



**EMERGENCY MANAGEMENT STRATEGIC HEALTHCARE
GROUP
(EMSHG)**

FY-2003 Annual Report



**Department of Veterans Affairs
Veterans Health Administration**

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Executive Summary

The FY 2003 Annual Report of the Emergency Management Strategic Healthcare Group (EMSHG) portrays a comprehensive review of the organization's development and evolution during a period of continued exceptional activity. The United States remains a country at war since September 11, 2001. In recognition of the accomplishments, expertise, and experience of its headquarters and field personnel, EMSHG has been designated the VHA lead office for emergency management. Continually facing new operational and organizational requirements, EMSHG manages its assets to provide vital emergency management information for VA leadership. EMSHG leadership is aware that continuity of care for eligible veterans must continue despite the threat of terrorism. As the largest integrated national health care system with personnel and facilities in virtually every community across the United States, VA is a National asset, uniquely positioned to contribute to homeland security measures and respond to natural disasters quickly and efficiently. As such, EMSHG has reinforced its lead role in VA's "fourth mission," contingency planning and operations, for the benefit of veterans, their families, and their communities.

Emergency Management Strategic Healthcare Group (EMSHG)

STRATEGIC OVERVIEW

The Emergency Management Strategic Healthcare Group (EMSHG) manages, coordinates and implements the emergency medical preparedness mission for the Department of Veterans Affairs (VA) through various Federal laws and regulations.

VISION

EMSHG will be recognized as a premier provider of Comprehensive Emergency Management services and a benchmark organization in health care emergency management.

MISSION

EMSHG provides Comprehensive Emergency Management services to the Department of Veterans Affairs, coordinates medical backup to the Department of Defense, and assists the public via the National Disaster Medical System and the initial National Response Plan.

STRATEGIC GOALS

EMSHG strategic goals directly support the VA national strategic goal to *contribute to the public health and socio-economic well being of the nation* and the VHA strategic goal to *build healthy communities*. EMSHG strategic goals directly support the VHA national goal to *improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans as well as support to national, state, and local emergency management and homeland security efforts*.

- I. Improve effectiveness of VISN emergency management programs.
- II. Ensure VA readiness to provide medical support for DoD contingencies.
- III. Fulfill VA NDMS responsibilities.
- IV. Enhance emergency management partnerships in the Nation's communities.
- V. Lead VHA in preparing for emerging threats.
- VI. Contribute to the emergency management knowledge base.
- VII. Deliver appropriate, timely, and effective disaster response services.

Strategies and performance targets were developed for each of the seven strategic goals. During FY 2003, the EMSHG Senior Management Team (SMT) oversaw the implementation of the EMSHG Strategic Goals through partnerships with Area Emergency Managers (AEMs). This relationship was the basis for

measuring progress in emergency management preparedness at the Veterans Integrated Service Network (VISN) and the VA Medical Center (VAMC) levels.

PROGRAM RESPONSIBILITIES

VA/DoD Contingency Hospital System

EMSHG develops National, VISN and local plans and training programs to ensure back-up support to the Department of Defense medical systems during war or National emergency.

VA Contingencies

EMSHG provides guidance and consultation to VISNs to ensure that all VA medical centers (VAMCs) develop a comprehensive emergency management program with an all-hazards focus including weapons of mass destruction, natural disasters, and other emergencies.

National Disaster Medical System (NDMS)

EMSHG supports Federal Coordinating Center (FCC) functions located at designated VAMCs. EMSHG develops and coordinates National, regional and local FCC plans to assist in the implementation of the National Disaster Medical System's support to State and local medical resources in the event of major domestic disasters, or the DoD medical care system when needed during military contingencies.

Initial National Response Plan

EMSHG takes appropriate actions in cooperation with the Department of Homeland Security and FEMA, related to planning, preparedness, response, recovery, awareness, and mitigation strategies for disaster threats. EMSHG coordinates VA's participation in federal disaster response as specified in the provisions of the initial National Response Plan, the proposed National Incident Management System (NIMS), and other provisions of Homeland Security Presidential Directive (HSPD) 5.

Continuity of Government

EMSHG executes assigned actions for the Veterans Health Administration (VHA) in support of the continuity of government plan and responsibilities related to maintenance of specific sites in coordination with the Office of Policy, Planning, and Preparedness.

