

Department of Veterans Affairs (VA)

VA Pandemic Influenza Plan



March 2006

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CURRENT SITUATION

The current situation as this plan is finalized is as follows:

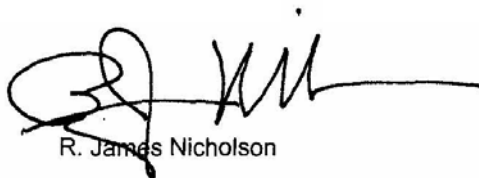
- A virulent influenza strain, H5N1, is currently causing a pandemic among migratory birds and poultry flocks around the world. H5N1 is the subject of focus and concern because humans lack immunity to it, because there are no available human vaccines against H5N1, and because there is close contact between humans and poultry—conditions that combined could enable the strain to mutate or genetically re-assort with a human influenza strain to spark a human pandemic.
- The National Institutes of Health is testing a candidate human vaccine for the H5N1 strain and the Centers for Disease Control and Prevention is evaluating rapid diagnostic tests for the H5N1 avian influenza strain.
- Oseltamivir (Tamiflu®) is an antiviral medication presumed effective for prevention or treatment of the H5N1 avian influenza strain and is stockpiled in relatively small amounts in the U.S. VA owns a supply of approximately 500,000 treatment courses that is maintained in a manner consistent with the requirements of the Shelf Life Extension Program of the Food and Drug Administration.
- Public health and influenza experts are not certain that the next influenza pandemic will be caused by an H5N1 strain. A pandemic could arise from a different novel strain with little warning. Planning and preparations need to anticipate both observed threats, like H5N1, and threats from new unrecognized strains of influenza viruses.

FOREWORD BY THE SECRETARY OF VETERANS AFFAIRS

I am pleased to present this VA Pandemic Influenza Plan, which describes how the Department of Veterans Affairs (VA) will protect employees, maintain continuity of operations, communicate with stakeholders, and support and coordinate with Federal, national, state, local, and tribal efforts. We are proud to build this plan on the foundation of our successful influenza vaccination program and our well-established emergency programs, which this plan now augments. We are also pleased that developing this plan continues the actions VA has been taking in the past 2 years to be prepared. I thank the 70-some VA staff across the country who contributed to this plan and the thousands more that are preparing and will be responding all over the Department.

VA serves millions of veterans in terms of health care, financial assistance benefits, and burial and memorial services. VA facilities and staff are located in every state and territory, nearly every community, and even overseas. Pandemic influenza will affect VA somewhere in the country at some time, and the Department at all levels must coordinate with their government and private sector counterparts and be prepared to respond.

We don't know when the next pandemic influenza will come to this country or how severe it will be. We do know that even the best plans cannot cover all facets of an emergency. VA will continue to take whatever actions are needed to protect our veterans and staff, keep vital VA operations going, communicate effectively, and contribute to the national response effort to help this country delay and lessen the impact of an influenza pandemic.



R. James Nicholson

EXECUTIVE SUMMARY

The *VA Pandemic Influenza Plan* is an operational document that is being added to existing emergency plans of the Department of Veterans Affairs (VA) to provide VA and its three administrations with a foundation for preparation, response, and recovery stages of an influenza pandemic. The VA's three administrations are the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA).

Section 1 – Introduction provides an overview of the functions and nationwide scope of the Department of Veterans Affairs. It describes VA's three major missions of caring for veterans, providing benefits, and memorializing them, as well as its fourth mission of assisting with emergencies and disasters. This section also explains how this plan augments established emergency plans, describes what VA has already done to be prepared for pandemic influenza, and lists planning assumptions about pandemic influenza and its impact.

This section states the goals of VA's plan, which are:

- To describe how VA will protect its staff and the veterans we serve, maintain operations, cooperate with other organizations, and communicate with stakeholders.
- To assist VA staff at the local level establish and implement pandemic influenza-specific emergency procedures.
- To assist VA, VHA, VBA, and NCA leadership at the national, regional, and network levels to support our staff and functions at all levels and all sites.
- To be clear and understandable, with easy-to-find material that can be rapidly disseminated.

Section 2 - Preparing for Pandemic Influenza outlines the actions that VA, its three administrations, and its regional, network, and local facilities (medical, benefits, and memorial) will take to increase understanding of the risks of pandemic influenza, and enhance preparedness for it. The section defines procedures and processes that would be used to prepare VA, throughout the Department, for the special and dire circumstances that would result from pandemic influenza. VA health care is in the special situation of preparing to care for those who are ill with pandemic influenza, so the VHA discussion includes:

- How the workforce and physical sites will be prepared
- What infection control and countermeasures will be put into to place or enhanced, and assessments of what medical materiel will be necessary
- Identification of essential functions
- Estimation of the possible surge in demand
- Plans for health care delivery under the dynamic environment caused by pandemic influenza
- Support of health care facility staff who are exposed to or become ill with pandemic influenza
- Provision of mental health support for patients and staff
- Surveillance and reporting
- Increased security
- Effective communications

Subsections for VBA and NCA describe workforce planning, infection control, security, and communication. The section ends with a description of VA-wide pandemic influenza outbreak exercises that will help the Department test and refine its plans.

Section 3 – Responding to Pandemic Influenza describes how VA will use its plans to stop, slow, or limit the spread of disease, reduce suffering and death, and sustain operations. The discussion includes:

- Surveillance, including possible first case
- Refocusing of patient care priorities to maximize care of patients with pandemic influenza

- Infection control, including the precautions and personal protective equipment by health care facility staff
- Support for and management of exposed or ill staff
- Use of countermeasures (antiviral drugs, vaccines, diagnostics)
- Workforce considerations including flexible work standards, credentialing, and approaches to staffing
- Patient care including changing demands, providing assistance via phone, triage, diagnosis, isolation, use of alternative space and sites, and altered standards of care that may become necessary
- Medication and supply issues
- Security
- Fatality management
- Mental health support
- Communication within and outside of VA

Section 4 – Recovering from Pandemic Influenza briefly reviews key steps toward resuming normal operations.

Section 5 provides a list of acronyms and abbreviations, as well as a glossary of terms.

The last section provides more than 15 **appendices** in five groups:

- [*Appendix Group A*](#) includes a diagram and maps of VA and facts about VA health care.
- [*Appendix Group B*](#) covers VHA's potentially expanded responsibilities and legal authorities and policies relevant to emergencies.
- [*Appendix Group C*](#) includes references to VA emergency plans and other key documents.
- [*Appendix Group D*](#) offers planning tools, including sample standard operating procedures for pandemic influenza, planning action grids, communication principles and elements, and lists of durable and consumable supplies for medical facilities.
- [*Appendix Group E*](#) contains response action grids, charts of precautions for health care facility staff and public health measures for all, an actions checklist for a first case of pandemic influenza, a sample self-triage algorithm, and a home care guide.

This plan augments VA's existing emergency plans and provides an operational foundation for preparation, response, and recovery stages of an influenza pandemic, VA will develop and disseminate more information and planning and response documents and will test our plans to further strengthen our preparedness and response.

ACKNOWLEDGMENTS

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SECTION 1: INTRODUCTION

1.1 Responsibilities of and Facts about the Department of Veterans Affairs

The Department of Veterans Affairs (VA) provides federal benefits to veterans and their families and operates nationwide programs for health care, financial assistance and burial benefits. VA is the second largest of the 15 federal-level Cabinet departments. VA is led by the Secretary of Veterans Affairs and VA headquarters, known as Central Office, is comprised of several staff offices in Washington, DC and other locations. (To see the basic structure of VA, see [Appendix A-1: DIAGRAM OF VA ORGANIZATION](#).)

1.1.1 Veterans Health Administration (VHA) – Health care

VHA, the VA health care system, is the largest integrated health care provider in the Nation. VHA serves the health care needs of veterans by providing primary care, specialized care, and related medical and social support services.

VHA runs more than 1,300 sites of care across the country and in each state, as well as the Philippines, Guam, and Puerto Rico. These sites include:

- Over 150 medical centers
- Over 800 ambulatory care and community-based clinics
- Over 130 nursing homes
- Over 40 residential rehabilitation programs
- Over 200 readjustment counseling centers (Vet Centers)

These sites are organized into 21 Veterans Integrated Service Networks (VISNs). VHA is led by the Under Secretary for Health and several staff offices based largely in Washington, DC.

VHA provided care to over 5 million enrolled veterans in 2004, including almost 600,000 inpatients. There were about 54 million outpatient visits. VA provides health care (and benefits) to more than 100,000 homeless veterans each year. VHA supports about 3,000 researchers at 115 VA medical centers (see [Appendix A-3: FACTS ABOUT VA HEALTH CARE CAPABILITIES](#)).

The VA health care system serves as a backup to the Department of Defense medical systems to care for active duty military during war or a national emergency and as a federal support organization during major disasters. These national emergency functions are sometimes known as VA's "fourth mission" after health care, financial benefits, and burial benefits. For more information on these roles, see [Appendix B-1: SUMMARY OF POTENTIAL VA EXPANDED RESPONSIBILITIES](#) and [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#).

For more information on VHA, see [Appendix A-3: FACTS ABOUT VA HEALTH CARE CAPABILITIES](#).

1.1.2 Veterans Benefits Administration (VBA) – Financial assistance

VBA provides financial assistance to millions of veterans through:

- Compensation and pension programs, including disability compensation, as well as death compensation and pension, for over 3 million people a year
- Funding for education and training for over 400,000 people a year
- Home loan assistance for over 300,000 loans a year
- Life insurance for over 7 million individuals
- Vocational rehabilitation and employment

VBA operates through four Area Offices and 57 Regional Offices, with at least one in every state. VBA staff members are also located in the Philippines, Guam, Italy, Germany, Japan, and South Korea. VBA is led by the Under Secretary for Benefits and staff offices in Washington, DC.

1.1.3 National Cemetery Administration (NCA) – Burials and memorials

NCA maintains about 120 national cemeteries in 39 states and Puerto Rico. These are coordinated by four Memorial Service Network offices and NCA Central Office. Every year, NCA:

- Buries about 93,000 people (veterans and in some cases spouses and dependent children)
- Provides over 300,000 headstones or grave markers a year
- Issues over 400,000 Presidential Memorial Certificates

NCA is led by the Under Secretary for Memorial Affairs and staff offices in Washington, DC.

1.1.4 VA Geography – Nationwide, state-to-state, and overseas

VA facilities and staff are located in every state, the District of Columbia, Puerto Rico (all three administrations), Guam (VHA), and other US territories, the Philippine Islands (VHA and VBA), and South Korea, with some staff also providing benefits services in Germany, Italy, and Japan. For a sense of where VA facilities and staff are located, see [Appendix A-2: MAPS RELATED TO THE THREE ADMINISTRATIONS OF THE DEPARTMENT OF VETERANS AFFAIRS \(VA\)](#).

1.1.5 Workforce

Among all the departments and agencies of the federal government, VA is second only to the Department of Defense in terms of numbers of employees. VA had about 235,000 employees on the rolls as of April 2005. Of these employees

- 214,000 are in the Veterans Health Administration
- 13,000 are in the Veterans Benefits Administration
- 1,500 are in the National Cemetery Administration
- 3,200 are in the Veterans Canteen Service (snack shops, stores, and cafeterias)
- 400 support VA Franchise Fund/VA Enterprise Centers (certain central administrative functions)
- 3,600 are in staff and facility offices.

An additional 83,000 health professionals train in VA medical centers each year. At least 94,000 volunteers provide service to VA, 90,000 of them working in the facilities of the VHA. VA also hires contractors to do a variety of work.

1.2 Relationship of This Plan with Other VA Emergency Plans

The *VA Pandemic Influenza Plan* is intended to augment existing emergency plans of the Department of Veterans Affairs and provide VA staff and leadership, particularly at a local level, with additional, in-depth information about a single type of emergency – pandemic influenza – and the special circumstances that would occur, particularly if the strain is virulent.

Every major part of VA has well-established, comprehensive, all-hazards emergency management plans and Continuity of Operations Plans that provide leaders and staff with guidance and procedures for handling a variety of natural, technological, and human-caused emergency events. There are experts in emergency planning and preparedness at the national level for VA and all three of its administrations and emergency managers guiding operations throughout the country. The VHA Emergency Management Program Guidebook has become recognized as a “best practice” by the Nation’s medical emergency management community. VA medical centers have had emergency plans in place for a long time, and in the last few years, they have adapted to the new standards of the Joint Commission on Accreditation of Healthcare Organizations that require an “all-hazards” approach to emergency management.

Every VA facility should have a Standard Operating Procedure (SOP) for managing the risks associated with each major hazard. This plan provides the basis for developing a VA facility-based SOP that addresses pandemic influenza. This plan should serve as a minimum baseline for a facility-based SOP and can be modified and enhanced to meet local needs. The goal is to ensure that all VA facilities have a comprehensive pandemic influenza plan as part of their emergency management program. (A sample SOP for a VA medical center appears at [Appendix D-2](#).)

VA and its subordinate administrations also have emergency operations plans. In addition, VA essential functions are covered by a variety of VA Continuity of Operations Plans required of Executive Branch departments and agencies to “provide vital services, exercise civil authority, maintain the safety and well being of the general populace, and sustain the industrial/economic base in an emergency,” as specified by law.

Existing VA emergency plans are cited in several places in this document and also are listed under [Appendix C-1: REFERENCE LIST FOR VA EMERGENCY PLANS AND OTHER RESOURCES](#). For a discussion of how VA responsibilities may be augmented during emergencies, see [Appendix B-1: SUMMARY OF POTENTIAL VA EXPANDED RESPONSIBILITIES](#).

1.3 Background – VA and Pandemic Influenza Planning

VA has taken several steps to prepare for an influenza pandemic. These steps include:

- Leading an organized, well-supported, and results-driven national seasonal influenza vaccination program that yields patient vaccination rates higher than any other health care organization for which there are data.
- Building on seasonal influenza prevention efforts, combined with well-established emergency management programs, as a foundation for leadership, policies, procedures, systems, education, and communication, using multidisciplinary teams at the national and local levels.
- Increasing an emphasis on prevention of respiratory disease, particularly through vaccination for seasonal influenza and pneumococcal pneumonia.
- Creating VA’s own emergency stockpile of oseltamivir to be used if pandemic influenza occurs in our medical system. Oseltamivir (Tamiflu®) is the only available, potentially effective antiviral against the current strain of avian influenza (H5N1).
- Establishing a Respiratory Infectious Diseases Emergency Plan for Facilities to supplement the existing VHA Emergency Management Guidebook, March 2005.
- Launching and actively promoting “Infection: Don’t Pass It On,” a VA campaign to engage staff, patients, and visitors in preventing infections, particularly through hand and respiratory hygiene.
- Appraising the use of personal protective equipment (PPE) and developing educational materials on PPE in a pandemic, which are also part of the “Infection: Don’t Pass It On” campaign.
- Participating with other Federal agencies in the development of the Department of Health and Human Services National Pandemic Influenza Plan, the National Strategy for Pandemic Influenza, and the National Implementation Plan for Pandemic Influenza.

VA will continue working to prepare for pandemic influenza by:

- Disseminating and implementing this VA Pandemic Influenza Plan.
- Accomplishing VA actions in the National Implementation Plan for Pandemic Influenza.
- Planning and executing a series of pandemic influenza exercises conducted within VA and with relevant Federal agencies (HHS, DHS, DoD) and state and local health agencies to focus on patient flow, employee needs, and system functionality.
- Carrying out a clinical study to determine if oseltamivir can be extended by co-administration with the drug probenecid (which slows elimination of some drugs) and, if so, extend the effective supply of oseltamivir.

- Continuing to emphasize and promote public health and other non-vaccine, non-drug measures to prevent transmission of infection through the “Infection: Don’t Pass It On” campaign.

1.4 Planning Assumptions

For planning purposes, VA is making the following assumptions in concert with experts at the White House Homeland Security Council and the Department of Health and Human Services:

- Efficient and sustained person-to-person transmission that is documented by authoritative US and international scientists and that occurs anywhere in the world will be a trigger, that is, it will indicate an imminent pandemic that might affect VA (sporadic human cases or outbreaks that are not sustained would not constitute a pandemic).
- Susceptibility to the pandemic influenza virus may be universal.
- The clinical disease attack rate is assumed to be 30% in the overall population during the pandemic. Illness rates may be highest among school-aged children (about 40%) and decline with age. Among working adults, it is assumed that an average of 20% may become ill during a community outbreak.
- Some persons will become infected but may not develop clinically significant symptoms, i.e., they will not be aware that they have been infected with the influenza virus.
- As would symptomatic individuals, individuals who have influenza but no or minimal symptoms may be capable of transmitting infection and may become immune to subsequent infection.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.
- Persons who become ill may shed virus (via respiratory secretions from the nose and mouth) and can transmit infection for ½ to 1 day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness.
- Children will play a major role in transmission of infection as their illness rates are likely to be higher, they usually shed more virus, and they control their secretions less well.
- About 50% of those who become ill will seek care. If effective antiviral drugs are available for treatment, more people will be expected to seek medical care.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by tenfold between more and less severe scenarios. A moderate pandemic, similar to the 1957 and 1968 pandemics, in the absence of intervention, could cause 200,000 deaths and 900,000 hospitalizations among Americans. A severe pandemic influenza virus with similar virulence to the 1918 strain, in the absence of intervention, could cause 1.9 million deaths and almost 10 million hospitalizations among Americans over the course of the pandemic.
- Risk groups for severe or fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- In a severe pandemic, absenteeism may reach 40% attributable to illness, the need to care for ill family members, or fear of infection during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.
- There may be critical shortages of health care resources, such as staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of deceased, and other resources.
- Public health measures of temporarily closing schools and declaring other “snow days” or closures, and quarantining household contacts of infected individuals are likely to increase rates of absenteeism.
- Epidemics will last 6 to 8 weeks in affected communities.
- Multiple waves of epidemics are likely to occur across the country, lasting many months altogether. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
- Effective response to pandemic influenza will require coordinated efforts of a wide variety of organizations.

- An influenza pandemic could be initiated by any of a number of known or unknown strains of influenza.
- VA will provide personal protective equipment for health care facility staff.

A note on transmission and precautions: Because the mode of transmission of the virus will not be known for some time, VA advises taking a conservative approach that provides a high level of protection for staff caring for patients. This level of protection, known as Airborne Infection Isolation and Contact Precautions, include the use of fit-tested N95 masks, as well as gowns, gloves, and eye protection, such as goggles.

- Leadership and responsibilities for a global influenza pandemic are divided in the following manner:
 - The **international community** will agree on transparent and mutual reliance to coordinate planning and response based on principles that place protection of health and lives in the highest priority.
 - The **Federal government** will work internationally and domestically on:
 - Surveillance to target and coordinate response and containment
 - Advanced vaccine and antiviral drug development
 - Supporting the production, purchase, stockpiling, and distribution of vaccine and antiviral drugs
 - Facilitating Federal, state, and local health systems preparation for and response to pandemic influenza
 - Guiding the private sector on planning and operations during a pandemic
 - **Federal health care systems**, such as those of VA, the Department of Defense, the Indian Health Service, and the Bureau of Prisons, will coordinate their pandemic influenza preparations and responses at the Federal, state, and local levels.
 - **VA Central Office, networks, area and regional offices, and facilities** will coordinate planning, response, and recovery efforts with each other and with their Federal, state, and local counterparts.
 - **State and local governments** will develop plans, train responders, and incorporate their communities into their plans, including health care, law enforcement, local services, and political leadership.
 - **Private sector and critical infrastructure entities** (such as utilities, food distributors and medical supply companies) perform key roles in producing and delivering goods and services and will be full participants in planning.
 - **Individuals and families** will employ public health measures that protect them and prevent the spread of disease.

1.5 Goals of the VA Pandemic Influenza Plan

The goals of the VA Pandemic Influenza Plan are as follows:

- To describe how VA will protect its staff and the veterans we serve, maintain operations, cooperate with other organizations, and communicate with our stakeholders.
- To assist VA staff at the local level establish and implement pandemic influenza-specific emergency procedures.
- To assist VA, VHA, VBA, and NCA leadership at the national, regional, and network levels support our staff and functions at all levels and all sites.
- To be clear and understandable, with easy-to-find material that can be rapidly disseminated.

In addition, this plan is intended to be used to supplement and provide additional detail for existing VA emergency plans, such as Continuity of Operations Plans (COOPs) and other emergency management plans.

1.6 Organization of This Plan

This plan is organized consistent with comprehensive emergency management practices and provides:

- Overview with planning assumptions and useful background information concerning the responsibilities of the Department as well as the scope of the threat of pandemic influenza (**Section 1—Introduction**)
- Mitigation and preparedness strategies and actions to reduce the risk of the threat to VA operations (**Section 2—Preparing for Pandemic Influenza**)
- Response strategies and actions (Section 3—Responding to Pandemic Influenza)
- Recovery actions necessary (Section 4—Recovering from Pandemic Influenza)
- References and planning and educational documents (**Section 5** and five groups of **appendices**)

Additional plans, tools, and educational materials will be developed as this plan is implemented.

While an influenza pandemic may have broad effects on VA as a Federal agency, ultimately events will be managed in cooperation with local public health agencies. To be most effective, VA staff will need to remain innovative, flexible, and responsive to local conditions, and to always act in the best interests of veterans.

SECTION 2: PREPARING FOR PANDEMIC INFLUENZA

The aim of this phase of VA's plan is to increase understanding of the risks of pandemic influenza, and enhance our preparedness for it by defining procedures and processes that would be used for the special and dire circumstances that would result.

The major actions described below also appear in [Appendix D-1: VA PANDEMIC PREPARATION ACTION GRIDS](#).

2.1 VA-Wide/VA Central Office Preparations

2.1.1 Leadership

The VA Secretary will plan to lead the overall Department of Veterans Affairs response to an influenza pandemic, assisted principally by the Deputy Secretary and the Under Secretary for Health and their designees.

2.1.2 Coordination

VA will perform the following:

- Coordinate its efforts throughout the Department with Federal and national, state, local, and tribal agencies and organizations.
 - Meet its responsibilities under the National Implementation Plan for Pandemic Influenza.
- Establish an ongoing VA-wide Pandemic Influenza Advisory Group to assist with implementing this plan and provide advice in the event that responses to pandemic influenza become necessary. The VA Pandemic Influenza Advisory Group will be coordinated by the VHA Office of Public Health and Environmental Hazards.
- Coordinate actions and responses under operating structures and guidelines from VA emergency management resources.
 - Execute, as needed, the VA Comprehensive Emergency Management Program, including VA's Continuity of Operations Plan (COOP).
 - Execute, as needed, the Incident Command System (ICS), including Emergency Operations Plan (EOP) and Standard Operating Procedures (SOP), as developed by VHA, VBA and NCA and defined within administration policy (see [Appendix D-2: SAMPLE EMERGENCY MANAGEMENT PROGRAM](#) STANDARD OPERATING PROCEDURE: *Pandemic Influenza Affecting a VA Health Care Facility*).

2.1.3 VA Central Office Preparations

VA Central Office will make plans to prepare for an influenza pandemic that would have the potential to interrupt the headquarters and program office functions of the Department and its three administrations. VA Central Office actions will include:

- Planning to follow the guidance outlined in Continuity of Operations Plans for ensuring that essential functions are maintained, as well as the guidance of the Office of Personnel Management concerning Washington, DC, Federal work status.
- Identifying essential functions and considering how to get work accomplished in an environment with altered work conditions (such as significant absenteeism), including telephone reroute procedures, plans to broker work to other locations, plans to reroute mail to alternate facilities.
- Considering staffing issues including use of employment of flexible work standards, such as telecommuting and flexible (shorter) work hours if necessary, and the use of the use of liberal leave, authorized absences, advanced sick leave, and family medical leave policies.
- Planning for education of and communication with staff on the status of pandemic influenza, what individuals can do to protect themselves and their families, infection control practices (including information from the "Infection: Don't Pass It On" campaign), and plans and policies regarding staffing, and changes in work procedures.

- Planning to obtain and administer to staff, if possible, countermeasures such as antiviral medications and vaccine

2.1.4 Roles and Responsibilities

2.1.4.1 Public Affairs/Communications

Public Affairs/Communications responsibilities are as follows:

- VA communication will follow established practices and principles outlined in [Appendix D-3: REVIEW AND LIST OF COMMUNICATION PRINCIPLES AND ELEMENTS TO USE BEFORE, DURING, AND AFTER A PANDEMIC](#), and will take into account the many stakeholders, channels, and tools listed in order to reach veterans, VA staff, and the vast number of organizations and individuals concerned with VA programs.
- Communications planning actions at the Network (VHA, NCA) or Area Office (VBA) level and at the local facility level, such as medical centers, benefits offices, or cemeteries, will follow the actions described under the VHA, VBA, and NCA parts later in this section (specifically 2.1.3.12, 2.3.3.5, and 2.4.3.4).
- With support and subject-matter expertise of the VHA Office of Public Health and Environmental Hazards, Central Office VA, VHA, VBA and NCA public affairs staffs will collaborate on setting national-level communications priorities for the prepandemic/preparing phase using the actions below as a starting point for setting these priorities. The VHA Office of Public Health and Environmental Hazards and VHA Communications will assist the VA Office of Public and Intergovernmental Affairs and VA public affairs officers. Communications actions will include:
 - Providing representatives on the VA Pandemic Influenza Advisory Group and encouraging public affairs participation in network, facility, and community planning efforts.
 - Developing a national Internet VA Pandemic Influenza Web site and mirror Intranet site that will:
 - House the VA Pandemic Influenza Plan and related documents
 - Be maintained on a real-time basis
 - Have back up support for making changes
 - Be routinely publicized
 - Have links to Web sites within and outside of VA and seek other sites to link to it, including Federal, state, and local partners
 - Be managed by the VHA Office of Public Health and Environmental Hazards
 - Encouraging leadership and public affairs staffs in VA facilities and network and regional offices to:
 - Develop or adapt communications plans in concert with the VA Pandemic Influenza Plan
 - Maintain regular and emergency contact information for leadership, staff, media, and other key stakeholders
 - Assess and enhance resources such as key staff to maintain Web sites, respond to inquiries, give presentations, and work with the media
 - Establish contingency plans for increased information demands and back ups for staff and technology
 - Keep up to date on developments
 - Developing and distributing materials in multiple formats to staff, veterans, outside groups, other agencies, and other stakeholders to
 - Provide consistent, timely, and accurate information
 - Explain pandemic influenza and its impact on VA and on individuals
 - Help people know how to protect themselves against illness
 - Outline steps VA is taking to be prepared
 - Explain roles and responsibilities

- Identifying and training key spokespersons, usually medical experts or leaders who are knowledgeable, credible, articulate, willing, and prepared, at the national, regional, network, and local levels.
- Knowing who the federal and state health contacts and national public health and health care organizations are, keep current contact information for them, and provide them with VA contact information as well.
- Disseminating announcements and other materials and providing subject matter experts as needed to be proactive in keeping the media informed.
- Creating communication tools and templates that can be used for basic messages and information in the event of a pandemic and for updates during the prepandemic/preparing period.
- Providing regular updates at the national, regional, network, and local levels about situations having impact on the status of operations and service delivery to VA's many stakeholders via multiple means.
- Avoiding rumors and misinformation by providing real time, clear, and open communication about what is known and not known to staff, veterans, the media, and other key stakeholders. This includes addressing rumors and false reports immediately with factual information and guidance; seeking information from and share responses with facilities, media contacts, and state and local officials; and encouraging facilities to establish similar rumor control/inquiry response systems locally.
- Anticipating or receiving questions and preparing answers and information in a variety of formats for staff, veterans, the media, Congress, other agencies, and other stakeholders.
- Establishing or renewing relationships with national Federal and private partners through pre-, pandemic, and recovery phases. Contact and monitor them for information and policy guidance. Encourage state, local, community and tribal contacts.
- Briefing national media outlets and Veterans Service Organizations on the VA pandemic response plan.
- Encouraging managers in facilities and offices to make news sources (such as the Internet, TV, and radio) available to staff, particularly in emergencies.

