DISASTER EMERGENCY MEDICAL PERSONNEL SYSTEM (DEMPS)

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook implements VHA Directive 97-046 dated October 7, 1997, and provides a comprehensive description of the VHA's Disaster Emergency Medical Personnel System (DEMPS).

2. SUMMARY OF MAJOR CHANGES: This Handbook contains basic instructions for implementing and maintaining the Disaster Emergency Medical Personnel System (DEMPS) and provides the systemic procedures in identifying VHA volunteer personnel who deploy under emergency situations to disaster events.

3. RELATED ISSUES: VHA Directive 0320, Emergency Management Strategic Healthcare Group.

4. RESPONSIBLE OFFICE: The Emergency Management Strategic Healthcare Group (104) is responsible for the contents of the VHA Handbook. Questions may be referred to the staff at 304-264-4828.

5. RESCISSION: None.

6. RECERTIFICATION: This VHA Handbook is scheduled for recertification on or before the last working day of July 2005.

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Acting Under Secretary for Health

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DISASTER EMERGENCY MEDICAL PERSONNEL SYSTEM (DEMPS)

1. PURPOSE

a. This Veterans Health Administration (VHA) Handbook contains basic instructions for implementing and maintaining the Disaster Emergency Medical Personnel System (DEMPS).

b. DEMPS is a system, which uses an employee database, whereby VHA personnel can volunteer, in advance, for possible future deployment in emergency situations. Henceforth to be known as staff volunteers, DEMPS will be used when a need exists for response to an internal VHA emergency or a VHA tasking, under appropriate authorities, to respond following a national catastrophic event. The database will be used by VHA Headquarters and Veterans Integrated Service Network (VISN) Directors as a personnel resource listing to match personnel qualifications to emergency response requirements and needs. ***Authority:*** *Executive Order 12656, dated November 18, 1988.*

2. BACKGROUND

VHA, as the largest integrated health care system in the United States, has the potential to provide a diverse range of medical and support personnel capable of assisting and augmenting other Federal, state and local health and medical services following a catastrophic disaster. During recent disasters (earthquakes, hurricanes, floods, or acts of terrorism), Department of Veterans Affairs (VA) and VHA medical personnel were called upon to offset identified health and medical shortfalls. Activated personnel have included physicians, nurses, mental health counselors, pharmacists, and emergency management and other personnel. In these and future emergencies, there exists a need for both rapid identification and deployment of personnel who possess the required skills and qualifications for response.

3. SITUATIONS AND ASSUMPTIONS

There will be a continuing need for Federal health and medical assistance following future catastrophic disasters whether natural, technological, or manmade. These incidents may directly, or indirectly, impact VA and/or VHA operations. Those VHA personnel, for whom VHA will most likely have a requirement to deploy, must be ready to respond when called. To meet this contingency necessitates that there be a list of skilled and trained volunteers who can be called upon to provide the necessary disaster response capability. Tasks for which VHA staff volunteers could be used in disaster response and recovery activities include, but are not limited to, the following:

a. Augmentation of health care services, both within and external to VA, and within the existing health care infrastructure, with physicians, nurses, nurse practitioners, physician assistants and other identified healthcare support professionals and ancillary personnel.

b. Augmentation and/or support of the VA Medical Emergency Radiological Response Team (MERRT).

c. Augmentation of mobile health clinics with medical and administrative staff.

d. Provision of mental health personnel for stress management and counseling services.

e. Provision of dentists, dental and x-ray technicians and other personnel to aid in victim identification and forensic investigations.

f. Medical and counseling services in mass care and special needs shelters.

g. Augmentation of emergency management staffs in the Federal Emergency Management Agency (FEMA) Disaster Field Office (DFO); national, regional, state and local emergency operations centers; the Emergency Support Function (ESF) # 8 Medical Support Team, as well as the field operations activities of other supported ESFs.

h. Augmentation and/or support of VA-VHA teams (such as the VISN Emergency Medical Response Teams (EMRTs), as required for emergency response and support to internal VA emergency requirements.

i. Provision of non-medical personnel such as firefighters, engineers, contract specialists, and maintenance workers.

