

DUAL USE VEHICLE (DUV) PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive establishes mandatory procedures for the official use of VHA Dual Use Vehicles (DUV).
- 2. SUMMARY OF CONTENTS:** This directive addresses the management of Dual Use Vehicles (DUV) and requirements for the use of DUV during both routine and response operations.
- 3. RELATED ISSUES:** VHA Directive 0320, Comprehensive Emergency Management Program.
- 4. RESPONSIBLE OFFICE:** VHA Office of Emergency Management (10NA1) is responsible for the contents in this VHA directive. Questions may be referred to 304-264-4800.
- 5. RESCISSIONS:** None.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of June 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Carolyn M. Clancy, M.D.
Executive in Charge

DISTRIBUTION: Emailed to the VHA Publications Distribution List on June 20, 2018.

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

CONTENTS

DUAL USE VEHICLE PROGRAM

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. DEFINITIONS..... 1

4. POLICY 2

5. RESPONSIBILITIES 2

7. USE OF DUAL USE VEHICLES 7

8. DUV READINESS 8

9. MUTUAL AID..... 10

10. REFERENCES..... 10

APPENDIX A

 DUV ACCESSORIES INVENTORY LISTA-1

APPENDIX B

 DUV MEDICAL & NON-MEDICAL EQUIPMENT & SUPPLIES LISTSB-1

APPENDIX C

 OPERATORS PRE- AND POST-OPERATIONS CHECKLISTS..... C-1

APPENDIX D

 DUV STRETCHER/AMBULATORY LOAD PLANNING TEMPLATES..... D-1

DUAL USE VEHICLE (DUV) PROGRAM

1. PURPOSE

This directive provides mandatory procedures for the management and use of Dual Use Vehicles (DUV) within the Department of Veterans Affairs (VA), Veterans Health Administration (VHA). **AUTHORITY:** 38 U.S.C. 111A, 1784, 1785, 7328, 8111A, and 8117.

2. BACKGROUND

The VHA Principal Deputy Under Secretary for Health chartered the DUV program in response to shortfalls identified by the Select Bipartisan Committee to Investigate the Preparation for and Response to Hurricane Katrina in House Report 109-377 (February 15, 2006) following Hurricanes Katrina and Rita in 2005, with the goal of creating an independent VHA capability to transport Veteran patients during disasters or emergencies. Under the DUV program, VHA acquires vehicles that can provide both routine transportation of VA beneficiary and patient passengers to and from VA medical facilities during normal operations and transportation of passengers and patients (including ambulatory, wheelchair and litter-borne) during disasters or emergencies.

3. DEFINITIONS

a. **Dual Use Vehicle.** A DUV is a passenger bus designed and built to VHA requirements for routine patient transport and rapidly reconfigurable to provide emergent patient evacuation transport. DUVs support transport of patients that are ambulatory, in wheelchairs, North Atlantic Treaty Organization (NATO) litters or gurneys, and are available in two models: Large (36') to accommodate up to 30 passengers and Small (28') to accommodate up to 14 passengers.

b. **Mutual Aid.** Mutual aid refers to a system of agreements between all levels of government that facilitate access to needed resources. In this case, it is the process of sharing available DUVs with other organizations in need.

c. **National Disaster Medical System.** The National Disaster Medical System (NDMS) is a federally coordinated healthcare system and partnership of the Departments of Health and Human Services, Homeland Security, Defense, and VA. The purpose of the NDMS is to support State, local, Tribal and Territorial authorities following disasters and emergencies by supplementing health and medical systems and response capabilities. NDMS would also support the military and VHA health care systems in caring for combat casualties, should requirements exceed their capacity. The Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response employs the NDMS to provide patient care, patient movement, and definitive care, as well as veterinary services, and fatality management support when requested by authorities from States, localities, Tribes and Territories, or other federal departments. .

d. **Patient Movement Team.** The PMT is a multi-function group established to execute the movement of patients from a medical facility to an alternate site of care. The PM consists mainly of clinical staff, but includes appropriate support from others such as medical administration and communications personnel, logistics personnel, litter bearers, and drivers.

e. **Readiness Reports.** Scheduled, periodic reporting of objective information regarding the immediate readiness of specified critical resources to be deployed on short notice for emergent needs. VHA readiness reporting requirements for DUVs were initially established by the VHA Office of Emergency Management in 2015.

4. POLICY

This directive applies to all VA medical facilities managing DUVs and to all those VA personnel who manage or maintain these vehicles. It is VHA policy that all medical facilities that manage DUVs and/or maintain these vehicles, maintain DUVs in an operable state and ensure readiness to serve potential emergent local, regional or national patient movement needs of VA; and that VHA Office of Emergency Management (OEM) support, monitor and report the readiness of the DUV fleet and facilitate DUV sharing during emergencies.

5. RESPONSIBILITIES

a. **Director of VHA Office of Emergency Management (OEM).** The Director of OEM is responsible for:

(1) Acquiring and providing DUVs and related essential equipment to VA medical facilities as mutually agreed.

(2) Establishing and maintaining an inventory of DUVs to support resource management, visibility, and response utilization that will include status, usage and other information to be provided by VA medical facilities. OEM can assist with cross leveling underutilized DUVs to VA medical facilities in need of additional DUVs.

(3) Coordinating the development of DUV readiness measures and a reporting system to track and summarize DUV readiness of VA medical facilities.

(4) Facilitating the cross leveling of underutilized or excess DUVs to other VA medical facilities to ensure maximum use and readiness of these resources.

(5) Establishing guidance on the use of DUVs in response operations such as patient evacuation, mutual aid, and community response.

(6) Developing and providing a train-the-trainer program that prepares OEM, VISN and VA medical facility personnel to provide consistent and standardized DUV training to VA medical facility personnel.

(7) Providing DUV program support, sustainment and replacement to ensure ongoing DUV capability.

(8) Establishing a mutual aid process to expedite mobilization of DUVs in support response operations.

(9) Establishing reimbursement rates based on actual fleet-based costs (such as acquisition and sustainment, maintenance, mileage, fuel consumption) for mutual aid requests outside of VHA.

(10) Under authorities established in VHA Directive 0320, Comprehensive Emergency Management Program (CEMP), serving as the emergency management program officer for VHA, who will plan, develop, and implement the VHA CEMP.

(11) Establishing guidance and providing support to Veterans Integrated Service Networks (VISNs) and VA medical facilities in planning and preparation for emergency management use of DUVs through field-based Area Emergency Managers (AEMs). AEMs also serve as liaisons for VA support to Federal, state, and community emergency management efforts if DUVs are being considered for use in mutual aid support.

(12) Ensuring annual review of this Directive and its appendices by appropriate stakeholders and subject matter experts.

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

(1) Ensuring DUVs are regularly used for routine and non-routine VA medical facility Veterans care activities.

(2) Ensuring DUVs are readily available to support emergent patient movement needs of the facility, VISN, VHA, and other Federal agencies under VA-DOD Contingency, National Disaster Medical System activation or other emergency, as required.

(3) Deciding whether to authorize the use of DUVs for mutual aid assistance, exercises and event support within the local community, based primarily upon whether such support can be offered without compromising services to VA beneficiaries, and ensuring that the VA is fully compensated for the costs of any support offered to non-VA incidents, events and exercises.

(4) Authorizing, when appropriate, the transport of staff during emergency situations when public transportation is not available and if the employee reimburses the VA for the service at rates equivalent to the common carrier rates available in the community in compliance with VA Directive 0637, VA Vehicle Fleet Management Program, and Title 38 U.S.C. Section 703(f)(1).

