plan for distribution.
- Post signs throughout building to advise of cleaning procedures accomplished and to advise on new cleaning regimen being done by custodial staff.
- Procure and place hand sanitizer stations in elevator lobbies of Floors 1-5.

- Develop communication plan and meeting with personnel to include notification to Union.
- Assess security situation to prop open glass doors (currently with PIV scanners) on 2nd, 3rd, 4th, and 5th floors. Personnel should have already had 100% screening of PIV badges authorizing building access by security guards posted in lobby and garage – minimizes potential for transmission.
- Assess security situation and fire safety to allow stairwell doors (with scanners on all stair exits except elevator lobby) to remain propped open to avoid additional/excess door handle touching.
- Validate private office utilization rates for flexiplace employees to: (1) maximize available offices for employees reporting to work most days and (2) further reduce numbers of employees in 2nd and 5th floor open-space offices.
- Evaluate suitability of shiftwork within building to minimize number of people in building at any given time.
- Maximize continued ad hoc telework agreements for all employees.
- Procure additional monitors to support sustained telework operations, if needed.
- Evaluate Board operations/functions where unable to sustain complete operational requirements by remote/teleworking employees (e.g., physical mail, in-person and Videoconference hearings, equipment/logistical support) and identify small cohorts to fill the gaps on either full or part-time basis.
- Re-constituting in-person travel board hearings, in-person central office hearings, and Videoconference hearings with Veterans utilizing VBA's Regional Office (RO) Videoconference facilities will be contingent upon geographical gating criteria being met.

Guidelines

In addition to Department guidelines, the Board developed the following cascading guidance and protocols.

Human Capital

The Board has two main mission essential functions to maintain: (1) rendering appellate decisions on Veteran cases and (2) holding hearings, upon request, to consider arguments and evidence related to those cases. Nearly 50 percent of assigned Board personnel were operating in remote status prior to the COVID-19 crisis. Therefore, Phase One re-entry operations will require significantly fewer personnel than the 25-percent ceiling set in VA guidance and Phase Two re-entry operations will require significantly fewer than the 50-percent VA ceiling.

- **Personnel to Continue Rendering Decisions**
 - Except for a few mail-related functions related to decisions (e.g., motions and other case related correspondence delivered hardcopy via mail), the Board can maintain almost 100-percent mission-essential service delivery for rendering appellate decisions.

- Because of a pre-existing telework-ready workforce, the Board was able to surge telework to 99% of all employees and maintain record-setting numbers of decisions signed.
- Fewer than 5% of on-site Board personnel will be required to achieve 100-percent mission-essential functions and service delivery in this area.
- **Personnel to Conduct and Support Hearings**
 - The major significant negative mission impact during the COVID-19 response has been the inability to hold certain types of hearings (e.g., in-person travel board hearings, in-person central office hearings, and Videoconference hearings with Veterans at RO Videoconference facilities).
 - Phase Two operations will likely require increased on-site presence at 425 Eye Street to support limited in-person central office hearings and ever-increasing numbers of Videoconference hearings linked to Videoconference facilities in RO facilities around the country.
 - On-site personnel needed to support increased hearings workload is likely fewer than 35 people per day and current facilities/equipment support dispersing hearing rooms and equipment within current facility footprint to promote social distancing requirements if that becomes necessary.

Cohorts

- Many of the cohorts described below in the Implementation Plan are small and specialized even when fully staffed during normal operations. To mitigate the risks of mission degradation to implement any necessary quarantine procedures, these cohorts will be organized into smaller teams of experts to ensure appropriate/available redundancy to continue mission-essential functions.
- These small functional team cohorts will NOT automatically rotate every 14 days. Instead, they will rotate in an ad hoc basis only if cohort quarantine procedures are triggered. Because normal sanitation measures may prove inadequate to fully eliminate risks of infection through surfaces (which might last days) in Board facility workspaces, *ad hoc* rotations (versus automatic ones) will further mitigate the risks to more than one of these very small cohorts.
- Generally, prioritize those employees on Weather & Safety Leave, if feasible, because their duties are not conducive to telework.
- Focus on utilizing volunteers, where possible, to support those with continuing childcare responsibilities (due to school, daycare, and camp closures).
- Focus on employees who are not reliant on public transportation and can travel point-to-point via relative safety of POV.
- Avoid the need to call in employees with specific vulnerabilities (themselves or other members in their respective households).
- Flex scheduling to minimize number of people in building and to accommodate childcare or other home schedules.
- Leadership rotation, to include Chairman's office, to support on-site executive oversight over continuity of operations.

