Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

AMENDED
January 25, 2021

VHA Directive 0320.12(1)
Transmittal Sheet
December 8, 2020

NATIONAL INCIDENT MANAGEMENT SYSTEM COMPLIANCE

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy and responsibilities for compliance with Department of Homeland Security (DHS) National Incident Management System (NIMS).

2. SUMMARY OF CONTENT: This directive establishes policy and responsibilities for compliance with DHS NIMS training requirements and the application of the Incident Command System (ICS) for the management and coordination of incidents and designated special events at VHA. Amendment dated, January 25, 2021, updates paragraph 5, Implementation Schedule (on the Transmittal Sheet, page T-1).

3. RELATED ISSUES: VHA Directive 0320, Comprehensive Emergency Management Program (CEMP), dated April 12, 2013; VHA Directive 0320.01, Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures, dated April 6, 2017; VHA Directive 0320.02, VHA Health Care Continuity Program, dated January 22, 2020; VHA Directive 1002, Bed Management Solution (BMS) for Tracking Beds and Patient Movement Within and Across VHA Facilities dated November 28, 2017; and VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018.

4. RESPONSIBLE OFFICE: The Office of Emergency Management (OEM, 10NA1) is responsible for the contents in this directive. Questions may be addressed to the Director, OEM at 304-264-4800.

5. IMPLEMENTATION SCHEDULE: The COVID-19 pandemic has increased the need for health care professionals to support the demands placed on our National Healthcare system. The Disaster Emergency Medical Personnel System (DEMPS) is a vital VHA program designed to identify, source and allocate personnel resources to meet these needs. DEMPS personnel provide the means for VHA to respond to crisis incidents and support to National public health emergencies declared under the Robert T. Stafford Act. Training requirements in paragraph 7 are paused from implementation until further notice. ***NOTE:*** *The training moratorium applies to all employees who enrolled as a DEMPS volunteer via the VHA Performance Improvement Management System (PIMS) or locally at their facility through the DEMPS coordinator*.

6. RESCISSIONS: None.

7. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of December 2025. This VHA directive continues to serve as national VHA policy until it is recertified or rescinded.

BY DIRECTION 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 Publication Distribution List on December 11, 2020.

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1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy and responsibilities for VHA officials and staff who conduct incident management activities at VHA Central Office, Veterans Integrated Service Networks (VISNs) and Department of Veterans Affairs (VA) medical facilities. **AUTHORITY:** Homeland Security Presidential Directive (HSPD) 5, Management of Domestic Incidents; Presidential Policy Directive 8, National Preparedness; Title 38 United States Code (U.S.C.), §§ 1784, 1785, 8110-8111A, 8117, 8153; Title 42 U.S.C. §§ 5121-5208, 5192, 300hh-300hh-31; Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188).

2. BACKGROUND

a. On February 28, 2003, President George W. Bush issued HSPD-5, Management of Domestic Incidents, which directs the Department of Homeland Security (DHS) to develop and administer the National Incident Management System (NIMS). The Federal Emergency Management Agency (FEMA) Administrator, as head of the National Integration Center in DHS, manages and maintains NIMS.

b. HSPD-5 requires all Federal departments and agencies to adopt NIMS and incorporate it in their domestic preparedness, response and recovery activities, as well as in support of all actions taken to assist State, local, tribal and territorial (SLTT) entities. NIMS includes the Incident Command System (ICS) which provides a standardized organizational structure and process with common terminology to enable effective and efficient inter-agency incident management.

c. VHA adopted NIMS and the use of ICS in 2007 to manage incidents and events consistent with FEMA policy. VHA incorporated NIMS compliance into the Comprehensive Emergency Management Plan (CEMP). The purpose of VHA CEMP is to ensure the continuity of services to Veterans, military personnel, first responders and the public, as appropriate, during emergencies. NIMS supports this requirement through its single incident management system used by VHA at all levels and by all Federal and SLTT response partners.

d. Most incidents begin and end locally and are managed at the VA medical facility level. There are a variety of incidents that require a unified response from local agencies, the private sector and non-governmental organizations (NGOs), such as the American Red Cross. Larger or more complex incidents may require additional support from neighboring jurisdictions or State governments. Since VA medical facilities also maintain a humanitarian assistance mission and are involved in community response efforts, collaboration with SLTT agencies is essential.

e. States are sovereign entities, with the governor assuming responsibility for public safety and welfare. State governments supplement local efforts before, during and after incidents. If a State anticipates that its resources may be exceeded by an incident, the

governor may request assistance from other States and from the Federal government through a request to the President for a Declaration pursuant to the Robert T. Stafford Disaster Relief and Recovery Act (Stafford Act). In addition, the Secretary of Health and Human Services (HHS) has the authority, pursuant to section 319 of the Public Health Service Act (PHSA) (42 USC § 247d), to make a determination that a disease or disorder presents a public health emergency or that a public health emergency. The President does not make any declarations pursuant to the PHSA. States do not have the authority to ask for a determination of a national public health emergency pursuant to the PHSA. Following the determination of a public health emergency, States or tribal organizations may request emergency reassignment of federally funded personnel to address the public health emergency.