2.2 VHA Preparations

2.2.1 Leadership

The Under Secretary for Health will lead the VHA response to an influenza pandemic, assisted by the Principal Deputy Under Secretary, the Assistant Deputy Under Secretary for Management and Operations, the Chief Public Health and Environmental Hazards Officer, and the Chief Patient Care Services Officer, and advised by the VHA Emergency Management Strategic Health Care Group and the VA Pandemic Influenza Advisory Group.

2.2.2 Coordination

2.2.2.1 Collaboration

VHA Central Office will:

- Work across its offices and networks and with national/Federal, state, and local health care agencies and organizations
- Participate in and coordinate the VA-wide Pandemic Influenza Advisory Group
- Organize VHA state contacts for pandemic influenza and also ask VISNs and facilities to name a lead contact for pandemic influenza
- Participate in national surveillance efforts against pandemic influenza

2.2.2.2 Use of emergency plans

VHA Central Office will:

- Prepare to execute an Incident Command System (ICS) and applicable plans as outlined in VA Operations Plan "Safe Harbor" (including the VHA Emergency Management Program Guidebook) and in Standard Operating Procedures (SOP) maintained by VHA, VBA and NCA. (See [Appendix D-2, SAMPLE EMERGENCY MANAGEMENT PROGRAM STANDARD OPERATING PROCEDURE: Pandemic Influenza Affecting a VA Health Care Facility.](#))

2.2.2.3 Acquisition of and allocation policies for vaccines, antivirals, diagnostics, materiel, and staffing

VHA Central Office will:

- Support the needs of its medical centers and other facilities to protect patients and VA staff across the Department by such actions as
 - Developing plans and Memoranda of Understanding or Agreement (MOUs/MOAs) to acquire countermeasures against pandemic influenza, such as vaccines (anticipating their availability), antiviral medications, and diagnostics, as well as medical materiel such as personal protective equipment and other medications. This will include:
 - Maintaining regular communications with other Federal agencies in order to be aware of vaccine availability and systems to acquire the vaccine.
 - Planning to acquire sufficient quantities of FDA-approved vaccine against a pandemic strain to vaccinate veterans enrolled for VA health care as well as VA staff in all three administrations.
 - Supporting or assisting other Federal agency initiatives to develop domestic vaccine production capacity, according to its mission and abilities.
 - Developing criteria and procedures for distribution of these countermeasures and other supplies.
 - Developing criteria and transparent processes for allocation decisions regarding resources that may not be available in sufficient quantities during a pandemic: antivirals, respirators, vaccines, staff resources
 - Considering the usefulness of acquiring mobile clinics or modular medical stations, such as Federal Medical Shelters (FMSs), scalable, modular, 250-bed deployable facilities that require approximately 40,000 square feet of space and are configured to provide basic but essential medical care.

2.2.3 Roles and Responsibilities

2.2.3.1 Creation of facility and network pandemic influenza plans

- VISNs, medical centers and satellite facilities such as community-based outpatient clinics (CBOCs), should be encouraged to develop and test pandemic influenza plans that address the elements described in the rest of this subsection and to coordinate with other local organizations. These elements should include:
 - How the workforce and physical sites will be prepared; transportation of staff and patients
 - What infection control and countermeasures will be put into place or enhanced, and assessments of what medical materiel will be necessary
 - Identification of essential functions
 - Estimation of the possible surge in demand due to a pandemic
 - Plans for health care delivery in the dynamic environment caused by pandemic influenza
 - Support of health care facility staff who are exposed to or become ill with pandemic influenza
 - Provision of mental health support for patients and staff
 - Surveillance and reporting

- Increased security
- Effective communications
- Medical centers, CBOCs, other VHA facilities and VISNs will participate in community public health and state-sponsored pandemic drills, and carry out drills within their own facilities. Lessons learned will be incorporated into response plans.
- Facilities will take in account the possibility of assisting the community (see [Appendix B-1: SUMMARY OF POTENTIAL VA EXPANDED RESPONSIBILITIES](#)).
- Refer also to [Appendix D-2: SAMPLE EMERGENCY MANAGEMENT PROGRAM STANDARD OPERATING PROCEDURE: Pandemic Influenza Affecting a VA Health Care Facility](#).

2.2.3.2 Workforce preparation (education, skill identification, credentialing, Pandemic Response Teams)

- VHA facilities recognize that health care providers have a duty to care for the sick even in high-risk situations. VHA will provide for the health and safety of front-line providers and other health care facility staff.
- VHA facilities recognize that health care providers have a duty to protect patients by minimizing the transmission of disease. VHA will provide personal protective equipment and institute necessary safety protocols for front-line providers and other health care facility staff, consistent with the standards and requirements of the Occupational Safety and Health Administration. (OSHA).
- VHA facilities will prepare for situations in which work will be done in an environment with altered working conditions and constraints. Changes to anticipate include:
 - A substantial decrease in available staff (by as much as 40%)
 - An expanded scope of practice by some staff
 - Use of staff recruited from the community (volunteers, retirees, etc)
 - Delivery of care according to alternative standards
 - The potential need to provide care to enrolled veterans as well as non-enrolled veterans and non-veterans if necessary (see [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#))
 - Creation and training a pool of non-medical responders to support health and medical care operations
- VHA facility workforce planning will include these actions:
 - Identify functions essential to maintain during a pandemic.
 - Provide education for staff concerning:
 - Pandemic influenza and its symptoms and management
 - Infection control and public health measures
 - Emergency procedures
 - Identify skill sets of practitioner groups (e.g., clinical pharmacists, paramedics, nurse clinical specialists, nurse educators, etc.), so as to optimize reassignment potential.
 - Consider identifying non-VA providers as potential clinicians prior to an emergency and registering and credentialing them in advance through a sponsoring VA entity (see [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#)).
 - Create a system to track skills, location of assignment, location of residence, health status (including pandemic influenza immunity status) of VA staff and volunteers to serve in a pandemic.
 - Determine which staff members will require N-95 or PAPR-type respirators and fit test all that may be called upon to maintain critical systems in situations where they may be exposed to influenza virus.

- Name a Pandemic Response Team that will be prepared to work during a pandemic and that includes the following disciplines:
 - Intensive care nurses, emergency room/urgent care nurses, primary care nurses
 - Nurse practitioners/physician assistants
 - Intensive care, emergency room/urgent care, primary care, infectious disease physicians
 - Infection control personnel
 - Pharmacists
 - Respiratory therapists
 - Radiology technicians
 - Laboratory personnel
 - Information technology staff
 - Engineers
 - VA police or security staff
 - Telephone advice nurses
 - Patient safety specialists
 - Safety and industrial hygienists
 - Occupational health staff
 - Transportation staff
 - Housekeeping
 - Receptionists/clerks/telephone operators
 - Mental health professionals, chaplains, social workers
 - Hospital administrators
 - Public affairs officers
- Consider flexible work standards, such as flexible hours (shorter or staggered shifts), telecommuting for some functions such as answering advice lines.
- Identify shared or facility-based child-care and other home support systems.

2.2.3.3 Physical site (space planning, building and engineering systems, support for infection control, transportation of patients, fatality management)

VHA facility physical site planning will include the following:

- Develop plans to free up existing clinical space and consider flexible, creative use of other facility space in anticipation of higher workloads.
- Identify space for separate waiting rooms and separate emergency care areas for patients with pandemic influenza.
- Identify and develop clear plans for alternative space, that is, to expand capacity in space that is currently nonoperational or unused and that can be converted to space for triage, waiting, outpatient or inpatient (infirmary) care, as well as to locate space outside the facility that might be used if necessary.
- Consider reactivating closed units or buildings to create surge capacity for isolating pandemic influenza patients.
- Map patient flow to plan for restricted use of areas, visitor restriction.
- Assess building and engineering systems as follows:
 - Check exhaust air systems and air handling units for proper operation, flow rate and proper fit and type of filters.
 - Assure all negative airflow rooms are operationally checked and staff trained to use and maintain airflow systems.
 - Prepare air zone diagrams to inform medical center staff of the areas that share the same reservoir of air and plan cohorting or isolation of patients accordingly.
 - Maintain spare sets of filters for critical areas (these may become very difficult to obtain in a pandemic). Consider keeping a 4-week supply of these filters.

- Obtain appropriate filters for heating, ventilating, and air conditioning units serving areas that may be designated as surge areas for patients.
- Inventory portable exhaust fans used in construction areas for possible use in creating surge negative air airflow areas and review the location of exhaust vents relative to intake vents to ensure that no infectious recirculation situations exist or are created when areas are converted to surge negative air flow rooms.
- Plan the set-up of hand wash/hand cleaning stations at all entries to the health care facility to emphasize the requirement for extraordinary attention to infection control.
- Plan for cohorting of patients with pandemic influenza; consider identifying physically distant or separate space or buildings for infected patients. Such plans will be proportional to the disease impact, necessary, relevant, applied equitably, and employ the least restrictive means if options are available.
- Plan for security measure to protect the integrity and safety of structures, staff, equipment, and supplies.
- Plan for transportation of staff/patients.
 - Arrange carpool or van transport systems in the event public transportation breaks down or pandemic situation precludes public travel (see [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#)).
 - Consider that non-health care providers might accompany patients if necessary.
- Plan for management of large numbers of fatalities.
 - Assess current capacity for refrigeration of remains.
 - Discuss and establish mass fatality plans with local and state health officials and medical examiners.
 - Work with local health officials and medical examiners to identify temporary morgue sites, such as refrigerated warehouses and trucks.
 - Plan to have staff use Airborne Infection Isolation and Contact Precautions for handling remains of individuals who die from pandemic influenza (see [Appendix E-2: CHART OF PANDEMIC INFLUENZA PRECAUTIONS FOR VA HEALTH CARE FACILITY STAFF](#)).
 - Determine the scope and volume of supplies needed to handle an increased number of remains.

2.2.3.4 Infection control and precautions (heightened surveillance, staff illness, supplies and their management, transmission and precautions for health care facility staff)

VHA facilities will plan infection control programs containing the following measures:

- Ensure that there is ongoing education for employees and information for patients and visitors that includes regular updates on basic infection control practices (hand hygiene, respiratory etiquette, and the basic principles of infection transmission and isolation strategies) using the materials of the VA “Infection: Don’t Pass It On” campaign and other appropriate resources.
- Establish and maintain active employee seasonal influenza vaccination campaigns each year, making use of the annual Influenza Toolkit.
- Heighten institutional surveillance for influenza, including early recognition of institutional outbreaks, increased numbers of patients being seen in ambulatory settings for influenza-like and other respiratory illnesses, and increased employee absenteeism.
- When the VHA Health Care Acquired Infection and Influenza Surveillance System is available, use automatically produced data that will identify and track indicators of such infections and provide information to VA facilities and leadership and to other national databases.

- Encourage staff to recognize signs and symptoms of influenza before they report for duty and take appropriate action; develop a procedure for them to be able to call and report availability for work and their health status.
- Develop criteria for limiting visitor access if it becomes necessary during a pandemic.
- Develop protocols for tracking and managing staff that are ill with influenza.
- Develop strategies for maintaining supplies during a pandemic, including security and control measures to ensure that supplies are not removed from the facility or used incorrectly.
- Develop strategies to ensure that adequate supplies of personal protective equipment and hand hygiene products are available.

Note: The mode of transmission of a pandemic influenza strain cannot be known at this writing. Transmission may be by large respiratory droplets (particle size > 5 microns) or by very small droplets (≤5 microns), i.e., aerosol means. The mode of transmission defines the level of precautions and isolation required to care for patients in the health care setting. Seasonal influenza strains are generally agreed to be transmitted largely by respiratory droplets, requiring wearing of surgical-type or procedure masks by health care providers and staff working within 3 feet of infected patients. It is possible that a pandemic strain, because of its virulence or potential for aerosol transmission, would warrant a higher level of protection. Therefore, until the transmission mode of a pandemic influenza is fully understood, the VA Pandemic Influenza Plan advises a conservative approach with the use of Airborne Infection Isolation and Contact Precautions for staff caring for patients in the health care setting. These precautions include the use of approved respirators (N95 level masks or powered air purifying respirators or PAPRs), gowns, gloves, and goggles, and the isolation of patients in negative airflow rooms.

2.2.3.5 Countermeasures (vaccines, antiviral medications, diagnostics)

VHA facilities will take the following steps to acquire and distribute countermeasures against pandemic influenza:

- Use established acquisition and contracting programs, including local, VISN, and national programs.
- In the event of difficulties with local acquisition capabilities, plan to go through the National Acquisition Center (NAC) or through the Office of Acquisition and Materiel Management (OA&MM).
- With VHA Central Office, develop criteria and transparent processes for decisions regarding allocation of resources that may not be available in sufficient quantities (antivirals, respirators, vaccines, staff resources).
- Plan to administer vaccine, when available, according to established criteria and with guidance issued at the time by the Under Secretary for Health. (It is expected that VHA will obtain vaccine from Federal sources.)
- Plan to acquire antivirals and to distribute them according to established criteria and with guidance issued at the time by the Under Secretary for Health.
 - VA holds a central supply of oseltamivir (Tamiflu®) that will be made available to patients and staff during an influenza pandemic.
 - Use of the central VA oseltamivir supply will be based on an implementation plan issued by the Under Secretary for Health.
 - Staff should familiarize themselves with access procedures for VA's oseltamivir supply. Information is available thru VHA Information Letter 10-2005-016, "VHA Oseltamivir Stockpile" (see [Appendix C-1: REFERENCE LIST FOR VA EMERGENCY PLANS AND OTHER RESOURCES](#)).

- Staff should familiarize themselves with procedures to access supplies of oseltamivir that their own facilities have acquired for treatment or prevention of outbreaks of seasonal influenza A or B. These supplies may be used as appropriate for pandemic influenza.
- Routine prescribing of oseltamivir by VA clinical staff and dispensing of oseltamivir by VA pharmacies for personal stockpiles for veteran patients or VA staff is not authorized as of this writing. This decision may be reassessed.
- Plan to acquire diagnostic and laboratory tests, considering that:
 - At present (early 2006), commercial test kits and protocols that distinguish between specific strains of influenza are not widely available. VHA staff may combine use of influenza rapid test kits with those for other seasonal respiratory infections, such as respiratory syncytial virus (RSV), to narrow the differential diagnoses of respiratory illness.
 - VA participates in the CDC's Laboratory Response Network. The commitment of the LRN is that molecular methods would be available through the nearest LRN facility within 3 months or less of a defined pandemic within the United States. VA staff may use LRN as a diagnostic testing referral system.
- VA laboratory staff should:
 - Ensure that adequate testing and specimen collection supplies are available for the anticipated patient workload as the pandemic evolves.
 - Ensure that capacity is available for storage of serum, respiratory, and tissue samples for testing or epidemiologic studies at a later point in time.
 - Consider developing Memoranda of Understanding (MOUs) with local vendors as needed to ensure testing and other critical diagnostic supplies are available and delivered.
 - Test infection control communications and reporting systems within the facility, to the VISN, and to local and state health departments.
 - Review proper specimen handling techniques with all appropriate personnel, as well as appropriate use of precautions (see [Appendix E-2: CHART OF PANDEMIC INFLUENZA PRECAUTIONS FOR VA HEALTH CARE FACILITY STAFF](#)).
 - Plan and establish enhanced surveillance systems to monitor for influenza-like illness in all personnel handling respiratory samples.

2.2.3.6 Medical materiel (equipment and supplies)

VHA facility plans for acquisition of medical materiel should include these actions:

- Identify all existing and potential intensive care beds, negative airflow rooms; ventilators, personal protective equipment, medications, and general medical supplies and equipment needed to treat and care for infected individuals (see [Appendix D-4 SUGGESTED INVENTORY OF DURABLE AND CONSUMABLE SUPPLIES FOR VA HEALTH CARE FACILITIES DURING A PANDEMIC INFLUENZA](#)).
- Be familiar with means of obtaining any centrally stockpiled consumable material and consider creating facility stockpiles of durable and consumable materials.
- Identify how/where to store durable equipment and consumable supplies for a pandemic. Consider how to achieve a balance between access to these supplies and security.
- Evaluate existing contracts for equipment and supplies and, if needed, update contracts or develop MOUs to enable rapid purchase of additional quantities should the need arise; identify critical links in supply chains and consider whether contingent contracts with additional or alternative vendors would provide security against acute shortages.
- Identify transportation routes to be used and vehicles to be deployed to move equipment and materiel .
- Identify and address potential security issues.
- Develop criteria for how equipment and supplies will be distributed in the event of shortages (i.e., who will have access, who will make decisions).

- Participate in VA-wide pandemic influenza tabletop exercises to familiarize criteria personnel with criteria and procedures for allocation of scarce equipment and supplies.

2.2.3.7 Health care delivery (triage, waiting areas, novel/innovative care delivery, including home care)

- VHA facilities will ensure that their Pandemic Response Teams are prepared, educated, equipped and ready in the event of an influenza pandemic.
- VHA facilities should consider that they may have the first case of pandemic influenza in their area (see [Appendix E-4: ACTIONS CHECKLIST—FIRST CASE](#)). If so, they should plan to:
 - Assess symptoms and make a clinical or laboratory diagnosis and trigger public health emergency plans.
 - Take care of the patient.
 - Take care of their staff members.
 - Let public health authorities and their VISN know.
 - Work to contain the illness through use of isolation in a negative airflow room, staff use of personal protective equipment.
- VHA facilities will estimate the potential surge in demand that may occur in a pandemic and their capacity for expanding ambulatory, acute, and medication treatment services to handle this surge.
- VHA facilities, including medical centers and CBOCs, will plan the following actions for health care delivery during a pandemic:
 - Plan for triage systems to:
 - Identify persons who might have pandemic influenza.
 - Separate them from others to reduce the risk of disease transmission (such plans must be proportional to the degree of disease, necessary, relevant, applied equitably, and employ the least restrictions if options are available).
 - Use emergency rooms, urgent care centers and primary care clinics and other locations for triage.
 - Identify the type of care required (e.g., outpatient or home care or hospitalization).
 - Assign staff to work with either “well” patients or ill patients, but not both.
 - Assess urgency of care needs guided by vital signs, clinical assessment and pulse oximetry.
 - Establish separate waiting areas for persons with respiratory symptoms.
 - Plan to address increased demand for negative airflow rooms, intensive care units, and assisted ventilation.
 - Develop strategies to provide information to large numbers of patients, such as telephone hot lines, automated phone messages, and mailings.
 - Plan to add or enhance telehealth and advice lines to facilitate home care.
 - Plan to staff and promote novel and innovative care delivery strategies:
 - Use self-triage algorithms that enable veterans and staff to help identify symptoms in themselves and others to decide who may need emergency care, referral to outpatient care, or care at home. Post and promote this algorithm on the Web (see [Appendix E-5: SAMPLE SELF-TRIAGE ALGORITHM FOR PERSONS WITH INFLUENZA SYMPTOMS](#)).
 - Establish “drive-through” clinics utilizing triage personnel to rapidly assess patients, obtain vital signs and pulse oximetry to make decisions about further evaluation, hospitalization, or home care.
 - Develop and provide advice via telephone, print material, and the Internet (MyHealth_{Vet} and other Web sites) on a variety of pandemic influenza-related topics, including home care, with instructions to contact VA facilities if symptoms worsen (see [Appendix E-6: HOME CARE GUIDE FOR INFLUENZA](#)).
 - Consider suggesting the home as a site of care and creating “home care kits” to send to veterans and staff being cared for at home that might include supplies such as a thermometer

- with instructions, cough medications, acetaminophen or ibuprofen as appropriate, rehydration powders, and information on home care, with a symptom and care log (see [Appendix D-4 SUGGESTED INVENTORY OF DURABLE AND CONSUMABLE SUPPLIES FOR VA HEALTH CARE FACILITIES DURING A PANDEMIC INFLUENZA](#) and [Appendix E-6: HOME CARE GUIDE FOR INFLUENZA Symptom and care log](#)).
- Communicate with staff about these strategies and establish training modules, protocols and algorithms using the current definitions of possible cases and approaches to treatment. For those facilities with capabilities for Telehealth connections, plan to extend current collaborations.
 - Be prepared for increased demands for service and for responding to it in this general sequence, which may change depending on the geography and epidemiology of the pandemic:
 - Address the needs of the facility's enrolled patients.
 - Work with the VISN to address any unmet needs of enrolled patients within the network.
 - Work as a system within VHA to meet the needs of enrolled patients.
 - Take care of additional patients as part of VA's potentially expanded role in an emergency (see [Appendix B-1: SUMMARY OF POTENTIAL VA EXPANDED RESPONSIBILITIES](#)). These include DoD active duty patients, non-enrolled veterans, and non-veterans.
 - Consider that altered standards of care may become necessary and include this possibility in presentations with stakeholders to ensure a transparent process. (The term "altered standards" means a shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on individuals. See further discussion of this concept in [Section 3.2.3.7 Patient care \(changing demands and surge, advice lines/telemedicine, triage, diagnosis, isolation, expansion to include alternative space and sites, altered standards of care.\)](#))

2.2.3.8 Support and management of exposed and ill staff

VHA facilities have a duty to protect patients and staff by minimizing the transmission of disease. VHA facilities will plan for the management of exposed, suspected and/or confirmed infectious staff. Actions should include:

- Providing immunizations, medications, and supplies of personal protection equipment to protect staff against influenza.
- Developing a call-in system for monitoring staff who are ill.
- Treating suspected and/or confirmed infectious staff.
- Monitoring occurrences and establishing triage and isolation of suspected and/or confirmed cases of respiratory illness in staff.;
- Implementing plans for laboratory testing and processing of employee specimens.;
- Using mechanisms for reporting and disclosure of test results, and maintaining employee confidentiality.;
- Excluding staff with symptoms, or after high risk exposures at work or at home, or confirmed diagnosis of pandemic influenza from duty.;
- Providing home care kits (see [Appendix E-6: HOME CARE GUIDE FOR INFLUENZA, Symptom and care log](#), Infection Control for the Home).
- In the case of a particularly severe pandemic wave, providing personal protective equipment, antiviral medications, and vaccine to family members to keep health care facility staff healthy and available to take care of patients, depending on the inventory of equipment, supplies, and medications, and the facility's responsibilities and assignments under the National Response Plan (see [Appendix B-1: SUMMARY OF POTENTIAL VA EXPANDED RESPONSIBILITIES](#)).

2.2.3.9 Mental health support for patients and staff

VHA facilities should:

- Develop plans to address mental health and chaplain services for patients and families and for health care and emergency workers and their families, especially when workers must be away from home. Such plans will include mental health professionals in facilities (such as psychiatrists, psychologists, social workers, specialized nurses, and chaplains), readjustment counseling (Vet Center) staff, and staff of employee assistance programs, and may also include local psychiatry, psychology, social work, nursing, and faith-based or pastoral care organizations.
- Describe a mental health consultation process to make such expertise available to all who require assistance at the local level. This process will include Central Office mental health and readjustment counseling services and VISN mental health councils.

2.2.3.10 Surveillance and reporting, VHA facility-level (including first case) and VHA Central Office-level response (use of diagnostics, data on cases, local collaboration, reporting mechanisms)

VHA facility-level surveillance and possible first case

- VHA facilities (medical centers, CBOCs and other facilities) should plan for the possibility that they would have a first case in their region and plan to act accordingly (see [Appendix E-4: ACTIONS CHECKLIST—FIRST CASE](#)).
- VHA facilities should understand and plan to use a provisional case definition of pandemic influenza from the Centers for Disease Control and Prevention (CDC) (see next page for a hypothetical example of such a definition).

**Hypothetical
example of provisional case definition
of possible pandemic influenza by CDC**

The current definition is an illness that meets criteria for an influenza-like illness:

Temperature above 38C (100.4F) plus one of the following: sore throat, cough, or dyspnea,

AND

Travel risk—recently visited or lived in an area affected by a highly pathogenic avian influenza A or confirmed human cases of novel influenza viruses and had direct contact with birds or person(s) with confirmed or suspected novel influenza.

OR

Occupational risk—persons who work on farms or live poultry markets who process or handle poultry infected with known or suspected avian influenza viruses or health care workers in direct contact with a suspected or confirmed pandemic influenza patient.

AND

The maximum interval between potential exposure and symptom onset is less than 10 days.

Once confirmed pandemic disease is widespread, cases will be identified based on clinical presentation alone.

- VHA facilities should plan to use diagnostics if available and recommended, but consider that:
 - Laboratory evaluation for novel influenza A viruses during the prepandemic and early pandemic alert periods might be recommended for:
 - Hospitalized patients with severe influenza-like illness, including pneumonia.
 - Non-hospitalized patients with influenza-like illness who have strong epidemiologic suspicion for exposure manifested by travel risk or occupational risk.
 - In a pandemic situation VA staff should use any FDA approved test for point-of-care diagnostics consistent with good laboratory practices and licensing or recommendation by official oversight groups.
 - Non-FDA approved tests may become available for pandemic influenza strains. If so, VA staff should follow recommendations of CDC for provisional use of such testing.
- VHA facilities should plan to use established reporting mechanisms for cases or outbreaks of pandemic influenza (Incident or Situation Reports).
 - If staff at a VHA facility suspect or confirm an outbreak of a pandemic strain of influenza, they should contact local and state public health authorities.
- VHA facilities will take the following into account:
 - VA diagnostic and procedure codes data are currently reported to CDC via the BioSense system.
 - VA currently provides transmissions twice daily on weekdays and once daily on weekends to CDC of all VA ICD-9-CM codes for diagnosis and procedures from outpatient and emergency room visits, sent through a secure electronic conduit.
 - After analysis and evaluation at the CDC, the data are immediately available to state and local health departments to enhance the local early warning value of the information.
 - This type of “syndromic” information is important for early warning for influenza like illness that can trigger further specific investigation.
 - A VHA Health Care Acquired Infection and Influenza Surveillance System that when operational will automatically identify and track indicators of such infections and provide information to VA facilities and leadership and to other national databases.
 - Individual VHA facilities may already have other surveillance systems in place for unusual disease clusters.
 - Collaboration with state and local health departments in surveillance and reporting should occur to the extent possible.
 - Additional active surveillance by VHA facilities is not required by this plan.

VHA Central Office-level response

VHA actions in the event of suspected or confirmed cases or outbreaks are as follows:

- If staff at a VHA facility suspect or confirm an outbreak of a pandemic strain of influenza, they should contact local and state health authorities and their VISN leadership, who will communicate the information to VA Central Office.
- If VHA Central Office receives information from a VISN or facility that there is a suspected or confirmed case or outbreak, then after consideration of local and national situations, VHA emergency plans will be activated and the VA Pandemic Influenza Advisory Group will convene in order to provide advice to the Under Secretary for Health, (and the Under Secretaries for Benefits and Memorial Affairs).
- VHA facilities should be familiar with reporting mechanisms and ensure that their staffs are familiar with them.

2.2.3.11 Security (facilities, supplies)

VHA facilities will plan for security of all VA health care facilities to prevent or minimize civil unrest and limit visitor access, as necessary, by performing the following:

- VA Police will apply existing National Threat Level Responses to civil unrest incidents, including pandemics.
- National Threat Level responses specify procedures for facility lock down, entry control requirements, and additional police staffing needs.
- Facility VA Police Chiefs will review support agreements with local law enforcement.
- These support agreements and threat responses will be part of facility emergency plans and exercised on a regular basis.
- Specific threat responses and support agreement requirements will be part of continuing VA police officer in-service training.
- Storage locations for critical medical supplies will be subject to annual security surveys.
- VA Police will be trained in the use of personal protective equipment either as first receivers of patients with possible pandemic influenza or as first responders to disturbances.

2.2.3.12 Communication, VHA facility-level and VHA Central Office-level

VHA facility center-level communication

- VHA facility center public affairs staff should consider that in the prepandemic/preparing stage communications planning and efforts should take into account both:
 - Communicating “now,” i.e., before a pandemic, with the goals of increasing understanding of health, prevention, and health care issues and of roles and responsibilities.
 - Planning for communicating during the pandemic, with the goals of being able to provide information, address misinformation, facilitate effective operations, and lessen anxiety.

These efforts should be done in concert with (and with the support of) medical center leadership and pandemic influenza planning staff and VHA Central Office.

