VHA Comprehensive Emergency Management Program

VAMC Site Visit Questions

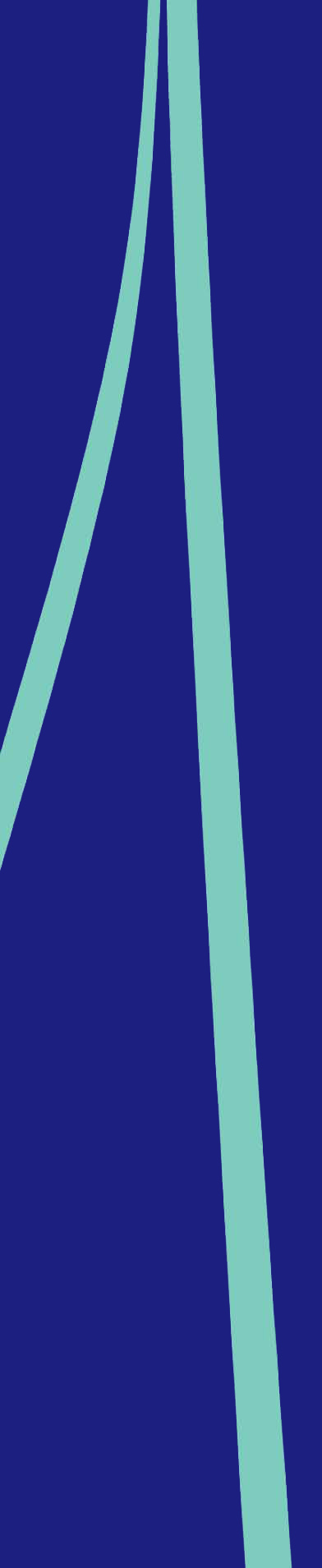
Department of Veterans Affairs

Veterans Health Administration

Office of Public Health and Environmental Hazards, Emergency Management Strategic Health Care Group

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**January 26, 2009**

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**Introduction to EPC**

Day 1

8:00am – 8:30am

* Arrive at VAMC and meet EPC
* Obtain additional documents for on-site review – TBA
* Discuss any changes to assessment schedule
* Set up work area

**VAMC Leadership**

**Opening Conference**

Day 1

8:30am – 9:00am

Comments:

**Facility Designee or EPC/ED Director/Chief of Pharmacy**

**Tour of Facility**

Day 1

9:00am – 11:00am

Tour of facility, including;

Sample Questions:

Patient Reception Area:

1. What is the capacity of the PRA?
2. Where are supplies stored for patient reception?
3. What communication infrastructure is present?

Emergency Department

1. How many bays?
2. Where are the telemetry bays?
3. How many isolation rooms are there in the ED?
4. Where are the communications infrastructure (radios, etc.) housed and stored?
5. Where is your triage area?
6. How many triage rooms do you have?

Bottled Water and any Other Emergency Supply/Equipment Caches

1. Where is your potable water stored?
2. Where are the caches stored?
3. What is the level of security around the supplies and caches?
4. Who can access the caches and supplies?

VA All-Hazards Emergency Cache

1. Where is the cache stored?
2. Are narcotics included in this storage space or in a separate area?
3. Is the cache room climate controlled?
4. Who has access to the cache?

Decon Equipment Storage Facility

1. Where is the decon equipment stored?
2. Where is the deployment and set-up area for decon operations?
3. Do you have a fixed external shower system?
4. Where is the PPE stored?
5. Is the PPE stored in a climate controlled environment?

Internal Alternate Care and Triage Spaces

1. Do they have alternate care and triage spaces designated?
2. Are there supplies designated for these spaces?

**ED Director**

**Tour Interview**

**Interview Questions:**

5.4.2 Designated Capability for Expanded Patient Triage, Evaluation and **Treatment during Surge**

1. **Has the facility identified plans to manage clinical services as part of patient scheduling, triage, assessment, treatment, admission, transfer, discharge, and evacuation? - TJC**
2. Describe your facility’s plans for primary and alternate sites for initial triage, evaluation, and treatment to provide for patient care.
3. Describe your facility’s Standard Operating Procedures for mass casualty triage.
4. Does your facility’s Emergency Operations Plan (EOP) include triage protocols for essential services when demand exceeds supply (i.e. diagnostic radiology, lab services, blood products, OR, etc.)?
5. What types of emergency preparedness training do you provide?
6. Does your facility have an emergency registration process for patients received in a mass casualty situation?
7. Describe the flow of patients into your facility and to the inpatient units, including alternate spaces for intake and triage, designated surge spaces for critically ill/injured and less acute patients, etc.

**5.4.4 Integration of Patient Reception, Surge, and Decontamination Teams**

1. Have patient reception areas been identified?
2. How do you make more beds available for casualties?
3. How do you accomplish staff surge?
4. What are the roles of medical residents during an emergency?
5. What is the interaction between medical schools and the facility during an emergency?
6. Has the organization established a primary and an alternate site to provide for patient care?
7. Does your facility communicate with patients and their families to include location of care?
8. How are extra disaster supplies delivered to the ED?
9. Where do ambulances/helicopters discharge patients?

### 6.2.2 Response/Interface with Community Healthcare Organizations

### Does your facility have agreements in place with other community healthcare organizations to receive and transfer patients as a result of a mass casualty incident?

**Chief of Pharmacy**

**Tour Interview**

**Interview Questions:**

**3.4.3 Processes and Procedures for Staff and Family Mass Prophylaxis during an Infectious Outbreak (i.e., Influenza)**

1. Describe your facility’s plan for staff and family mass prophylaxis.
2. Are appropriate staff trained on the distribution processes?
3. Is the process tested through an exercise?

**4.4.3 Specialty Outpatient Services (e.g., Dialysis, Persons with Spinal Cord Injury Dependent [SCI/D] on Community/Outside Assistance in their Home, Oxygen Therapy Patients, and Dementia or Other Cognitive Impairment)**

1. Do you have any processes for reaching out to community ambulatory service patients to determine their needs for pharmaceuticals during a disaster?
2. Describe your plans for meeting those patients’ needs during an event?

**5.4.1 Development, Implementation, Management, and Maintenance of the VA All-Hazards Emergency Cache**

1. **Does the facility have plans in place to replenish non-medical supplies? - TJC**
2. **Does the Emergency Operations Plan describe how the hospital will obtain and replenish medications and related supplies that will be required throughout the response and recovery phases of an emergency, including access to and distribution of caches that may be stockpiled by the hospital, its affiliates, or local, state, or federal sources?- TJC**
3. Describe your facility’s policy regarding the activation and utilization of the cache.
4. Are your facility's cache narcotics integrated into your facility's monthly narcotic inspection process?
5. Does all affected staff at your facility receive training in cache requirements including VHA Directive 2002-027 and VHA Directive 2004-047?
6. Describe how the cache mobilization and distribution process is integrated into the facility’s exercise program.
7. Does your facility rotate the stock in the pharmaceutical cache to ensure currency of its contents?
8. Describe the security measures that protect your cache.

**Associate Director**

**Interview**

Day 1

11:00am – 12:00pm

**Interview Questions:**

**1.2 Administrative Activities ensure the Emergency Management Program meets Its Mission and Objectives**

* + 1. **Does leadership, including leaders of the medical staff, actively participate in planning activities prior to developing an Emergency Operations Plan? – TJC**
    2. **Has the VAMC adopted the NIMS throughout the organization including all appropriate departments and business units? - NIMS**
    3. How do you assess and ensure that the Emergency Management Program (EMP) priorities are supported with sufficient financial, training, and other resources?
    4. Do you have a line item for the EMP?
    5. Who do you think the Emergency Planning Coordinator (EPC) should report to? Why?
    6. Do you feel the EPC should be a full-time or part-time position?

