

CRITICAL DEPLOYABLE RESOURCES

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes responsibilities and procedures to ensure the visibility and readiness of deployable resources deemed critical for supporting continuity and recovery of VHA services disrupted by technological failures, disasters, emergencies, and supporting national response and recovery missions in accordance with the National Response and Recovery Frameworks.
- 2. SUMMARY OF CONTENTS:** This directive defines Critical Deployable Resources (CDRs) and details responsibilities and procedures for effective management, requisition, and mobilization of CDRs used for service continuity and disaster response.
- 3. RELATED ISSUES:** VA Directive 0637, VA Vehicle Fleet Management Program, dated December 2, 2020; VHA Directive 0320, Comprehensive Emergency Management Program, dated July 6, 2020; VHA Directive 0320.07, Dual Use Vehicle (DUV) Program, dated June 18, 2018; VHA Directive 1154(1), Mobile Medical Unit Program Management, dated July 26, 2017.
- 4. RESPONSIBLE OFFICE:** The VHA Office of Emergency Management (OEM, 15EM) is responsible for the contents in this VHA directive. Questions may be referred to VHA15EMEmergencyMgmtAction@va.gov.
- 5. RESCISSIONS:** None.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of November 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.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/ Renee Oshinski
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.

DISTRIBUTION: Emailed to the VHA Publications Distribution List on April 2, 2021.

CONTENTS

CRITICAL DEPLOYABLE RESOURCES

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. DEFINITIONS 1

4. POLICY 2

5. RESPONSIBILITIES 3

6. RESOURCE DEPLOYMENT 5

7. TRAINING 5

8. RECORDS MANAGEMENT..... 6

9. REFERENCES..... 6

APPENDIX A

CRITICAL DEPLOYABLE RESOURCES LISTING.....A-1

CRITICAL DEPLOYABLE RESOURCES

1. PURPOSE

This directive defines how the Veterans Health Administration (VHA) manages, maintains and deploys Critical Deployable Resources (CDRs) needed to support continuity or recovery of VHA's health care capabilities disrupted by technological failures, disasters and emergencies, and supporting national response and recovery missions in accordance with the National Response and Recovery Frameworks.

AUTHORITY: 38 U.S.C. §§ 1706, 1785, 7325, and 8117.

2. BACKGROUND

a. The Department of Veterans Affairs (VA) has adopted the National Incident Management System (NIMS) requirements for Federal agencies and health care organizations. Regarding resource management, the VHA NIMS Implementation Plan requires VHA to:

(1) Develop an inventory of critical deployable resources potentially able to support emergency response and recovery.

(2) Utilize that inventory for mutual aid/assistance requests, exercises, incident management and planned events.

b. The Office of Emergency Management (OEM) is responsible for tracking the locations and capabilities of the Department's fleet of Mobile Medical Unit (MMU) resources and whether these resources can be mobilized to provide services at local, regional, and national levels to ensure the health and safety of Veteran patients and their families, staff, and visitors in times of disasters and/or emergencies.

c. VA medical facilities, Veterans Integrated Services Networks (VISNs), and program offices possess a wide range of deployable resources potentially able to support emergency response and recovery. This directive establishes management processes and a repository for information on those resources.

3. DEFINITIONS

a. **Critical Deployable Resources.** Critical Deployable Resources (CDRs) governed by this directive are those VHA resources that meet the following criteria:

(1) Equipment or supplies, not a human resource;

(2) Easily transported or self-propelled;

(3) Suitable for use in support of continuity or recovery of VHA services/capabilities;

(4) Not readily available in most locations where VHA operates; and are

(5) Listed in Appendix A.

b. **Disaster.** A disaster is a serious disruption of a community's functioning or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.

c. **Emergency.** An emergency is a hazard impact causing adverse physical, social, psychological, economic or political effects requiring immediate actions to maintain or increase capacity and capability (call-back procedures, mutual aid), and commonly requires change from routine management methods to an incident command process to achieve the expected outcome. Synonymous with incident.

d. **Emergency Management Coordination Cell.** The Emergency Management Coordination Cell (EMCC) serves as the central point of communication and coordination for VHA and the Under Secretary of Health in planning for, responding to, and recovering from significant incidents or events that require national-level direction and support or Federal interagency requests for assistance. EMCC provides coordination of national-level VHA incident planning, operations, logistics, administrative and financial support during incidents and events. EMCC also serves as the focal point for the synthesis of public health, medical and special needs information related to the emergency, disaster or contingency on behalf of VHA.

e. **Incident.** An incident is any emergency, whether natural or man-made, that requires responsive action to protect life or property. Synonymous with emergency.

