

VHA FIRST RECEIVERS DECONTAMINATION PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive states policy and responsibilities for implementing the VHA First Receivers Decontamination Program (FRDP) at designated Department of Veterans Affairs (VA) medical facilities.

2. SUMMARY OF MAJOR CHANGES: This directive updates:

a. FRDP capabilities requirements. FRDP capabilities are required at all VA medical facilities with an Emergency Department. FRDP capabilities are not required at VA medical facilities with Urgent Care Clinics, unless otherwise indicated through local hazard assessment processes (paragraph 2.g. and Appendix B).

b. Background to include information on the purpose and scope of the FRDP (paragraph 2).

c. Clarification on VA's legal authorities to act under certain emergencies (paragraph 2.h.).

d. Definitions to include Personal Protective Equipment (paragraph 3).

e. The requirement for an operational capability to decontaminate an individual ambulatory or non-ambulatory patient as a baseline at all VA medical facilities with an Emergency Department (paragraph 4).

f. Responsibilities for the Executive Director, Office of Emergency Management (OEM); OEM Area Emergency Manager; National Program Director, Emergency Medicine; Director, Office of Nursing Services; Team Leader, VHA Medical Emergency Radiological Response Team; Executive Managing Director, Healthcare Environment and Facilities Program; VA medical facility Director; VA medical facility Chief of Emergency Medicine; VA medical facility Nurse Executive; Chief, VA medical facility Police Department; VA medical facility Employee Occupational Health Program Director; Chair, VA medical facility Emergency Management Committee; VA medical facility Occupational Safety and Health Program Managers; VA medical facility Emergency Management Specialist; VA medical facility Radiation Safety Officer and VA medical facility First Receivers (paragraph 5).

g. Required training (paragraph 7).

h. Information about the components of an FRDP capability (Appendix B).

3. RELATED ISSUES: VHA Directive 0320, Comprehensive Emergency Management Program, dated July 6, 2020; VHA Directive 0320.01, Comprehensive Emergency Management Program Procedures, dated April 6, 2017; VHA Directive 0320.05, Medical

Emergency Radiological Response Team Program, dated August 12, 2019; VHA Directive 1101.14, Emergency Medicine, dated March 20, 2023; VHA Directive 7701, Comprehensive Occupational Safety and Health Program, dated December 12, 2022; VHA Directive 7707, VHA Green Environmental Management System and Governing Environmental Policy, dated April 1, 2021; VA Handbook 0730/1, Security and Law Enforcement, dated August 20, 2004.

4. RESPONSIBLE OFFICE: The Office of Emergency Management (15EM) is responsible for the content in this directive. Questions may be addressed to VHA15EMEmergencyMgmtAction@va.gov.

5. RESCISSIONS: VHA Directive 0320.06, First Receivers Decontamination Program, dated October 27, 2016, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of March 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF
THE UNDER SECRETARY FOR HEALTH:**

/s/ RimaAnn O. Nelson
Assistant Under Secretary for Health
for Operations

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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VHA FIRST RECEIVERS DECONTAMINATION PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive states policy and responsibilities for implementing the VHA First Receivers Decontamination Program (FRDP) at Department of Veterans Affairs (VA) medical facilities with an Emergency Department (ED). **AUTHORITY:** 38 U.S.C. §§ 7301(b), 8117; 38 C.F.R. § 17.86.

2. BACKGROUND

a. A hospital based FRDP capability prepares VA medical facility staff to respond to incidents involving contaminated patients seeking care; to protect the well-being of Veterans, employees and other occupants within the VA medical facility; to protect the physical infrastructure; and to the fullest extent possible, ensure continuity of care.

