



# **Veterans Health Administration**

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## **VHA Emergency Operations Procedures**

**Appendix F  
VHA Handbook 0320**

**For Official Use Only**

## Table of Contents

**Basic Plan**

<b>I.</b>	<b>Introduction</b>	<b>3</b>
<b>II.</b>	<b>Purpose</b>	<b>3</b>
<b>III.</b>	<b>Mission</b>	<b>3</b>
<b>IV.</b>	<b>Organizational Structure</b>	
	Incident Command System (ICS) Roles	4
	Agency Executive	4
	Policy Coordinating Entity	4
	Incident Management Team	4
	VHA Incident Management System Components	
	VHA CO Emergency Management Coordination Group	5
	VHA CO Joint Operations Center	5
	VHA Response Support Unit	5
	VISN Emergency Operations Centers (EOCs)	6
	VA Medical Facility EOCs	6
<b>V.</b>	<b>Applicability/Scope</b>	
	Compliance	7
	Special Needs Pre-planning	7
	Use of ICS	7
	Operational Control	7
	Requests for Assistance	8
<b>VI.</b>	<b>Concept of Operations</b>	
	Emergency Situation	8
	Lead Official	9
	Initial Response Actions	9
	Emergency Operations Centers	10
<b>VII.</b>	<b>ICS Planning Cycle</b>	
	Shift Change Briefing, Situation Reporting	11
	Management Meeting	12
	Planning Meeting	12
	Operations Briefing	13
	Assess Progress	13

<b>VIII. Reporting Process</b>	
VA ROC	14
VHA JOC	14
Duty Officer	14
Expanded Staffing	14
VISNs	15
VA Medical Centers	16
After Action Reporting	16
<b>IX. Authorities &amp; References</b>	17

## I. Introduction

The Veterans Health Administration (VHA) has developed operational guidelines for staff who conduct incident management activities at the Central Office, Veterans Integrated Service Network, and VA Medical Facilities. This document provides an overview of the procedures and it explains the operational relationships between each level in VHA's system. This guidance is consistent with the National Incident Management System (NIMS).

The operational guidelines are organized as follows:

- **Appendix F, VHA Emergency Operations Procedures:** This document provides the overall concept of operations, general procedures and responsibilities of all levels of VHA during response and recovery to a major emergency.
- **Annex A, Hurricane Incident-specific Guidance:** This separate document provides guidance for the response and recovery to specific hazards.
- **Attachment 1 to Appendix F:** This separate document contains specific procedures for the VHA Joint Operations Center, VISN and VA medical facility Emergency Operations Centers.
- **Attachment 2 to Appendix F:** This separate document contains a glossary of terms and list of acronyms used in the various documents.

## II. Purpose

These operational procedures establish the framework for the management and coordination of VHA resources to support any requirements created by natural and/or manmade emergencies.

## III. Mission

VHA will provide available resources to support internal requirements and/or external requests to augment regional, state, local, and tribal government and private sector response and recovery activities when they are overwhelmed by large or severe incidents. The support will be provided under applicable authorities or by specific direction of the President or Secretary of the Department of Veterans Affairs.

The priorities for emergency operations are: (1) protection of life and safety of VHA patients, staff, volunteers and visitors at all VHA medical facilities; (2) ensuring

continuity of operations so that essential medical services can be provided uninterrupted or restored as quickly as possible following landfall or emergency event; and, (3) providing support to the Nation's communities.

#### **IV. Organizational Structure**

##### **Incident Command System (ICS) Roles**

There are three IICS management elements that apply to each level in the VHA system: VA medical facility (Outpatient Clinic, VA Medical Center), Veterans Integrated Service Network (VISN) and VHA Central Office (VHACO):

Agency Executive. The "Agency Executive" ICS role is staffed by the Under Secretary for Health, VISN Directors, VAMC Directors, or their designees. The Agency Executive operates from his/her normal office and continues to run the organization. He/she participates in incident action planning by articulating policy, direction and priorities across and within incidents. The Agency Executive delegates authority to the Incident Management Team (IMT) Commander to manage the incident. The Agency Executive evaluates effectiveness of the on-going response and recovery efforts and corrects deficiencies.

Policy Coordinating Entity. The "Policy Coordination Entity" ICS role is staffed by VHACO and VISN program officials and VAMC key operating unit managers. These are staff who are not directly assigned to the Incident Management Team (IMT). These staff also focus on day-to-day program management, but can be drawn in as needed to advise the Agency Executive and/or the IMT Commander. The nature of these roles is in providing technical guidance to support policies or actions during emergencies and coordinating issues between program areas and across the system.