(5) Ensuring Patient Movement Team personnel, drivers, and support personnel are recruited and trained to safely execute emergent patient movement, and that this

knowledge is verified and refreshed through retraining, drills and/or exercises at least annually thereafter.

(6) Ensuring DUV drivers are appropriately licensed and qualified to drive and configure DUVs, and have met VHA patient transportation training requirements provided in VHA Directive 2008-020, Patient Transportation Program, dated April 16, 2008.

(7) Establishing daily reimbursement rates for the full hourly costs of providing DUV operations personnel (i.e. drivers, medical staff) that may be required to operate the DUV during emergency deployments. These reimbursement rates would include the wages and benefits for the deployed personnel plus any additional costs borne by the facility to maintain essential veteran transportation services, such as overtime pay for backfill personnel or the hourly costs of contracted transportation services to provide the services normally provided by the deployed DUV and operator(s).

(8) Ensuring information required for the DUV readiness reports is received from the Facility Emergency Management Specialist and Fleet Manager and submitted no less than semiannually as described in 7.d. and 7.e., below, and providing other information for the DUV resource inventory as required by VHA OEM.

(9) Reporting any response operations utilizing a DUV to the VHA Watch Officer in accordance with VA Directive 0321, Serious Incident Reports, VHA Directive 0320, Comprehensive Emergency Management Program, and VA Directive 0322, VA Integrated Operations Center (VA IOC), and the Use of the New Situation Reporting (SITREP) System DUSHOM Memorandum, dated July 6, 2015, and subsequent requirements.

c. **VA Medical Facility Transportation Manager.** The VA medical facility Transportation Manager is responsible for:

(1) Maintaining vehicles in accordance with manufacturer's recommendations, assuring adequate usage, and ensuring appropriate environmental storage conditions for associated equipment.

(2) Ensuring DUVs are driven at least 25 miles per month in order to maintain vehicle operability.

(3) Ensuring the DUV onboard generators are exercised as described in paragraph 7.a., below.

(4) Ensure DUV batteries are maintained, which may require provision of a 110-volt electrical outlet and trickle charger where each DUV is parked.

(5) Ensuring all the items listed in Appendix A, DUV Accessories Inventory List, are maintained, kept on-board the vehicle, and inventoried at least semiannually.

(6) Labeling DUVs with the vehicle's unique identification number (the 5-digit unit number designated by the manufacturer may be used for this purpose) on the front, side, rear in bold lettering at least 8" high, and the owning facility's identifying information (decorative wraps are acceptable for facility identifying information). This labeling is important in identifying and accounting for the vehicle when it is deployed among other similar large vehicles. Bold lettering is also recommended on the roof for recognition from above by disaster response agencies or police.

(7) Ensuring proper environmental storage for all equipment. Protection against degradation or damage from extreme and prolonged cold, heat or sun exposure is required, and use of best practices is recommended to ensure equipment preservation such as window screens affixed for sun protection and tire covers in place.

(8) Consulting with the manufacturer for any within warranty repairs or beyond warranty repair suggestions as they have a historical service database and vehicle specific engineering resources.

(9) Ensuring government fuel card is assigned to each DUV and usage reports are submitted in accordance with fleet management requirements under VA Directive 0637, VA Vehicle Fleet Management Program.

(10) Ensuring fire extinguishers are secured and maintained on board the DUVs and checked monthly as required in National Fire Protection Association (NFPA®) 10, Standard for Portable Fire Extinguishers.

(11) Submitting information for DUV readiness reports as required in 7.d. and e., below, and providing other information as required for the VHA DUV resource inventory to VHA OEM.

(12) Reporting any operational status change of DUVs lasting more than one week to the VHA Watch Officer at WatchOfficerVHA@va.gov, who will log the information and notify VHA OEM Logistics.

d. **VA Medical Facility Emergency Management Specialist.** The VA medical facility Emergency Management Specialist is responsible for:

(1) Ensuring the Emergency Operations Plan addresses the DUV program. At a minimum the EOP should include the following:

(a) A requirement for conducting DUV patient movement exercises at least annually;

(b) List(s) of storage locations for litters, and other supplies and accessories needed (see 7.b.) to support patient evacuation, that are not stored on DUV.

(c) How the patient movement equipment and supplies listed in Appendix B, as appropriate for the patient population, are maintained and made readily available. These supplies and equipment should be maintained by the facility in a single unit, to

ensure rapid deployability; stored at room temperature; regularly inspected and inventoried; and actively managed to ensure replacement of items prior to expiration;

(d) Procedures for the management of medications and controlled substances brought onto the DUV by patient care teams.

(2) Executing exercises no less than annually to test and verify team readiness.

(3) Communicating obstacles relating to DUV readiness for patient evacuation (e.g. equipment, vehicle or staff shortcomings) to facility leadership, VISN Emergency Program Manager and VHA OEM in the semiannual readiness reports and whenever there is a change of operational status as provided in 7.e. below.

(4) Maintaining engagement and awareness of the DUVs purpose, potentials and requirements with facility leadership, clinical and administrative Staff.

(5) Maintaining DUV awareness with hospital coalitions and community partners.

(6) Submitting information for DUV readiness reports as required in 7.d. and e., below, and providing other information as required for the VHA DUV resource inventory to VHA OEM.

e. **VA Medical Facility DUV Operator/Driver.** The VA medical facility DUV operator/driver is responsible for:

(1) Conducting Pre- and Post-Trip vehicle inspections as required by the Federal Motor Carrier Safety Administration and VA Handbook 0637, Fleet Management Program.

(2) Conducting Pre- and Post-Operations procedures according to the checklist provided in Appendix C or equivalent document to ensure equipment is operated properly.

(3) Ensuring all driver requirements under the Commercial Driver's License (CDL) provisions of the driver's licensing state Department of Transportation and under VHA Directive 2008-020, Patient Transportation Program, or subsequent policy requirements are met.

(4) Sustaining proficiency configuring the DUV to the needs of the mission such as litter and wheelchair stations and ambulatory configurations to include oxygen cylinder bracket placement. Drivers working with DUVs will be trained in operations, use and configuration and verify/refresh this knowledge through retraining, drills and/or exercises at least annually thereafter.

f. **VA Medical Facility Patient Movement Team.** Staffing of the DUV for actual emergency patient movement will be determined by the Medical Care Branch Director, Operations Section in accordance with the facility's Hospital Incident Command System

(HICS), or by a local competent on-scene physician. The VA medical facility patient movement team is responsible for:

(1) Maintaining proficiency in safe patient movement practices. Activities include, but are not limited to, patient movement operations such as litter carrying, securing patients to DUV stations, and patient tracking. These skills must be verified and refreshed through retraining, drills and/or exercises at least annually.

(2) Assessing and planning appropriately for patients' acuity or levels of severity of illness. While the DUV can transport patients of varied acuity, the DUV is best-suited for low-acuity patient transport. Patient load, medical equipment and staffing requirements must always be a part of patient transportation planning. Patient acuity will dictate the amount of patients that can be transported at any single time as well as resource requirements.

(3) Learning and using the DUV Load Planning Template (Appendix D).

g. **VISN Director**. The Network Director is responsible for:

(1) Ensuring full participation of medical facilities in the required DUV management practices, the DUV Clinical Operations Manual published by VHA OEM, and reporting regimens described above.

(2) Ensuring at least two personnel within the VISN are trained and prepared to provide consistent and standardized DUV training to VA medical facility personnel when needed.

(3) Coordinating utilization and emergent needs for DUVs among medical facilities of the Network.