b. The FRDP is specifically designed to decontaminate patients arriving at VA medical facilities from off-site locations where there were releases of hazardous materials including Chemical, Biological, Radiological and Nuclear (CBRN) agents. The Occupational Safety and Health Administration (OSHA) guidance specifically states that the Personal Protective Equipment (PPE) worn by First Receivers provides sufficient protection when the hazardous substance was not released in close proximity to the hospital and the lapse time between the victims' exposure and victims' arrival at the hospital exceeds approximately 10 minutes, thereby permitting substantial levels of gases and vapors from volatile substances time to dissipate. If the VA medical facility is the site of the hazardous materials release or exposure, or when the FRDP capability is non-operational, calling 911 is the most appropriate response. **NOTE:** *For additional information, see OSHA's Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances: <https://www.osha.gov/sites/default/files/publications/osha3249.pdf>.*

c. VA medical facility First Receivers are appropriately trained VA medical facility staff members and are distinguished from First Responders (e.g., firefighters, law enforcement and Emergency Medical Service personnel) in that the VA medical facility is not the incident site but rather is remote from the location where the hazardous substance release occurred.

d. Active VA employee participation improves the VA medical facility's readiness and resilience to the impacts from hazards, including CBRN agents.

e. OSHA requires awareness-level training for staff whose day-to-day roles place them in a position to recognize a situation involving potentially contaminated patients and initiate notifications that may result in activation of the VA medical facility's patient decontamination plan, whether that be calling 911, alerting an external organization to respond or conducting decontamination internally. **NOTE:** *Internal patient decontamination capabilities are carried out by staff assigned from various occupational series but do not generally include ED nurses and physicians.*

f. The VA medical facility's FRDP capability can be implemented entirely in-house, through agreements with commercial or governmental entities, or through a combination of these methods. VHA encourages collaboration with affiliated health care partners and local community response partners (e.g., health care coalitions, emergency management, public safety and public health organizations) for risk assessment, planning, exercises and support through agreements and supporting contracts that ensure the appropriate capability is available to the VA medical facility. **NOTE:** *For more information about agreements, see Appendices A and B.*

g. Based on the Hazards Vulnerability Analysis (HVA) and patient decontamination risk assessment, a higher level of decontamination capability (i.e., multi-patient or mass-patient decontamination) may be required if hazards associated with releases of hazardous materials are of a significant threat in the community in which the VA medical facility is located.

h. Presidentially declared disasters that fall within the scope of the Stafford Act (42.U.S.C. §§ 5121-5207) will continue to give VA the authority to respond. Absent a Stafford Act declaration, VA's authorities to provide services to non-VA beneficiaries are limited (38 U.S.C. § 1784A) and VA must be reimbursed for any care provided.

3. DEFINITIONS

a. **Decontamination Systems.** Decontamination systems are equipment used for CBRN agent decontamination that include portable tents, trailers and fixed systems. **NOTE:** *Fixed decontamination systems are the most effective for ensuring that decontamination can be provided with minimal delay by the VA medical facility.*

b. **Individual Patient Decontamination.** Individual patient decontamination consists of activities conducted for one contaminated patient and is the minimum capability requirement for all VA medical facilities with EDs.

c. **Mass Patient Decontamination.** Mass patient decontamination consists of activities conducted for more than five contaminated patients arriving at once.

d. **Multi-Patient Decontamination.** Multi-patient decontamination consists of activities conducted for up to five contaminated patients arriving at once.

e. **Patient Decontamination.** Patient decontamination is any process, method or action that leads to a reduction, removal, neutralization or inactivation of contamination on the patient in order to prevent or mitigate adverse health effects to the patient, to VA medical facility First Receivers and to other unexposed patients from secondary contamination and to reduce the potential for secondary contamination of the health care infrastructure.

f. **Personal Protective Equipment.** PPE is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. Minimum PPE requirements for First Receiver personnel are listed in Table 3 of OSHA's Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents

Involving the Release of Hazardous Substances. VHA First Receiver PPE selection, maintenance and use must comply with these OSHA requirements. **NOTE: OSHA's requirements are available at** <https://www.osha.gov/sites/default/files/publications/osha3249.pdf>.

4. POLICY

It is VHA policy that each VA medical facility with an ED must maintain an operational FRDP capability to ensure contaminants do not enter the building and disrupt continuity of health care operations.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Supporting the Office of Emergency Management (OEM) with implementation and oversight of this directive.