Incident Management Team. The "Incident Management Team" ICS role is staffed by those who are assigned to manage the requirements of an incident. These staff may be drawn from EMSHG, 10N, VISN and VAMC staff. The IMT role includes staffing the Emergency Operations Center and Response Support Unit; conducting incident action planning efforts; managing response activities; compiling, authenticating and publishing regular summary situation status and resource status information; and, coordinating, through liaison officers, with other agencies.

The general staff who support the IMT Commander fall under the following functions:

- The Operations Section, which can be divided into two branches, one branch will support internal VHA taskings and the other will support external VHA taskings.

- The Planning Section, which is responsible for developing situation and resource assessments, incident action planning, documentation, demobilization planning and reporting.
- The Finance and Administration Section, which is responsible for providing cost estimates for mission assignments and various strategies developed during incident action planning meetings; financial and administrative policies to support incident operations (such as funding authorizations and approvals, employee leave, overtime waivers; etc.); procurement; tracking overall cost; and handling claims for compensation.
- The Logistics Section, which handles travel and transportation; lodging; communications and other equipment requirements and identification of personnel who can deploy in support of the incident.

### **VHA Incident Management System Components**

The operational components of VHA's incident management system consists of:

Emergency Management Coordination Group. The VHACO Emergency Management Coordination Group (EMCG) is a "policy coordinating entity" whose function is to support the Agency Executive (Under Secretary for Health) and the VHACO JOC IMT Commander. The EMCG is chaired by the Deputy Under Secretary for Operations and Management (10N) and also consists of the Chief, Public Health and Environmental Hazards Office (13), Chief Patient Care Services Office (11) and Chief Nursing Service (108). Additional Chief Officers or VHA principals may be added to the group as required.

VHACO Joint Operations Center. The VHACO Joint Operations Center (JOC), through a Duty Officer, performs a 24 hour situation status monitoring function. This baseline level of staffing will expand as the situation dictates, including personnel from the Office of the Deputy Undersecretary for Health for Operations and Management (10N), Patient Care Services (11), the Office of Public Health and Environmental Hazards (13), and other VHA CO offices as necessary. In major events, affected VISN(s) may elect to assign VISN liaisons to the VHA JOC to enhance coordination and communication between the VHACO and the VISN EOC. The VHACO JOC is the focal point for synthesis of public health, medical and special needs information on behalf of the Department of Veterans Affairs. In emergency situations where the Under Secretary for Health is the Lead VHA Official, the VHACO JOC is the lead Incident Management Team (IMT). In the event a VISN Director or a VA Medical facility Director is the Lead VHA Official, the VHACO JOC coordinates national level support for VHA.

VHACO Response Support Unit. The VHACO Response Support Unit (RSU) and/or its advance element provides management and coordination at field sites where VHA resources are deployed. The Chief Consultant, EMSHG, in

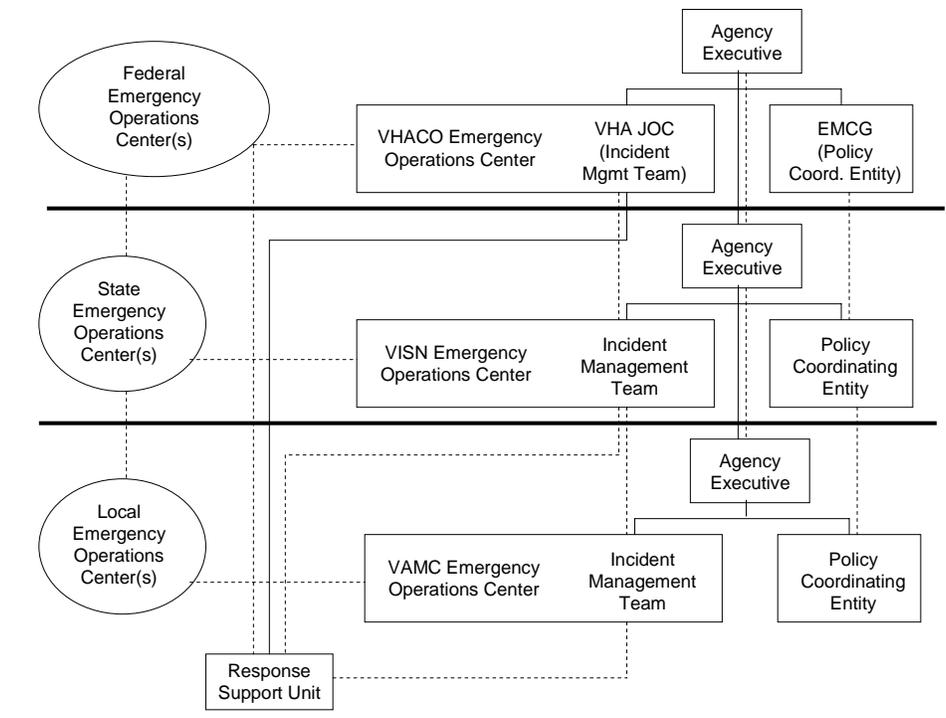
coordination with the Deputy Under Secretary for Operations and Management, will appoint an RSU Incident Management Team Commander who will function as the Lead Official of the RSU. The VHACO RSU can support external or internal requirements. For external taskings such as under the NRP, the RSU will report directly to the VHACO JOC. For situations where VHA resources are deployed outside of a VA medical facility to serve Veterans, the VHACO RSU may report directly to the local VA medical facility Director or the VISN Director.