NOTE: Incidents include major disasters, emergencies, terrorist attacks, terrorist threats, civil unrest, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, tsunamis, war-related disasters, public health and medical emergencies and other occurrences.

f. **Providing Organization.** A Providing Organization is the entity providing requested/required resource(s) to the Supported Organization.

g. **Resource Custodians.** Resource Custodians are those assigned to care for, ensure the readiness of, and serve as the point of contact for a particular CDR.

h. **Resource Owners.** Resource owners are the VA medical facility Director or designee responsible for the CDR inventory list.

i. **Supported Organization.** A Supported Organization is the entity requesting/requiring emergency resource support.

4. POLICY

It is VHA policy that CDRs will be maintained in a state of readiness to address emergencies or disasters and support continuity and recovery of VHA services,

capabilities and operations. VHA OEM will manage a database inventory of CDRs and establish a system to assess and monitor the deployment readiness of CDRs.

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) Communicating the contents of this directive to each of the VISNs.

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

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

c. **Director, VHA Emergency Management Coordination Cell.** The Emergency Management Coordination Cell (EMCC) director is responsible for coordinating requests for national-level CDR support to VISNs and other Federal partners.

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

(1) Providing response support and resource coordination for VA medical facilities and VISNs during emergencies, disasters and service outages.

(2) Annually validating the deployable status of the listing of CDR types (see Appendix A) that are subject to this directive's requirement.

(3) Implementing a system to report resource readiness and determine resource availability when needed.

(4) Coordinating resource sharing among VISNs and VA medical facilities.

e. **VHA Watch Officer.** The VHA Watch Officer is responsible for acting as the single point of contact for CDR requests to OEM/EMCC.

f. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Facilitating requests for CDR support among VA medical facilities within the VISN.

(2) Informing OEM/EMCC via the VHA Watch Officer CDR reassignment within the VISN for emergency support.

(3) Forwarding requests for CDR support through the VHA Watch Officer to OEM/EMCC when the VISN cannot fulfill the request.

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

(1) Acting as, or designating, a Director of Supported (Receiving) Organizations for the facility when a need for CDRs arises within their facility's catchment area. See paragraph 5.h., Directors of Supported (Receiving) Organizations, for more information.

(2) Acting as, or designating, a Director of Providing Organizations and Resource Owner when a need for CDR support arises elsewhere within VA and a request for CDR support is asked of their medical facility. See paragraph 5.i., Directors of Providing Organizations and Resource Owners, for more information.

h. **Directors of Supported (Receiving) Organizations.** Directors of Supported (Receiving) Organizations are responsible for:

(1) Requesting resource support through the VISN. **NOTE:** *The VISN will resource from within the VISN. If the resource is not available, a request will be made to OEM/EMCC.*

(2) Coordinating the reimbursement with the Providing Organization(s) for costs associated with using CDRs.

i. **Directors of Providing Organizations and Resource Owners.** Directors of Providing Organizations and Resource Owners, for each CDR owned or operated by their organization, are responsible for:

(1) Identifying a Resource Custodian and Alternate Resource Custodian to serve as points of contact (POCs) for the subject resource and maintain current 24/7 contact information with OEM.

(2) Ensuring that the deploying resource is mechanically sound, operational and free of defects.

(3) When available, assisting in the transportation of the resource to the supported organization and providing Just in Time (JIT) training as needed.

