



VIRGINIA COMMUNITY  
HEALTHCARE ASSOCIATION'S

**EMERGENCY MANAGEMENT  
ASSISTANCE COMPACT**

**Operations  
Manual**

June 11, 2019



# Table of Contents

<b>PURPOSE</b> .....	<b>1</b>
REFERENCES .....	1
<b>HISTORY</b> .....	<b>2</b>
<b>DEFINITIONS</b> .....	<b>3</b>
<b>OVERVIEW</b> .....	<b>4</b>
<b>RESPONSIBILITIES OF ASSOCIATION EMAC PARTICIPANTS</b> .....	<b>4</b>
<b>COMMAND AND CONTROL</b> .....	<b>5</b>
<b>KEY POSITIONS AND THEIR ROLES</b> .....	<b>5</b>
<b>PROCEDURES</b> .....	<b>5</b>
A. MONITORING CONDITIONS .....	5
B. ASSOCIATION STAFF ASSISTANCE.....	6
C. REQUEST FOR ASSISTANCE .....	6
D. EVENT AGREEMENT FORM .....	7
E. DEPLOYMENT OF RESOURCES.....	7
F. WORKERS’ COMPENSATION.....	8
G. VEHICLE INSURANCE.....	8
H. GENERAL LIABILITY.....	8
I. RESPONSIBILITY FOR WAGES .....	8
J. REIMBURSEMENT.....	9
K. RESPONSE SURVEY .....	10
<b>CODE OF CONDUCT</b> .....	<b>10</b>
<b>APPENDIX A: HOSPITAL INCIDENT COMMAND SYSTEM ORG CHART AND ESF’S</b> .....	<b>11</b>
TABLE 1. ROLES AND RESPONSIBILITIES OF THE EMERGENCY SUPPORT FUNCTIONS (ESFs).....	12
<b>APPENDIX B: COMMUNICATIONS PLAN</b> .....	<b>14</b>
<b>APPENDIX C: VCHA MEMBER AND STAFF EMERGENCY CONTACT INFORMATION</b> .....	<b>16</b>
<b>APPENDIX D: EMAC FORMS</b> .....	<b>17</b>
EMAC: EMERGENCY CONTACT LIST FORM .....	17
EMAC: CHECKLIST FORM.....	18
EMAC: EVENT AGREEMENT FORM -- PART I: REQUEST FOR ASSISTANCE.....	19
EMAC: EVENT AGREEMENT FORM -- PART II: ASSISTANCE TO BE PROVIDED .....	20
EMAC: EVENT AGREEMENT FORM -- PART III: REQUESTOR’S APPROVAL .....	21
EMAC: RESOURCE ORDERING FORM.....	22
EMAC: ACCEPTANCE FORM.....	1
EMAC: AFTER ACTION SURVEY FORM ( <i>HELPING TO IMPROVE THE EMAC</i> ).....	2

# Virginia Community Healthcare Association's EMERGENCY MANAGEMENT ASSISTANCE COMPACT (EMAC)

## Purpose

The Association's statewide Emergency Management Assistance Compact (EMAC) has been developed to facilitate the systematic mobilization, deployment, organization, and management of resources to assist community health centers (CHCs) in case of emergency or disaster. The local jurisdictional first responder agencies, public health district, and/or local hospital may be the first tier in response to an emergency or disaster. However, no community has resources sufficient to cope with all emergencies or disasters. The second tier of emergency response may be a center-to-center special request for support.

This EMAC was created to assist Association members to more effectively and efficiently exchange supplies and equipment in response to disasters and emergencies. It involves participating Association members and select Association staff. Because of federal operational requirements, this exchange is neither simple, nor easily accomplished—but for good reason.

This EMAC also includes staffing and volunteers in centers and areas that are impacted by the emergency or disaster, by incorporating and adhering to the "Health Center Program Compliance Manual" (August 2018), especially Chapters 5, "Clinical Staffing", Chapter 21, "Federal Tort Claims Act (FTCA) Deeming Requirements", and Appendix A.

This EMAC provides a framework for the facilitation and granting of requests for assistance, for the resolution of issues, for the reimbursement of the cost of goods and services--including a goal of maintaining federal operational compliance, and for the evaluation of the process for future improvement. The program is supplemental to, and should not negatively affect local or existing agreements between members and other agencies.

Using the Association EMAC helps provide for the rapid activation and response of similar and scarce resources for all members to help one or more members whose local resources have been exhausted, thereby creating a statewide network of similar healthcare systems working together to assist each other in desperate times.

## References

Health Center Program Compliance Manual:

<https://bphc.hrsa.gov/programrequirements/compliancemanual/introduction.html>

CMS Emergency Preparedness Rule:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

Core EP Rule Elements:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

PIN 2007-15 "*Health Center Emergency Management Program Expectations*" and PIN 2007-16 "*Federal Tort Claims Act (FTCA) Coverage for Health Center Program Grantees Responding to Emergencies*" are still in effect; <https://bphc.hrsa.gov/about/pdf/pin200715.pdf>

PAL 2017-07, “Temporary Privileging of Clinical Providers by Federal Tort Claims Act (FTCA) Deemed Health Centers in Response to Certain Declared Emergency Situations” is still in effect; [Program Assistance Letter](#)

Policy Information Notices (PINs) and Program Assistance Letters (PALs), chronological order (2007~2017): <https://bphc.hrsa.gov/programrequirements/policies/pinspals.html>

See more from HRSA on 340B flexibilities during disasters here:  
<https://www.hrsa.gov/opa/emergencies.html>

