VETERANS HEALTH ADMINISTRATION HEALTH CARE CONTINUITY PROGRAM

1. REASON FOR ISSUE: This new Veterans Health Administration (VHA) directive establishes policy and responsibilities for ensuring continuity of essential health care functions and services during emergencies.

2. SUMMARY OF CONTENT: This directive provides policy and responsibilities for VHA program offices, Veterans Integrated Service Network offices, and VA medical facilities for continuity of access to, and the delivery of, health care services during emergencies.

3. RELATED ISSUE. VHA Directive 0320, Comprehensive Emergency Management Program (CEMP), dated April 12, 2013; VHA Directive 0320.01, CEMP Procedures, dated April 6, 2017.

4. RESPONSIBLE OFFICE: The Office of Emergency Management (OEM) (10NA1) is responsible for the contents in this Directive. Questions may be referred to the Director, OEM at (304) 264-4800 or VHA10NA1Action2@va.gov.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day January 31, 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

                              BY DIRECTION OF THE EXECUTIVE IN CHARGE:

                              /s/ Renee Oshinski
                              Deputy Under Secretary for Health for
                              Operations and Management

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

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1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy and responsibilities for the continuity of essential health care functions and services during emergencies. **AUTHORITY:** Title 38, United States Code (U.S.C.) 1784, 1785, 7301(b), 8117, 8153; 42 U.S.C. 300hh through 300hh31, 5192.

2. BACKGROUND

a. Disaster resilience is the ability to prepare and plan for, absorb, recover from, and more successfully adapt to adverse impacts of disasters. The Department of Homeland Security (DHS) is responsible for providing disaster resilience leadership by establishing government-wide policies and programs for coordinating disaster response among federal agencies, state, local, tribal, and territorial (SLTT) governments, private and non-profit organizations, and the public.

b. VHA applies DHS Continuity of Operations (COOP) and the National Preparedness System (NPS) policies. Current hospital accreditation standards also contain many of the COOP and NPS components related to health care.

c. One of the applicable federal statutes that governs VHA's emergency response is the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) (P. L. 93-288) as amended provides the statutory framework that governs the authority of the President and the Federal Emergency Management Agency (FEMA) to provide assistance to a State in response to an emergency or disaster.

3. DEFINITIONS

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

b. **Critical Infrastructure.** Critical Infrastructure is assets, systems, and networks, whether physical or virtual, so vital that their incapacitation or destruction would have a debilitating effect on safety, security, public health and/or the economy.

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

d. **Emergency Management Coordination Cell.** VHA's Emergency Management Coordination Cell (EMCC) serves as the central point of communication and coordination for the Under Secretary for Health in planning for, responding to, and

recovering from significant incidents/events that require national level direction/support, or support to other federal agency requests for assistance.

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

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

g. **Essential Records.** Essential records are those an organization needs to meet operational responsibilities during emergencies (emergency operating records) or to protect the legal and financial rights of the government and those affected by government activities (legal and financial rights records).

h. **Event.** An event is a planned non-emergency activity within a community that brings together a large number of people. Emphasis is not placed on the total number of people attending but rather the impact on the community's ability to respond to a large-scale emergency or disaster or the exceptional demands that the activity places on response services.

i. **Government Emergency Telecommunications System.** The Government Emergency Telecommunications System (GETS) supports national leadership; federal, state, local, tribal and territorial governments; first responders; and other authorized national security and emergency preparedness users. It is intended to be used in an emergency or crisis when the landline network is congested and the probability of completing a normal call is reduced.