3. DEFINITIONS

a. **After-Action Review.** An after-action review (AAR) is a focused post-incident event or exercise activity to capture objective observations, both positive as well as negative, related to response system performance. An AAR documents the findings and recommendations.

b. **Agency Executive.** An agency executive is an ICS role referring to the lead administrative official who is responsible for policy and resource use.

c. **Bed Management Solution.** BMS is a near real-time, Electronic Health Record (EHR) interface for tracking patient movements and bed availability to ensure safe patient flow/transfers within, between and among Veterans Integrated Service Networks (VISNs) and community care medical facilities as clinically appropriate during daily operations, and emergency management requirements.

d. **Critical Information Requirements.** Critical Information Requirements (CIRs) are essential elements of information identified by leadership as being critical to the decision-making process.

e. **Disaster Emergency Medical Personnel System.** The Disaster Emergency Medical Personnel System (DEMPS) is the primary mechanism by which requests for clinical and non-clinical VHA volunteer personnel are deployed to support incident response and recovery.

f. **Electronic Health Record.** Electronic health record (EHR) is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and document medical care. EHR comprises existing and forthcoming VA software including CPRS, VistA and Cerner platforms.

g. **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 (e.g., 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.

h. **Emergency Management Capability Assessment Program.** Emergency Management Capability Assessment Programs (EMCAP) are onsite and virtual surveys of all VA medical facilities to assess CEMP Programs.

i. **Emergency Management Committee.** An emergency management committee (EMC) is established by an organization that has the responsibility for the overall preparation, implementation, evaluation and currency of the emergency management program.

j. **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.

k. **Emergency Operations Plan.** An emergency operations plan (EOP) is a document which outlines how an organization will respond to an emergency.

l. **Event.** An event is a planned non-emergency activity within a community that brings together many people. Emphasis is not placed on the total number of people attending but rather the impact on the community's ability to respond to a large-scale emergency or disaster or the exceptional demands that the activity places on response services and local infrastructure.

m. **Hospital Command Center.** A hospital command center (HCC) is the physical location from which the hospital Incident Management Team (IMT) coordinates information and resources to support on-scene response activities.

n. **Hospital Incident Command System.** The Hospital Incident Command System (HICS) is a management system based on the NIMS that consists of a flexible organization structure and time-proven management principles. The system includes defined responsibilities and reporting channels and uses common language to promote internal and external communication and integration with community responders. HICS can be used by VA medical facilities to manage incidents or for planned events.

o. **Hot Wash.** Hot wash is a facilitated discussion held immediately following an exercise among exercise players from each functional area that is designed to capture feedback about any issues, concerns or proposed improvements players may have about the exercise.

p. **Improvement Plan.** An improvement plan (IP) identifies specific corrective actions, assigns them to responsible parties and establishes target dates for their completion. The IP is developed in conjunction with the AAR.

q. **Incident Command System.** ICS is a nation-wide management system designed to provide a standardized organizational response structure with common terminology to enable effective and efficient domestic incident management.

r. **Incident Management Team.** An incident management team (IMT) is an organization based on ICS that is focused on the resolution of the incident or management of the exercise or designated special event.

s. **Mission Assignment.** Under the authority of the Stafford Act, FEMA may issue work orders known as mission assignments to other Federal agencies in order to provide State, tribal or local governments with resources to save lives, protect property or preserve public health or safety.

t. **National Incident Management System.** NIMS provides a proactive approach guiding government agencies at all levels, the private sector and NGOs to work seamlessly to prepare for, prevent, respond to, recover from and mitigate the effects of incidents, regardless of cause, size, location or complexity, to reduce the loss of life or property and harm to the environment.

u. **National Response Framework.** The National Response Framework (NRF) is the Federal emergency operations plan that describes how the various Federal agencies will support State requests for assistance. Core capabilities and critical tasks are organized in Emergency Support Functions (ESFs). VA is designated as a support agency to seven ESFs, Public Works and Engineering (ESF #3); Mass Care (ESF #6); Resource Management (ESF #7), Public Health and Medical Services (ESF #8), Public Safety and Security (ESF #13) and External Affairs (ESF #15), and can be sub-tasked, as needed, to provide VA support for mission assignments received and accepted by Federal partner agencies.

v. **Resource Management.** Resource management is a system for identifying available resources at all jurisdictional levels to enable timely and unimpeded access to resources needed to prepare for, respond to or recover from an incident.

w. **Unified Coordination Group.** The Unified Coordination Group (UCG) consists of senior officials with primary statutory or jurisdictional responsibility and significant operational responsibility for an incident.