**3.1.1 Processes and Procedures for Evacuation of Patients’, Staff, and Visitors’**

* + - 1. **Does the Emergency Operations Plan describe how the hospital will evacuate (from one section or floor to another within the building, or, completely outside the building) when the environment cannot support care, treatment, and services?- TJC**
      2. **Does the Emergency Operations Plan describe how the hospital will arrange for transporting some or all patients, their medications, supplies, equipment, and staff to an alternative care site(s) when the environment cannot support care, treatment, and services?- TJC**
      3. **Does the Emergency Operations Plan describe how the hospital will arrange for transferring pertinent information, including essential clinical and medication-related information, with patients moving to alternative care sites? - TJC**
      4. What criteria would you use to determine to shelter-in-place or evacuate?
      5. Does your facility have plans in place to communicate with patients and their families during emergencies, including notification when patients are relocated to alternative care sites?

**4.1.2 Maintaining Authorized Leadership (Leadership Succession)**

1. Describe how your facility’s EOP addresses succession of authority (critical leaders) if normal leadership is not available?
2. How is leadership succession communicated to facility staff?

**4.2.10 Maintaining Access to Critical Commodities and Services during Response and Recovery Operations**

1. Describe how your facility identifies the allocation of resources during an emergency.
2. What agreements does your facility have in place with other healthcare organizations in the community for the potential sharing of resources?
3. Are lists of these contracts and agreements readily accessible to the Emergency Operations Center?
4. Is there a process to identify new priorities based upon exercises and after action reports?

**VHA Assessment Team**

**Working Lunch & Document Review**

Day 1

12:00am – 1:30pm

**Document Review**

HVA

**1.4** **Development, Implementation, and Maintenance of a Hazard Analysis process as the Foundation for Conducting the Emergency Management Program**

1. **Does your hospital conduct a HVA to identify potential emergencies that could affect demand for the hospital’s services or its ability to provide those services, the likelihood of those events occurring, and the consequences of those events?- TJC**
2. **Is the HVA evaluated at least annually? - TJC**
3. **Does the hospital, together with its community partners, prioritize the potential emergencies identified in its HVA and document those priorities?- TJC**
4. **Does the hospital use its HVA as a basis for defining mitigation activities (that is, activities designed to reduce the risk of an potential damage from an emergency)? – TJC**
5. **Does the hospital use its HVA as a basis for defining the preparedness activities that will organize and mobilize essential resources? - TJC**

EOP

**1.8 Development, Implementation, Management, and Maintenance of an Emergency Operations Plan**

1. **When developing its Emergency Operations Plan (EOP), did the facility communicates it needs and vulnerabilities to community emergency response agencies and identify the capabilities of its community in meeting their needs? - TJC**
2. **Does the Emergency Operations Plan identify the hospital’s capabilities and establish response procedures for when the hospital cannot be supported by the local community in the hospital’s efforts to provide communications, resources and assets, security and safety, staff, utilities, or patient care for at least 96 hours? - TJC**

Exercises/AARs

**1.10 Incorporation of a Range of Exercise Types that Test the Facility’s Emergency Management Program**

1. **Does the hospital activate its Emergency Operations Plan twice a year at each site included in the EOP as an emergency response exercise?- TJC**
2. **If the facility offers emergency services or is designated as a community disaster receiving center: Has the facility conducted at least one exercise per year that includes an influx of simulated or actual patients? - TJC**
3. **Does the facility escalate one exercise per year to determine how the facility can operate when it can not be supported by the community? - TJC**
4. **If the facility has a defined role in the community emergency management program, does the facility participate in at least one community-wide exercise?- TJC**
5. **Do emergency response exercises incorporate likely disaster scenarios that allow the hospital to evaluate its handling of communications, resources and assets, security, staff, utilities, and patients?- TJC**
6. **Does the facility recognize an individual whose responsibility is to monitor and document performance measures and opportunities for improvement? - TJC**
7. **During exercises, does the facility monitor:**
   1. **Internal and external communication measures? - TJC**
   2. **Resource mobilization and allocation? - TJC**
   3. **Safety and security measures? - TJC**
   4. **Staff roles and responsibilities? - TJC**
   5. **Utility systems? - TJC**
   6. **Patient clinical and supportive care measures? - TJC**
8. **Based on all monitoring activities and observations, does the hospital evaluate all emergency response exercises and all responses to actual emergencies using a multidisciplinary process (which includes licensed independent practitioners)?- TJC**
9. **Does the evaluation of all emergency response exercises and all responses to actual emergencies include the identification of deficiencies and opportunities for improvement?- TJC**
10. **Are the deficiencies and opportunities for improvement, identified in the evaluation of all emergency response exercises and all responses to actual emergencies, communicated to the improvement team responsible for monitoring environment of care issues?-** **TJC**
11. **Does the hospital modify its Emergency Operations Plan based on its evaluation of emergency response exercises and responses to actual emergencies?- TJC**
12. **Do subsequent emergency response exercises reflect modifications and interim measures as described in the modified Emergency Operations Plan? -** **TJC**

**Emergency Program Coordinator**

**Interview**

Day 1

1:30pm – 2:30pm

**Interview Questions:**

**1.2 Administrative Activities ensure the Emergency Management Program meets its Mission and Objectives**

1. Has the facility appointed a staff member to oversee the full integration of the NIMS into the EMP?
2. Describe the facility’s adoption and implementation of the NIMS.

**1.8 Development, Implementation, Management, and Maintenance of an Emergency Operations Plan**

1. **Has the hospital developed and maintained a written Emergency Operations Plan that describes the response procedures to follow when emergencies occur?– TJC**
2. **Has the hospital developed and maintained a written Emergency Operations Plan that describes the recovery strategies and actions designed to help restore the systems that are critical to the providing care, treatment, and services after an emergency? - TJC**
3. **Has the VAMC revised and updated EOPs, SOPs, and SOGs to incorporate NIMS and the NRF components, principles and policies to include planning, training, response, exercises, equipment, evaluation, and corrective actions? – NIMS**
4. **Does the EOP define the process to manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS? – NIMS**
5. **Does ICS implementation include the consistent application of Incident Action Planning (IAP) and common communication plans, as appropriate? - NIMS**
6. Describe how the facility’s EOP includes processes and procedures for activating and recording events as they unfold during response and recovery.

**1.9 Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the Facility’s Emergency Management Program**

1. Describe the training personnel have received in the NIMS and the all-hazards ICS.

**1.10 Incorporation of a Range of Exercise Types that Test the Facility’s Emergency Management Program**

1. Are all-hazards exercises developed and integrated into the facility’s exercise program?

**2.1.1 Processes and Procedures for Incident Recognition, Activation of EOP/EOC, and Initial Notification**

1. **Does the Emergency Operations Plan identify the individual(s) who has the authority to activate the response and recovery phases of the emergency response?- TJC**
2. **Does the Emergency Operations Plan describe the processes for initiating and terminating the hospital’s response and recovery phases of an emergency, including under what circumstances these phases are activated?- TJC**
3. Describe your facility’s established (implemented) process for determining when the Emergency Operations Plan (EOP) should be activated.
4. Describe the training that staff receives on incident recognition, activation of the EOP and initial notification of personnel.

**2.1.3 Situational Assessment of Response and Coordination Efforts for Initial Incident Management and Emergency Operations Center Activation**

1. Have personnel been identified who will fill Command and General staff positions during incidents and exercises?

**3.1.2 Processes and Procedures for Sheltering-in-Place**

1. Describe your facility’s shelter-in-place plan including training and exercises.
2. Describe your facility’s plan for sheltering family members of essential staff during an emergency.