[Appendix D-3: REVIEW AND LIST OF COMMUNICATION PRINCIPLES AND ELEMENTS TO USE BEFORE, DURING, AND AFTER a PANDEMIC](#), covers general principles for use before and during a pandemic, and provides lists of stakeholders, vehicles, and channels to consider in creating plans.

- Communicating before a pandemic:
 - Steps in communicating now about pandemic influenza preparedness include:
 - Developing consistent and accurate information about:
 - What pandemic influenza is, what may happen, implications for the medical center
 - What individuals can do to protect themselves and prevent transmission
 - What VA, VHA, and the medical center are doing via their planning efforts
 - Roles and responsibilities as outlined in the medical center plan for before and during a pandemic
 - Local resources including public health departments and health care facilities
 - Identifying key internal and external stakeholders for this information, such as:
 - Staff – clinical, nonclinical, security, telephone operators and receptionists, medical trainees, volunteers, contractors
 - Patients and their families
 - Veterans Service Organizations
 - Local public health and health care agencies
 - The media

- Engaging stakeholders in a dialogue during the early stages of planning to ensure a clear and common understanding of concepts such as rationing of resources, quarantine, and obligations of clinical caretakers.
- Listening to stakeholders to assess their understanding, answer questions and concerns, and seek their input and ideas.
- Using a variety of vehicles to convey information to key stakeholders, such as:
 - Newsletter articles
 - Fact sheets and trifolds
 - Announcements and news release
 - Email announcements
 - Presentations/discussions at meetings (staff, community at large, local health counterparts)
 - Slide sets
 - Briefings
 - Conference calls
 - Easily found Internet and Intranet sites where this information is posted
 - Scripts for receptions and telephone operators – both information on the current situation and template for information updates during a pandemic
- Considering the use of alternative formats for individuals with disabilities, translation for staff, patients, and families as necessary and easier-to-read wording for individuals who do not read well.
- Planning for communicating during a pandemic:
 - Steps in planning for communication during a pandemic include:
 - Developing a process to create consistent, accurate, and timely information using a streamlined approval procedure.
 - Identifying spokespersons, usually medical or leadership, who are knowledgeable, credible, articulate, willing, and prepared to speak to the media and other key stakeholders when needed before a pandemic and during a pandemic; rehearsing with them and obtaining media training for them as necessary.
 - Updating fact sheets and general information about the medical center (such as key facts, key staff).
 - Developing templates to convey information (announcements, status reports, news releases) during a pandemic as well as distribution lists for this information.
 - Considering how to work with the media. Besides having one or more identified spokespersons, consider telephone or teleconference briefings.
 - Developing a means for staying up to date, including identifying and addressing rumors, inaccuracies, and misperceptions.
 - Updating or establishing key contact lists, such as:
 - For key staff – direct work phone, home phone, cell phone, fax numbers, email addresses
 - For media – phone, email, fax
 - For local public health (including communications staff) and health care sites – phone, email, fax
 - Establishing ways to seek input from stakeholders and provide information that they need.
 - Establishing or updating ways to communicate in emergencies such as:
 - Telephone trees, i.e. structured lists of phone numbers (home, cell) that can be used to get the word out to staff or other individuals
 - Call-in systems for use during a pandemic for staff to report availability for work and their own health status
 - Live advice hotlines for patients to call in on
 - Recorded information lines that patients and staff can use to obtain information

VHA Central Office-level communication

VHA Office of Communications, the office of the Deputy Under Secretary for Management and Operations, and the VHA Office of Public Health and Environmental Hazards will work together to:

- Ensure that Central Office staff and contractors receive pandemic influenza preparedness messages and materials.
- Convey requirements and responsibilities regarding communication about pandemic influenza to staff throughout the VA health care system.
- Ensure that VHA staff and veterans have consistent, accurate information.
- Provide information to Veterans Service Organizations and other partners.
- Provide up-to-date information to Voluntary Service directors.
- Establish and maintain employee telephone lists and consider using telephone trees for notifications of large numbers of staff.
- Develop procedures for staff unable to work, such as a toll-free number for staff to use to call in about work availability and health status.
- Plan to conduct frequent conference calls with VISNs and facilities affected by pandemic influenza and those in immediate risk of a pandemic wave.
- Plan for efficient communication with Federal, state, local, and community partners.
- Establish mechanisms for two-way communication with local/state/private health care community partners that include:
 - Appointing and announcing facility and state VA points of contacts for local/state/private health care agencies, as well as for VHA purposes.
 - Coordinating local planning with needed facilities.
 - Sharing pandemic influenza plans, educational materials, and other resources.
 - Developing mechanisms to share scarce resources and expertise.
 - Developing templates that outline procedures for announcements, such as closing of hospitals, restriction of visitors, alternative sites for or approaches to care.
 - Meeting with community partners to assure understanding of plans and responsibilities.
- Establish mechanisms for two-way communication with VA facilities that include:
 - Generating pandemic influenza plans in accordance with the VA national plan.
 - Coordinating their local planning with community and state agencies.
 - Locating and utilizing information on ways to prevent the spread of pandemic influenza for staff, clinicians, patients, visitors, vendor, supplier and community members.
 - Preparing written/audio information to inform staff of the facility's pandemic influenza plan and how each employee can take part in slowing the pandemic.
 - Providing easy access for clinicians/staff/patients/others on how to protect themselves from pandemic influenza.
 - Assuring that clinical staff is aware of the current probability of pandemic influenza, and how to prevent the spread of pandemic influenza in the health care setting.
 - Establishing a phone number for staff to use for updates.
 - Providing information on the current status of the influenza.
- Establish mechanisms for two-way communication with key stakeholders in and out of VHA, including:
 - Developing a prioritized list of these stakeholders.
 - Developing mechanisms to communicate with stakeholders on the status of pandemic preparedness.
 - Providing information on how to prevent the spread of pandemic influenza to each audience.
 - Sending information or speakers to each audience present on the status of the epidemic, what can be done to slow the transmission of the virus to others (see [Appendix E-3: CHART OF PUBLIC HEALTH MEASURES AGAINST PANDEMIC INFLUENZA FOR INDIVIDUALS, HEALTH](#)

[CARE PROVIDERS, AND ORGANIZATIONS](#) on public health measures), and the elements of the VA Pandemic Influenza Plan.

- Developing a list of prevention activities that Veterans Service Organizations and other community partners could do to assist with or enhance VA's effort to manage the epidemic.

2.3 VBA Preparations

2.3.1 Leadership

The Under Secretary for Benefits will lead the VBA response to an influenza pandemic, assisted by the Under Secretary for Health and advised by the VA Pandemic Influenza Advisory Group.

2.3.2 Coordination

VBA central or regional offices will plan to:

- Utilize existing Continuity of Operations Plans to ensure mission essential functions continue uninterrupted.
 - Alternatives for face-to-face meetings with veterans are:
 - PAO announcements to encourage use of toll free line; and
 - Mail drop off points on the exterior of the facility for veteran information.
- Consider that overall VBA operations are likely to be able to continue and not be affected by the closure of one or more regional office as all offices are connected to a centralized data system, and each office has procedures in place to reroute telephone connections and veterans' claims information for processing.

VBA will be represented on the VA Pandemic Influenza Advisory Group.

2.3.3 Roles and Responsibilities

2.3.3.1 Creation of VBA regional office pandemic influenza plans

- VBA regional offices will develop plans that address how work will be done in an environment with altered work conditions. These plans should address:
 - Staff telephone tree update
 - Telephone reroute procedures
 - Plans to broker work to other regional offices (if needed)
 - Plans to reroute mail to alternate facility(ies)
 - The placement of vital information on the Internet and Intranet

2.3.3.2 Workforce (staffing, education)

VBA regional offices will take these staffing issues into consideration:

- Daily staff accounting
- The employment of flexible work standards (telecommuting, flexible work hours, work from alternate sites)
- Information technology/computer support for employees who are telecommuting (help desk function)
- The use of liberal leave, authorized absence, and advanced leave policies

VBA central and regional offices will prepare their workforce by taking these actions:

- Provide education for all employees about the potential for pandemic influenza, including regular updates on infection control practices.
- Encourage receipt of seasonal influenza vaccinations.
- Develop protocols for managing employees who are ill with influenza.
- Plan to ensure that sufficient supplies of personal protective equipment and hand hygiene products are available.

VBA may need to close a regional office during a pandemic and if so will take these actions:

- Prepare plan to reroute telephones to an open regional office.
- Create line of communications to inform VBA Central Office of actions.

2.3.3.3 Infection control

- VBA employees will be provided with educational materials on pandemic influenza, respiratory and hand hygiene.
- VBA employees will be provided with information on the availability of pandemic influenza antivirals and vaccine from VA sources through their representative on the VA Pandemic Influenza Advisory Group.

2.3.3.4 Security

The following actions are needed to maintain VBA offices' security:

- Ensure guard staff is trained on signs and symptoms of influenza to limit visitor access.
- Plan to provide guard staff with appropriate PPE to ensure their welfare and safety.

2.3.3.5 Communication

Two-way communication with VACO employees, contractors, and tenant organizations will include:

- VBA will develop a communication plan for all of its employees to alert them to the potential for pandemic influenza.
- VBA will coordinate these plans with VACO for refinement and alignment to the VA National Pandemic Influenza Plan.
- VBA will plan alternate ways to communicate with VACO and their staff during times when traditional methods may not be available.
- VBA will articulate to employees the areas of their jobs that put them at the greatest risk for pandemic influenza and how to minimize these risks.
- VBA will ensure that employees have access to information on how to protect themselves from the spread of influenza.
- Employ methods such as email, V-tel, web, written policies, memos, flyers, brochures, satellite TV, net meetings to review plans, prevention and home care kits.
- Provide information to Veterans Service Organizations via established telephone trees and other mechanisms for dissemination.

2.4 NCA Preparations

2.4.1 Leadership

The Under Secretary for Memorial Affairs will lead the NCA response to an influenza pandemic, assisted by the Under Secretary for Health and advised by the VA Pandemic Influenza Advisory Group.

2.4.2 Coordination

NCA Memorial Service Network offices and National Cemeteries will follow the guidance outlined in Continuity of Operations Plans for ensuring that mission essential functions are maintained.

- Utilize existing Continuity of Operations Plans to ensure mission essential functions continue uninterrupted.
- Review how overall NCA operations will be affected by the closure of one or more office or cemetery.

- Review of how burial procedures may need to change because of increased numbers of requests and decreased staffing.
- Develop criteria and transparent processes for allocation decisions regarding resources needed (cemetery staff, plots) for significant numbers of burials if closure and rescheduling is not an adequate response.

NCA will be represented on the VA Pandemic Influenza Advisory Group.

2.4.3 Roles and Responsibilities

2.4.3.1 Creation of network- and cemetery-level pandemic influenza plans

NCA Memorial Service Network (MSN) offices and National Cemeteries will develop plans that address how work will be done in an environment with altered work conditions. These plans should address:

- Staff telephone tree update
- Telephone reroute procedures
- Plans to broker work to other Network Offices (if needed)
- Plans to reroute mail to alternate facility(ies)

2.4.3.2 Workforce (staffing, education)

NCA Memorial Service Network offices and National Cemeteries will take these staffing issues into consideration:

- Daily staff accounting
- The employment of flexible work standards (telecommuting, flexible work hours, work from alternate sites)
- Information technology/computer support for employees who are telecommuting (help desk function)
- The use of liberal leave, authorized absence, and advanced sick leave policies.

NCA Memorial Service Network offices and National Cemeteries will prepare their workforce by taking these actions:

- Provide education for all employees about the potential for pandemic influenza, including regular updates on infection control practices.
- Encourage receipt of seasonal influenza vaccinations.
- Develop protocols for managing employees who are ill with influenza.
- Ensure that sufficient supplies of personal protective equipment and hand hygiene products are available.

NCA Memorial Service Network offices and National Cemeteries may need to close during a pandemic and if so will take these actions:

- Prepare to reroute telephones to an open office.
- Create line of communications to inform NCA Central Office of actions.
- Develop plan to contact funeral homes and the next of kin of the deceased to notify parties of the situation and to reschedule the affected burials.

2.4.3.3 Infection control

Infection control actions for NCA staff will include:

- Providing staff with educational materials on pandemic influenza, respiratory and hand hygiene (see [Appendix E-3: CHART OF PUBLIC HEALTH MEASURES AGAINST PANDEMIC INFLUENZA FOR INDIVIDUALS, HEALTH CARE PROVIDERS, AND ORGANIZATIONS](#) and [Appendix E-2:](#)

[CHART OF PANDEMIC INFLUENZA PRECAUTIONS FOR VA HEALTH CARE FACILITY STAFF](#)).

- Providing staff with information on the availability of pandemic influenza antivirals and vaccine from VA sources through their representative on the VA Pandemic Influenza Advisory Group.

2.4.3.4 Communication

Two-way communication with VACO will include the following (see also [Appendix D-3: REVIEW AND LIST OF COMMUNICATION PRINCIPLES AND ELEMENTS TO USE BEFORE, DURING, AND AFTER A PANDEMIC](#)):

- NCA will develop a communication plan for all of its employees to alert them to the potential for pandemic influenza.
- NCA will coordinate these plans with VACO for refinement and alignment to the VA National Pandemic Influenza Plan.
- NCA will plan alternate ways to communicate with VACO and their staff during times when traditional methods may not be available.
- NCA will articulate to employees the areas of their jobs that put them at the greatest risk for pandemic influenza and how to minimize these risks.
- NCA will ensure that employees have access to information on how to protect themselves from the spread of influenza.
- Employ methods such as: email, V-tel, web, written policies, memos, flyers, brochures, satellite TV, net meetings to review plans, prevention and home care kits.
- Provide information to Veterans Service Organizations via established telephone trees and mechanisms for dissemination.

2.5 VA-Wide Pandemic Influenza Outbreak Exercises

The Department of Veterans Affairs will conduct interactive tabletop exercises of a large-scale outbreak of pandemic influenza. The exercises will focus on two or three VISNs of the VA health care system and involve VA Central Office, VA facilities (including medical centers, community-based outpatient clinics, a VBA regional office, and a cemetery within each of those VISNs), and the relevant Federal, state and local partners. Goals of the exercises are:

- Practice coordination between VA, other Federal agencies and public health departments and local health care delivery partners in the following key response categories:
 - Surveillance and epidemiology
 - Command and control and communications
 - Internal and external risk communication
 - Coordination of surge capacity
 - Infection control and patient care
- Clarify roles among VA, other Federal agencies and health care partners and public health agencies while facilitating response.
- Identify strengths of the response and areas for improvement.

SECTION 3: RESPONDING TO PANDEMIC INFLUENZA

Strategic goals of response and containment efforts will be to stop, slow, or limit the spread of disease, reduce suffering and death, and sustain the operations of the Department of Veterans Affairs.

Note that the major actions described here also appear in [Appendix E-1: VA PANDEMIC RESPONSE ACTION GRIDS](#).

3.1 VA Response Actions

3.1.1 Leadership

The VA Secretary will lead the overall Department of Veterans Affairs Response to an influenza pandemic, assisted principally by the Deputy Secretary and the Under Secretary for Health and their designees.

3.1.2 Coordination and Communication

VA will:

- Via the Secretary, the Office of Policy, Planning and Preparedness, the Office of Public and Intergovernmental Affairs, and the VHA Office of Public Health and Environmental Hazards, activate a coordinated response within the Department and between VA and federal, state, and local agencies, health care, and Veteran Service Organizations.
- Via the Secretary, regularly consult with the VA Pandemic Influenza Advisory Group.
- Via the Office of Public and Intergovernmental Affairs and VHA Communications, put VA communications plans and principles into action (see [Section 3.5 Communication Within and Outside of VA During a Pandemic](#) and [Appendix D-3: REVIEW AND LIST OF COMMUNICATION PRINCIPLES AND ELEMENTS TO USE BEFORE, DURING, AND AFTER A PANDEMIC](#)).

3.1.3 VA Central Office Response

VA Central Office will use the plans developed under 2.1.3 to respond to pandemic influenza if a wave comes through the Washington, DC, area and affects headquarters and program office functions of the Department and its three administrations. VA Central Office will:

- Follow the guidance outlined in Continuity of Operations Plans for ensuring that essential functions are maintained, as well as that of the Office of Personnel Management concerning the local Federal work status and operating conditions.
- Carry out essential functions and make use of plans to reroute telephones, get work done via staff at other locations, and reroute the mail.
- Use flexible work standards, such as telecommuting and flexible (shorter) work hours if necessary, and the use of liberal leave, authorized absences, advanced sick leave, and family medical leave policies.
- Plan for continued and open communication on the status of the pandemic, Central Office operating status and expectations, and changes in policies regarding staffing and work procedures.
- Obtain and administer to staff, if possible, countermeasures such as antiviral medications and vaccine.

3.1.4 Roles and Responsibilities: VA-wide

3.1.4.1 Vigilance and notification

VA will maintain situational awareness, being vigilant for “trigger” points at which local actions on pandemic influenza will escalate from passive to active.

- A trigger point will be defined by authoritative international scientists and will be relayed by the World Health Organization, the Department of Health and Human Services (HHS), and the Centers for Disease Control and Prevention (CDC). VA will use HHS/CDC guidance on the definition of a trigger.

Hypothetical
example of a trigger point definition from CDC:

Laboratory confirmation of human influenza virus of pandemic potential with epidemiological evidence of two generations of human-to-human transmission. Confirmation of two generations of human-to-human transmission should depend on the analysis of a cluster of human cases by authoritative international scientists.

3.1.4.2 Implementation of emergency plans

VA will activate, as appropriate, its Continuity of Operations Plans (COOPs), this pandemic influenza plan, and other emergency plans for the Department, VHA, VBA, and NCA (see [Appendix C-1: REFERENCE LIST FOR VA EMERGENCY PLANS AND OTHER RESOURCES](#)).

3.1.4.3 Limiting disease spread

VA will act to limit disease spread, including taking these steps:

- Emphasizing the general principles of VA’s “Infection: Don’t Pass It On” campaign: wash or clean hands frequently, cover coughs and sneezes, stay home when ill, and avoid contact with persons who are ill, when possible.
- Encouraging VA staff and facilities to follow local public health guidance for action, such as limiting public gatherings, holding “snow days” during which events and activities are closed. Activating plans for alternative work schedules and staffing.
- Using established distribution mechanisms to provide antiviral medications to VHA patients and to VHA, VBA, and NCA staff. Prioritization will depend on the availability of antivirals and characteristics of the pandemic, and will be determined through coordination with HHS and DoD. The VHA Pharmacy Benefits Management Strategic Healthcare Group will distribute the antiviral oseltamivir from the VHA stockpile to local VA facilities in VHA, VBA, and NCA as determined by an implementation plan from the Under Secretary for Health.
- Using established distribution mechanisms to provide vaccine, when available, to VHA patients and to VHA, VBA, and NCA staff. Prioritization will depend on the availability of vaccine and characteristics of the pandemic, and will be determined through coordination with HHS and DoD. Distribution of the vaccine to local VA facilities in VHA, VBA, and NCA will be determined by an implementation plan from the Under Secretary for Health.

3.2 VHA Response Actions

3.2.1 Leadership

The Under Secretary for Health will head the VHA response to an influenza pandemic, assisted by Principal Deputy Under Secretary for Health, the Assistant Deputy Under Secretary for Management and Operations, the Chief Public Health and Environmental Hazards Officer, and the Chief Patient Care Services Officer, and advised by the VA Pandemic Influenza Advisory Group.

3.2.2 Coordination and Communication

VHA and its facilities and VISNs will collaborate as diligently as possible within VA as well as with local authorities (including State and local health care agencies and organizations) for:

- Information and guidance about surveillance, response, and containment activities.
- Use of vaccine when available and indicated.

- Use of antiviral drugs when available and indicated.
- Effective and timely communication following established plans and principles (see [Section 3.5 Communication Within and Outside of VA During a Pandemic](#) and [Appendix D-3: REVIEW AND LIST OF COMMUNICATION PRINCIPLES AND ELEMENTS TO USE BEFORE, DURING, AND AFTER A PANDEMIC](#))

3.2.3 Roles and Responsibilities

3.2.3.1 Surveillance, including possible first case

VHA facilities will consider the possibility that they may see the first case of pandemic influenza in their community or region (see [Appendix E-4: ACTIONS CHECKLIST—FIRST CASE](#)). If pandemic influenza is highly suspected or confirmed, key steps would include:

- Isolating the patient in negative airflow room on Airborne Infection Isolation and Contact Precautions, if possible, in addition to Standard Precautions.
- Recording information about possible case contacts (patients and staff) within the facility.
- Implementing the facility emergency plan for pandemic influenza in term of infection control, notification of key facility staff, local public health, VISN leadership.
- Convening the Pandemic Response Team, the staff designated to assist in an influenza pandemic.
- Coordinating with leadership and public affairs to communicate with staff, patients, media, and community.

VHA facilities will rely on their surveillance plans (developed under 2.2.3.10) and use surveillance systems to:

- Collect and report cases to state and local public health departments, according to local agreements and practices.
- When the VHA Health Care Acquired Infection and Influenza Surveillance System is available, obtain automatically produced data that will identify and track indicators of pandemic influenza and use this information for their own purposes.
- If available, use data received from the CDC Biosense program to assist with triggering of local containment actions.
- Carry out plans to use diagnostics, if available, and use care in handling testing and shipping specimens, including appropriate precautions (see [Appendix E-2: CHART OF PANDEMIC INFLUENZA PRECAUTIONS FOR VA HEALTH CARE FACILITY STAFF](#)).

3.2.3.2 Refocusing of patient care priorities

VHA facilities will maximize ability to care for patients with pandemic influenza, including enrolled veterans, and in response to the needs of other individuals, such as active duty military, non-enrolled veterans, and non-veterans, as necessitated by local situations and as outlined in VA-DoD contingency plans and the National Response Plan. Actions will include:

- Postponing elective hospital admissions and appointments.
- Discharging patients capable of being cared for at home. Where possible provide guidance on home care, offer advice lines and contact information, and consider the use of home care kits (see [Appendix E-6: HOME CARE GUIDE FOR INFLUENZA](#)).

3.2.3.3 Infection control (transmission and precautions for health care facility staff, hand and respiratory hygiene)

VHA facilities will implement appropriate infection control measures as planned (see also [Section 2.2.3.3 Physical site \(space planning, building and engineering systems, support for infection control, transportation of patients, fatality management](#) and [Section 2.2.3.4 Infection control and precautions \(heightened surveillance, employee illness, supplies and their management, transmission and precautions for health care facility staff\)](#)).

At the beginning of a pandemic influenza outbreak, health care facility staff members are advised to use Airborne Infection Isolation and Contact Precautions for VHA health care facility staff (see [Appendix E-2: CHART OF PANDEMIC INFLUENZA PRECAUTIONS FOR VA HEALTH CARE FACILITY STAFF](#)):

- Use fit-tested N95 level masks or powered air purifying respirators—PAPRs, gowns, gloves, and goggles.
- Place patient in negative air flow room to provide maximum protection of VHA staff until the mode of transmission has been established.

A note on transmission and precautions: Because the mode of transmission of the virus will not be known for some time, VA advises taking a conservative approach that provides a high level of protection for health care facility staff. This level of protection, known as Airborne Infection Isolation and Contact Precautions, includes the use of fit-tested N95 respirators or PAPRs, as well as gowns, gloves, and eye protection, such as goggles.

- Adjust level of infection control practices and isolation throughout the pandemic period according to capability of the facility and epidemiology of the pandemic.
- If the epidemiology of the pandemic virus does not warrant Airborne Infection Isolation and Contact Precautions or if the Airborne Infection Isolation and Contact Precautions cannot be maintained because of staffing, space, supplies, or patient flow, employ Droplet Precautions as follows:
 - Staff wear surgical or procedure-type masks within 3 feet of patients.
 - Patients wear masks, if able; staff with potential body fluid contact wear gloves and gowns.
 - Segregate exposed patients away from non-exposed patients.
 - Isolate or cohort symptomatic/ill patients.
 - Handle soiled linens and waste according to usual health care facility procedures.
- No matter the mode of transmission, facilities should:
 - Continue to promote and practice hand hygiene (patients and staff wash hands with soap and water or alcohol-based hand rub after having contact with respiratory secretions and/or contaminated individuals, objects, and materials).
 - Continue to promote and practice respiratory hygiene (patients and staff cover noses and mouths when sneezing, use facial tissues to contain respiratory secretions and dispose of them in a waste container).
 - Practice contact avoidance; individuals with influenza symptoms should be kept at least three feet from others as much as possible.
 - Screen incoming patients for influenza-like illness (ILI) with up-to-date algorithms for clinical symptoms and recent exposure and travel history.
 - Implement visitor restriction policies according to criteria.
 - Use rapid testing for influenza A if needed to differentiate pandemic influenza from other respiratory illnesses.
 - Follow quarantine measures and other public health measures issued by Federal, State and local government agencies (see [Appendix E-2: CHART OF PANDEMIC INFLUENZA PRECAUTIONS FOR VA HEALTH CARE FACILITY STAFF](#)).

3.2.3.4 Support for and management of exposed or ill staff (monitoring, triage, absences, public health measures)

VHA will make use of plans developed to manage exposed, suspected and/or confirmed infectious staff (see [Section 2.2.3.8 Support and management of exposed and ill staff](#)). Facilities have a duty to protect patients and staff by minimizing the transmission of disease. Actions will include:

- Providing immunizations, medications and supplies of personal protection equipment to protect staff against respiratory infection.
- Doing daily fever monitoring of staff exposed to presumptive pandemic influenza cases.
- Screening staff for influenza-like illness (ILI) with up-to-date algorithms for clinical symptoms and recent travel history.
- Using rapid testing for influenza A.
- Treating suspected and/or confirmed infectious staff.
- Monitoring occurrences and establishing triage and isolation of suspected and/or confirmed cases of respiratory illness in staff.
- Laboratory testing and processing of staff specimens.
- Reporting and disclosure of test results, and maintaining staff confidentiality.
- Excluding staff with symptoms, or after high risk exposures from duty, or confirmed diagnoses; requiring staff to stay home when ill.
- Encouraging contact avoidance to the extent possible—individuals with influenza-like symptoms should be kept at least three feet from others.
- Granting authorized absences as appropriate (see [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#)).
- Following quarantine measures, social distancing measures, or, as possible, closures and “snow day” decrees issued by Federal, State and local government agencies (see [Appendix E-3: CHART OF PUBLIC HEALTH MEASURES AGAINST PANDEMIC INFLUENZA FOR INDIVIDUALS, HEALTH CARE PROVIDERS, AND ORGANIZATIONS](#)).

3.2.3.5 Countermeasures (antiviral drugs, vaccines, diagnostics)

VHA facilities will activate plans to employ other available countermeasures (see [Section 2.2.3.4 Infection control and precautions \(heightened surveillance, employee illness, supplies and their management, transmission and precautions for health care facility staff\)](#)), including antiviral drugs, vaccines, and diagnostic and laboratory tests, following the advice of the VA Under Secretary for Health (who will be working closely with HHS and DoD). Such advice cannot be specified at this time, but could include:

- Use of antiviral medications:
 - For pre-exposure prevention/prophylaxis (generally for the duration of the local outbreak) in order to:
 - Prevent severe illness and death in those persons at highest risk from pandemic influenza.
 - Preserve delivery of health care and other essential critical services by providing prophylaxis to staff most likely to be exposed.
 - For post-exposure prevention/prophylaxis (generally for 10 days after a possible exposure) in order to:
 - Control well-defined disease clusters, such as outbreaks in nursing homes, other institutions, or small communities.
 - Protect individuals exposed to pandemic influenza, including health care providers and patients who have had significant exposure.