Federal Radiological Emergency Response Plan

EMSHG provides response capability to supplement other Federal, state, and local government efforts in response to accidents at fixed nuclear facilities or during transportation of radioactive materials. EMSHG headquarters, located in Martinsburg, West Virginia, is comprised of 10 headquarters staff and 65 "out-based" staff (District Managers, Area Emergency Managers, and Management Assistants) located at field offices throughout the Nation. EMSHG and its National network of Area Emergency Managers coordinate VA's role in emergency management activities by providing organizational leadership and educational/consultative services in the following:

- Emergency Management Planning
- Disaster Response
- Training and Exercises
- VA/DoD Contingency Hospital System
- NDMS, including management of NDMS Federal Coordinating Centers

EMSHG assists VA in responding to requests through the initial National Response Plan to support individual states and communities in times of emergency by:

- i. Providing direct medical care to victims of disasters.
- ii. Augmenting staff of community hospitals, nursing homes, and other medical treatment facilities.
- iii. Providing stress counseling to disaster victims and responders.
- iv. Furnishing critically needed supplies, pharmaceuticals, equipment, facilities, and other resources.

EMSHG Highlights For FY 2003

- On October 26, 2001, the Secretary of Veterans Affairs approved the creation of the VA Office of Operations and Preparedness as a result of the September 11, 2001, attacks and other threats. This new organization, now named Office of Policy, Planning, and Preparedness, continues to focus increased department-level attention on VA's emergency and contingency missions. EMSHG has been designated the VHA lead office for emergency management.
- The "2003 Report to Congress on the Department of Veterans Affairs (VA) Estimated Bed Capacity in Support of Department of Defense Contingency Planning" was signed by Secretary Principi on July 21, 2003. Data were derived from VHA's assessment of input submitted by individual VA medical facilities with assistance from EMSHG AEMs in January 2003. The Memorandum of Understanding between VA and DoD implementing Public Law 97-174 requires VA to submit annually to DoD a VA contingency plan based on an estimate of staffed operating beds that could be made available to support DoD in the event of war or national emergency. The report also reflects the overall impact of mobilization on VA staff at medical centers.
- On September 17, 2002, EMSHG initiated monthly VA/DoD and National Disaster Medical System (NDMS) bed availability reporting beginning October 1, 2002. Bed availability reporting continued through 2003, with NDMS reported on a monthly basis and VA-DOD contingency beds reported on a quarterly basis. This frequent bed reporting not only improved bed-reporting

skills but also provided a valuable inventory of civilian and VA hospital bed availability throughout the Nation during overseas hostilities.

- In September 2003, Hurricane Isabel threatened a number of VA medical centers in the Middle Atlantic States. The Hampton Virginia VAMC was evacuated, with patients sent to four other VAMCs. EMSHG was of material assistance in the response effort by coordinating deployment of VA nursing staff to assist at the affected medical centers. EMSHG also deployed three AEMS to assist the VISN 6 AEM in his response and recovery duties, and to provide administrative functions for the deployed nurses.

EMSHG Significant Achievements: 2003

EMSHG Organization

As noted in the previous EMSHG Annual Report, 18 EMSHG headquarters personnel were transferred to support the Secretary's vision to create a Department-level homeland security office. This reorganization had a dramatic impact on EMSHG's organizational functions during FY 2003. In FY 2003, the Under Secretary for Health approved a new EMSHG organizational chart, which included three new headquarters staff and three full-time district managers. This staff increase will provide EMSHG with the necessary staff and organizational flexibility to carry out its mission and program responsibilities within both VHA and the Department.

EMSHG Web Site

The EMSHG web site continues to be a focal point for emergency management, weapons of mass destruction (WMD) (biological, chemical, radiological, and explosive agents), training, and related information. The site now includes: the Emergency Management Academy (EMA) Knowledge Management (KM) Library (currently only Intranet); EMSHG Employee Education System (EES) Satellite Broadcasts; and the Emergency Management Program Guidebook. EMSHG posted up-to-date information in the form of daily situation reports on the many significant homeland security, defense, and emergency events that occurred during the year.

Education and Research

During FY-2003, EMSHG continued to be deeply involved in providing technical guidance, support, management, and coordination of health care for eligible veterans, military personnel, and the public during Department of Defense (DoD) contingencies and natural, manmade, or technological emergencies. The EMSHG EMA has continued to evolve. The EMSHG EMA is an innovative approach to emergency management education and training. It combines web-based, video, and face-to-face training to optimize learning.

