VETERANS HEALTH ADMINISTRATION COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM (CEMP) PROCEDURES

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes implementation procedures for the Comprehensive Emergency Management Program (CEMP). It supports VHA Directive 0320 by articulating the overall roles and responsibilities of officials, key staff and all employees in emergency management at the VA Medical Center (VAMC), Veterans Integrated Service Network (VISN) and VHA Central Office (VHACO) levels. Other 0320-series VHA Handbooks provide additional detail on the roles and responsibilities for specific program areas.

2. SUMMARY OF CONTENTS: This VHA directive contains procedures for carrying out the VHA CEMP whose purpose is to ensure the continuity of medical and hospital services to Veterans, and during disasters and emergencies, to military personnel, responders and civilians, as appropriate.

3. RELATED ISSUES: VHA Directive 0320 and VHA 0320-series Handbooks.

4. RESPONSIBLE OFFICE: The VHA Office of Emergency Management (VHA OEM - 10NA1) is responsible for the contents of this VHA directive. Address questions to the Director, OEM at 304-264-4826.

5. RESCISSIONS: VHA Handbook 0320.2, dated June 12, 2000, is rescinded.

6. RECERTIFICATION: This VHA directive is due to be recertified on or before the last working day of April 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Acting Under Secretary for Health

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1. PURPOSE

The purpose of this Veterans Health Administration (VHA) directive is to clarify roles and responsibilities for the implementation of the VHA Comprehensive Emergency Management Program (VHA CEMP). The purpose of the VHA CEMP is to ensure the continuity of medical and hospital services for Veterans, and during a disaster or emergency, to civilians, as appropriate. **AUTHORITY:** The VHA CEMP is based upon the following public laws, regulations, executive orders, VA and VHA Directives and Handbooks:

a. Title 38, United States Code (USC), Sections 1784, Humanitarian Assistance; 1785, Care and Services during Certain Disasters; 8110, Operation of Medical Facilities; 8111A, Furnishing of Health Care to Members of the Armed Forces (P.L. 97-174); 8117, Emergency Preparedness (P.L. 107-287); and, 8153, Sharing of Health Care Resources.

b. Title 42, USC, Sections 5121-5208 – Disaster Relief (specifically, 5192 - Federal Emergency Assistance (P.L. 100-707)); and, Section 201-300mm61 – Public Health Service (specifically, 300hh-300hh31 – National All-Hazards Preparedness for Public Health Emergencies (P.L. 107-188)).

c. Homeland Security Presidential Directive 5, Management of Domestic Incidents.

d. Presidential Policy Directive 8, National Preparedness.

e. Homeland Security Presidential Directive 20, Federal Continuity Program.

f. Presidential Policy Directive 40, National Continuity Policy.

g. Department of Veterans Affairs (VA) Directives 0320-0324 and 5011.

h. VHA Directive 0320.

2. BACKGROUND

The outcome of an effective CEMP is increased resilience, ensuring the continuity of health care service delivery, and access to care. The following objectives support this outcome:

a. Identify the impacts on health care and other essential services from potential hazards, threats, incidents and events.

b. Focus mitigation activities on decreasing the vulnerabilities from such hazards,

threats, incidents and events, as well as increasing the resilience of systems and resources that support essential services.

c. Demonstrate the requisite levels of readiness and competence at VAMC, VISN, and VHACO levels through on-going, all-hazards preparedness activities.

d. Minimize the impact of incidents and events on people, health care and other services, vital records, property, and the environment by facilitating effective and efficient response activities.

e. Restore access to and the delivery of health care services.

f. Monitor program performance and establish processes for continuous improvement.

g. Evaluate compliance with applicable standards.

3. POLICY

The VHA CEMP includes all activities assigned to VHA through the authorities listed in Section 1. Responsibilities assigned to VAMC leadership and staff in this document include the VAMC and its Community Based Outpatient Clinics (CBOCs), satellite clinics, mobile clinics, home care programs, telehealth sites and business occupancy sites for administrative functions, and tenant organizations.

4. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring the coordination of VA and VHA program offices whose responsibilities include activities which fall within the scope of the VHA CEMP.

(2) Ensuring VHA programs and construction designs and specifications comply with CEMP requirements.

(3) Ensuring a contingency capacity to assist the Department of Defense (DoD) in time of war or national emergency to care for the casualties of such war or national emergency is maintained.

(4) Providing health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims of a public health emergency as part of the National Disaster Medical System (NDMS), as directed.

(5) Supporting the Department of Health and Human Services (HHS), to furnish available VHA hospital care and medical services to individuals responding to, involved in, or otherwise affected by incidents and events, as directed.

(6) Supporting, in cooperation with HHS, the development of state and local plans for the provision of disaster medical services, as well as the development of national plans to mobilize the health care industry during national security emergencies.

(7) Ensuring, in cooperation with VA, the development and maintenance of a continuity of government/operations program across VHA.

(8) Serving as, or designating, the VHA Agency Executive for each operational period during incidents and events.

b. **Principal Deputy Under Secretary for Health.** The Principal Deputy Under Secretary for Health is responsible for:

(1) Ensuring that clinical policy and technical expertise is coordinated and integrated within the VHA incident management process.

(2) Serving as the VHA Agency Executive in the absence of the Under Secretary for Health during emergencies and disasters.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Designating VHA OEM as the Program Office for the VHA CEMP.

(2) Providing adequate resources to implement the VHA CEMP.

(3) Ensuring compliance with VHA CEMP policies and procedures.

(4) Ensuring OEM, VISNs and VAMCs use the National Incident Management System (NIMS) Incident Command System (ICS) to manage all incidents and events.

d. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for:

(1) Ensuring relevant program office participation in support of the Emergency Management Coordination Cell (EMCC).

(2) Providing appropriate subject matter expertise to address unique incident and event-related policy requirements, as required.

e. **Assistant Deputy Under Secretary for Health, Administrative Operations.** The Assistant Deputy Under Secretary for Health, Administrative Operations is responsible for:

(1) Overseeing the VHA OEM.

(2) Ensuring the support and integration of all relevant VHA expertise in the EMCC during incidents or events, disasters, emergencies, exercises, or other contingencies.

(3) Providing appropriate subject matter expertise to address unique incident-related policy requirements, as required.

f. **VHA Central Office Senior Officer.** Each VHA Central Office Senior Officer is responsible for:

(1) Ensuring portions of the VHA Emergency Operations Plan (EOP) relevant to their areas of responsibility are kept current, and personnel are knowledgeable of their roles and responsibilities through participation in training and exercises, and implementation during emergencies.

(2) Identifying program offices and personnel with technical expertise relevant to issues particular to policy being considered by the EMCC.

h. **VHA Emergency Management Coordination Cell.** The Emergency Management Coordination Cell (EMCC) serves as the central point of communication and coordination for the Under Secretary of Health in planning for, responding to, and recovering from significant incidents/events that require national level direction/support or supporting federal interagency requests for assistance. The EMCC provides VHA incident action planning and operational situation reporting, as well as coordination of VHA logistical, administrative, and financial support for VHA and other VA administrations as needed during incidents and events. The EMCC also serves as the focal point for synthesis of public health, medical, and special needs information related to the emergency, disaster, or contingency on behalf of the VHA

i. **Director, Office of Emergency Management.** The Director, VHA Office of Emergency Management (VHA OEM) is responsible for:

(1) Focusing the VHA CEMP on increasing the resiliency of VHA infrastructure and supporting systems to ensure continuity of health care and other essential services to Veterans, military personnel, responders and the public during emergencies, as appropriate.

(2) Establishing VHA CEMP performance standards for line officials and those in related program offices under the Under Secretary for Health's supervision;

(3) Leading and overseeing the activities of the VHA OEM.

(4) Creating automated systems for data collection, analysis, reporting and operations.

