

COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM (CEMP)

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Directive establishes policy for administration-wide comprehensive emergency management programs (EMP) and describes responsibilities for implementing the EMP at the VHA Central Office, the Veterans Integrated Service Network (VISN), and the Department of Veterans Affairs (VA) medical center levels.

2. SUMMARY OF MAJOR CHANGES

a. This Directive defines an “all hazards” Comprehensive Emergency Management Program (CEMP) that includes Continuity of Operations (COOP) planning and the National Incident Management System (NIMS). It incorporates guidance for compliance with standards and regulations from VA, the Department of Homeland Security (DHS), the Occupational Safety and Health Administration (OSHA), the National Fire Protection Association (NFPA), and The Joint Commission (TJC).

b. This Directive identifies emergency management responsibilities for all levels within VHA, including a VHA Central Office Emergency Management Coordination Group (EMCG) for policy guidance and program oversight.

3. RELATED HANDBOOK. VHA Handbook 0320.

4. RESPONSIBLE OFFICE. The Emergency Management Strategic Healthcare Group (EMSHG) (13C) is responsible for the contents of this Directive. Questions may be referred to (304) 264-4835.

5. RESCISSION. VHA Directive 0320, May 1, 1997, is rescinded.

6. RECERTIFICATION. This VHA Directive is scheduled for recertification on or before the last working day of July 2012.

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COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM (CEMP)

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy for the organization and operation of the VHA Comprehensive Emergency Management Program (CEMP).

a. It provides guidance for the coordination of an integrated CEMP at VHA Central Office, Veterans Integrated Service Networks (VISNs), and Department of Veterans Affairs (VA) medical centers.

b. It provides guidance for the incorporation of the Incident Command System (ICS) and the National Incident Management System (NIMS) into VHA response and recovery activities.

c. It identifies responsibilities of each VHA level in providing health care for military personnel during Department of Defense (DOD) contingencies and to the public during domestic emergencies and disasters.

2. BACKGROUND: The primary goal of VHA's CEMP is to ensure the health and safety of patients, visitors and staff, and to provide for the continuity of care of VA patients and continuity of essential operations in the event of a disaster or emergency.

3. POLICY: It is VHA policy that an "all hazards" CEMP must be developed, by VA medical centers, VISNs, and VHA Central Office.

4. RESPONSIBILITIES

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

(1) Developing and implementing policy for a CEMP for VHA.

(2) Providing CEMP guidance and oversight through coordination with a VHA Emergency Management Coordination Group (EMCG).

(3) Coordinating VHA policy with the Office of the Assistant Secretary of Operations, Security, and Preparedness (OSP) to ensure compliance with VA Directive and Handbook 0320.

(4) Designating the Emergency Management Strategic Healthcare Group (EMSHG) as the VHA program office for VHA's CEMP.

(5) Ensuring that VHA functions at all levels incorporate ICS into their emergency preparedness and response programs and that they are compliant with NIMS.

(6) Ensuring guidance, education, and training for CEMP development, maintenance, and evaluation are made available, are in compliance with standards and regulations, and are issued by VHA Central Office.

(7) Ensuring that the EMCG, in a disaster or emergency, functions as the “multi-agency coordinating entity” for VHA. *NOTE: The EMCG's primary function is to be an effective “cross-cutting” group to quickly develop policy recommendations for the Under Secretary for Health, or designated “agency executive,” and to coordinate between VHA offices to effectively respond to an emergency.*

(8) Ensuring that the Office of the Under Secretary for Health has a functional Emergency Operations Plan (EOP) and a Joint Operations Center (JOC).

(9) Serving as a member of the VA Crisis Response Team (CRT).

(10) Serving as a member of the National Disaster Medical System (NDMS) Senior Policy Group (SPG).

(11) Serving as co-chairperson of the Health Executive Council (HEC) with the Assistant Secretary of Defense for Health Affairs.

(12) Serving as a member of the Secretary’s Emergency Response Group (ERG) in support of the Secretary, in meeting the primary mission essential functions of the agency upon the activation of COOP.

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

(1) The point of contact on clinical matters with other offices in VHA.

(2) Chairperson of the Emergency Management Coordination Group (EMCG).

(3) A member of the Secretary’s ERG for COOP.

(4) Agency executive for VHA, in the absence of the Under Secretary for Health.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for:

(1) Ensuring that VISNs and VHA medical facilities implement a CEMP that incorporates TJC and NIMS requirements for hospitals.

(2) Ensuring continuous and safe operation of all VHA facilities during emergencies.

(3) Ensuring the provision of medical support to VA-DOD for military contingencies as defined under the VA-DOD Memorandum of Understanding.

(4) Coordinating with EMSHG to provide available support for the NDMS and the National Response Plan (NRP).

(5) Providing command and control of VHA operations during VA and VHA incident management activities.

(6) Ensuring compliance with the VHA CEMP through the Center for Engineering and Occupational Safety and Health (CEOSH) working in collaboration with EMSHG.

(7) Serving as a member of the EMCG.

(8) Providing staffing for the VHA Incident Management Team (IMT).

d. **Chief Public Health and Environmental Hazards Officer.** Chief Public Health and Environmental Hazards Officer is responsible for:

(1) Developing policy and guidance for public health and environmental hazards programs.

(2) Providing oversight of EMSHG as it relates to the VHA CEMP.

(3) Developing clinical policy as it relates to public health and emergency management.

(4) Serving as a member of the EMCG.

(5) Serving as the Under Secretary's representative to the CRT.

(6) Serving as a member of the Secretary's Emergency Response Cadre (ERC) for COOP (Team B).

e. **Chief Patient Care Services Officer.** The Chief Patient Care Services Officer is responsible for:

(1) Developing policy and guidance for patient care services programs to include emergency management and response activities.

(2) Serving as a member of the EMCG.

(3) Providing staff to the VHA IMT, as required.

(4) Serving as a member of the Secretary's ERC for COOP (Team B).

f. **VHA Chief Nursing Officer.** The VHA Chief Nursing Officer is responsible for:

(1) Developing policy and guidance for patient care services programs to include emergency management and response activities.

(2) Serving as a member of the EMCG.

(3) Providing staff to the VHA IMT, as required.

(4) Serving as a member of the Secretary's ERC for COOP (Team B).

g. **VHA Central Office Chief Officers.** Each VHA Central Office Chief Officer is responsible for:

(1) Developing a functional annex to the VHA Central Office EOP that identifying personnel, systems, records, and equipment necessary to support their essential operations in an emergency.

(2) Ensuring personnel, within their area of responsibility, are knowledgeable of their defined responsibilities.

(3) Ensuring personnel, within their area of responsibility, participate in VHA Central Office training and exercises regarding the EOPs.

(4) Maintaining, continuously, updates, and exercises on a quarterly basis call-down rosters of assigned personnel for rapid notification in an emergency.

h. **Chief Consultant, EMSHG.** The Chief Consultant, EMSHG is responsible for:

(1) Developing policy and direction for VHA's CEMP in coordination with the EMCG.

(2) Planning and implementing the VA-DOD Contingency Hospital System and VA support of DOD during war and national security emergencies, and providing a liaison, to represent VA, to the United States (U.S.) Transportation Command's (TRANSCOM) Operations (J-3) as required.

(3) Planning VA support of NDMS through a field-based organization of Area Emergency Managers and support staff, and providing a VA liaison to the NDMS Operations Support Center, as required.

(4) Coordinating and planning VHA support of the NRP and other Federal emergency plans and activities.

(5) Developing and maintaining national interagency working relationships to facilitate VHA's participation in coordinated Federal planning and response to disasters and emergencies.

(6) Providing a liaison to represent VA to the Department of Health and Human Services (DHHS) Secretary's Operations Center (SOC).

(7) Coordinating VHA personnel deployments and logistics requirements to meet requests from Federal partner agencies and/or from VA field locations during actual activations or major exercises.

(8) Supporting VISN CEMP by providing field-based Area Emergency Manager Liaisons functioning as technical CEMP experts and consultants to assist VISN and VA medical center Directors in CEMP development, initiation, and maintenance.

(9) Providing staffing for the VHA IMT and responsible for the day-to-day administrative activities, support, and maintenance of the VHA JOC to ensure operational readiness.

(10) Ensuring the development, exercise and maintenance of the VHA Central Office EOP.

(11) Maintaining the VHA Central Office COOP and alternate Central Office relocation sites.

(12) Serving as a member of the Secretary's ERC for COOP (Team B).

i. **VISN Director.** Each VISN Director is responsible for:

(1) Ensuring that each VHA facility has a CEMP that addresses VA Medical Center contingencies, VA-DOD contingencies, and state, local, tribal contingencies to include inter-agency response and recovery efforts.

(2) Providing oversight to ensure VISN compliance with all identified requirements.

(3) Providing command, control, communications, and coordination between facilities within the VISN, across VISNs, and with VHA Central Office during emergencies.

(4) Coordinating, in support of the NRP and VA-DOD contingency plan, with EMSHG.

j. **Facility Director.** The facility Director is responsible for:

(1) Developing CEMP plans to address facility contingencies, VA-DOD contingencies, state, local, tribal contingencies, to include inter-agency disaster response and recovery efforts as necessary.

(2) Providing oversight to ensure that the facility and associated Community-based Outpatient Clinics (CBOCs) are in compliance with all identified requirements

(3) Providing command, control, communications, and coordination between all departments and/or services within the facility during emergencies.

(4) Designating an Emergency Preparedness Coordinator (EPC) to coordinate facility emergency preparedness activities.

(5) Serving, when so designated, as NDMS Federal Coordinating Center Director.

(6) Developing and maintaining an all hazards EOP compliant with relevant standards and regulations.

(7) Managing response to local emergencies and providing humanitarian assistance to the public as required.

k. Emergency Management Coordination Group (EMCG)

(1) **Function.** The EMCG has two primary functions, to serve:

(a) On a day-to-day basis for the provision of guidance and oversight to ensure the development and maintenance of a CEMP within VHA; and

(b) As the emergency policy coordinating entity, in an internal or external disaster or emergency that requires an integrated and coordinated VHA response, as part of the VHA Incident Management System (IMS) structure, and to advise the Under Secretary of Health as a member of the Secretary's CRT.

(2) **Membership.** The standing membership of the EMCG consists of the:

(a) Principal Deputy Under Secretary for Health (Chairperson) (10A).

(b) Deputy Under Secretary for Health for Operations and Management (10N).

(c) Chief Public Health and Environmental Hazards Officer (13).

(d) Chief Patient Care Services Officer (11).

(e) Chief Nursing Officer (108).

NOTE: Other VHA Chief Officers and senior staff may be added in an advisory capacity, as needed.

(3) **Meeting Frequency.** The EMCG must meet at least quarterly, and more frequently at the call of the Chairperson. During disasters or emergencies these meetings may be called on very short notice and may be conducted via conference call.

(4) **Sub-Committees**

(a) The following standing EMCG sub-committees must be established to carry out the activities and functions related to having an effective VHA CEMP:

1. Emergency Management Medical and Public Health Advisory Sub-Committee.

2. Personnel Sub-Committee.

3. Resources Sub-Committee.

4. Education, Training, and Exercise (ET&E) Sub-Committee.

5. COOP Sub-Committee.

6. Emergency Management Program Evaluation Sub-Committee.

NOTE: The EMCG may establish ad hoc sub-committees and workgroups to carry out specific assignments or functions within a specified period of time.

(b) These subcommittees report to the EMCG.

(5) **EMCG Staff.** Comprised of the chairpersons of each of the standing sub-committees and a representative appointed by each of the EMCG members, the EMCG Staff reports to the EMCG and meets on at least a monthly basis.

(a) The EMCG Staff provides support:

1. To the EMCG relating to development of policies, intra-administration and departmental coordination, and associated matters pertaining to the VHA CEMP.

2. For accomplishment of special projects, tasks, and other work assigned by the EMCG.

(b) The Chief Consultant, EMSHG, serves as the EMCG Staff Chairperson.

NOTE: Other VHA personnel may be added to the EMCG Staff in an advisory capacity or in a consulting role to the EMCG.

5. REFERENCES

a. VHA Prescription for Change, Strategic Objective 15.

b. Public Law 97-174, Section 5011A, "Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act," dated May 1982.

c. Executive Order 12656, "Assignment of Emergency Preparedness Responsibilities," dated November 18, 1988; National Security Decision Directive 47 (1982).

d. Public Law 93-288, "The Robert T. Stafford Disaster Relief and Emergency Assistance Act," as extended and amended by Public Law 100-707 (1988).

e. Executive Order 12657, "Federal Emergency Management Agency Assistance in Emergency Preparedness Planning at Commercial Nuclear Power Plants," dated November 18, 1988.

f. Federal Preparedness Circular 65, Continuity of Operations Planning, dated June 15, 2004.

g. Homeland Security Presidential Directive 5, Management of Domestic Incidents, dated February 28, 2003.

h. Homeland Security Presidential Directive 7, Critical Infrastructure Identification, Prioritization and Protection, dated December 17, 2003.

i. Homeland Security Presidential Directive 8, National Preparedness, dated December 17, 2003.