4. PROCEDURES

a. VHA personnel desiring to volunteer for possible deployment in an emergency will be requested to complete a questionnaire. When completed, this questionnaire is the source document for entry of personnel information into the DEMPS database.

b. Depending upon individual VISN and local medical facility requirements, documentation of volunteer status should reflect any necessary approval(s) for the individual's inclusion as a volunteer. This documentation may be incorporated into, or appended to, the DEMPS questionnaire. In either event, the questionnaire and approval will serve as the approved, local source document for the data entry. No data is to be entered into the DEMPS database unless all local and VISN requirements and approvals have been met and obtained.

c. Emergency Management Strategic Healthcare Group (EMSHG) Area Emergency Managers will be available to ensure that data entry is accomplished in accordance with DEMPS database instructions.

d. Because the DEMPS database will be used on a continuous basis for rapid identification of potential personnel to be deployed in the event of an emergency, it is essential that individual volunteers maintain the currency of their data resident in the DEMPS database. Local and VISN procedures should provide for this process, as well as at least, an annual review and certification of data accuracy. EMSHG Area Emergency Managers will provide oversight and assistance to ensure the accuracy of DEMPS data to include the accomplishment of this review.

5. PERSONNEL DEPLOYMENT

a. When required for response to an emergency, VHA Headquarters, through the applicable VISN, will request personnel identified in the DEMPS database. Notwithstanding any prior approval as a DEMPS volunteer, personnel requested for an actual deployment must still be released in accordance with local procedures and by appropriate local authority.

b. VA medical facilities deploying personnel within the VA in response to internal emergencies will request reimbursement through established VHA procedures.

c. In the event of a deployment of personnel outside of VA, local VA medical facilities will be reimbursed for authorized expenses incurred by the individual in accordance with existing authorities.

6. RELEASE OF DATA

Personal data contained in DEMPS will be released in accordance with the Privacy Act, Title 5 United States Code 552a, and VA policies.

7. DEPLOYMENT GUIDANCE

This paragraph provides general guidance for VHA staff deployed to a disaster site or affected VA medical center in response to an emergency situation. It is applicable for deployments within the continental United States, its territories and possessions.

NOTE: *Emergency management response and support are exceedingly dynamic. Experience has taught us that no two deployments, despite similar incidents, are exactly the same. The magnitude of devastation and many other variables directly affect the traumatized region. This will directly affect the conditions of deployment. Normal and ample accommodations may be available in some areas, whereas other areas may necessitate more austere condition; therefore, much of this information must remain flexible and subject to change.*

a. **Authority To Deploy**

(1) When the need for a particular VHA skill arises due to national or regional requirements, VHA staff who possess the required skill and training will usually deploy first.

(2) The medical center director of each facility retains the sole authority to grant deployment status to assigned employees. The VISN may initially contact those facilities known to have the required specialty assigned. However, availability is based on many variables. The most important is to ensure that each medical center maintains an effective continuity of care for its beneficiary population.

b. **Local Deployment Assets**

(1) Experience indicates that the following specialties are most likely to participate in external deployments in support of disaster events:

(a) Physicians,

(b) Administrative staff,

(c) Chaplains,

(d) Contracting specialists,

(e) Dental personnel,

(f) Emergency management specialists,

(g) Environmental management staff,

(h) Engineering staff,

(i) Licensed Practical Nurses (L.P.N.),

(j) Pharmacists,

(k) Psychologists,

(l) Physician Assistants (PAs),

(m) Program analysts (for fiscal duties),

(n) Nurse Practitioners (N.P.),

(o) Registered Nurses (R.N.),

(p) Respiratory specialists,

(q) Radiology technicians, and

(r) Other staff as necessary.

(2) VHA volunteers should meet all the pre-deployment requirements that are discussed in the following paragraphs.

c. **Command and Control**

(1) During deployments, VHA employees will normally operate under a field operations structure, i.e., Disaster Field Office (DFO), Management Support Team (MST), VHA field element, or other appropriate organization. VHA field operations will follow the Incident Command System (ICS).

(2) Designated field management staff will perform supervisory and administrative functions necessary to accomplish the assigned task(s) and mission(s). Management procedures will

follow current VHA policies and procedures, as appropriate.