PAL 2018-01 “Calendar Year 2019 Requirements for Federal Tort Claims Act (FTCA) Coverage for Health Center; FTCA Policies for Health Centers”:  
<https://bphc.hrsa.gov/ftca/healthcenters/healthcenterpolicies.html>

See PAL 2018-02 “Calendar Year 2019 Requirements for Federal Tort Claims Act (FTCA) Coverage for Health Center Volunteer Health Professionals”:  
[Program Assistance Letter: Calendar Year 2019 ...](#)

VCHA EP&R Website: <https://chcleadership.com/>

## History

On August 29, 2005, Hurricane Katrina made landfall in the Gulf of Mexico region of the United States, it became abundantly clear from this disaster, and the ensuing relief effort which followed, that greater coordination for inter-agency disaster management was required. In 2006, a \*Virginia Primary Care Association ad-hoc committee was formed to develop emergency preparedness within member centers and within the statewide association. An outcome of this effort was the support for the development of an intrastate mutual aid plan.

On February 22, 2007, the VPCA Board adopted the following resolution:

“Proposal to Develop an Emergency/Disaster Response Assistance Compact, also known as a three- tiered response to emergencies and disasters for VPCA (*now Virginia Community Healthcare Association*). The three-tiered response represents local response, center-to-center response, and statewide response.

Whereas all emergencies and disasters are considered local; and  
Whereas more than one CHC may be involved in a single emergency or disaster; and  
Whereas VPCA members share similar interests, concerns, staffing, operations, and resources; and  
Whereas VPCA members share an association and staff for statewide coordination and assistance in other matters;

Be it therefore resolved that the VPCA will develop such organizational capacity as necessary to render aid and assistance to its members during emergencies and disasters.

Such organizational capacity may include, but shall not be limited to:

- Development of a communications plan (equipment-procedures-contact lists);
- Development of a mutual-aid agreement, endorsed by all members (sharing of resources and staff; reimbursement; liability);
- Development of policies and procedures for center-to-center direct assistance;
- Development of policies and procedures for coordination and assistance from VPCA staff.

**\*The Virginia Primary Care Association has changed its name to “Virginia Community Healthcare Association”.**

This EMAC is based on best practices, from many different sources, in how to approach and manage large scale incidents. As such, it should be viewed as a “work in progress”, and continually updated for accuracy of information and for efficiency of operations.

Virginia, with its large and rapidly growing population centers located in regions susceptible to natural and manmade disasters, as well as acts of terrorism, including its proximity to the nation’s capital, accentuates the need for multiple levels of preparation and coordination. The Association embraces an “all-hazards approach” to the effective management of emergency response resources before and during the early stage of any major incident, and throughout extended operations. Effective utilization of this plan can have a positive impact on the continuity of operations for centers, and for coordinating the use of resources statewide in the most efficient and effective means possible.

In 2018 alone, there were \*14 major, disastrous weather events in the United States, with a total estimated \$88.5 billion dollars in damage. The VCHA leadership seeks to be proactive in updating this EMAC agreement, its online resources, and communications, as well as stimulating general EP&R awareness and overall community health center preparedness in Virginia. We don’t know when the next emergency or disaster will happen, but we can be better prepared for its arrival !

\* <https://www.ncdc.noaa.gov/billions/events/US/1980-2018>

## Definitions

- A. Event Agreement - an agreement between two or more Association members, who are EMAC participants, entered into at the time of an emergency, in which the Providing CHC agrees to provide specific and enumerated resources to the Requesting CHC, under the terms and conditions specified in the EMAC agreement.
- B. Requesting CHC - the member requesting resources in the event of an emergency or disaster, pursuant to the terms and conditions of the Agreement.
- C. Providing CHC - the member furnishing resources to the Requesting CHC, pursuant to the terms and conditions of the Agreement.
- D. Authorized Representative - an officer or employee of a participating organization who has the ability to request, offer, or provide assistance under the terms of the Agreement.
- E. Emergency – (as defined by HRSA) An emergency or disaster is defined as an event affecting the overall covered entity target population or the covered entity’s community at large, which precipitates the declaration of a state of emergency at a local, State, regional, or national level by an authorized public official such as a Governor, the Secretary of the U.S. Department of Health and Human Services, or the President of the United States. An emergency may be precipitated by such things as: hurricanes, floods, earthquakes, tornadoes, and widespread fires; civil disturbances; terrorist attacks; the collapse of structures within the community such as buildings and bridges; and infectious disease outbreaks or other public health threats. In situations where an emergency has not been officially declared by a public official, HRSA/BPHC evaluates the situation on a case-by-case basis. The purpose of the evaluation is to determine whether extraordinary circumstances justify a determination that the situation, faced by a covered entity, constitutes an emergency for purposes of extending FTCA coverage under section 224 to services provided at temporary locations.

- G. Major Disaster - a disaster which is likely to clearly exceed local capabilities and require a broad range of state and federal assistance.

## Overview

The Association EMAC was created to enhance disaster management and emergency response support at the local, regional, and state levels for health centers by:

- Utilizing the National Incident Management System (NIMS), specifically the Hospital Incident Command System (ICS), to manage resources during a disaster;
- Utilizing an all-hazards approach to planning and risk management;
- Providing improved coordination and communications for health centers to acquire resources for continuity of operations before, during, and after a disaster;
- Defining responsibilities for EMAC participants, staff, and resources at the local, regional, and state levels;
- Developing policies and procedures for center-to-center direct assistance and for coordination and assistance from Association staff;
- Developing and maintaining lists of resources at all member sites using common nomenclature, vocabulary, credentialing, and numbering methods.

