VHA Comprehensive Emergency Management Program Site Visit Questions

**VISN Office Comprehensive Emergency Management**

**Program**

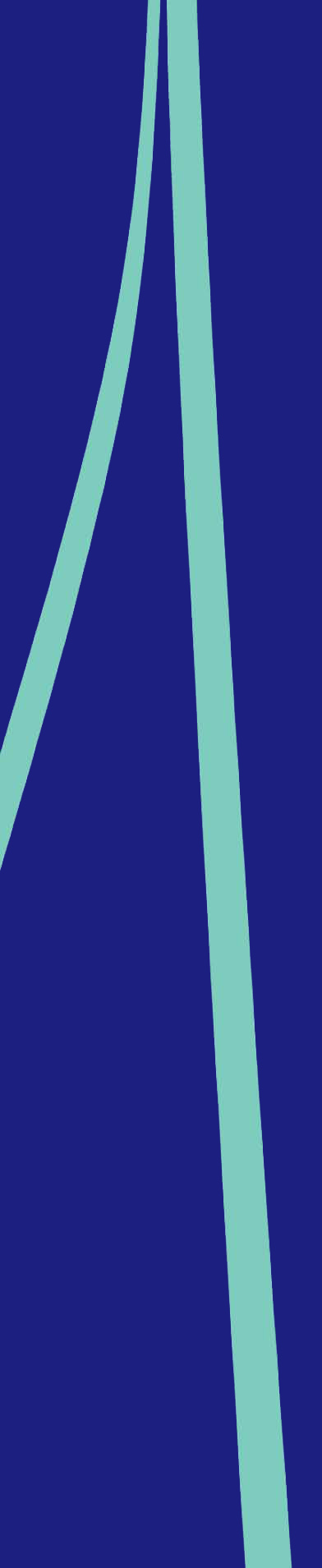
Department of Veterans Affairs

Veterans Health Administration

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

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**November 6, 2008**

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**Introduction to VISN EPC, DND and COO**

8:00am – 8:30am

Day One

* Arrive at VISN Office and meet VISN EPC (throughout the context of the VISN CEMP documents, the phrase “EPC” will relate to designated VISN staff or VISN-Liaison Area Emergency Manager) , DND and COO (if VISN has a COO, most do)
* Discuss visit logistics and any schedule changes from VISN or VHA Assessment Team
* Brief tour of VISN Office and locate work area
* Locate and obtain documents for on-site review
* Set up work area

**VISN Leadership**

**Opening Conference**

8:30am – 9:30am

Day One

* Participants from VISN should include senior VISN staff and VISN EPC as well as any other VISN officers that the VISN wants to attend. This will ensure that everyone has a common understanding of Assessment Visit objectives and everyone has the benefit of the answers to any opening questions from VISN leadership.
* Senior VISN Staff for Opening Conference

VISN Director (if available)

DND

COO

EPC

* Other VISN staff that Team should recommend and VISN may invite

CMO

CLO

PAO

CIO

CAM

Safety Officer

HR Manager

VISN EMC Chair

**Initial Interviews with EPC, DND and/or COO, EMSHG VISN Liaison AEM, and CAM**

9:30am – 10:30am

Day One

**Interview Questions:**

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

VISN Oversight:

1. What is the role of the VISN in supporting the VISN facilities in the event of emergencies, i.e., describe the VISN’s “Concept of Operations” for managing disasters within the VISN?
2. Describe the development process of the VISN’s overall EMP and any supporting policies.
3. Does the EMC serve as a governing body for the EMP?
4. Has the VISN prioritized emergency responses based on the VISN Office and VISN facilities’ HVA?
5. Have performance objectives for program management been developed for VISN office and VISN facilities in order to evaluate the program?
6. What has been the involvement of the VISN ELC (or equivalent) in the overall VISN EMP?

VISN Office EMP:

1. How has the VISN used the EMP Guidebook in the development of the program and the actual VISN office EOP?
2. Has the VISN Office established a strategic goal with supporting objectives for the development of the EMP?

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

VISN Oversight:

1. Has the VISN evaluated the effectiveness of facility EMPs in order to better coordinate VISN activities with the facilities in an emergency?
2. Has the VISN funded high priority EMP needs that are best managed at the VISN level?
3. How are VISN EMP needs, particularly those requiring significant NRM or Minor Construction dollars for hazard mitigation, incorporated into resource planning?
4. What are the current high priority EMP and hazard mitigation funding needs?
5. Is there a VISN EPC?
6. What are the primary duties of the VISN EPC?
7. What is the relationship with the VAMC EPCs?
8. Please describe your service support agreement with your Area Emergency Managers (AEMs) and its effectiveness.
9. Please describe your relationship to EMSHG in the VHACO.

