

## Revised Decon Reviewers' Guidelines

*The Needs Assessment Tool is a critical initial step in what will clearly be an ongoing, iterative process.*

*The results from the Needs Assessment Tool will let us determine how much and what types of temporary/portable equipment to purchase for the top 70 medical centers, and in the case of PPE, what quantity to purchase.*

*It will help us focus our upcoming training program. And, it will begin a process of critical feedback from the professionals involved in this review, to the medical centers, their VISN offices and through them their Area Emergency Managers and VISN IH/Safety staff.*

### **What We Need Now to Proceed with VHA's Mass-Casualty Decon Program.**

The VAMC decon plans you are reviewing mark a key initial step in getting all our medical centers up to speed on hospital decontamination. Its not surprising that some of our medical centers will have difficulties in grasping what they are being asked to accomplish.

*The key results from this survey that we require at this stage in order to proceed are:*

- 1. Nominees for the top 70 candidate medical centers where we will develop full mass-casualty decon capabilities within this fiscal year;*
- 2. An estimate of how many level C PPE and how many and what type of commercially available temporary/portable decon units we should purchase for those 70 facilities; and*
- 3. Requiring all VA medical centers to start down this road towards implementing their own appropriate decon program.*

**Opportunities for Feedback -- Getting More Information.** Many important details such as cold weather operations, location relative to hospital air intact vents, receiving and transportation of non-ambulatory patients or resources needed inside hospital for movement of non-ambulatory patients (wheelchairs, gurneys, etc) and other details were not requested in the Needs Assessment Tool, and they will have to be resolved through feedback to the medical centers.

Many specific physical details of a decon facility will be resolved when we actually purchase and provide the commercially available decon equipment for the medical centers based upon this review process. Only then will the medical centers have the specific physical details of this equipment. Currently, the precise physical specifications of those units aren't available to either us or to the

medical centers, although some general guidelines are available at [www.va.gov/enviroagents](http://www.va.gov/enviroagents). Other details will be specifically addressed in the training program.

Key details in the decon plans may be supplied only in Attachment B of the Decon Directive. It will be important to read the entire decon plan before evaluating the adequacy of individual parts of the plan.

We plan to return reviews to the VISNs with a recommendation that they refer them to their AEMs and related staff for comment.

**Importance of the Point-of-Contact for the Decon Plan Review.** It seems likely that reviewing these plans will require contacting the POC to resolve confusing information, so feel free to make the call! This will also serve to alert the medical centers about deficiencies in their plans.

If you conclude that you can't take specific answers at face value, such as estimates of community needs and security and law enforcement requirements, or casualty estimates for VA staff, patients, people in the immediate vicinity of the medical center, and the local community, then you should call the POC with your questions.

As an example, in the practice run, most reviewers found the Atlanta plan had serious problems – with a large mismatch between the number of estimated casualties and the stated required decon capacity. I called the POC for the Atlanta plan and discovered that they were reluctant to state the actual capacity because of concerns about who would pay for the facility, and that they might be required to use other than level C PPE. Following some discussion and clarification (Central Office will pay/only level C will be purchased), the POC revised his estimates to two large capacity temporary decon facilities.

If you have any questions, don't hesitate to call the POC listed on the plan for discussion and clarification. But keep in mind that we will not be able to resolve all relevant issues on this initial go-around and before developing our equipment purchase estimates!

Don't forget the two-day face-to-face meeting here in Washington, DC, to finalize this phase of the Decon Initiative, on December 3 and 4, 2002. Please contact Ms. Sandy Allen at 202/273-8464 for travel cost information.

**Decon Reviewers' Checklist**

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

**Adequacy of Estimated Medical Center Decon Role and Resources**

		Current	Planned	Additional Resource Needs/Comments
Coordination of community role in a WMD event?				
Other relevant community Haz Mat concerns?				
Security & Law Enforcement planning?				
Decon Facility Design and Capabilities				
	Fixed			
	Temporary			
Ambulatory Casualty Capacity				
Non-ambulatory Casualty Capacity				
Staff currently OSHA 1910.120q trained				
Level C PPE				
Decon Equipment				
Do you recommend this facility to be included in the initial 70 medical centers to receive decontamination equipment?				Yes
				No