(4) Submitting resource requests to the VHA Watch Officer at: WatchOfficer-VHA@va.gov, for emergency DUV needs when those needs exceed all available Network resources

6. USE OF DUAL USE VEHICLES

a. **Intended Uses**. DUVs are to be used in support of VA medical facility routine transportation needs and the Comprehensive Emergency Management Programs of VHA and VA medical facilities. Acceptable uses for the DUVs include:

(1) Evacuating inpatients from a distressed VA medical facility to alternate sites of care, relocating patients during routine or emergent situations, and providing emergency support to other VA medical facilities. When transporting hospital patients, a clinical team deemed by the treating physician as providing an appropriate level of care will be aboard the DUV.

(2) Shuttling patients and staff members for beneficiary outings or routinely between VA medical facilities and transportation hubs; day trips; and other routine transportation supporting VA beneficiary access to care;

(3) Participating in drills, exercises and demonstrations of emergency response plans and capabilities; and providing support to special events;

(4) Federal Response Missions. If authorized by the Under Secretary for Health or designee, supporting DoD contingencies, the National Disaster Medical System, and/or in support of the federal response to declared disasters under Stafford Act authority or by inter-agency agreement;

(5) Responding to local emergencies, under a VA medical facility Director's authority, as mobile aid stations, disaster casualty collection points, inpatient surge holding, alternate care facilities, firefighters' on-scene rest and rehabilitation centers, command and control vehicles, or for other purposes as required;

(6) Transporting staff members to and from work during emergency situations when other modes of transportation are not available can be authorized by the VA medical facility Director in accordance with VA Directive 0637, VA Vehicle Fleet Management Program, as long as employees are charged for the transportation at rates equal to those of the transportation options in the community.

b. **Unacceptable Uses.** DUVs were designed to transport medically stable inpatients, and ambulatory and wheelchair-using persons, and were not designed to be, and should not be used as ambulances for care and transport of medically unstable patients or as quarantine/isolation units.

c. **Driver Qualifications.** Only trained and appropriately licensed VA personnel will operate DUVs. All DUVs have air brakes, which trigger special driver's license requirements in some states. The Large DUV model exceeds the 26,000 pounds gross vehicle weight rating above which a valid Class B CDL is required, and can transport more than 14 persons, a passenger count triggering requirements for a CDL Passenger Endorsement in most states (reference appropriate state driver license requirements). Whenever VA patients are transported, the driver requirements of VHA Directive 2008-020, Patient Transportation Program, must also be met. ***NOTE: Using the DUV to tow a trailer greater than 10,000 pounds may trigger a requirement for the driver to possess a Class A CDL under state requirements, which vary.***

d. **Modification of DUVs.** Physical modification or permanent installation of equipment into DUVs requires approval of VHA OEM. Any modifications that diminish patient movement capabilities of the DUV will not be permitted by VHA OEM.

7. DUV READINESS

Readiness of the DUV's patient evacuation and movement capability depends upon vehicle condition and operability; availability and maintenance of equipment required to

support emergent patient movement, personnel training and preparation, and operational plans.

a. **Generator Maintenance.** All DUV onboard generators must be operated at least one hour per month under 50 percent load, in compliance with manufacturer's recommendations. Readiness reporting will include generator hour meter readings.

b. **Required Equipment.** Equipment required to support patient movement on DUVs includes that listed in the DUV Accessories Inventory List (Appendix A), the DUV Medical and Non-Medical Equipment & Supplies Lists (Appendix B), and NATO litters. Wheelchairs meeting the crash test standards of International Organization for Standardization standard 7176-19 are strongly recommended for patient safety during collisions, however, standard wheelchairs can be used and secured to the vehicle.

(1) The DUV Accessories in Appendix A must be maintained onboard the vehicle and inventoried semiannually.

(2) The listed Medical and Non-Medical Equipment in Appendix B (as appropriate for the facility's patient population) must be maintained to the extent feasible in a single unit to enhance rapid deployability; stored in a secure, environmentally controlled and well identified area that is referenced in the appropriate VA medical facility emergency operations plans; and is regularly inspected, inventoried, and actively managed to ensure replacement of items prior to expiration. ***NOTE: VHA OEM distributed an easily deployable DUV Medical & Supply Kits to facilities in 2016 containing the items listed in Attachment B, except for the oxygen distribution equipment and pharmaceuticals.***

(3) Storage of sterilized or high level disinfected (HLD) reusable medical equipment on board the DUV or within the DUV kit is prohibited.

c. **Utilization.** DUVs fulfill a critical emergency resource need but may not meet the fleet utilization requirements of VA Directive 0637, VA Vehicle Fleet Management Program. Therefore, VHA OEM considers DUVs to be excluded from these utilization requirements. This rationale may be cited by fleet managers as justification for maintaining DUVs not meeting fleet utilization standards. However, at least a minimum level of utilization is required to maintain DUV operability. All DUVs must be driven at least 25 miles per month in order to help ensure vehicle operability.

d. **DUV Readiness Reporting.** A DUV Readiness Reporting System will be established by VHA OEM and will be further developed over time. Fleet Managers and Emergency Program Managers must submit or update information for the DUV Readiness Reporting System for each DUV in their inventory on a semiannual basis in accordance with instructions provided by VHA OEM. The reportable information will include vehicle identifying information, mileage, utilization and condition; equipment inventory; generator hour meter readings; and dates of last patient movement exercise.

e. **Inoperability Reporting.** In addition to the semiannually reporting requirement, Medical Center Directors, Fleet Managers, or Emergency Program Managers must report immediately upon a change of operational status of any DUV expected to be

longer than one week (such as vehicle being removed from service for extensive repair or maintenance, staffing or equipment shortages, etc.) to the VHA Watch Officer at WatchOfficerVHA@va.gov or (202) 461-0268

f. **On-Site Surveys.** DUV utilization and emergency readiness at VA medical facilities is also assessed through local VHA OEM Area Emergency Managers and during tri-annual Emergency Management Capabilities Assessment Program (EMCAP) surveys.

8. MUTUAL AID

a. **External Support.** DUVs may be utilized for local or national mutual aid response outside VA, with the approval of the VA medical facility Director or Under Secretary for Health, respectively, if service to VA beneficiaries is not compromised.

b. **Costs and Liabilities.** Costs and liabilities associated with mutual aid missions, including repair, recovery, and replacement costs, will be borne by the external, non-VA supported organization. VHA OEM will coordinate by April 1, 2018, the establishment of reimbursement rates based on actual fleet-based costs and VA medical facilities will establish reimbursement rates for DUV operations personnel that are likely to be provided with the DUV (i.e. driver, clinical staff, etc.). Reimbursement rates will be specified in any mutual aid support agreement documents.

c. **Support to Non-VA Events.** Authorization of local use of DUVs for non-VA exercises and events will be at the discretion of the VA medical facility Director. Use of DUV's by VA as part of a community based/supported exercise should normally be permitted. The VA medical facility Director must verify that liabilities associated with external mutual aid support are borne by the supported organization prior to committing VHA resources. When supporting non-VA events and exercises, DUVs must always be operated only by qualified VA personnel. DUVs may be recalled by the VA medical facility Director who authorized the DUVs' support to non-VA exercises and events. ***NOTE: An event organized by an independent third party individual or group might constitute a partisan political event, even if the event is not attended by a partisan elected official. Questions regarding whether or not VA participation in an event is prohibited by the Hatch Act should be referred to local regional counsel.***

d. **Requests for DUV(s).** Requests for DUV(s) and supporting staff that cannot be met locally or within the VISN in a disaster or emergency will be submitted by VISN leadership to the VHA Watch at WatchOfficerVHA@va.gov, which forward the request to OEM Operations for mission validation.

9. REFERENCES

a. H. Rept. 109-377 – A FAILURE OF INITIATIVE: Final Report of the Select Bipartisan Committee to Investigate the Preparation for and Response to Hurricane Katrina, February 15, 2006. <http://www.gpoaccess.gov/congress/index.html>.