4. POLICY

It is VHA policy to implement NIMS as established by DHS and FEMA in accordance with HSPD-5 to enable effective and efficient internal and inter-agency incident management to ensure continuity of services to Veterans during emergencies.

5. RESPONSIBILITIES

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

(1) Ensuring overall VHA compliance with this directive.

(2) Coordinating policy for resource management and sharing during emergencies with the VA Secretary and senior officials from other VA Administrations and Staff Offices, and with the Assistant Secretary for Preparedness and Response, Department of Health and Human Services.

(3) Overseeing and setting priorities and policy for the use of VHA resources in support of SLTT agencies and other Federal agency requirements during disasters or emergencies.

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

(1) Carrying out the responsibilities of the Under Secretary of Health, when absent, or as designated.

(2) Ensuring VHA program office participation and support to EMCC.

c. **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 Veterans Integrated Service Networks (VISNs).

(2) Assistance VISN Directors in resolving implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNS to ensure compliance with this directive, relevant standards and applicable regulations.

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

(1) Identifying CIRs through discussion with VHA leadership and key staff.

(2) Providing leadership, control and coordination to VISN Directors via the VHA EMCC.

(3) Chairing UCG along with the Director, VHA OEM and VISN Directors from the affected areas to identify requirements and coordinate VHA EMCC support.

(4) Overseeing the review and approval of NIMS training requirements for certain employee groups.

e. **Director, Healthcare Operations Center.** The Director, Healthcare Operations Center is responsible for:

(1) Providing guidance to VISN Offices, in coordination with the VHA Watch Office, on reporting requirements.

(2) Ensuring “Heads Up” messages or Issue Briefs concerning incident management activities at VA medical facilities are forwarded to the VHA Watch Office for the proper reporting to VHA leadership or action, as appropriate.

f. **Director, VHA Office of Emergency Management.** The Director, VHA OEM, is responsible for:

(1) **Prior to an emergency:**

(a) Ensuring the VHA Watch Office maintains situational awareness of current and potential hazards and threats that may impact VHA operations, as well as incidents within VHA that are occurring. ***NOTE:*** *VHA Watch Office provides coverage in the VA Integrated Operations Center (VA IOC), with 24/7 capability for monitoring all VA operations at VA Central Office, Washington, D.C. and nationwide*.

(b) Maintaining the VHA EMCC as the national-level incident management capability.

(c) Designating the Watch Office Supervisor as VHA liaison to VA IOC.

(d) Providing incident management technical assistance and guidance, to VHA Program Offices, VISN Offices and VA medical facilities.

(e) Assessing VA medical facility compliance with NIMS requirements through the EMCAP.

(f) Ensuring OEM meets NIMS compliance requirements.

(g) Ensuring NIMS-related training is available for by VHA officials and employees who perform duties pertaining to emergencies, incidents and events. See paragraph 7 for training information.

(h) Identifying and recommending NIMS-related training for certain employee groups and with Employee Education System (EES) proposing them to the National Leadership Committee’s Sub-Committee on Mandatory Training. ***NOTE:*** *The Director, OEM shall oversee the review and approval of NIMS training requirements*.

(2) **Upon recognition of a threat or incident:**

(a) Serving as a member of UCG along with the Assistant Under Secretary for Health for Operations and VISN Directors from the affected areas to identify requirements for VHA support and determine if OEM assistance is needed and the scope of that support.

(b) Designating an OEM staff member to be responsible for the direct coordination of deployed resources in support of VISN requirements and VA-approved sub-taskings under the NRF.

(c) Directing the deployment of VHA personnel, equipment and supplies to support the identified requirements of the affected VISNs or NRF sub-taskings.

(d) Activating the VHA EMCC to the level warranted by the scope and magnitude of the incident and designating its Command and General staff.

(e) Communicating requirements, priorities and objectives from the UCG to the VHA EMCC Command and General staff.

(f) Coordinating through the VHA EMCC with VHA Program Offices for the necessary technical expertise for incident requirements.