**3.1.3 Processes and Procedures for Sheltering Family of Critical Staff**

* 1. **Does the Emergency Operations Plan describe how the hospital will manage the family support needs of staff (for example, child care, elder care, communication)?- TJC**

**4.1.4 Dissemination of Personal Incident Information to Staff during an Incident**

1. **Describe the facility’s plan to provide information to facility staff and patients during emergencies. - TJC**
2. Are these procedures tested in exercises?

**4.3.3 Interoperable Communications with External Agencies**

1. **Is the hospital’s incident command structure integrated into and consistent with its community’s command structure?- TJC**

**4.4.1 Development, Implementation, Management, and Maintenance of an Community Based Outpatient Clinics (CBOCs) EOP**

1. Does each CBOC have an EOP?
2. Does each CBOC have an EOC?
3. Does each CBOC have an HVA?
4. Is the CBOC’s EOP integrated with the facility’s EOP?
5. Do the CBOCs conduct exercises?
6. How often are exercises conducted?
7. Are the CBOC’s exercises integrated with those of the VAMC?

**Emergency Management Committee,**

**Associate Director & All Key Operating Unit Managers**

**Program Level Facilitated Discussion**

Day 1

2:30pm – 3:30pm

**Interview Questions:**

### VHA Emergency Management Guidebook 9-Step Process

1. What is the role of the Emergency Management Committee at your facility?
2. Does your EOP incorporate the following Operating Units:
   1. Management and Planning?
   2. Logistics and Finance?
   3. Business Continuity Operations?
   4. Equipment, Plant and Utilities Operations?
   5. Occupant Safety Operations?
   6. Health and Medical Operations?
3. Was the HVA utilized to develop or revise your facility’s: Mitigation plans, Preparedness plans, Response plans, Recovery plans?
4. Are there SOPs to be activated during the emergency for specific high risk threats as identified in the HVA?
5. Do Operating Units develop templates to address disruptions of services and operations in their areas in accordance with the HVA?
6. What type of emergency planning exists between the VAMC EMP and external agencies (e.g., community hospitals, local and state public health and emergency management agencies)?
7. What type of training and education does VAMC staff receive on the facility’s EOP?
8. How is the EOP implemented during an exercise?
9. How does the VAMC conduct analysis and corrective actions for EMP improvement?

**1.1 Systems-Based Approach to the Development, Implementation, Management, and Maintenance of the Emergency Management Program**

1. Does your facility’s EOP contain a prioritization scheme of essential services for restoration/maintenance after hazard impact?
2. Have performance objectives for program management and program elements been identified in order to periodically evaluate the program based on those objectives?

**1.3 Development, Implementation, Management, and Maintenance of an Emergency Management Committee process to Support the Emergency Management Program**

* + 1. Has your facility designated an EMC that is responsible for overseeing your facility's all-hazards preparedness efforts?
    2. Who are the members of the EMC?
    3. How often do they meet?
    4. Are minutes kept?
    5. Does the EMC establish annual goals based upon exercises at annual program review?
    6. To whom does the EMC report to?
    7. Are deficiencies and lessons learned during exercises tracked and reviewed for closure by the EMC?
    8. Is there a formal tracking mechanism for After Action closure to the EMC?

**1.6 Incorporation of Comprehensive Preparedness Planning in the Facility’s Emergency Management Program**

1. **Does the hospital conduct an annual review of the objectives and scope of its Emergency Operations Plan?– TJC**
2. Describe the specific decisions and planning efforts that have led to the establishment and continuing development of the facility’s overall CEMP.
3. **Does the facility participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations? – NIMS**
4. **Does the facility promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization’s acquisition programs? – NIMS**
5. **Does the facility ensure Federal Preparedness awards support NIMS implementation (in accordance with the eligibility and allowable uses of the awards). - NIMS**

**Chief of Food Services, Chief of Dietary**

**Interview**

Day 1

3:30pm – 4:00pm

**Interview Questions:**

**4.1.3 Processes and Procedures for Personal Preparedness and Employee Welfare**

1. Describe the facility’s plan to provide food services during a prolonged emergency.
2. How much food/beverage is stored on the grounds for use in shelter-in-place situations?
3. How was this need calculated?
4. How is the food/beverage supply monitored during an event?
5. Have food services been integrated in facility exercises?
6. Does food service have MOUs/MOAs with external vendors to provide services during an emergency?
7. Does a representative from food services serve on the facility’s EMC?
8. Is a representative from food services on the IMT?

**Employee Representative(s)**

**Interview**

Day 1

4:00pm – 4:30pm

**Interview Questions:**

**4.1.3 Processes and Procedures for Personal Preparedness and Employee Welfare**

1. **Does the Emergency Operations Plan describe how the hospital will manage staff support needs (for example, housing, transportation, incident stress debriefing)?- TJC**
2. Describe the union’s role in the facility’s EOP.
3. Describe the role of union representatives with regards to training and exercises.
4. Does the facility provide mental health counseling and access to Employee Assistance Programs (EAP) for personnel?

**DEMPS Coordinator**

**Interview**

Day 1

4:30pm – 5:15pm

**Interview Questions:**

**5.3 Management of Volunteers Deployment Support (e.g. DEMPS) during Response and Recovery Operations**

1. Describe your role as the DEMPS Coordinator?
2. Describe your facility’s participation within the DEMPS program.
3. Does your facility DEMPS Coordinator provide training for staff that have volunteered for the DEMPS Program?
4. Does your facility have a DEMPS Pre-deployment Program with the Occupational Health program to ensure volunteers are evaluated and protected before they are deployed away from your facility?
5. Does your facility contact volunteers, at least annually, to ensure they wish to remain volunteers and to update information?
6. Are the Emergency Management Strategic Healthcare Group (EMSHG) Area Emergency Managers available to ensure that data entry is accomplished in accordance with DEMPS database instructions?
7. Has your facility deployed personnel in response to emergencies?

**VHA Assessment Team**

**End-of-Day Debriefing**

Day 1

5:15pm – 6:00pm

Team Leader runs debrief/discussion, asks each team member who was lead in each session to give a report on what was learned, what went well, what didn’t; did it include the right people,; was it long enough and whether any follow-up is needed and with whom. Suggest changes to questions or inclusion to team leader.

Comments:

**Emergency Planning Coordinator**

**Overview of Day’s Plans**

Day 2

7:30am – 8:15am

Re-confirm schedule for day and make adjustments. Ask one of two questions for each scheduled session to gain background. Include clarifications from key documents.