VISN Emergency Operations Centers. VISN Emergency Operations Centers (EOCs) are responsible for command, control and coordination of VISN-wide incident management activities; coordination with VA Facilities; other VISNs; other regional programs such as Consolidated Mail Out Pharmacies; VHACO; other Federal agencies at the regional level, and the State EOC(s); Mission and resource tracking; and, reporting.

The VISN EOC is staffed by a VISN Incident Management Team. The VISN Director will serve as the Agency Executive and program managers not assigned to the IMT will serve in a policy coordinating entity role.

VA Facility Emergency Operations Centers. VA Facility Emergency Operations Centers (EOCs) are responsible for command, control and management of incidents affecting facility service delivery; resource support to deployed VHA assets; coordination with CBOCs; community nursing homes; home-based primary care patients; Vet Centers; other outreach programs such as homeless veterans; other VA Facilities; the VISN office, and local (county and/or city) EOCs; mission and resource tracking; and, reporting.

The VA medical facility EOC is staffed by a VA medical facility Incident Management Team. The VA medical facility Director will serve as the Agency Executive and operating unit managers not assigned to the IMT will serve in a policy coordinating entity role.



**Figure One: VHA Incident Management System**

**V. Applicability and Scope**

Compliance. All response and recovery planning and operational activities will be initiated and executed in compliance with the applicable authorities and references.

Special Needs Preplanning. Prior to an emergency, VA medical facilities should identify active VA patients with disabilities within their catchment area that may require pharmaceuticals, the assistance of an interpreter, the assistance of a personal caregiver to accomplish activities of daily living, and/or the assistance of a caregiver to provide guidance in daily decision making. During response and recovery, the needs of these patients should be determined as part of the overall situation assessment and provided for as resources are available..

Use of ICS. Response and initial recovery activities will be anticipatory and proactive as possible based on warnings and threat conditions. Initial actions in preparation for response and recovery efforts will commence as soon as reliable information is received and will be guided by the ICS incident action planning process.

Operational Control. A major hurricane, tropical storm, earthquake, terrorist incident and/or other significant emergency situation is likely to occur and may require VHA resources to support response and recovery efforts. Major emergencies will create internal and/or external requirements in one or more

VISNs. The VHACO JOC will coordinate support for internal requirements through the VISNs and other VA entities. External requirements are tasked through FEMA and the Department of Health and Human Services (HHS) to VA under the NRP.

- VHA personnel deployed to assist a local VA medical facility are under the operational control of the VA medical facility Director or his/her designee. The local VA medical facility Director is responsible for supporting the logistical needs of these personnel (housing, food, transportation, etc.).
- VHA personnel deployed to the field to support external requirements will be under the operational control of the VHA Response Support Unit (RSU) [see Attachment 1 for a description of the RSU]. The VHACO RSU is responsible for supporting the logistical needs of these personnel. The VHACO RSU will report directly to the VHACO JOC).