**Session Conclusion Question:**

What administrative aspects of the EMP could be better clarified or better supported through additional program guidance and/or training?

**Document Review and Working Lunch**

10:30am – 1:00pm

Day One

* Begin Document Review with particular emphasis on EMP and EOP documentation
* Review of VISN Office HVA
* Review any AARs to EOP/EOC exercises
* Review EMC Charter, minutes and any follow-up actions
* Continue document review to include:
  + ICS documentation
  + MOAs with non-VA organizations including federal, state and local healthcare, public health and EMS organizations
  + Resource sharing agreements
  + Service Support Agreement with EMSHG
  + VISN Continuity of Operations (COOP) Plans
  + Lists of contracts and agreements for the purchase of commodities and services during an emergency
  + Lists of emergency preparedness VISN contracts
  + Descriptions of purchase card designations
  + IMT assignments
  + Callback lists
  + Any ELC actions in support of EMP
  + VISN staff and committee organization charts
  + Annual program evaluations of EMP
  + Any site visits of VAMCs relative to EMP
  + Lists of construction projects in support of EMP
  + IT Business Resiliency/COOP plans
  + EOC documentation

**Interview with DND and/or COO, VISN EPC, EMSHG VISN Liaison AEM, and VISN Education Service Representative (ESR)**

1:00pm – 2:00pm

Day One

[This interview can begin by covering questions from the previous interview that were not fully answered or require additional documentation or data. There is also time at the end of the day for further discussion with the DND, COO and EPC together. Questions from the document review can also be covered.]

**Interview Questions:**

**1.4 Incorporation of Comprehensive Preparedness Planning in the VISN’s Coordination Activities in Conjunction with the Individual Facility Emergency Management Programs**

VISN Oversight:

1. Describe any VISN-wide emergency preparedness planning activities.
2. Have there been discussions at the ELC level regarding facility preparedness?
3. Discuss any VISN level acquisitions in support of facility EMPs such as commodities, construction or services?

**1.5 Incorporation of Continuity Planning into the Coordination Activities of the VISN Office’s Emergency Management Program**

VISN Office EMP:

1. Please describe your business resiliency and continuity of operations (COOP) plan as indicated in your VISN office EOP.
2. How have you tested your ability to maintain business operations in the event of a disaster?
3. Do you have emergency power support? If so, how is proper testing assured?
4. Briefly describe your callback process and are you planning to operate on a 24x7 basis during an emergency?
5. Please describe any additional aspects of your COOP plan such as support of staff during prolonged activation of your EOC, interactions with your supporting VA facility, etc.

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

VISN Office EMP:

1. Do you have a written EOP? Briefly describe its operation.
2. Is your EOP based on your HVA?
3. Is a copy of the EOP located in the EOC?
4. How often is the EOP updated?
5. Who reviews the EOP?
6. How is the EOP communicated to all VISN staff?

**1.7 Incorporation of Comprehensive Instructional Activity into the Preparedness Activities of the VISN’s Emergency Management Program**

VISN Oversight:

1. Has there been emergency management program training provided VISN-wide?
2. Has there been a VISN-wide training assessment?
3. Have VISN facilities requested certain types of training based on AARs from exercises or actual events?

VISN Office EMP:

1. Has there been a training process to support the overall VISN EMP?
2. Describe what types of training have been provided to VISN staff regarding all facets of the EMP, particularly roles when the EOC is activated.
3. Has there been an assessment of training needs and effectiveness?
4. Have training decisions been based on AARs from exercises or actual events?
5. Has there been any training provided to the ELC?
6. What are some of the items that individuals request to increase training effectiveness?

**1.8 Incorporation of a Range of Exercise Types that Test the VISN’s Emergency Management Program**

VISN Oversight:

1. Describe the variety of exercises that have been conducted VISN-wide?
2. Have there been any exercises conducted solely at the VISN office level?
3. Are there AARs from exercises?
4. How have the AARs been used, particularly in the areas of resource or training recommendations?

**1.9 Demonstration of System-Based Evaluation of the VISN’s overall Emergency Management Program and its Emergency Operations Plan**

VISN Oversight:

1. Do you conduct periodic program evaluations?
2. What types of VISN EMP program assessments have been conducted?
3. Describe the evaluation objectives, frequency, follow-up and results communication to the VISN staff, leadership, EMC and ELC.
4. Do you review the annual assessments of the medical centers emergency management program and do you monitor the performance improvement activities conducted yearly as required by The Joint Commission?