(2) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(3) Assisting VISN Directors to resolve FRDP implementation and compliance challenges in all VA medical facilities within that VISN.

(4) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

c. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical services is responsible for supporting program offices within Clinical Services with implementation of this directive.

d. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services is responsible for supporting program offices within Patient Care Services with implementation of this directive.

e. **Executive Director, Office of Emergency Management.** The Executive Director, OEM is responsible for:

(1) Providing oversight, policy, direction and support for the VHA FRDP.

(2) Reviewing results of the Decontamination Resource Capability Survey (DRCS) submitted by each VA medical facility; assessing national goals, objectives and performance metrics based on DRCS results; and subsequently providing funding,

training, technical assistance and other resources to support VA medical facility FRDP capabilities.

(3) Consulting with the Team Leader, VHA Medical Emergency Radiological Response Team (MERRT) for technical assistance for incidents involving radiological and nuclear agents. **NOTE:** *For more information about MERRT, see VHA Directive 0320.05, Medical Emergency Radiological Response Team, dated August 12, 2019.*

(4) Consulting with the Executive Managing Director, Healthcare Environment and Facilities Programs for technical assistance for incidents involving chemical agents.

f. **Office of Emergency Management Area Emergency Manager.** The OEM Area Emergency Manager (AEM) is responsible for supporting VA medical facility FRDP through:

(1) Assisting the VA medical facility Emergency Management Specialist with community liaison activities.

(2) Acting as a resource to the VA medical facility Emergency Management Specialist with the development of a patient decontamination plan and evaluations of that plan through annual full-scale decontamination exercises designed to meet OSHA Operations Level competencies. **NOTE:** *See Appendix B for more information.*

(3) Providing First Receivers technical assistance and instruction to the VA medical facility.

g. **National Program Director, Emergency Medicine.** The National Program Director, Emergency Medicine is responsible for assisting the Executive Director, OEM in the operationalizing of FRDP policy, guidance and training in support of EDs.

h. **Executive Director, Office of Nursing Services.** The Executive Director, Office of Nursing Services is responsible for collaborating with the National Program Director, Emergency Medicine in operationalizing FRDP policy and guidance for staff in support of EDs.

i. **Team Leader, VHA Medical Emergency Radiological Response Team.** The Team Leader, VHA MERRT is responsible for providing consultation to the Executive Director, OEM on the decontamination of radiological agents.

j. **Executive Managing Director, Healthcare Environment and Facilities Program.** The Executive Managing Director, Healthcare Environment and Facilities Program (HEFP) is responsible for providing consultation to the Executive Director, OEM in occupational safety and health, environmental compliance and decontamination of chemical agents.

k. **Veterans Integrated Services Network Director.** The VISN Director is responsible for ensuring that all VA medical facilities within the VISN comply with this directive and informing VHA leadership when barriers to compliance are identified.

I. Veterans Integrated Services Network Emergency Management Specialist.

The VISN Emergency Management Specialist is responsible for:

(1) Providing oversight, guidance and support to the VA medical facility Emergency Management Specialist to ensure compliance with this directive.

(2) Reviewing and approving VA medical facility FRDP capability-related requests for emergency management performance improvement funds.

m. **VA Medical Facility Director.** Each VA medical facility Director that operates an ED is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action if non-compliance is identified.

(2) Ensuring the VA medical facility maintains the baseline operational FRDP capability to decontaminate an individual ambulatory, non-ambulatory or special needs patient. **NOTE:** *For more information about operating at a higher capability, see paragraph 2.g.*

(3) Assigning responsibilities to the VA medical facility Emergency Management Specialist as the single point of contact to ensure that the VA medical facility FRDP meets the requirements in this directive and OSHA First Receivers requirements.

(4) Ensuring the VA medical facility's role in the community's Emergency Operations Plan (EOP) for incidents involving CBRN agents is consistent with legal authority. **NOTE:** *For more information on VA's legal authority, see paragraph 2.h.*

(5) Designating a staff member to represent the VA medical facility on the Local Emergency Planning Committees to collaborate on addressing community hazards and decontamination response procedures.