(3) VHA employees will be briefed at the time of deployment on the current contingency situation and the on-site supervisory authority, to include the name(s) of the designated senior field management staff.

(4) Although VHA employees may be deployed to an austere environment, their conduct, job performance, etc., must meet the highest VA standards.

d. **Projected Deployment Duration**

(1) Deployments are usually no longer than 14 days, including travel time. Occasionally, these may be shortened due to the favorable resolution of the local conditions. Deployments for more than 14 days should only occur in unusual cases. All extensions will be addressed on an individual basis in coordination with the individual's home station medical center director.

(2) Medical center directors always retain the authority to recall deployed staff based on facility requirements, personal affairs, or any other requirement that may mandate the presence of the deployed staff member at the home station.

e. **Family and Personal Affairs**

(1) Routinely, deployment duty is physically and emotionally challenging. Hours can be long and medical circumstances difficult.

(2) It is important that those being deployed carefully address their own individual situation. Look for personal, financial, schooling, ongoing special projects, and clinical workloads that may adversely be affected by a 2-week absence. Local requirements, workload, and personal affairs must be carefully thought out before accepting or volunteering for a deployment. Under normal conditions in the affected area, there will be no time to manage two separate households. Staff who are unprepared may exert disruptive influences and requirements on the momentum of a team that is working to contribute to the favorable resolution and solution of a disastrous event. The following circumstances and/or requirements merit careful consideration before accepting a deployment:

(a) Have arrangements been made for care of dependents?

(b) Will the medical center be adversely affected by volunteer staff absence?

(c) Is there any physical limitation that may impair deployment responsibilities? Are there physical limitations due to recent surgery or other medical conditions? Is the volunteer staff member able to fly in a variety of aircraft, to include helicopters?

(d) Is there a prescription medication being taken that may hamper abilities to perform expected field duties?

(e) If a prescribed medication is being taken, is there sufficient medication to last for the total deployment?

(f) Are there any conditions that may not allow total rotation of deployment?

(g) Are there any prohibitions in sharing a sleeping area or room with other personnel of the same sex?

(h) Are there special dietary requirements?

(i) Can extended work hours be implemented for staff volunteers?

(j) Are there special requirements at home that mandate attention?

(3) This handbook addresses the many tasks and requirements that must be negotiated within a very limited time. It outlines how family affairs may be handled during an employee's absence.

f. **Projected Administrative Processing Procedures**

(1) Disastrous circumstances generally set off a chain of events and requirements leading to the request for personnel resources. Within VHA, the EMSHG will immediately activate its Emergency Operations Center (EOC) where specialized staff will coordinate and direct support requirements and tasks to VISNs and medical centers. Network and medical center directors will be alerted of the situation and requested to commence review of available staff volunteers. When field assessments are complete and requirements determined, selected facilities may be tasked to provide a certain number of associates with varied specialties. The following is an example sequence of events, which will usually occur immediately following a disaster:

(a) Chief Network Officer notified (situation dependent).

(b) Network director(s) alerted.

(c) Medical center director(s) alerted.

(d) Volunteer availability determined.

(e) VISN(s) tasked to provide support.

(f) Personnel resources are identified.

(g) Travel authorization must be completed, deployed staff issued four copies.

(h) Travel arrangements will be completed, e.g., airline tickets purchased, etc. ***NOTE:*** *Rental vehicles will generally not be authorized. Transportation resources will be made available at the site.*

(i) Travel cash advances will be coordinated, as required.

(j) DEMPS volunteers will be briefed during the various stages of the deployment

preparations and upon arrival at the disaster work site.

(k) Requirements for special supplies and/or uniforms will be determined.

(l) Packaging of materials for shipment, etc.

(m) Authorization for excess baggage and/or cargo.

(2) The preceding sequence does not include personal requirements that may require a staff member's attention. Additionally, time-of-day and day-of-week have direct influences on the swiftness of deployment processing. The point to be made is that deployments require significant attention and planning. It is not a chance occurrence. Effective pre-deployment planning is key. A well-designed checklist will be required because forgetting essentials can be critical in the accomplishment of the assigned task. Employees will be expected to bring basic "tools of the trade" (e.g., stethoscopes, blood pressure cuffs, etc.). Other supplies and equipment will be provided at the incident or support area through a supporting VA medical center or other designated source.

g. **Arriving at the Supported Site**

(1) Upon arrival at the support destination, volunteer staff will be met by other support staff who will facilitate transportation, registration, lodging, and other on-site requirements. If traveling as a team, it is necessary that the team remain together throughout the travel and in-processing.