## Responsibilities of Association EMAC Participants

Active support and participation of members and staff enhances member self-sufficiency and improves statewide disaster preparedness by:

- Assuring that EMAC program requirements are met, as part of regular emergency planning.
- Incorporating the EMAC into existing plans and programs.
- Attending EMAC training, when provided.
- Monitoring the Association's EMAC program web page <https://chcleadership.com/>
- Reviewing this EMAC Agreement, including any amendments, and understand how to request or provide assistance to members.
- Providing the Association's Director of Programs and Training the names and all contact information (including cellular telephone numbers, pagers and email addresses) of chief administrative officials, alternate authorizing official, primary coordinating official and alternate coordinating official. Appendix D: [EMAC Emergency Contact List form](#).
- Providing copies of all EMAC documents to the Association's Director of Programs and Training for reference as soon as possible after the completion of an EMAC mission.
- Providing EMAC "After Action Survey" comments to the Association's Director of Programs and Training, within 60 days after demobilization. Appendix D: [EMAC Response Survey Form](#).

## Command and Control

Command and control practices for response, or any operational event, will follow that of the National Incident Management System (NIMS). The format used will be the basic Incident Command System (ICS) <https://training.fema.gov/emiweb/is/icsresource/index.htm> or the basic Hospital Incident Command System (HICS). <https://www.calhospitalprepare.org/hics>

Under NIMS, recognized Emergency Support Functions (ESF's) shall also be utilized, as necessary. <https://emilms.fema.gov/IS230c/FEM0104160text.htm>

\*See [Appendix A](#) for both.

## Key Positions and Their Roles

*Health Center Executive Director/CEO:* overall decision maker; makes or approves resource requests; directs emergency operations or appoints Incident Commander; ensures continuity of operations; ensures accountability and safety of all participants.

*Health Center Support Staff:* performs regular duties, as well as other duties as assigned during emergencies. (See [HICS positions](#))

*Health Center Credentialed Clinical Staff:* performs within the scope of their training, expertise, and credentialing; may be appointed as Medical/Technical Specialist to assist with incident command.

*Association CEO:* directs emergency operations or appoints Incident Commander at the state level upon receiving a request for assistance; directs Association staff as necessary to respond to center requests during emergencies; ensures the safety of all participants; may act as liaison to “outside” agencies for centers in distress; facilitates communications; coordinates emergency relief efforts for members by request; assists with demobilization and returning to normal operations.

*Association Director of Programs and Training:* serves as first point of contact for emergency preparedness and response (EP&R) activities for the Association including all EMAC activities; may assume the *Association CEO* duties.

*Emergency Support Functions (ESF) in Communities as-appropriate and as-needed:* community emergency services are recognized in communities, the state, and at the federal level by many different agencies. Begin with local agencies that are able to fulfill your needs. (See [list of ESFs](#))

## Procedures

Association members willing to participate must sign the Emergency Management Assistance Compact and list limitations, if any.

**A. Monitoring Conditions:** Association members and the Association's Director of Programs and Training will monitor foreseeable hazardous events, whenever possible, and provide early warning/notification to key members and staff as needed. When appropriate, notification of possible implementation of the EMAC program will be made to all members, in order for plans to



be reviewed for providing possible support to potentially affected members.

**B. Association Staff Assistance:** The Association's Director of Programs and Training will serve as the first point of contact for activities related to EP&R including the EMAC. In the event that the Director of Programs and Training is not available, the Association's Chief Executive Officer, or designee, will serve as the point of contact.

During normal operations, the Association's Director of Programs and Training will:

- provide support to member organizations, officers and authorized agencies;
- serve as the central depository for agreements, resolutions, policies, and executive orders;
- maintain a current list of member organizations and emergency contact information, and;
- provide training and awareness on the proper usage of the EMAC.

When the EMAC is activated, the Association's Director of Programs and Training will:

- facilitate communications;
- ensure members understand the EMAC provisions;
- assist members as needed in the execution of the agreement and resource exchange, and;
- assist in the preparation of all documentation.

The Association's Director of Programs and Training, in cooperation with members, will develop and maintain a 24- hour operational readiness capability, so that members can request assistance from each other, or from Association staff, using the Emergency Contact List (*posted on the Association's website; form in [Appendix D](#)*).

The Association's Director of Programs and Training, in cooperation with members, will develop an After Action Report utilizing After Action Surveys ([Appendix D](#)), and other feedback, for reporting lessons learned and problem areas in need of corrective action. Members will assist the Director of Programs and Training to prepare the After Action Report within 60 days after each event, where assistance is provided under this agreement.

**C. Request for Assistance:** The EMAC should be utilized for guidance when making resource requests. All requests must use the Event Agreement Forms, the Resource Ordering Form ([Appendix D](#)), and the Communications Plan ([Appendix B](#)).

When an Association EMAC participant is affected by an emergency situation locally, that member's responsible party (Requesting CHC) will:

1. Request assistance from jurisdictional or area first responder or relief agencies, the local hospital, or the public health district. The emergency may dictate the order in which agencies are notified (See [ESFs in Appendix A](#));
2. Request additional assistance directed to other EMAC participants, when the participant is no longer able to obtain additional assistance from local agencies;
3. Request assistance from the Association's Director of Programs and Training, if there is no response from other participants, or no time to contact other EMAC participants.

\*No member shall be required to provide assistance, unless it determines that it has sufficient resources to do so.

When a participating member and/or the Association's Director of Programs and Training receives a request for assistance from another member, they will:

1. Confirm the availability of the resources requested;
2. Determine approval, or inability, to provide assistance under the terms of the EMAC;
3. Respond/Communicate as soon as possible, by the most reliable means, advising the Requesting CHC of the extent of assistance that can be provided. The member providing assistance should not offer more than it can provide expeditiously, so that other options can be pursued, e.g., resources from other members or sources.