- Provide mass prophylaxis (i.e., wide dispensing of antiviral drugs) to VHA staff and patients, if supplies are adequate and pandemic situation allows, usually in coordination with local and state plans.
- After a vaccine becomes available, protect persons who might have an inadequate vaccine response (e.g., the elderly and those with underlying immunosuppressive disease) and individuals with contraindications to vaccination, such as anaphylactic hypersensitivity to eggs or other vaccine components.
- For treatment of staff and patients with pandemic influenza.
- Use of vaccine against pandemic influenza (when it is available)
 - VHA leadership will maintain regular communications with other Federal agencies in order to be aware of vaccine availability and systems to acquire it.
 - VA will acquire sufficient quantities of FDA-approved vaccine against a pandemic strain to vaccinate veterans enrolled for VA health care, as well as VA staff in VHA, VBA, and NCA, and any others according to guidance in place at the time.
 - In proceeding to distribute and administer vaccine to staff and patients, VA will follow the prioritization guidance of the Secretary of VA and the VA Under Secretary for Health, in collaboration with HHS and DoD.
- Use of diagnostic and laboratory tests
 - Combine the use of influenza rapid test kits with those for other seasonal respiratory infections, such as respiratory syncytial virus (RSV), to narrow the differential diagnoses of respiratory illness.
 - Use CDC's Laboratory Response Network as a diagnostic testing referral system.
 - Maintain testing and specimen collection supplies for the patient workload as the pandemic evolves and use established Memoranda of Understanding (MOUs) to obtain more supplies.
 - Ensure continued capacity for storage of serum, respiratory, and tissue samples for testing or for later epidemiologic studies.
 - Make sure that all personnel use proper specimen handling techniques and precautions (see [Appendix E-2: CHART OF PANDEMIC INFLUENZA PRECAUTIONS FOR VA HEALTH CARE FACILITY STAFF](#)).

3.2.3.6 Workforce (availability, flexible work standards, credentialing, broadened practice standards)

- VHA facilities will implement staffing plans (see [Section 2.2.3.2 Workforce preparation \(education, skill identification, credentialing, Pandemic Response Teams\)](#)):
 - Track staff availability, credentialing status, skills and training, health and influenza status.
 - Employ flexible worksite standards (e.g., telecommuting for certain functions) and flexible work hours (e.g., staggering shifts or using longer or shorter work schedules).
 - Provide information technology support for staff who are telecommuting.
 - Support the physical and mental health of staff and enable healthy staff to provide patient care. Develop a triage approach for staff that includes:
 - Morning check of influenza symptoms and other physical and mental health issues
 - Re-assignment or removal of staff based on influenza symptoms and other physical and mental health indicators
- Implement check-in procedures (by phone or email) that enable staff to provide information on availability to work, as well as on health status.
- Supplement staff where necessary and possible with retired or inactive clinicians, and an expanded group of providers such as mental health professionals, dentists and dental auxiliary providers, pharmacists, social services, and health professional students. (See [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#)).

- Coordinate with local public health/emergency planning office.
- Allow practice on a temporary basis through the length of the declared emergency period of a pandemic.

Note: Credentials of VA providers who have active credentials and privileges in a VA facility can be shared electronically through VA's computerized credentialing system, VetPro.

- The receiving facility can use these credentials during the pandemic for the purpose of granting "Temporary Privileges for Urgent Patient Care Needs" within VetPro.
- Verification of licenses and a query of the National Practitioner Database are required for Temporary Privileges for Urgent Patient Care Needs.
- If necessary, the Credentialing and Privileging Team in the Office of Quality and Performance (OQP) provides temporary/emergency access and is available under the VA Central Office and OQP Emergency Plan.
- Disaster credentialing appointment processes must be followed for non-VA personnel. These processes include the following requirements:
 - A description of the verification process at the time disaster privileges are granted that will include:
 - a current hospital photo identification card AND evidence of current license to practice; or
 - identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT); or
 - identification indicating that the individual has been granted authority to render patient care in emergency circumstances, such authority having been granted by a federal, state, or municipal entity.
 - A specified period of time under which these health care professionals granted disaster privileges may practice on these disaster privileges. This period may not exceed 10 calendar days of the length of the declared disaster, whichever is shorter. At the end of this period the practitioners needs to be converted to Temporary Privileges as defined by VA policy.
 - A defined process to ensure the verification process of the credentials and privileges of health care professionals who receive disaster privileges that will begin as soon as the immediate situation is under control. This process will be identical to the process for granting Temporary Privileges and ultimately results in complete credentialing of these practitioners.
- Allow broadened scope of practice standards among various trained providers.
 - Staff and volunteers may be needed to function at levels above their formal scope of practice, with training as possible, and may do so where additional skills have been verified by an appropriate staff member.
 - Volunteers and nonclinical staff may be assigned to perform lower level clinical tasks like taking temperatures and other vital signs, changing linen, and assisting with record-keeping. It may be necessary to include training and verification of skills by appropriate staff.

3.2.3.7 Patient care (changing demands and surge, advice lines/telemedicine, triage, diagnosis, isolation, expansion to include alternative space and sites, altered standards of care)

In general, VHA facilities must be prepared for the rapid pace and dynamic characteristics of a pandemic. Facilities need to be equipped and ready to care for:

- A limited number of patients with a pandemic influenza virus, or other novel strain of influenza, as part of normal operations
- A surge or large number of patients in the event of escalating transmission of pandemic influenza

In addition, facilities may have demands from the community as well (see [Appendix B-1: SUMMARY OF POTENTIAL VA EXPANDED RESPONSIBILITIES](#)).

Facilities will:

- Implement advice lines/telemedicine with pre-developed telephone capabilities and materials.
 - Consider using staff that are recovering or need to be out of from work for quarantine or family care.
- Employ strategies for triage, diagnosis, and isolation of possible pandemic influenza patients.
 - Triage should be conducted to (1) identify persons who might have pandemic influenza; (2) separate them from others to reduce the risk of disease transmission; and (3) determine whether they can be treated in an outpatient setting, or at home or require hospitalization.
 - Use phone triage to separate patients who need emergency care and those who can be referred to an outpatient clinic or non-urgent care facility or to home care.
 - Promote the use of a self-triage algorithm (see [Appendix E-5: SAMPLE SELF-TRIAGE ALGORITHM FOR PERSONS WITH INFLUENZA SYMPTOMS](#)) that enables patients (and staff) to review their own symptoms and consider appropriate settings and use of care.
 - Adopt a “drive-through triage” option to reduce close contact with potentially infected patients.
 - Assign separate waiting areas for persons with respiratory symptoms.
 - Assign separate triage evaluation areas for persons with respiratory symptoms.
 - Assign one or more “triage coordinators” to manage patient flow.
 - Consider that triage duties may require less physical strength and may be possible for staff recovering from influenza to perform for less than 8-hour shifts.
- Expand care delivery to alternative space and sites as identified in the planning period.
 - Employ home-based care strategies.
 - Use telephone advice lines or refer to web-based self-triage algorithms (see [Appendix E-5: SAMPLE SELF-TRIAGE ALGORITHM FOR PERSONS WITH INFLUENZA SYMPTOMS](#)) to provide advice on whether to stay home or to seek care.
 - Update home care advice to reflect the epidemiology and natural history of the pandemic influenza (see [Appendix E-6: HOME CARE GUIDE FOR INFLUENZA](#)).
 - Document home-based care advice given to patients in the electronic medical record system or by other means.
 - Employ drive-through clinics.
 - Consider locating such drive-through clinical sites in or near guard stations, mobile clinics, or parking lots.
 - Provide health care facility staff with equipment to provide care including portable equipment to measure vital signs and oxygenation, standardized questionnaires, printed patient advice materials, wheelchairs or stretchers for transport of patients who need additional assessment or care, and home supply kits (see [Appendix E-6: HOME CARE GUIDE FOR INFLUENZA](#)).
- Employ altered standards of care when necessary.
 - The term "altered standards" means a shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on individuals.
 - VA staff should use the following principles as a guide for employing Altered Standards of Care:
 - *Principle 1:* In planning for a mass casualty event, the aim should be to keep the health care system functioning and able to deliver acceptable quality of care to preserve as many lives as possible.
 - *Principle 2:* Planning a health and medical response to a mass casualty event must be comprehensive, community-based, and coordinated at the regional level.
 - *Principle 3:* There must be an adequate legal framework for providing health and medical care in a mass casualty event (see [Appendix B-2: TABLE OF LEGAL AUTHORITIES](#)).

AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic).

- *Principle 4:* Health care providers have a duty to care for the sick even in high-risk situations and to not harm patients by transmitting disease. VHA will provide for the health and safety of health care facility staff, including providing personal protective equipment and instituting safety protocols.
- *Principle 5:* The rights of individuals must be protected to the extent possible and reasonable under the circumstances. Decisions to restrict or override the right of individuals to achieve public health goals must be proportional to the degree of disease or injury, necessary, relevant, applied equitably, and should employ the least restrictive means.
- *Principle 6:* Clear communication with the public concerning the possible use of altered standards of care is essential before, during, and after mass casualty events.

Provided below is a framework regarding how health care standards may have to be modified during a pandemic by the stage of disease and the degree to which the pandemic impacts health care demand.

Stage of Disease in the Population and Demand for Medical Services	Health Care Standards			
	Normal Medical Care Standards	Near Normal Medical Care Standards (alternate sites of care, use of atypical devices, expanded scope of practice for clinicians)	Focus on Key Lifesaving Care	Total System/ Standards Alteration (triage care according to local demands and capabilities)
Pre-Pandemic	X			
Early Pandemic	X	X		
Moderate Demand		X	X	
Severe Demand			X	X

Figure 1: Framework for Altered Standards of Care

Chart adapted from Altered Standards of Care in Mass Casualty Events, Agency for Healthcare Research and Quality, HHS, 2005; original source Dr. Michael Allswede, University of Pittsburgh, UPMC Medical System

3.2.3.8 Medical materiel (medications and supplies, access to caches)

- Activate plans for medical materiel (see [Section 2.2.3.6 Medical materiel \(equipment and supplies\)](#)).
- Assess facility supplies of materiel.

- Contact VHA Central Office for centrally stockpiled consumable materiel. Determine availability of medical materiel, including pharmaceutical and other medical items, through the Pharmacy Benefits Management Strategic Healthcare Group and the National Acquisitions Center.
 - VHA Emergency Caches of medications will be made available through the Office of the Deputy Under Secretary for Health for Operations and Management.
 - VHA antiviral stockpile (oseltamivir) will be made available and distributed under the guidance of the Under Secretary for Health.

3.2.3.9 Security for health care sites

VHA facilities will activate security plans (under 2.2.3.11), providing security for critical medical supplies and for health care and alternative care facilities, to:

- Ensure entry to and exit from facilities is limited and secure.
- Enforce visitor restrictions to health care facilities.
- Ensure that countermeasures are secure including personal protective equipment, vaccine, and antiviral medications.
- Utilize temporary security procedures, such as lockdowns, to enforce safety.
- Activate agreements with local law enforcement.

3.2.3.10 Fatality management

VHA facilities will manage fatalities according to plan (see [Section 2.2.3.3 Physical site \(space planning, building and engineering systems, support for infection control, transportation of patients, fatality management\)](#)):

- Provide personal protective equipment to enable health care facility staff to use Airborne Infection Isolation and Contact Precautions for handling remains of individuals who die from pandemic influenza (see [Appendix E-2: CHART OF PANDEMIC INFLUENZA PRECAUTIONS FOR VA HEALTH CARE FACILITY STAFF](#)).
- Use identified refrigeration capacity for remains.
- Coordinate mass fatality plans with local and state health officials and medical examiners, using, as necessary, temporary morgue sites, such as refrigerated warehouses and trucks.

3.2.3.11 Mental health support

VHA facilities will activate plans (see [Section 2.2.3.9 Mental health support for patients and staff](#)), including:

- Providing mental health and chaplain services for patients and families and for health care and emergency workers and their families, especially when workers must be away from home.
- Deploying mental health professionals such as psychiatrists, psychologists, social workers, specialized nurses, and chaplains, as well as readjustment counseling (Vet Center) staff, and staff of employee assistance programs.
- Recruiting local psychiatry, psychology, social work, nursing, and faith-based or pastoral care organizations, as necessary.
- Using a mental health consultation process to make such expertise available to all who require assistance at the local level, including Central Office mental health and readjustment counseling services and VISN mental health councils.

3.3 VBA Response Actions

3.3.1 Leadership

The Under Secretary for Benefits will head the VBA response to an influenza pandemic, assisted by the Under Secretary for Health and advised by the VA Pandemic Influenza Advisory Group, as needed.

3.3.2 Coordination and Communication

VBA central and regional offices will follow the guidance outlined in existing Continuity of Operations Plan for ensuring that mission essential functions are maintained.

VBA will work in concert with the other VA administrations and VBA facilities will coordinate with state and local public health and other agencies.

3.3.3 Roles and Responsibilities

3.3.3.1 Workforce actions

VBA facilities will make use of emergency plans, as well as pandemic influenza plans.

VBA staffing considerations will include:

- Accounting for staff daily
- Employing flexible work standards to the extent possible, such as flexible work hours
- Using liberal and administrative leave policies (see [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#))
- Granting up to 240 hours of advanced sick leave for employees without sufficient sick leave

3.3.3.2 Closure of regional offices

If circumstances dictate, VBA will prepare to close regional offices.

- Reroute telephones to an open regional office.
- Inform VBA central office of actions.
- Inform veterans.

3.3.3.3 Infection control

- Provide employees with educational materials on pandemic influenza and on respiratory and hand hygiene (see [Appendix E-3: CHART OF PUBLIC HEALTH MEASURES AGAINST PANDEMIC INFLUENZA FOR INDIVIDUALS, HEALTH CARE PROVIDERS, AND ORGANIZATIONS](#)).
- Provide employees with information on the availability of pandemic influenza antivirals and vaccine from VA sources through their representative on the VA Pandemic Influenza Advisory Group.

3.3.3.4 Security

- Ensure guard staff is trained on signs and symptoms of influenza to limit visitor access; provide them and visitors with self-triage algorithm (see [Appendix E-5: SAMPLE SELF-TRIAGE ALGORITHM FOR PERSONS WITH INFLUENZA SYMPTOMS](#)).
- Provide guard staff with appropriate personal protective equipment to ensure their welfare and safety.

3.4 NCA Response Actions

3.4.1 Leadership

The Under Secretary for Memorial Affairs will head the NCA response to an influenza pandemic, assisted by the Under Secretary for Health and advised by the VA Pandemic Influenza Advisory Group, as needed.

3.4.2 Coordination and Communication

NCA central and Memorial Service Network office will follow the guidance outlined in Continuity of Operations Plans and other emergency plans for ensuring that mission essential functions are maintained.

NCA will work in concert with the other VA administrations and NCA facilities will coordinate with state and local public health and other agencies.

3.4.3 Roles and Responsibilities

3.4.3.1 Workforce actions

NCA staffing considerations will include:

- Accounting for staff daily.
- Employing flexible work standards to the extent possible, such as flexible work hours;
- Using liberal and administrative leave policies (see [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#))
- Granting up to 240 hours of advanced sick leave for employees without sufficient sick leave

3.4.3.2 Closure of network offices or cemeteries

A wave of pandemic influenza may affect the staff of NCA and the surrounding community and may make it necessary to temporarily suspend operations. In this case:

- Reroute telephones to an open office or cemetery.
- Inform NCA central office of actions.
- Contact funeral homes and the next of kin of the deceased to notify parties of the situation and to reschedule the affected burials.

3.4.3.3 Infection control

- Provide employees with educational materials on pandemic influenza and on respiratory and hand hygiene (see [Appendix E-3: CHART OF PUBLIC HEALTH MEASURES AGAINST PANDEMIC INFLUENZA FOR INDIVIDUALS, HEALTH CARE PROVIDERS, AND ORGANIZATIONS](#)).
- Provide employees with information on the availability of pandemic influenza antivirals and vaccine from VA sources through their representative on the VA Pandemic Influenza Advisory Group.

3.5 Communication Within and Outside of VA During a Pandemic

3.5.1 Leadership

The VA Secretary and the Office of Public and Intergovernmental Affairs will lead the overall communications efforts of the Department of Veterans Affairs during an influenza pandemic, assisted principally by the VHA Office of Communications and the VHA office of the Deputy Under Secretary for Management and Operations, in coordination with the VA Pandemic Influenza Advisory Group.

3.5.2 Coordination

VA will:

- Build on relationships, channels, and vehicles developed and established during the prepandemic planning phase.
- Adjust communication strategies and practices in accordance with emerging needs, demands, and expectations for information caused by a pandemic. (See [Appendix D-3: REVIEW AND LIST OF COMMUNICATION PRINCIPLES AND ELEMENTS TO USE BEFORE, DURING, AND AFTER A PANDEMIC](#)).
- Focus on being constituent, timely, accurate, and open about providing information and on supporting VA staff in the field – the health facilities, regional offices, and memorial services – as they deal directly with pandemic influenza and an increased demand for good and clear communication.
- Consider the information needs of VA staff, veterans, and the many organizations and individuals concerned with VA programs and promote a steady flow of information throughout the Department and with national and Federal, state, and local agencies.

3.5.3 Roles and Responsibilities

3.5.3.1 VA-wide communication

VA leadership, supported by public affairs and communication officers, will:

- Continue to provide tools and information through VA Web sites (updated on a real-time basis).
- Work through pre-identified lead spokespersons and provide talking points and up-to-date information on the status of operations and the epidemiology of pandemic influenza within VA.
- Coordinate information and responsibilities with regional and facility managers and with national and international efforts.
- Provide web and email updates on situations having and impact on status of operations and service delivery within facilities and within states.
- Distribute updated education and information to the effected VA health care community.
- Address rumors and false reports immediately with factual information and guidance.
- Make use of its list of national, state, local, and community partners. and share information and updates with state, local, and community partners.
- Brief media outlets and veteran service organizations on the status of VA operations and respond to questions, concerns, and offers of assistance.
- Prepare answers and information in a variety of formats.
- Ensure that VA facilities are prepared to report to the public specific information regarding the impact of the pandemic on operations.
- Provide messages and guidance to support direct communication with staff.
- Work via OA&MM to inform VA contractors and vendors of their responsibilities during a global pandemic.

3.5.3.2 VHA communication

VHA Central Office actions:

- VHA Communications and the VHA Office of Public Health and Environmental Hazards will work with VA public affairs and VHA public affairs officers to:
 - Rapidly produce and update information after the announcement of the global outbreak.
 - Update Web sites as needed, daily if necessary.
 - Provide updates to facilities for VA advice lines, telephone operators, and receptionists.

- Disseminate information to VA staff, unions, volunteers and academic affiliates about changes in work assignments, call-ins for absentees, and general epidemiological information about influenza symptoms.
- Participate in conference calls between VA central office, VISN directors, chiefs of staff, and medical center directors. These leaders will communicate with medical personnel, other staff, and volunteers via real or virtual town hall meetings and other means.

External communication in VHA during a global pandemic will include regular updates for the White House, Congress, Congressional oversight committees, other government agencies and news media, local and state governments, Veterans Service Organizations, academic affiliates, professional organizations and unions, contractors, vendors and community partners.

VHA facility actions

- VHA facilities will make use of their pandemic influenza communications plans and other emergency communications plans. Aspects of these plans will include:
 - Using consistent and accurate information about the status of what is going on the medical center, what individuals can do to protect themselves and prevent transmission, what VA is doing.
 - Regularly informing internal and external stakeholders of news and developments, including
 - Staff – clinical, nonclinical, security, telephone operators and receptionists, medical trainees, volunteers, contractors
 - Patients and their families
 - Veterans Service Organizations
 - Local public health and health care agencies
 - The media
 - Using a variety of vehicles to convey this information, such as
 - Announcements and news releases
 - Email announcements
 - Scripts for receptions and telephone operators with basic information for veterans and staff who call in
 - Fact sheets
 - Presentations/discussions at meetings (staff, community at large, local health counterparts)
 - Briefings
 - Conference calls
 - Easily found Internet and Intranet sites where this information is posted
 - Using a streamlined but effective process to create and get approval on consistent, accurate, and timely information.
 - Making available pre-identified spokespersons, usually medical or leadership to speak to the media and other key stakeholders.
 - Using templates to help convey consistent information and standard distribution lists so that there is a record of who has been told what.
 - Being proactive with staff, veterans, the media, veterans groups, and the community possibly offering telephone or teleconference briefings.
 - Staying up to date, including identifying and addressing rumors, inaccuracies, and misperceptions
 - Having on hand (at work and at home) key contact lists for key staff, the media, and local public health departments.
 - Making use of alternative means of communicating in emergencies, such as telephone trees to get the word out, call-in systems (live or recorded with or without answering machine capability), recorded information on the status of operations.

3.5.3.3 VBA communication

VBA will:

- Conduct weekly conference calls with field facilities.
- Gather regular (weekly or possibly daily) facility status reports through Area offices. Communicate frequently with local, state and private health care partners.
- Collaborate to produce news releases and public service announcements as needed to communicate with veterans, staff and the general public in the local area concerning the status of VBA operations and how to obtain services in the event of an office closure.

3.5.3.4 NCA communication

NCA Central Office (NCACO) will have the following functions.

- Internal Communications:
 - Provide information to NCA staff and other staff (contractors, volunteers, unions, etc.) concerning the onset of the influenza pandemic. This information will include, but is not limited to:
 - Guidance on preventing or minimizing employee infection or spreading of the influenza
 - Any changes to cemetery operation policy
 - Frequently asked questions regarding the influenza
 - Adopt and amend these communications based on guidance provided by VACO, VHA, CDC, and other sources as appropriate for NCA workplaces.
 - Work with VACO staff to implement One-VA communications through all available channels, including the use of a 1-800 telephone number and website information.
 - Utilize multiple modes of communication (e-mail, conference calls, flyers, etc.) to ensure that all NCA staff members receive these communications.
 - Develop a communications plan to coordinate the communications activities of all NCA field sites where current policies and procedures are insufficient.
 - Ensure that NCA provides a consistent message to all parties.
- External Communications
 - Provide information concerning the onset of the influenza pandemic to external parties, most notably funeral home directors, next of kin of individuals scheduled for interment at a national cemetery, visitors, and VSOs. Utilize multiple modes of communication to ensure that appropriate external parties receive these communications.
- Communications between NCA facilities and local/state/private agencies
 - Coordinate with local, state, and private agencies to ensure that the spread of an influenza pandemic is minimized and that the general public is informed of NCA's efforts regarding the influenza pandemic.
 - Respond to inquiries from local, state, and private agencies in accordance with the NCACO communication plan.
- Communications between NCA facilities
 - Communicate with each other utilizing non-pandemic communications (for example, quarterly conference calls) to ensure continuity of operations. Special communications between NCA facilities will be either be directed by NCACO or developed at the local level to ensure the flow of critical information as needed.
- Communications between NCA facilities and stakeholders
 - Communicate according to standard policies at the local level or in accordance with the NCA communications plan as appropriate.
- Communications between VACO and NCA facilities

- Ensure that all interested parties, both internal and external to NCA, are informed regarding the influenza pandemic. NCACO will assist with providing guidance to NCA facilities and with communications from NCA facilities to VACO.

SECTION 4: RECOVERING FROM PANDEMIC INFLUENZA

The goal of recovery is to resume normal operations and services.

VA, VHA, VBA, and NCA actions will include:

- Remaining vigilant for signs of influenza returning to staff, patients, and the community.
- Keeping staff alert to the possibility of returning to the pandemic state of operations.
- Possibly providing antiviral medications to patients and staff to prevent recurrences.
- Restocking depleted supplies.
- Returning to usual job functions and scopes of practice.
- Closing alternative health care sites.
- Resuming usual standards of care.
- Resuming seasonal influenza programs for patients and staff.
- Continuing to promote principles of the “Infection: Don’t Pass It On” campaign with adherence to hand washing and respiratory hygiene.
- Analyzing data from the pandemic and drafting or contributing to “after-action” reports at the facility, community, network, state, and Federal levels.
- Completing work for financial reimbursement through national emergency plans.
- Assessing, providing counseling, and treating veterans and staff for bereavement issues and post-traumatic stress (VA mental health professionals, readjustment counseling staff, and employee assistance).
- Providing death benefits to surviving family members of staff who died from exposure to pandemic influenza in the course of their duties.
- Continuing essential partnerships to foster recovery.
- Preparing debriefing materials and data including:
 - Morbidity and mortality rates
 - Lessons learned, including psychological sequelae
 - Uses and roles of VA in local, state, and national responses
 - Cooperation between VA and its counterparts at all levels

SECTION 5: ACRONYMS, ABBREVIATIONS, GLOSSARY

5.1 LIST OF ACRONYMS AND ABBREVIATIONS

Acronym	Description
AA	Authorized absence
ADC	Average Daily Census
BAL	Bronchoalveolar lavage
CBOC	Community-based outpatient clinics (VA)
CDC	Centers for Disease Control and Prevention
COOP	Continuity of Operations Plan
CPRS	Computerized Patient Record System (VA)
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DoD	Department of Defense
Dom	Domiciliary
EMS	Environmental Management Services
EMSHG	Emergency Management Strategic Healthcare Group (VHA)
ER	Emergency room
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FMS	Federal medical shelter
FTCA	Federal Tort Claims Act
FTE	Full-time employee
HCAI	Health care acquired infection
HHS	Department of Health and Human Services
HR	Human Resources
HVAC	Heating, ventilation, air conditioning

Acronym	Description
I:DPPIO	“Infection: Don’t Pass It On” (VA)
ICD9-CM	International Classification of Diseases, 9 th Edition, Clinical Modification
ICU	Intensive care unit
IHS	Indian Health Service
ILI	Influenza-like illness
IT	Information technology
LRN	Laboratory Response Network
MICU	Medical intensive care unit
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSN	Memorial Service Network (VA)
N95	A type of fit-tested respirator
NAC	National Acquisition Center
NCA	National Cemetery Administration (VA)
NDMS	National Disaster Medical System
NIH	National Institutes of Health
NRP	National Response Plan
NSAIDS	Non-steroidal anti-inflammatory drugs
OA&MM	Office of Acquisition and Materiel Management (VA)
OQP	Office of Quality & Performance (VA)
OSHA	Occupational Safety and Health Administration
OWCP	Office of Workers' Compensation Programs
PAO	Public affairs officer
PAPR	Powered air purifying respirator
PHSHG	Public Health Strategic Health Care Group (VHA)

Acronym	Description
PPE	Personal protective equipment
PTSD	Post traumatic stress disorder
RSV	Respiratory syncytial virus
SCI	Spinal cord injury
SICU	Surgical intensive care unit
SNS	Strategic National Stockpile
TAP	Telephone Advice Program (VA)
VA	Department of Veterans Affairs
VACO	VA Central Office
VAERS	Vaccine Adverse Event Reporting System
VAMC	VA medical center
VANTS	VA Nationwide Teleconferencing System
VARO	VA Regional Office (VBA)
VBA	Veterans Benefits Administration (VA)
VHA	Veterans Health Administration (VA)
VISN	Veterans Integrated Service Network (VA)
VistA	Veterans Integrated System Technology Architecture (VA)
VSO	Veterans Service Organization
WHO	World Health Organization

5.2 GLOSSARY OF TERMS

Term	Definition
Aerosol-generating procedures	Procedures that spread fine particles suspended in air, such as airway suctioning.
Air zone diagram	The flow and control diagrams for air and the sequence of operation for all heating, ventilation and, air-conditioning (HVAC) systems and sub-systems.
Airborne Infection Isolation Precautions	Actions to reduce the risk of airborne transmission of infectious agents via airborne droplet nuclei (small particle residue [5 µm or smaller in size] of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent. Microorganisms carried in this manner can be dispersed widely by air currents and may become inhaled by or deposited on a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors; therefore, special air handling and ventilation are required to prevent airborne transmission. Airborne Precautions apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.
Altered standards of care	In an emergency situation, a shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on individuals.
Antiviral	Medication used for the prevention or treatment of viral infections such as influenza.
Antiviral prophylaxis	Medications given to prevent or minimize the effects of a viral infection.
Area Offices (VBA)	Responsible for the oversight, support and management of VBA Regional Offices.
Authorized absence (AA)	Term used to describe an approved absence granted to an employee by a supervisor without charge to sick or annual leave.
Avian flu	A form of influenza that occurs in birds.
Bronchial washing	Technique used to obtain secretions and cells from the trachea and large bronchi for microscopic examination or culture.
Bronchoalveolar lavage (BAL)	A procedure to sample secretions containing both cellular and non-cellular components from the lower respiratory tract; performed during a bronchoscopy.