(g) Deploying OEM staff to fill incident liaison and other support roles with Federal agencies, VISNs, VA medical facilities, temporary field sites and SLTT emergency operations centers, as appropriate.

(h) Providing situational awareness on the incident to VHA leadership through the VHA EMCC.

(i) Coordinating with VHA Program Offices, VISNs and VA medical facilities to track incident costs and submit documentation for any reimbursable services, as appropriate.

(j) Assessing the staffing requirements and adjust as necessary to proactively manage overall incident demobilization, recovery and return-to-readiness.

(k) Providing leadership for the conduct of an incident hot wash and AAR to identify corrective actions with all involved VHA Program Offices, VISNs and VA medical facilities.

g. **VHA Watch Office Supervisor.** The VHA Watch Officer Supervisor (WOS) is responsible for:

(1) Maintaining and updating current contact information for VHA leadership and OEM staff.

(2) Notifying OEM leadership, based upon information and direction from the VA IOC, the Healthcare Operations Center and from other national threat monitoring centers, as appropriate.

(3) Notifying VHA leadership and key staff, as directed by OEM leadership.

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

(1) **Prior to an emergency:**

(a) Identifying primary and alternate VISN staff to serve on an IMT and establishing primary and alternate Emergency Operations Centers (EOCs) for coordinating response and recovery operations.

(b) Ensuring VISN staff complete required NIMS training. See paragraph 7.

(2) **Upon recognition of a threat or incident:**

(a) Serving as ICS Agency Executive for the VISN.

(b) Providing leadership and oversight between VA medical facilities within the VISN, and the VHA resources deployed into the VISN, in coordination with the VHA EMCC.

(c) Participating as a member of UCG to identify requirements for VHA support.

(d) Consolidating VA medical facility situation reports (SitReps) and providing them through the Healthcare Operations Center to the VHA Watch Office.

(e) Conducting an AAR process within the VISN and participating in other AAR processes to identify corrective or preventive actions.

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

(1) **Prior to an emergency:**

(a) Clarifying the role of all the VA medical facilities within their purview and assigned catchment area in the community-wide EOP.

(b) Designating members of leadership at the VA medical facilities to actively participate in the EMC. ***NOTE:*** *An EMC is composed of leadership, service line managers and the VA medical facility Emergency Manager. EMC also provides governance over the Emergency Management program and makes recommendations to the VA medical facility Director for funding and correct actions. For more information see VHA Directive 0320.01, Veterans Health Administration Comprehensive Emergency Management Program (CEMP) Procedures, dated April 6, 2017.*

(c) Ensuring the development and maintenance of an EOP, through the EMC, that meets accreditation and VHA requirements, and addresses the following:

1. Cost-tracking and reimbursement of disaster-related expenses.

2. Administration of emergency-related attendance and leave.

3. Accountability of personnel and vulnerable patients.

4. Use of social media for communicating with patients and employees during emergencies.

5. Collection, approval and reporting of CIRs.

6. Identification of primary and alternate locations for the Hospital Command Center for coordinating response and recovery operations.

7. Identification of primary and alternate staff to serve on the VA medical facility's IMT.

8. Lines of succession and delegations of authority.

9. Use of Bed Management Solution (BMS) for tracking beds and patient movement within and across VHA facilities.

10. Identification of staff and maintaining the readiness of other resources to support incident management requirements, including the provision of personnel resources through DEMPS, mobile medical units and other resources.

(d) Ensuring NIMS-related training is available for and completed by VA medical facility employees performing duties pertaining to emergencies, incidents and events. See paragraph 7 for training information.

(2) **Upon recognition of a threat or incident:**

(a) Providing guidance and direction to the VA medical facility's IMT, as the VA medical facility Agency Executive.

(b) Ensuring continuous provision of health care services and safe operation of all VA medical facilities, and applying the criteria developed by the EMC, to make decisions regarding the curtailment of services, closure; use of alternate care sites; application of crisis standards of care; and, the evacuation of VA medical facilities. See paragraph 5.i.1.c.

(c) Providing emergency medical services to non-VA beneficiaries as a humanitarian service during local emergencies, on a cost reimbursable basis.

(d) Furnishing hospital care and medical services based on VA medical facility capabilities to individuals responding to, involved in or otherwise affected by disasters and emergencies that have been declared by the President under the Stafford Act, or during activation of the National Disaster Medical System (NDMS).

(e) Delivering care to active-duty military members during war and immediately following a war or national emergency based on VA medical facility capabilities.