VISN Office EMP:

1. Do you conduct periodic program evaluations of the VISN Office EMP?
2. Has the EMP been evaluated?

**1.10 Incorporation of Accepted Improvement Recommendations into the Emergency Management Program and its Components such that the Process becomes one of a Learning Organization**

VISN Oversight:

1. How is VISN leadership given opportunities to participate in developing program improvements of both the VISN office program and the overall program VISN-wide?
2. How are AARs from previous events in the VISN used to develop hazard mitigation projects?
3. How are future goals and objectives for the EMP program VISN-wide developed?

VISN Office EMP:

1. Describe how evaluation recommendations, AARs and lessons learned are incorporated into EMP process improvements.
2. How is VISN leadership given opportunities to participate in developing program improvements of the VISN office EMP?
3. How are future goals and objectives for the VISN office level programs developed?

**Session Conclusion Question:**

What aspects of the EMP planning, training and other activities that we have just discussed do you think could be better clarified or supported through additional program guidance or training?

**EOC and Crisis Operations**

2:00pm – 3:30pm

Day One

* The review of the EOC should be used to evaluate several capabilities including incident actions, mobilization, staff callback, EOC activation/capabilities, use of the ICS, overall incident management, incident action planning, communications systems, medical surge, extended operations, existence of emergency power and demobilization.
* Review can be conducted using a scenario based discussion of capability questions.
* Participants in the EOC activation should include EPC, DND, COO, CLO, CIO, PAO, HR Manager and others as determined by the VISN. The VISN Director should be invited to participate. Given the limited level of staffing at any VISN office, ICS type assignments will be limited.

**Scenario:** There has just been a call from the Acting Director at a VISN medical center (could be a Chief HR) that there has been an explosion near a patient building that has caused unspecified damages, loss of normal power, facility is on emergency power, there is some loss of water pressure and limited employee/patient injuries that are being treated at the VAMC ED. Emergency responders (i.e., fire and outside police) are on site. Press coverage likely very soon. EOC at facility is activated. Resumption of normal power and water not likely soon. Evacuation discussions are beginning in facility EOC. Director and AD are on travel and are being notified.

[In the context of this scenario, cover the following capabilities and questions.]

**Interview Questions:**

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

VISN Office EMP:

1. What are your initial actions?
2. Will you be activating the VISN EOC?
3. When is the EOC normally activated?
4. Who authorizes activation and how quickly can this be accomplished?
5. Are their plans for after hours activation?
6. Who else in the VISN will be contacted?
7. How is VACO notified?
8. Will the ICS system be employed?
9. What is the immediate role of PAO?
10. Describe the likely interaction between the VISN EPC and the EPC(s) at the affected facility or facilities?

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

VISN Oversight:

1. How and when is Incident Command transferred from a facility to a VISN?

VISN Office EMP:

1. Who is the Incident Commander?
2. Who would be summoned to the EOC?
3. Will there be use of a virtual EOC (i.e., VISN and any other facility staff calling in)?
4. Does everyone in the VISN have a roster to assist in calls to key staff?
5. Are VISN staff aware of your HR policies regarding callback of staff and over-time, etc?
6. How will all this be managed after normal business hours?
7. Are staff aware of facility-level reporting requirements to the VISN (in the case of facility EOC activation) and VISN level reporting requirements, as outlined in the VHA Handbook 0320, Incident Management System (IMS) Operational Procedures?
8. Discuss the flow of the reporting from the facilities to the VISNs to VACO (including the VHA JOC Duty Officer).
9. Please identify who, at the VISN office, fills the Command and General Staff positions and how do they support the Incident Commander and meet the requirements of their assigned roles?

**2.1.3 Situational Assessment of Response and Coordination Efforts for Initial Incident Management and EOC Activation**

VISN Office EMP:

1. How are staff assigned for Command and General Staff position roles for EOC operations and trained in those roles?
2. Briefly discuss your EOC and how it is supported with IT equipment, communications equipment and utilities (this will be covered in depth during EOC scenario).
3. Who in the VISN has GETS cards?
4. What are the provisions for the loss of power in the VISN office and/or the VISN EOC?
5. What are the provisions for the loss of normal telephones, cell phones and computer networks? Do you have access to satellite computer communications including video teleconferencing? Do you have access to radio and/or amateur radio communications?
6. Are VISN staff aware how to communicate via BlackBerry® pin-topin?
7. Is there a back-up EOC site? If yes, where is it located?
8. How will the VISN EOC interact with the facility EOC involved with managing the crisis?