Comments:

**Emergency Planning Coordinator and/or Safety Officer**

**Decon and PPE Set Up and Demonstration**

Day 2

8:15am – 9:45am

**Sample Questions:**

Decon Equipment & Operations

1. How is the decon team alerted?
2. How long does it take to assemble a full decon team? (1st shift, 2nd shift, 3rd shift?)
3. How many people are on your decon team?
4. How many people do you have in place to relieve them?
5. Does your decon operations run on the “Buddy System?”
6. Where is the decon equipment stored?
7. How long does it take to assembly the decon equipment (e.g., portable tent, fixed tent, monitoring equipment)?
8. Where is the portable tent assembled and positioned for decon operations?
9. Where is the hook-up for water located?
10. At what temperature is the water flowing to the decon tent maintained?
11. What type of soapy solution are you running?
12. Do you have capability to handle both ambulatory and non-ambulatory patients (e.g., rollers)?
13. Do you have provisions for contaminated waste water?
14. Do you have a contract with an outside vendor to decontaminate your equipment after use?
15. How often does the decon team train to maintain their skills? (e.g., monthly, quarterly, yearly)

Personal Protective Equipment

1. What level of protection is the VAMC staff capable of operating at (Level A, B, C or a combination)?
2. What type of Respiratory PPE does your decon team utilize (Positive Pressure Respirators vs. Negative Pressure Respirators)?
3. Do your decon team members receive annual fit testing?
4. Who conducts the fit testing?
5. Does the facility maintain documentation for all personnel trained?
6. Are the respirators and canisters approved by NIOSH?
7. Do the canisters protect the wearer against known biological, chemical, and radiological materials?
8. When do the canisters expire?
9. Who maintains the inventory and inspection of the respiratory equipment?
10. What type of protective suit is utilized by the decon team?
11. Does the suit contain a hood, inner and outer gloves (nitrile and butyl gloves), boots, and a storm flap for the zipper?
12. What type of tape is utilized to secure the suit?
13. Do you conduct medical monitoring for staff during decon operations (e.g., prior to donning the suit, post decon operations)?
14. What criteria do you utilize to ensure that decon personnel are operational (e.g., heart rate, blood pressure, respiratory rate factors)
15. How long is staff allowed to operate in a suit wearing a respirator?

**Capability Demonstrations:**

1. Decontamination
2. Staff demonstrates the proper donning and doffing procedure for a Powered Air Purifying Respirator.
3. Staff demonstrates how to properly donn and doff a Level C chemical protective suit.
4. Medical center staff demonstrates procedure for disposal of contaminated PPE.
5. Staff effectively demonstrates the set-up and break-down procedures for a portable decontamination system, if applicable.
6. Staff effectively set-up fixed decontamination system.
7. Staff demonstrates the proper usage of equipment used to detect chemical, biological, or radiological agents.
8. Medical staff is capable of demonstrating how to set up a decontamination corridor and provide security measures to contain the area.
9. Staff demonstrates containment procedures for waste water.

**Capability Demonstrations:**

1. Personal Protective Equipment (PPE)
2. Medical center staff is capable of selecting appropriate PPE for the incident.
3. Medical center staff is capable of demonstrating proper techniques for donning and doffing of PPE.
4. Medical center staff demonstrates procedure for disposal of contaminated PPE.

**Chief of Medicine**

**Interview**

Day 2

9:45am – 10:15am

**Interview Questions:**

**4.4.4 Provision of Ambulatory Clinical Services during Incidents**

1. Have you conducted a needs assessment to determine the location and condition of special needs patients in the community?
2. Describe the processes for ensuring continuous care to ambulatory clinical patients during an emergency.
3. How do facility personnel communicate with ambulatory clinical patients?

5.4.1 **Development, Implementation, Management, and Maintenance of the** VA All-Hazards Emergency Cache

1. Does the facility have a medical device cache?
2. Does the facility have a policy regarding the activation and utilization of the medical device cache?
3. Is the medical device cache stored in a secured environment?
4. Does your facility have a written emergency plan that covers the activation of the cache?
5. Does all affected staff at your facility receive training in medical device cache requirements?
6. How often is the cache mobilization and distribution process exercised?
7. How is the medical device cache integrated into the facility’s exercise program?
8. Are the medical devices in the cache included in a preventive maintenance program?

5.4.2 Designated Capability for Expanded Patient Triage, Evaluation, and Treatment during Surge

1. How do you make more beds available for casualties?
2. How do you accomplish staff surge?
3. What are the roles of medical resident’s during an emergency?
4. What is the interaction between affiliate medical school(s) and the facility during an emergency?

**5.4.5 Maintaining Laboratory, Blood Bank, and Diagnostic Imaging Surge Resiliency**

1. Does your facility’s clinical laboratory have procedures for managing surges in diagnostic requests?
2. Does your clinical laboratory have an inventory of critical resources needed in an emergency?
3. Does your facility have agreements with other laboratories for surge?

**Nurse Executive, Associate Chief Nurse for Emergency Care, Emergency Department Nurse Manager, Designated Learning Officer, Mental Health Clinician**

**Interview**

Day 2

10:15am – 11:00am

**Interview Questions:**

**2.1.3 Situational Assessment of Response and Coordination Efforts Initial Incident Management and Emergency Operations Center Activation**

1. Do you have a role on the incident management team when the EOC is activated?

**4.6 Maintaining Patient Mental Health and Welfare**

1. **Does the Emergency Operations Plan describe how the hospital will manage mental health service needs of its patients that occur during the emergency?- TJC**
2. **Does the Emergency Operations Plan describe how the hospital will manage the personal hygiene and sanitation needs of its patients?- TJC**
3. **Does the Emergency Operations Plan describe how the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites?- TJC**
4. **Does the Emergency Operations Plan describe how the hospital will document and track patients’ clinical information?- TJC**
5. Is this plan a component of the exercise program and evaluated at least annually?
6. Does the facility provide mental health counseling for patients?
7. Are mental health clinicians integrated into the callback list?
8. Are patients aware of the processes to establish contact with mental health professionals?
9. Does the facility have documented means of identifying patients who require mental health support?

**4.2.11 Internal and External (to the VA) Alternate Care Sites**

* 1. **Does the EOP identify alternative sites for care, treatment or service that meets the needs of its patients during emergencies? - TJC**
  2. Does your facility’s EOP identify how transporting patients, staff, and medications, equipment to an alternative care site or sites will be managed when the environment cannot support care, treatment and services?
  3. Does your facility speak to communicating with patients and their families during emergencies, including notification when patients are relocated to alternative care sites?
  4. Does your medical center identify transporting pertinent information, including essential clinical and medication-related information, for patients to an alternative care site or sites (including other healthcare organizations) when the environment cannot support care, treatment, and services?
  5. If yes, does your medical center have plans to coordinate these treatment strategies with other local hospitals and/or other medical centers within its network?

**4.4.2 Management of Care for Home-Based Primary Care Patients during Incidents**

1. Does your facility have a process for identifying the location and medical needs of its home care patients?
2. Does your facility’s EOP identify how to continue to provide care, treatment and services to their home-based patients after hazard impact?

**4.4.3 Specialty Outpatient Services (e.g. Dialysis, Persons with Spinal Cord Injury Dependent [SCI/D] on Community/Outside Assistance in their Home, Oxygen Therapy Patients, and Dementia and Other Cognitive Impairment)**

1. **Does the Emergency Operations Plan describe how the hospital will manage a potential increase demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions?- TJC**
2. Have you conducted a needs assessment to determine the location and condition of special needs patients in the community?
3. Do you have any processes for reaching out to community ambulatory service patients to determine their needs for pharmaceuticals during a disaster?
4. Describe your plans for meeting those patients’ needs during an event.
5. How do facility personnel communicate with special needs patients?

**5.1 Processes and Procedures for Expansion of Staff for Response and Recovery Operations**

1. Describe the facility’s plan for the expansion of staff during an emergency.
2. Describe how you communicate staffing needs to personnel. (e.g., notification, callback system)

**Chief of Staff**

**Interview**

Day 2

11:00am – 12:00pm

**Interview Questions:**

**4.5 Development, implementation, Management, and Maintenance of a Research Program EOP**

1. Describe your facility’s Research Program emergency preparedness and response plan.
2. How is your plan reviewed and tested?
3. How do you plan for evacuations?
4. How is access to all VA research areas controlled and monitored?
5. Please describe your inventory controls of all select agents, toxins, and hazardous chemicals and oversight of disposal.
6. Who is your Research Safety Coordinator? Is that person also in charge of overseeing the Research EMP? If not, who is in charge of the EMP?
7. Do you have any animal care facilities? If so, please describe the animal care facility oversight process and pertinent periodic reviews?
8. Describe the provisions for proper regulation and monitoring of temperature and humidity of the animal care areas as well as ensuring a “fail-safe” condition for the animal care rooms.
9. What are the plans for animal subjects should the facility have to be evacuated?
10. Is the animal care facility supported by emergency power? If not, what are the plans to properly protect the animal care rooms from overheating?