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

k. **Recovery/Reconstitution.** The recovery phase often overlaps with the response phase. Recovery and reconstitution include such actions as restoring essential functions and services, reestablishing disrupted critical infrastructure, accounting for the welfare of patients and employees, and providing support for those displaced by the disaster. Some of these activities may last for weeks, months or even years depending on the severity of the emergency.

l. **Resiliency.** Resiliency is the ability to maintain operational continuity or the ability to maintain mission critical business operations and regular health care services despite the effects of a hazard impact.

m. **Telework.** Telework is a work flexibility arrangement under which an employee performs the duties and responsibilities of his/her position and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work.

n. **Wireless Priority Service.** Wireless Priority Service (WPS) supports national leadership; federal, state, local, tribal and territorial governments; and other authorized national security and emergency preparedness users. It is intended to be used in an emergency when the wireless network is congested and the probability of completing a normal call is reduced.

4. POLICY

It is VHA policy to ensure access to and delivery of health care services during emergencies, including the capability to respond to the needs of individuals and SLTT governments.

5. RESPONSIBILITIES

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

(1) Providing leadership and policy to ensure continuity of health care in all Veterans Affairs (VA) medical facilities and all medical services to Veterans and other victims, as appropriate, through the EMCC.

(2) Coordinating policy for resource sharing with the Secretary of VA, the Assistant Secretary for Preparedness and Response (ASPR) in the Department of Health and Human Services (HHS), and other federal agencies.

(3) Establishing health care continuity priorities and policy for resource sharing in support of SLTT other federal agency requirements during emergencies.

(4) Establishing crisis standards of care for VHA in coordination with other federal and state agencies and adjudicating requests for scarce resources within VHA. *NOTE: For more information on crisis standards of care, see: https://www.ncbi.nlm.nih.gov/books/NBK32748/.*

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

(1) Ensuring directors of all VHA program offices are aware of their responsibilities for ensuring continuity of health care operations throughout the VHA enterprise.

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

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Ensuring Veterans Integrated Service Network (VISN) Directors have the necessary resources to implement the responsibilities in this directive.

(2) Providing guidance, subject matter expertise and resource support to VISN Directors during emergencies that impact continuity of health care operations.

(3) Identifying resource requirements for the EMCC, as communicated by VISN Directors, for national-level support during emergencies that affect continuity of care.

d. **Assistant Deputy Under Secretary for Health for Administrative Operations.** The Assistant Deputy Under Secretary for Health for Administrative Operations is responsible for ensuring the development, and maintenance of VHA's continuity of health care operations program, and the program's compliance with regulatory and accreditation requirements.

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

(1) Providing training, guidance and technical assistance to VISN Offices and VA medical facilities for the development, testing and improvement of health care continuity program.

(2) Maintaining procedures to ensure the ability to support resource requirements during incidents.

(3) Focusing OEM efforts on increasing the resiliency of the VHA health care system through the management of a mobile asset program.

(4) Conducting assessments of VA medical facility continuity of health care operations procedures and providing support for program improvement.

(5) Collaborating with officials from the HHS ASPR Hospital Preparedness Program, the Healthcare and Public Health Critical Infrastructure Protection Partnership, and other Federal and SLTT agencies to ensure awareness of VHA capabilities and requirements.

(6) Supporting VISNs, VA medical facilities, other Federal and SLTT agencies in response to a Public Health Emergency and/or a Stafford Act declaration for continuity of health care operations.

(7) Ensuring the regular testing of GETS/WPS capabilities.

(8) Upon recognition of a threat or incident and in consultation with the Assistant Deputy Under Secretary for Health for Administrative Operations, activating the EMCC.

f. **VHA Program Office Directors.** Directors of VHA program offices assigned to support the EMCC are responsible for:

(1) Developing and maintaining continuity of health care operations plans and ensuring all staff members are familiar with and understand their roles in VHA's health care resiliency.

(2) Ensuring key staff members maintain a telework capability.

(3) Maintaining essential records.

(4) Ensuring all staff members review the Occupant Emergency Plans (OEP) on a regular basis.

(5) Coordinating national-level support to VISNs affected by an incident by providing technical assistance through the EMCC, as designated or requested by the Principal Deputy Under Secretary for Health.