Invited expert panelists from academia and numerous guest instructors from the active and reserve military components have shared scientific information via live

satellite broadcasts that featured medical issues and responses on biological and chemical warfare. The EMA developed, produced or provided/procured faculty for several nationwide satellite broadcasts:

- Medical Response to Chemical and Biological Agents
- Medical Response to Radiological Agents
- Decontamination in Health Care Facilities
- Emergency Management Program Guidebook
- Chemical/Biological Agent Injuries (EMSHG, along with EES and the U.S. Army Medical Command, co-sponsored this 12-hour broadcast which aired nationally and internationally.)

EMSHG EMA continues to build and populate the KM site, adding scholarly documents and essential program guidance. Over 1.6 million dollars were obligated to develop the VHA (EMSHG/EES) co-sponsored EMA and establish the training needs assessment and pilot program to provide WMD training to NDMS hospitals.

In FY 2003, EMSHG continued its long tradition of conducting and facilitating numerous seminars, exercises, and practical hands-on training with other federal agencies and departments dealing with medical management preparedness. In concert with VA's Federal, state and local partners, these events were keyed to patient care/survivability and patient evacuation through appropriate channels to receiving hospitals where definitive care could be provided. Periodic medical exercises and training exercises were conducted in key metropolitan areas where EMSHG Area Emergency Managers (AEMs) assist VISNs with Federal Coordinating Center (FCC) responsibilities.

EMSHG continued to support VHA WMD preparedness initiatives (equipment, training, protocol, and practice) at all VAMCs. EMSHG Headquarters and field AEMs provide necessary guidance and consultation to VAMC management, safety officers, and decontamination team members.

Throughout 2003, EMSHG continued its mandatory education and training program for all EMSHG personnel. This internal mandatory education and training program was established to ensure all courses were taken either online or at local facilities on an annual basis. The program includes required VA and VHA classes, skill development and related courses, and the American Heart Association eight-hour Basic Life Support Course.

Disaster Emergency Medical Personnel System (DEMPS)

EMSHG continued to support VHA DEMPS recruitment initiatives at all VAMCs, including providing consultation and updated information to VISN and VAMC directors. More than 1000 VHA employees, including members of the VISN 4 and VISN 7 emergency medical response teams (EMRTs), have enrolled in DEMPS, representing a wide-range of clinical and administrative specialties.

Several DEMPS volunteers were included in those employees who deployed during Hurricane Isabel.

Planning

The EMSHG Senior Management Team (SMT) applied the Baldrige principles to develop strategic targets to measure comprehensive emergency management (CEM) programs and practices. These strategic plans and targets were implemented in the first quarter of FY-2003.

- Establishment of pharmaceutical caches:
- External support for the Centers for Disease Control (CDC) and the Department of Health and Human Services (HHS), Office of Emergency Response (OER) pharmacy caches. (EMSHG manages the logistics and coordination of these resources).
- CDC National Pharmaceutical Stockpile.
- Four caches at VAMCs for HHS Office of Emergency Readiness, plus special events cache.

Congressional Cache

EMSHG continued to support VHA pharmaceutical cache initiatives at all VAMCs by providing consultation, operations planning, and exercise development for VISN and VAMC directors.

Major Exercises, Training, and Deployments

During FY 2003, EMSHG responded to or supported VISNs, VAMCs, and the community during the many significant homeland security, defense, and emergency events that occurred during the year, including Operation Iraqi Freedom, Super Typhoon Pongsona, Hurricane Isabel, the northeast power grid blackout, and wildfires in California and Arizona. The response to Hurricane Isabel will be featured in an upcoming Vanguard article.

EMSHG continued to sponsor the annual Emergency Medical Preparedness Symposium conducted at Albany, NY and the annual International WMD Conference conducted at St. Petersburg, FL, as well as its traditional sponsorship and direct support to the annual NDMS conference.

EMSHG AEMs attended the NDMS FCC conference and workshop at Scott Air Force Base, IL. This was an excellent opportunity for AEMs to see firsthand the Global Patient Movement Requirements Center operations and activities.

EMSHG AEMs attended Pharmaceutical Cache training at Hines, IL conducted by the University of Wisconsin-Madison School of Pharmacy, to define the appropriate role of the VA pharmacy cache in the community and to delineate planning for VA participation in disaster relief when a cache is deployed.