Facilities

- Reconfigure or relocate some current video hearing rooms to existing conference rooms and offices on different floors at 425 Eye Street location.
- Though leased space, explore gym facility being locked and unavailable during Phase One and Two of re-entry operations.
- Obtain two dozen subsidized parking authorizations for garage in building.

Technology

- May need to reconfigure or relocate current video hearing rooms and Videoconferencing/recording equipment to other areas in the facility to support social distancing as more RO locations restore their ability to support video hearings with Veterans and representatives in their communities.
- Promote virtual hearings as the preferred method of increasing both the volume and speed of resolving cases.
- Continued bandwidth priority needed to support ever-increasing number of virtual hearings expected during Phase One and Phase Two.

Implementation of Phases

The timeline for moving through the 3-Phase process will be dependent upon the ability to minimize and control exposure and infection levels and to maintain a constant decrease over time. The Board will meet all criteria and parameters in Department guidance, along with specific criteria outlined in this document.

Phase 1

Public Facing Operations that Support Veterans

- Continued issuance and delivery of signed appellate decisions to Veterans and their representatives.
- Continued suspension of all in-person hearings (Travel Board, Central Office and Videoconference) will continue.
- Veterans and their representatives, including those with suspended in-person or Videoconference hearings (typically held at ROs) will continue to be offered virtual hearings using capable technology in their homes or appropriate alternate locations that assure participant health and safety. This may include VSO-operated facilities or other private/secure space in close proximity to Veterans and their representatives.

Activities to Protect the Workforce (General)

- **Employees that will return to work**
 - Generally, prioritize those employees on Weather & Safety Leave, if feasible, because their duties are not conducive to telework.

- Focus on utilizing volunteers, where possible, to support those with continuing childcare responsibilities (due to school, daycare, and camp closures).
 - Focus on employees who are not reliant on public transportation and can travel point to point via relative safety of POV.
 - Avoid the need to call in employees with specific vulnerabilities (themselves or other members in their respective households).
 - Flex scheduling to minimize number of people in building and to accommodate childcare or other home schedules.
 - Leadership rotation, to include Chairman's office.
- ***Precautions in the Workplace***
 - All employees issued PPE (masks and/or gloves) and asked to remain in physical location of workspace (i.e., closest restrooms, no socializing between work units).
 - No functional cohorts will have employees needing to work within 10 feet of one another.
 - Gym – remains closed with notice to personnel that use is unauthorized.
 - Kitchens – establish protocols for use, to include potentially prohibiting use of the refrigerators.
 - Restrooms – establish protocols for using nearest restroom to functional cohort location and, consistent with privacy, prop open outer doors to reduce contact with surfaces. Consider portable screens, if appropriate.
 - Functional cohorts remain near individual work areas - no socializing on different floors to minimize impacts if individual cohort requires quarantine.
- ***Monitoring the Health of Employees***
 - Monitor and report all employees exhibiting symptoms or with household members exhibiting symptoms.
 - Institute 14-day quarantine procedures for any on-site functional cohort where an individual or household member exhibits symptoms of infection. Backfill cohort with other telework employees to ensure mission continuity.
 - Utilize Weather & Safety Leave, as necessary, for those in quarantine.

Protocol for Re-entry of Specific Board Organizational Elements/Functions

- ***Resource Management and Planning***
 - Utilize sufficient staff to support onboarding process.
 - Bring in small groups of new hires (4E400 for distancing) and then send home for training.
 - Utilize sufficient staff to support equipment/logistical/supply support.
 - Utilize sufficient staff to support office space evaluations and moves.
 - Institute leadership rotation.

- **Veterans Law Judges (VLJ)/Attorneys**
 - VLJ presence not required until Videoconference/Central Office hearings resume (other than those working paper files).
 - Evaluate impact of continued virtual bootcamp and mentored writing for new attorneys - consult with KM.
 - Consider support needed for adjudication of paper appeals, most of which are assigned to Specialty Case Team (SCT) attorneys and judges.
 - Drop-off and pick up files in lieu of full time in-office presence.
 - Consider volunteers and capability when selecting SCT.
 - Distribute to VLJ volunteers able to travel safely to/from office.

- **VLJ Support**
 - One person in office part time to support paper file movement and correspondence (can be rotated between employees)
 - Can be filled on a volunteer basis.