**2.2.1 Management of Extended Operations**

VISN Office EMP:

1. Are there instances when you expect to operate the EOC for extended periods, such as through the night?
2. If so, what are the provisions for staff support?
3. Are there defined plans for staff rotation?
4. Please describe any VISN HR policies regarding VISN office staff on extended duty.
5. During extended operations, how do the Command and General Staff continue to support the planning cycle within each operational period?

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

VISN Office EMP:

1. How is the VISN notified that the facility EOC as been demobilized?
2. Who authorizes demobilization of the VISN EOC?
3. When and how are AARs performed?
4. Describe “after crisis” activities such as debriefings, staff support, inventory of supplies consumed, etc.
5. How are AARs used to drive organizational improvements?

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

VISN Office EMP:

1. Who is responsible for replenishing supplies?
2. Is there a process such as a site survey to ensure the VISN EOC is ready for another emergency?

**Session Conclusion Question:**

What aspects of EOC operations do you think could be better clarified or supported through additional program guidance or training?

**Follow-up Interview with DND, COO, EPC and VISN HR Manager**

3:45pm – 4:30pm

Day One

[Begin interview by covering any unresolved issues from the EOC operations scenario and any open questions from morning interview]

**Interview Questions:**

**4.1.1 Maintaining Authorized Leadership (Leadership Succession)**

VISN Office EMP:

1. In the event of an emergency or serious disaster that affects VISN office (such as an explosion) and/or its structure, how do employees know who is in charge?
2. What/who has delegation authority?
3. Is it always clear who will be in charge during an emergency?
4. How is the chain of command during an emergency communicated?
5. How does everyone in the VISN know who is in charge on a given day?
6. What is the line of succession in case of injuries or other disruptions to the chain of command?

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

VISN Office EMP:

1. Are employees provided “go kits” for emergency response and prolonged shifts?
2. Are staff aware of available mental health resources for use in the aftermath of a crisis, whether it is at the VISN office or a by product of coordinating operations with a facility?
3. What EAP services are available to VISN staff?
4. How are VISN office staff informed of HR policies that support them in the event of emergencies that primarily affect the VISN office?

**4.3.3 Interoperable Communications with VISN Facilities’**

VISN Office EMP:

1. In the event of a disaster primarily involving the VISN office directly, describe the flow of information during a crisis to VACO? To VISN facilities?
2. What happens when the primary method(s) of internal communications fail?
3. How are your communications plans tested?
4. What improvements have been made as a result of testing?
5. In the event of a disaster at a VISN facility, describe, similarly, the communication flow to VACO and other VISN facilities.

**Session Conclusion Question:**

What aspects these capabilities do you think could be clarified or better supported through program guidance and/or training?

**Interview with VISN CMO and EPC (EMSHG VISN Liaison AEM)**

8:00am – 9:00am

Day Two

**Interview Questions:**

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

VISN Oversight:

1. Is the VISN office part of the servicing VAMC’s staff and family mass prophylaxis plan?
2. Describe how the VISN is involved in mass prophylaxis.

**5.3.1 Processes and Procedures for Deployment and Return to Readiness of the VA All-Hazards Emergency Cache**

VISN Oversight:

1. How does the VISN assure that the policy regarding the activation and utilization of the cache is in accordance with criteria established by the VA PBM?
2. Has the VISN been notified of any cache activations, in addition to the required notification of Emergency Pharmacy Service and EMSHG in VACO?
3. How does the VISN interact with the VISN facilities to assure that the cache is properly managed including storage requirements, rotation of stock, documentation of inspections, etc?

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

VISN Oversight:

1. Describe the VISN’s plans to coordinate activities in order to supplement an individual facility’s mass fatality capabilities?
2. Is your VISN aware of the individual mass fatality management plans of VISN facilities?
3. Describe VISN-wide exercises and training that incorporate Mass Fatality Management.

**6.3 Support under the National Response Framework**

VISN Oversight:

1. Have there been any clinical initiatives undertaken VISN-wide contributing to emergency preparedness? If so, have they been shared with external agencies?
2. Describe your current interactions with other federal health and emergency organizations including CDC, HHS and FEMA.
3. Are you involved with other federal agencies such as through the Regional Interagency Steering Committees as part of the HHS National Response Framework (NRF) Emergency Support Function (ESF) #8?
4. Describe the nature of your involvement with EMSHG at the VHA Central Office level.
5. Describe contacts you have made and current interactions with state health and/or EMS authorities.
6. How are contacts with all these governmental authorities part of your crisis communication plans?
7. What has been the involvement of VISN facilities or the VISN office with emergency preparedness committees frequently organized as part of state hospital associations?
8. What is the operational relationship with state EOCs in your VISN?