Term	Definition
Bronchoscopy	Diagnostic procedure in which a tube with a tiny camera on the end is inserted through the nose or mouth into the lungs. The procedure provides a view of the airways and allows the collections of secretions or tissue specimens.
Cache	See VA Pharmaceutical Cache Program.
CDC BioSense	The current designated central reporting site for human data related to intentional and non-intentional epidemic threats to the population. VA currently provides transmission twice daily on weekdays and once daily on weekends of national data from all outpatient and emergency room visits from all medical center reporting sites. Simultaneous with the analysis and evaluation at the CDC for national surveillance, for added value, the data are made available to state and local health departments to improve the local early warning value of information.
Centers for Disease Control and Prevention (CDC)	One of the 13 major operating components of the Department of Health and Human Services (HHS); agency for preventing and controlling infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats.
Consumable supplies	Items utilized and requiring routine replacement such as gloves and hand hygiene supplies.
Contact Precautions	Applies to certain diseases or conditions spread by direct contact, and involves placing the patient in a private room, and using gloves and cover gown for contact with the patient or any items/surfaces in the patient's immediate vicinity.
Continuity of operations plan or planning (COOP)	An internal effort within an organization to assure that the capability exists to continue essential business functions across a wide range of potential emergencies, including localized acts of nature, accidents, and technological and/or attack/terrorist-related emergencies.
Countermeasures (with reference to the preparation for or response to pandemic influenza)	Materials and actions used to interrupt the course of an influenza pandemic; for example, vaccines and antiviral medications.
Department of Defense (DoD)	Responsible for the management of members of the United States Armed Forces, to include the Army, Navy, Air Force, Marines, and Coast Guard.
Department of Veterans Affairs (VA)	A Cabinet-level Department that assists veterans through nationwide programs for health care, financial assistance, and burial benefits. VA is the second largest of the 15 federal departments.

Term	Definition
Domiciliary or “dom”	A VA care facility that provides the least intensive level of inpatient care for ambulatory veterans disabled by age or illness who are not in need of more acute hospitalization and who do not need the skilled nursing services provided in nursing homes.
Drive-through clinic	Concept of providing innovative care where health care providers would evaluate and provide treatment to selected patients who remain in or close to their motor vehicles. Maybe be used in coordination with drive-through triage.
Drive-through triage	A process of assessing patients, while they remain in or close to their motor vehicles, and directing them to care, based on their need for or likely benefit from immediate medical evaluation or treatment.
Droplet Precautions	Actions to reduce the risk of transmission of infectious agents via large-particle droplets (larger than 5 µm in size) generated from the infected person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as airway suctioning and bronchoscopy.
Durable supplies	Items or equipment designed for repeated use such as hospital beds and wheelchairs.
Emergency risk communication	A discipline involving communication of risks and benefits related to an emergency (either in preparation or response) to individuals, organizations, and the community to help them make decisions about their well being.
Facility	In VA, a medical center or other care setting (VHA), a benefits office (VBA), or a cemetery (NCA).
Federal health care system	Direct providers of health care by agencies of the federal government, including the medical systems of VA, Department of Defense, the Indian Health Service, and the Bureau of Prisons.
Federal medical shelter (FMS)	A temporary unit that is a scalable, modular, 250- or more bed deployable facility configured to allow basic but essential medical care.
ICD9–CM	The International Classification of Diseases, 9 th Revision, Clinical Modification. A coding system that allows international comparability in the collection, classification, processing, and presentation of health data. In the US, ICD9-CM is the system used for medical billing purposes.
Incubation period	The period between the infection of an individual by a pathogen and the manifestation of the disease it causes.

Term	Definition
Infection: Don't Pass It On (I:DPIO)	A VA national public health initiative launched in the VA health system in fall 2004. This ongoing educational campaign focuses on decreasing transmission of infection through hand and respiratory hygiene, seasonal influenza vaccinations, and preparedness for infectious disease emergencies, including pandemic influenza. The goal of the campaign is to involve staff, patients, and visitors in taking basic steps to prevent infection, whether occurring daily, seasonally, or occurring during infectious disease emergencies (natural or manmade).
Influenza	An acute highly contagious disease characterized by sudden onset of fever, severe aches and pains, dry cough, and progressive inflammation of the respiratory mucous membranes caused by an influenza virus.
Influenza-like illness	A clinical definition of influenza used in research and surveillance. Typically includes symptoms of upper respiratory infection or 'common cold' with fever or having fever of 100 degrees F lasting at least one day along with a cough or sore throat.
Information technology (IT)	The development, installation, implementation and maintenance of computer systems and applications.
Isolation	Separation of infected individuals from those who are not infected.
Laboratory Response Network (LRN)	An integrated network of state and local public health, federal, military, and international laboratories that can respond to bioterrorism, chemical terrorism and other public health emergencies.
Mask	A type of personal protective equipment used in health care to protect the wearer from inhaling or respiring droplets of infectious body fluids. Surgical masks cover the nose and the mouth of the person wearing them and have high air filtration capability, although not as high as N95, N99, or N100. Procedure masks usually have less filtration. (Full face shields that offer protection for the whole face may be used in certain circumstances in addition to a mask.) See term Respirator for devices providing more protection.
Memorandum of Understanding (MOU)/ Memorandum of Agreement (MOA)	A written statement outlining the terms of an agreement between two or more entities.
Mode of transmission	Mechanism by which an infectious agent is spread through the environment or to another person.

Term	Definition
Modular medical stations	Temporary units such as Federal medical stations (FMSs), which are scalable, modular, 250-bed deployable facilities that are configured to allow basic but essential medical care.
My HealtheVet	A VA Web site that provides access to health information, links to Federal and VA benefits and resources, the Personal Health Journal, and more.
Nasopharyngeal washing	A technique used to obtain secretions and cells from the nose and pharynx for microscopic examination or culture.
National Acquisition Center (NAC)	The largest combined contracting activity within the Department of Veterans Affairs, NAC falls under the VA's Office of Acquisition and Materiel Management (OA&MM). It is responsible for supporting the health care requirements of VA as well as the needs of other Government agencies. The NAC solicits, awards, and administers VA's Federal Supply Schedule and National Contract Programs including the acquisition and direct delivery of pharmaceuticals, medical/surgical/dental supplies, high technology medical equipment and just-in-time distribution programs (also known as Prime Vendor Distribution Programs).
National Cemetery Administration (NCA)	The VA administration that provides burial space and interment services for veterans and their eligible family members, maintains national cemeteries and provides headstones or markers for graves.
National Disaster Medical System (NDMS)	A federally coordinated initiative that augments the Nation's emergency medical response capability. The four federal partners in NDMS are Department of Health and Human Services (Public Health Service), Federal Emergency Management Agency (FEMA), Department of Defense, and Department of Veterans Affairs. The overall purpose of NDMS is to establish a single national medical response capability for assisting state and local authorities in dealing with the medical and public health effects of major peacetime disasters and to provide support to the military medical system in caring for casualties resulting from overseas armed conflicts.
National Institutes of Health (NIH)	The primary Federal agency for conducting and supporting medical research; a component of the U.S. Department of Health and Human Services.
National Response Plan (NRP)	An all-hazards approach to enhance the ability of the United States to manage domestic incidents. It forms the basis of how the federal government coordinates with state, local, and tribal governments and the private sector during incidents.

Term	Definition
National Threat Level Responses	A five-level system that prompts the implementation of an appropriate set of protective measures. Protective measures are the specific steps an organization shall take to reduce its vulnerability or increase its ability to respond during a period of heightened alert. The authority to craft and implement Protective Measures rests with the Federal departments and agencies. It is recognized that departments and agencies may have several preplanned sets of responses to a particular Threat Condition to facilitate a rapid, appropriate, and tailored response. Department and agency heads are responsible for developing their own Protective Measures and other antiterrorism or self-protection and continuity plans, and resourcing, rehearsing, documenting, and maintaining these plans.
Negative airflow area	A room with air at negative pressure to its environment, and, where air is exhausted to the outdoors or through high-efficiency filtration.
Oseltamivir	An antiviral medication, also known as Tamiflu®, used for the prevention and treatment of influenza.
Pandemic influenza	Worldwide epidemic that occurs when a new or novel influenza strain emerges for which humans have little or no immunity. The spread can be rapid and have severe consequences of illness, death and societal disruption.
Pathogenicity	The capacity of a microorganism (e.g., bacteria, viruses, or parasites) to cause disease in humans, animals, or plants.
Personal protective equipment (PPE)	Specialized clothing and equipment, such as goggles, gloves, gowns, and masks or respirators, designed to protect people against infectious diseases or other health hazards.
Pneumonia	Inflammation of the lungs characterized by fever, chills, muscle aches, chest pain, cough, shortness of breath, rapid heart rate and difficulty breathing.
Post traumatic stress disorder (PTSD)	An anxiety disorder resulting from direct personal exposure to a situation that involves actual or threatened death or serious injury.
Post-exposure prophylaxis	Providing medications to prevent or minimize an infectious disease after exposure.
Probenicid	A medication used primarily to treat chronic gout and gouty arthritis. It is also used to increase blood levels of some medications by preventing the body from passing them in the urine.
Public affairs officer (PAO)	A professional who plans and implements communications strategies concerning an organization's programs, policies, and initiatives within and outside of the organization.

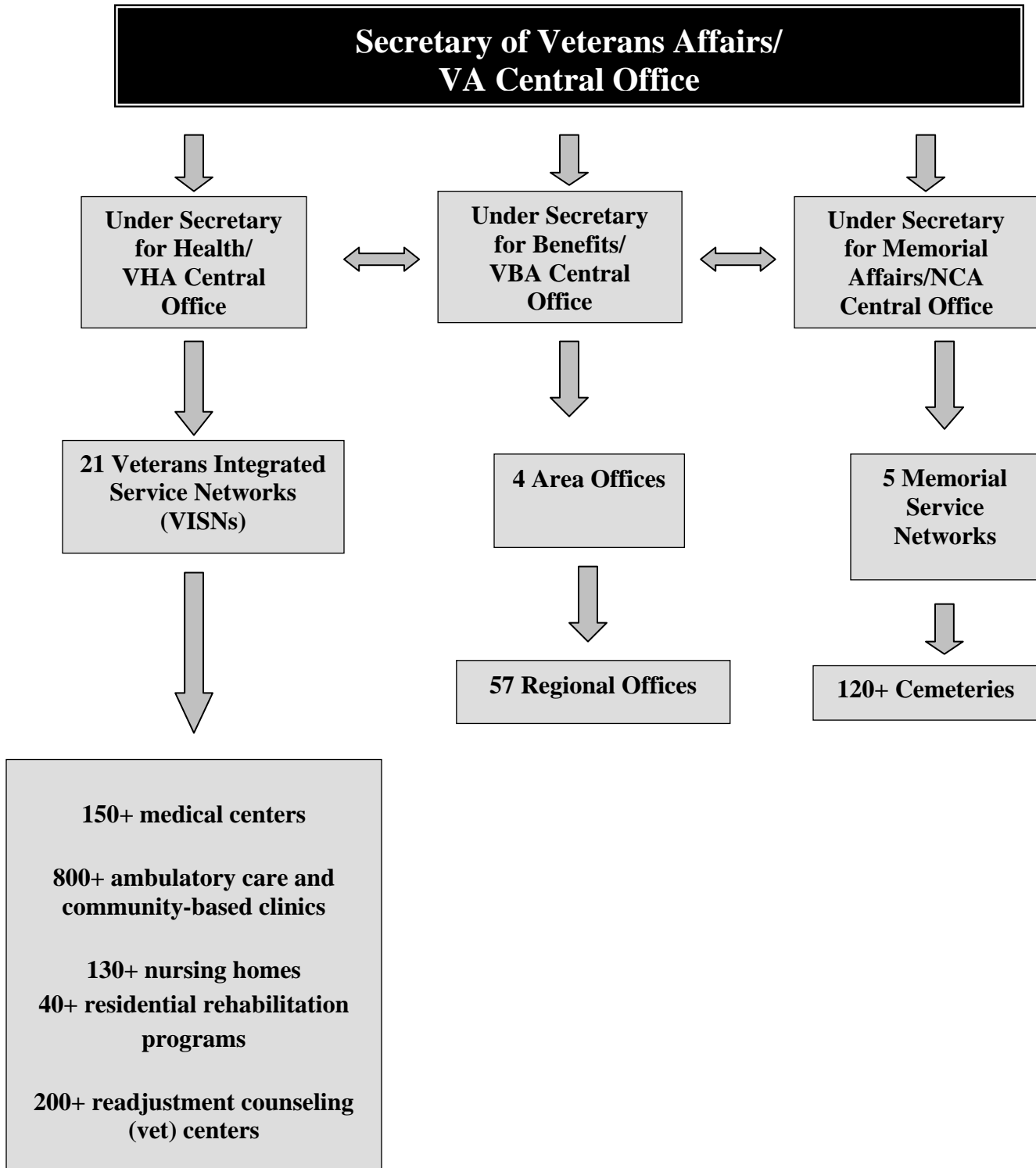
Term	Definition
Public health measures	Actions to prevent or limit the spread of disease in a population such as use of vaccines or hand hygiene techniques.
Quarantine	Separation of individuals who have been exposed to a transmissible infection, but are not yet ill, from others who have not been exposed.
Regional Office (VBA)	Field office composed of divisions that carry out the functions of VBA. Fifty-seven such offices currently exist, with at least one office in every state.
Respirator	A piece of personal protective equipment that covers the nose and mouth and filters the air to protect the person from airborne transmission of microorganisms. Sometimes referred to as a mask, but the term respirator is the preferred term. Types of respirators include N95s , which should be fit tested for highest protection and which can be disposable, elastomeric respirators , in which the filter is attached to a separate face piece made of rubber, silicone, neoprene, etc., and positive air purifying respirators (PAPRs) , full head-covering, battery-powered units that have HEPA filters purifying air coming into the hood; the air is expelled at the edge and through the bottom holes of the face seal.
Seasonal influenza	an acute contagious disease characterized by sudden onset fever, severe aches and pains, and progressive inflammation of the respiratory mucous membranes caused by an influenza virus circulating in humans, usually in winter, and against which vaccines are developed annually; can cause significant illness and, in some cases, death.
Self -triage algorithm	A document that provides guided, step-by-step problem-solving procedures for individuals to determine their own need for medical care.
Snow day	A public health measure involving closure or cancellation of public gatherings (or granting absence from the work place) in order to prevent transmission of infection.
Social distancing	A public health measure to reduce the frequency of contact between people in order to limit the transmission of infection.
Stakeholder	An organization or individual who has a vested interest in the activities of an organization.

Term	Definition
Standard Precautions	Precautions that apply to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions involves the use of appropriate PPE (gloves) and hand hygiene when coming in contact with any patient's 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) nonintact skin; and 4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.
Surveillance (public health surveillance)	The ongoing, systematic collection, analysis, and interpretation of health data. This activity also involves timely dissemination of the data and use for public health programs.
Tamiflu®	An antiviral medication, whose generic name is oseltamivir, used for the prevention and treatment of influenza.
Telecommuting	The process of working from home or alternative site through telecommunications, usually using computer access.
Telehealth	The use of communications and information technology by health care providers to deliver health and health care services.
Telephone Advice Program (TAP)	VA's program monitored with a representative who is "on the line" 24 hours a day, 7 days a week to assist with medical, pharmacy, eligibility, and billing questions by telephone.
Triage	A process of separating patients based on their need for or likely benefit from immediate medical evaluation or treatment; used in hospital emergency rooms, on battlefields, and at disaster sites when limited medical resources must be allocated.
VA Central Office (VACO)	The recognized national headquarters of VA, located in Washington, DC, housing leadership personnel and offices, including those of VHA, VBA and NCA.
VA medical center (VAMC)	A VA health care facility that may include inpatient and outpatient units, and residential units.
VA Nationwide Teleconferencing System (VANTS)	The primary audio teleconferencing system for VA employees.
VA Pharmaceutical Cache Program	Stockpiles of pharmaceutical supplies that are maintained and readied for deployment, usually during an emergency event.
VA Regional Office (VARO)	a relatively large VA office that generally includes a Veterans Service Center, Director's Office, Vocational Rehabilitation and Counseling Division, and Support Services Division.

Term	Definition
VA Regional Office and Insurance Center (VAROIC)	An office located in Philadelphia that includes the Director's Office, the Veterans Service Center, Vocational Rehabilitation and Counseling Division, and Support Services Division.
Vet Centers	Common term for VA's Readjustment Counseling Centers Program. Vet Centers assist veterans and their family members toward a successful post-war adjustment in or near their communities; provide professional readjustment counseling, community education, outreach to special populations, the brokering of services with community agencies; and link veterans to other services within VA.
Veteran (military)	A person who has served in the armed forces.
Veterans Benefits Administration (VBA)	The VA administration that provides financial assistance to millions of veterans and their families through compensation and pension programs, funding for education and training, home loan assistance, life insurance and vocational rehabilitation and employment.
Veterans Health Administration (VHA)	The VA administration that serves the health care needs of veterans by providing primary care, specialized care, and related medical and social support services through 21 Veterans Integrated Service Networks (VISNs), consisting of hospitals and other facilities such as community-based clinics, nursing homes, residential rehabilitation programs, and readjustment counseling centers (Vet Centers).
Veterans Health Information Systems & Technology Architecture (VistA)	Veterans Health Information Systems and Technology Architecture, VistA, is an integrated system of software applications that directly supports patient care within the VHA health care facilities. It connects VHA facilities' workstations and personal computers with nationally mandated, locally adapted software applications that are accessed by end users through a graphical user interface known as the Computerized Patient Record System (CPRS).
Veterans Integrated Service Network (VISNs)	Geographic clusters of VA health facilities; 21 VISNs coordinate and support care in a total of over 1300 such facilities throughout the Nation.
Veterans Service Organization (VSO)	An organization dedicated to advocating veterans' causes and interests, and assisting veterans in their interactions with VA. Examples include the Disabled American Veterans (DAV), American Legion (AL), the Veterans of Foreign Wars (VFW), and many others.
Virulence	The ability of any agent of infection to produce disease. The virulence of a microorganism (such as a bacterium or virus) is a measure of the severity of the disease it is capable of causing. The adjective virulent implies extremely noxious, damaging, deleterious, disease-causing (pathogenic).

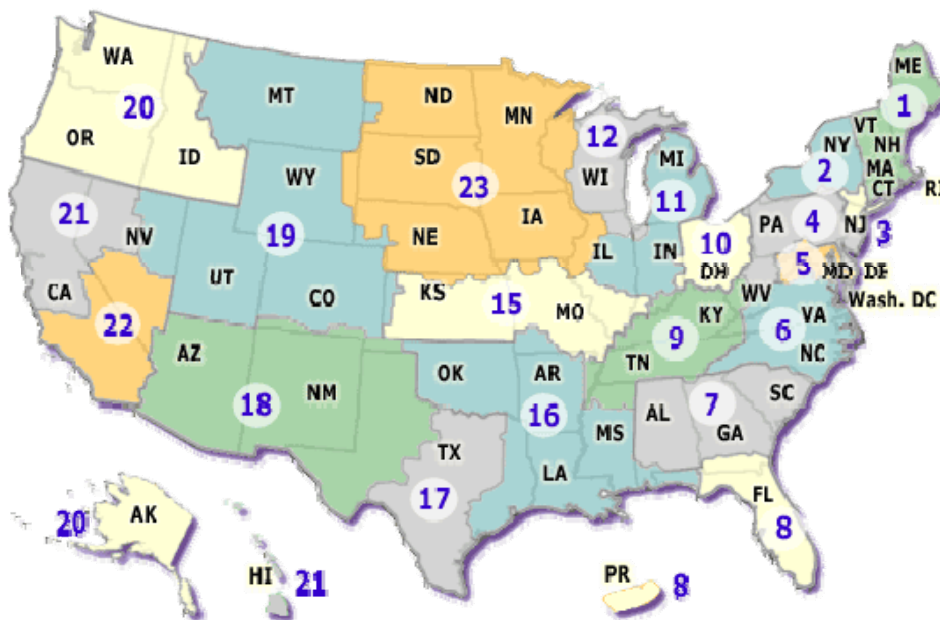
Appendix Group A: VA Background

Appendix A-1: DIAGRAM OF VA ORGANIZATION



Appendix A-2: MAPS RELATED TO THE THREE ADMINISTRATIONS OF THE DEPARTMENT OF VETERANS AFFAIRS (VA)

Veterans Integrated Service Networks (VISNs) of the Veterans Health Administration (VHA)



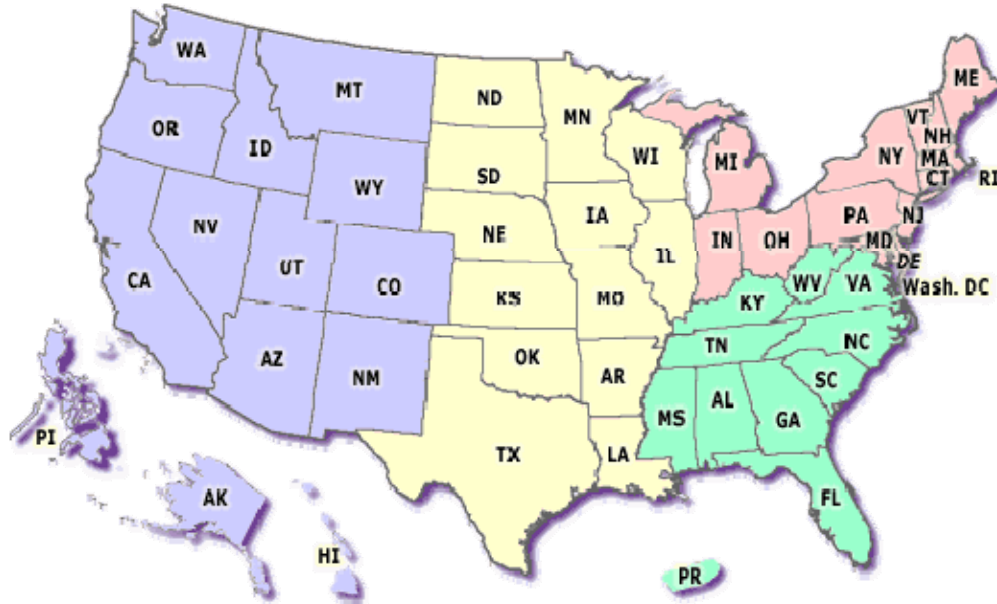
VHA runs more than 1,300 sites of care across the country and in each state, as well as the Philippines, Guam, and Puerto Rico. These sites are organized into 21 Veterans Integrated Service Networks:

- VISN 1: VA New England Healthcare System
- VISN 2: VA Healthcare Network Upstate New York
- VISN 3: VA NY/NJ Veterans Healthcare Network
- VISN 4: VA Stars & Stripes Healthcare Network
- VISN 5: VA Capitol Health Care Network
- VISN 6: VA Mid-Atlantic Health Care Network
- VISN 7: VA Southeast Network
- VISN 8: VA Sunshine Healthcare Network
- VISN 9: VA Mid South Healthcare Network
- VISN 10: VA Healthcare System of Ohio
- VISN 11: Veterans In Partnership
- VISN 12: The Great Lakes Health Care System
- VISN 15: VA Heartland Network
- VISN 16: South Central VA Health Care Network
- VISN 17: VA Heart of Texas Health Care Network
- VISN 18: VA Southwest Health Care Network

- VISN 19: Rocky Mountain Network
- VISN 20: Northwest Network
- VISN 21: Sierra Pacific Network
- VISN 22: Desert Pacific Healthcare Network
- VISN 23: VA Midwest Health Care Network

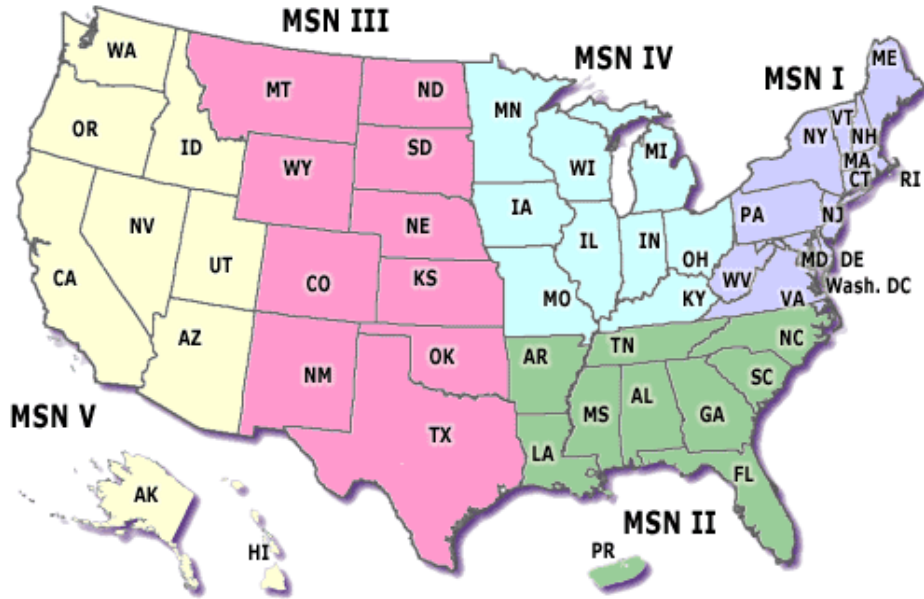
(VISNs 13 and 14 were combined into VISN 23 for a total of 21 VISNs)

Area Offices of the Veterans Benefits Administration (VBA)



VBA operates through four Area Offices and 57 Regional Offices, with at least one in every state. VBA staff members are also located in the Philippines, Guam, Italy, Germany, Japan, and South Korea. The Western, Central, Eastern, and Southern Area Offices cover the shaded areas above.

Memorial Service Networks (MSNs) of the National Cemetery Administration (NCA)



NCA maintains about 120 national cemeteries in 39 states and Puerto Rico. NCA has five Memorial Service Networks (shaded areas) and NCA Central Office. The MSNs covered the shaded areas above and are I: Philadelphia Memorial Service Network, II: Atlanta Memorial Service Network, III: Denver Memorial Service Network, IV: Indianapolis Memorial Service Network, and V: Oakland Memorial Service Network.

Appendix A-3: FACTS ABOUT VA HEALTH CARE CAPABILITIES

Inpatient Capacity: Operating Beds in VA facilities

VHA’s “operating” or usable beds are those that are staffed and available for admission of patients. The table below shows VHA’s average operating beds and occupancy rates for its formal bed services as of the end of FY 05. Overall, occupancy rates for inpatient beds (includes medicine, neurology, rehabilitation medicine, blind rehab, spinal cord injury, intermediate medicine, surgery and psychiatry) was 67% in FY 05.

VHA Inpatient Bed Occupancy Rates As of End of FY 05			
Bed Service	Average Usable Beds	Average Daily Census(ADC)	Occupancy Rate
Medicine	7,100.70	5,298.85	74.62%
Neurology	218.9	95.65	43.69%
Rehab Med.	392	212.05	54.09%
Blind Rehab	242	195.79	80.90%
Spinal Cord	1,084.00	740.1	68.28%
Intermediate Med.	1,121.50	476.21	42.46%
Surgery	2,976.70	2,020.80	67.89%
Psychiatry	7,218.30	4,558.69	63.15%
TOTAL INPATIENT	20,354.10	13,598.14	66.81%

Long-term Care Facilities Bed Occupancy Rates As of End of FY 05			
Bed Service	Average Operating Beds	Average Daily Census(ADC)	Occupancy Rate
VA Dom	6,267.30	4,836.32	77.17%
VA Nurs Home	15,109.10	11,957.52	79.14%

A 2004 survey of Intensive Care Unit (ICU) beds revealed that VHA has approximately 213 ICUs and a total of 2,042 authorized and 1906 operating ICU beds. This survey also estimates that in addition to the authorized 2,045 ICU beds, an additional 353 ICU beds could be made available in case of local and/or national emergency.

The table below shows the distribution of the types of authorized and operating ICU beds.