When a request for assistance is received by a member or by the Association Director of Programs and Training, every effort must be made to respond as quickly as possible, if not immediately. Association EMAC participants and staff must respond vigorously and to the limit of their capability.

Unless specifically instructed otherwise, the Requesting CHC shall have the responsibility of coordinating communications.

- D. Event Agreement Form:** The three-part EMAC *Event Agreement Form* (See [Appendix D](#)) is the official form used by members when requesting or providing assistance under this program. Association EMAC activity shall be officially implemented only with the completion of this form. Each part requires the signature of an official who has been pre-authorized by the participating members to coordinate assistance under the EMAC. An officially completed EMAC *Event Agreement Form* constitutes a contract between the Requesting CHC and the Providing CHC.

The Requesting CHC submits Part I of the Agreement Forms to a Providing CHC, or to all member CHC's, with very specific and detailed request(s). All three forms are then sent to a respondent.

During completion of Part II of the *Event Agreement Form* ([Assistance to Be Provided](#)), direct communication and coordination between responsible parties for the Requesting Member and Providing Member may be essential. Each should have working knowledge of what is needed, what will be provided, and the terms of reimbursement. Such a discussion shall confirm the legitimacy of the request and the appropriateness of the response. The logistical arrangements for receiving Providing Member personnel in the Requesting Member's locality shall be included in Part II.

Substantial changes to the terms and conditions in the original EMAC *Event Agreement Form* during a deployment may require a supplemental request and agreement. If this is required, the parties shall execute a supplemental/additional EMAC *Event Agreement Form* in the same manner as the original.

In Part III, the Requesting CHC can "Approve" or "Decline" the offer of assistance.

- E. Deployment of Resources:** The efficient deployment of resources in a timely fashion is critical to success under the Association EMAC. The four essential elements necessary to achieve this goal include: staging resources in advance of a pending disaster; establishing an effective time-frame for deployment; identifying and agreeing on a means of transportation; and resource tracking. It is very important that all resources deployed are thoroughly documented and tracked from the source through delivery.

Prior to deployment, the Requestor and Provider shall agree to what goods and services are to be provided and at what cost (refer to Section J: "Reimbursement"), or specify an alternative approach, e.g., current market rates/replacement costs, as documented in the [Resource Ordering Form](#) and the *Event Agreement Form*.

The transportation of resources may be provided by the Requesting member and/or the Providing member. Due consideration must be given to loading, unloading, and driver capability (e.g., vehicle size). Transportation is primarily the responsibility of the member making the request, but this responsibility can be shared.

When providing assistance under the terms of this Agreement, the resources of any Providing member will be under the operational control of the Requesting member. The Providing member's resources shall remain subject to recall by the Providing member at any time, subject to reasonable notice to the Requesting member. At least twenty-four hour advance notification of intent to withdraw resources shall be provided to the Requesting member unless such notice is not practicable, in which case such notice as is reasonable shall be provided.

Equipment that is damaged and/or lost during disaster incidents may be eligible for reimbursement. The damage and/or loss must be documented along with sufficient supporting documentation such as serial and model numbers, with video and/or photographs. If the documentation is not comprehensive, detailed, and accurate, portions of the claim and possibly the entire claim may be disallowed, and the responsible Member will be required to absorb these costs.

The Virginia Department of Emergency Management advocates the C-SALTT formula to expedite the resource request process:

- C: Capability** (what you need it to do);
- S: Size** (physical size descriptor; capacity, output, or other specification);
- A: Amount** (how many; quantity, units, or other measure);
- L: Location** (where from, where to, and how);
- T: Type** (brand, form, make, model, ability, output, color, manufacturer);
- T: Time** (when do you need it, and for how long).

- F. Workers' Compensation:** Members shall be responsible for their own actions and those of their employees, and they are responsible for complying with the Virginia Workers' Compensation Act.
- G. Vehicle Insurance:** Members shall maintain automobile liability coverage with a limit of at least \$1,000,000 combined single limit and extended coverage to owned, non-owned, and hired vehicles.
- H. General Liability:** To the extent permitted by law, parties to the agreement shall be responsible for any and all claims, demands, suits, actions, damages, and causes for action related to or arising out of or in any way connected with its own actions, and the actions of its personnel in providing mutual aid assistance rendered or performed pursuant to the terms and conditions of the agreement. Each member shall obtain general liability coverage with a limit of at least \$1,000,000 combined single limit.
- I. Responsibility for wages:** Members are responsible for payment of their own personnel in fulfillment of activities outlined in the EMAC.

- J. Reimbursement:** The Providing member is required to bill the Requesting member for the cost of services and provide all supporting documentation for all cost incurred for reimbursement within 60 days of completion of the service provided including a copy of the official EMAC [Resource Ordering Form](#), [Event Agreement Form](#), and any supplements with authorizing signatures. The Requesting member shall reimburse Providing members for all expenses within 60 days of receipt of properly documented costs, unless other arrangements are made.

The Requesting Member shall reimburse the Providing Member in the form of one lump-sum payment for deployed resources and related costs, unless other arrangements are made. All such costs shall be documented in order to be eligible for reimbursement. The Requesting member may be eligible for reimbursement of eligible costs from the local jurisdiction and/or Federal Emergency Management Agency (FEMA) and/or the Commonwealth, only in accordance with applicable laws and regulations. This is usually accomplished through the local jurisdictional Emergency Manager.

The terms and conditions governing reimbursement for any assistance provided pursuant to this program shall be determined using the “current market cost” basis, unless otherwise agreed upon by the Requesting and Providing members, and specified in the Event Agreement Form.