**6.1 Provision of Supplemental Health Services to Support the National Disaster Medical System (NDMS)**

VISN Oversight:

1. Please describe your understanding of NDMS.
2. Is there an FCC for NDMS within your VISN? If so, what has been the level of any VISN involvement and how are you assured that the FCC is conducting the required exercises and is therefore properly prepared?
3. Are you aware of the FCC’s NDMS patient surge estimates and whether the FCC has the resources to meet these commitments?
4. Are you knowledgeable if there are signed MOAs from participating community hospitals with your FCC and the identity of those hospitals?
5. Has the VISN been included in any NDMS exercises or at least been notified during the exercise and informed of the assessments of any of the exercises? If so, please briefly describe the exercises and the assessments.
6. Do you review the NDMS bed availability reports conducted periodically in your VISN?

**6.2 VA/DOD Contingency Hospital System**

VISN Oversight:

1. What VISN facilities are Primary Receiving Centers (PRC) for receiving any Service Members in the event of the emergent need to back-up DOD?
2. Are you aware of what level of bed availability VISN facilities are reporting?
3. Has the VISN been involved in any facility bed reporting or other DOD bed availability exercises?
4. Has there been any contact on a VISN level with local or national DOD officials regarding DOD back-up?
5. Are you aware of facility interactions with DOD facilities regarding emergency preparedness?
6. Have there been any VISN interactions with DOD facilities regarding emergency preparedness?

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

VISN Office EMP:

1. Describe how the VISN supports any facility’s needs for the expansion of staff during an emergency, such as during a medical surge.
2. Describe how the VISN office manages its own needs to expand staff such as might be needed to conduct extended EOC operations.
3. How does the VISN office callback staff to work, at any time of day or night?
4. Does the VISN employ any automated callback systems for the VISN office staff?
5. Are similar systems used throughout the VISN?

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

VISN Oversight:

1. Describe the VISN office’s participation within the Disaster Emergency Medical Personnel System (DEMPS) program.
2. Does the VISN have a DEMPS coordinator or are VISN office staff enrolled by the DEMPS coordinator of the servicing VAMC?
3. Does the DEMPS supporting the VISN office staff have a pre-deployment program with the Occupational Health program to ensure volunteers are evaluated and protected before they are deployed away from your medical center?
4. Does the VISN or the supporting DEMPS Coordinator contact volunteers, at least annually, to ensure they wish to remain volunteers and to update information?
5. Are the Emergency Management Strategic Healthcare Group (EMSHG) Area Emergency Managers (AEM) available to ensure that data entry is accomplished in accordance with DEMPS database instructions for VISN office staff enrolled in the program?
6. Has the VISN office deployed personnel in response to emergencies?
7. Describe the VISN leadership involvement with oversight of the DEMPS programs at the VISN’s facilities.
8. What has been the involvement of the VISN Liaison AEM in that oversight?
9. What has been the VISN’s experience as a recipient and donor of staff under the DEMPS program?
10. How would the VISN access DEMPS resources to support VISN-wide needs?
11. What system do you use to identify what the needs of the patients are and what the capabilities the facility can offer?
12. How do you address external resources?

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

Scenario: There has been a large chemical spill nearby one of the community hospitals that is situated near a VISN facility. Patients have initially been transported or have transported themselves to that facility. That facility’s resources have been overwhelmed and patients are being sent to the nearby VAMC. That VAMC has activated its EOC and medical surge procedures.

VISN Oversight:

1. Do you have a process in place assisting VISN facilities with medical surge operations?
2. Is the VISN aware of the medical surge capabilities of individual VISN facilities?
3. If the affected VAMC requires further assistance, is there a plan for the use of other VA facilities?
4. What are your modes of transport to assist the VAMCs in managing medical surge?
5. In lieu of transporting patients, are there plans to transport additional staff to assist the affected VAMC(s)?
6. How does the VISN interact with the VAMC EOC in these situations?
7. What are the VISN plans to assist in the housing of transported staff?
8. How is the VISN prepared to assist with supporting a surge in demand of laboratory, blood bank and diagnostic imaging services?

**Session Conclusion Question:**

What aspects of the just discussed capabilities, i.e., external agency involvement, NDMS, VA/DOD activities, medical surge and the DEMPS program do you think could be clarified or better supported through program guidance and/or training?

**Interview with PAO and EPC**

9:00am – 9:45am

Day Two

In the event of a disaster to one or several VISN facilities such as a surge in the presentation of patients with an as yet unknown infectious disease, please describe you crisis communication plan operations.