(5) Establishing an evidence-based system for the development, implementation, evaluation and improvement of the VHA CEMP.

(6) Promoting unity of effort between VISN, VAMC and VHA OEM emergency management staff through quarterly system-wide coordination calls.

(7) Approving the distribution of performance improvement funds for VISNs and VAMCs.

(8) Assisting and advising the Assistant Deputy Under Secretary for Health/Administrative Operations on VHA policies and programs related to enhancing the resiliency and continuity of health care and other services.

(9) Developing periodic and annual reports to VHA leadership.

(10) Establishing and maintaining a deployable personnel system.

(11) Serving as the Under Secretary for Health's liaison to the VA Integrated Operations Center (VAIOC).

(12) Implementing the VA-DoD Contingency Hospital System and VA support of DoD during war and national security emergencies, and providing a liaison to the United States Transportation Command.

(13) Implementing the VHA EOP during emergencies and disasters that affect or involve VHA Central Office, VISNs or VAMCs.

(14) Ensuring the use of NIMS ICS within VHA OEM to manage all incidents and events.

(15) Leading the development of a VHA-wide system of emergency response resources, including maintaining an inventory of these assets.

(16) Coordinating VHA support of the national planning frameworks and other Federal emergency plans and activities.

(17) Providing technical assistance and support to VHA entities not directly associated with VISN and/or VAMC CEMPs (e.g., Consolidated Mail-Out Pharmacies, Call Centers), as appropriate.

(18) Assigning OEM staff to support the readiness of VAMCs designated as NDMS FCCs.

(19) Providing liaisons to the HHS Secretary's Operations Center (SOC); to field-based HHS Incident Response Coordination Teams (IRCT); and/or, to the Department of Homeland Security (DHS) Joint Field Office (JFO).

(20) Providing VHA Watch Officers to serve as the VHA conduit for the VAIOC, working with VHA Network Support Office to process all Requests for Information (RFIs), Requests for Assistance (RFAs) and situational awareness products regarding current events that may have significance to VHA.

(21) Serving as the VHA EMCC Director during incidents and events, as directed.

j. **OEM Regional Emergency Manager.** The OEM Regional Emergency Manager (REM) is responsible for:

(1) Leading and supervising the OEM regional staff in the development, implementation, evaluation and improvement of the VHA CEMP in assigned VISNs.

(2) Serving as the primary OEM liaison to the VISN Office leadership in assigned areas on issues related to VISN CEMP status, performance and customer satisfaction, including facilitating periodic meetings with VISN Office leadership for planning, consultation and evaluation.

(3) Using applicable reporting systems to review data on the assigned VISN CEMP status, performance and customer satisfaction.

(4) Gathering and analyzing data and creating reports that describe the status and performance of VISN CEMPs to assist with improving performance and customer satisfaction.

(5) Participating on the OEM senior management committee in reviewing and analyzing data related to the VISN CEMPs and making recommendations to the VHA OEM Director for changes in policies and procedures, funding levels and program activities in order to enhance VHA OEM support to VISN CEMPs.

(6) Providing liaison to the HHS, Federal Emergency Management Agency (FEMA), and other Federal agencies for regional planning, response and recovery support.

(7) Providing management, guidance and response planning for the VHA OEM disaster support cadres to ensure the readiness of OEM staff for the support of VHA or other Federal agency requirements.

(8) Serving as the VHA Agency Representative to the FEMA Regional Response Coordination Center (RRCC), and the VA Agency Representative to the HHS SOC, and other roles as required.

k. **OEM Area Emergency Manager**. OEM Area Emergency Managers (AEMs) are responsible for:

(1) If designated as the VISN Liaison AEM, supporting the REM in providing liaison to the VISN Office leadership in assigned areas.

(2) Supporting the VHA CEMP in assigned areas under the supervision of the REM.

(3) Providing technical assistance and support to VISN and VAMC emergency management programs.