(6) Ensuring all memoranda of understanding/memoranda of agreements have supporting service contracts with commercial or governmental entities when the VA medical facility chooses to use external resources to fulfill its patient decontamination requirements. **NOTE:** *For more information about agreements and service contracts, see Appendices A and B.*

(7) Based on guidance received from the VISN Chief Human Resources Officer, providing instructions to the VA medical facility Service Chiefs and supervisors in revising and approving performance plans of VA employees who are assigned to the FRDP capability for activation and scheduled training and exercises.

(8) Budgeting for the training of FRDP staff and the procurement of necessary equipment, supplies and approving requests for emergency management performance improvement funds that have been coordinated through the VISN Emergency Management Specialist.

(9) Ensuring at least one full-scale decontamination exercise is conducted annually by the VA medical facility. **NOTE:** For more information, see Appendix B.

n. **VA Medical Facility Associate Director.** The VA medical facility Associate Director is responsible for:

(1) As designated, providing leadership to the VA medical facility Emergency Management Committee (EMC).

(2) Ensuring administrative and customer service staff complete First Receivers awareness level training requirements (see paragraphs 6 and 7).

o. **VA Medical Facility Chief of Emergency Medicine.** The VA medical facility Chief of Emergency Medicine or designee is responsible for participating in the VA medical facility EMC to provide guidance and support to VA medical facility-based capabilities that involve medical providers assigned to the ED.

p. **VA Medical Facility Chief of Staff and Associate Director for Patient Care Services.** The VA medical facility Chief of Staff and Associate Director for Patient Care Services are responsible for ensuring participation in the VA medical facility EMC and collaborating with the VA medical facility Chief of Emergency Medicine and ED Nurse Manager to support awareness-level training for VA medical facility-based clinical staff assigned to the ED. **NOTE:** See paragraph 7 for training information.

q. **Chief, VA Medical Facility Police Department.** The Chief, VA medical facility Police Department, in accordance with VA Handbook 0730/1, Security and Law Enforcement, dated August 20, 2004, is responsible for participating on the VA medical facility EMC to provide guidance and support to VA medical facility-based FRDP capabilities, including:

(1) Articulating and assigning the roles (crowd control, traffic control or building access) for VA Police Officers in the VA medical facility's patient decontamination plan. **NOTE:** Employees who may come in contact with contaminated patients must wear PPE consistent with 29 C.F.R. § 1910.120 and complete operations-level training.

(2) Ensuring that all assigned VA Police Officers meet annual competency validation consistent with their assigned roles in the VA medical facility's patient decontamination plan.

r. **Director, VA Medical Facility Employee Occupational Health Program.** The VA medical facility Employee Occupational Health (EOH) Program Director is responsible for:

(1) Coordinating, with the VA medical facility Emergency Management Specialist, the scheduling of initial examination and annual medical clearance evaluation of decontamination team personnel.

(2) Consulting and coordinating with the VA medical facility Emergency Management Specialist for the scheduling of post-response examinations for decontamination team personnel, as indicated by the nature of the incident hazards.

(3) Conducting and documenting initial examination and annual medical clearance evaluation of personnel identified for operations-level roles on the patient decontamination team for medical clearance according to the requirements in VA Handbook 5019, Employee Occupational Health Service, dated August 3, 2017, and the VHA EOH Guidebook available at: <http://vaww.hefp.va.gov/guidebooks>. **NOTE:** *This is an internal VA website that is not available to the public.*

(4) Inputting information into the Performance Improvement Management System (PIMS) and communicating qualification recommendations of suitability status (i.e., failure of a medical clearance exam) to the VA medical facility Emergency Management Specialist to fulfill the roles and responsibilities of a First Receiver.

s. **Chair, VA Medical Facility Emergency Management Committee.** The Chair, VA medical facility EMC is responsible for:

(1) Advising the VA medical facility Director on the need for any memoranda of understanding, memoranda of agreements and service contracts for patient decontamination services provided by external commercial and governmental entities.

(2) Participating in the recruitment of staff to fill patient decontamination team roles.