**Interview Questions:**

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

VISN Oversight:

1. What regular interactions do you have with the facility PAOs?
   1. Media resource sharing?
   2. Have your reviewed their communication plans?
   3. How do you support a facility that has limited resources?
2. Is your plan also tested with facilities?
3. Describe your training in crisis communication planning and actual practice?
   1. Is there media training for individuals that are not PAOs?
   2. Have you received HIPAA compliance training?
   3. In particular, have you received training regarding HIPAA compliance as it pertains to sharing of information (including TJC standard) that is necessary for emergency operations, where waivers may be required?
   4. How are VISN office staff knowledgeable regarding HIPAA compliance?
4. Who are your alternate PAOs for the VISN?
5. What interactions have you had with VAMC facilities’ and state or local agency PAOs?
6. Are there any plans for any types of call-in “hotlines” to provide information to remote VISN staff and other VISN employees not actively involved in the crisis management process?

VISN Office EMP:

1. Is the PAO part of the immediate EOC team?
2. Describe the VISN Public Information Crisis Management Plan including media relations and also providing information to the general public.
3. Is there an area designated to meet press that may appear at the VISN?
4. Do you have a list of planned media contacts to use during an emergency?
5. Who is designated to talk with the media during a crisis?
6. Describe early PAO contact with VACO. How do you provide regular updates to VACO and OPA?
7. What is your role in keeping VACO informed?
8. How do you keep VISN employees, stake holders and patients informed during an emergency?
9. Describe actual experiences with your crisis plan been used?
10. Is your plan also tested? With facilities?
11. Have you provided training to facility PAOs? To key VISN staff?
12. What is the plan to support any VIPs who may be at a site or at the VISN during an emergency with the proper level of information and other needs?

**Session Conclusion Question:**

What aspects of emergency public information management planning or operations do you think could be better clarified or supported through additional program guidance or training?

**Interview with Community Care Coordinator**

9:45am – 10:15am

Day Two

**Interview Questions:**

**2.1.3 Situational Assessment of Response and Coordination Efforts for Initial Incident Management and EOC Activation**

VISN Oversight:

1. How does the VISN assure that VISN facilities have plans in place to communicate with patients and their families during emergencies, including notification when patients are relocated to alternative care sites?

**4.4.1 Management of Primary Care for Special Needs Patients, including Home-Based Care during Incidents**

VISN Oversight:

1. Describe the VISN’s oversight of the facility responsibilities to have a process for identifying populations at risk.
2. How are these patients tracked and what information is kept?
3. How are the special needs met for each population identified?
4. Describe the VISN’s involvement in supporting facilities’ responsibilities to continue to provide care, treatment and services to their special needs patients?

**Session Conclusion Question:**

What aspects of emergency community care planning or operations do you think could be better clarified or supported through additional program guidance or training?

**Interview with VISN CLO, EPC, CAM, and CFO**

10:15am – 11:15am

Day Two

**Interview Questions:**

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

VISN Oversight:

1. Are there any facility-specific bulk purchases that have been made and are in storage for sharing throughout the VISN?
2. Are there plans for transportation in order to evacuate a facility? If so, please describe these plans including any priority transportation contracts and/or existing transportation assets readily available for evacuations.
3. Are you aware of NAC provided BPAs for emergency supplies? Do you use or are planning to use these BPAs?
4. Is there an annual evaluation conducted on a VISN-wide basis, of emergency purchasing needs, contracts and vendor adequacy?
5. How are contracting staff trained to know what and how to purchase critical supplies and services in an emergency, on a moment’s notice?
6. How are staff contacted and mobilized in an emergency with short notice?
7. Who specifically is designated to conduct necessary emergency purchases?
8. What are the back-up and contingency plans in case of loss of communications resources?

VISN Office EMP:

1. Has there been a systematic needs assessment based on drills and/or experiences regarding critical commodities to be in place or available to the VISN office staff in an emergency? If so, what is to be provided?
2. Describe all VISN level contracts that are in place to provide VISN facilities with needed commodities, bulk purchases and services in an emergency? Include food, potable water, non-potable water, fuel, transportation services for patients or staff, special equipment, laboratory supplies, pharmaceuticals etc.
3. Who has purchase cards in the VISN office in the event of deployment?
4. Describe any resource sharing agreements with non-VISN facilities including DOD facilities?

**Session Conclusion Question:**

What aspects of critical commodities and services acquisition planning or operations do you think could be better clarified or supported through additional program guidance or training?

**Interview with VISN CIO and EPC**

11:15am – 12:15pm

Day Two

**Interview Questions:**

**4.2.1 Maintaining IT and Computing Systems Resiliency during an Incident**

VISN Oversight:

1. How do you provide oversight of your facility business resiliency and COOP plans? Have they been tested in actual emergencies?