(4) Providing technical assistance and support to VHA entities not directly associated with VISN and/or VAMC CEMPs (e.g., Consolidated Mail-Out Pharmacies, Call Centers), as assigned.

(5) In coordination with designated VAMCs, support the VA~DoD Contingency Hospital System and NDMS, as appropriate.

(6) Using designated automated systems to review data on VISN and/or VAMC CEMP status, performance and customer satisfaction in order to assist with VHA CEMP improvement activities.

(7) Providing liaison to State and local government agencies and other organizations and programs designed to enhance mitigation, preparedness, response, recovery and resilience of public health and medical service delivery during disasters and emergencies to ensure linkage to VHA facilities and VISNs.

(8) Participating on incident management teams to support VHA Central Office, VISNs, VAMCs, and other Federal agencies.

(9) Conducting annual inspections of the VHA all hazards caches.

(10) Participating in assessments of VISN and VAMC CEMPs; providing technical assistance on performance improvement activities; making recommendations for performance improvement funding requests; and, monitoring the results of these activities, in partnership with VAMC and VISN Emergency Managers.

(11) Participating in and providing assistance with implementation of training and exercises to increase VHA OEM, VISN and VAMC staff proficiencies in carrying out response and recovery roles.

(12) Serving as the VHA Agency Representative to State and/or local EOCs, and/or in an appropriate ICS role during emergencies and disasters that affect or involve the VISN Office or VAMC, or other positions as required.

l. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Ensuring the VISN Office and VISN-wide CEMP meets VHA CEMP requirements.

(2) Establishing a VISN-wide Emergency Management Committee (EMC) by charter.

(3) Supporting a contingency capacity to assist the DoD in time of war or national emergency to care for the casualties of such war or national emergency, as appropriate.

(4) Supporting health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims in cases of humanitarian assistance, as appropriate, and during a public health emergency as part of the NDMS Federal Coordinating Center (FCC), as designated.

(5) Supporting an annual schedule of training and exercises.

(6) With input from the VA medical facilities, establishing an evidence-based system for the development, implementation, evaluation and improvement of the VISN-wide CEMP.

(7) Promoting unity of effort between VISN, VA medical facility and OEM emergency management staff, including periodic meetings with the OEM Regional Emergency Manager (REM), OEM VISN Liaison Area Emergency Manager (AEM) and/or VHA OEM leadership to discuss the VISN-wide CEMP.

(8) Requiring the use of designated automated systems for inputting data from assessments, exercises, incidents and events that reflect the status and performance of VAMC and the VISN CEMPs.

(9) Ensuring a cadre of staff and other resources to support incident management requirements, including maintaining an inventory of these assets.

(10) Ensure the rollup of facility annual business process analyses and business impact analyses for continuity of operations planning.

(11) Ensuring the VISN Office and facilities use NIMS ICS to manage incidents and events.

(12) Designating staff to serve on the VISN Office incident management team.

(13) Activating the VISN EOP to ensure VISN Office continuity and/or VISN-wide coordination during incidents and events that affect medical and hospital service delivery within the VISN, as needed, in coordination with facilities, other VISNs and OEM.

(14) Managing, controlling, communicating, and coordinating among facilities within the VISN and with the Network support team and VHA OEM during emergencies.

(15) Supporting the priorities set by VAMC Directors for the restoration of any degraded VHA medical or hospital services resulting from disasters and emergencies.

(16) Ensuring emergency situation and resource status information involving the VISN is reported.

(17) Serving as, or designating, the VISN Agency Executive for each operational period during emergencies and disasters.

m. **VISN Emergency Manager.** The VISN Emergency Manager (VISN EM) is responsible for:

(1) Developing, implementing, evaluating and improving the VISN Office CEMP to ensure it meets VHA CEMP requirements and provides for effective response and recovery activities.

(2) Ensuring the coordination of the VISN-wide CEMP in collaboration with VHA OEM.

(3) Establishing and regularly testing VISN-wide plans and procedures for the continuity and restoration of health and medical services.