**5.1 Processes and Procedures for Expansion of Staff for Response and Recovery Operations**

1. Describe the facility’s plan for the expansion of staff during an emergency.
2. Describe how you communicate staffing needs to personnel. (e.g., notification, callback system)

5.4.2 Designated Capability for Expanded Patient Triage, Evaluation, and Treatment during Surge

1. Has the organization established a primary and an alternate site to provide for patient care?
2. Has the facility developed SOPs that document mass casualty triage?
3. Does your facility have an emergency registration process for patients received in a mass casualty situation?

**5.4.5 Maintaining Laboratory, Blood Bank, and Diagnostic Imaging Surge Resiliency**

1. Does your facility’s clinical laboratory have procedures for managing surges in diagnostic requests?
2. Does your clinical laboratory have an inventory of critical resources needed in an emergency?
3. Does your facility have agreements with other laboratories for surge?

**5.4.6 Processes and Procedures for Control and Coordination of Mass Fatality Management**

1. **Describe how the hospital will manage mortuary services. - TJC**
2. Are there arrangements for disposition of fatalities with the community?

**6.2.3 Support under the National Response Framework**

1. Describe your integration capabilities with HHS and other Federal Agencies including how communication is conducted.
2. How often is this communication link tested?
3. Do you participate in national response exercises?
4. With which agencies does the facility have ongoing relationships?
5. Are there joint planning activities with other federal agencies?
6. Are there any joint exercises with other federal agencies?

**VHA Assessment Team Lunch**

Day 2

12:00pm – 12:30pm

**Chief of Infectious Diseases**

**Interview**

Day 2

12:30pm - 1:15pm

**Interview Questions:**

**3.4.1 Biohazard (Infection) Control Surge Services during Emergencies**

1. Can your facility control the heating, ventilation and air conditioning (HVAC) systems across its facilities in any hazard incident (e.g., smoke or biological agents)?
2. Are security personnel trained and equipped with PPE to manage contaminated, infectious, and/or contagious patients?
3. Do security personnel test their ability to don and doff PPE during exercises?
4. Does your facility have negative-pressure isolation room(s) on site?
5. How many isolation rooms does the facility have?
6. How many isolation rooms can the facility create during surge?
7. Does your facility have means to access hazard specific medical management guidelines from the public health departments and other appropriate agencies?
8. Describe your plans to provide expanded infection control coverage to your facility in a biological event.

**6.2.1 Response Interface with State and Community Emergency Management Authorities and State and Local Public Health**

1. Describe your facility’s plans for communicating information about patients to public health departments.
2. Is a mechanism in place for the rapid receipt and posting of public health alerts during an all-hazards event from agencies such as Public Health, Poison Control, Health Alert Network, CDC, etc.?

**Chief of Police**

**Interview**

Day 2

1:15pm – 1:45pm

**Interview Questions:**

**3.2 Perimeter Management of Access/Egress to Facility during an Incident (e.g. Lock Down)**

1. **Describe the relationship you have with community law enforcement agencies (police, sheriff) during an emergency. - TJC**
2. **Has the facility instituted internal safety and security measures for initial incident response? - TJC**
3. **Has the facility identified a process to control access into and out of the facility during an emergency? - TJC**
4. **Has the facility identified a process to control the movement of individuals (e.g., staff, patients, visitors) with the facility? - TJC**
5. **Has the facility identified a process to control traffic accessing the facility? - TJC**
6. Describe the procedures your facility has in place to ensure physical security.
7. Is the lock down plan integrated into exercises?
8. Describe the training your staff receives on issues specific to a lockdown situation.
9. Has the facility conducted a vulnerability analysis of the perimeter? If yes, how has that assessment been used in the VA Police perimeter control plan?
   * 1. **Biohazard (Infection) Control Surge Services during Emergencies**
10. Are security personnel trained and equipped with PPE to manage contaminated, infectious, and/or contagious patients?
11. Do security personnel test their ability to donn and doff PPE during exercises?

**4.3.3 Interoperable Communications with External Agencies’**

1. **Does your facility identify communication plans with external authorities once emergency response measures are initiated? - TJC**
2. Describe all your radio communications capabilities.

**4.3.4 Interoperable Communications with VAMC Facilities’**

* 1. **Does the facility apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communication standards? - NIMS**
  2. **Does the facility utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event? - NIMS**

**Chief of Human Resources**

**Interview**

Day 2

1:45pm – 2:30pm

**Interview Questions:**

**2.1.4 Management of Extended Incident Operations**

1. What are the HR issues for establishing manpower pools?
2. Have arrangements been made for staff rest, feeding, security, and other support?

**4.1.3 Processes and Procedures for Personal Preparedness and Employee Welfare**

* 1. **Does the Emergency Operations Plan describe how the hospital will manage staff support needs (for example, housing, transportation, incident stress debriefing)?- TJC**
  2. Describe your callback policies for critical staff.
  3. Describe your policies for leave and overtime.
  4. What authorities are available and what are needed?
  5. Are you aware of VHA CO guidance available to help guide HR practices in an emergency?

**Public Affairs Officer**

**Interview**

Day 2

2:30pm – 3:15pm

**Interview Questions:**

**2.2 Public Information Management Services during an Incident**

1. **Does the Emergency Operations Plan describe how the hospital will communicate with the community or the media during an emergency?– TJC**
2. **Has the facility adopted the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event? - NIMS**
3. **Does the facility ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event? - NIMS**
4. How does your communication plan work to inform the VISN, VHACO, and external entities?
5. Who is responsible for communicating with the media?
6. How has staff been trained with regards to public relations?
7. What types of exercises has VAMC public information been involved with?
8. Do you have a list of documented names and resources identifying local media agencies?
9. Does the facility have a centralized location for the media?

**4.3.4 Interoperable Communications with VAMC Facilities’**

* 1. **Does the facility apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communication standards? - NIMS**
  2. **Does the facility utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event? - NIMS**

**Chief Financial Officer**

**Interview**

Day 2

3:15pm – 3:45pm

**Interview Questions:**

**4.2.12 Cash to Purchase Supplies/Services/Payroll during an Emergency**

1. Describe fiscal management during an emergency.
2. Describe your facility’s plan to access a cash reserve during an emergency particularly in the absence of the Agent Cashier.
3. How much cash is maintained at the facility?
4. How is the amount of cash maintained at the facility determined?
5. Does the facility conduct a risk assessment to determine how much cash should be maintained?
6. What security measures are in place to protect the funds?
7. Are there documented processes for accountability?
8. Is there a control point for capturing funds spent on emergency management?
9. Does the EMP have a dedicated budget?

**VHA Assessment Team**

**End-of-Day Debriefing**

Day 2

3:45pm – 5:15pm

Team Leader runs debrief/discussion, asks each team member who was lead in each session to give a report on what was learned, what went well, what didn’t; did it include the right people,; was it long enough and whether any follow-up is needed and with whom. Suggest changes to questions or inclusion to team leader.

Comments:

**AOD**

**Demonstration of Callback**

7:00pm – 8:00pm

Wednesday, March 5th

**Emergency Planning Coordinator**

**Overview of Day’s Plan’s**

Day 3

8:00am – 8:30am

Re-confirm schedule for day and make adjustments. Ask one of two questions for each scheduled session to gain background. Include clarifications from key documents.