1. **Equipment:** The Providing member shall be reimbursed by the Requesting member for the use of its equipment during the period of assistance using the “current market cost” basis unless otherwise agreed upon and specified in the Event Agreement Form. In the alternative, reimbursement rates could be determined according to either a pre-established local or state hourly rate or according to the actual replacement, operation, and maintenance expenses incurred. For those instances in which some costs may be reimbursed by the Federal Emergency Management Agency, the eligible direct costs shall be determined in accordance with 44 CFR 206.228, or other regulations in effect at the time of the disaster. Each Member shall maintain its own equipment in a safe and operable condition. At the request of the Providing member, fuels, miscellaneous supplies, and minor repairs may be provided by the Requesting member, if practicable. If the equipment charges are based on a pre-established local or state hourly rate, then these charges to the Requesting member shall be reduced by the total value of the fuels, supplies, and repairs furnished by the Requesting member and by the amount of any insurance proceeds received by the Providing member.

\*FEMA “Schedule of Equipment Rates” is here:

[https://www.fema.gov/media-library-data/1504646556623-5df6d34cb30e72f6821337472903d310/2017\\_FEMA\\_Schedule\\_of\\_Equipment\\_Rates\\_508\\_FINAL.pdf](https://www.fema.gov/media-library-data/1504646556623-5df6d34cb30e72f6821337472903d310/2017_FEMA_Schedule_of_Equipment_Rates_508_FINAL.pdf)

2. **Material and Supplies:** The Providing member shall be reimbursed for all materials and supplies furnished by it and used or damaged during the period of assistance, except for the costs of equipment, fuel, maintenance materials, labor and supplies, which shall be included in the equipment rate established above, unless such damage is caused by gross negligence, or willful and wanton misconduct of the Providing member’s personnel. The measure of reimbursement shall be determined using the “current market cost” basis unless otherwise agreed upon and specified in the Event Agreement Form. In the alternative, reimbursements may be determined in accordance with 44 CFR 206.228 or other regulations in effect at the time of the disaster or the Parties may agree that the Requesting member will replace, with like kind and quality as determined by the Providing member, the materials and supplies used or damaged. If such an agreement is made, it shall be reduced to writing and exchanged.

3. Record-Keeping: The Providing Member shall maintain records and submit invoices, for reimbursement by the Requesting member, in accordance with existing policies and practices. The Requesting member shall provide information, directions, and assistance for record-keeping to Providing member's personnel. The Association's Director of Programs and Training will provide assistance to the Requesting member in seeking local, federal, and state reimbursement, if and when appropriate.
4. Waiver of Reimbursement: A member may assume or donate, in whole or in part, the costs associated with any loss, damage, expense or use of personnel, equipment and resources provided.

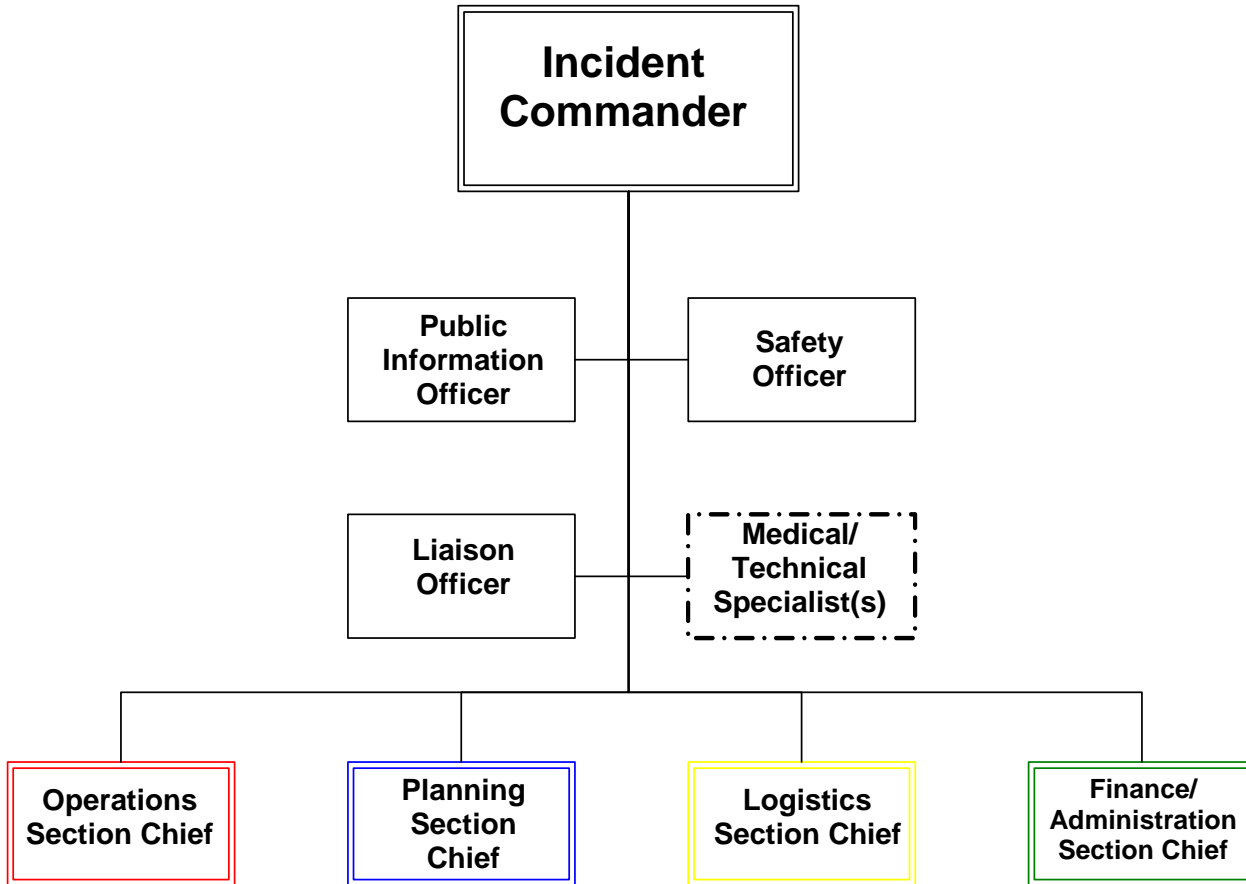
**K. Response Survey:** The Requesting and Assisting Parties shall complete and submit an [After Action Survey](#), and submit it to the Association within 60 days of requesting assistance. The Association's Director of Programs and Training in cooperation with the Requesting and Assisting parties will then conduct an After-Action Review. This process will include interviews with health center staff. This will be followed by the development of an After Action Report/Improvement Plan by the Director of Programs and Training which will identify best practices, lessons learned, and problem areas. Lessons learned during deployments are key to making improvements to the overall program which will benefit all VCHA members.