(3) Reviewing and approving the annual DRCS data and, if needed, FRDP improvement plan, submitted by the VA medical facility Emergency Management Specialist.

(4) Coordinating with the VA medical facility Emergency Management Specialist on the status of the FRDP capability and any staffing or resource needs.

(5) Reviewing the patient decontamination risk assessment as part of the HVA process with support from the VA medical facility Emergency Management Specialist.

t. **VA Medical Facility Occupational Safety and Health Program Managers.** The VA medical facility Occupational Safety and Health (OSH) Program Managers are responsible for:

(1) Providing consultation to the VA medical facility Emergency Management Specialist to ensure the VA medical facility's FRDP capability meets OSHA standards.

(2) Providing technical assistance to the VA medical facility Emergency Management Specialist in conducting the risk assessment, resource evaluation and OSHA-required Emergency Response Plan (ERP) to confirm that the First Receiver's PPE is appropriate and complies with OSHA standards. **NOTE:** *For a description of the ERP, see section q. in 29 C.F.R. § 1910.120.*

u. **VA Medical Facility Emergency Management Specialist.** The VA medical facility Emergency Management Specialist is responsible for:

(1) Coordinating with VA medical facility key operating unit managers (e.g., VA medical facility Chief of Emergency Medicine, VA medical facility Nurse Executive, VA medical facility OSH Program Managers, VA medical facility EOH Program Director, Chief, VA medical facility Police Department and VA medical facility Radiation Safety Officer (RSO)) to ensure the VA medical facility FRDP capability is operational.

(2) Developing the VA medical facility's patient and staff decontamination readiness and response procedures.

(3) Coordinating with community response partners to ensure the VA medical facility FRDP capability complements is appropriately described in the community's EOP.

(4) Coordinating with the VA medical facility's EMC on the status of the FRDP capability and any staffing or resource needs. Resource requests for emergency management performance improvement funds should be coordinated through the VISN Emergency Management Specialist prior to submitting requests through OEM.

(5) Annually validating the competencies of staff assigned to FRDP operations-level roles.

(6) Developing and conducting at least one full-scale decontamination exercise annually with the support of the OEM AEM. **NOTE:** For more information, see Appendix B.

(7) Identifying commercial and governmental entities to establish memoranda of agreements and service contracts for patient decontamination, if applicable, in association with the respective Chief Counsel in the Districts.

(8) Collaborating with the Contracting Officer to develop a service contract in support of any agreements that are established. **NOTE:** For more information, see Appendix A.

(9) Conducting the VA medical facility's patient decontamination risk assessment.

(10) Documenting the VA medical facility's patient decontamination risk assessment as required by accrediting organizations, as directed by the Chair, VA medical facility EMC or as changes occur in the HVA; subsequently submitting to the Chair, VA medical facility EMC. **NOTE:** For more information, see Appendix B.

(11) Completing the annual DRCS and collaborating with the VA medical facility EMC to receive approval; subsequently submitting the approved DRCS to the Executive Director, OEM. **NOTE:** For more information about DRCS, see Appendix B.

(12) Managing the decontamination systems, equipment and supply inventories and verifying that they are adequate for the VA medical facility's decontamination capability.

(13) With the support of the OEM AEM, developing a patient decontamination plan and performing evaluations of the plan through annual full-scale decontamination exercises designed to meet OSHA Operations Level competencies.

v. **VA Medical Facility Radiation Safety Officer.** The VA medical facility RSO is responsible for providing technical assistance and consultation to the VA medical facility Emergency Management Specialist on radiological contamination issues.

w. **VA Medical Facility First Receivers.** VA medical facility First Receivers are responsible for:

(1) Scheduling the initial examination and annual medical clearance evaluation.

(2) Completing the training required for the roles they are assigned on the patient decontamination team (participating in security access control, setting up resources, receiving, sorting and decontaminating patients who are contaminated or potentially contaminated from an incident involving CBRN agents). **NOTE:** *For further information on required training, see paragraph 7.*

(3) Participating in scheduled training and the annual FRDP full-scale decontamination exercise as described in Appendix B.