EMSHG staff participated in the national WMD exercise TOPOFF 2. Individual AEMs designed and conducted numerous regional and local NDMS, VA-DOD, and community exercises throughout the Nation.

EMSHG and JCAHO Collaboration

EMSHG continues to collaborate closely with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). (EMSHG had developed and contributed the principal language to the January 2001 JCAHO Environment of Care/Emergency Management Standards.) In FY 2002, EMSHG was invited to participate in several JCAHO national leadership and policy forums and served as faculty on three JCAHO-sponsored satellite broadcasts on emergency management and WMD issues for health care facilities.

EMSHG Technical Advisory Committee (TAC)

The EMSHG TAC continued to meet (on-site at VACO) quarterly and to work consistently by conference calls and electronic means. The purpose of the TAC, chaired by the EMSHG Chief Consultant, is to advise EMSHG leadership on emergency management issues (including those related to preparedness for potential incidents involving WMD that impact VHA). The EMSHG TAC membership is comprised of representatives of VHA and VA programs, groups, and entities, and expert representatives of other federal departments and agencies, e.g., DoD, HHS, FEMA, FBI, and the Department of State.

EMSHG TAC Task Forces and Chairs

- Basic Training - Larry Flesh, MD - VA
- Emergency Management Academy - Robert Darling, CAPT, MC, USN - USAMRIID
- Organizational Support - Robert Roswell, MD - VA
- Pharmaceutical Stockpiles – Wesley Robbins, Pharm.D. – VA
- PPE and Decontamination - John Hancock - VA
- Quarantine - Donna Barbisch, MG, Ph.D. - USAR
- Research - Eric Auf der Heide, MD - ATSDR/CDC
- Surveillance - Gary Roselle, MD - VA
- Telemedicine - Adam Darkins, MD - VA

TAC Products and Contributions

- Developed scholarly review, options, and specific recommendations for PPE levels and decontamination protocols. Submitted to VHA leadership for use in the plan to purchase and train on PPE/decontamination equipment, VHA-wide.
- Developed "BIOLOGICAL THREAT INTERROGATORIES," a tool for use by VAMCs in planning for potential WMD incidents. (Document is posted on EMSHG web site.)
- Reviewed contents of VHA pharmaceutical caches and recommended modifications to the Pharmacy Benefits Management Strategic Healthcare

- Group. (Included was a recommendation that VA reduce the number of cyanide antidote kits resulting in significant cost savings to VA.)
- Reviewed/provided revisions for WMD "pocket cards" (a VHA-generated tool useful to health care providers who may encounter patients exposed to WMD agents). Cards are posted on the EMSHG web site.

Publications and Presentations

EMSHG headquarters and field staff authored numerous articles, newsletters, and posters and made presentations to emergency management, emergency medical, and public safety groups throughout the country during FY 2003. The following is a list of publications:

PUBLICATIONS LIST

Connie Boatright and Kristi Koenig:

Koenig KL, Boatright C. Derm and Doom: The Common Rashes of Chemical and Biological Terrorism. Lesson in **ACEP Critical Decisions in Emergency Medicine**, ed. L Graff. Feb 2003, Volume 17, No. 6, Lesson 12.

Schultz CH, Koenig KL, Lewis RH, Implications of Hospital Evacuation after the Northridge Earthquake. *NEJM* April 3, 2003;348(14):1349-55.

Koenig KL. Triage: Do we need new concepts? *TraumaCare* Spring 2003;13(2):44-45 (abstract).

Department of Homeland Security Working Group on Radiological Dispersal Device (RDD) Preparedness, Medical Preparedness and Response Sub-Group: Medical Response to Radiologic Casualties, May 2003, Editors: Koenig KL and Hatchett R. Available at <http://www.va.gov/emshg>.

Koenig KL. Strip and Shower: The Duck and Cover for the 21st century. *Ann Emerg Med*, 2003;42:391-394.

Darling R, Waeckerle J, Grabenstein JD, Koenig KL. Removal from patient care duties after smallpox vaccination - Is it really necessary? *Ann Emerg Med*, 2003;42:685-688.

Francesca Austin:

Article on Disaster Emergency Personnel System, Emergency Preparedness Section, VISN 1 website, September, 2003.1.

Electronic list of Massachusetts Hospitals including VA Medical Centers by Bioterrorism Planning Region published on a map of the Commonwealth of

Massachusetts. Published on Massachusetts Department of Public Health website, October 2003, as well as in VISN 1 electronic Newsletter.