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

c. VA Directive 0637, VA Vehicle Fleet Management Program, VA Office of Asset Enterprise Management (OAEM).

d. VA Directive 7002, Logistics Management Policy VA Handbook 0637, VA Vehicle Fleet Management Program, VA Office of Asset Enterprise Management (OAEM).

e. VA Handbook 0321, Serious Incident Reports.

f. VHA Directive 0320, Comprehensive Emergency Management Program, dated April 12, 2013.

g. VHA Directive 1611, Safe Patient Handling and Mobility Program, dated March 23, 2018.

h. International Organization for Standardization standard 7176-19: Wheelchairs -- Part 19: Wheeled mobility devices for use as seats in motor vehicles.
<https://www.iso.org/obp/ui/#iso:std:iso:7176:-19:ed-2:v1:en>

i. DUSHOM Memorandum, Use of the New Situation Reporting (SITREP) System dated July 6, 2015, and subsequent requirements.

j. DUV Clinical Operator's Manual, VHA OEM, 6 March 2012, or subsequent version.

k. DUV Operators Manual, Farber Specialty Vehicles, 14 February 2012, or subsequent version.

l. DUV Parts Manual, Farber Specialty Vehicles, 2012.

m. DUV Preventative Maintenance Manual, Farber Specialty Vehicles, 6 March 2012.

n. Farber DUV Resources Site: <http://www.dualusevehicle.com/> **NOTE:** to access this link, please contact VHAOEMLogs@va.gov. This link contains manuals for products purchased by VA under government contract, but does not constitute an endorsement of the product.

APPENDIX A

DUV ACCESSORIES INVENTORY LIST

<u>NOMENCLATURE</u>	<input type="checkbox"/> Small DUV	<input type="checkbox"/> Large DUV
<input type="checkbox"/> Key, Utility Compartment	2	2
<input type="checkbox"/> Key, Exterior Storage Compartments, HF315	2	2
<input type="checkbox"/> Key, Wheelchair Door, AH112	2	2
<input type="checkbox"/> Key, Engine Compartment	2	2
<input type="checkbox"/> Key, Overhead Cabinets, C390A	4	6
<input type="checkbox"/> Key, Refrigerator, FUAN	2	2
<input type="checkbox"/> Key, Rear Door, FT111	2	2
<input type="checkbox"/> Key, Entrance Door, H32412	2	2
<input type="checkbox"/> Key, Glovebox, CH751	2	2
<input type="checkbox"/> Key, Ignition	2	2
<input type="checkbox"/> GPS, Garmin NUVI 2250LT	1	1
<input type="checkbox"/> Dash Mount Kit, Garmin GPS	1	1

THE FOLLOWING ITEMS MUST BE STORED ONBOARD TO ENSURE READINESS

<input type="checkbox"/> Pedestal, Workstation	1	1
<input type="checkbox"/> Workstation, Detachable	1	1
<input type="checkbox"/> Cable, Shore Electrical Power, 50'	1	1
<input type="checkbox"/> Cable, Shore Electrical Power, 6' Pigtail	1	1
<input type="checkbox"/> Manual, Operators	1	1
<input type="checkbox"/> Kit, Wheelchair Tie Down, Q- Straint	4	6
<input type="checkbox"/> Curtain, Litter Patient Privacy	3	5
<input type="checkbox"/> Curtain, Driver Compartment Separation	1	1
<input type="checkbox"/> Curtain, Outboard, Window, Small Size	1	1
<input type="checkbox"/> Ring, O Shaped, Single Stud	9	15
<input type="checkbox"/> Strap, Litter Suspension, w/ Brackets	6	10
<input type="checkbox"/> Stud, Brass, for Litter Strap / L- Track	6	10
<input type="checkbox"/> Bracket, Retaining, Litter Stanchion	18	30
<input type="checkbox"/> Stanchion, Litter, Detachable, Rigid	6	10
<input type="checkbox"/> Bracket Assembly, Oxygen Cylinder	3	5
<input type="checkbox"/> Brace, Horizontal, Litter Stanchion	6	10
<input type="checkbox"/> Extinguisher, Fire	2	2
<input type="checkbox"/> Ring, Pear Shaped, Double Stud	6	10
<input type="checkbox"/> Carabineer, 1.5"	9	15
<input type="checkbox"/> Kit, First Aid, 92 Piece	1	1
<input type="checkbox"/> Cord, Electrical Extension 15'	1	2
<input type="checkbox"/> Strap, Cargo Web 1" x 15'	2	4

DUV MEDICAL & NON-MEDICAL EQUIPMENT & SUPPLIES LISTS

The following tables provide recommended supply levels to be available at the VA medical facility in case emergent patient evacuation is needed. These supplies (as appropriate for the facility's patient population) must be maintained to the extent feasible in a single unit to enhance rapid deployability; stored in a secure, environmentally controlled and well identified area that is referenced in the appropriate VA medical facility emergency plans; and is regularly inspected, inventoried, and actively managed to ensure replacement of items prior to expiration.

Table 1:

Pharmaceuticals	UI	Qty
ADENOSINE INJECTION USP PREFILLED NEEDLESS LUER LOK SYR 2ML 10S	EA	5
ALBUTEROL SULFATE INHALATION SOLUTION 20ML BOTTLE WITH DROPPER	BT	1
AMIODARONE HYDROCHLORIDE INJECTION 50MG/ML 3ML AMPUL	AM	4
ATROPINE SULFATE INJECTION USP 0.1MG/CC 10ML BOTTLE	BT	5
BENZTROPINE MESYLATE INJECTION USP 1MG/ML 2ML AMPUL 6 AMPULES/PG	AM	3
CALCIUM CHLORIDE INJECTION USP 100MG/ML 10ML SYRINGE 10/PACKAGE	VI	2
CODEINE PHOSPHATE AND ACETAMINOPHEN TABS 30/300MG 100S	BT	1
DEXAMETHASONE SODIUM	VI	2
DEXTROSE INJECTION USP 5% 500ML BAG	EA	2
DEXTROSE INJECTION USP 50 ML CARTRIDGE NEEDLE UNIT 10'S	EA	5
DIAZEPAM INJECTION USP 5MG/ML 2 ML UNIT 10 PER PACKAGE	PG	2
DIAZEPAM TABLETS USP 5MG INDIVIDUALLY SEALED 100S	PG	1
DIPHENHYDRAMINE HYDROCHLORIDE CAPSULES USP 50MG 100 CAPS/BOTTLE (Benadryl)	BT	1
DIPHENHYDRAMINE HYDROCHLORIDE INJ USP 50MG/ML 1ML CARPUJECT 10S	EA	3
DOBUTAMINE INJECTION USP 12.5MG/ML 20ML VIAL 10 VIALS/PG	VI	2
DOPAMINE HYDROCHLORIDE INJECTION USP 5ML VIAL 25 PER PACKAGE	VI	4
EPINEPHRINE INJECTION USP 0.1 MG/ML 10ML LIFESHIELD SYRINGE	EA	10
EPINEPHRINE INJECTION USP AQUEOUS 1ML AMPUL	EA	5
ESMOLOL HYDROCHLORIDE INJECTION STERILE 10MG/ML 10ML VIAL 25S	VI	2
FLUMAZENIL INJECTION 0.1MG/ML 10ML VIAL (Romazicon)	VI	1
FUROSEMIDE INJECTION USP 10MG/ML 10 ML VIAL (Lasix)	VI	3
HALOPERIDOL INJECTION USP 5MG/ML 1ML AMPUL	AM	5
HYDROXYZINE HYDROCHLORIDE INJECTION USP 50MG/ML 10ML VIAL 25S	VI	1
ISOPROTERENOL HYDROCHLORIDE INJECTION USP 0.200MG/ML 1ML AMPUL25	AM	2
LAMIVADINE-ZIDOVADINE TABLETS USP USED WITH HIV KIT 6S	PG	1
LIDOCAINE HYDROCHLORIDE AND DEXTROSE INJ 500ML	EA	1
LIDOCAINE HYDROCHLORIDE INJECTION USP 1.0%/ML 50ML BOTTLE	BT	1
LIDOCAINE HYDROCHLORIDE INJECTION USP 2% 5ML CONTAINER	EA	3
LOPERAMIDE HYDROCHLORIDE CAPSULES USP 2MG 100 CAPSULES/BOTTLE	BT	1
LORAZEPAM INJECT 1MG/1ML	BT	1
LORAZEPAM TABLETS USP 1MG I.S. 100 TABLETS PER PACKAGE (Ativan)	PG	1
MAGNESIUM SULFATE INJECTION 10S	EA	2
MECLIZINE HYDROCHLORIDE TABLETS USP CHEWABLE 25 MG 100S	BT	1