VISN Office EMP:

1. Please describe your business resiliency and COOP plan for the VISN office.
2. How is this plan incorporated into the overall VISN office COOP plan?
3. Has this plan included a formal needs and risk assessment?
4. What is the plan in the case of power outages?
5. How does your plan include remote employees and any employees working from home?
6. How is data backed-up?
7. What are the provisions for data communication in the event of computer network failure?
8. Describe all available means of voice communication.
9. How have VISN office staff been trained for the use of computers during any system disruptions?
10. Are VISN office staff trained how to access VA systems through VPN or other resources?
11. How have resiliency and COOP plans been tested?
12. How do you provide urgent customer support, technical assistance and hardware/system repair in the event of an emergency, particularly to the VISN office EOC?
13. Are you normally a part of the VISN EOC?

**4.3.1 Maintenance of Voice and Data Communications through a Satellite Link**

VISN Oversight:

1. Does your VISN have a satellite link to support data, voice and videoconferencing? If yes, please describe all the units available in the VISN?
2. How are they maintained?
3. Who is trained to operate the links?
4. What are the plans to deploy the portable links?
5. How often are the links tested?
6. If there are no satellite links, what provisions have been made for voice and data communications in the event of complete VISN and local facility failures of these systems?

VISN Office EMP:

1. Is the VISN office supported with any radio systems and/or amateur radio capabilities?
2. Are VISN office staff aware and trained how to communicate using BlackBerry pin-to-pin capabilities?

**4.3.2 Interoperable Communications with External Agencies’**

VISN Oversight:

1. Is there a VISN plan to have all VISN facilities have the ability to communicate with first responders via something other than their normal mode of communications such as radios? If not, which facilities have this capability?

VISN Office EMP:

1. Who is designated to support the VISN office EOC in emergency communications?
2. What types of training are provided facilities and the VISN office in emergency communications?
3. Has there been an overall assessment of VISN office and VISN facility emergency communication needs?

**Session Conclusion Question:**

What aspects of emergency communications planning or operations do you think could be better clarified or supported through additional program guidance or training?

**Interview with VISN DND, COO, EPC and EMC**

1:0pm - 2:00pm

Day Two

**Interview Questions:**

**1.3 Development, Implementation, Management and Maintenance of an Emergency Management Committee Process to support the Emergency Management Program**

VISN Office EMP:

1. How does the EMC function as the emergency program governing body for VISN facility emergency programs and VISN office emergency preparedness?
2. Does the EMC also function as the governing body for emergency management program activities specific to VISN staff preparedness?
3. Does the VISN conduct an HVA?
4. How often is the HVA updated?
5. Has the EMC reviewed an HVA conducted for the VISN office?
6. Please describe how the VISN EMC functions, i.e., Chair, meeting frequency, posting of minutes, how it reviews AARs from the VISN or facilities, action tracking, roles of VISN office staff and facility staff serving on the EMC and committee reporting structure.
7. What, if any, staff support does the VISN EMC have?
8. Does the VISN EMC review the results of the VISN facility Hazard Vulnerability Analyses for action at the VISN level, including developing potential resource requests?
9. What is the relationships between the VISN EMC and AEM? Is the AEM a member of the EMC?
10. Please describe how the EMC develops its annual goals and objectives.
11. How does the EMC use these goals to develop an annual work plan?
12. How is the EMC involved in developing training plans and VISN emergency exercises?
13. Please describe other EMC driven initiatives.
14. Does the EMC perform an annual evaluation and how does the EMC report its plans, recommendations and results of evaluations to the VISN ELC?
15. How does the VISN EMC interact with the facility EMCs?

**Session Conclusion Question:**

What aspects of EMC planning or operations do you think could be better clarified or supported through additional program guidance or training?

**Interview with VISN DND, COO, EPC and CAM**

2:00pm – 2:30pm

Day Two

* Cover any areas not covered in previously scheduled sections
* Further review any resource needs and plans for the VISN facilities not yet discussed such as for example, large capital projects to increase standby power, HVAC and water capabilities, new communications systems, improved perimeter control systems, etc.
* Review callback rosters and process if not fully covered in previous sessions. This should include rosters for VISN staff and key facility staff.
* Demonstrate any automated callback systems, such as “Send Word Now”.
* Ask VISN leadership if there are any areas or items that the Team has not addressed that they want assessed, if possible, in time remaining?
* Are there other areas at the VISN or facility (if VISN is co-located at a VA facility) that they want visited?
* Discuss the value of acquiring satellite links throughout the VISN, if none are now available.
* Possibly preview highlights of exit briefing, particularly if some key staff cannot be present.
* Discuss any other aspects of EMP planning or operations that could be better clarified or supported through additional program guidance or training.