Requests for Assistance. Resources are defined here as staff, supplies, equipment, vehicles and funding authority. Internal requirements for resources will be made by the local VA medical facility director, to/through the VISN director and then, as necessary, to VHACO JOC. The management of external requests for resources should follow these principles:

- Requests from local or state emergency services agencies for humanitarian assistance. Under the provisions of Title 38, U.S.C., Section 1711(b), VAMC medical facility directors are authorized to provide emergency care in mass casualty situations; however, patients must be charged for these services at rates established by the Secretary.
- Requests from local or State emergency services agencies that do not meet the criteria of humanitarian assistance need to be referred to the state emergency management agency for action under National Response Plan. (for additional information on this subject, see the 2005 Emergency Management Program Guidebook, Section 8).

## **VI. Concept of Operations**

Emergency Situation. An emergency situation is any event which threatens to affect continuity of patient care, access to service delivery and/or the safety of patients, visitors, and employees. It begins upon recognition or notification that a threat exists, continues while all activities are underway to assess, control and correct ongoing adverse or negative effects, and ends when determined by the lead VHA official.

Lead VHA Official.

- When an emergency situation occurs at the VA Medical Center or Community-based Outpatient Clinic (CBOC) the VA medical facility director, or designee, will be the lead VHA official. This ICS role is called the “Agency Executive.” He or she will designate an Incident Management Team (IMT) Commander, whose responsibilities are listed in the next section.
- VISN-level involvement becomes necessary when the emergency situation affects one or more VA medical facilities. The VISN director, or designee, will then become the lead VHA official (Agency Executive). He or she will designate an IMT Commander, whose role is to coordinate between the various VA Facility IMT Commanders.

*VA medical facility directors and IMT Commanders remain responsible for local incident management operations.*

- National-level involvement becomes necessary when the emergency situations under Presidential declaration(s) require centralized direction, multiple VISNs are affected, and/or the situation has the potential to affect VHA’s national health care system. The Under Secretary for Health (USH), or designee, will become the lead VHA official. He will designate an IMT Commander, whose role is to coordinate between the various VISN IMT Commanders and other Federal agencies.

*VISN directors and VISN IMT Commanders remain responsible for coordinating with VA IMT Commanders.*

As the emergency situation gets under control, the leadership of the event transitions back down from national to VISN to the local VA medical facility.

Initial Response Actions.

The lead VHA official (Agency Executive) will activate an Incident Command System organization; establish the length of the initial operational period(s); and designate an initial Incident Management Team (IMT) Commander.

The IMT Commander’s primary challenge is having situational awareness of the incident. This is the perception of what the incident is doing, and what the organization is doing in relation to the incident. Determining the operational status of the VHA healthcare delivery system is an ongoing priority.

The initial IMT Commander’s initial steps include:

- Assume command and conduct a situation assessment.

- Communicate the situation to other levels (see next section on Incident Reporting).
- Designate the length of the current and future operational periods.
- Set objectives for what needs to be done to:
  - Save lives
  - Provide maximum safety for patients, visitors and staff.
  - Protect the environment, VHA property , facilities, equipment and vital records.
- Define immediate priorities consistent with the objectives:
- Determine the strategies and tactics required to carry out these objectives.
- Identify the types and numbers of resources needed for the tactics and get them requested/ordered.
- Delegate responsibilities to other positions within the ICS organization.

The specific organizational 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 of the areas requires independent management, an individual is named to be responsible for that area. The remaining ICS positions within an IMT include:

- Incident Management Team (IMT) Commander
- Safety Officer
- Liaison Officer
- Public Information Officer
- Operations Section Chief
- Planning Section Chief
- Logistics Section Chief
- Finance/Administration Section Chief

#### Emergency Operations Centers (EOCs).

An Emergency Operations Center (EOC) is established if the incident will last more than one operational period/shift. Establishing an EOC helps to centralize direction and control. The EOC facilitates coordination and reduces confusion by creating a single point for collection, evaluation, display and dissemination of information.

The major functions of an EOC include:

- Communications
- Information collection, display and documentation
- Consolidated incident action planning
- Coordinated resource management, and
- Development of public information