FY 2004 Operating ICU Beds		
ICU Type	Authorized ICU Beds	Operating ICU beds
MICU	248	244
SICU	553	518
CCU	168	165
MICU/CCU	362	316
MICU/SICU	275	258
Mixed	388	358
Specialty	51	47
Total	2045	1906

Outpatient Capacity: Community-Based Outpatient Clinics

As of the end of FY 05, VHA had 712 community based outpatient clinic (CBOC) sites of care (this includes multiple site contracts). In general, CBOCs are structured and managed through primary care panels. Staffing may vary depending on the size of the CBOC and types of specialty services offered. Typically, the types of staff anticipated include: physicians (primary care and mental health physician), nurses (APNs, RNs, and LPNs/LVNs), physician assistants, health technicians, and administrative staff.

In FY 05, CBOCs had 11.2 million patient visits that accounted for 23% of VHA’s total ambulatory care visits. In FY 05, approximately half of the veterans served by VHA received their care at CBOCs (2.5 million unique patients seen at CBOCs). CBOCs are access points for our high priority veterans that live fair distances from other VHA health care sites.

Definitions

Term	Definition
Average Daily Census	Number of beds that <u>are</u> filled or utilized within a defined period of time.
Average Operating Beds	Number of beds that <u>can be</u> utilized within a defined period of time.
<u>CCU</u>: Cardiac Care Unit	An identified unit for the care of patients who have suffered acute myocardial infarction (MI) or are experiencing heart related problems.
<u>MICU</u>: Medical Intensive Care Unit	An identified unit for the care of patients with medical conditions or emergencies.
Mixed Unit ICU	An identified multi-purpose unit for the care of patients requiring a combination of specialized intensive care services. (Combinations include Medical/Surgical/Cardiac, Surgical/Burn, etc.)
Occupancy Rate	The percentage of beds utilized within a defined time period.
Other ICU Unit Types	An identified unit for the specialized care of patients with certain diagnoses/classifications/procedures such as Burn ICU; Transplant ICU; Neurology ICU; Neuro-Surgery ICU; Cardio-Thoracic ICU; Respiratory ICU.
<u>SICU</u>: Surgical Intensive Care Unit	An identified unit for the care of surgical patients (pre-operative, post-operative, and other non-operative patients such as trauma).

Appendix Group B: Legal Authorities and Responsibilities

Appendix B-1: SUMMARY OF POTENTIAL VA EXPANDED RESPONSIBILITIES

The primary function of VHA is to provide a complete medical and hospital service for the medical care and treatment of eligible veterans. Various provisions in title 38, United States Code, authorize VHA to provide care to others, such as family members of veterans under CHAMPVA (the Civilian Health and Medical Program of the Department of Veterans Affairs). VHA also has authority to enter into agreements to share health-care resources.

Special circumstances that expand VA responsibilities:

VA Resource Sharing

- VHA has general authority to share health-care resources with any health care provider or entity according to local determination of needs through pre-established sharing agreements. Resources can also be provided in accordance with the National Response Plan. The National Response Plan may be implemented during a disaster or emergency declared by the President, during other Incidents of National Significance, or during a public health emergency declared by the Secretary of the Department of Health and Human Services. When the National Response is implemented, VA may be asked to provide resources through a Mission Assignment or sub-tasking (either with or without reimbursement) or through a request for Federal-to-Federal assistance. Information on Mission Assignments, sub-taskings, and Federal-to-Federal support is detailed in the Financial Management Support Annex of the National Response Plan. (See Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic and Appendix C-1: REFERENCE LIST FOR VA EMERGENCY PLANS AND OTHER RESOURCES.)

Back Up to the Department Of Defense Medical System

- Under 38 USC § 8111A, VA serves as a back up for the Department of Defense health care system to care for active duty service members during war or a national emergency (see [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#)).

Care Provision to Non-Enrolled or Non-Veterans

- As stated above, VA may provide care for non-veterans or non-enrolled veterans through a Mission Assignment or sub-tasking, or through a request for Federal-to-Federal assistance, as described in the National Response Plan. Hospital care or medical services may also be provided as a humanitarian service in emergency cases (38 USC § 1784). The Secretary is obligated to charge for services provided under Section 1784. (See [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic](#).)

VA National Response Plan Responsibilities

- VA has expanded responsibilities under the Federal government's National Response Plan in terms of certain Emergency Support Functions (ESFs). An ESF is a response activity established to facilitate coordinated Federal delivery of assistance required during the response phase of a catastrophic event to save lives, protect property and health, and maintain public safety. These functions represent those types of Federal assistance which States, local governments, or tribal authorities will likely need most because of the overwhelming impact of a catastrophic event on local and State resources.
- VA is responsible for providing support under the following Emergency Support Functions:

- ESF #3 Public Works and Engineering
 - ESF #5 Emergency Management
 - ESF #6 Mass Care, Housing, and Human Services
 - ESF #7 Resource Support
 - ESF #8 Public Health and Medical Services
 - ESF #13 Public Safety and Security
 - ESF #15 External Affairs
-
- Unless otherwise directed by the Secretary, under the National Response Plan VA provides available resources as requested either directly by the Federal Emergency Management Agency (FEMA) or through the respective ESF lead agency (for example, HHS is the lead agency for ESF #8). These requests, or “sub-tasking,” are provided to the VA Readiness Operations Center (ROC) in VA Central Office which, in turn, directs them to the applicable administration or staff office for action. For VHA, the VA ROC will forward them the VHA Emergency Management Strategic Healthcare Group (EMSHG) Operations Center. (A table of laws and authorities that apply to VA’s responsibilities in a pandemic appear in [Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic.](#))

Appendix B-2: TABLE OF LEGAL AUTHORITIES AND POLICIES RELEVANT TO EMERGENCIES - Advice on Changes in Usual VA Practices During a Pandemic

Table of Legal Authorities Relevant to Emergencies

Issue	Authority	Discussion
<i>I. VA Authority to Provide Hospital Care and Medical Services</i>		
A. Care to veterans	38 U.S.C. Chapters 17 and 73; 38 C.F.R. §§ 17.36 – 17.38	The primary function of the Veterans Health Administration is to provide a complete medical and hospital service for the medical care and treatment of veterans. Enrollment priorities are set by Congress.
B. Care to members of the armed forces	38 U.S.C. §§ 8111, 8111A; 38 C.F.R. § 17.230; VHA Directive 2005-045, Treatment of Active Duty Service Members in VA Health Care Facilities (October 4, 2005); VHA Handbook 1660.4, VA-DOD Health Care Resources Sharing	The Secretary is authorized to share health care resources with DOD, and to provide care to members of the Armed Forces during a time of war or national emergency.
C. Care to non-VA beneficiaries	38 U.S.C. § 1784; 38 C.F.R. §§ 17.37, 17.43, 17.95, 17.102	The Secretary is authorized to furnish hospital care or medical services as a humanitarian service to non-VA beneficiaries in emergency cases. VA must charge for such care.
D. Care to non-VA beneficiaries in a disaster or emergency	38 U.S.C. § 1785	(i) The Secretary is authorized to provide hospital care and medical services to non-VA beneficiaries responding to, involved in, or otherwise affected by a disaster or emergency. Section 1785 codifies VA’s existing obligations under the National Response Plan, including VA’s obligations under the Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. §§ 5121, et seq.), and during activation of the National Disaster Medical System (42 U.S.C. § 300hh-11). Regulations

Issue	Authority	Discussion
		to implement this authority are currently under development.
		(ii) In a disaster or emergency declared by the President under the Stafford Act, VA can be directed to utilize its authorities and resources (including personnel, equipment, supplies, facilities, and managerial, technical, and advisory services) in support of State and local assistance efforts. This is generally done through the auspices of the National Response Plan through a Stafford Act tasking or sub-tasking. The Financial Management Support Annex of the National Response Plan details this process.
		(iii) During non-Stafford Act Incidents of National Significance, the Financial Management Support Annex of the National Response Plan describes a process for signatories of the NRP to provide needed support to one another on a reimbursable basis. The Memorandum of Agreement detailing this process is set forth in the Financial Management Support Annex. The general authority for providing this assistance is the Economy Act (31 U.S.C. § 1535).
E. VA's general authority to share health care resources	38 U.S.C. § 8153; VHA Directive 1660.1, Enhanced Health Care Resources Sharing Authority - Selling	
<i>II. Priorities for Providing Medical Care</i>		
Considerations for prioritization of VA health care	A. The explicit language in 38 U.S.C. § 8111A and the legislative history of 38 U.S.C. § 1785 indicate that during	When faced with individuals who require emergency medical treatment (for example, during a disaster or emergency situation),

Issue	Authority	Discussion
	<p>declared major disasters and emergencies and activation of NDMS, the highest priority for receiving VA care and services goes to service-connected veterans, followed by members of the armed forces receiving care under section 8111A and then by individuals affected by a disaster or emergency described in section 1785 (i.e., individuals requiring care during a declared disaster or emergency, or during activation of the NDMS).</p>	<p>VHA practitioners generally prioritize based on medical need. Life-threatening conditions are treated prior to less severe or routine conditions. This may require deferring routine or elective care for higher priority veterans in order to treat medical emergencies. This prioritization based on medical need is not dictated by a specific statute or regulation. Rather, it is derived from the general authority granted to the Secretary (and through delegation to the Under Secretary for Health and to health care providers) to provide “needed care” to veterans. Thus, during a disaster or an emergency, VA has flexibility and discretion in determining what constitutes needed care.</p>
<p>III. Quarantine and Isolation</p>		
<p>A. State law</p>	<p>A. The authority to compel quarantine or isolation is derived from a state’s inherent “police power,” a power reserved to the states under the 10th Amendment of the United States Constitution. There is significant variation among states regarding isolation and quarantine laws. Some states have laws that include specific, detailed procedures and provisions to impose and enforce mandatory isolation and quarantine, while other states have broader, more outdated laws and regulations. Further, some localities within states have laws applicable to quarantine and isolation.</p>	<p>If a VHA practitioner seeks to isolate or quarantine a VA patient, the authority to involuntarily isolate or quarantine an individual will likely be determined, at least initially, by state law. Regional Counsel must be contacted for guidance on applicable state law.</p>
<p>B. Federal Law</p>	<p>B. The Secretary of the Department of Health and Human Services (HHS) has statutory authority to prevent the introduction, transmission, or</p>	<p>The Federal government’s authority to act under this statute is limited to communicable diseases identified by the President. The current list of</p>

Issue	Authority	Discussion
	spread of communicable diseases from foreign countries into the United States, or from one state or possession into another. CDC may intervene in intrastate incidents if requested by state or if local control efforts considered inadequate. 42 U.S.C. § 264; 42 C.F.R. Part 70, Interstate Quarantine and Part 71, Foreign Quarantine.	communicable diseases includes Cholera; Diphtheria; Infectious Tuberculosis; Plague; Smallpox; Yellow Fever; Viral Hemorrhagic Fevers; and Severe Acute Respiratory Syndrome (SARS), and “Influenza caused by novel or reemergent influenza viruses that are causing, or have the potential to cause, a pandemic.” (Pandemic influenza was added in April 2005. See Executive Order 13375 (April 1, 2005)).
	C. 42 U.S.C. § 266.	Special quarantine powers are available to the Surgeon General in a time of war. The Surgeon General may apprehend, examine, and detain individuals reasonably believed infected with communicable disease if they present a probable risk of infection to the armed forces or its suppliers.
IV. Liability Issues		
Liability in general	A. VA personnel acting within the course and scope of their Federal employment are generally protected from personal liability under the Federal Tort Claims Act (FTCA). A determination of whether a person’s actions were within the scope of employment would be made by the Department of Justice in the event of legal action involving the employee’s acts.” 28 U.S.C. §§ 1346(b), 2670 – 2680; 38 U.S.C. § 7316.	
Liability in declared (Stafford Act) emergencies	B. The Stafford Act includes an explicit “nonliability” provision. 42 U.S.C. § 5148; 44 C.F.R. § 206.9, that protects the Federal Government from liability for discretionary acts performed by	

Issue	Authority	Discussion
	Federal agencies and employees in carrying out their duties.	
<i>V. Transportation of Employees During an Emergency</i>		
Home-to-work transportation of employees	A. Federal law generally prohibits home-to-work transportation of most employees, but authorizes agencies to approve such transportation in an emergency situation. 31 U.S.C. § 1344; 41 C.F.R. Part 102.5	(i) The authority to make this determination rests with the agency head and cannot be delegated. The requirement for an advance determination can be excepted if it is impracticable.
		(ii) If a VA medical center faces an emergency requiring transportation of personnel in order to keep the hospital up and running, VA could craft a compelling argument that it was impractical to obtain the necessary permission in advance. However, the facility must maintain logs of the transportation provided, and the Secretary’s decision to authorize the transportation must be submitted to Congress, as required by the regulations.
	B. The Secretary has emergency authority under title 38, United States Code, to use Government-owned or leased vehicles to transport VA employees to and from their place of employment and the nearest public transportation or, if public transportation is unavailable or not feasible, to and from work to home. 38 U.S.C. § 703(f)	(i) The statute requires the Secretary to establish “reasonable rates” to cover the cost of such services. If VHA wants to utilize this emergency authority, VA must establish rates to cover the cost of such services.
		(ii) To expedite the use of this authority, VHA can seek a delegation to the Under Secretary for Health.

Table of Policies Relevant to Emergencies

Relevant Policy	Reference	Discussion
<i>I. Credentialing and Privileging Health Care Providers</i>		
	<p>VHA Handbook 1100.19, Credentialing and Privileging;</p> <p>VHA Directive 2001-022, Implementation of VETPRO, VHA’s National Credentials Databank;</p> <p>VHA Directive 2001-005, Credentialing and Privileging of Telemedicine and Telehealth Services provided in Hospitals and Clinics</p> <p>VHA Directive 2002-042, The Credentialing and Privileging of VA Health Care Providers Remotely Delivering Health Care to Patients at Home, in Vet Centers, and in Non-Health Care Settings Via Telemedicine and/or Telehealth</p> <p>VHA Directive 2002-076, Expedited Medical Staff Appointment Process</p>	<p>Credentialing and privileging actions that might be changed in a pandemic are described in Section 3.2.3.6</p>
<i>II. VA Provision of Disaster Emergency Medical Personnel</i>		
	<p>VHA Directive 2003-052, Disaster Emergency Medical Personnel System (DEMPS) Program and Database</p>	<p>Database of VHA medical personnel who have volunteered to be deployed in the event of a disaster internal or external to VA.</p>
<i>III. Occupational Health Issues</i>		
<p>Absence for employees affected by a pandemic, such as those exposed to an infectious disease</p>	<p>Family Medical Leave Act; Authorized Absence in emergencies, see VA Handbook 5011/3 Part II, Chapter 3 (March 2005);</p>	<p>Facilities should work with their Human Resources staff to identify applicable policies addressing employee absences. VA is authorized to grant employees “authorized absence”</p>

Relevant Policy	Reference	Discussion
	VA Handbook 5011/6 Part II (January 2006)	when there is a national emergency. An employee's absence that is necessary to prevent transmission of an infectious disease may meet the definition of an emergency.

Additional Comments on Providing VA Health Care in Emergency Situations

The organization and delivery of health care is highly regulated. Depending upon the severity of a pandemic, it is possible that the Federal, state, or local government entities regulating the delivery of health care may temporarily modify some statutory or regulatory requirements. Alternatives may include enhancing, modifying, or waiving laws and regulations pertaining to the delivery of health and medical care in normal conditions.

If the VA Secretary (or designate) determines that circumstances require revision of current VA regulations governing VA hospital care and medical services, such revision must be made in accordance with applicable law. VA has no authority to unilaterally waive non-VA regulations. Further, VA has no authority to unilaterally waive statutory provisions or requirements. During an influenza pandemic, VA facilities are urged to work with Regional Counsel to monitor any changes, modifications, or waivers of the laws and regulations that govern the delivery of hospital care and medical services in VA facilities. Any such waivers or modifications are likely to be targeted to the affected area for a temporary and specified period of time. In the case of a pandemic that moves from region to region, it will be important for VA to correctly and appropriately apply any such waivers or modifications.

Appendix Group C: References

Appendix C-1: REFERENCE LIST FOR VA EMERGENCY PLANS AND OTHER RESOURCES

Federal Pandemic Influenza Web site
www.pandemicflu.gov

VA Emergency Plans
Other Relevant VA Policies
VA Web sites
International Agencies
Federal Departments and Agencies
State Web sites
Emergency Preparedness
Influenza and Respiratory Infectious Diseases

VA Emergency Plans

VA Directive 0320, Comprehensive Emergency Management Program, March 24, 2005
<http://www.va.gov/pubs/directives/Policy-Planning-Preparedness/0320dir.doc>

VA Handbook 0320, Comprehensive Emergency Management Program, March 24, 2005
<http://www.va.gov/pubs/handbooks/Policy-Planning-Preparedness/0320hbk.Doc>

Veterans Health Administration (VHA) Emergency Management Program Procedures
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=326
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=326

VHA Emergency Management Program Guidebook, March 2005
http://vaww.ceosh.med.va.gov/Guidebooks/EMP2005/2005_EMP.htm
<http://www1.va.gov/emshg/page.cfm?pg=114>

VHA Directive 2002-026, Pharmaceutical Caches in a Weapons of Mass Destruction Event, May 13, 2002
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1134

VHA Directive 2004-046, Inspection of the VHA Pharmaceutical Caches by the Emergency Management Strategic Healthcare Group, August 24, 2004
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1149
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1149

VHA Handbook 0320.2, Emergency Management Program Procedures, June 12, 2000
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=326

VHA Handbook 0320.3, Disaster Emergency Medical Personnel System (DEMPS), July 21, 2000
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=334
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=334

VHA Respiratory Infectious Disease Emergency Plan for Facilities
<http://www.publichealth.va.gov/watch/respiratoryID.htm>

VBA Emergency Preparedness

<http://vbaw.vba.va.gov/bl/20/201f/emer-prep/>

VBA Continuity of Operations Plan (COOP)

<http://vbaw.vba.va.gov/bl/20/201f/emer-prep/COOP/VBACO%20Revised%20Signed%20MasterCOOP%20Apr%2027.doc>

VBA Continuity of Operations Plan Template

http://vbaw.vba.va.gov/bl/20/201f/emer-prep/ro_coop.htm

VBA Facility Director Order of Succession

<http://vbaw.vba.va.gov/bl/20/201f/emer-prep/Order%20of%20Succession%20Form.doc>

NCA Emergency Preparedness Planning

http://vaww.vairm.vaco.va.gov/ncamis/legis_handdir_pdf/0320_Directive.pdf

NCA Emergency Preparedness Planning Procedures

http://vaww.vairm.vaco.va.gov/ncamis/legis_handdir_pdf/0320_Handbook.pdf

Other Relevant VA Policies

VHA Hand Hygiene Practices 2005

http://vaww1.va.gov/optometry/docs/Hand_Hygiene_Directive.pdf or internet at
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1214

VHA Oseltamivir Stockpile, Under Secretary for Health's Information Letter, September 2005

http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1323
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1323

Telephone Care and Service

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=79

VHA Handbook 1100.19, Credentialing and Privileging

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=357
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=357

VHA Directive 2001-022, Implementation of VetPro

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=87
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=87

VHA Directive 2001-005, Credentialing and Privileging of Telemedicine and Telehealth Services Provided in Hospitals and Clinics

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=127
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=127

VHA Directive 2002-076, Expedited Medical Staff Appointment Process

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=222
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=222

Credentialing and Privileging of VHA Health Care Providers Remotely Delivering Health Care to Patients at Home, in Vet Centers, and in Non-Health Care Settings Via Telemedicine and/or Tele Health

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=189

http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=189

Respiratory Protection Used for Infectious Disease and Annual Fit-testing

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1349

http://www1.va.gov/VHAPUBLICATIONS/ViewPublication.asp?pub_ID=1349

Authorized Absence in emergencies, see VA Handbook 5011/3 Part II, Chapter 3 March 30, 2005

http://www1.va.gov/ohrm/Directives-Handbooks/Direct_Hand.htm

VA Handbook 5011/6, January 26, 2006

http://www1.va.gov/ohrm/Directives-Handbooks/Direct_Hand.htm

Spiritual and Pastoral Care Procedures

http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1231

http://www1.va.gov/vhapublications/viewpublication.asp?pub_id=1231

NCA Directives and Handbooks

http://vaww.vaarm.vaco.va.gov/ncamis/legis_handdir.htm

VA Web sites

Department of Veterans Affairs

<http://www.va.gov/> or <http://vaww.va.gov/>

VA “Infection: Don’t Pass It On” campaign Web site - hand and respiratory hygiene, personal protective equipment information; extensive downloadable, printable material

www.publichealth.va.gov/InfectionDontPassItOn

VA influenza and pandemic influenza information

<http://www.publichealth.va.gov/flu/>

My HealthVet – VA’s gateway to veteran health and wellness

<http://www.myhealth.va.gov/>

VA Emergency Management Strategic Health Care Group

<http://www.va.gov/EMSHG/>

VA Public Health Strategic Health Care Group – Public health issues and concerns

www.publichealth.va.gov

Pharmacy Benefits Management Strategic Healthcare Group

<http://www.vapbm.org/PBM/menu.asp>

VA Office of Acquisition and Materiel Management

<http://vaww1.va.gov/oamm/>

<http://www1.va.gov/oamm/>

NCA Directives and Handbooks

http://vaww.vairm.vaco.va.gov/ncamis/legis_handdir.htm

International Agencies

World Health Organization (WHO)

<http://www.who.int/en/>

Federal Departments and Agencies

Department of Veterans Affairs

<http://www.va.gov/> or <http://vaww.va.gov/>

Department of Homeland Security

http://www.dhs.gov/dhspublic/theme_home2.jsp

Centers for Disease Control (CDC)

<http://www.cdc.gov>

Department of Health and Human Services (HHS)

<http://www.hhs.gov/>

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov/>

Federal Emergency Management Agency (FEMA)

<http://www.fema.gov/>

Food and Drug Administration (FDA)

<http://www.fda.gov/>

Health Resources and Services Administration (HRSA)

<http://www.hrsa.gov/>

National Institutes of Health (NIH)

<http://www.nih.gov/>

NIH, National Institute of Allergy and Infectious Diseases

<http://www.niaid.nih.gov/>

Department of Defense

<http://www.defenselink.mil/>

Occupational Safety and Health Administration (OSHA)

<http://www.osha.gov>

State Web sites

CDC - Web directory for State and Local Health Departments

<http://www.cdc.gov/doc.do/id/0900f3ec80226c7a>

Federal Web directory for State-by-State Pandemic Information

<http://www.pandemicflu.gov/plan/tab2.html>

Emergency Preparedness

HHS Office of Public Health Emergency Preparedness (OPHEP)

<http://www.hhs.gov/ophep/index.html>

HHS Office of the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP)

<http://hhs.gov/asphep>

HHS Office of Public Health Emergency Preparedness (OPHEP)

<http://www.hhs.gov/ophep/index.html>

HHS Office of the Assistant Secretary for Public Health Emergency Preparedness (ASPHEP)

<http://hhs.gov/asphep>

CDC: A Voluntary Rapid Self-Assessment of State and Local Capacity to Respond to Bioterrorism, Outbreaks of Infectious Disease, and Other Public Health Threats and Emergencies.

<http://www.phppo.cdc.gov/od/inventory/index.asp>

CDC Emergency Preparedness and Response

<http://www.bt.cdc.gov/>

CDC Surveillance Guidance

<http://www.bt.cdc.gov/episurv/>

CDC Epidemic Information Exchange

<http://www.cdc.gov/mmwr/epix/epix.html>

AHRQ Public Health Preparedness

<http://www.ahrq.gov/prep/>

Worker Protection: OSHA'S Role During Response to Catastrophic Incidents

http://www.osha.gov/SLTC/emergencypreparedness/guides/osha_role.html

OSHA Safety and Health Topics: Emergency Preparedness and Response

<http://www.osha.gov/SLTC/emergencypreparedness/index.html>

OSHA Best Practices for Hospital-Based First Receivers of Victims

http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.html

Department of Homeland Security: the National Incident Management System (NIMS)

<http://www.dhs.gov/dhspublic/display?content=3697>

<http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf>

Department of Homeland Security: Training & Exercises
<http://www.dhs.gov/dhspublic/display?theme=63>

Department of Homeland Security: Response and Recovery
<http://www.dhs.gov/dhspublic/display?theme=15>

Influenza and Respiratory Infectious Diseases

VA Influenza Information
<http://www.publichealth.va.gov/flu/>
<http://vaww.vhaco.va.gov/phshcg/Flu/Default.htm>)

VA Influenza Vaccine Recommendations for 2005 – 2006
http://vaww1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1334

VA Influenza Toolkit Manual 2005 - 2006
http://www.publichealth.va.gov/flu/documents/VA_Flu_Manual.pdf

HHS Pandemic Influenza Response and Preparedness Plan
<http://www.hhs.gov/pandemicflu/plan/>

Centers for Disease Control and Prevention (CDC) Influenza Information
<http://www.cdc.gov/flu/index.htm>

CDC Guideline for Environmental Infection Control in Health-Care Facilities, 2003
http://www.cdc.gov/ncidod/dhqp/gl_environmentinfection.html”

CDC Hand Hygiene in Healthcare Settings
<http://www.cdc.gov/handhygiene/>

CDC Severe Acute Respiratory Syndrome (SARS) Information
<http://www.cdc.gov/ncidod/sars/>

CDC Preparedness for SARS in Healthcare facility
<http://www.cdc.gov/ncidod/sars/guidance/C/pdf/c.pdf>

CDC Information on Avian Influenza
<http://www.cdc.gov/flu/avian/>

CDC Recommendations for Infection Control – Avian Influenza -
<http://www.cdc.gov/flu/avian/professional/infect-control.htm>

CDC Background and testing/lab information – influenza & SARS
<http://www.cdc.gov/flu/avian/professional/han020302.htm>

Department of Health and Human Services (HHS) Pandemic Influenza Preparedness
<http://www.hhs.gov/nvpo/pandemicplan/>

HHS National Vaccine Program Office

<http://www.hhs.gov/nvpo/pubs/pandemicflu.htm>

CDC Flu surge calculations

<http://www.cdc.gov/flu/flusurge.htm>

World Health Organization Influenza Information

<http://www.who.int/csr/disease/influenza/pandemic/en/>

U.S. Food and Drug Administration (FDA)-Center for Drug Evaluation and Research – Discussion of influenza antiviral drugs and related information.

<http://www.fda.gov/cder/drug/antivirals/influenza/default.htm>

Occupational Safety and Health Agency (OSHA) Information Regarding Severe Acute Respiratory Syndrome (SARS).

<http://www.osha.gov/dep/sars/index.html>

OSHA Anthrax e-Tool: Protecting the Worksite Against Terrorism.

<http://www.osha.gov/SLTC/etools/anthrax/index.html>

OSHA Guidance for Protecting Workers Against Avian Flu

<http://www.osha.gov/dsg/guidance/avian-flu.html>

Appendix Group D: Planning Tools

Appendix D-1: VA PANDEMIC PREPARATION ACTION GRIDS

Following are several grids that outline planning steps for pandemic influenza. These reflect the text in Section 2 and provide numbers of subsections (e.g., 2.1.2 Coordination) for cross reference.

The grids cover:

- VA Central Office
- VHA facilities
- VBA
- NCA

These grids can be a starting point to identify steps, name responsible offices and individuals to carry out these steps, and track progress.