6. OPERATIONAL FIRST RECEIVERS DECONTAMINATION CAPABILITY COMPONENTS

An operational FRDP capability includes the capacity to perform the following:

a. To prevent potentially contaminated patients from entering the hospital and to limit the spread of contamination, information desk and front of house staff are trained in the recognition of potentially contaminated patients and the initial institutional response actions required under its patient decontamination plan.

b. In the event a VA medical facility providing unscheduled patient care receives a patient suspected of being contaminated with hazardous materials prior to notification from external sources, a staff member will notify the local Fire Department of the situation via 911 advising them of the situation.

c. The contaminated clothes of arriving patients should be removed, collected, stored and secured in a safe location as soon as possible after initial patient presentation (e.g., staff directing the patient from a safe distance). If possible, this removal of clothing (with the subsequent provision of a temporary cover-all to the patient for modesty and environmental protection) should not be delayed while waiting for other decontamination assets such as water, soap, trained staff wearing PPE and supplemental public safety resources.

d. At least two staff members on duty are trained to direct the self-decontamination of ambulatory patients and if that is not possible or successful, don PPE, provide decontamination and self-decontaminate. If this staffing is not possible, prior

arrangements should be made to be able to have trained personnel on site within 15 minutes 24/7/365 or call 911. Trained personnel can be staff who are able to arrive at the hospital from another organization with which the hospital has a memorandum of understanding.

7. TRAINING

a. The following awareness-level training is **required** for VA medical facility staff whose day-to-day role places them in a position to recognize a potentially contaminated patient arriving at the hospital: Talent Management System (TMS) Course ID #33624, First Receivers Decontamination Program Awareness-Level.

b. The following training is **required** for all employees with designated roles in the Hospital Decontamination Zone. This includes but is not limited to patient decontamination team members and other staff assigned from various occupational series but does not generally include ED nurses and physicians: Curricula #060, VHA Operations-level Training for First Receivers. The resources for #060 are available at: https://dvagov.sharepoint.com/:f:/r/sites/VHA_OEM_TnE_Branch/Shared%20Documents/Courseware/FRDP/FRD-200/09-Secured%20Master%20Documents?csf=1&web=1&e=MK1mUs. **NOTE:** *This is an internal VA website that is not available to the public.*

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

9. REFERENCES

- a. 31 U.S.C. § 1535.
- b. 38 U.S.C. §§ 1784A, 7301(b), 8111, 8117, 8153.
- c. 42 U.S.C. §§ 5121-5207.
- d. 29 C.F.R. §§ 1910.120, 1910.134.
- e. 38 C.F.R. §§ 17.58, 1784A, 17.86.
- f. VA Handbook 0730/1, Security and Law Enforcement, dated August 20, 2004.
- g. VA Handbook 5019, Employee Occupational Health Services, dated August 3, 2017.

h. VHA Directive 0320, Comprehensive Emergency Management Program, dated July 6, 2020.

i. VHA Directive 0320.01, Comprehensive Emergency Management Program Procedures, dated April 6, 2017.

j. VHA Directive 0320.05, Medical Emergency Radiological Response Team, dated August 12, 2019.

k. VA Form 2269, Intra-Agency Cross-Servicing Support Agreement.

l. VA Form 10-1245c, VA/Department of Defense Sharing Agreement.

m. Employee Occupational Health Guidebook:
<http://vaww.hefp.va.gov/guidebooks>. **NOTE:** This is an internal VA website that is not available to the public.

n. Occupational Safety and Health Administration. Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances. 2005:
<https://www.osha.gov/sites/default/files/publications/osha3249.pdf>.

o. Occupational Safety and Health Administration. Occupational Safety and Health Standards, Hazardous Waste Operations and Emergency Response:
<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.120>.

p. Proposed Minimum Decontamination Capabilities for Hospitals in Massachusetts, Harvard School of Public Health, 2014:
<https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2345/2020/03/Hospital-Decontamination-Resources-Section-1-1.pdf>. **NOTE:** This linked document is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.

q. Treasury Financial Management Service Form 7600A/B:
<https://fiscal.treasury.gov/g-invoice/resources.html>.