(2) Team assignments are based on mission needs and number of support sites. As mentioned, every effort will be made to accommodate group assignments.

(3) A team leader will be appointed and is expected to interface with the local support organization. Additionally, the team leader will be responsible for the administrative requirements of the team. Some examples of these tasks are: timekeeping for payroll purposes, message transmittals, internal team scheduling, performance oversight, and the resolution of performance and behavioral shortcomings. There may be other team responsibilities that may need assignments.

(4) Deployed staff should expect that shifts would be formalized to ensure adequate coverage of the support requirements. The coordination of travel between the lodging facilities and the supported site requires team cooperation. Whenever possible a contracted or General Services Administration (GSA) vehicle will be provided to each team. It is the team leader's, or designee, responsibility to ensure that adequate care is afforded to each vehicle. Contracted vehicles are for official use only and contracts may be arranged for fuel services. Stops to and from the employee's official place of duty are authorized for the purpose of consuming meals, doing laundry, and performing other required tasks.

h. **Physical Screening and Reviews**

(1) The physical requirements for deploying staff volunteers will be based on the functional requirements of the job to be performed, and/or any other requirements specified by the senior

VA medical representative within the supported area.

(2) All deploying staff volunteers will be required to take any immunizations or medications that might be required for deployment to the affected area.

(3) Individuals should deploy with a minimum of 2-week supply of any required medications to preclude any adverse pharmaceutical shortages in the area.

(4) If a volunteer staff member is injured during a deployment, the appropriate forms will be completed and submitted. All treatments and hospitalizations will be carefully documented. It is further advisable to have copies of all the supporting documentation given to the affected associate and also forward a complete set of documents to the medical center Director of the station where the associate is assigned. ***NOTE:*** *Administrative staff will supply all appropriate forms.*

i. **Attire for Deployments**

(1) Deployed staff volunteers are required to begin each day of the deployment in fresh clothes. Each is to take with them an adequate amount of clinical duty attire. Scrub suits, laboratory coats, and smocks with VA emblems are the preferred attire (unique or unusual uniform requirements will normally be communicated prior to deployments). At least one set of off-duty clothing should be considered, but not at the expense of sacrificing space for duty attire within luggage. ***NOTE:*** *Experience indicates that generally there are ample locations for the care of personal clothing. Casual clothing is permissible traveling to and from the deployment area.*

(2) All deployed staff must carry and display at all times their individual medical center badges.

(3) Any special deployment badges will normally be processed at the supported site. Special badges will be returned prior to mission closure.

(4) Items of personal clothing and personal care, such as: toothbrush, toothpaste, soap, shampoo, mouthwash, deodorant, comb, brush, shaving equipment, other hygiene items, etc., are the responsibility of the individual.

(5) Sharing of commercial lodging during deployments is common. Consideration should be taken for at least one set of clothes that would be worn during relaxed periods.

(6) Depending on the conditions, deployed staff may find that transportation services, such as taxis and buses, are not available. Staff will be required to personally carry their luggage and other equipment to the disaster site. ***NOTE:*** *The administrative support team will make every effort to facilitate arrival, stay, and return to home station.*

j. **Weight and Luggage Limitations.** Restrictions in luggage size, weight, and number of pieces when deploying in support of emergency contingency operations will depend on the incident and the type of transportation to be utilized. In most deployments, commercial aircraft will normally be used to transport the responders to the disaster area. In this case, the normal

restrictions that apply to commercial airlines will be in effect. ***NOTE:*** *Do not to take more than can be carried personally without assistance.*

k. **Passports, Visas, and Customs Processing**. Under normal and routine deployments, these items will not be required because the support area generally remains within the Continental United States, Hawaii, Alaska, and the U.S. Territories.

l. **The Challenges of Living Under Austere Conditions**

(1) During major catastrophes, most individuals could be living under austere conditions. Field conditions are significantly different from normal civilian life.