- **Mail/Intake**
 - One person in office 1-2 days per week to process incoming paper mail.
 - Two employees on Weather & Safety Leave can rotate.

- **Decision Management (Dispatch)**
 - Each team lead will report to the office once a week to address Congressional letters.
 - One employee on Weather & Safety Leave will report daily.
 - Two employees will rotate twice a week into the office for the purpose of addressing paper files.
 - No more than 3 people will be in the Decision Management Office space on any particular day.

- **Hearing Management**
 - 7 employees on-site to support 5-7 simultaneous on-site Videoconference dockets, five days/week, while respecting social distancing rules.
 - One on-site supervisor, with supervision support from remaining supervisors on telework.
 - All personnel working in the office will continue to operate a pre-approved maxi-flex schedule that allows employee flexibility, ensures comprehensive docket coverage, and appropriate social distancing.
 - Team will liaison with AMO and OFO and maintain a list of operational or soon-to-be-operational Ros.
 - For empty dockets in open ROs before June 1, 2020, will attempt to fill with Veterans by phone calls to Representatives and Veterans by waiving written notification (if under 30 days).

- Scrub all booked dockets for opened ROs and contact Veterans and Representatives to determine if COVID19-postponed hearings can be reverted back to Videoconference hearings.
- **Office of Chief Counsel**
 - One on-site FOIA/Privacy team member (currently on Weather & Safety Leave), but still assessing transportation needs and potential vulnerabilities.
 - FOIA/Privacy team has a virtual work around for dispatching letters (via VBA's Package Manager), but the ability to burn discs versus sending large paper files would be beneficial if on-site work possible.

Phase 2

Public Facing Operations that Support Veterans

- Continuous issuance and delivery of signed appellate decisions to Veterans and their representatives.
- Continued suspension of all in-person hearings (Travel Board, Central Office and Videoconference) will continue in areas presenting health and safety risks to Board employees, Veterans, and their representatives.
- Veterans and their representatives, including those with suspended in-person or Videoconference hearings (typically held at ROs) will continue to be offered virtual hearings using capable technology in their homes or appropriate alternate locations that assure participant health and safety.
- Collaborate with VSOs, private bar representatives, and other stakeholders to conduct higher numbers of virtual hearings at VSO-operated facilities or other private/secure space in close proximity to Veterans and their representatives.

Activities to Protect the Workforce

- Most decision-writing attorneys, judges, and vulnerable individuals will continue to telework on an ad hoc basis.
- Increased numbers of hearing branch staff and administrative support staff will return to work sites, using staggered shifts/teams, expansion of core hours to reduce the number of people in the facility at any one time, and increased ad hoc telework for functions that can be performed in remotely on at least a part-time basis.
- Common areas, to include gym facilities, will remain closed.
- Common areas, to include Kitchens, will open if they adhere to standard sanitation protocols.
- All facilities will enforce moderate physical distancing protocols.
- Limited essential travel, to include limited travel boards for hearings, may be allowed in accordance with CDC guidance.

Phase 3

Public Facing Operations that Support Veterans

- Continue issuance and delivery of signed appellate decisions to Veterans and their representatives at record-setting paces.
- Conduct ever-increasing numbers of hearings to eliminate backlogs.
- Continue to promote virtual hearings as the preferred method of increasing both the volume and speed of resolving cases.
- Work with stakeholders to increase the number of local venues and technology available for Veterans and their representatives to conduct virtual hearings.

Activities to Protect the Workforce

- All employees will return to work sites.
- On a case-by-case basis, vulnerable individuals may continue to telework and/or work flexible schedules.
- Common areas will open if they adhere to standard sanitation protocols.
- All facilities will enforce limited physical distancing protocols.
- All travel will resume.

Incorporating Lessons Learned

The Board will continuously monitor and assess the phases, while collecting lessons learned by:

- At a minimum, conduct at least weekly “hot wash” meetings of all SES personnel and key support staff during Phase One re-entry to reassess and adjust number of on-site personnel required to sustain mission-essential functions and to re-evaluate physical footprint requirements of facility.
- Will use risk assessment criteria to help capture items that warrant inclusion in formal risk mitigation plans
- During Phase 2, maintain “hot wash” meeting cadence. Evaluate and re-draft all workplace flexibility policies to ensure sustained, maximum use of telework flexibilities and expand/adjust core hours consistent with mission accomplishment and internal controls for monitoring work performance.