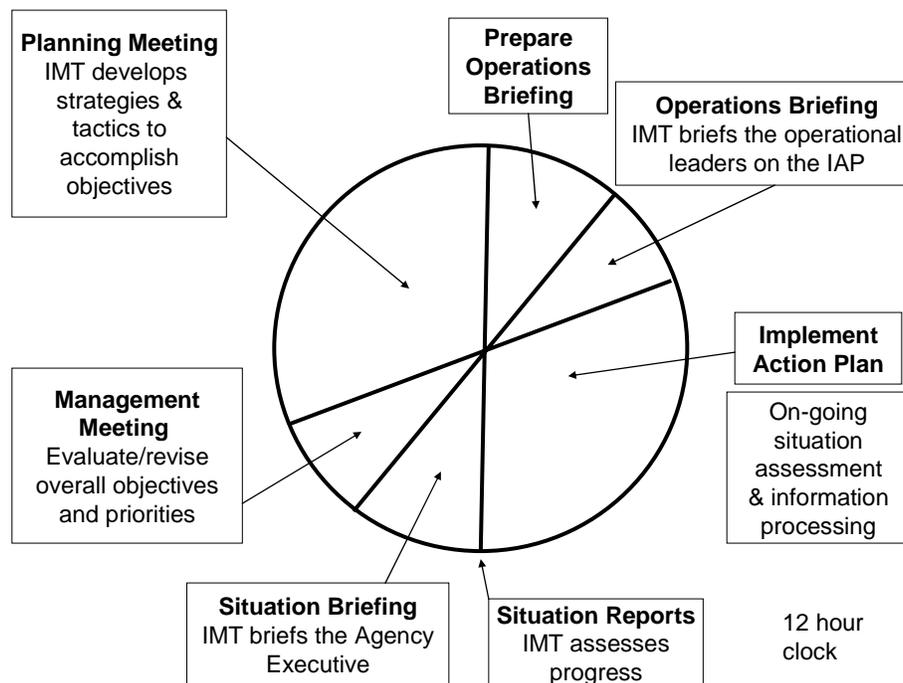
## ICS Planning Cycle

Managing information across a national system requires a standardized framework of activities and forms that each level in the system uses. This framework includes:

- Designation of operational periods or shifts.
- Synchronization of reporting times across the organization.
- Establishment of a conference call schedule that augments the reporting process.
- Discipline that keeps participants focused on the agenda for each particular planning cycle activity.

An operational period is a designated time period in which tactical objectives are to be accomplished and re-evaluated. The five activities that occur within each operational period or shift are:

1. Situation reporting/analysis and situation briefing/shift change
2. Management meeting
3. Planning meeting
4. Operations briefing
5. Assess progress (leads back to situation reporting/analysis)



**Figure Two: Overview of ICS Planning Cycle**

Shift Change Briefing and Situation Report (SITREP). This briefing is developed by the Plans Section and will consist of the following information:

- Date/time of start of incident
- Name of the incident
- Agencies involved
- Current incident status
- Current resource status
- Current strategy/objectives
- Communications systems being used
- Safety issues
- Special problems/issues

Management Meeting. The Management meeting provides the Agency Executive with an opportunity to provide input to the IMT Commander on overall goals, objectives and priorities. The IMT staff will attend this meeting. The meeting should be brief but address:

- Is the incident stable, or is it increasing in size and complexity?
- What are the current incident objectives, strategy, and tactics?
- Are there any safety issues?
- Are the objectives effective? Is a change of course needed?
- How long will it be until the objectives are completed?
- What is the current status of resources? Are resources in good condition? Are there sufficient resources?

Planning Meeting. The output of the Planning Meeting is the Incident Action Plan, which can take several hours to accomplish. Incident action planning is a proactive process, identifying objectives, strategies and tactics for the NEXT operational period.

The checklist, below, captures the main activities and who accomplishes them.

1. State incident objectives and policy issues - IMT Commander.
2. Brief consolidated situation, critical and sensitive areas, weather/sea forecast, and resource status/availability - Plans Chief and/or Situation Unit Leader.
3. Brief consolidated agency and IMT Commander objectives and strategies, noting gaps, overlaps, and seams - Planning Section Chief.
4. State primary and alternative strategies to meet objectives - Operations Section Chief.
5. Designate tactics and resource requirements for each strategy - Operations Section Chief.
6. Identify resource availability and cost – Logistics and Finance Section Chiefs.

7. Specify operations facilities and reporting locations – Operations and Logistics Section Chiefs.
8. Develop resource order(s) - Logistics and Finance Section Chiefs.
9. Consider support: communications, traffic, safety, medical, etc. – Operations, Planning and Logistics Section Chiefs.
10. Consider overall safety and health concerns of deployed personnel - Safety Officer.
11. Consider media considerations - Public Information Officer.
12. Report on expenditures and claims - Finance Sections Chief.
13. Finalize and approve work plan for the next operational period - IMT Commander.