## Code of Conduct

As a basic guide, EMAC participants will base all actions and decisions on the ethical, moral and legal consequences of those actions. It is in this manner that positive and beneficial outcomes will prevail in all events. Accordingly, EMAC participants will:

- ✓ Keep the value of life and the welfare of victims constantly in mind;
- ✓ Remain cognizant of all cultural issues;
- ✓ Abide by all law enforcement practices, including policies regarding weapons;
- ✓ Abide by all regulations regarding the handling of private, proprietary, and sensitive information;
- ✓ Follow local regulations and agency protocols regarding medical care and the handling of patients and/or deceased;
- ✓ Follow prescribed direction regarding dress code and personal protective equipment;
- ✓ Not be in possession of non-prescribed or illegal substances;
- ✓ Will not consume alcohol while on duty or subject to call-back;
- ✓ Only procure equipment through appropriate channels;
- ✓ Follow the authority having jurisdiction and federal regulations or restrictions regarding taking and showing pictures of victims or structures;
- ✓ Not remove property from an operational work site as a souvenir;
- ✓ Not deface any property;
- ✓ Demonstrate proper consideration for other groups' capabilities and operating practices;
  - ✓ Not accept gratuities to promote cooperation.

**APPENDIX A: Hospital Incident Command System Org Chart and ESF's**



**Modular Organization:  
Functional Sections Activated as Needed**

\*More information and Training here: <http://www.hicscenter.org/sitepages/homenew.aspx>

\*Find forms and more information here: <http://hicscenter.org/SitePages/HICS%20Forms.aspx>

**Table 1. Roles and Responsibilities of the Emergency Support Functions (ESFs)**

ESF	Scope
<b>ESF #1 – Transportation</b>	Aviation/airspace management and control Transportation safety Restoration/recovery of transportation infrastructure Movement restrictions Damage and impact assessment
<b>ESF #2 – Communications</b>	Coordination with telecommunications and information technology industries Restoration and repair of telecommunications infrastructure Protection, restoration, and sustainment of national cyber and information technology resources Oversight of communications within the Federal incident management and response structures
<b>ESF #3 – Public Works and Engineering</b>	Infrastructure protection and emergency repair Infrastructure restoration Engineering services and construction management Emergency contracting support for life-saving and life-sustaining services
<b>ESF #4 – Firefighting</b>	Coordination of Federal firefighting activities Support to wildland, rural, and urban firefighting operations
<b>ESF #5 – Emergency Management</b>	Coordination of incident management and response efforts Issuance of mission assignments Resource and human capital Incident action planning Financial management
<b>ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services</b>	Mass care Emergency assistance Disaster housing Human services
<b>ESF #7 – Logistics Management and Resource Support</b>	Comprehensive, national incident logistics planning, management, and sustainment capability Resource support (facility space, office equipment and supplies, contracting services, etc.)
<b>ESF #8 – Public Health and Medical Services</b>	Public health Medical Mental health services Mass fatality management

<b>ESF #9 – Search and Rescue</b>	Life-saving assistance Search and rescue operations
<b>ESF #10 – Oil and Hazardous Materials Response</b>	Oil and hazardous materials (chemical, biological, radiological, etc.) response Environmental short- and long-term cleanup
<b>ESF #11 – Agriculture and Natural Resources</b>	Nutrition assistance Animal and plant disease and pest response Food safety and security Natural and cultural resources and historic properties protection and restoration Safety and well-being of household pets
<b>ESF #12 – Energy</b>	Energy infrastructure assessment, repair, and restoration Energy industry utilities coordination Energy forecast
<b>ESF #13 – Public Safety and Security</b>	Facility and resource security Security planning and technical resource assistance Public safety and security support Support to access, traffic, and crowd control
<b>ESF #14 – Long-Term Community Recovery</b>	Social and economic community impact assessment Long-term community recovery assistance to States, local governments, and the private sector Analysis and review of mitigation program implementation
<b>ESF #15 – External Affairs</b>	Emergency public information and protective action guidance Media and community relations Congressional and international affairs Tribal and insular affairs

\*FEMA description: <https://emilms.fema.gov/IS230c/FEM0104160text.htm>

(\*Equate to local, regional, and state, ... then federal resources.)



## APPENDIX B: Communications Plan

The key for a successful response to any emergency is the ability of all parties to communicate effectively and efficiently. It is realistic to assume that in the wake of a major disaster, such as a hurricane, the existing communication system in the affected area will be severely compromised or inoperable. Therefore, deployed resources must be able to communicate with each other, independent of the local communications network. Access and participation in a statewide interoperable communications system, such as the Virginia Hospital Alerting & Status System (VHASS <http://info.vhha-mci.org/>) is encouraged.