VHA FIRST RECEIVERS DECONTAMINATION PROGRAM AGREEMENTS AND SERVICE CONTRACTS

1. MEMORANDA OF AGREEMENTS AND UNDERSTANDING

While memoranda of agreements and memoranda of understanding are useful in defining the relationship between the two parties involved in the Department of Veterans Affairs (VA) medical facility First Receivers Decontamination Program (FRDP) capability, a contractual agreement must also exist between the VA medical facility and any commercial or governmental entities (affiliated or non-affiliated) in order to pay for the patient decontamination services rendered.

2. TYPE OF AGREEMENT

a. The table below outlines the three types of agreements commonly used to support a VA medical facility FRDP capability. Determining the type of agreement depends upon three factors:

- (1) The entity with whom the VA medical facility is developing the agreement.
- (2) The statutory authority used to make such an arrangement.
- (3) The document used for such an arrangement.

Agreement	Legal Authority	Type of Document
Between VA and the Department of Defense (DoD).	38 U.S.C. § 8111.	VA Form 10-1245c, VA/Department of Defense Sharing Agreement.
Between VA and another non-DoD Federal agency.	31 U.S.C. § 1535.	VA Form 2269, Intra-Agency Cross-Servicing Support Agreement or Financial Management Service Form 7600A/B, Interagency Agreement.
Between VA and any health care provider or other entity or individual (e.g., health care affiliate, local fire department, local business).	38 U.S.C. § 8153.	Health care resources sharing agreement.

3. REVIEW

General terms and conditions, including, but not limited to, a period of performance, reimbursement, performance requirements and liability matters must be included in the agreement. The VA medical facility must consult the Chief Counsel in the Districts before entering into any agreement to verify legal sufficiency of the appropriate authority and type of agreement.

4. PERFORMANCE REQUIREMENTS

The performance requirements for an operational FRDP at a VA medical facility include:

a. Trained personnel and sufficient equipment and supplies specific to the Occupational Safety and Health Administration (OSHA) First Receivers capability level to manage individual ambulatory, non-ambulatory and special needs patients seeking care must be on-site and available within 15 minutes from notification. The notification and activation procedures for the FRDP capability must be defined within the VA medical facility's patient decontamination plan.

b. Procedures for notification and activation of the FRDP capability must be communicated to VA medical facility staff who are responsible for the activation on an annual basis.

c. An exercise involving all aspects of the FRDP capability is conducted annually with documentation of the First Receivers' ability to perform patient sorting and decontamination. Documentation of First Receivers' competencies must meet minimum requirements based on 29 C.F.R. § 1910.120, Hazardous Waste Operations and Emergency Response (HAZWOPER) First Responder Operations Level training.

5. SERVICE CONTRACTS

If another entity provides decontamination services, a contract between the VA medical facility and that entity is required. The VA medical facility Emergency Management Specialist collaborates with the VA Contracting Officer involved and the appropriate Chief Counsel in the Districts for the development of the service contract.

6. RISKS INHERENT IN CONTRACTING SERVICES

VA medical facilities utilizing a contract for emergency patient decontamination services must understand the potential risk in relying on a contract for such services. These include the non-availability of the contractor due to the complexity of disaster or failure of communications. A backup plan is recommended for VA medical facilities that have an elevated risk analysis.

VHA FIRST RECEIVERS DECONTAMINATION COMPONENTS

The Veterans Health Administration (VHA) First Receivers Decontamination Program (FRDP) includes the following components:

a. **Patient Decontamination Risk Assessment.** The patient decontamination risk assessment is part of the VA medical facility's Hazards Vulnerability Analysis (HVA) process. Department of Veterans Affairs (VA) medical facilities must perform and document a patient decontamination risk assessment when Chemical, Biological, Radiological/Nuclear (CBRN) hazards are identified in the HVA. The risk assessment aids in determining the appropriate size and scope of the VA medical facility's FRDP capability. The VA medical facility's patient decontamination risk assessment must be coordinated with the Local Emergency Planning Committees, local hospital coalitions and community emergency management agency, as appropriate. A VA medical facility's patient decontamination risk assessment involves assessing external risks associated with industrial, technological, transportation and human-caused CBRN agents. This assessment must be based on perceived risks, substantiated data and the likely impact on the community's area hospitals, including the VA medical facility. **NOTE:** See Step 3 in the VHA FRDP Program Guide.