Pharmaceuticals	UI	Qty
MEPERIDINE HYDROCHLORIDE INJECTION USP 100MG/ML 1ML UNIT 10/PG (Demerol)	PG	1
METHYLPREDNISOLONE SODIUM SUCCINATE FOR INJ USP 2ML VIAL 25S	EA	8
METOPROLOL TARTRATE INJECTION USP 1MG/ML 5ML AMPUL	AM	5
METOPROLOL TARTRATE TABLETS 50MG 100 TABLETS PER BOTTLE	BT	1
MORPHINE SULFATE INJECTION USP 10MG/ML 1 ML UNIT 10 PER PACKAGE	PG	10
NALOXONE HYDROCHLORIDE INJECTION USP 0.4MG/ML 1ML AMPUL	AM	6
NITROGLYCERIN LINGUAL AEROSOL 0.4MG 200 SPRAYS PER BOTTLE	EA	1
NITROGLYCERIN OINTMENT 2% 60GM COLLAPSIBLE TUBE	TU	1
OXYCODONE AND ACETAMINOPHEN TABLETS USP 100 TABLETS PER PACKAGE	PG	1
OXYMETAZOLINE HYDROCHLORIDE NASAL SOLUTION USP 15ML SPRAY BOTTLE	BT	5
PHENOBARBITAL SODIUM INJECTION USP 60MG/ML 1ML SYRINGE 10/PG	PG	1
PHENYLEPHRINE HYDROCHLORIDE INJECTION USP 1% 1 ML	AM	5
PHENYTOIN SODIUM INJECTION USP 50MG/ML VIAL 5ML 25S (Dilantin)	VI	3
PROMETHAZINE HYDROCHLORIDE INJECTION USP 25MG/ML 1ML AMPUL	AM	3
PROMETHAZINE HYDROCHLORIDE TABLETS USP 25MG 100 TABLETS/BOTTLE	BT	1
PSEUDOEPHEDRINE HYDROCHLORIDE TABLETS USP 30MG 24 TABLETS/BOTTLE	PG	1
RINGER'S INJECTION LACTATED USP 1000 ML	EA	5
SODIUM BICARBONATE INJECTION USP 50ML BOTTLE	BT	2
SODIUM CHLORIDE INJECTION 120S	EA	20
SODIUM CHLORIDE INJECTION USP 1000ML BAG	EA	2
SODIUM CHLORIDE IRRIGATION USP 0.9% 1000ML BOTTLE 16 PER PACKAGE	BT	1
VASOPRESSIN INJECTION USP 20 USP UNITS/ML 1ML VIAL 25S	VI	2
VERAPAMIL HYDROCHLORIDE INJ USP 5MG/2ML 2ML VIAL 5/PACKAGE	PG	1
WATER FOR IRRIGATION STERILE USP 1000ML CONTAINER	EA	1

Table 2:

DUV Medical Supply Kit Contents	Clinical Item?	Qty
SmartBook™, EA		1
Case, Medical, Wheeled, EA		1
Organizer, Dual-Use Vehicle, EA		1
Carabiner, Heavy Duty, 2", EA		1
Carabiner, Heavy Duty, 3", EA		1
Card, Reference, Product Location, for Organizer 1, EA		1
Fastener, Pipe, 1.25", EA		1
Stud, Single, w/ Round Ring, EA		3
Tie, Velcro Style, w/ Buckle, 1" x 15", EA		2
Glove, Exam, Nitrile, Sm, BX/100	Y	1
Glove, Exam, Nitrile, Med, BX/100	Y	1
Glove, Exam, Nitrile, Lg, BX/100	Y	1
Glove, Exam, Nitrile, XL, BX/100	Y	1
Gauze, Roll, 4.5" x 4.1yd, Sterile, EA	Y	4
Forceps, Roch-Pean, Curved, 9", EA	Y	2
Scissor, Lister, Bandage, 7.25", EA	Y	1
Scissor, Lister, Bandage, 7.25", EA	Y	1
Ampule, Prep Compound, Tincture of Benzoin, EA	Y	10
Ointment, Bacitracin, Foil Packet, EA	Y	6
Solution, Hydrogen Peroxide, 3%, 16oz, EA	Y	1
Bandage, Sheer Strip, 0.75" x 3", EA	Y	50
Dressing, Gauze, Petroleum, 3" x 18", Sterile, EA	Y	5
Gauze, Sponge, 2" x 2", Sterile, PK/2	Y	6
Gauze, Sponge, 2" x 2", Sterile, PK/2	Y	9
Tape, Surgical, Silk, 1" x 10yd, EA	Y	4
Tape, Surgical, Silk, 3" x 10yd, EA	Y	2
Dressing, Abdominal Pad, 7.5" x 8", Sterile, EA	Y	5
Dressing, Pad, Pressure, Cotton, 11.75" x 11.75", Sterile, EA	Y	4
Gauze, Sponge, 4" x 4", Sterile, PK/2	Y	25
Gauze, Sponge, 4" x 4", Sterile, PK/2	Y	17
Gauze, Sponge, 4" x 4", Sterile, PK/2	Y	8
Kit, IV Start, w/ Bioclusive Dressing, EA	Y	5
Needle, IV Catheter, Safety, 16ga x 1.25", EA	Y	1
Needle, IV Catheter, Safety, 18ga x 1.25", EA	Y	2
Needle, IV Catheter, Safety, 20ga x 1.25", EA	Y	1
Tubing, IV Admin, 10gtt, Y Site, EA	Y	5
Tubing, IV, Extension, Flow Rate Regulator, EA	Y	3
Tubing, IV, Extension, Flow Rate Regulator, EA	Y	7
Pack, Instant Heat, Lg, EA	Y	2