(a) There will be a general lack of privacy and little opportunity for recreation during non-duty hours.

(b) Lodging arrangements could easily consist of tents or hastily constructed buildings.

(c) Meals could be pre-packaged rations or Meals-Ready-to-Eat (MREs).

(d) The meal could be served in a military or other field dining facility, which means that special diets will not be accommodated in most circumstances.

(e) Showers, if available, could be communal.

(f) The opportunities to phone home may initially be limited.

(g) The mail may be delayed.

(h) Laundry services may be severely limited or non-existent.

(i) The organized practice of religion may be interrupted or limited to non-denominational services.

(j) Bring sufficient cash since automatic teller machine (ATM) or banking facilities may not be available.

(2) The lead Federal or State authority may impose special rules, policies, directives, and orders based on mission necessity and safety. ***NOTE:*** *These restrictions need to be considered reasonable and enforceable.*

m. **Timekeeping.** Timekeepers will be designated to track daily work schedules on a field timekeeping form at the disaster work site. Director, MST, or other designated VHA manager, will oversee the completion of the field time card, review for accuracy, and submit completed time cards to Director, EMSHG. Time cards will be verified and approved by Director, EMSHG and submitted to the Director of the medical center where the employee is stationed upon completion of the deployment. The employee's home station will amend the employee's official time card and award either compensatory time or overtime pay, as appropriate.

n. **Annual Leave Accumulation**. Annual leave in excess of the maximum permissible carry over is automatically forfeited at the end of the leave year. However, annual leave forfeited during a crisis response situation that has been determined by appropriate authority to constitute an exigency of the public business may be temporarily restored. The employee must file for carry over leave at the home medical center.

o. **Voluntary Callback**

(1) During emergency response situations, the nature of work may make it necessary to have deployable associates (employees) in a "voluntary callback" status in order to respond to emergencies and other administrative requirements that may occur outside the established work hours. Response commanders and leaders may solicit volunteers to be available for voluntary callback during off-duty times.

(2) The following guidelines will be followed for associates in voluntary callback status:

(a) Voluntary callback requirements will be briefed to all deployable personnel during their initial orientation.

(b) The leadership will confirm that there is a definite possibility that the specific services of the VHA employee might be required.

(c) If more than one associate could be used for callback service, the designation will be made on a rotating basis.

(3) The designation of an associate to be in a voluntary callback or alert status will not serve as a basis for additional compensation (overtime or compensatory time off). Financial compensation will be applied as directed by the VHA Headquarters, VISN, or the senior Federal agency directing the response efforts. This guidance is normally provided to the MST commander or the applicable support organization. ***NOTE:*** *Approved and properly documented work schedules and time sheets are key to proper reimbursement.*

p. **Medical Care and Compensation Act Benefits**. In approved and directed federal authorized deployments, medical entitlements and other workplace benefits continue.

q. **Notification of Next-of-kin**

(1) Next-of-kin notifications will take place when a deployed associate is unable to express personal desires after becoming ill or injured during the incident response. It is important that station and field record and files remain current.

(2) Medical authorities will determine if the associate remains deployed or returns to home station. The ability to recover and perform the mission within the estimated deployment (normally not more than two weeks) will be carefully considered.

(3) The reports addressing accidental injuries will be completed in accordance with VA guidance.

r. **Return to Home Station.** Upon mission accomplishment or completion of assigned rotation, all deployed associates will out-process from the controlling organization to ensure the following:

(1) Completion of required time sheets.

(2) Coordination of the proper transportation arrangements for return to home station.

(3) Verification of the transfer of vehicle keys and receipts.

(4) Completion and turn-in of any applicable deployment critique forms.

(5) Verification that proper forwarding addresses are correctly documented.

(6) Meeting any other requirement the EMSHG leadership deems appropriate.

s. **Debriefing.** Debriefing will be conducted prior to return to home station.

8. RECORDS

a. **Privacy Act Requirements.** DEMPS records are created, filed, retrieved, and maintained in accordance with the Privacy Act, 5 U.S.C 552a, and the systems of records notice number 98VA104A.

b. **Disposition of Records.** Records are maintained and disposed of in accordance with the records disposition authority approved by the Archivist of the United States.