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

(1) Ensuring the VISN Office has developed and tested COOP procedures.

(2) Ensuring VA medical facilities incorporate COOP requirements that apply to health care operations in the development, testing, exercising, and maintenance of their EOPs.

(3) Coordinating with affected VA medical facilities within the VISN to determine resource requirements for ensuring continuity of health care operations.

(4) Identifying resource requirements for national-level support and communicating them to the VHA EMCC.

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

(1) Maintaining a health care continuity plan and incorporating applicable federal requirements in the development, testing and maintenance of the facility's EOP.

(2) Developing and coordinating the EOP and COOP plan, through the facility's Emergency Management Committee (EMC). *NOTE: For more information on the VA medical facility EMC, please see VHA Directive 0320.01, Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures, dated April 6, 2017.*

(3) Developing, publishing, and communicating criteria for the suspension of service delivery and the closure of VA medical facilities during emergencies.

(4) Developing and implementing procedures for scarce resource allocation and crisis standards of care. *NOTE: When questions of uncertainty or conflict over values exist, contact the National Center for Ethics in Health Care (10E1E) at* vhaethics@va.gov *as a resource.*

(5) Developing criteria and procedures for shelter-in-place and the evacuation of patients.

(6) Developing reporting procedures for determining the status, safety, and accountability of employees and patients during incidents.

(7) Developing and implementing procedures to ensure rapid communication with patients and employees during emergencies through social media, phone, web, print, radio and television.

(8) Developing procedures for providing health care services in alternate locations.

(9) Coordinating with the VA Office of Information and Technology (VA OI&T) staff regarding computer applications that support essential health care services.

(10) Upon recognition of a threat or actual emergency that could impact health care continuity, implementing procedures to optimize access to and delivery of health care services.

i. **VA Medical Facility Operating Unit Managers.** VA medical facility operating unit managers, e.g., Departments, Services, Service Lines, and Product Lines, with responsibilities in the EOP are responsible for:

(1) Ensuring participation in the development, maintenance and exercise of service-specific procedures to support resiliency, continuity and emergency operations.

(2) Participating in training and exercises on emergency and continuity procedures.

j. **VA Medical Facility Supervisors.** VA medical facility supervisors are responsible for:

(1) Ensuring all employees have access to and understand the relevant emergency and continuity procedures for their place of work.

(2) Ensuring staff participation in exercises related to continuity of health care operations.

(3) Providing information and encouragement to staff to engage in personal and family preparedness, including development of a family disaster plan, the preparation of home emergency supplies and a kit for their vehicles.

6. TRAINING

a. There are no required trainings associated with this directive.

b. There are several recommended courses available. These are identified in the Program Guide associated with the directive. ***NOTE:*** *The associated Program Guide can be accessed at*

https://vaww.vha.vaco.portal.va.gov/sites/DUSHOM/10NA/VHAOEM/TEST%20OEM%2 0Staff%20Actions/Forms/AllItems.aspx?RootFolder=%2Fsites%2FDUSHOM%2F10NA %2FVHAOEM%2FTEST%20OEM%20Staff%20Actions%2FDIrectives%2FHealth%20C are%20Continuuity&FolderCTID=0x012000F389FB5C7E63A44A84A9F55B4D3898C9 &View=%7B9770C08E%2DFC0B%2D41E8%2D9F0B%2D799391676716%7D. *This is an internal VA website that is not available to the public.*

7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA records control schedule 10-1. Any questions regarding any aspect of records management should be directed to the facility records manager or records liaison.

8. REFERENCES

a. 38 U.S.C. 7301(b), 1784, 1785, 8110, 8111A, 8117, and 8153.

b. 42 U.S.C. 5121 – 5208, 201 – 300mm61.

c. VHA Directive 0320, Comprehensive Emergency Management Program, 2013.

d. VHA Directive 0320.01, VHA Comprehensive Emergency Management Program Procedures, 2017.