Preparing for Pandemic Influenza: VA Central Office Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
2.1.2 Coordination					
	Coordinate efforts with Federal, state, local, tribal organizations & agencies				
	Meet VA obligations under National Implementation Plan				
	Establish VA Pandemic Influenza Advisory Group				
	Plan to respond to pandemic outbreak using emergency management resource plans				
2.1.3 VA Central Office Preparations					
	Develop plan to use COOP, identify essential functions, consider flexible work standards, leave options				
	Communicate with staff on pandemic influenza, protecting themselves, public health measures, plans, and policies				
	Plan to obtain and administer antivirals and vaccine				

Preparing for Pandemic Influenza: VA Central Office Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
2.1.4.1 Public Affairs/Communications					
	Develop central Internet and intranet sites				
	Encourage facilities and networks to create communication plans				
	Develop education and information material for distribution				
	Identify & train key lead spokespersons at all levels				
	Gather all emergency information from key partners at all levels				
	Disseminate announcements thru subject matter experts to media				
	Create tools & templates for basic messages				
	Update all levels on Plan and pandemic influenza				
	Strengthen relationships with national, Federal, and private partners				
	Anticipate and prepare for questions and answers				
	Brief Congress, VSOs, media				

Preparing for Pandemic Influenza: VA Central Office Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
<i>2.2.2 VHA Coordination</i>					
	Work across offices, networks, Federal, state, local partners				
	Participate in and organize VA Pandemic Influenza Advisory Group				
	Prepare to use emergency plans as needed				
	Plan to acquire vaccines, antivirals, diagnostics, and materiel				
	Develop transparent process of allocating these and other resources in a pandemic				
	Assess acquisition of mobile clinics or modular medical stations				
<i>2.5 Develop & Conduct Tabletop Exercises</i>					
	Practice coordination within VA and with Federal, state, local and tribal organizations				
	Clarify/identify roles and responsibilities				
	Identify strengths & areas of improvement				

Preparing for Pandemic Influenza: VHA Facility Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
2.2.3.1 Facility Pandemic Influenza Plans					
	Develop and test plans				
	Participate in state/local drills				
	Adapt sample SOP for use during a pandemic (see Appendix D-2)				
2.2.3.2 Workforce Preparation					
	Identify essential functions				
	Provide education				
	Identify provider skill sets				
	Recruit & credential non-VA providers				
	Create staff & volunteer tracking system				
	Identify staff able to work using respirators				
	Name & create a Pandemic Response Team				
	Identify child care, home support				

Preparing for Pandemic Influenza: VHA Facility Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
<i>2.2.3.3 Physical Site Preparation</i>					
	Develop plans to free clinical space				
	Identify space for new separate waiting and emergency room areas				
	Consider reactivating closed space or buildings				
	Map patient flow to plan use of restricted areas				
	Identify and develop plans for alternative usable space				
	Assess building & engineering systems				
	Plan locations of hand cleaning stations				
	Identify space & plan for cohorting of infected patients				
	Plan for transportation of staff & patients				
	Plan for management of fatalities				
<i>2.2.3.4 Infection Control & Precautions Preparation</i>					
	Ensure ongoing employee education				

Preparing for Pandemic Influenza: VHA Facility Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Establish & maintain seasonal influenza vaccinations				
	Heighten institutional surveillance for influenza				
	Plan to educate staff re symptoms and develop call-in system				
	Work with HR on authorized absences and other leave policies				
	Develop protocols to track & manage sick staff				
	Develop criteria for limiting visitor access.				
	Create strategy for supply maintenance				
	Ensure adequate personal protective equipment and hand hygiene supplies				
2.2.3.5 Countermeasure Preparation					
	Use established acquisition and contracting systems or the NAC				
	Plan for vaccine administration				
	Plan for antiviral acquisition & distribution				
	Plan for lab & diagnostic resources				

Preparing for Pandemic Influenza: VHA Facility Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
<i>2.2.3.6 Medical Materiel Preparation</i>					
	Identify all resources, supplies & equipment needed to treat infected patients				
	Obtain & stockpile durable & consumable supplies				
	Identify systems for how/where to store supplies				
	Evaluate existing contracts for supplies, enhance if necessary				
	Identify security issues				
	Assess transportation routes for supplies				
	Develop distribution plan for supplies				
	Participate in table top exercises on supply management				
<i>2.2.3.7 Health Care Delivery Preparation</i>					
	Prepare and ready the Pandemic Response Team				
	Know response & “trigger” for first case				
	Estimate potential surge in demand				

Preparing for Pandemic Influenza: VHA Facility Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Develop triage systems for care delivery				
	Identify separate waiting areas for the symptomatic				
	Plan for isolation rooms, intensive care & assisted ventilation				
	Plan for novel care delivery strategies				
<i>2.2.3.8 Support for and Management of Exposed & Ill Staff</i>					
	Plan provisions to protect staff				
	Plan for treatment of staff				
	Create surveillance & triage systems				
	Identify lab diagnostic systems				
	Create lab reporting & disclosure system				
	Develop plans for excluding staff from work based on health				

Preparing for Pandemic Influenza: VHA Facility Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Plan possible provisions for staff's family members in order to keep staff at work in an emergency, depending on availability of equipment, supplies, and medications and on responsibilities and assignments of facility under the National Response Plan				
2.2.3.9 Mental Health Preparation					
	Plan resources for increase in services				
	Plan consultation processes				
2.2.3.10 Surveillance and Reporting Preparation					
	Plan for use of available diagnostics				
	Plan to use established reporting mechanisms				
	Plan to collaborate with state and local health departments				
2.2.3.11 Security Preparation					
	Plan for security of facilities to prevent unrest and assist with flow of crowds				
	Review local support agreements				

<p align="center">Preparing for Pandemic Influenza: VHA Facility Action Grid</p>					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Educate on medical procedures, especially use of personal protective equipment				
2.2.3.12 Communications Preparation					
	Provide information & education on pandemic-related issues for stakeholders				
	Establish communication plans for use before and during a pandemic				
	Develop information on the Plan, roles, responsibilities, pandemic influenza, its mitigation, local resources				
	Identify stakeholders in and out of VA				
	Engage in dialogue where possible				
	Plan streamlined information approval process for emergencies				
	Identify and train spokespersons				
	Develop information templates				
	Update contact lists				
	Expand emergency communications capabilities				

Preparing for Pandemic Influenza: VHA Facility Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
<i>Other:</i>					
	Other:				
	Other:				
	Other:				

Preparing for Pandemic Influenza: VBA Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
2.3.2 Coordination Preparation					
	Be familiar with Continuity of Operations Plans				
	Review how all operations will be affected				
	Be represented on the VA Pandemic Influenza Advisory Group				
2.3.3.1 Creation of Pandemic Influenza Plans					
	Plan for operations under altered work conditions				
2.3.3.2 Workforce Preparation					
	Plan to provide PPE, hand hygiene supplies, vaccine, and antiviral medications				
	Prepare policies to cover a range of staffing issues				
	Provide staff education				
	Plan procedures for temporary office closings				
2.3.3.3 Infection Control Preparation					
	Provide education				

Preparing for Pandemic Influenza: VBA Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Develop protocols to track & manage sick staff				
2.3.3.4 Security Preparation					
	Educate security on pandemic influenza and the use of PPE				
2.3.3.5 Communication Preparations					
	Develop a communications plan				
	Plan alternate pathways of communications for use during a pandemic outbreak				
	Other:				
	Other:				

Preparing for Pandemic Influenza: NCA Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
2.4.2 Coordination Preparation					
	Be familiar with Continuity of Operations Plans				
	Review how all operations will be affected				
	Be represented on the VA Pandemic Influenza Advisory Group				
2.4.3.1 Creation of Pandemic Influenza Plans					
	Plan for operations under altered work conditions				
2.4.3.2 Workforce Preparation					
	Plan to provide PPE, hand hygiene supplies, vaccine, and antiviral medications				
	Prepare policies to cover a range of staffing issues				
	Provide staff education				
	Plan procedures for temporary office and cemetery closings				

Preparing for Pandemic Influenza: NCA Action Grid					
Section	Preparation Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
2.4.3.3 Infection Control Preparation					
	Provide education				
	Develop protocols to track & manage sick staff				
2.4.3.4 Communication Preparations					
	Develop a communications plan				
	Plan alternate pathways of communications for use during a pandemic outbreak				
	Other:				
	Other:				

**Appendix D-2: SAMPLE EMERGENCY MANAGEMENT PROGRAM STANDARD
OPERATING PROCEDURE (SOP)**

PANDEMIC INFLUENZA AFFECTING A VA HEALTH CARE FACILITY

(Modify for your facility)

Emergency Management Program Guidebook Department of Veterans Affairs

THE DEPARTMENT OF VETERANS AFFAIRS

MEDICAL CENTER

(LOCATION)

EMERGENCY MANAGEMENT PROGRAM

(DATE)

STANDARD OPERATING PROCEDURE NO. ()

SUBJECT: VA Health Care Facility's Preparation and Response to an Influenza Pandemic

Description of the Threat/Event.

- a. *Agent.* A pandemic occurs when a new strain of influenza virus emerges that has the ability to infect and be passed between humans. Because humans would have little immunity to the new virus, a worldwide epidemic, or pandemic, can ensue. Influenza viruses have threatened the health of human populations for centuries. The diversity and propensity for of influenza viruses for mutation have thwarted efforts to develop both a universal vaccine and highly effective antiviral drugs. As a result, and despite annual vaccination programs and modern medical technology, even seasonal influenza in the United States results in approximately 36,000 deaths and 226,000 hospitalizations each year. A pandemic strain of influenza could cause many-fold more. Transmission of influenza is aided by the fact that infected people may shed virus and spread the infection for one-half to one day *before* symptoms begin.
- b. *Clinical Disease.* Symptoms of influenza typically begin 2 days after exposure, often starting with a sudden onset of fever, severe fatigue or muscle pain, sore throat, and a dry cough. Uncomplicated seasonal influenza commonly leads to three to five days of acute illness, including fever and prostration, leaving the sufferer feeling weakened and with a residual cough for two or more weeks longer. A new strain may present a different clinical course and be much more serious, causing severe morbidity and mortality from influenza pneumonia or pneumonitis and secondary bacterial infections.
- c. *Public Health Response.* Public health measures to slow or stop a pandemic influenza will likely include a number of actions that will have range of success. A monovalent influenza vaccine made for the specific pandemic strain will be manufactured, but this will take several months. An antiviral medication, oseltamivir, that can be given to exposed persons to prevent illness and help limit transmission is available but supplies are limited and manufacturing is a complex process. Oseltamivir may be effective against the H5N1 avian influenza that has infected humans in Asia and Europe; VA holds a 500,000 treatment course stockpile of oseltamivir. Other public health measures include commonsense actions, like hand washing,

respiratory hygiene, staying home when sick, and using telework or telecommuting options when able. Health care facility actions involve isolating the sick, having staff wear appropriate personal protective equipment (PPE), and screening for influenza illness or exposure before permitting entry to a facility. Community, regional, and nationally-mandated measures may include declaration of snow days, postponing of large public gatherings, quarantine of the exposed, and restrictions on travel.

Impact on Mission Critical Systems.

- An influenza pandemic can quickly overwhelm a VA medical center's or community-based outpatient clinic's normal capacity to provide timely and accessible medical care. Because of the ease with which influenza is transmitted, health care facilities can quickly become sites of intensive exposure for staff and non-infected patients. Breaks in procedure or unanticipated exposures may overwhelm a whole Medical Center, for example, by exposing personnel and requiring quarantine of the Medical Center. For this reason it is incumbent that VHA facilities prepare for the possibility of an influenza pandemic.
- An influenza pandemic can quickly overwhelm a hospital's or CBOC's mission critical systems, causing such problems as
 - Staffing shortages from community quarantine and competing family interests
 - Depleted supplies of vaccines and antivirals
 - Stretched bed capacity and operational space required for patient care or quarantine
- A pandemic, by definition, will be a widespread—even national—event, so close coordination and cooperation with local, county, state public health agencies; and private sector health care facilities will be necessary and vital. It will also be necessary for VA medical centers to anticipate VA's mission to back up the Department of Defense (and provide care to designated members of the military) and VA's responsibilities to the National Response Plan (and provide care and resources for care to non-enrolled veterans and non-veterans).

Operating Units and Key Personnel with Responsibility to Manage this Threat.

- *Facility Director*-Responsible for assuring the organization implements the necessary preparatory measures for a potential influenza pandemic. The Director is also responsible for initiating the organization's disaster plan.
- *Infection Control Team/Epidemiology* – Key role in: tracking potential and confirmed cases; infection control management of patients using airborne precautions (private room, negative airflow, N95 respirator use by staff) or, when the Medical Center is overwhelmed, using droplet precautions and cohorting (isolation of infectious patients together, but away from non-exposed); working with and reporting to local and state public health; serving as a VA medical center information resource on changing public health recommendations and on the community/outbreak; assisting with vaccination decisions affecting staff and patients; advising on mass distribution systems for vaccine and antivirals.
- *Engineering Service* – Key role in: assessment of negative airflow rooms and negative airflow systems; identification of areas suitable for cohorting patients both in waiting areas and after hospitalization.
- *Clinical Laboratory* – Key role in: obtaining and performing diagnostic tests for the pandemic strain; knowing availability of reference laboratories for diagnosis (like the CDC's Laboratory Response Network [LRN] or state laboratories); advising on specimen collection; safe handling, storage, and shipping of specimens.
- *Safety/Industrial Hygiene* – Key role in: support of N95 respirator usage (fit-testing) program.
- *Police and Security* – Key role in: crowd control, managing the flow of patients and visitors. If the situation warrants, police have key role in perimeter control, site access. Police may be called upon to protect the supply of influenza vaccines and supplies like oseltamivir, vaccine, N95 masks, and surgical or procedure-type masks. Perimeter access and site control may pertain to staff, staff relatives/family, and patients and require ingress and egress control. Site control may include assisting

with drive-through triage stations or drive-through clinic sites, and mass distribution of vaccine and antivirals.

- *Medical Service* – Key role in: clinical diagnosis of cases; treatment of cases; providing health care advice via telephone; staffing innovative care delivery sites, advising/assisting with mass delivery of vaccine and antivirals.
- *Nursing Service* – Key roles in: staffing and bed support for inpatient, outpatient, and innovative care delivery sites; assisting with restriction of non-essential personnel from patient rooms (i.e., environmental management service, nutrition and food service personnel); providing health care advice via telephone; advising/ assisting with mass delivery of vaccine and antivirals.
- *Emergency Department* – Key role in: monitoring incoming patients suspected of exposure or disease; making decisions on maintaining separate clinical activities.
- *Pharmacy* – Key role in managing the supply of vaccines and antivirals.
- *Employee/Occupational Health* – Key role in: employee vaccination/clinical care (identification of vaccine contraindications), information flow/risk communication to staff; advising/assisting with advice to staff about their ability to work, maintaining health care records for staff, including immune status..
- *EMS/Safety* – Key role in: advising on cleaning of rooms; equipment; communication of advice on cleaning measures.
- *Volunteer Service* – Key role in: coordinating volunteers (existing and community members) willing to assist. Voluntary also should assist in establishing an area for child care and respite for health care facility staff unable to leave the facility.
- *Public Affairs* – Key role in: keeping staff and patients informed, updating Web site, working with VSOs, media

Mitigation/Preparedness Activities of the Threat/Event.

The mode(s) of transmission, degree of morbidity and mortality, and amount of societal disruption that a pandemic influenza might cause will be uncertain until the specific influenza strain is identified and observed. From applying what is known about seasonal influenza, it might be expected that a pandemic influenza would follow some of the same transmission patterns: ready transmission by respiratory droplets (and perhaps by aerosolized particles) from person to person; shedding and transmission of virus before persons are ill, a short incubation period of approximately 2 days, and thus a potential doubling of cases every 2 to 3 days.

- a. Hazard Reduction.
 - Notification/risk communications plan.
 - Activation of hospital emergency plan.
 - Perimeter control potential: need for increased security staffing, heightened security requirements for access control.
 - Building systems assessment for cohorting potential and confirmed patients.
 - Implementation of measures to provide added capacity for a potential surge of inpatient and ambulatory care.
 - Exposure control/Infection control: Airborne Infection Isolation and Contact Precautions are advised for a potentially lethal strain of pandemic influenza, in order to maximally protect staff. Patients should be placed in room with negative airflow and HEPA exhaust; and should wear surgical masks when transported through the Medical Center. If facilities are unable to exercise this degree of isolation, cohorting of patients in common, exposed areas with HVAC isolation and exhaust (if possible) and use of respiratory droplet precautions by staff are advised.
 - Separation of new, unexposed patients from potential pandemic influenza cases.
 - Use of Airborne Infection Isolation and Contact Precautions, if possible, or Droplet Precautions.

- Visitor restriction policies.
 - If necessary, control of the perimeter: need for increased security staffing, heightened security requirements for access control.
- b. Preparedness Strategies and Resources.
- Establishment of Pandemic Response Team that will be prepared to work during a pandemic.
 - Vaccination (if available).
 - Antiviral medications prescribed to prevent illness in the exposed or unvaccinated (if available).
 - Public health measures of hand washing, respiratory hygiene, staying home when ill, respecting quarantine, isolation, “snow day” and travel, and public gathering limitations
 - Education (on public health measures, infection control guidelines, home care, self-triage [to determine when medical care is necessary]).
 - Plan for Airborne infection Isolation and Contact Precautions for all personnel with patient contact.
 - Anticipation of need to manage a large number of fatalities.

Response/Recovery from the Event/Threat.

- a. Hazard Control and Monitoring Strategies.
- First case identified at a VAMC.
 1. Should be immediately reported: any suspected case(s) of pandemic influenza to Infection Control for confirmation. Infection Control would then brief the Chief of Medicine and the Chief of Staff. If case is confirmed, the Director, Safety Officer, Police and Occupational Health would be notified (this will most likely occur when a known pandemic virus is circulating elsewhere in the world and a VA medical center suspects it has the first US or regional case).
 2. Activate Infection Control Team for initiation of patient/exposed staff tracking system, patient/staff educational information.
 3. Clear all patients and employees from the vicinity of the suspected case.
 4. Document details of incident and names of all persons within the immediate “at risk” area (i.e., who have become contacts and may require quarantine, antiviral medications).
 5. Contact local/state public health contacts for diagnostic sample collection and shipping instructions.
 6. Contact local/state public health, Pharmacy Benefits Management, or VACO Office of Public Health and Environmental Hazards to obtain vaccine, depending on guidance provided at the time (if pandemic vaccine is available).
 7. Contact Pharmacy Benefits Management, or VACO Office of Public Health and Environmental Hazards for access to VA’s oseltamivir (antiviral medication) stockpile.
 8. Activate Infection Control Team for initiation of patient/exposed employee tracking system, patient/employee educational information.
 9. Initiate antiviral medication for all potential exposed persons as appropriate after discussion with local/state public health, if appropriate.
 10. Notify internal personnel, as appropriate, including Chief of Staff, Health Care Providers, Nursing Service, Pharmacy, Microbiology Laboratory, and Engineering for immediate inventory of critical resources.
 11. Immediately assess potential impact of actual event on mission-critical systems to include staffing, critical supplies, operational space, potential for patient and staff exposures and HVAC system.

- Cases already identified among existing enrolled veterans.
 1. VA personnel must maintain communications and awareness with local and state public health of progression of the pandemic in the community. Information must be shared with internal VA personnel, including VAMC Director, Chief of Staff, Police and Security, Chief Nurse Executive, Safety Officer/Industrial Hygienist, Employee/Occupational Health, Emergency Room Personnel, Health Care Providers, Pharmacy, and Microbiology Laboratory for immediate inventory of critical resources.
 - A. Perform active surveillance for pandemic influenza appearing among hospitalized inpatients, or outpatients according to the prevailing case definition.
 - B. Notify the Clinical Microbiology Laboratory of potential for use of rapid diagnostic tests or sending of specimens to reference laboratories.
 - C. Immediately assess potential impact of reported community events on mission critical systems to include staffing, critical supplies and operational space.
 - D. Await follow-up information from local authorities and prepare for potential presentation of patients.
- b. Resource Issues.
 - Staffing needs will be monitored and addressed by Chief of Staff, Chief of Nursing, VAMC Director, and other involved Service Chiefs.
 - Critical Supplies – Vaccine (if available at the time) will likely be distributed through state health departments or through VA Central Office Pharmacy Benefits Management Strategic Healthcare Group. Additional timely information about vaccine may be expected from VACO. Other critical supplies to assess in the event of pandemic influenza include respiratory support equipment (oxygen, and oxygen-delivery equipment, ventilators), personal protective equipment, antimicrobial soap and alcohol-based hand cleaners, antibiotics to treat secondary bacterial pneumonias, morgue kits.
 - Resource Allocation – Develop criteria and transparent processes for allocation decisions regarding resources that may not be available in sufficient quantities during a pandemic: antivirals, respirators, vaccines, staff.
 - Space Management – Assess negative airflow room and cohorting bed and space availability; refrigerated space to store bodies.
 - Emergency Room capabilities, acute care clinic capabilities and current/projected bed availability should be immediately assessed.
 - Exposed patients and staff might expect short-term quarantine on site or relocation to alternate care sites or alternate health care facilities.
 - Consideration should be made to providing pandemic influenza countermeasures that are in short supply to staff members’ families (vaccine, antivirals, personal protective equipment), depending on availability and on the facility’s responsibilities and assignments under the National Response Plan. If staff members’ families can be protected, staff will be more available to take care of patients.
- c. Clinical Response.
 - Treatment protocols will be based upon prevailing knowledge of the pandemic influenza strain and will include supportive care (respiratory support, hemodynamic support) and use of antivirals.
 - Clinical admission/treatment decisions will be made by the health care providers.
 - All quarantine and visitor restriction decisions will be made by the VAMC Director based upon recommendations of the Infection Control Team or pandemic influenza response team following local/state public health guidance and decisions, and advice of regional VA counsel, if needed. Such decisions will be proportional to the disease impact,

necessary, relevant, and applied equitably, and will employ the least restrictive means if options are available.

- All patients treated and evaluated for potential pandemic influenza must be reported to the Infection Control Team or designated pandemic influenza response team for data-collection.
- Patient and staff record-keeping must be maintained according to usual standards, if possible.
- The Infection Control Team or designated pandemic influenza response team will monitor all potential cases and make appropriate reports to the VAMC Director and state and local public health.

Notes:

1. Vaccination of Health Care Providers: Vaccine for a pandemic influenza strain will be developed once the strain is known. This vaccine will most likely be distributed to states and then to public and private medical centers. Changes and updates on vaccine availability will be communicated to VISNs and VAMCs from VACO.
 - i. The Infection Control Team, or designated pandemic influenza response team, working with the Chief of Staff and VAMC Director will notify Health Care Providers when treatment/exposure guidelines are updated or as new resources are made available. The Infection Control Team can monitor the VA pandemic influenza web sites for these updates. Note that VA guidance may differ from CDC guidance.
- d. Recovery Strategies.
 - Periodic critical supply inventories with re-supply or supplementation from outside facilities, as needed.
 - Periodic staffing census with workload redistribution, as needed.
 - Close monitoring of patient census and bed status.
 - Monitoring of staff and patient mental health.

External Notification Procedures.

- a. *Within VA.* VISN, VACO.
- b. *Other State and Federal Agencies.* Local and State public health departments who will notify CDC.
 - OSHA –follow prevailing rules for notification of employee fatalities and hospitalizations.
- c. *Community Entities.* Neighboring hospitals, emergency response systems (police, firefighters, emergency medical services, 911 operators).

Specialized Staff Training.

- Health Care Provider Training – Recognition of clinical syndromes associated with influenza, treatment protocols, guidelines for personal protective equipment.
- Infection Control Team Training – Passive and active surveillance systems for monitoring reportable infectious disease pathogens.
- Safety Specialist/Industrial Hygienist – N95 respirator usage.
- Clinical Laboratories – Diagnostic tests, specimen collection, handling, and shipping.
- Social Work Service – Introductory training on pandemic influenza, risks, treatments, family implications, and follow-up.
- Police and Security – Introductory training on pandemic influenza, PPE recommendations.
- Environmental Management Service Personnel – Introductory training on pandemic influenza risks, decontamination of environments, bed-clothing management, PPE recommendations.

References and Further Assistance.

- The VA Pandemic Influenza Plan.
- The VA Respiratory Infectious Diseases Emergency Plan (an amendment to the VHA Emergency Management Guidebook). Available at <http://www.publichealth.va.gov/watch/respiratoryID.htm>
- VHA Under Secretary for Health Influenza Advisories. Available at <http://www.publichealth.va.gov/flu/advisory.htm>
- Local, County, State Health Departments (24/7 contact information *must* be part of your emergency plans for pandemic influenza).
- VA guidance and Web sites on pandemic influenza www.publichealth.va.gov/infectiondontpassiton
- <http://www.publichealth.va.gov/flu/pandemicflu.htm>
- Federal Web sites on pandemic influenza www.pandemicflu.gov
- Phone Numbers.
 - VACO Office of Public Health and Environmental Hazards - 202-273-8575, 8567
 - VACO Pharmacy Benefits Management - 708-786-7886

Review Date

(NAME)

Chief, (SERVICE NAME)

Attachment:

Key Activity Management Tool/Structure

Appendix D-3: REVIEW AND LIST OF COMMUNICATION PRINCIPLES AND ELEMENTS TO USE BEFORE, DURING, AND AFTER A PANDEMIC

General Communication Principles

VA communications will be carried out in accordance with existing VA public affairs policy and guidance and will include the following principles in communicating before, during, and after the pandemic period:

- Aim for maximum disclosure with minimum delay.
- Be consistent (“speak with one voice”) as well as timely, accurate, and appropriate.
- Provide regular and direct information about what is known and not known.
- Keep all key stakeholders informed and engaged: staff, veterans, and stakeholders external to VA.
- Employ multiple channels and formats for information.
- Be clear and use plain language.

Emergency Risk Communication Principles

VA communications will use other principles in addition, particularly during a response to a pandemic, which are derived from emergency risk communications practice, such as:

- Use streamlined approval processes that enable accurate but rapid information.
- Provide information frequently and proactively.
- Listen to assess understanding, answer questions and concerns, and seek input and ideas.
- Be open and transparent.
- Seek information on and address rumors, inaccuracies, and misperceptions.
- Minimize stigmatization.
- Acknowledge anxiety, grief, and stress.
- Give people things that they can do.

Stakeholders

A wide array of individuals and organizations are concerned with VA and its actions before and during a pandemic. VA communication planning and actions will take into account as many of these stakeholders as possible.

Internal Stakeholders

- Every VA staff member, including those in
 - Central Office
 - Veterans Health Administration
 - Veterans Benefits Administration (VBA)
 - National Cemetery Administration
 - Veterans Integrated Service Network Offices
 - Medical centers
 - Community based outpatient clinics, nursing homes, domiciliaries
 - Readjustment counseling (vet) centers
 - VBA Area Offices
 - Regional Offices (VBA benefits offices)
 - Memorial Network Offices
 - National cemeteries
- VA leadership, including the
 - Office of the Secretary and key staff
 - Offices of the Under Secretaries for Health, Benefits, and Memorial Affairs and key staff

- VA clinical staff, including doctors, nurses, and other health care providers
- VA nonclinical staff in health settings
- VA contract staff
- Staff in special positions such as residents and interns
- Volunteers
- Unions
- VA chartered advisory committees
- Telephone operators
- VA emergency planners
- VA security and police staff
- VA Canteen Service
- VA Franchise Fund/VA Enterprise Centers
- VA public affairs officers and professional and patient educators and trainers

Veteran Stakeholder Groups

- Veterans enrolled in VA health care or served by VBA or NCA
- Veterans in general, from the oldest veterans (World War I) to the newest (veterans of Operations Enduring Freedom and Iraqi Freedom)
- Families of veterans – parents, children, spouses, significant others
- Veterans Service Organizations – national, state, and local
- Veterans Service Officers – local and state
- County veteran service officers

External Stakeholders

- The White House
- Congress and Congressional Staffs
- Other Federal health care systems
 - Indian Health Service
 - Department of Defense/military health care system
 - Bureau of Prisons health care system
- Other Federal Agencies
 - Department of Health and Human Services, including the Centers for Disease Control and Prevention, the National Institutes of Health, and other components
 - Department of Defense
 - Department of State
 - Department of Homeland Security
- State government officials, including health and veterans affairs departments, and state legislators
- Local government officials
- Indian tribes
- National Guard units
- Community public health departments, health facilities, and health care providers
- Private sector health care and community partners
- Academic affiliates of VA medical centers (i.e., universities)
- Vendors (pharmaceutical firms, suppliers)
- VA building tenants and tenant organizations
- Local law enforcement
- Local emergency management and response
- The media – print, Internet, television, and radio at the international, national and local levels

Channels for Reaching Stakeholders

VA will use a variety of channels to communicate both before and during a pandemic to insure that its many concerned stakeholders are reached. Channels of communication during a pandemic will need to include those that can be used rapidly and reach people in nontraditional ways. During a pandemic, traditional channels may work for parts of the country or community not currently affected by the pandemic and others may work for parts of the country or community that are affected. Information needed to access these channels should be up to date (for example, email lists, phone numbers). Communications channels include:

- Email (individual as well as Outlook groups)
- Internet (and VA Intranet from VA computers only)
- Telephone - hotlines, conference calls, recorded messages for incoming calls, recorded messages for outgoing calls, call trees (cascades or call down systems)
- Satellite conferences/videoconferences
- Meetings – small to large, including all-employee or “town hall” meetings that may involve staff or the community or both
- Media briefings – face to face, phone, videoconference
- Faxes
- Mailings (of letters, postcards, trifold, notices)
- Printed materials (such as brochures, fact sheets, wallet cards, pocket cards, flyers, trifold, posters, notices, tent cards, tray liners)
- Newsletters and magazines
- Public service announcements (via print, Web, radio, TV)
- Public address system
- Closed circuit TV
- Employee home email and home phone numbers
- Ham radio system based on collaboration of VA facilities and ham radio clubs throughout country
- Employee email/telephone tree system for each organization and facility
- Commercial radio/TV public service air time
- Emergency contact call/email list (national and local) – for national and local veteran service organizations, local military installations, public safety organizations, public health organizations, health facilities outside VA, municipal governments

Communication Tools/Vehicles

VA will use a variety of tools that will be employed to describe pandemic influenza, what individuals can do, and what VA is doing to prepare, and in the event of a pandemic, to provide this information plus updates on VA responses and status. Of the list below, tools most useful in a pandemic will be those that can be used quickly and widely. Materials and templates that have been prepared in advance will help speed up the process of providing information. Templates can also help ensure consistency of messages.