DUV Medical Supply Kit Contents	Clinical Item?	Qty
Bandage, Elastic (Ace Type), 4" x 5yd, EA	Y	3
Bandage, Triangular, w/ Safety Pins, 40" x 40" x 56", EA	Y	2
Depressor, Tongue, 6", Sterile, EA	Y	10
Light, Penlight, Disposable, EA	Y	2
Thermometer, Digital, Oral/Rectal, EA	Y	2
Pack, Instant Cold, Lg, EA	Y	6
Bag, Convenience, Urine, Emesis, Non-Leak, EA	Y	50
Kit, Blood Pressure, w/ 5 Cuff Sizes & Stethoscope, EA	Y	1
Carabiner, Royal Blue, EA		2
Stud, Single, w/ Round Ring, EA		1
Case, Medical, Wheeled, EA		1
Organizer, Dual-Use Vehicle, EA		1
Carabiner, Heavy Duty, 2", EA		2
Card, Reference, Product Location, for Organizer 2, EA		1
Stud, Single, w/ Round Ring, EA		4
Tie, Velcro Style, w/ Buckle, 1" x 15", EA		2
Glove, Exam, Nitrile, Sm, BX/100	Y	1
Glove, Exam, Nitrile, Med, BX/100	Y	1
Glove, Exam, Nitrile, Lg, BX/100	Y	1
Glove, Exam, Nitrile, XL, BX/100	Y	1
Cannula, Nasal, Adult, 7' Tubing, EA	Y	6
Mask, Oxygen, Adult, Non-Rebreather, High Con, 7' Tubing, EA	Y	5
Detector, CO2, End Tidal, Adult, EA	Y	2
Holder, Endotracheal Tube, Thomas Design, Adult, EA	Y	2
Kit, Suction, Catheter, Graduated, 14fr, EA	Y	5
Kit, Airway, Oral, Berman, (8 Sizes), Color Coded, Disposable, EA	Y	1
Kit, Nasopharyngeal, 9 Sizes (20-36), w/ Lube, Soft PVC, EA	Y	1
Mask, CPR, w/ Filter, EA	Y	2
Acetaminophen, Tablet, 325mg, BT/100	Y	1
Antacid, Calcium Carbonate, Chewable, 750mg, BT/96	Y	1
Aspirin, Tablet, 325mg, BT/100	Y	1
Ibuprofen, Tablet, 800mg, BT/100	Y	1
Insta-Glucose, 31gm, Unit-Dose, EA	Y	1
Triamcinolone Acetonide Cream, 0.1%, 15gm, EA	Y	2
Syringe, Luer-Lok, 10ml, EA	Y	15
Syringe, Luer-Lok, 20ml, EA	Y	15
Syringe, Luer-Lok, 3ml, EA	Y	10
Holder, Carpu-jet, for Prefilled Syringe, EA	Y	3
Needle, Safety, 18ga x 1.5", EA	Y	10
Needle, Safety, 21ga x 1.5", EA	Y	10

DUV Medical Supply Kit Contents	Clinical Item?	Qty
Syringe, Safety, Insulin, 0.5ml, 28ga x 0.5", EA	Y	10
Lubricant, Jelly, 5gm Foil Packet, Sterile, EA	Y	12
Pad, Alcohol, Prep, Medium, Sterile, EA	Y	100
Towelettes, Antiseptic, Bzk (Benzalkonium) 0.4%, EA	Y	25
Mask, N95, Healthcare, Flat-Fold, EA	Y	20
Mask, N95, Healthcare, Flat-Fold, EA	Y	20
Mask, N95, Healthcare, Flat-Fold, EA	Y	20
Glasses, Protective, Barrier, Clear, EA	Y	3
Light, Headlight, LED, EA		2
Plug, Ear, Disposable, Foam, PK/2		25
Gown, Staff, Plastic Polyethylene, Disposable, Lg, EA	Y	2
Sanitizer, Hand, w/ Aloe, 12oz, EA	Y	2
Airway, Supraglottic, Size 3, EA	Y	1
Airway, Supraglottic, Size 4, EA	Y	1
Airway, Supraglottic, Size 5, EA	Y	1
Tube, Endotracheal, Cuffed, 6.0, Flexi-Set, EA	Y	5
Tube, Endotracheal, Cuffed, 7.0, Flexi-Set, EA	Y	5
Tube, Endotracheal, Cuffed, 8.0, Flexi-Set, EA	Y	4
Tube, Endotracheal, Cuffed, 8.0, Flexi-Set, EA	Y	1
Kit, Laryngoscope, w/ Handle, Mac Sizes 2-4, Disposable, EA	Y	1
Resuscitator, BVM, Adult, Disposable, EA	Y	1
Case, Medical, Wheeled, EA		1
Cleaner, Bac/Deo/Virucidal, Spray, 32oz, EA	Y	1
Kit, Clean-Up, Blood and Fluid, EA	Y	2
Kit, Dry Erase, w/ 6 Markers/Eraser/Holder, EA		1
Nozzle, for Spray Bottle, EA	Y	1
Sponge, Multipurpose, EA		3
Towel, Paper, RL		5
Wipes, Sanitizer, 6" x 6.75", CN/160	Y	1
Pad, Chux/Under Pad, 17" x 24", EA	Y	50
Washcloth, Patient, Disposable, EA	Y	50
Bag, Zip Close, w/ Handle, 24" x 20", Clear, EA		9
Sanitizer, Hand, w/ Aloe, 12oz, EA	Y	10
Blanket, Emergency, Mylar/Orange, 96" x 60", EA	Y	1
Blanket, Flannel, Cotton, 72" x 90", EA	Y	3
Gown, Patient, EA	Y	2
Case, Medical, Wheeled, EA		1
Box, Utility/Tool, w/ Organizer, EA		1
Battery, Alkaline, 9V, EA		4
Battery, Alkaline, AA, EA		12

DUV Medical Supply Kit Contents	Clinical Item?	Qty
Battery, Alkaline, AAA, EA		12
Battery, Alkaline, AAAA, PK/2		2
Battery, Alkaline, C, EA		12
Battery, Alkaline, D, EA		8
Carabiner, Heavy Duty, 2", EA		1
Carabiner, Heavy Duty, 3", EA		3
Fastener, Wall Channel, w/ Eye Bolt, 0.25", EA		4
Light, Flashlight, Handheld, 2 D Batteries Required, EA		2
Pliers, Slip-Joint, 10", EA		1
Set, Screwdriver, 6-in-1, EA		1
Set, Socket, SAE, EA		1
Strap, Securing, Elastic, 18", EA		2
Strap, Securing, Elastic, 30", EA		2
Stud, Single, w/ Round Ring, EA		2
Tape, Duct, 2" x 60yd, Silver, EA		1
Ties, Velcro Style, 0.5" x 8", EA		50
Wrench, Adjustable, Chromium & Steel, 10", EA		1
Tissue, Facial, 2-Ply, EA	Y	6
Tissue, Toilet, 2-Ply, EA	Y	6
Bedpan, Commode Style, EA	Y	2
Liner, Bedpan, w/ Absorbent Pad, BX/20	Y	1
Urinal, w/ Lid, 1000ml, EA	Y	4
Container, Sharps, 1qt, EA	Y	3
Lamp, Gooseneck, Clip-On, EA		2
Stud, Single, w/ Bungee, for Sharps Container, EA		3
Chock, Wheel, w/ Rope, EA		2
Cup, Paper, 8oz, EA	Y	50
Liner, Biohazard, 10-15gal, EA	Y	10
Liner, Trash, 13gal, EA		10
Restraint, Limb Holder, PR	Y	1
Strap, Restraint, Spring Buckle, 1-pc, EA		4
Bracket, Wall Mount, for Broom or Dustpan Storage, EA		1
Broom, Upright, 12" Base, EA		1
Can, Biohazard, w/ Touch Lid, 13gal, EA	Y	2
Can, Trash, w/ Touch Lid, 13gal, EA		2
Clip, for Broom and Lobby Dustpan, EA		1
Dustpan, Upright, Lobby, EA		1

Table 3:

Oxygen Delivery Equipment and Supplies	UI	Qty
ADAPTER OXYGEN FEMALE OXYGEN DISS FEMALE HEX ADAPTER	EA	2
CONCENTRATOR, OXYGEN	EA	1
CONNECTOR OXYGEN TUBING ONE-WAY STRAIGHT SMALL PLASTIC DISP 50S	EA	5
FILTER EXHALATION UNIVERSAL HEPA	EA	6
FILTER MEDIA DEVICE	EA	3
FLOWMETER OXYGEN TAPERED INNER FLOWTUBE ULTRA-FLO SERIES	EA	9
HOSE ASSEMBLY OXYGEN INCLUDES MALE & FEMALE CONNECTORS & TUBING	EA	8
HUMIDIFIER INHALATION THERAPY APPAR HUDSON 340ML STER WATER	EA	7
MANIFOLD ASSEMBLY OXYGEN DELIVERY w/NYLON CARRYING CASE	EA	3
MONITOR OXYGEN PORTABLE POWERED BY 9V AC BATTERY	EA	1
NEBULIZER MEDICINAL DISPOSABLE 50 PER PACKAGE	EA	2
OXIMETER PULSE FINGER W/CASE	EA	2
OXIMETER PULSE: 120/230V 50/60HZ AC OR BATTERY OPERATED	EA	1
SENSOR OXYGEN MONITORING PLASTIC HOUSING WITH ELECTRICAL CELL	EA	1
TEST LUNG RESPIRATOR FSCM14308 MFRN0612	EA	1
VALVE POSITIVE END EXPIRATORY PRESS VENTILATOR STD SZ THD ADJ	EA	2
REGULATOR, OXYGEN, H-TANK	EA	3
ADAPTER OXYGEN NUT-NIPPLE INLET HOSE BARB FITTING LEAKPROOF 50S	EA	10

OPERATORS PRE- AND POST-OPERATIONS CHECKLISTS

	Pre-Operations:	Initials	NOTES
1	Perform Pre Trip Inspection at storage location/garage		
2	Open driver's side exterior front lower compartment door - Turn chassis disconnect switch to the "ON" position. (Switch located upper left side of battery compartment).		
3	Open electric Bi-fold entry door with key – Enter DUV and turn "ON" auxiliary battery disconnect switch located on 12 volt power panel on front overhead cabinet. Green light bar appears when ON.		
4	While standing at 12 volt panel turn on any other desired switches. Amber LED light appears when ON.		
5	Start generator if 120 volt power is required (120V wall receptacles, roof top air conditioning). - Start/Stop generator switch also located on 12 volt panel (<i>Cummins ONAN Quiet Diesel HDKCC</i>)		
6	Flip generator 50 amp switch ON (upward). Located on 240 Volt power panel just to the right of the 12 volt panel.		
7	Turn ON desired switches for 120V options (Amber LED light appears when ON.)		
8	Adjust driver's seat as necessary.		
9	Adjust mirrors – mirror control located left side of dashboard.		
10	Start engine with key.		
11	Verify there are no warning lights illuminated on dash.		
12	Release parking brake. Yellow knob located lower left dashboard.		

	Post-Operations:	Initials	Notes
1	Safely unload passengers		
2	Turn OFF chassis ignition		
3	Remove all trash and wastes; clean as needed.		
4	Return seats to normal operating configuration.		
5	Turn OFF all 120V switches (if utilized), amber light disappears when OFF		
6	Flip generator 50 amp switch OFF (downward) (if utilized). (Located on 240 Volt power panel just to the right of the 12 volt panel).		
7	Stop generator if 120 volt power was required (120V wall receptacles, roof top air conditioning). Start/Stop generator switch located on 12 volt panel (Cummins ONAN Quiet Diesel HDKCC).		
8	While standing at 12 volt panel turn off all switches. Amber LED light disappears when OFF.		
9	Close electric Bi-fold entry door using switch labeled DOOR		
10	Turn OFF auxiliary battery disconnect switch located on 12 volt power panel on front overhead cabinet. Green light disappears when OFF.		
11	Exit DUV and use key to shut bi-fold door.		
12	Open driver's side exterior front lower compartment door - Turn chassis disconnect switch to the "OFF" position. (Switch located upper left side of battery compartment).		
13	Bleed air tanks to expel condensation.		
14	Lock all exterior compartments.		
15	Lock all exterior compartments.		
16	Perform post trip inspection for any damage or lights on before leaving vehicle.		

APPENDIX D

DUV STRETCHER/AMBULATORY LOAD PLANNING TEMPLATES

1. Individual DUV load plans should be prepared as far in advance as practical, based on the roster of patients assigned to the DUV. This facilitates efficient loading, enroute treatment, and unloading. To begin, DUV load planners should be provided with patient rosters showing the details on each patient, to include:

- a. Last Name.
- b. First Name.
- c. Unique Patient Identifier
- d. Sex.
- e. Current/Needed Bed Type (ideally including the VISTA Specialty, as well as the VA NUMA bed type, and the HAvBED bed types).
- f. Presenting Problem (may be pulled from VISTA).
- g. Current Location of Patient.
- h. Transportation Equipment Requirements (e.g., ambulatory, wheelchair, standard NATO litter, oversized NATO litter, ambulance gurney, hospital bed).
- i. Clinical Equipment Requirements (e.g., lift equipment, oxygen, ventilator).
- j. Transport Care Level (e.g., Basic or Advanced Life Support).
- k. Medical Attendant Name(s) (i.e., any clinical staff dedicated specifically to a patient).
- l. Non-Medical Attendant Name(s) (i.e., non-clinical staff dedicated to a patient, such as family members and translators).

2. It is important to load patients so that the on-board patient care providers will have easy access to patients in order to provide enroute medical care. Additionally, normal and emergency egress for all patients and staff must be considered well before patients are loaded onboard the DUV. Like an ambulance, highest acuity patients are loaded last, so they can then be unloaded first. Ambulatory patients should be loaded using the forward ambulatory door. Do not generally use the ramp assembly and rear door to load or unload ambulatory patients and passengers unless access to the forward door is limited or there are extenuating circumstances.

3. Mixed configurations of ambulatory, wheelchair and litter patients will naturally limit the number of ambulatory seats available. In this case, ensure that ambulatory patients are placed near the front in order to expedite the emergency the egress of all

patients, if required. Determine how many litter positions are required to transport bed, gurney and litter bound patients; determine how many wheelchair positions must be reserved; and determine how many seats are required for ambulatory patients, attendants and clinicians. Consider any space(s) required for medical equipment, supplies and/or patient items. Coordinate with hospital planners if it is determined that the load exceeds the DUV's capability, or if additional patients may be incorporated into the DUV.

4. The DUV overhead storage cabinet surfaces are made with whiteboard material and may be used with dry erase markers to indicate the patient assigned to any litter stanchion and tier, and/or seat positions. When completing load planning templates, include both the patient's name and last four. Consider color-coding the names to distinguish clearly between litters, ambulatory or wheelchair positions.

5. The templates below may be used to facilitate load planning for large (36 foot) DUVs and small (28 foot) DUVs. The Legend for both is:

- a. S-1. Litter Stanchion Position 1.
- b. S-2. Litter Stanchion Position 2.
- c. S-3. Litter Stanchion Position 3.
- d. S-4. Litter Stanchion Position 4 (large DUV only).
- e. S-5. Litter Stanchion Position 5 (large DUV only).
- f. W. Window Seat.
- g. A. Aisle Seat.
- h. T. Top Litter Tier Position.
- i. M. Middle Litter Tier Position.
- j. B. Bottom Litter Tier Position.