Operations Briefing. This meeting presents the Incident Action Plan to the groups involved with supporting VHACO, VISN, VAMC and/or RSU operations.

1. Review the IAP - Planning Section Chief.
2. Discuss current strategy and last shift's progress towards objectives - Operations Section Chief.
3. Review forecast/expected situation in next operational period - Planning Section Chief.
4. Explain assignments and work locations - Operations Section Chief.
5. Provide transport, communications, and supply updates - Logistics Section Chief.
6. Deliver a safety message - Safety Officer.

Assess Progress. During the execution phase of the operational period, the Operations Section Chief, in conjunction with groups assigned responsibility for supporting VISN, VA medical facility and/or RSU operations will confer and review progress made towards the operational period objectives. This information is used by the Operations Section Chief to review and revise future operational period objectives, strategies and tactics.

## Reporting Process

Note: All forms described below can be found in Attachment 1.

### VA Readiness Operations Center (ROC)

1. The VA ROC should contact the JOC Duty Officer by calling 1-304-264-4800 and/or sending an email to the Outlook mail group VHA EMSG Operations with the subject line: "ATTN: VHA JOC Duty Officer."
2. The JOC may contact the VA ROC by calling 1-202-273-5510 and/or by sending an email to the Outlook mail group VACO ROC.

### VHA Central Office Joint Operations Center (JOC)

*JOC is only staffed by a Duty Officer*

1. Initial Reporting. The JOC Duty Officer will be responsible for converting Issue Briefs that are received from VISN offices into a **VHA JOC Issue Brief**. For events that involve significant threat or impact on VA patients or staff, this report should be sent immediately to the Outlook email groups VHA EMCG and VHA JOC and copied to VACO ROC. The "Subject" line will state: "VHA JOC Issue Brief, (Date), and (Name of incident)." For events that do not involve significant threat or impact on VA patients, staff or facilities, the report should be sent as soon as possible or by 1600 hours, Eastern Time.
2. Subsequent Reporting. **VHA JOC Issue Briefs** will be submitted by 0900 hours and 1600 hours, Eastern Time, daily to the Outlook email group VHA EMCG and VHA JOC and copied to VACO ROC. The "Subject" line will state: "VHA JOC Issue Brief, (Date), and (Name of incident)."
3. Incident Termination. The VHA JOC Duty Officer will forward Incident termination emails received from VISNs to the Outlook mail group VHA EMCG and VHA JOC and copied to VACO ROC. The "Subject" line will state: "VHA JOC, Incident Termination Notice, (Date), and (Name of incident)."

*JOC expanded staffing*

1. Subsequent Reporting. The Incident Management Team Commander (IMT) or Plans Section Chief will be responsible for ensuring the **VHA JOC Issue Briefs** are completed and sent to the Outlook mail group VHA EMCG and VHA JOC, and copied to the VACO ROC, according to the schedule below, unless otherwise directed. The "Subject" line will state: "VHA JOC Issue Brief, (Date), and (Name of incident)."

The IMT Commander or Plans Chief will also develop a **VHA JOC Incident Action Plan** and send it to the Outlook email group VHA EMCG and VHA JOC, according to the schedule below, unless otherwise directed. The "Subject" line will state: "VHA JOC Incident Action Plan, (Date), and (Name of incident)."

VHA JOC Issue Brief	by 0900 hrs. eastern time.
VHA JOC Incident Action Plan	by 1130 hrs. eastern time.
VHA JOC Issue Brief	by 1230 hrs. eastern time *
VHA JOC Issue Brief	by 1930 hrs. eastern time.

\* 1230 hour report only necessary when 1400 hours Crisis Response Team (CRT) meetings are held.

2. Incident Termination. The IMT Commander and/or Plans Section Chief will send an incident termination email to the email group VHA EMCG and VHA JOC and copied to VACO ROC. The "Subject" line will state: "VHA JOC, Incident Termination Notice, (Date), and (Name of incident)."

## VISN Offices

1. Initial Reporting. As soon as reasonable, designated contact(s) at the VISN office should review and forward the VA Facility **Issue Brief** to the Outlook mail group VHA EMSHG Operations, with the subject line: "ATTN: VHA JOC Duty Officer." If Outlook is down, the report should be submitted by telephone using 304-264-4800, and then FAXed to 304-264-4499.