Pete Brewster:

2003 NDMS Conference Manual, March, 2003

Patient Reception Area Operational System Description and Family of Documents, May, 2003

Program Development Process, Proposal to NFPA 1600, December 2002

Emergency Management Training in the Network 11 Newsletter "News at 11" Fall 2003

EMSHG Brochure (With Peters)

Ken Bresnan:

"Blackout" in the Network 11 Newsletter "News at 11", Fall 2003

Robert Farber:

VISN 10 Newsletter, September 2003, "Disaster Emergency Medical Personnel System (DEMPS)"

Ray Jones:

VAMC Kansas City Newsletter, "Notepad", March 2003, Emergency Preparedness: VA is Ready"

September 2003, Network 15 Information Bulletin, "DEMPS"

Mike Peters:

VISN 23, DEMPS Newsletter, December 2002 and September 2003

EMSHG Brochure (with Brewster)

Reuben Pinkson:

Chapter, The United States Federal Response Plan, in Disaster Medicine, edited by David E. Hogan, MD and Jonathan L. Burntstein, MD published by Lippincott Williams and Wilkins

EMSHG Selected Best Practices

- MERRT completely reorganized and outfitted (Albany)
- Establishment of hospital emergency support zones including VAMCs (Philadelphia)
- VA leadership in state emergency operations center initiatives (San Antonio)
- VA leadership in state bioterrorism response initiatives (Dallas)
- EMRT training initiatives (Pittsburgh, Birmingham)
- Deployment of community-based patient reception teams (Miami)
- VISN/VAMC emergency management assessment tool (Tucson/Albuquerque)
- Special event emergency management plan (Oklahoma City)

GLOSSARY

Area Emergency Managers (**AEMs**) are the Emergency Management Strategic Healthcare Group (**EMSHG**) and National Disaster Medical System (**NDMS**) representatives at the Federal Coordinating Centers (**FCCs**).

Emergency Operations Center (**EOC**) is a location, usually pre-designated, where emergency staff assemble to coordinate response efforts to assure responder organizations are working together and understand one another's missions and responsibilities. Primary functions of the EOC include coordination, policymaking, operations management, information gathering and record keeping, and public information.

Federal Coordinating Center (**FCC**) or Federal Coordinating Hospital (**FCH**) serves as the area headquarters for NDMS and EMSHG area managers.

Incident Command System (**ICS**) is a management system designed to provide basic direction and control of response and recovery activities during a disaster or other emergency. Note: Hospital Emergency Incident Command System (**HEICS**) is one form of ICS.

Mitigation: activities that actually eliminate or reduce the chance of occurrence or the effects of a disaster. Examples include fencing a property; building berms or dikes to reduce flooding and erosion; establishing preventive maintenance, life safety, and fire code programs; and working with local authorities *before* an event

Preparedness: planning activities that are designed to help save lives and minimize damage by preparing people to respond appropriately when an emergency is imminent or has occurred. Examples include community and facility emergency and safety plans, employee training, and resource management.

Response: activities that occur during and immediately following a disaster or emergency. These activities are designed to provide immediate emergency assistance to victims and reduce the likelihood of secondary damage. Examples include public safety agencies, facility security and fire brigades.

Recovery: activities that return all critical systems to normal or near-normal operations. Short-term recovery returns vital life support systems to minimum operating standards. Long-term recovery from a disaster may go on for years until the entire disaster area is completely or nearly redeveloped. Examples include rebuilding, relocation, and re-establishment of government, business, and industry.

National Disaster Medical System (**NDMS**) is a single, nationwide healthcare system designed to provide medical assistance, evacuation, and definitive medical care for large numbers of casualties from either a domestic disaster or overseas war.

Primary Receiving Centers (**PRCs**) are VA medical centers designated to receive patients directly through the VA-DOD Contingency Hospital System.

Secondary Support Centers (**SSCs**) are VA medical centers designated to receive veteran patients from the Primary Receiving Centers (**PRCs**) to provide additional beds at the PRCs.

VA-Department of Defense (**DOD**) Contingency System is the VA's "fourth mission," medical and hospital backup for DOD in times of war or national emergencies.

VA Emergency Management Strategic Healthcare Group (**EMSHG**) is VHA's national emergency management planning organization. EMSHG Headquarters is located at the VA Medical Center, Martinsburg, WV. The 24-hour contact number is 304-264-4800.