b. **Patient Decontamination Plan.** The patient decontamination plan is a part of the VA medical facility's Emergency Operations Plan (EOP). The plan must describe how the VA medical facility will provide for patient isolation and decontamination when the VA medical facility is not the primary incident site. The plan must define the scope of the VA medical facility's decontamination capability (individual patient, multi-patient or mass patient decontamination). The plan must be specific for VA medical facility First Receiver operations and must address response procedures for managing no-notice, self-presenting or transported contaminated patients as well as ambulatory, non-ambulatory and special needs contaminated patients. Staff in positions to identify contaminated victims who arrive unannounced must be familiar with the patient decontamination plan. If the FRDP capability is supported by an agreement with another organization (see Appendix A), VA medical facility staff must be familiar with the procedures for activating that plan and the agreement. The plan must be reviewed and revised in conjunction with the VA medical facility's EOP. **NOTE:** For more information, see Steps 2, 4 and 5 in the FRDP Program Guide.

c. **Agreements and Contracts for Decontamination Services.** VA medical facilities may choose to procure patient decontamination services from another organization, rather than to perform those services inhouse. The situation dictates which legal authority and type of agreement are used (see Appendix A for more information). It is important to involve the appropriate Chief Counsel in the Districts in the development of any agreements. A contract to compensate the providing organization for the provision of these services must be in place before any services associated with the agreement are provided.

d. **Patient Decontamination Resource Evaluation.** Each VA medical facility with an Emergency Department (ED) is required to complete the Decontamination Resource Capability Survey (DRCS) annually. This evaluation involves confirming the size and scope of the facility's patient decontamination capability, determining the quantity of Personal Protective Equipment (PPE) needed to equip staff for conducting decontamination operations adequately and identifying the types of decontamination systems, supplies and equipment available or needed.

e. **Patient Decontamination Exercise.** Each VA medical facility with an ED must conduct at least one full-scale decontamination exercise annually. The exercise must include participation by other organizations that provide or support the VA medical facility's FRDP capability through agreements. This exercise must include decontaminating patients with soap and water and moving non-ambulatory patients. Office of Emergency Management Area Emergency Managers and VA medical facility Emergency Management Specialists must collaborate on the development and evaluations of these exercises. These exercises can be used to accomplish the Occupational Safety and Health Administration (OSHA) Operations Level training and competency verification. Staff assigned to roles supporting decontamination must participate in annual exercises. **NOTE:** *For more information about training, drills and exercises, see https://dvagov.sharepoint.com/sites/VHA_OEM_TnE_Branch. This is an internal VA website that is not available to the public.*

f. **Medical Clearance of Staff.** Staff with assigned roles that put them in contact with potentially contaminated patients must wear OSHA-required PPE (minimum Level C) during patient decontamination operations and must be medically cleared by Employee Occupational Health prior to wearing PPE. Each member assigned to the decontamination team receives an initial periodic physical screening, which includes a basic health evaluation, and must also complete an annual assessment of any changes to health status that may affect participation in the decontamination team response. Evaluations for medical clearance to wear a respirator are incorporated as mandated by 29 C.F.R. § 1910.134, Respiratory Protection, as part of the VA medical facility's Respiratory Protection Program. **NOTE:** *The mandatory screening for personnel expected to wear Level C PPE can be found in the Employee Occupational Health Guidebook available on-line at <http://vaww.hefp.va.gov/guidebooks/employee-occupational-health-guidebook-0>. This is an internal VA website that is not available to the public. Additional information is also available in OSHA's Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances: <https://www.osha.gov/sites/default/files/publications/osha3249.pdf>.*