(f) Distributing medical countermeasures to Veterans, employees (including contractors), family members and others on VA property during a disaster or emergency declared under the Public Health Service Act or Stafford Act.

(g) Sharing health care resources with other health care providers, entities or individuals subject to a sharing agreement that is subject to statutory limitations and availability of resources.

(h) Utilizing Government-owned or leased vehicles to transport employees to and from the VA medical facility and nearest adequate public transportation, or, if such public transportation is either unavailable or not feasible to use, to and from the VA medical facility and their home, on a cost reimbursable basis, upon approval by the Secretary of VA.

(i) Providing “Heads Up” messages, Issue Briefs or situation reports to the VISN Office, that include any unmet requirements such as lack of food, potable water and staff.

(j) Conducting an AAR process internal to the VA medical facility and participating in other AAR processes to identify corrective or preventive actions to be added to the VA medical facility’s IP.

6. INCIDENT REPORTING REQUIREMENTS

Incident reporting will occur from VA medical facilities through the VISN Offices through the VHA Healthcare Operations Center to the VHA Watch Office and the VHA EMCC, when activated. Specific CIRs and reporting requirements will be established by the VHA EMCC based on the incident, approved by VHA leadership and communicated to the affected VISNs by the VHA Healthcare Operations Center.

7. TRAINING

VHA staff who perform emergency management-related duties are required to take NIMS training and will ensure they are current with the latest NIMS guidance by completing the latest version NIMS ICS training course for their assigned curriculum and annually participate in two locally-offered incident management exercises, real incidents or training. As revisions to NIMS doctrine are released, any revised NIMS ICS training courses contained within the required curriculum are completed within 6 months from course revision date. The following training is required for VHA staff members who perform emergency-related duties:

a. TMS NIMS-Required Training for: VAMC, VISN, OEM and other Program Office Emergency Management Specialists (0089 series), Curriculum ID EES-056.

b. TMS NIMS-Required Training for: VAMC and VISN Leadership with Roles in Emergency Operations Plan, Curriculum ID EES-057.

c. TMS NIMS-Required Training for: First Receiver Decontamination Program, Curriculum ID EES-060.

d. TMS NIMS-Required Training for: Police Officers and Firefighters, Curriculum ID EES-061.

e. TMS DEMPS Volunteer Qualification Curriculum, Curriculum ID EES-077.

The following training is recommended.

f. TMS NIMS Training for: VAMC/VISN/OEM Staff Assigned to ICS Command and General Staff Positions, Curriculum ID EES-058.

g. Bed Management Solutions training for VA medical facility staff is available on: https://vaww.rtp.portal.va.gov/OQSV/10A4C/SRD/cfmprogram/BMSII/BMSImplement/default.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

NOTE: *For more information on NIMS-Required training, see https://www.tms.va.gov. This is an internal VA website that is not available to the public.*

8. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive must be managed per 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 by the appropriate facility Records Manager or Records Liaison.

9. REFERENCES

a. Pub. L. 107-188.

b. 38 U.S.C. §§ 1784, 1785, 8110-8111A, 8117, 8153.

c. 42 U.S.C. §§ 201-300, 5121-5208, 5192, 300hh-300hh-31.

d. Presidential Policy Directive (PPD)-8, National Preparedness, dated August 14, 2018.

e. Homeland Security Presidential Directive 5 (HSPD-5), Management of Domestic Incidents, dated February 28, 2003.

f. VA Directive 0321, Serious Incidents Reports, dated June 6, 2012.

g. VHA Directive 0320, Comprehensive Emergency Management Program, dated April 12, 2013.

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

i. VHA Directive 0320.02, VHA Care Continuity Program, dated January 22, 2020.

j. VHA Directive 1002, Bed Management Solution (BMS) for Tracking Beds and Patient Movement Within and Across VHA Facilities dated November 28, 2017.

k. VHA Directive 1052, Appropriate and Effective Use of VHA Employee Mandatory and Required Training, dated June 29, 2018.

l. 10N Guide to Issue Briefs, dated June 2017.

m. 10N Guide to Issue Briefs, dated March 19, 2018.

n. Federal Emergency Management Agency (FEMA), National Incident Management System, third ed., dated October 2017.

o. FEMA, National Disaster Recovery Framework, 2016.

p. FEMA, National Response Framework, 2016.

q. FEMA, NIMS Training Program, 2020.

r. State of California, Emergency Medical Services Authority, Hospital Incident Command System, 2014.

s. VA National Incident Management System (NIMS) Implementation Plan, 2012.

t. VHA NIMS Implementation Plan, 2014.