**EOC Activation:**

**Incident Management Team**

**(Persons assigned to ICS Command General Staff positions)**

Day 3

8:30am – 9:30am

**Interview Questions:**

**1.9 Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the Facility’s Emergency Management Program**

1. **Does the hospital train staff for their assigned emergency response roles? – TJC**
2. **Have appropriate staff completed:**
   1. **ICS-100? – NIMS**
   2. **ICS-200? – NIMS**
   3. **IS-700? – NIMS**
   4. **IS-800? – NIMS**
   5. **or equivalent courses? – NIMS**
3. **Does the VAMC promote NIMS concepts and ICS management structure in training and exercises? - NIMS**

**2.1.2 Mobilization of Critical Staff and Equipment for Incident Response**

1. **Does the Emergency Operations Plan describe how the hospital will identify licensed independent practitioners, staff, and authorized volunteers during emergencies? - TJC**
2. Describe your facility’s mobilization plan.
3. Is staff educated and trained for their expected roles during response and recovery?
4. Is the callback system tested during off hours?
5. Has the facility identified staging areas for personnel? supplies? equipment?

**2.1.3 Situational Assessment of Response and Coordination Efforts for Initial Incident Management and Emergency Operations Center Activation**

1. **Has the facility established back-up communication systems to communicate with the community during response/recovery efforts? - TJC**
2. How was the EOC designated?
3. Describe your facility’s established (implemented) process for determining when the EOC should be activated.
4. Is there an alternate EOC, and if so, what capabilities does it have?
5. Describe the process your facility utilized to identify the resources (e.g., space, equipment, staffing, and communication capabilities) necessary to establish and operate an EOC to manage the incident for your facility.
6. Are staff roles and responsibilities addressed with position descriptions and/or operational checklists?
7. Are the SOPs for specific high risk threats as identified in the HVA stored in the EOC?
8. Describe the ICS training for the EOC.
9. How do you get continuous information from the outside?
10. How do you maintain ongoing situational awareness?
11. How do you shift responsibility from day to day to emergency operations?
12. What is your process for rotating staff in and out of the EOC?
13. Is incident action planning a component of ICS?

**2.1.4 Management of Extended Incident Operations**

1. Describe your processes for managing operations during an extended incident.
2. Have arrangements been made for staff rest, feeding, security, and other support?
3. Is the management of extended incident operations including action planning and long range planning practiced during exercises?

**2.4 Processes and Procedures for Demobilization of Personnel and Equipment**

1. Describe your facility’s demobilization plan to include staff training on roles in the demobilization phase of the disaster.
2. How often are demobilization processes tested?

**2.5 Processes and Procedures for a Return to Readiness of Staff and Equipment**

1. Describe the survey process for ensuring that site occupant safety measures are intact before returning to readiness.
2. Are Return to Readiness processes tested in a drill or exercise?

**4.2.10 Maintaining Access to Critical Commodities and Services during Response and Recovery Operations**

1. Describe the process your facility utilizes to identify the need for and access to resources during an emergency.
2. Is there a process to identify new priorities based upon exercises and after action reports?
3. Is the ability to access these commodities tested routinely?

**4.3.3 Interoperable Communications with External Agencies’**

1. **Does the Emergency Operations Plan describe how the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command structures, including the names and roles of individuals in their command structures and their command center telephone numbers? - TJC**
2. Does the Emergency Operations Plan describe how the hospital will communicate with other health care organizations in its contiguous geographic area regarding the essential elements of their respective command centers for emergency response?**- TJC**

**Capability Demonstrations:**

1. Emergency Operations Center
   1. Staff is capable of activating the EOC through an internal alert system (code).
   2. Staff can demonstrate the ability to properly staff the EOC by filling Command and General staff positions as needed.
   3. Staff can demonstrate the ability to set-up and demobilize the EOC (e.g., setting up: printers, fax machines, phone lines, internet access).
   4. Staff is capable of locating the SOPs for high risk threats in the EOC.
   5. Staff is capable of locating emergency power outlets and describing procedures for switching to emergency power.
2. Satellite Phone demonstration

**Chief Engineer & Key Staff**

**Interview**

Day 3

9:30am – 11:00am

**Interview Questions:**

**3.4.1 Biohazard (Infection) Control Surge Services during Emergencies**

1. How many isolation rooms does the facility have?
2. How many isolation rooms can the facility create during surge?

**4.2.1 Development, Implementation, Management, and Maintenance of an Electrical Power System**

1. **Describe your facility’s back up electrical power system plan. - TJC**
2. Does your facility’s EOP pre-identify the utility disruption and threshold that may necessitate the evacuation of the entire facility (i.e., when the environment is no longer deemed safe)?
3. Does your facility have standard operating procedures to mitigate the impact of electricity disruption?
4. How many utility disconnect tests has the medical center run in the last four years?
5. What systems and areas of the facility are not currently supported by emergency power? What are your contingencies for loss of those systems and loss of power in those areas, particularly the loss of the main chillers?
6. Please describe your most recent compliance with the requirement for the tri-annual four hour complete disconnect from the utility? What did you learn?
7. In the event of the loss of utility power, what are your contingency plans for loss of one or more of your emergency generators?

**4.2.2 Management and Maintenance of Fixed and Portable Electrical Generator Resiliency**

1. **Does your facility have a portable generator program? - TJC**
2. Describe how your facility plans to replenish fuel for generators and portable generators?
3. Does your facility identify the risk that some assets may not be available from planned sources and that contingency plans will be necessary for those critical supplies?
4. Are generators tested periodically in accordance with the manufacturer’s recommendations?
5. What are the plans for relatively rapid connection of your portable generators to the facility’s electrical system?

**4.2.3** **Maintaining Fuel, Fuel Storage, and Fuel Pumps for Generators, Heating, and Vehicles Resiliency**

1. **Describe your facility’s plan that accommodates fuel, fuel storage, and fuel pumps. - TJC**
2. Is staff trained on how to obtain fuel supplies during an emergency?
3. Are fuel distribution processes tested in an exercise?

**4.2.4 Development, Implementation, Management, and Maintenance of an Emergency Water Conservation Plan**

1. Describe your facility’s emergency water conservation plan.
2. Does your facility evaluate capabilities for alternatives to total dependency on public water supplies, including internal pressure systems, wells, and other means to establish uninterrupted water supply?
3. Did your facility develop SOPs to addresses the security, storage, and safe utilization of chemicals used in water treatment?
4. Do your facility’s water sources support essential fire safety, heating, air conditioning and other essential infrastructure systems to allow critical functions to remain in operation during an emergency or natural disaster?

**4.2.5 Maintaining Emergency Potable Water Resiliency**

1. **Has the facility identified alternative means for additional water supplies for consumption and essential care services? - TJC**
2. **Has the facility identified alternative means for additional water supplies needed for equipment and sanitary purposes? - TJC**
3. Describe your emergency potable water plan.
4. How does the facility determine the amount of potable water kept on hand?
5. How is this plan integrated into the facility’s exercise program?
6. How long can your facility sustain a loss of potable water?
7. If the plans you have just discussed fail, what are your trigger or decision points for patient evacuation?

**4.2.6 Maintaining Sewage and Waste Resiliency**

* 1. Describe your sewage and waste plan.
  2. Does the facility’s exercise program incorporate scenarios that test sewage and waste operations?