- Vanguard magazine (4-8 week lead time needed)
- Hey VA all-employee daily email/intranet messages
- Earnings and leave statement messages (2 or longer week lead time needed)
- VA Internet — National VA site and MyHealthVet
- VA Intranet
- VA Knowledge Network satellite TV system programming — VA News, The American Veteran, public service announcements, education programs, including those with audience questions and answers
- VA Content Delivery System (i.e., posted video material on demand)
- Brochures, posters, fact sheets, trifold (produced centrally and locally and shared via email)
- Organizational channels

- Management communications channels: VA headquarter program offices and administrations down to and up from regional and local levels via conference calls, meetings, newsletters, email
- Management communications channels at mid-level and local facility levels – newsletters, email, web sites
- Cross disciplinary communications channels, e.g., for infection control professionals, occupational health, public affairs, prevention managers via conference calls, meetings, newsletters, email
- Education and training programs - in person, by phone, by teleconference, and Web-based
- Facility level – town hall meetings (hosted by director with involvement of facility and community experts and local veterans, media, and community), health fairs, planning meetings, participation in local meetings of first responder and health organizations communications channels at national, state and local levels
- Veteran services organizations at national state, and local levels – newsletters, Web sites, email, meetings, gatherings, annual and other regular conferences and events
- News media at national and local levels and print, Web-based, TV, and radio via briefings, public service ads and announcements
- VA Canteen Service – posters, tray liners, etc.

Appendix D-4: SUGGESTED INVENTORY OF DURABLE AND CONSUMABLE SUPPLIES FOR VA HEALTH CARE FACILITIES DURING A PANDEMIC INFLUENZA

Durable resources

- Mechanical ventilators
- Manual resuscitators (bag-valve mask)
- Beds
- Stretchers/gurneys
- IV pumps
- Positive air purifying respirators (PAPRs) or other equivalent respirators

Consumable resources (consider stockpiling a 4-week supply)

- Hand hygiene supplies (antimicrobial soap and alcohol-based [$>60\%$], waterless hand hygiene gels or foams)
- Disposable fit-testable N95 respirators
- Elastomeric respirators with P100 filters
- Surgical and procedure-type masks
- Goggles
- Gowns
- Gloves
- Facial tissues
- Central line kits
- Morgue packs
- IV equipment and solutions
- Syringes and needles for vaccine administration
- Respiratory care equipment
 - portable oxygen
 - regulators and flow meters
 - oxygen and ventilator tubing, cannulae, masks
 - Endotracheal tubes, various sizes
 - Suction kits
 - Tracheotomy tubes
 - Vacuum gauges for suction and portable suction machines
- Intensive care unit (ICU) monitoring equipment

Medications (consider stockpiling a 4-week supply)

- Nonsteroidal anti-inflammatory drugs (NSAIDs), pill and liquid forms
- Acetaminophen (pill, suppository, liquid)
- Antibiotics (consider ciprofloxacin, levofloxacin po and iv, vancomycin, piperacillin/tazobactam, ceftriaxone)
- Antivirals (oseltamivir)
- Vaccines (pandemic and seasonal influenza, pneumococcal)
- Vasopressors
- Benzodiazepines, propofol
- Proton pump inhibitors
- Bronchodilators

Items to consider including in home care kits

- Thermometers
- NSAIDs or acetaminophen
- Cough suppressants
- Oral re-hydration mix packs
- Surgical or procedure-type masks for the patient to wear around others and for care providers to wear around the patient
- Printed home care instructions, including VA facility contact information and information about symptoms that should prompt the patient to see a health care provider

Appendix Group E: Response Tools

Appendix E-1: VA PANDEMIC RESPONSE ACTION GRIDS

Following are several grids that list steps in responding to pandemic influenza. These reflect the text in Section 3 and provide numbers of subsections (e.g., 3.1.2 Coordination) for cross reference.

The grids cover:

- VA Central Office
- VHA Facilities
- VBA
- NCA

These grids provide a snapshot of key actions and enable the user to note responsible offices and individuals to carry out these steps and keep records of what was done.

Responding to Pandemic Influenza: VA Central Office Action Grid					
Section	Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
<i>3.1.2 Coordination</i>					
	Activate a coordinated response within and outside of VA				
	Consult with VA Pandemic Influenza Advisory Group				
	Put communication principles & plans into action				
<i>3.1.3 VA Central Office Response</i>					
	Activate plan				
<i>3.1.4.1 Vigilance and notification</i>					
	Be vigilant for “trigger” points throughout the country				
<i>3.1.4.2 Implementation of Emergency Plans</i>					
	Activate emergency plans				
<i>3.1.2.3 Limiting Disease Spread</i>					
	Emphasize infection control measures such as those from I:DPPIO campaign				

Responding to Pandemic Influenza: VA Central Office Action Grid					
Section	Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Encourage use of local public health guidance				
	Distribute vaccine and antiviral medications				
3.5.3.1 VA-Wide Communication					
	Post the latest information on Web sites				
	Provide regular updates to staff, veterans, other stakeholders by multiple vehicles				
	Address rumors and false reports				
	Share information with Federal, state, and local partners				
	Brief Congress, VSOs, and media				
	Ensure facilities can report important information on operations to stakeholders				

Responding to Pandemic Influenza: VHA Facility Action Grid					
Section	VHA Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
3.2.2 Coordination Response					
	Collaborate on information, guidance, vaccines, antivirals with VISNs and facilities as well as Federal, state, and local partners				
	Act on VA Communications Principles in Appendix D-3				
3.2.3.1 Surveillance Response					
	Implement surveillance plans				
	Access & use provisional CDC case definition				
	Use recommended diagnostics				
	Use CDC diagnostic and procedure codes for surveillance				
3.2.3.2 Refocusing Patient Care Priorities					
	Postpone elective admissions & appointments				
	Discharge patients capable of being cared for at home				

Responding to Pandemic Influenza: VHA Facility Action Grid					
Section	VHA Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
3.2.3.3 Infection Control Response					
	Implement appropriate infection control measures (e.g. airborne/contact, droplet)				
	Ensure use and availability of PPE				
	Continue to promote and practice respiratory & hand hygiene practices				
	Screen incoming patients for influenza-like illness				
	Implement visitor restriction policies according to criteria				
	Use rapid testing for influenza A				
	Follow quarantine & other public health measures according to Federal, state, and local agencies				
3.2.3.4 Support and Management of Exposed and Ill Staff					
	Initiate surveillance & triage systems				
	Use lab diagnostic systems				
	Utilize lab reporting & disclosure system				

Responding to Pandemic Influenza: VHA Facility Action Grid					
Section	VHA Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Treat & monitor suspected and/or confirmed infectious staff				
3.2.3.5 Countermeasure Response					
	Use antiviral medications				
	Administer available vaccine				
	Utilize lab & diagnostic resources				
3.2.3.6 Workforce Response					
	Implement staffing plans				
	Implement check-in procedures for availability of work and health status				
	Supplement staffing where necessary				
	Allow broadened scope of practice standards				
3.2.3.7 Patient Care Response					
	Expect surge of patients				
	Execute telephone advice lines				

Responding to Pandemic Influenza: VHA Facility Action Grid					
Section	VHA Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Employ plan for triage, diagnosis, and isolation of infected patients				
	Expand & use alternative space and sites				
	Employ altered standards of care as needed				
3.2.3.8 Medical Materiel Response					
	Activate plans for use of medical materiel				
	Assess & track supplies				
	Consider use of national supply stockpiles of consumable materiel				
3.2.3.9 Security Response					
	Ensure entry to and exit from facilities is limited & secure				
	Enforce visitor restrictions				
	Ensure security of countermeasures & supplies				
	Activate agreements with local law enforcements				

Responding to Pandemic Influenza: VHA Facility Action Grid					
Section	VHA Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
3.2.3.10 Fatality Management Response					
	Provide supplies such as PPE to staff				
	Use identified refrigeration				
	Coordinate mass fatality plans with local and state agencies				
3.2.3.11 Mental Health Response					
	Provide increased services				
	Locate additional providers as needed				
	Use consultation process				
3.5.3.2 Communications Response					
	Produce up to date information on status of operations, how people can protect themselves, what VA is doing				
	Regularly inform stakeholders, including staff, patients, VSOs, and the media				
	Use a variety of information vehicles; keep Web site up to date				

Responding to Pandemic Influenza: VHA Facility Action Grid					
Section	VHA Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Use streamlined information approval process				
	Make pre-identified spokespersons/subject matter experts available				
	Use templates to convey consistent information and standard distribution lists; keep track of dissemination				
	Stay up to date, address rumors				
	Have on hand up to date contact lists for key staff, public health departments, media				
	Use alternative means to get the word out, such as telephone trees, call-in systems with live or recorded messages				
	Other:				
	Other:				

Responding to Pandemic Influenza: VBA Action Grid					
Section	Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
<i>3.3.2 Coordination Response</i>					
	Implement Continuity of Operations Plans or other emergency procedures				
	Coordinate information and actions within VA and with other agencies				
<i>3.3.3.1 Workforce Response</i>					
	Use staffing plans, including flexible work standards, leave policies				
<i>3.3.3.2 Closure of regional offices</i>					
	Act on plans, such as rerouting phones, informing veterans and Central office				
<i>3.3.3.3 Infection Control Response</i>					
	Provide PPE as needed, as well as hand hygiene and other supplies.				
	Provide information on availability of antivirals and vaccine				

Responding to Pandemic Influenza: VBA Action Grid					
Section	Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Provide information to employees on the status of the pandemic, and on public health measures, including hand and respiratory hygiene.				
3.3.3.4 Security Response					
	Inform on the status of the pandemic and on operations;				
	Train on signs and symptoms of influenza				
	Provide PPE, hand hygiene supplies				
3.5.3.3 Communication Response					
	Rapidly produce and disseminate updated information				
	Update Web sites				
	Disseminate information to stakeholders in and out of VA				
	Hold regular conference calls				
	Other:				

Responding to Pandemic Influenza: NCA Action Grid					
Section	Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
<i>3.4.2 Coordination Response</i>					
	Implement Continuity of Operations Plans or other emergency procedures				
	Coordinate information and actions within VA and with other agencies				
<i>3.4.3.1 Workforce Response</i>					
	Use staffing plans, including flexible work standards, leave policies				
<i>3.4.3.2 Closure of network offices or cemeteries</i>					
	Act on plans, reroute phones as necessary				
	Contact funeral homes, next of kin, notify, reschedule				
<i>3.4.3.3 Infection Control Response</i>					
	Provide PPE as needed, as well as hand hygiene and other supplies.				
	Provide information on availability of antivirals and vaccine				

Responding to Pandemic Influenza: NCA Action Grid					
Section	Response Action	Responsible Office	Responsible Person	Completion Date (Planned)	Completion Date (Actual)
	Provide information to employees on the status of the pandemic, and on public health measures, including hand and respiratory hygiene.				
3.5.3.4 Communication Response					
	Rapidly produce and disseminate updated information				
	Update Web sites				
	Disseminate information to stakeholders in and out of VA				
	Hold regular conference calls				
	Other:				

Appendix E-2: CHART OF PANDEMIC INFLUENZA PRECAUTIONS FOR VA HEALTH CARE FACILITY STAFF

Airborne Infection Isolation and Contact Precautions, in addition to Standard Precautions

This combination of precautions offers the best protection for health care facility staff, especially at the onset of a pandemic before transmission patterns are well understood.

	Hand cleaning	Gloves	Gowns	Eye protection	Respiratory protection	Room
Airborne Infection Isolation + Contact	<ul style="list-style-type: none"> • Between patients • Immediately after glove removal • Whenever hands may be contaminated by secretions/body fluids • Use an alcohol-based hand rub or wash with antimicrobial soap and water 	<ul style="list-style-type: none"> • When caring for patients • When touching areas/handling items contaminated by patients 	<ul style="list-style-type: none"> • With patient contact 	<ul style="list-style-type: none"> • When within 3 feet of patient • With aerosol-generating procedures 	<ul style="list-style-type: none"> • Use Fit-tested N95 mask OR • Positive air purifying respirator (PAPR) or fit-tested elastomeric respirator Patients wear <ul style="list-style-type: none"> • Masks during transport. Use masks with elastic straps; avoid masks that tie on. 	<ul style="list-style-type: none"> • Negative airflow private room when possible • Air exhausted outdoors or through high-efficiency filtration. • Door kept closed.

Droplet Precautions, in addition to Standard Precautions

This combination of precautions should be used if droplet transmission appears to be the common mode of transmission or when incapable of using Airborne Infection Isolation and Contact Precautions.

	Hand cleaning	Gloves	Gowns	Eye protection	Respiratory protection	Room
Droplet	<ul style="list-style-type: none"> • Between patients • Immediately after glove removal • Whenever hands may be contaminated by secretions/body fluids • Use an alcohol-based hand rub or wash with antimicrobial soap and water 	<ul style="list-style-type: none"> • When caring for patients • When touching areas/handling items contaminated by patients 	<ul style="list-style-type: none"> • Not required 	<ul style="list-style-type: none"> • With aerosol-generating procedures 	<ul style="list-style-type: none"> • Wear surgical or procedure-type masks in patient rooms or when within 3 feet of patients; change when moist • Wear fit-tested N95 respirator or equivalent with aerosol-generating procedures Patients wear <ul style="list-style-type: none"> • Masks during transport. Use masks with elastic straps; avoid masks that tie on. 	<ul style="list-style-type: none"> • Private room when possible • Door may be open.

Appendix E-3: CHART OF PUBLIC HEALTH MEASURES AGAINST PANDEMIC INFLUENZA FOR INDIVIDUALS, HEALTH CARE PROVIDERS, AND ORGANIZATIONS

The measures in the chart below may be important to reduce transmission of pandemic influenza in VA facilities and other settings.

Who Can Act?	What Public Health Measures?	Why?
Individuals	Cleaning hands regularly.	Reduces transfer of microorganisms from the hands to the eyes, nose, or mouth. Reduces transmission of microorganisms carried on hands from person to person.
	Following respiratory hygiene rules (covering the mouth and nose with tissues when coughing or sneezing).	Prevents dispersal of respiratory viruses in the air.
	Getting seasonal influenza vaccinations.	Prevents individuals from getting/transmitting seasonal influenza, which reduces burden on health care system, and keeps the individual well and able to conduct daily business. Reduces likelihood of genetic re-assortment of influenza strains when a person is infected with more than one strain. Helps people become accustomed to getting vaccinations.
	Avoiding contact with sick persons—staying at least three to five feet away.	Reduces likelihood of one’s getting and transmitting influenza.
	Staying home when sick—from work, school, public places	Reduces transmission of influenza to other persons.
	Wearing masks when sick with influenza, if able to tolerate.	Reduces transmission to others.
Who Can Act?	What Public Health Measures?	Why?
Health care providers	Tracing contacts.	Locates and allows potentially exposed persons to be informed and able to take measures to avoid exposing others.
	Isolating people with suspected or confirmed influenza.	Reduces transmission of influenza to others.

Who Can Act?	What Public Health Measures?	Why?
Health care providers (continued)	Quarantining people exposed to influenza.	Reduces transmission of influenza to other persons. Because the incubation period of influenza is about 2 days, quarantine time would also be short (actual time will be determined by the characteristics of the pandemic influenza virus).
	Wearing personal protective equipment—masks or respirators, gowns, gloves, goggles.	Reduces risk of getting influenza and potential of transmitting it to others.
Who Can Act?	What Public Health Measures?	Why?
Business, community, regional, and national organizations and leaders	Developing, manufacturing, stockpiling, and distributing antiviral medications.	Treats influenza or prevents its spread.
	Developing, manufacturing, stockpiling, and distributing vaccine.	Prevents influenza
	Reducing non-essential travel.	Reduces the number of persons an individual has contact with and slows the spread of influenza from region to region.
	Closing schools.	Children usually have many more close contacts than adults; closing schools greatly reduces transmission of influenza within schools, within families, and within communities.
	Declaring “snow days” (temporarily closing businesses, offices), postponing public gatherings	Reduces contacts among persons; has potential to reduce transmission
	Enabling employees to work from home; making teleworking/telecommuting possible.	Reduces contacts among persons; has potential to reduce transmission
	Partitioning space.	Limiting access to a building or facility by screening those who enter for fever, respiratory symptoms, and possible recent exposure.

Appendix E-4: ACTIONS CHECKLIST—FIRST CASE
If the region’s first case of pandemic influenza comes to this
VA health care facility (*Modify for your facility*)

Actions (these may be done concurrently)	Details	Assigned to	✓
Isolate the patient in negative airflow room on Airborne Infection Isolation + Contact Precautions, if possible.			
Record names and address/phone/email of possible case contacts within your facility (patients and staff).			
Implement your facility’s emergency plan for pandemic influenza. This will likely include the following steps:			
Contact infection control.		Name1 at (phone; email) etc.	
Contact others pertinent to your facility (for example, VAMC leadership, emergency manager, safety officer, occupational health, clinical laboratory, public affairs etc).		Name1 at (phone; email) etc.	
Contact local public health per your plan to: <ul style="list-style-type: none"> • Review epidemiology. • Plan diagnostic testing: specimens, handling, transport. • Review patient care strategies, including use of antivirals. • Review your VA facility’s responsibilities in public health measures likely to be used (vaccine, quarantine, contact tracing, etc). 		Name1 at (phone; email) etc.	
Contact VISN leadership per your plan.		Name1 at (phone; email) etc.	
Assemble team per plan to prepare for surge of patients. Consider: <ul style="list-style-type: none"> • Space availability (triage space, negative airflow or isolation rooms; cohorting areas) • Staffing • Critical supplies 			

Actions (these may be done concurrently)	Details	Assigned to	✓
Coordinate with leadership and public affairs to communicate with staff, patients, media, community at large.			
Update, download, print, and distribute instructions, educational materials, and signage for patients and staff (screening on entry, hand and respiratory hygiene, home care, self-triage, what is pandemic influenza?) available on Web from VA (www.publichealth.va.gov/infectiondontpassiton), and from Federal government at www.pandemicflu.gov			

**Appendix E-5: SAMPLE SELF-TRIAGE ALGORITHM
FOR PERSONS WITH INFLUENZA SYMPTOMS**

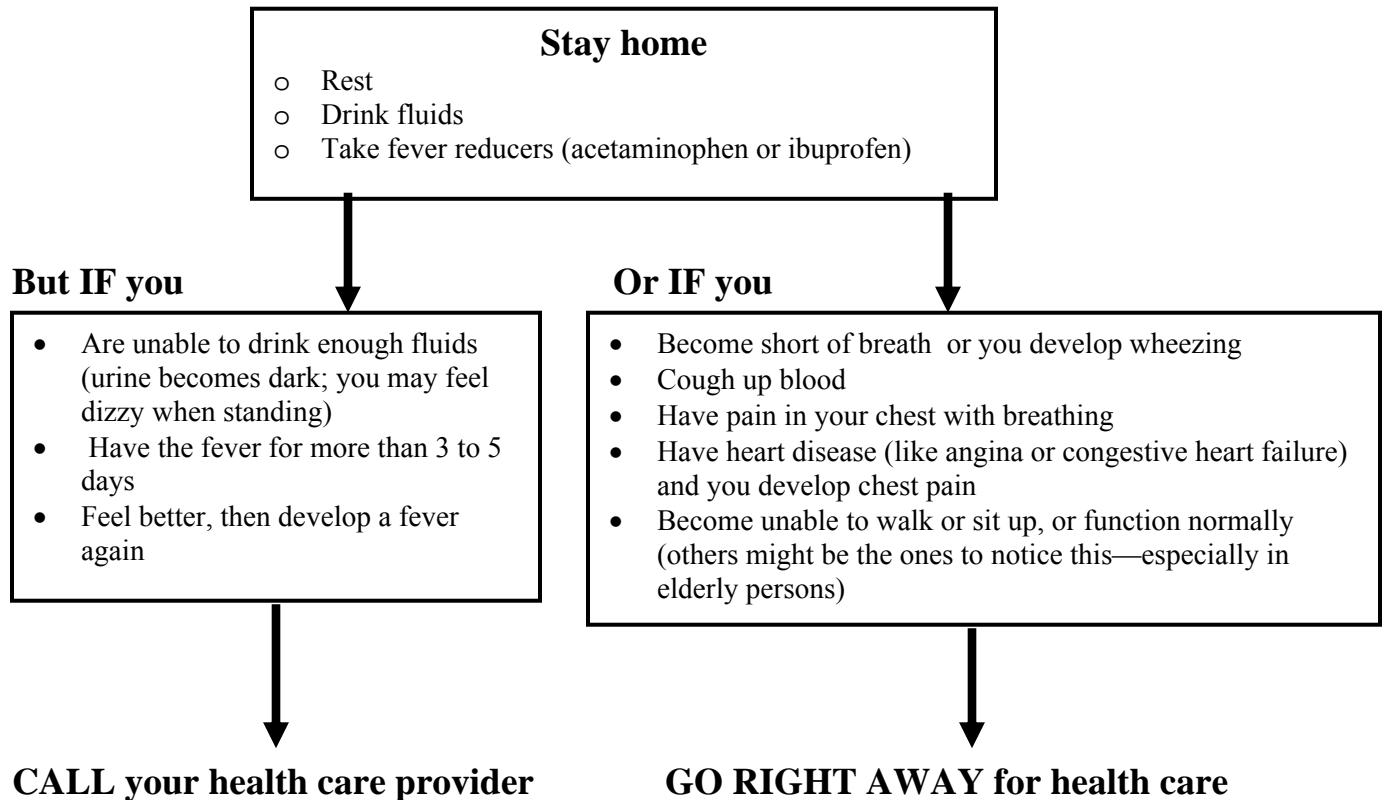
You may have influenza (flu).

When should you seek additional help from a health care provider?

The symptoms of influenza are:

- Fever—low (99 F) to high (104 F), usually for 3 days, but may persist for 4 to 8 days. Sometimes fever will go away and return a day later.
- Aching muscles
- Cough
- Headache
- Joint aches
- Eye pain
- Feeling very cold or having shaking chills
- Feeling very tired
- Sore throat
- Runny or stuffy nose

If you have some of these symptoms:



Appendix E-6: HOME CARE GUIDE FOR INFLUENZA, Symptom and care log, Infection control measures for the home

A person with influenza will often become ill very suddenly. Fever and the worst symptoms often last 3 days, but sometimes last as many as 8 days. The person may feel weak, tired, or less energetic than normal for weeks afterward, and may have a long-lasting hacking cough.

Common symptoms:

- Fever—low (99 F) to high (104 F), usually for 3 days, but may persist for 4 to 8 days. Sometimes fever will go away and return a day later.
- Extreme fatigue
- Muscle and body aches
- Feeling very cold or having shaking chills
- Joint aches
- Headache (may be severe)
- Eye pain
- Sore throat
- Stuffed nose or runny nose
- Dry cough initially, may become a deep, hacking, and painful cough over the course of several days
- No appetite for food or desire to drink fluids

Supplies to have on hand:

- Thermometer
- Acetaminophen or ibuprofen
- Cough suppressants/cough syrup
- Drinks—fruit juices, sports drinks, soda, tea
- Light foods—clear soups, crackers, applesauce
- Blankets; warm covers

Caring for a person with influenza:

- Comfort measures
 - Have the patient rest in bed.
 - Allow the sick person to judge the amount of bed covers needed; when fever is high the person may feel very cold and want several blankets.
 - Give acetaminophen (Tylenol or other brand names) or ibuprofen (Advil, Motrin, or other brand names) according to the package label or a health care provider's direction to reduce fever, headache, and muscle, joint or eye pain.
- Fluids—give frequently, extremely important to replace body fluids that are lost as a result of fever.
- Feeding
 - Give light foods as the person wants; fluids are more important than food especially in the first days when the fever may be highest.

When to seek additional medical advice:

- If the person is short of breath or breathing rapidly at rest
- If the person's skin is dusky or bluish in color
- If the person is disoriented ("out of it")
- If the person is so dizzy or weak that standing is difficult (in a person who was able to walk before the illness)
- If the person has not urinated in 12 or more hours

Symptom and Care Log for Home Care

(Copy, fill out, and bring log sheets to health care provider visits)

Name of patient _____ Name of health care provider _____

Date	Time	Observations*	Temperature	Medications

*How the person looks; what the person is doing; fluids or foods taken since the last observation

Infection control measures for the home to prevent spreading of infection

- Persons who have not been exposed to pandemic influenza and who are not essential for the sick person's care or support should not enter the home – especially while the sick person still has a fever.
- If unexposed persons must enter the home, they should avoid close contact with the patient.
- Sick persons should be separated from other household members as much as possible. Consider designating one person as the primary care provider.
- Household members should be vigilant for the development of influenza symptoms in themselves. Consult with health care providers to determine whether a pandemic influenza vaccine (if available) or preventive antiviral medications should be considered.
- The sick person should follow respiratory hygiene/cough etiquette—cover the mouth and nose when coughing and sneezing.
- Care providers should wash their hands with soap and water, or use alcohol based hand cleaners, before and after attending to sick persons.
- Care providers may wear surgical or procedure-type masks during interactions with the sick person if masks are available.
- The sick person may wear a surgical or procedure-type mask when others are around if masks are available and the sick person can tolerate wearing it.
- Sick persons should not leave the home unless they must seek additional medical care during the period when they are most likely to be infectious to others, which is when they have a fever or for about 5 days after they first became ill.
- If the sick person must leave the household to see a health care provider, attempt to contact a health care provider by phone or email so that appropriate advice can be given and isolation arrangements can be made at the health care site. When movement outside the home is necessary the patient should follow respiratory hygiene/cough etiquette and should wear a mask if available and can be tolerated.
- Tissues used by the ill patient should be placed in a bag and disposed with other household waste.
- Eating utensils should be washed in a dishwasher or by hand with soap and warm water; other separation or sterilization is not necessary.
- Laundry may be washed in a standard washing machine with warm or cold water and detergent. It is not necessary to separate soiled linen and laundry used by a patient with influenza from other household laundry. Care should be used when handling soiled laundry (i.e., avoid “hugging” the laundry) to avoid self-contamination. Wash hands after handling soiled laundry.
- Surfaces in the home should be cleaned using regular household cleaning sprays or solutions.

The VA Pandemic Influenza Plan and related materials will be posted at

<http://www.va.gov> and <http://www.publichealth.va.gov/flu/>

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