(4) Ensuring the readiness of the CDR is reported quarterly by Resource Custodians in OEM's Performance Improvement Management System – Resource Management System (PIMS-RMS) located at <https://vhapims.orau.org>. **NOTE:** *This is an internal VA website that is not available to the public.*

(5) Maintaining CDRs according to manufacturer's recommendations and applicable standards.

j. **Resource Custodians.** Resource Custodians are responsible for:

(1) Reporting quarterly readiness assessments in PIMS-RMS located at <https://vhapims.orau.org>. **NOTE:** This is an internal VA website that is not available to the public. Resources are reported as operational if it is mechanically sound, operating and free of defects.

(2) Maintain information of current POCs in PIMS-RMS.

6. RESOURCE DEPLOYMENT

a. **Resource Requests.** The VISN Director may request resource support from OEM/EMCC when the VISN cannot fulfill the CDR requirements. VHA organizations should request resource support through their assigned OEM Area Emergency Manager/Regional Emergency Manager or the VHA Watch at: WatchOfficerVHA@va.gov (phone 202-461-0268). This request will be forwarded to EMCC for action.

b. **Resource Availability.** The EMCC will refer to the resource readiness database, locate the nearest deployable resource and contact the resource POC to confirm the resource is available to deploy.

c. **Resource Deployment.**

(1) OEM/EMCC will conduct a coordination call between the supporting and providing entities to identify the requirements, estimated dates of deployment, estimated time of departure/arrival and any special needs.

(2) The Supported (Receiving) Organization will be responsible for returning the supporting facility personnel back to their home station after the delivery of the CDR.

d. **Operational Control.**

(1) CDRs activated by OEM/EMCC will be under the Providing Organization's operational control until the Supported (Receiving) Organization receives the resource. The Supported (Receiving) Organization will assume and maintain operational control until returning the Providing Organization resource.

(2) The Mobile Pharmacy Units deployed by Pharmacy Benefits Service, Mobile Emergency Nutrition Units (MENUs) deployed by Veterans Canteen Service and Mobile Vet Centers deployed by Readjustment Counseling Service are examples of resources that remain under operational, administrative and financial control of the Providing Organizations when deployed.

7. TRAINING REQUIREMENTS

There are no formal training requirements associated with this directive.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall 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. Deputy Under Secretary of Health for Operations Management Memorandum, National Incident Management System (NIMS) Implementation Plan Updates, September 16, 2014.
- b. Department of Veterans Affairs (VA) National Incident Management System (NIMS) Implementation Plan, April 4, 2012.
- c. Veterans Health Administration (VHA) National Incident Management System (NIMS) Implementation Plan, August 2014.
- d. VHA Performance Improvement Management System, <https://vhapims.orau.org/>.
- e. National Response Framework, Federal Emergency Management Agency, <https://www.fema.gov/national-response-framework>.
- f. National Disaster Recovery Framework, Federal Emergency Management Agency, <https://www.fema.gov/national-disaster-recovery-framework>.
- g. VA Office of Inspector General Report 13-03213-152, Audit of Mobile Medical Units, dated May 14, 2014.

CRITICAL DEPLOYABLE RESOURCES LISTING

Veterans Health Administration (VHA) Critical Deployable Resource Types	Inventory Reporting Threshold
Command center or emergency operations center, mobile; Multi Use Vehicle (MUV)	all
Dual-Use Vehicle (DUV); and other mass patient evacuation transport vehicles	10 passengers
Generator, portable	25 kw
Heater/Air Conditioner, portable	1 Ton, 36k BTU
Kitchen, mobile; Mobile Emergency Nutrition Unit (MENU)	all
Mobile Medical Unit (MMU) or mobile clinic, including those designed for dental, prosthetic, audiological, mental health, and other clinical and ancillary clinical services	all
Mobile Pharmacy Unit (MPU)	all
Mobile Vet Center (MVC)	all
Shelters and tents for temporary emergency field uses	500 sf
Trailer (Decontamination, patient reception/FCC, VSAT)	all
Truck or trailer, fuel tender; Logistics Support Vehicle (LSV)	40 gallons
Water purification unit	all