(4) Providing leadership, support and/or consultation to the VISN EMC and working groups, as designated by VISN leadership.

(5) Using designated automated systems for inputting data from assessments, exercises, incidents and events that reflect the status and performance of the VISN CEMP.

(6) Managing requests for performance improvement funds, and providing quarterly reports on the implementation of EMPI grant monies, from VA medical facilities and the VISN Office through the OEM as instructed.

(7) Developing deployable emergency response staff and resources within the VISN, including maintaining an inventory of these assets.

(8) Developing an annual training plan for VISN Office staff and directing the training and exercising of those staff to perform NIMS ICS and continuity roles during emergency operations.

(9) Participating in VHA CEMP training, professional development, working groups and other activities.

(10) Serving in a NIMS ICS role during incidents and events that affect or involve the VISN.

n. **VISN Emergency Management Committee**. The VISN Emergency Management Committees (VISN EMC) is responsible for:

(1) Establishing goals and providing governance and policy direction for the VISN-wide CEMP the scope of which includes the VISN Office and all VA medical facilities in the VISN. The VISN EMC shall be established by charter and a member of leadership appointed as Chair. The VISN EMC shall include VISN Office and facility leadership, key clinical and non-clinical managers, and AEMs; meet at least quarterly; coordinate and collaborate with other relevant committees; and, document that process.

(2) Monitoring the status and performance of the VISN-wide CEMP, including conducting an annual review of the VISN Office EOP, Continuity of Operations Plan (COOP), and Hazards Vulnerability Analysis (HVA); reviewing the results of VISN EMCAP assessments, exercises, incidents and events; approving recommendations and funding requests for improvement activities; establishing an annual work plan to carry out improvement activities and training and exercises; and, tracking of action items to completion.

(3) At least annually conducting a review of the collective VISN-wide strengths, weaknesses, priorities and requirements for improvement that is documented in writing and sent to VISN leadership for review and approval.

   o. **VA Medical Center Director.** The VA Medical Center (VAMC) Director is responsible for:

   (1) Ensuring the VAMC CEMP meets VHA CEMP requirements.

   (2) Establishing a VAMC EMC, and providing feedback to the VISN EMC.

   (3) Maintaining a contingency capacity to assist the DoD in time of war or national emergency to care for the casualties of such war or national emergency, as appropriate.

   (4) Providing health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims in cases of humanitarian assistance, as appropriate, and during a public health emergency as part of Presidentially-declared disasters under the Stafford Act that may involve the NDMS FCC, as designated.

   (5) Serving as the NDMS FCC Director, as appropriate, and designating appropriate staff to coordinate with and designate a backup to the AEM as FCC Coordinator.

   (6) Supporting an annual schedule of training and exercises.

   (7) Conducting annual business process analyses and business impact analyses for continuity of operations planning.

   (8) Establishing an evidence-based system for the development, implementation, evaluation and improvement of the VAMC CEMP.

   (9) Ensuring a cadre of staff and other resources to support incident management requirements, including maintaining an inventory of these assets.

   (10) Ensuring the use of designated automated systems for inputting data from assessments, exercises, incidents and events; monitoring and reporting the status and performance of the VAMC CEMP.

   (11) Approving the facility's requests for performance improvement funds, and ensuring these funds are used as planned.

   (12) Ensuring the facility's use of NIMS ICS to manage all incidents and events.

   (13) Maintaining the capability to decontaminate persons presenting to the facility for treatment.

   (14) Ensuring that plans and processes are in place and evaluated annually for the use of the VA all-hazards cache and other medical-related stockpiles for the treatment

of Veterans, staff and the public in emergencies.

(15) Ensuring information on emergency management is accessible to all Veterans within the catchment area, their family members and/or caregivers.

(16) Designating staff to serve on the VAMC incident management team.

(17) Implementing the VAMC EOP during incidents and events that affect or involve the facility, in coordination with the local community, other facilities, the VISN Office, and VHA OEM.