**4.2.7 Maintaining Medical Gases and Vacuum Resiliency**

1. **Describe the processes and procedures for the facility’s medical gas and vacuum EOP. - TJC**
2. Does your facility have an Oxygen Utility Operational Plan that assures reliability, control risks, minimize failures, and require training of users and operators of oxygen distribution systems?
3. Does your facility ensure that installation, operation, and maintenance of the oxygen distribution system are performed in such a manner as to minimize risk to patients, staff, and facilities?
4. Does your facility have qualified individuals that are staff trained to initiate a response to emergent conditions related to the oxygen distribution system?

**4.2.8 Maintaining Heating Ventilation and Air Conditioning (HVAC) Resiliency**

1. **Has the hospital identified, in its Emergency Operations Plan, alternative means for providing utility systems that the hospital defines as essential (for example, vertical and horizontal transport, heating and cooling systems, and steam for sterilization)? - TJC**
2. How are personnel trained on the disruption of the HVAC system?
3. Describe how HVAC disruption training is incorporated into the facility’s exercise program.
4. Are there facility blueprints located in the facility EOC?
5. What HVAC components, e.g., chillers and air handlers, are not on emergency power?
6. What is the impact of a loss of water to your HVAC systems and what are your HVAC water loss contingency plans?
7. If you have an automated or computer-based environmental control system, what are the contingency plans for operational failures?

**Safety Officer**

**Interview**

Day 3

11:30am – 12:30pm

**Interview Questions:**

**3.1.1 Processes and Procedures for Evacuation of Patients’, Staff, and Visitors’**

1. Is there a documented procedure for how to determine when evacuation of your facility or shelter-in-place is necessary?
2. Is there a communication system that reaches all areas of your facility for emergency/immediate evacuation or shelter-in-place of your facility?
3. Are there pre-established meetings places (“rally points” for accountability) for patients and staff (assigned by departments) once immediately evacuated?
4. Are there pre-established staging areas for patients and staff (assigned by departments) once immediately evacuated, from which more orderly transfer may occur?
5. Does the facility initiate security and safety measures for evacuation procedures?
6. Does the facility follow an organizational strategy for prioritization of patients for evacuation (for both emergency/immediate and urgent status)?

**3.1.2 Processes and Procedures for Sheltering-in-Place**

1. Does the EOP identify a scalable response for sheltering-in-place?
2. If the EOP does identify a scalable response for sheltering-in-place, does it include: Decision process for shelter in place; Ability to shut down HVAC systems (If yes, how quickly?); Plans for relocation of patients into sheltered areas of your facility?
3. Does your facility have a plan for sheltering family members of essential facility staff during and emergency?
4. Does your facility family shelter plan include provision for pets?
5. Is there an emergency warning signal that can reach all areas of your facility for emergency/immediate evacuation or shelter-in-place of your facility?
6. Does your facility have a plan for managing staff support activities?

**3.3 Processes and Procedures for Managing a Hazardous Substance Incident**

1. **Describe your facility’s Hazardous Substance Incident Plan. - TJC**
2. **Has the facility identified a process for identifying chemical, biological, and radiological materials, including isolation and decontamination? - TJC**
3. Has the facility trained staff in Decontamination Operations?
4. Describe how the facility integrates the Decontamination Program into facility exercises.
5. As part of the community, is your facility expected to receive and decontaminate casualties involved in a hazardous materials emergency?
6. Is the VA All-Hazards Emergency Cache integrated with your facility’s Decontamination Program?

**3.4.2 Selection and Use of Personal Protective Equipment (PPE) for Incident Response and Recovery Operations**

1. Does your facility have sufficient PAPRs for decontamination operations?
2. Does your facility have an adequate number of PPE, including Chemical Resistive Suits and accessories such as boots, gloves, tape, etc.?
3. Does your facility have pre-established procedures for your medical monitoring of decontamination personnel wearing PPE?
4. Are security personnel trained and equipped with PPE to manage contaminated, infectious, and/or contagious patients?

**4.1.1 Transporting Critical Staff to the Facility during an Emergency**

1. How did the facility identify critical staff for transportation?
2. Are drivers of the vehicles pre-identified?

**5.4.4 Integration of Patient Reception, Surge, and Decontamination Teams**

1. What types of emergency preparedness training do you provide?

**Capability Demonstrations:**

Evacuation

* 1. Staff is capable of demonstrating the procedures for activating the evacuation order.
  2. Staff demonstrates procedures for prioritization of patients during an evacuation.
  3. Staff can demonstrate procedure for evacuating a patient either vertically, or horizontally (e.g., Evacu-sled).
  4. Staff can properly set-up a staging area to evacuate patients.
  5. Staff can demonstrate procedure to ensure patient(s) are properly documented prior to and during evacuation (e.g., medical records).
  6. Staff can demonstrate effective security measures for evacuation.

**VHA Assessment Team**

**Lunch**

12:30pm – 1:00pm

**Chief of Acquisitions and Materials Management**

**Interview**

Day 3

1:00pm – 1:30pm

**Interview Questions:**

**2.3 Management and Acquisition of Resources for Incident Response and Recovery Operations**

1. **Does the Emergency Operations Plan describe how the hospital will communicate with purveyors of essential supplies, services, and equipment during an emergency? - TJC**
2. **Does your facility plan for potential sharing of resources and assets with health care organizations inside/outside of the community in the event of a regional or prolonged disaster? - TJC**
3. **Does your facility’s planning include identifying how to replenish medical and non-medical supplies that will be required throughout response and recovery, including PPE? – TJC**
4. **Did your organization establish procedures to monitor assets and resources during an emergency? - TJC**
5. **Does your organization keep a documented inventory of the assets and resources it has on-site that would be needed during an emergency? - TJC**
6. **Is the inventory evaluated at least annually? - TJC**
7. Does your facility’s planning include establishing priority contracts with local suppliers to ensure delivery of critical healthcare and other supplies when others may be competing for same resources?
8. Does the facility staff know how to access the Blanket Protection Agreement (BPA) from VHACO to obtain fuel, building supplies, industrial parts, office supplies, and air transportation?

**4.2.10 Maintaining Access to Critical Commodities and Services during Response and Recovery Operations**

1. Do you have a list of critical commodities and services needed for response and recovery?
2. How is this list determined?
3. How is it prioritized?
4. How often is the list updated?
5. Do you have a list of all the contracts?
6. Are POCs for each of the contracts available at the EOC?
7. Does the facility conduct an annual review to update the contracts and work with the vendors to ensure the contracts can be implemented?

**Chief Information Officer**

**Interview**

Day 3

1:30pm – 2:30pm

**Interview Questions:**

**4.2.9 Maintaining Information Technology (IT) and Computing Systems Resiliency**

1. Describe your facility’s business continuity and resiliency plan for IT systems to include maintaining connectivity to mission critical IT systems.
2. How often is this plan exercised? Live test? Table Top?
3. Describe your capability to support tele-work during emergencies.
4. Do you have remote tele-health, tele-med capabilities available?
5. What improvements or enhancements to the facility’s tele-health and/or tele-med capabilities are slated for future development?
6. Has the facility business needs been clearly defined and communicated by facility management in terms of IT support needs in an emergency?
7. Has the facility established back-up communication systems to communicate with the community during response/recovery efforts?

**4.3.1 Maintenance of Voice and Data Communication through Satellite Link**

1. Does the facility have a satellite link for voice and data during emergencies?
2. What is the capacity regarding the number of IT users and data volume that can be supported via this capability?
3. Are the satellite connectivity/communication needs prioritized according to criticality?
4. How often is this tested?
5. Who is trained to use the satellite link?
6. If not, are there any plans for acquiring this capability?