At the very least, Association members must be able to communicate with one another during emergencies and disasters to be able to provide assistance to one another. Communications may also be facilitated by Association staff, whenever possible. It is imperative to keep all contact information current and viable. Association staff will ensure all member contact information remains current (*at least four times per year, as a minimum*).

\* Monitoring the Association's EMAC program web page <https://chcleadership.com/> and/or online surveys can be the most useful and economical tool for keeping member contact information current and available to all.

When a request for assistance is made, it is the responsibility of the Requesting CHC, or the agency having command authority, to establish incident communications. There are several preferred methods that may be used to facilitate effective communications. These include;

- ✓ "normal", hard-wired, single or multiplexed telephone systems;
- ✓ integrated or stand-alone FAX machines on dedicated phone lines;
- ✓ computer software with FAX capability;
- ✓ wireless ("cell" or "mobile") telephone systems;
- ✓ "Voice over Internet Protocol" (VoIP) technology-Internet telephone service;
- ✓ wired, wireless, or Internet-based email systems;
- ✓ paging systems;
- ✓ VHHA -- VHASS system;
- ✓ jurisdictional public safety communications radio system;
- ✓ inter- or intra-system or multi-site radio communications;
- ✓ satellite phone;
- ✓ amateur radio operator system (HAM Operators / R.A.C.E.S. or A.R.E.S)

Building organizational communications capacity, through multiple, redundant methods, is preferable. Each system must be tested, verified, and maintained on a regular basis to ensure viability.

Most or all hospitals have radio communications to link them to public safety agencies in their service areas (MedComm). Most EMS transport units within the Commonwealth should have radio capabilities to communicate on the statewide frequency.

## **Operating Guidelines**

It is critical during significant incidents that basic communications principles are adhered to in order to ensure clear and effective communications.

These include:

- ✓ Communicating in a slow and calm manner.
- ✓ Using plain language and text for all communications.
- ✓ Using clear identifiers for facility, operation, or personnel communication.
- ✓ Receiving units should repeat orders back to sending units to ensure full understanding.
- ✓ Strong consideration should be given to establishing the HICS position of Communications Unit Leader as soon as possible in an incident.

## APPENDIX C: VCHA Member and Staff Emergency Contact Information

Find a CHC in Virginia:

<https://vacommunityhealth.org/about-the-association/about-chcs/locations/>

Member Contact Information: <https://chcleadership.com/>

### Staff Contact Information

Primary Contact: **Trinette Randolph, M.S. Ed.**  
Director of Programs and Training  
Work Phone: (804) 237-7677, ext.1247  
FAX: (804) 237-7685  
Home: 804-658-4395  
Cell Phone: 804-399-2276  
Email: [TRandolph@VaCommunityHealth.org](mailto:TRandolph@VaCommunityHealth.org)  
Website: <https://chcleadership.com/> (EP&R)

Secondary Contact: **R. Neal Graham, CEO**  
Work Phone: 1-800-966-8272 or 1-804-237-7677, ext 1241  
FAX: (804) 237-7685  
Home Phone: (804) 360-5606  
Cell Phone: (804) 402-3844  
Email: [Ngraham@vacommunityhealth.org](mailto:Ngraham@vacommunityhealth.org)  
Website: [VaCommunityHealth.org](http://VaCommunityHealth.org)

**APPENDIX D: EMAC Forms**



**EMAC: Emergency Contact List Form**

Health Center Name: \_\_\_\_\_

Emergency Contact Person #1: \_\_\_\_\_

Home \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

Email1: \_\_\_\_\_

Email2: \_\_\_\_\_

Emergency Contact Person #2: \_\_\_\_\_

Home \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

Email1: \_\_\_\_\_

Email2: \_\_\_\_\_

Emergency Contact Person #3: \_\_\_\_\_

Home \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

Email1: \_\_\_\_\_

Email2: \_\_\_\_\_



### EMAC: Checklist Form

- Request assistance from local first responders** and other partners in your local emergency management network, as appropriate.
- Activate the EMAC by contacting relevant health centers** when you can no longer obtain appropriate assistance from local partners.
- Contact the Association's Director of Programs and Training** if you need assistance contacting EMAC participants and processing EMAC requests.
- Complete *Resource Ordering Form*** to identify and specify the resources needed.
- Complete and submit Part One of EMAC *Event Agreement Form*, including the *Resource Ordering Form***, to the Providing CHC ([See Appendix D](#)) with appropriate signatures and authorizations.
- Discuss and agree upon the deployment of resources.**
- Ask Providing CHC to complete and return Part Two of EMAC *Event Agreement Form***; resubmit revised forms as necessary.
- Complete and submit Part Three of *Event Agreement Form*** to the Providing CHC, and obtain appropriate signatures and authorizations.
- Settle accounts with the providing health center(s)** for all supplies and equipment furnished under the EMAC within 60 days.
- Complete After Action items**, as specified in the EMAC.



**EMAC: Event Agreement Form -- Part I: Request for Assistance**

**Emergency or disaster event:**

1. General description of the event. Identification of any damaged infrastructure and/or systems and the type of assistance needed.  
(Attach latest local Situation Report or summarize briefly.)
  
2. Identify in detail the equipment, supplies, materials, or other items needed.  
(Use and attach the Resource Ordering Form, or describe what you need, in detail.)
  