▪ Subsequent Reporting. VISN offices should review and forward subsequent VA facility reports **or** in significant emergency situations that involve multiple VA facilities the VISN office should consolidate information received from VA facilities into a VISN Issue Brief. As directed by Central Office, the VISN should conduct the incident action planning process described on pages 19-21. VISN office reporting should be to Outlook email group VHA JOC with the subject line, "ATTN VHA JOC Duty Officer," according to the schedule below.

VISN Issue Brief	by 0900 hrs. local time
VISN Incident Action Plan	by 1300 hrs. local time
VISN Issue Brief	by 2100 hrs. local time

Reporting times may vary due to VACO requirements.

3. Incident Termination. VISN offices should send an email indicating termination of an incident at a VA Facility to the Outlook email group VHA JOC with the subject line, "ATTN VHA JOC Duty Officer." If Outlook is down, the report should be submitted by telephone using 304-264-4800, and then FAXed to 304-264-4499.

**VA Medical Facilities:**

1. Initial Reporting. When an incident occurs that requires the activation of a VA Facility's Emergency Operations Plan/Incident Command System (ICS), the situation is reported using an **Issue Brief** form to the designated contact at the VISN office as soon as is reasonable. An **Operating Status Capability Assessment Report** (OSCAR) can be attached.

2. Subsequent Reporting. When emergency situations are not resolved within the initial 24 hour period, or as directed by the VISN office, VA Facilities should be conducting the incident action planning process described on pages 19-21. In addition to the Issue Brief, an **Incident Action Plan (IAP)** will be submitted to the designated contact at the VISN office according to the following schedule:

Issue Brief	by 0730 hrs. local time
Incident Action Plan	by 1100 hrs. local time
Issue Brief	by 1930 hrs. local time.

Reporting times may vary due to VACO requirements.

3. Incident Termination. VA Facilities must indicate termination of an incident by sending an email to the designated contact at the VISN office stating the emergency situation has been resolved. If Outlook is down, the report should be submitted by telephone to the designated VISN point-of-contact.

**After Action Reporting**

The VHA JOC may request **After Action Reports** from the VISNs and/or VA Facilities based on the nature, magnitude and duration of the incident. Completed After Action Report forms should be submitted to the Outlook email group VHA JOC

## References

April 2004, National Incident Management System  
December 2004, National Response Plan  
November 2005, Draft National Infrastructure Protection Plan  
Undated; Hurricane Incident Collection Plan  
DHS, May 2006 Hurricane Initial Actions Checklist  
December 2005; Hurricane Liaison Team (HLT) Operations Manual  
April 2005, Emergency Support Function 5 Emergency Management Standard Operating Procedures  
April 2005, Draft Interagency Incident Management Group (IIMG) Activation and Operations  
April 2005, National Response Coordination Center (NRCC) Standard Operating Procedures  
April 2005, Regional Response Coordination Center/Regional Support Team Standard Operating Procedures  
April 2005, Interagency Integrated Standard Operating Procedure Homeland Security Operations Center (HSOC)  
April 2005, Interagency Integrated Standard Operating Procedure Joint Field Office (JFO) Activation and Operations  
June 2005, NRCC Watch Officer's Manual: Procedures and Checklists  
HHS Concept of Operations Plan  
SERT System Description  
Interim HHS Incident Management Team Description  
FEMA Mission Assignment Billing and Reimbursement Checklist  
ESF 8 SOP (Draft)  
VHA Directive 0320, VHA Comprehensive Emergency Management Program  
VHA Handbook 0320, VHA Comprehensive Emergency Management Program  
VHA Guidebook, Comprehensive Emergency Management Program  
December 23, 2005 Department of Veterans Affairs, Veterans Health Administration Hurricane After Action Report, Hurricanes Katrina, Rita and Wilma

## Authorities

Public Law (PL) 107-296, The Homeland Security Act of 2002  
Public Law (PL) 106-390/42 U.S.C. 5121, et seq. The Robert T. Stafford Disaster Assistance and Emergency Relief Act  
Public Law (PL) 107-188, Public Health Security and Bioterrorism Preparedness and Response Act of 2002  
Executive Order 12656 (as amended), Assignment of Emergency Preparedness Responsibilities (November 18, 1988).  
Homeland Security Presidential Directive/HSPD-5, Management of Domestic Incidents (February 28, 2003)  
Homeland Security Presidential Directive-7 (HSPD-7): Critical Infrastructure Identification, Prioritization, and Protection (December 17, 2003)