**Interview with DND, EPC, and Safety Officer**

3:30pm – 4:00pm

Day Two

The following questions are designed to first assess the capabilities of the VISN office to maintain its own proper level of occupant safety and surge. After discussing those capabilities, a subset of general overview questions are designed to cover the VISN office’s (primarily leadership, EPC and Safety Officer) role in support of VISN facilities facing occupant safety and surge challenges in an emergency.

Possible scenario to guide VISN office discussion: There has been a very serious truck accident involving possible release of dangerous chemicals. Utility disruption has occurred in the area. It has not yet affected the VISN office, but it could.

**Interview Questions:**

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

VISN Office EMP:

1. Is there a documented procedure for how to determine when evacuation of the VISN office or shelter-in-place is necessary?
2. Is there a signal that can reach ALL areas of the VISN office for emergency/immediate evacuation or shelter-in-place?
3. Are there pre-established meetings places (“rally points” for accountability) VISN staff once immediately evacuated?
4. Describe the process for securing VISN office priority documents during an evacuation.
5. Does the VISN office landlord or servicing VA facility initiate security and safety measures for evacuation procedures?

**3.1.2 Processes and Procedures for Sheltering-in-Place and** **3.1.3 Processes and Procedures for Sheltering Family of Critical Staff**

VISN Office EMP:

1. Does the VISN office EOP identify a scalable response for sheltering-in-place?
2. If yes, does it include: Decision process for shelter-in-place; Ability to shut down HVAC systems (If yes, how quickly?); Plans for relocation of VISN office staff into sheltered areas of the VISN office?
3. Does VISN office have a plan for sheltering family members of essential VISN staff during an emergency?
4. If yes, does this policy include sheltering of pets?
5. Does the VISN office have a plan for managing alternate staff support activities?

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

VISN Office EMP:

1. Does the VISN office have procedures in place to ensure the physical security?
2. Does the VISN office have a lock down procedure?
3. If yes, how quickly can it be completed?
4. How often is this procedure tested?
5. Does the plan include the following:
   1. Verifying identification of staff accessing the VISN office?
   2. Providing identification to individuals (non-staff) granted access to the VISN office?
   3. Providing methods to control the movements of non-staff within the VISN office ?
   4. Pre-established procedures for a bomb threat?
   5. Pre-established procedures for the receipt of a suspicious package?
   6. Pre-established procedures for the receipt of a white powder package?
   7. Pre-established procedures for the de-escalation of violent situations?
6. Are VISN office security personnel trained on how to manage issues specific to a lockdown situation?
7. Does the VISN office integrate community law enforcement agencies (i.e., police and sheriff) as needed for additional assistance?

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

VISN Office EMP:

1. Have the VISN office staff been trained in how to react to possible contamination of the outside environment and possible contact with victims approaching the VISN office?
2. Does the VISN office conduct exercises with the servicing VAMC decontamination program? If yes, how often?
3. If the VISN office is not located on a VA facility campus, what instructions have been given to VISN office staff in the event of possible contamination of staff or visitors?

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

VISN Office EMP:

1. Are VISN office staff trained in proper procedures in the event the office is visited by a potentially seriously infected patient?
2. How is the VISN office supported in this case by the servicing VAMC?
3. Is the VISN office able to control the heating, ventilation and air conditioning (HVAC) systems in any hazard incident (e.g., smoke or biological agents)?
4. Are VISN office staff or security personnel trained on and have available PPE for: Dealing with contaminated patients; Dealing with infectious/contagious patients?
5. How are procedures tested?

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

VISN Oversight:

1. Discuss how the VISN ensures that facilities have pre-established procedures for medical monitoring of decontamination personnel wearing PPE and a tracking system in place to inventory all PPE.
2. How does the VISN assure that the VISN facilities have enough PAPRs (at least two for each position requiring Level C PPE in your facility’s Contaminated Casualties/decontamination plan)?
3. Do facilities have an adequate number of Chemical Resistive Suits, PPE and related items such as boots, gloves, tape, etc. (at least four pair for each position requiring Level C PPE in your facility’s Contaminated Casualties/decontamination plan)?

VISN Office EMP:

1. Discuss how the VISN office ensures VISN office staff have the necessary training and equipment to protect themselves during a hazardous incident.

**Session Conclusion Question:**

Regarding VISN office level or VISN-wide occupant safety capabilities, what do you think could be clarified or better supported through program guidance and/or training?