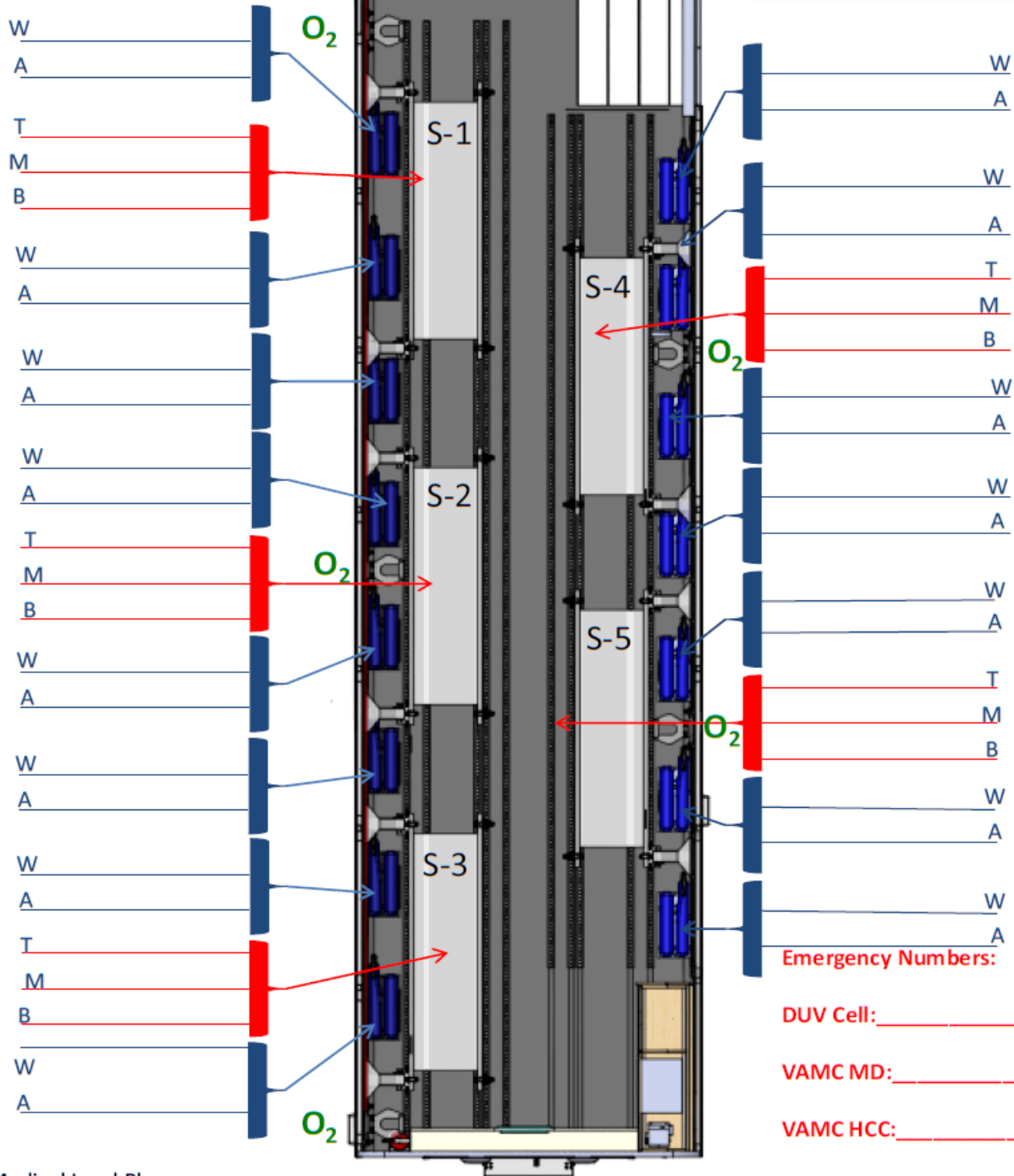
DUV Load Planning Templates (Clinical)

DUV LOAD PLAN

DUV-36



Litter
Ambulatory
Oxygen



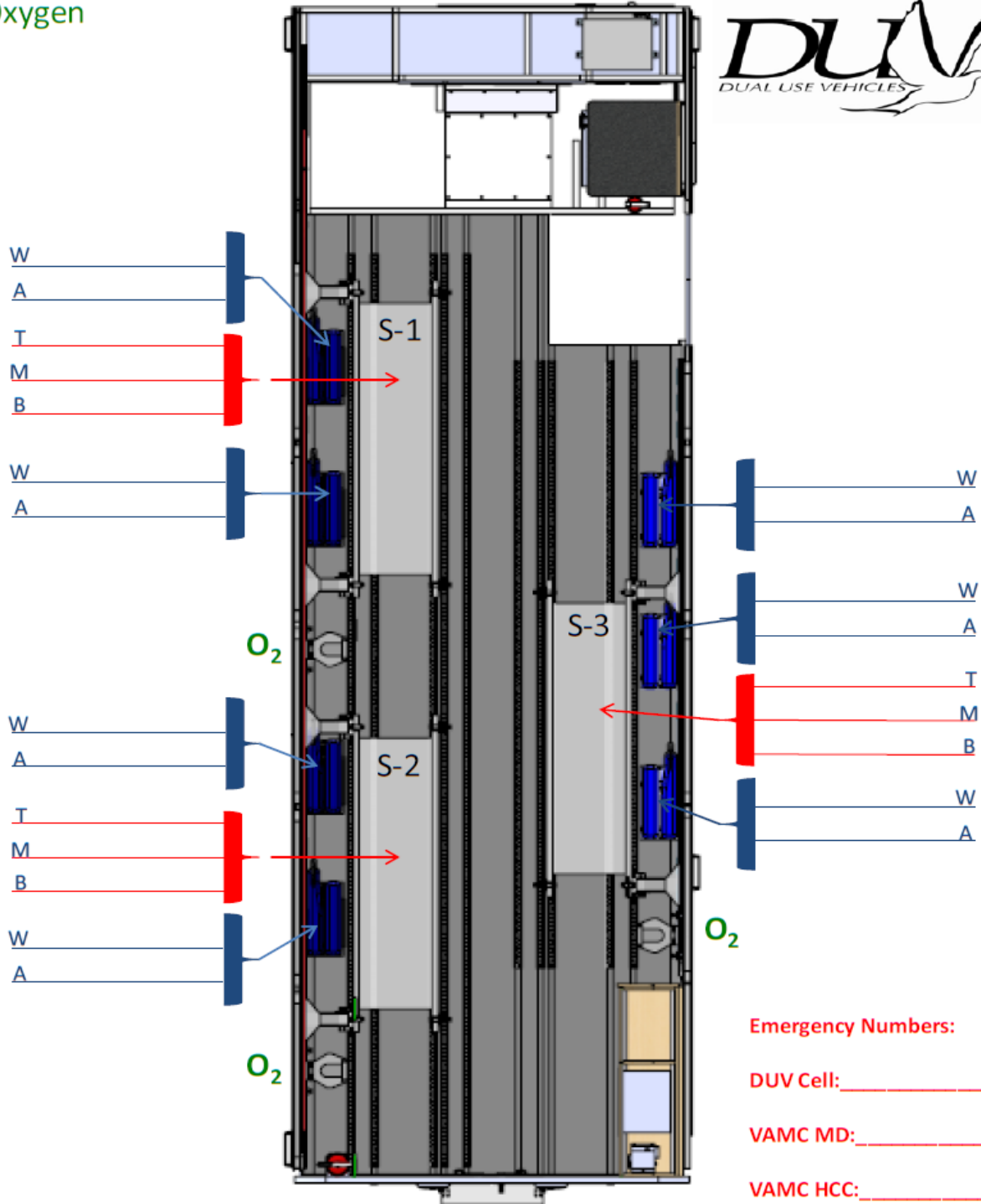
Medical Load Planner: _____

DUV Load Planning Templates (Clinical)

DUV LOAD PLAN

DUV-28

Litter
Ambulatory
Oxygen



Medical Load Planner: _____