**4.3.2 Maintaining Satellite Telephone Resiliency**

1. Does the facility have a satellite phone program?
2. If yes, how often is the satellite phone tested?
3. Has staff been trained on how to use the phone?
4. Where is the phone located?
5. Who manages the satellite phone program?
6. Does the facility have a fixed antenna?
7. What problems have you experienced when testing the satellite phone?

Capability Demonstration: Use of Satellite Link, Patient Health Summaries

**EOC Staff**

**Chief of Staff, Chief of Medicine, Chief of ED,**

**Nurse Executive, Associate Chief Nurse for Emergency Care, Emergency Department Nurse Manager, Designated Learning Officer Engineering, Safety, and Police**

**Table Top Focused on Medical Surge and Incident Management**

Day 3

2:30pm – 4:00pm

**EPC and AEM**

**Interview**

Day 3

4:00pm – 4:30pm

**4.3.3 Interoperable Communications with External Agencies’**

1. Does your medical center’s EOP establish an incident command structure that is integrated into and consistent with its community’s command structure?
2. If yes, are these objectives and strategies communicated regularly with external response partners when updated?
3. Does your facility identify an individual position within its command structure to receive information from and communicate information to external response partners?
4. Does your facility identify the roles and integration of community law enforcement agencies (police, sheriff) and defines how your medical center will coordinate security activities with these agencies?

**5.2 Management of External Volunteers and Donations during Emergencies**

1. **Describe the process for granting disaster privileges and communicating with licensed independent practitioners and volunteer practitioners their roles/responsibilities once emergency measures are initiated? – TJC**
2. If a licensed physician volunteers to serve Veteran patients during an emergency, what is the process to credential and privilege that individual.
3. Does the facility have a plan for engaging non-clinical volunteers during emergencies?
4. Does the facility have a plan for engaging clinical volunteers during emergencies?
5. Does the facility have a plan for managing and distributing donations?

**6.2.1 Response/Interface with State and Community Emergency Management Authorities and State and Local Public Health**

1. **Describe your plans for communicating information about patients to public health departments.**
2. **Does the facility communicate names of patients and the deceased with other health care agencies when requested? - TJC**
3. **Does the facility communicate patient information to third parties? - TJC**
4. Does your facility have a crisis communication strategy for an all-hazards event to other federal agencies? And/or the community?
5. Did your facility involve community response partners for comment and review when developing or revising its EOP?
6. Do exercises include testing of the effectiveness of communication both within the facility as well as with response entities outside of the facility, such as local governmental leadership, police, fire, public health, and other health care organizations within the community?
7. Is a mechanism in place for the rapid receipt and posting of public health alerts during an all-hazards event from agencies such as public health, Poison Control, Health Alert Network [HAN], CDC, etc.?

**6.2.2 Response/Interface with Community Healthcare Organizations**

1. How does the facility collaborate with the community?
2. Does your facility have a crisis communication strategy for an all-hazards event to other federal agencies and/or the community?
3. Did your facility involve community response partners for comment and review when developing or revising its EOP?
4. Is your facility represented in a regional planning group (e.g., local/regional Local Emergency Planning Committee, Assistant Secretary for Preparedness and Response Bioterrorism District, and/or Metropolitan Medical Response System) or other groups responsible for all-hazards preparedness?

**Associate Director, AEM, Patient Reception Team**

**Interview**

Day 3

4:30pm – 5:15pm

**Interview Questions:**

**6.1.1 Provision of Supplemental Health Services to Support the National Disaster Medical System**

1. Does your facility have sufficient resources available to maintain, train, equip and exercise the FCC?
2. Are sufficient primary and alternate means of communications maintained through your facility, Patient Reception Team(s), local hospitals, and other local authorities?
3. Has your PRA plan been developed?
4. Has your plan been reviewed/updated on an annual basis?
5. Does your Patient Reception Area plan address the following areas:
   1. Contact information for Patient Reception Teams(s)?
   2. Plans and procedures for recall and mustering of Patient Reception Teams(s)?
   3. Identification of local ambulance resources, inventories, capabilities, points of contact, phone numbers, written agreements or contractual requirements?
   4. Identification of additional patient movement items, such as litters and blankets, etc.
   5. Patient Reception Teams(s) plans, processes and procedures for patient unloading patients?
   6. Patient Reception Team(s) plans, processes and procedures for staging, holding and re-triaging patients at the airfield, bus and/or train terminals?
   7. Patient Reception Team(s) plans, processes and procedures for staging, holding and re-triaging patients at the airfield, bus and/or train terminals?
   8. Resources to support the Patient Reception Team(s) such as shuttle vehicles?
   9. Processes and procedures for patient identification and tracking within the PRA?
   10. Record keeping within the Patient Reception Area?
6. Does your facility have guidelines in place to help to estimate the maximum number of NDMS patients that can be received at your PRA, off-loaded, staged, triaged, transported and admitted to the destination hospitals of the NDMS with any 24-hours period (i.e., Throughput)?
7. Are signed NDMS Memorandums of Agreement (MOAs) maintained at your facility?
8. In you facility, has the estimated "Throughput" been tested in an exercise within the past three years?
9. Has your facility participated in a patient reception exercise, tabletop, functional area drill, team training, or other PRA-related event in the past year?
10. Does your facility capture deficiencies and lessons learned during exercises tracked and reviewed for closure?
11. Are key PRA staff subject to military mobilization?
12. Have all participating hospitals (NDMS and VA) participated in a patient reception exercise in the last three years?
13. For NDMS Federal Coordinating Centers, does the facility, maintain contact with the following:
    1. Local NDMS Steering Committee?
    2. Local volunteer organizations (e.g., American Red Cross and amateur radio groups)?
    3. Local Emergency Medical Services providers?
    4. Local public health and emergency management authorities?
    5. Airport authorities?
    6. Global Patient Movement Requirements Center?
    7. All acute care centers within 50 miles or one hours drive been contacted to determine if they are interested in participating in NDMS?
    8. Does the PRA plan address identification of:
    9. Ambulance providers (e.g., points of contact and standing agreements)?
    10. Additional patient movement items, such litters, and litter stands?
    11. PRT positions and mobilization process?
    12. Coordination with airport authorities:
    13. Identification of key POCs, 24hr. contact information?
    14. Designated patient unloading and staging areas?
    15. Security requirements for airport access?
    16. Alternate PRA locations due to closures?
    17. Patient unloading equipment, storage, access, and use?
14. Have the factors that constrain “throughput” (number of patients that can be received at the airport, transported to hospitals and received by hospitals in a 24hr. period) been identified and mitigated to the extent possible?
15. Are contingency plans in place to provide support to family members and others who may be evacuated with patients as part of a major disaster such as Hurricane Katrina?
16. What challenges exist to fully develop the Patient Reception Area:
    1. Staffing?
    2. Equipment?
    3. Training?
    4. Communications/IT?

**6.1.2 VA/DOD Contingency Hospital System**

1. Is the facility a Primary Receiving Center?
2. Does the facility have a patient reception plan for Service Members if needed?
3. How is an on-going relationship with DOD maintained?
4. Describe your bed reporting process?

**VHA Assessment Team**

**End-of-Day Debriefing & Prepare for Exit Conference**

Day 3

5:15pm – 6:00pm

Team Leader runs debrief/discussion, asks each team member who was lead in each session to give a report on what was learned, what went well, what didn’t; did it include the right people,; was it long enough and whether any follow-up is needed and with whom. Suggest changes to questions or inclusion to team leader.

Comments:

**Emergency Planning Coordinator**

**Overview of Day’s Plans**

Day 4

8:00am – 8:30am

Comments:

**Leadership**

**Exit Conference**

Day 4

8:30am – 9:30am

Comments: