VA Ann Arbor Healthcare System

Emergency Operations Plan and
Continuity of Operations Plan

January 2022

PROMULGATION

The primary role of the VA Ann Arbor Healthcare System (VAAAHS) is to provide high-quality, Veteran-Centered care. The welfare and safety of the Veterans, Staff, and visitors is at an increased risk of threat during disasters. The goal of the VAAAHS's Emergency Management Program is to ensure that prevention, protection, mitigation, preparedness, response, and recovery actions are implemented to promote the preservation of the welfare and safety of the Veterans, Staff, and visitors.

Using an all-hazards approach, the VA Ann Arbor Healthcare System has developed a Comprehensive Emergency Operations Plan (EOP) that is consistent with planning guidance furnished by PDD 67, Federal Preparedness Circular (FPC) 65, Veterans Health Administration (VHA) Central Office (CO), VHA Veterans Integrated System Networks (VISNs) and Homeland Security Guidelines (HLS). This EOP also complies with The Joint Commission (TJC) Emergency Management Standard.

Presidential Decision Directive (PDD) 67 requires each federal department and agency to develop and maintain a Continuity of Operations (COOP) Plan. The focus is to ensure the respective department or agency can continue emergency essential functions and resume normal operations as quickly as possible in the event of a natural or man-made disaster or other event that would impact operational capability and capacity.

As with all emergency plans, we are hopeful that this plan will never be used. As a result, the EOP can be used to train Medical Center employees, conduct exercises, and provide a baseline for continual update and performance improvement.

This plan has been coordinated with the State of Michigan Region 2 South Healthcare Coalition, Washtenaw County Sheriff's Office Emergency Management Division, the City of Ann Arbor Office of Emergency Management, the University of Michigan Medicine, and Saint Joseph Mercy Healthcare System among others, to ensure that the roles, responsibilities, and relationships of this institution are supportive of the needs of veterans and the general community. The VAAAHS Emergency Management Committee is charged with the duty to review and update this plan, as appropriate.

Therefore, in recognition of the emergency management responsibilities of the VAAAHS and with the authority vested in me as the Director of this Healthcare System, I hereby promulgate the VAAAHS's Emergency Operations and Continuity of Operations Plan.

Creasman, Ginny L Digitally signed by Creasman, Ginny L
Date: 2022.01.03 10:10:41 -05'00'

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Ginny L. Creasman, Pharm.D., FACHE
Medical Center Director

APPROVAL AND IMPLEMENTATION

This Emergency Operation Plan (EOP) and Continuity of Operations Plan (COOP) was prepared as a Standard Operating Guideline (SOG) by the VAAAHS to develop, implement, and maintain a viable all-hazards response capability and to establish a comprehensive approach to providing consistent, effective, and efficient coordination efforts that contribute to continuity of operations.

This plan shall apply to all VAAAHS employees (unless otherwise specified within this plan).

The VAAAHS Emergency Management Committee shall be responsible for plan oversight and coordination with applicable stakeholders. This EOP and COOP is based on the "all hazards" approach for natural, man-made, technological, and hazardous materials disasters and incidents.

The VAAAHS EOP and COOP is written as a Standard Operating Guidelines to allow for real-time revision based upon institutional changes and ongoing need assessments before, during, and after significant real-world or exercise events. At a minimum, this EOP and COOP shall be reviewed annually.

This EOP, COOP, and its supporting contents and documents are hereby approved and supersedes all previous editions of VAAAHS's EOP and COOP. This approval is effective immediately upon the signing of the Emergency Management Committee Co-Chairs noted below.

Approved: Zana Bouda 553840 Digitally signed by Zana Bouda 553840 Date: 2022.01.03 09:58:28 -05'00' Date: 01/03/2021

Zana Bouda, MHA, FACHE
Associate Director
EMC Co-Chair

Approved: ZACHARY SANKEY Digitally signed by ZACHARY SANKEY Date: 2022.01.03 09:18:51 -05'00' Date: 01/03/2021

Zachary Sankey
Emergency Manager, VAAAHS
EMC Co-Chair

Rescission: December 2020 VAAAHS EOP and COOP

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COMPREHENSIVE EMERGENCY OPERATIONS PLAN (EOP) AND CONTINUITY OF OPERATIONS PLAN (COOP)

I. INTRODUCTION:

This EOP and COOP is a component of the facility Emergency Management Program (EMP). The EOP is to be used for any hazard or threat to this Medical Center, external emergencies, and any community emergency event that the Medical Center may be asked to assist in. This Plan incorporates the Hospital Incident Command System (HICS), and adopts the National Incident Management System (NIMS), mandated by the Department of Homeland Security (DHS) to be used in national emergencies and used by local, state and federal government agencies during emergencies operations.

II. PURPOSE:

The purpose of this Plan is to describe how the Medical Center will respond to emergency threats or events using the EOP. It provides an all-hazards approach to emergency management with the goal of protecting the life and safety of all patients, employees, and visitors to the Medical Center; and, to provide viable and executable contingency plans for the COOP. COOP planning facilitates the performance of Medical Center essential functions during any emergency or situation that may disrupt normal operations, and the principle will be followed that authority is never vacated. The EOP will address policy requirements, assumptions, and processes for a Medical Center-wide response using HICS and Standard Operating Guidelines (SOGs). As required and as is best practice, the Medical Center will work closely with the community to ensure effective interaction during response and recovery.

Community-Based-Outpatient Clinic (CBOCs) and other off-campus leased offices should have their own distinct, local, Building Emergency Response and COOP Plans, which have been authored in collaboration with their local subject-matter experts and local community partnerships.

The plan is a guide, and it is always expected that those employees who face an emergency will use good judgment.

III. APPLICABILITY AND SCOPE:

This EOP applies to all Medical Center employees and volunteers; it complies with FPC 65 and TJC requirements, as well as VHA policies and federal regulations; and implements the Medical Center strategy for responding to all emergency events. It is designed to initiate a response to protect the well-being of patients, employees, and all occupants within the Medical Center; protect the physical infrastructure, and allow for business continuity to the fullest extent possible.

A. Hazard Vulnerability Analysis (HVA):

In order to determine the types of hazards that this Medical Center may face, a HVA was performed by members of the Emergency Management Committee and Administrative Executive Committee (AEC) and shared with community partners. This EOP and all SOGs developed as a result of the HVA, define the mitigation, preparedness, response and recovery efforts necessary to minimize the potential adverse impact from all threats and events. The HVA can be found on the Emergency Management SharePoint and in Volume I of the CEMP.

The Medical Center Emergency Management Committee has performed an annual HVA and has developed plans as part of the EOP for dealing with internal or external emergencies. Internal emergencies may include a fire or a utility failure, etc. During external emergencies (such as a chemical spill in the community or a terrorist event), this Medical Center may be requested to assist in the initial evaluation and treatment of victims, should community resources be unavailable or overwhelmed. VAAAHS will provide humanitarian care to non-Veterans who self-present, at the discretion of the Director or designee. The VAAAHS will follow standard hospital policy for providing care to Veterans who self-present.

The Five Phases of a Comprehensive Emergency Response Plan:

1. Prevention. Actions taken to reduce risk from human-caused incidents, primarily related to terrorism.
2. Mitigation. Reduces the risk through anticipatory actions.
3. Preparedness. Steps taken before an emergency and/or disaster occur, with focus on the development of emergency operations plans and systems.
4. Response. Focus on minimizing personal injury and property damage through emergency functions such as warning, evacuation, search and rescue, provision of shelter and medical service.
5. Recovery. Planning for recovery begins at the onset of the response phase of an emergency and/or disaster. It focuses efforts to restore minimum services and continues with longer-term efforts to return to normal or near normal operating conditions.

B. Objectives of the EOP and COOP:

1. Preventing and/or reducing loss of life and serious injury.
2. Protecting essential facilities, equipment, records, and other assets.
3. Ensuring the continuous performance of Medical Center essential functions/ operations during an emergency.
4. This Medical Center is required to provide healthcare services 24/7; and, as such, will not, in most scenarios, relocate to alternate facilities. However, alternate care sites

are in place for movement of patients to another healthcare facility, in the unlikely event evacuation becomes necessary. For smaller scale evacuations or emergencies that target a portion of the facility, essential services may surge to other unaffected portions of the facility for continuity of operations. Alternate Care Sites are discussed in greater detail in Section VII.A.

5. Executing, as required, succession to office with accompanying authorities in the event a disruption renders agency leadership unable, unavailable, or incapable of assuming and performing their authorities and responsibilities of offices.

6. Reducing or mitigating disruption to Medical Center operations; and, achieving a timely and orderly recovery from an emergency and resumption of full services.

7. Ensuring and validating organizational readiness through a dynamic, integrated test, training, and exercise program to support the implementation of the EOP.

8. The VAAAHS EOP and COOP Plan serves as an overarching document which is supported by Service/Area/Building-Level Emergency Response Plans. Those plans are developed by the service/area/building end-users and are reviewed by the Emergency Manager and/or Emergency Management Committee to ensure compatibility and consistency with the VAAAHS EOP and COOP. The Service/Area/Building-Level Emergency Response Plans require an annual review/update and annual staff training. Training records are maintained by the Service/Area/Building occupants. These area-specific plans provide greater clarity and detail regarding general staff's roles and responsibilities during an emergency situation and provide strategies regarding personal, family, and workplace preparedness.

C. This EOP and COOP ensures the Medical Center is capable of:

1. Being maintained at a high level of readiness and being implemented both with and without warning to support emergency operations internal to VAAAHS as well as external local, regional and national emergency response operations (e.g., National Disaster Medical System, NDMS; Disaster Emergency Medical Personnel System, DEMPS, etc).

2. Scheduling regular testing, training, and exercising of personnel, equipment, systems, and procedures used to support the Medical Center during a COOP event (e.g. loss of critical utility systems).

3. Including the development, maintenance, and annual review of facility COOP capabilities using a multi-year strategy and program management plan.

D. When activated, this EOP and COOP will provide for continued performance of essential Medical Center functions under all circumstances as follows:

1. A dedicated Hospital Command Center (HCC) has been established in Room BB71. The backup HCC is the Executive Conference room—Room A917. A tertiary HCC can be established, if needed, using the VAAAHS Mobile Command Post Trailer and/or mobile Hospital Incident Command Kit.

2. Defines a decision process for determining appropriate actions in implementing COOP plans and procedures.
3. Establishes a roster of fully equipped and trained personnel with the authority to perform essential functions and activities.
4. Provides a system for employee advisories, alerts, and COOP activations with instructions for response with and without warning, during regular duty and off-tour hours.
5. Provides guidance for personnel accountability throughout the duration of the emergency.
6. Establishes reliable policies, processes, and procedures to acquire resources necessary to continue essential functions and sustain operations.
7. **A Media Staging Area will be established according to the Crisis Communications Plan, which can be found in Volume 2 of the CEMP.** The media spokesperson will be appointed by the Director or designee job action sheet. Typically, this role will be fulfilled by the Public Affairs Officer and/or Subject Matter Expert.
8. If the magnitude of the emergency is great enough to warrant a cessation of some or all routine activities, a non-medical and medical Resource Pool will be established. The Resource Pool will be managed by the Chief, Voluntary Service, the Senior Strategic Business Partner (SSBP), or their designees.
9. The Triage Officer or designee will activate the Triage Point. The Triage Point will be located in the ambulance entrance area of the Emergency Department or as designated by the Medical Branch Director, Chief of Staff, or as assigned.

IV. ESSENTIAL FUNCTIONS:

This Medical Center provides quality healthcare services to all of our eligible veterans through our inpatient and outpatient services. An Authorized Bed Letter is established with VA Central Office, though our daily operations allow for a total of 142 operating inpatient beds: 40 Community Living Center beds and 102 Med/Surg beds (16 total MICU beds and SICU beds, 28 Telemetry beds, 40 Inpatient beds (between 5E and 5W), and 18 Acute Inpatient Mental Health Unit beds). In addition, VAAAHS has 7 observation beds (Short Stay Unit) and 18 Emergency Department beds. Outpatient clinical services (i.e., Pharmacy, Medicine, Diagnostic and Therapeutic Treatment, etc) are also provided. This Medical Center also houses support services for research and laboratory.

This EOP identifies essential functions as the basis for COOP planning. In identifying these essential functions, Service Chiefs will complete a needs assessment that includes:

- Determining all functions that must be uninterrupted.
- Prioritizing essential functions.

- Identifying mission critical data, systems and documentation necessary to conduct essential functions.
- Deferring functions not deemed essential to immediate patient care needs until additional personnel and resources become available.

The Medical Center EOP (which encompasses the COOP) is a supporting plan to the VISN 10 COOP. The Medical Center EOP and COOP has been developed and reviewed in concurrence with local community jurisdictional emergency response plans (for the City, County, and Region) as well as State and Federal emergency response plans and action guidelines. Agency interdependencies would be identified in the product-line COOP.

This Medical Center functions as the healthcare delivery system for eligible veterans in Ann Arbor, Michigan and the surrounding catchment area. It consists of this Medical Center, multiple off-site leased offices within the city of Ann Arbor, and three (4) community based outpatient based clinics (CBOCs). These CBOCs are located in Adrian, Jackson and Flint, Michigan and Toledo, Ohio.

The types of threats that may be faced can be summarized in these categories:

- *Business Continuity*: (e.g., Evacuation Plan, Communications Disruption Plan and Cyber Attacks, Utility Failure, etc)
- *Hazardous Materials Events*: (e.g., Biological Agent Release, Chemical Events, and Radiation Event, etc).
- *Human Related Events*: (e.g., Active Threat, Bomb Threat, Civil Disturbance, Communications Disruption Plan and Cyber Attack, and Violence in the Workplace, etc).
- *Naturally Occurring Events*: (e.g., Severe Weather and Fire Response Plans, etc).

The Essential Functions given the above outlined possible threats.

Priority	Essential Functions
1	Communication (EM.02.02.01)
2	Resources and Assets (EM.02.02.03)
3	Safety & Security (EM.02.02.05)
4	Staff Roles and Responsibilities (EM.02.02.07)
5	Utilities/Facility Management (EM.02.02.09)
6	Patient/Clinical Support Activities (EM.02.02.11)

V. CONCEPT OF OPERATIONS:

If a warning or notification is received that a situation threatens to disrupt continuity of patient care and/or poses a risk to patients, visitors, and/or staff, the Medical Center Director or designee with primary responsibility and key Service Chiefs will take appropriate action(s) to protect patients, visitors, employees, resources and property based upon the threat.

The HICS will be used to plan, organize, staff, direct, and control emergency situations. An HICS organization unfolds in a modular fashion depending upon the kind and size of an incident. **The HICS staff builds from the top down with responsibility and performance placed initially with the Medical Center Director, Incident Commander (IC) or designee. As the need exists, four separate sections (Operations, Planning, Logistics, and Finance/Administration)** can be developed, each with several units that can be established, as required. **A Safety Officer, Public Information Officer, Liaison Officer, and Medical Technical Specialist may also be established.** The specific organization structure established for any given incident will be based upon the management needs of the incident. If one individual can simultaneously manage all major functional areas, no further organization is required. If one or more areas require independent management and/or the span of control exceeds capability, an individual is named to be responsible for that functional area.

A. Decision Process:
This EOP clearly describes the process of plan activation and the decision-making process. It also needs to be recognized that the Service/Area/Building-Level COOP is not a "stand alone" plan, but is a supporting plan to the VAAAHS COOP. Similarly, the VAAAHS COOP is not a "stand-alone" plan, but is a supporting plan to the overall VHA COOP.

B. Alert, Notification and Implementation Process:
Whenever an emergency event or threat occurs that may require response, the IC or designee will acquire information as to the type event and potential impact to the Medical Center. If the IC or designee decides the emergency event will or may have an adverse impact to the Medical Center, he or she will activate the EOP, which will require the following:

1. **Initiate actions as shown in the Quick-Look Emergency Response Instructions** (Attachments A1 and A2).

2. **Assess Incident Information and Evaluate:** Depending upon the emergency, e.g., warning or real time event, the IC will determine the level of response based on:
   a. The Type of event/incident and direct impact on the Healthcare System.
   b. Event magnitude internally and externally
   c. Number and types of casualties

3. **Activate the HICS and Use Appropriate SOGs**: Select HICS Essential Staff and Functions below to determine which staff elements to involve initially.

Functional Need	Person Responsible	On Site Phone
Patient Care	Chief of Staff	734-845-3400
Patient Movement	Associate Director for Patient Care Services	734-845-3409

Telecommunications and Information Management Systems	Chief, Office of Information and Technology	734-845-3805
Utilities, Equipment, and Plant Operations	Chief, Facilities Management	734-845-5534
Safety	Safety Manager	734-845-5418
Security Operations	Chief of Police	734-845-5464
Food Operations	Chief, Nutrition and Food Service	734-222-8960
Patient Records	Chief, Health Administration Service	734-845-5017
HR/Staffing/Identification	Senior Strategic Business Partner	734-845-5734
Public Information (Internal and External Customers)	Public Affairs Officer	734-845-5043
Community Partner Liaison	Emergency Manager	734-845-5737
Volunteer/Resource Pool Management	Chief, Voluntary Service or SSBP	734-845-3089 734-845-3467
Financial Management	Chief, Finance Service	734-845-5700
Resource and Supply Chain	Chief, Logistics	734-845-5368

4. Essential Positions.

In the case of an emergency, all VAAAHS employees are considered essential and are required to communicate with their supervisor for their designation and assigned duties. The Hospital Command Center Incident Management Team assignments can be reviewed in Attachment C of this document. Individuals assigned to essential positions will be prepared to report to work or relocate on short notice to an alternate operating facility, activate the site and carry out essential operations for the duration of a declared emergency or disaster. (For IC key activity and/or staff responsibilities review the Job Action Sheets in the Command Staff and General Staff HICS binders contained in BB71, the primary Hospital Command Center, or on the Emergency Management SharePoint).

5. Communications:

The IC will appoint a person or persons to perform communications duties to include development and operation of redundant communication systems, notification of key external agencies, and internal communications.

6. Situation Status:

Chief, Planning is responsible for maintaining current information of the emergency event and providing the IC or designee with periodic situation reports and assisting with reports to external agencies, as directed by the IC or designee.

7. Contact with External Agencies:

The Liaison Officer, in collaboration with the Executive Assitants to the Director and Associate Director, and Public Affairs Officer are responsible for liaising with with external agencies. Any contact with external agencies should be reported for the record to the Planning Section Chief who is responsible for maintaining a journal/history log of events.

8. Additional Hospital Command Center/EOP functions and considerations:

a. Manage staff/family support.
b. Initiate hazard reduction strategies and resource issues.
c. Conduct pre-event/incident planning.
d. Conduct training, if applicable.
e. Evaluate response actions and act accordingly.
f. Initiate recovery actions when warranted.
g. Conduct a critique of response actions and make changes as necessary.

9. General Emergency Response Procedures:

a. All staff are expected to receive training/review the Emergency Response Plan on, minimally, an annual basis.
b. DO speak to a supervisor if uncertain of necessary emergency procedures and/or if there is a safety concern.
c. If there is obvious building damage, DO move patients, employees, and visitors to a safe area.
d. DO use telephones only for emergency calls where a life-threatening situation exists and for damage and fatality reports. You may use radios provided or other means of communication, as necessary. Caveat: DO NOT use these communication devices upon direction of Police in areas where a bomb threat response is ongoing.
e. Ensure that all phones are correctly on the hook, so that they will not indicate a busy signal to incoming calls. Ensure all radios have been properly secured on the charging base and are powered on to ensure sufficient battery life and that incoming transmissions may be received.
f. Follow instructions as listed above.

10. Reporting:

a. During any emergency event, communication is a major activity. Whenever practicable, employees should initially notify their supervisor of an emergency situation. Whenever the severity of the situation dictates, employees should initially and directly notify their local emergency responders.

b. Any emergency can be reported by dialing the emergency number 52911 while on the main medical campus and using a medical center phone. Know the location and name/number for the building being reported. Those individuals with either personal or government-issued cell phones may also use those to contact emergency responders. If calling from within the medical center on an "outside phone line" (e.g., a phone other than those networked for VAAAHS), you will need to contact 734-769-7100, ext 52911 in order to reach internal emergency response. The shortcut extension phone number will not work with an outside phone line.

c. Community-Based-Outpatient Clinic (CBOCs) and other off-campus leased offices have their own local, Building Emergency Response Plan which contains their emergency contact information. Generally, these off-site locations dial 9-1-1 to notify their designated emergency responders.

d. Generally, emergency communications will be by (telephone/cell phone/two-way radios/written electronic notification/runner). If the telephone system is inoperable, the staff will contact Police by any means possible and request assistance.

e. The employee discovering the emergency will usually make first notification of an internal emergency. Fire notification can be through activating the fire alarm pull station.

f. During the early stages of an emergency, information about the event may be limited. If the emergency is internal, it is important to communicate with the chain of command or other staff as soon as possible.

11. Damage Assessment:

Facilities Management Service (FMS) will perform damage assessment, and notify the Director if the buildings are suitable to maintain normal and/or emergency-supportive operations (such as an alternate care site or family reunification center).

12. Evacuation:

Emergency Management and Safety Services provide the plan for evacuation of this Medical Center, with the caveat that each situation is different, and the individuals responsible for the evacuation need to consider the actual event and act accordingly. Evacuation equipment training is provided primarily by the Simulation Lab, unit-based educators and designated and trained super-users. Training on this equipment is recommended to be completed on an annual basis. Generally, evacuation

guidelines apply once the Director or designee orders the evacuation of sections or the entire Medical Center. Smaller, temporary evacuations (e.g., due to sewage back up) or horizontal evacuations to an adjacent smoke compartment may be permissible without Director's approval. Business Occupancy designated locations (such as out-buildings) should vertically evacuate the building whenever a fire alarm is activated for their building; this circumstance does not require a just-in-time approval from the Director.

13. Medical Treatment and Community Assistance:

a. The majority of all disaster events are handled at the local community level and community assistance and involvement is often critical to the success of emergency operations. VAAAHS will first begin utilizing available resources maintained internally to support disaster operations (All-Hazards Pharmaceutical Cache, Logistics Pandemic Cache, etc) before requesting external resources. In the event of a disaster beyond the operational scope of VAAAHS, community resources (proximal VA Medical Centers, proximal non-VA hospitals, Local Emergency Planning Committee (LEPC), Region 2 South Healthcare Coalition, Department of Public Health, Washtenaw County Emergency Managment Agency, City of Ann Arbor Department of Emergency Management, etc.) will be contacted for assistance.

   Contact information for community emergency operations (and law enforcement) centers and/or personnel will be maintained in the HCC file (or EM SharePoint) and updated quarterly or as needed. In addition, lists of community common resources will be maintained in the HCC file (or EM SharePoint) for use as necessary. Contact information for Essential VAAAHS Incident Management Team members will be shared, as appropriate, with external partners through the Emergency Manager. Interagency involvement will be coordinated through local Hospital Coordinating/Coalition/Command Centers (HCC) or Emergency Operation Centers (EOC) utilizing National Incident Management System (NIMS) standards of operational response and control.

b. In the event that local community resources are not available, or are exhausted at some point during emergency operations, VAAAHS will coordinate with VISN 10, VA Central Office, and other Federal entities in order to obtain resources to respond to, recover from, and mitigate the disaster situation. The VA has, in place, a coordinated emergency management structure utilizing the VA Central Office, Office of Emergency Management in a consultation and coordination capacity.

   Should VAAAHS exhaust the internally-maintained All Hazard Pharmaceutical Cache VAAAHS will attempt to access other VHA All-Hazard Pharmaceutical Cache's prior to requesting access to other regional community resources such as the Strategic National Stockpile (SNS). Further information regarding the All

Hazards Pharmaceutical Cache and SNS can be located within Annex N of this EOP and COOP.

c. This Medical Center may be called upon to provide initial medical support as part of the State of Michigan Region 2 South Healthcare Coalition (R2S) and VA/DoD Sharing Agreement emergency response program. **VAAAHS will provide humanitarian care to non-Veterans who self-present, at the discretion of the Director or designee. Any further requests for assistance must be coordinated with the Director or designee in advance.** The VAAAHS will follow standard hospital policy for providing care to Veterans who self-present.

14. Medical Center Staff Responsibilities:

a. Follow the Service/Area/Building Emergency Response Plans, as applicable.

b. All available staff members and other able-bodied persons should do everything possible at the location of the emergency to assist emergency personnel in the movement of patients to a safe area/facility for care, and the removal of employees and visitors to a point of safety.

c. Exact evacuation procedures to be followed will be dictated by the nature of disaster and the extent of damage to Medical Center buildings.

d. Refer to the Facility-Wide Hazard Specific Annexes, which can be located on the Emergency Management SharePoint, in the primary Hospital Command Center (BB71) and in the Red Emergency Procedures Flip Books located throughout the Medical Center.

15. Public Information:

During an emergency event, the need to disseminate accurate information to the public is essential. Good public information is necessary to keep people informed on what has happened and may/will happen, to avoid confusion and chaos, and to reduce risk of harm. The information should address misinformation and provide information to assist the public in their planning. All public information releases outside of the Medical Center should be coordinated with the Hospital Command Center, the Joint Information Center (JIC), and R2S Emergency Operations Center where indicated. The Public Affairs Officer (PAO) is the point of contact for all information dissemination. All media, stakeholder, or congressional inquiries should be directed to the PAO. For further information regarding the release of Public Information, refer to the Crisis Communications Plan of the EOP which can be located in Volume II of the VAAAHS CEMP.

16. Emergency Lodging and Accomodations:

VAAAHS may need to arrange temporary shelter/lodging to patients, staff, and volunteers who remain at the facility to support emergency response operations. VAAAHS may accommodate this need through the provision of lodging in empty inpatient rooms or unoccupied stretchers/beds in specialty recovery/prep areas

(cardiology, endoscopy, radiology, etc). If more private accommodations are not possible, cots or sleeping bags may be provided to staff for their use and will be tracked to ensure their return. Facilities Management Service maintains a contingency stock of linen specifically designated for emergency response. Hygiene products may be procured through Voluntary Service (primary), Canteen Service (secondary), and/or requested from voluntary agencies such as The American Red Cross (tertiary). Nourishment may be provided in accordance to the Nutrition and Food Service's Emergency Preparedness Food Plan (Annex Z of the VAAAHS Emergency Operations and Continutity of Operations Plan).

Accommodations for the family/dependents (including pets) of essential staff will be determined on an incident by incident basis by the Facility Director and/or the Incident Commander.

17. Mental Health and Emotional Stress Response and Psychological First Aid:

Mental health response teams may be activated (as a specialized team out of the Resource Pool) to assist victims and staff during the response phase of an emergency. This section will describe the mission, leadership, when this resource is activated, location, initial staffing, supplies, and any equipment needed to activate the area. Staffing which may be used to support this specialized team include Chaplains, mental health providers, social workers, and volunteer groups and/or practitioners meeting the required licensure and training mandates. The primary point of contact for this specialized team will be the Chief of the Mental Health Service or his/her designee.

a. Stress is a normal response to an abnormal situation. During the response phase of an emergency, patients, visitors and staff may require psychological support.

b. Psychological First Aid is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short and long-term adaptive functioning.

    1) It is for use by first responders, hospital incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Teams, Medical Reserve Corps, American Red Cross, and the Citizens Corps in diverse settings. Psychological First Aid is the preferred standard of care and intervention at VAAAHS in response to emergencies and disasters.

    2) Critical Incident Stress Management, another popular mental health intervention related to disasters or emergencies, has undergone several research trials and a Cochrane Review, and has been documented to be ineffective and potentially harmful for survivors. CISM is not the preferred standard of care and intervention at VAAAHS in response to emergencies and disasters.

c. Long-term support may be provided by internal staff or through the Employee Assistance Program (EAP) and/or any other community/Federal resources that are available.

18. Administration and Implementation:

The administration and implementation of the EOP and training on its policies and procedures is the responsibility of the VAAAHS Emergency Management Committee (EMC). The effectiveness of the administration of this plan shall be evaluated through plan implementation during actual emergencies or exercises. All employees at the Medical Center receive training on the EOP and their roles commensurate with their responsibilities. Further, Services/Units/Buildings are highly encouraged to complete area-specific emergency response plans to provide greater detail on staff roles and responsibilities. These plans are expected to be reviewed and/or updated on an annual basis, and staff training is also required annually.

19. Reports:

All reports shall be turned over to the IC or designee for evaluation and forwarded to the EMC chair for inclusion in the After Action Report. The EMC will review, approve, and track the completion of identified actions in After Action Reports and Improvement Plans (AAR/IP). Once reviewed and approved in the EMC, AAR/IPs shall be forwarded to the Administrative Executive Board and, ultimately, the Executive Quality Leadership Board.

20. Information Collection and Evaluation System:

The Joint Commission requires two exercises each calendar year for the main hospital campus. One drill will involve an external emergency involving the community and include an influx of actual or simulated patients as a result of overburdening of the community resources. The other activation may pertain to an internal emergency. Additionally, one of the drills must have, as a component, the activation of the Pharmacy Drug Cache, to include actual rollout of the cache. Finally, once-annual drills must also be completed which incorporates the activation of the First Receivers Decontamination Program and the Dual-Use Vehicles (evacuation buses). Some programs and specific elements (HBPC, CBOCs, decontamination, etc.) are required or encouraged to participate in at least one drill or Real-World Event per year. Critiques of exercises and actual emergencies are reviewed, and the information gained from them is used to develop and improve the EOP and inform the Annual Hazard Vulnerability Analysis. Documentation of exercises is forwarded to the VAAAHS Emergency Manager, Co-Chair of the EMC. If you have any questions or need additional assistance with the information contained in the EOP, please contact the Emergency Manager at (734) 845-5737 EXT 55737 or VHAANNEmergencyManagementProgramOffice@va.gov.

C. Leadership:

1. Order of Succession:

The order of succession procedures for this Medical Center is as follows: The Associate Director will assume full responsibility for operation of the Medical Center upon the absence of the Director. Further successors are identified in the order in which they will assume command when the previous person on the list of successors is unavailable during an emergency. Each successor will be relieved of their temporary responsibilities when either the emergency ends or the next higher successor is available to assume command and will appoint a person as his/her successor in their regular duty position. The Emergency Manager and Emergency Management Committee is responsible to train potential successors for these emergency duties and to maintain documentation of training. The successors are listed in the chart below.

Key Staff Order of Succession

PRIMARY DUTY	SUCCESSOR	ALTERNATE SUCCESSOR
Director	Associate Director	Assistant Director
Chief of Staff	Chief, Ambulatory Care	Chief, Education
Associate Director for Patient Care Services	Appointed Chief Nurse	Appointed Chief Nurse
Emergency Manager	Chief, Police	Appointee by IC or designee
Safety Manager	Industrial Hygienist	GEMS Coordinator
Chief, Police	Deputy Chief, Police	Police Captain, Lieutenant. or Criminal Investigator
Chief, Facilities Management Service	Assistant Chief, FMS	FMS Supervisor
Public Affairs Officer	Public Affairs Assistant	Human Resource Specialist
Chief, Logistics	Deputy Chief, Logistics	Logistics Supervisor
Chief, Finance	Assistant Chief, Finance	Finance Supervisor
Chief, Planning and Analysis	Health Systems Specialist, Planning and Analysis	Program Analyst, Planning and Analysis

2. **Delegation of Authority:**

In addition to the authorities not already delegated to the staff by virtue of their regular positions within the Medical Center, all of the authorities of the Director are hereby delegated to members in accordance with their assigned emergency positions to which they are assigned.

The authorities delegated by this Plan are to be exercised only in the case of emergencies and only in cases where the Director is unavailable or unable to perform his/her duties. These authorities may be exercised by members named above, as they are available and able and in the order in which they are listed, until such time as the Director is available to exercise such authorities.

3. **Mission Critical Systems:**

Each of the Medical Center's key operating officials has evaluated and documented the mission critical systems for their function. Each Service Chief is responsible to identify essential services. Essential Services for each service, unit, or building may be located in their respective Service/Area/Building Emergency Response Plans.

4. **Vital Files, Records and Databases:**

Each Service Chief maintains their vital records and provides for the security through the records liaison (RL) program. The Records Manager provides staff training and ongoing assistance with the maintenance of the Vital Records of VAAAHS.

VI. EOP AND COOP PLANNING RESPONSIBILITIES:

Listed below are the key personnel and their responsibilities in the Medical Center EOP and COOP:

- ***Medical Center Director*** or Designee is responsible for carrying out the duties of the Incident Commander (IC) or Agency Executive. He/she is responsible for all Medical Center response/recovery actions and for coordination with VA and external public officials. The Medical Center Director may serve as the Incident Commander or as the Agency Executive.

- ***Associate Director*** is responsible for carrying out the duties of Deputy Incident Commander or Operations Chief for incidents that do not include significant medical/health issues. The Associate Director may also serve as the Incident Commander, if designated by the Director. The Associate Director is also the Co-Chair of the VAAAHS Emergency Management Committee.

- ***Assistant Director*** is responsible for carrying out the duties of Deputy Incident Commander or Planning Section Chief for incidents that do not include significant medical/health issues. The Assistant Director may also serve as the Incident Commander,

if designated by the Director or Associate Director or as a tertiary tier Logistics Section Chief.

- ***Chief of Staff*** is responsible for carrying out the duties of the Medical Care Branch Director and/or Operations Chief for incidents involving significant medical/health issues. S/he is responsible for ensuring proper medical, health, and treatment care services are provided. S/he is responsible to assist with proper and expedient verification of LIP volunteer practitioners, as aligned with MCM 11-40 Primary Source Verification of Volunteer Practitioners in the Event of a Disaster.

- ***Associate Director for Patient Care Services*** is responsible for monitoring and ensuring that clinical operations and services as they relate to patient services are implemented. The ADPCS may also hold responsibilities related to managing patient movement within the medical center and with community partners. A stronger move to virtual care may also be implemented, an action which the ADPCS will monitor and support appropriately.

- ***Emergency Manager, along with the Emergency Management Committee,*** is responsible for the accuracy of the Emergency Operations Plan, and will maintain the plan with timely updates as appropriate. The Emergency Management Committee will evaluate the plan no less than annually, with a full update, as necessary, every three (3) years. The Emergency Manager ensures that the EOP is current, assists the IC with internal (Key Operations Managers) and external (community or agency) coordination. The Emergency Manager is the primary contact with the community, s/he attends and participates on a number of local, state, and national committees, workgroups, and task action groups that may include, but not limited to, the: Local Emergency Planning Council (LEPC) for Washtenaw County, and Detroit-Metro Area; Health Emergency Response Coalition; Region 2South Advisory Committee; Washtenaw County Emergency Management Workgroup, VAAAHS Pandemic Flu Disaster Workgroup, Washtenaw County Homeland Security Task Force, and; serves as the Co-Chair, VAAAHS Emergency Management Committee. Attendance and participation at these community meetings will facilitate appropriate planning and interagency cooperation.

- ***Safety Officer*** is responsible for carrying out the duties of the incident Safety Officer. S/he monitors and initiates actions to ensure safe actions are taken during the emergency event and any foreseen avoidable hazards are mitigated against or prevented. The Safety Officer shall also be aware and advise of OSHA/EPA compliance standards as well as coordinate any necessary reporting procedures.

- ***Public Affairs Officer*** (PAO) will act as the point of contact for the media that may request information concerning the incident and its impact upon patients, staff, and facility. The PAO may also serve as the conduit of information sharing to internal customers (patients, visitors and/or staff) through several mediums not limited to all-employee email, wordsmithing of overhead announcements, social media (twitter, facebook, etc). The PAO is responsible to ensure the Crisis Communications Plan

(contained within the CEMP Volume II) is current and staff have received appropriate training on its contents.

- ***Chief, Police*** is responsible for carrying out the duties of the Security Branch Director and is a Successor to the Emergency Manager should s/he be unavailable. S/he ensures that lockdown and security procedures; traffic and crowd control; crime scene and investigation; search procedures; perimeter control, and active threat response plans are implemented. S/he supervises police dispatch/operator and ensures, in conjunction with the Emergency Manager, that the dispatch staff are trained to activate emergency operations through overhead announcements. S/he attends and participates on a number of local, state, and national committees, workgroups, and task action groups that may include, but not limited to, the: Washtenaw County Chiefs of Police Workgroup; Washtenaw County Criminal Justice Association; VISN 10 Chief of Police group, and; VA Chief of Police. In addition, the Chief, Police Service is required by VA Directive 0730 to maintain annual Memorandums of Understanding with local, state, and Federal law enforcement agencies (Ann Arbor Police Department, Washtenaw County Sheriff Office, Michigan State Police, Federal Bureau of Investigation, etc.) that would have response requirements in support of the VA Police in criminal and law enforcement operations.

- ***Chief, Logistics*** is responsible for carrying out the duties of the Logistics Section Chief. S/he coordinates the logistical function as it relates to providing and tracking facilities, supplies, equipment, services, etc. Chief of Logistics is responsible, with the guidance of the pandemic cache subject matter experts, to maintain the continual readiness of the Pandemic Cache. In addition, s/he will maintain a list of vendors (and back-ups to those vendors) of critical supplies and will have a plan in place for expedited delivery of such items in the case of a disaster. It is advisable that pre-planning for delivery should include an expedited purchase process, with vendor commitment of deliverable stock agreed to in advance if possible, and vendor contact information for after hour needs.

- ***Chief, FMS*** is responsible for carrying out the duties of the Infrastructure Branch Director. S/he is responsible for protecting, repairing, and maintaining plant utility systems, communications and medical equipment necessary for patient care and Medical Center operation. S/he is responsible to ensure that parts are available (on-site or through immediate procurement) in order to ensure that utilities can be repaired, or loss of utility mitigated, within a rapid time period. In addition, Facilities Management Service is responsible to ensure that critical supplies (i.e. water, fuel, electricity, etc.) are present or obtainable, in order to meet the hospital's needs. As with Logistics, a list of vendors should be maintained in the HCC file (or on the EM SharePoint). The Chief of Facilities Management is also responsible for housekeeping, transportation, grounds, streets, and walkways.

- ***Chief, Finance*** is responsible for carrying out the duties of the Finance Section Chief. S/he coordinates funding and tracking expenses that relate to Medical Center response to the emergency event.

- ***Senior Strategic Business Partner (SSBP)*** is responsible for providing identification badges for LIP and non-LIP volunteers in accordance with Policy Memorandum 05-18, Photo Identification Cards. HR will be responsible for working with Employee Health on issues pertaining to labor relations and workers compensation. HR will also be responsible to assist with the coordination and deployment of the Resource Pool in conjunction with the Chief of Voluntary Service.

- ***Chief, Pharmacy*** is responsible to train and exercise for continual readiness, with Emergency Management, pharmacy staff for the activation of the All-Hazards Pharmacy Cache, in alignment with the Emergency Pharmacy Cache Standard Operating Guidelines (SOG).

- ***Chief, Nutrition and Food*** is responsible to ensure appropriate planning has been made to respond to nutrional needs and sustainment of essential staff and patients during a disaster. This planning may include collaboration with the Veterans Canteen Service, Prime Vendor, and other proximal VA Facilities.

- ***Chief, Mental Health*** is responsible to coordinate any necessary activation and management of the mental health response team. S/he will work in collaboration with the SSBP and/or Chief of Voluntary and Chaplain Services who are responsible to manage the broader Resource Pool.

- ***Chief, Social Work & Community Based Services*** is responsible, as necessary, to establish and coordinate a family reunification center. During community-wide emergencies, s/he is also responsible to manage the completion of wellness assessments with previously identified vulnerable Veterans in the community (Home-Based Primary Care, Homeless Program, Blind Rehabilitation, etc).

- ***Emergency Management Committee and Incident Management Team*** is responsible to ensure the Emergency Operations Plan and Continuity of Operations plan is current; the Hazard Vulnerability Analysis is updated and reviewed annually; After Action Reports and Improvement Plans are generated for any activation of the Hospital Command Center whether through exercise or real world incident; annual review of inventory is completed; annual Comprehensive Emergency Management Program (CEMP) review is completed with priorities identified; annual training calendar is approved; and general support of the advancement and performance improvement of the CEMP, in line with regulatory Directives and standards.

- ***Service Chiefs/Department Heads*** shall support the Comprehensive Emergency Management Program (CEMP) through the following responsibilities and actions***:***
  1. Are responsible to engage in a critical assessment of broad service linkages, consumable supply and equipment needs and contributions to the organization prior to an emergency situation. The results of this initial assessment and periodic re-evaluation shall be forwarded to the EM so that a more comprehensive COOP may be published. The regular operational management, organization, and service

responsibilities/authorities will be applicable at all times. Under certain emergency circumstances, some service functions will be deferred or canceled pending termination of the emergency. Under these conditions, employees in these services will be made available for other assignments within VAAAHS.

2. All Services can be expected to be called upon to assist in emergency operation responses and will prepare/maintain a Service/Area/Building-Specific Emergency Response and COOP Plan in support of this All-Hazards EOP and COOP.

   Each Service plan will address their individual service-specific mitigation, preparedness, response and recovery planning for a disaster. (e.g. reordering of supplies, processing claims, patient movement planning, returning equipment settings to normal and whatever other actions need to be taken to return to a normal operating condition). In addition, each Service-specific plan will address the roles and responsibilities of staff members during emergency operations, (e.g. Some staff will report to the Resource Pool, others may conduct Triage in Emergency Department, still other may assist with the integration of the Emergency Decontamination and Patient Reception Teams by managing internal patient transportation needs)

   Service-specific plans will be reviewed annually (or at the time of disaster or drill which would change the plan) and submitted to the Emergency Manager for her/his review and/or the Emergency Management Committee's review. The Base All-Hazards Facility-Wide EOP & COOP, Functional Annexes, Hazard-Specific Annexes, and Service plans will incorporate lessons-learned and best practices from After-Action Reviews and improvement plans. Hard copies of Service plans will be stored in the Primary Hospital Command Center as well as on the EM SharePoint. They will be replaced when revised. Services/Buildings/Area-Specific plans are also expected to be maintained by the selected service in a hard copy format and, if preferred, an electronic format as well.

3. Train personnel annually to perform the details of the Service-Emergency Plan and document training and document this annual training on the staff acknowledgement page.

4. Are responsible to assign employees to ensure adequate coverage of the unit responsibilities during semi-annual drills and/or actual disaster scenarios.

5. Ensure, in the event of a disaster, that all employees in the Service are notified (and accounted for) and make every effort to preserve all records, concentrating on those with highest priority as determined by the service Records Liaison (RL).

6. Will release unassigned personnel and/or those not immediately needed to the Resource Pool.

7. Support the CEMP through approving their staff to volunteer and participate for the All Hazards Response Team, Decontamination Team, and DEMPS, as necessary to respond to training, exercises, or real world incidents.

- *All Medical Center Staff*:
  1. Maintain normal operating procedures to the best of their ability.
  2. Notify Police or facility operator (call 52911 if on the main Ann Arbor campus and 911 if located at an offsite office location) of any disturbance or emergency (i.e. fire, bomb threat, external community disaster, etc.) that may affect the Medical Center or other VAAAHS business occupancy.
  3. Immediately check for injuries among staff, patients, and visitors and offer assistance, as practical. Seriously injured persons should not be moved unless they are in danger of further injury.
  4. In the event of fatalities, area staff should cover the bodies and report the incident to the Director (or designee) and Chief of Staff as soon as possible.
  5. Secure/protect records and other official files and documents, per requirements by the Records Management Program.
  6. Ensure her/his attenuation and response to emergency communications.
  7. As interested and able: volunteer and participate on the All Hazards Response Team, Decontamination Team, and DEMPS
  8. Shall:
     - Be trained on the overall Medical Center EOP, Service/Building-Level Emergency Response Plan, as appropriate, and specific procedures for their assigned area.
     - Be prepared to discuss their role in their service specific emergency operations plan and the Medical Center EOP with supervisors, executive leadership, members of the Emergency Management Committee, and accreditation and/or certification survey teams.
     - Have a role in the Medical Center COOP commensurate with their responsibilities.
     - Where possible, staff should act to protect the life and safety of all patients, visitors and fellow employees.
     - Participate in Medical Center training and exercises. These exercises are intended to practice emergency response activities and improve readiness.
     - Make suggestions during the planning phase to their Supervisor regarding process improvements for mitigation, preparedness, response, and recovery activities.

- Participate in emergency response activities as directed by Medical Center leadership.

- Participate in orientation and continuing education, as required.

VII. LOGISTICS:

A. Alternate Care Location:

This Medical Center provides medical services on a continuous basis (24/7); as such, services will not typically relocate to an alternate facility during an emergency. However, should conditions warrant evacuation, patients will be moved to a proximal VA facility or community facility. Relocation or significant patient transfers to another VA facility will be coordinated with the receiving VA Facility and the VISN (and, ultimately, VA Central Office). Relocation or significant patient transfers to a non-VA community facility will be coordinated, at a minimum, with the City of Ann Arbor Office of Emergency Management and Region 2 South Healthcare Coalition (in addition to the VHA reporting structure).

VAAAHS may also require smaller-scale evacuation and accommodation of patient surges (e.g., sewage back-up). In such a case, alternate care locations may include, but are not limited to, the VAAAHS auditorium, the VAAAHS Event Center, the VAAAHS Community Living Center Dining Hall, and any non-acute care clinic locations. Additionally, VAAAHS houses the VA Mobile Alternate Care Site (VA MACS, Zumro inflatable shelters and Dual-Use Vehicles), and may field deploy on any available open and reasonable land outside of the physical hospital building. This mobile alternate care facility can be field deployed in 20-bed increments should alternate VA or community facilities be unavailable in the event of a regional disaster.

An alternative option for a change in care location is a stronger push for a move to virtual care. As the facility works to regain any lost functions, patient care that can be handled virtually should be handled as such in order to lessen the load of patients that need to be seen in person.

B. Interoperable Communications:

This Medical Center maintains communications within the facility including but not limited to cell phone, pagers, hand-held two-way radios, contingency “red” phones, overhead paging, email notification, Lynx computer notifications, and courier service (runners). Interoperable communications are available through e-mail, satellite telephones, cell phones, video teleconferencing, 800 MHz radios, Resilient HF Radio Network (VHA-wide) and HAM radio operations.

C. Emergency Assets and Inventory Management:

This Medical Center maintains an ongoing inventory tracking database for emergency management and response assets. Inventory audits are assessed on an annual basis by the Logistics Service and on an ongoing basis by the Emergency Manager. Facilities Maintenance Service maintains a record of emergency utility testing and resources (e.g.,

permanent generators and fuel, etc). The Emergency Manager maintains an Electronic Inventory Management Database on the Emergency Management SharePoint, which contains mission-critical EM resources. The Emergency Management Committee is briefed on an annual basis regarding EM assets and consulted to identify gaps and strategies to close those gaps, through inventory acquisition. Refer to the Emergency Management SharePoint and Volume 5 of the CEMP for further information.

VIII. TEST, TRAINING, AND EXERCISES:

Exercises (or real world incidents/events) are conducted at least semi-annually by the Medical Center, including at least one annual exercise with the community and at least one in which real or simulated patients are received, treated, and admitted and/or transferred. Written After Action Reviews and Improvement Plans (AAR/IP) are a critical method used to document analysis and critiques of any exercises or real-world incidents. AAR/IPs are presented for review and tracking to the Emergency Management Committee. Once approved, AAR/IPs are routed through the Emergency Management Program Reporting Chain (EMC→ AEC → ELC). Whenever relevant, AARs/IPs may be generated in collaboration with community partners and completed AAR/IPs may be shared with community partners. Refer to the Emergency Management SharePoint and Volume 3 of the CEMP for further information.

IX. MULTI-YEAR STRATEGY AND PROGRAM MANAGEMENT PLAN:

This question is addressed by VA Central Office and not at the Medical Center level.

X. EOP & COOP PLAN MAINTENANCE:

This Medical Center EOP and COOP will be evaluated at least annually and updated every three years or as often required. There shall be training opportunities provided to all staff regarding emergency management, including elements of the plan.

XI. REFERENCE MATERIAL OF THE VAAAHS COMPREHENSIVE EMERGENCY MANAGEMENT PLAN:

All Volumes and/or their contents may be found in hardcopy format in the primary Hospital Command Center and in electronic format on the Emergency Management Sharepoint site. All Service/Building/Unit-specific plans will also be maintained by their appropriate locally-designated emergency coordinators.

A. Volume 1:
Hazard Vulnerability Analysis

B. Volume 2 (Multiple Binders):

1. Facility-Wide EOP
2. Hazard-Specific Annexes
3. CBOC EOPs
4. Service-Level/Area-Specific EOPs
5. Supplemental Documentation:
    a. Memorandum documenting the rescission of EOP and COOP from a Medical Center Memorandum to an SOG
    b. Memorandum EM-01 Emergency Management Committee

c. Memorandum 05-18 Human Resources, Photo Identification Badges
d. Memorandum 11-40 Chief of Staff, Primary Source Verification of Volunteer
e. Practitioners in the Event of a Disaster
f. Memorandum 11-04 Chief of Staff, Credentialing and Verifying of Medical Staff Personnel
g. Crisis Communications Plan and VAAAHS Mobile Phone Directory
h. Initial Incident Response for Off-Site Leases During Non-Standard Business Hours Standard Operating Guidelines

C. Volume 3 (Multiple Binders-delineated by Fiscal Year):
Internal Trainings and Exercises, inclusive of After Action Reports and Improvement Plans

D. Volume 4:
Community Engagement (inclusive of community exercises, trainings, and meeting agendas/minutes)

E. Volume 5:
Inventory Management

F. Volume 6:
Business Processes and Meeting Minutes (inclusive of EMC meeting minutes)

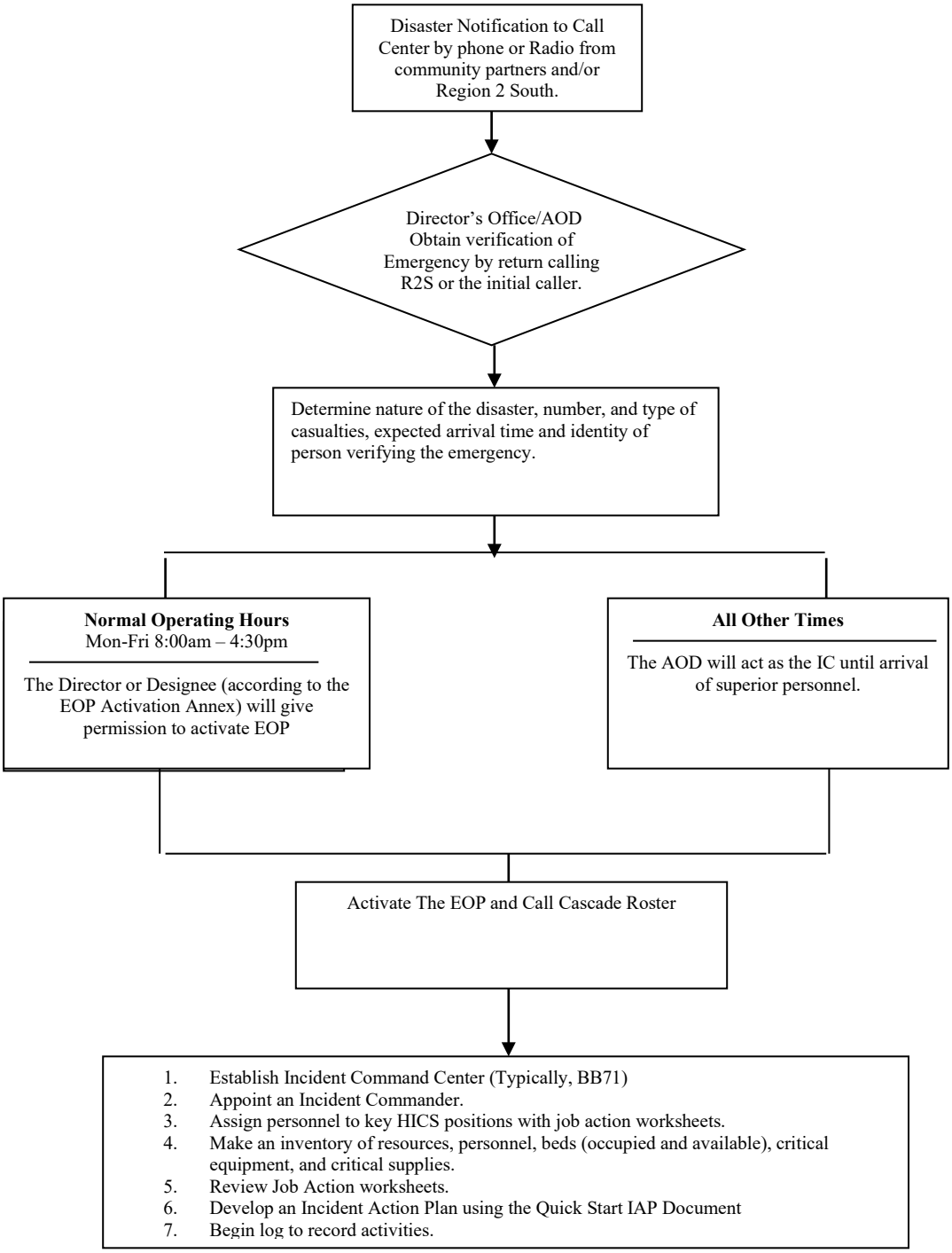
G. Volume 7:
Fiscal Oversight (inclusive of annual budgets and fiscal tracking)

VAAAHS EOP/COOP HAZARD-SPECIFIC ANNEXES TABLE OF CONTENTS

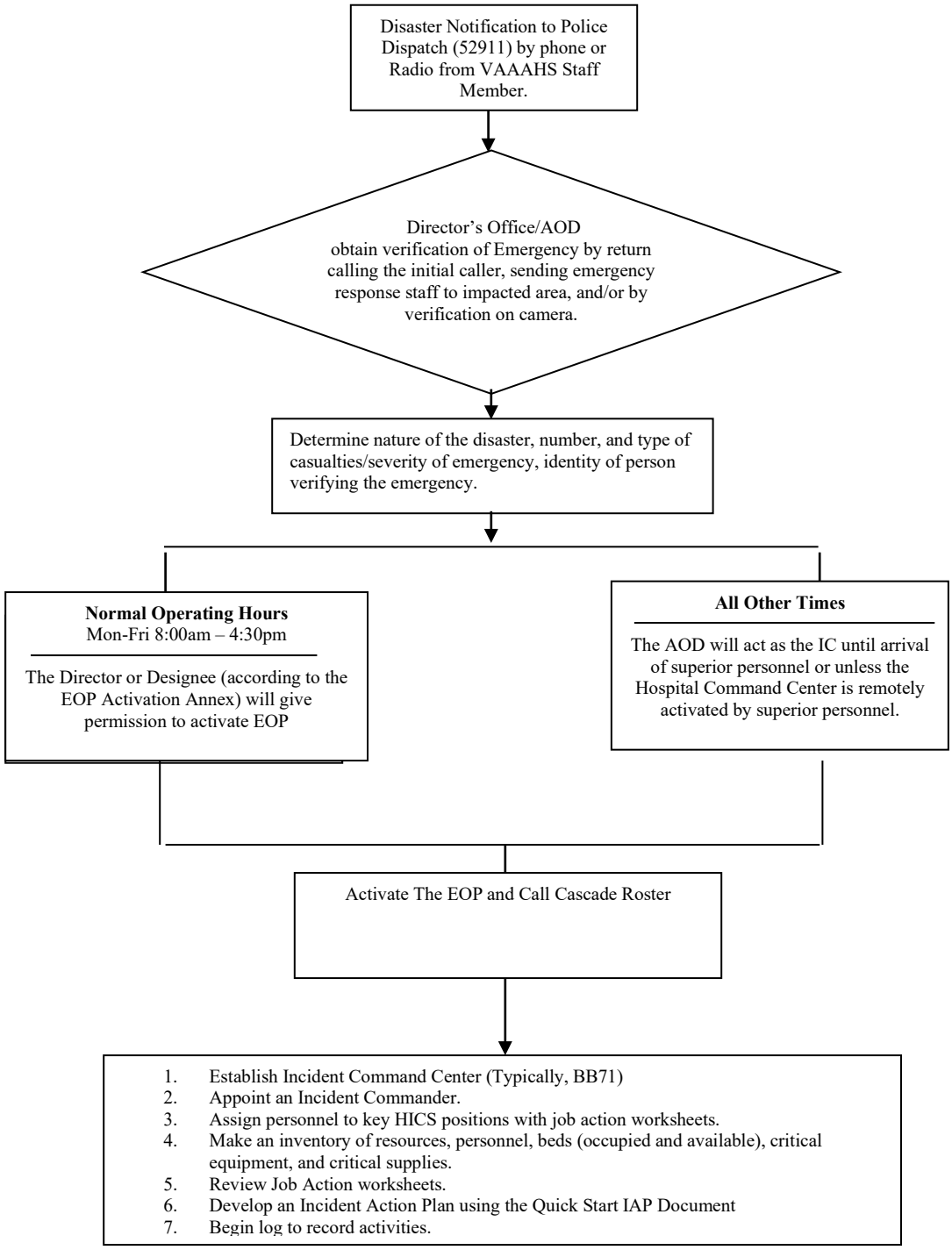
Plan References:

- Executive Order 11490, February 26, 1963
- NFPA 1600 - Disaster Management – Current Edition
- Circular 10-99-116, October 4, 1988, DM&S VA. Subj: VA/DoD Contingency Planning and National Disaster Medical Systems
- Public Law 97-174, Section 5011A, "Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act," dated April 1992
- Executive Order 12658, "Assignment of Emergency Preparedness Responsibilities," dated November 18, 1988; National Security Decision Directive 47 (1982)
- Public Law 93-288, "Robert T. Stafford Disaster Relief and Emergency Assistance Act," as extended and amended by Public Law 100-707 (1988)
- Presidential Decision Directive #39
- Public Law 100-180, "Transportation of Certain Veterans on Department of Defense Aero Medical Evacuation Aircraft," dated December 5, 1987
- VA Directive 0320, Emergency Preparedness Planning
- VHA Directive 0320.01Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures
- VHA Directive 0320.06 First Receivers Decontamination Program
- VHA Directive 1047(1) All-Hazards Emergency Cache
- VHA Directive 0320.10 Inspection of VA All-Hazard Emergency Caches by the VHA Office of Emergency Management

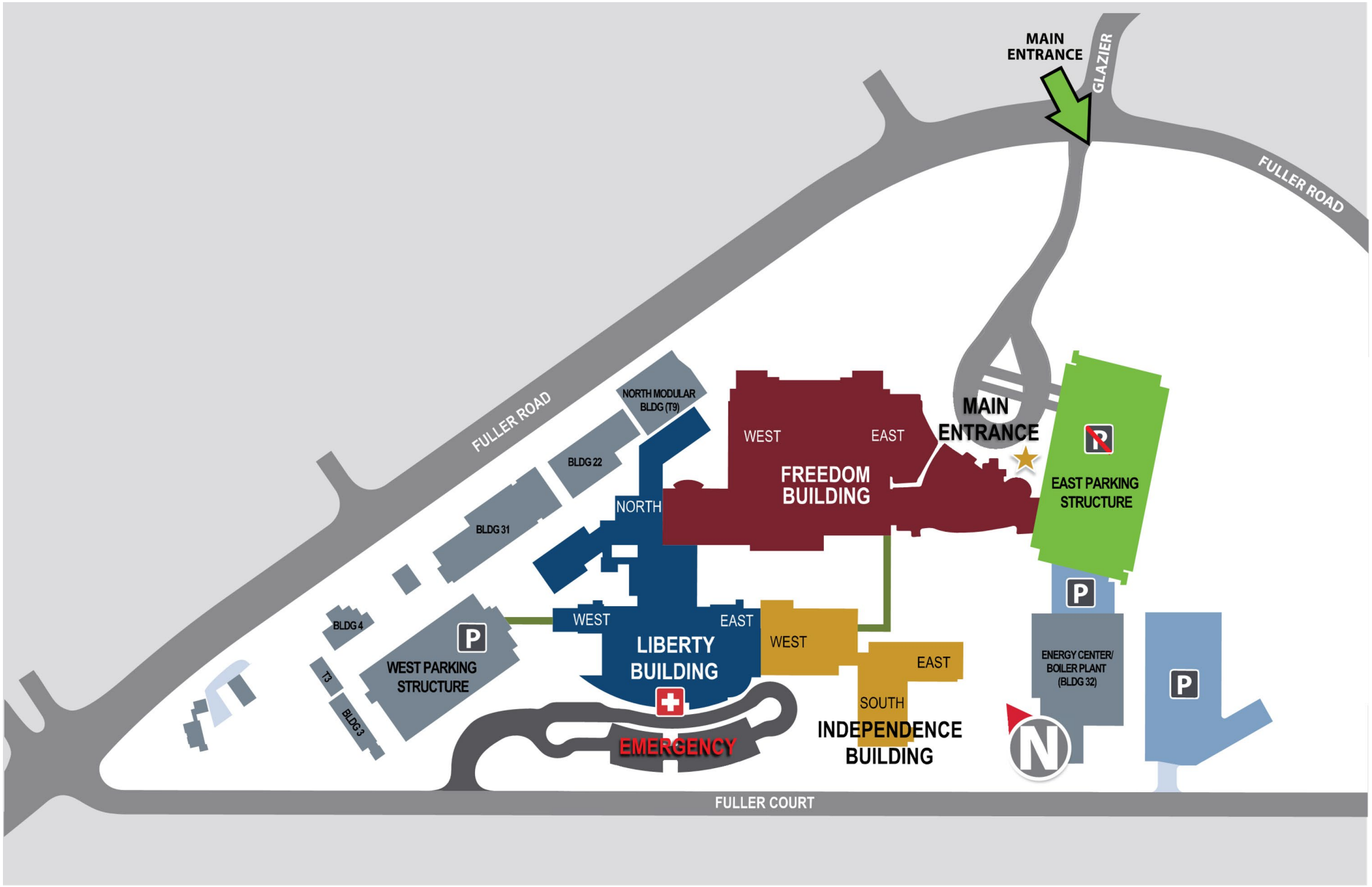
ATTACHMENT A1: QUICK LOOK EMERGENCY RESPONSE INSTRUCTIONS UPON NOTIFICATION OF AN EMERGENCY OUTSIDE OF THIS FACILITY



ATTACHMENT A2: QUICK LOOK EMERGENCY RESPONSE INSTRUCTIONS UPON NOTIFICATION OF AN EMERGENCY INTERNAL OF THIS FACILITY



ATTACHMENT B: VAAAHS MAIN CAMPUS SITE MAP



ATTACHMENT C: VA ANN ARBOR HEALTHCARE SYSTEM HOSPITAL INCIDENT MANAGEMENT TEAM

Revised August 01, 2017