(18) Providing situation and resource status during emergencies involving the VAMC and its facilities.

(19) Serving as, or designating, the VAMC Agency Executive for each operational period during emergencies and disasters.

(20) Ensuring all Community Based Outpatient Clinics (CBOCs) and satellite operations not located on the facility campus participate in the VAMC CEMP, including identifying an emergency management lead at each site to maintain and implement emergency procedures, in conjunction with the VAMC EMC.

p. **VAMC Emergency Manager.** The VAMC Emergency Manager (VAMC EM) is responsible for:

(1) Developing, implementing, maintaining, evaluating and improving the VAMC CEMP and ensuring it meets VHA, accreditation, and other regulatory requirements, including providing technical assistance and support to satellite offices and to the CBOC emergency response leads.

(2) Providing leadership, support and consultation to the VAMC EMC and working groups, as designated by facility leadership.

(3) Conducting an annual program evaluation to determine the status and performance of the VAMC CEMP for the purposes of improvement.

(4) Using designated automated systems for inputting data from assessments, exercises, incidents and events; monitoring and reporting the status and performance of the VAMC CEMP.

(5) With assistance from the AEM, as needed, developing facility requests for performance improvement funds, overseeing the management of grant monies through completion, and providing quarterly updates to VISN EMC regarding same.

(6) Leading the development of a cadre of staff and other resources to support incident management requirements, including maintaining an inventory of these assets.

(7) Training and exercising staff designated to perform NIMS ICS roles during facility

emergency operations, to increase staff proficiencies.

(8) Participating in VHA CEMP training, professional development, working groups and other activities.

(9) Developing an annual training and exercise program.

(10)   Collecting situation and resource status involving the VAMC and/or its subordinate medical facilities.

(11)   Serving in a NIMS ICS role during emergencies and disasters that affect or involve the VAMC.

q. **VA Medical Center Emergency Management Committee.** The VA Medical Center Emergency Management Committees (VAMC EMC) is responsible for:

(1) Establishing goals and providing governance and policy direction for the VAMC CEMP (including all associated facilities such as CBOC). The VAMC EMC shall be established by charter and a member of leadership appointed as Chair. Membership must include leadership, key clinical and non-clinical operating unit managers and AEMs; must meet at least quarterly; coordinate and collaborate with other relevant committees; and, document the process.

(2) Monitoring the status and performance of the VAMC CEMP, including conducting an annual review of the VAMC EOP, COOP plan and HVA; the results of assessments, exercises, incidents and events; reviewing; and, approving recommendations from staff for improvement activities; establishing a work plan to carry out those improvement activities and training and exercises; seeking the input from VAMC senior leadership; reviewing and recommending approval of funding requests for improvement activities; and tracking of action items to completion.

(3) Annually conducting a comprehensive review of the CEMP to include: Objectives, scope, and update of the EOP; required annual training and exercise and accomplishments; emergency equipment, resources, and supplies inventory; EM budget requirements and expenditures; and priorities and requirements for program improvement. This review is documented in writing and is reviewed by the EMC and approved by the executive leadership team.

(4) Establishing and regularly testing plans and procedures for the continuity and restoration of health and medical services; and, providing that annual report to the VISN EMC and other data, as requested.

r. **Community-Based Outpatient Clinic Manager.** The Community-Based Outpatient Clinic (CBOC) Manager is responsible for participation in the affiliated VAMC EMC; disseminate and facilitate emergency management procedures and training at the CBOC; and, provide leadership to response efforts.

s. **VHA Key Operating Unit Managers.** VHA Key Operating Unit Managers, e.g.,

Departments, Services, Service Lines, Product Lines and so forth, with responsibilities in the EOP are responsible for:

(1) Ensuring participation in the development, maintenance and practice of Service-specific procedures to support resiliency, continuity and emergency operations.

(2) Providing and participating in training and exercises on emergency and continuity procedures and/or assigned staff.

t. **VHA Supervisors.** All VHA Supervisors are responsible for:

(1) Ensuring all employees have access to and understand the relevant emergency and continuity procedures for their place of work.

(2) Providing and participating in training and exercises on emergency and continuity procedures to staff and conducting testing to ensure proficiency.

u. **All VHA Employees.** All VHA employees are responsible for:

(1) Demonstrating proficiency through performance of relevant emergency and continuity procedures and the ability to explain to others what steps to take should an emergency occur.

(2) Participating in training and exercises on emergency procedures, as appropriate.

(3) Taking appropriate steps to ensure personal and family preparedness for emergency situations occurring in their home communities.

(4) Completing registration and data update of all supervised employees in VA-approved personnel accountability and notifications systems, as appropriate.

5. STANDARDS

Generally-accepted industry standards applicable to emergency management and business continuity define the scope and direction of the VHA CEMP. These include, but are not limited to:

a. Applicable Federal laws and regulations.

b. Applicable VA and VHA Directives and Handbooks.

c. Applicable VHA-accepted accreditation standards.

d. Emergency management standards certified by the American National Standards Institute (ANSI).

e. International Organization for Standardization (ISO) standards.

6. ACRONYMS

AEM	Area Emergency Manager
ANSI	American National Standards Institute
CBOC	Community-based Outpatient Clinic
CEMP	Comprehensive Emergency Management Program
COOP	Continuity of Operations Plan
DHS	Department of Homeland Security
DoD	Department of Defense
EMC	Emergency Management Committee
EMCC	Emergency Management Coordination Cell
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FEMA	Federal Emergency Management Agency
FCC	Federal Coordinating Center
HHS	Department of Health and Human Services
HVA	Hazards Vulnerability Analysis
ICS	Incident Command System
IRCT	Incident Response Coordination Team (HHS)
ISO	International Organization for Standardization
JFO	Joint Field Office
MEF	Mission Essential Function
NDMS	National Disaster Medical System
NFPA	National Fire Protection Association
NIMS	National Incident Management System
PMEF	Primary Mission Essential Function

REM   Regional Emergency Manager

RFA   Request for Assistance

RFI   Request for Information

RRCC   Regional Response Coordination Center

SOC   Secretary's Operations Center (HHS)

VA/DoD   Department of Veterans Affairs/Department of Defense

VAIOC   VA Integrated Operations Center

VAMC   VA Medical Center

VAMC EM   VA Medical Center Emergency Manager

VAMC EMC   VA Medical Center Emergency Management Committee

VHA CO   Veterans Health Administration Central Office

VHA OEM   Veterans Health Administration Office of Emergency Management

VISN   Veterans Integrated Service Network

VISN EM   Veterans Integrated Service Network Emergency Manager

VISN EMC   Veterans Integrated Service Network Emergency Management Committee

7. REFERENCES

a. Department of Homeland Security (DHS), National Incident Management System (NIMS).

b. DHS, Federal Continuity Directives 1 and 2.

c. DHS, National Response Framework.

d. DHS, National Disaster Recovery Framework.

e. DHS, National Infrastructure Protection Plan.

f. DHS, Homeland Security Exercise and Evaluation Program (HSEEP).

g. DHS, National Preparedness System.

h. DHS, Ready.gov.

i.   Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness.

j.   HHS, ASPR, National Health Security Strategy Implementation Plan.

k.   HHS, Medical Surge Capacity and Capability Handbook.

l.   HHS, National Disaster Medical System (NDMS), Federal Coordinating Center (FCC) Guide.

m. HHS, Health Insurance Portability and Accountability Act (HIPAA) Waivers.

n.   HHS, Emergency Medical Treatment and Active Labor Act (EMTALA) Waivers.

o.   The Joint Commission, National Fire Protection Association (NFPA), and other regulatory and accrediting requirements.

p.   International Organization for Standardization 9001, Quality Management System.

q.   International Organization for Standardization 22301, Societal Security: Business Continuity Management Systems.