3. Include a reasonable estimate of the length of time the specified resources will be needed.
  
4. Identify the Requesting member's representative or point-of-contact.

**Signature of Authorized Requesting Member:** \_\_\_\_\_

**Title:**

**Date:**

**Time:**

**\*After completion of Part I, send the entire three page form to the Providing CHC and/or to Association Staff. Retain a copy for your records.**



**EMAC: Event Agreement Form -- Part II: Assistance to be Provided**

**Providing CHC:**

The request for assistance form has been received, and: (Check one box only.)

**Assistance cannot be provided at this time.**

Briefly explain why:

**Assistance can be provided as follows:**

1. Equipment, materials, supplies, or other items requested with estimates of the prices will be furnished as follows:
  
2. Requested items will be transported as follows:
  
3. Estimated Date and Time of Departure:
  
4. Place of Arrival:
  
5. Estimated Date and Time of Arrival:

**The above terms have been coordinated with and will be facilitated by:**

The Requesting CHC's point-of-contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The Providing CHC's point-of-contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of Authorized Providing Member:** \_\_\_\_\_

**Title:**

**Date:**

**Time:**

**\*After completion of Part II, send this entire three page form to the Requesting CHC and/or to Association Staff. Retain a copy for your records.**



**EMAC: Event Agreement Form -- Part III: Requestor's Approval**

**PART III: REQUESTOR'S APPROVAL**

Assistance in accordance with the Virginia Community Healthcare Association EMAC, specifically the terms and conditions described in "Procedures" section and Parts I and II of this Event Agreement Form, is hereby:

Accepted       Declined  (Check only one box.)

**Signature of Authorized Requesting Member:** \_\_\_\_\_

**Title:**

**Date:**

**Time:**

**\*After completion of Part III, send this entire three page form to the Providing CHC and/or to Association Staff. Retain a copy for your records.**





**EMAC: Resource Ordering Form**

INDICATE PRODUCT DESCRIPTORS WHEN NECESSARY AND/OR RELEVANT...

THE SUPPLYING MEMBER MAY USE THE LAST COLUMN TO SUGGEST AN ALTERNATIVE PRODUCT WHEN RELEVANT AND AVAILABLE.

<b>BANDAGES</b>	<b>TYPE/BRAND/Form</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
ADHESIVE				
CASTING				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
ELASTIC				
GAUZE				
WRAPS				
<b>OTHER</b>				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
<b>BLOODBORNE PATHOGEN</b>	<b>TYPE/BRAND/Form</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
BIOHAZARD DISPOSAL				
CONTAINERS				
BAGS				
EXAM GLOVES				
GERMICIDAL PRODUCTS				

<b>OTHER</b>				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
<b>BURN CARE</b>	<b>TYPE/BRAND/FORM</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
BURN TOWEL				
GELS				
NORMAL SALINE				
OINTMENT				
SPRAYS				
<b>OTHER</b>				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
<b>EQUIPMENT</b>	<b>TYPE/BRAND/FORM</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
AED				
BLOOD PRESSURE CUFF				
EKG				
GLUCOMETER				
TEST STRIPS				
NEBULIZER				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
OXYGEN THERAPY				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
STETHOSCOPE				
THERMOMETER				
PROBE COVERS				

<b>OTHER</b>				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
<b>MINOR SURGERY</b>	<b>TYPE/BRAND/Form</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
SCAPELS				
HEMASTATS				
SUTURE KIT				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
TWEEZERS				
FORCEPS				
SCISSORS				
<b>OTHER</b>				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
<b>OINTMENTS &amp; ANTISEPTICS</b>	<b>TYPE/BRAND/Form</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
ALCOHOL (ISOPROPYL)				
ANTISEPTIC SPRAYS				
HAND SANITIZERS				
HYDROCORTISONE CREAM				
HYDROGEN PEROXIDE				
IODINE				
TRIPLE ANTIBIOTIC OINTMENT				

<b>OTHER</b>				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
<b>PERSONAL PROTECTION</b>	<b>TYPE/BRAND/Form</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
CPR BARRIERS				
EYE PROTECTION				
GLOVES				
STRIKE RESISTANT GOWN				
RESPIRATORS AND MASKS				
<b>OTHER</b>				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
<b>OTHER FIRST AID BASICS</b>	<b>TYPE/BRAND/Form</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
AMMONIA INHALANTS				
BATTERIES				
COTTON TIP APPLICATORS				
EXAM DRAPE SHEET				
EMESIS BASIN				
HOT PACK				
ICE PACK				
MEDICINE CUPS				
NEEDLES				
PENLIGHT/FLASHLIGHT				
SANITARY NAPKINS				
SYRINGES				
TAPE				
WATER/PURIFICATION TABLETS				

<b>OTHER</b>				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
<b>INTRAVENOUS THERAPY</b>	<b>TYPE/BRAND/Form</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
IV ACCESSORIES				
IV BLOOD COLLECTION				
IV FLUIDS				
IV NEEDLES AND CATHETERS				
IV POLES				
IV PUMPS				
IV TUBING				
<b>OTHER</b>				
ACCESSORIES				
DEVICES				
SUPPLIES & MATERIALS				
<b>MEDICATIONS</b>	<b>TYPE/BRAND/Form</b>	<b>SIZE/SPECIFICATION</b>	<b>AMOUNT</b>	<b>ALTERNATIVE</b>
ANESTHETIC				
ANTACIDS				
ANTIBIOTICS				
ANTI-DIARRHEAL				
ANTIEMEDIC				
BRONCHODILATORS				
COUGH SUPPRESSANTS				
DECONGESTANT				
DEXTROSE				
EPINEPHRINE				
EYE WASH SOLUTION				
INSULIN				
TETANUS VACCINE				

PAIN RELIEF				
<b>OTHER RESOURCES NEEDED</b>				



**EMAC: Acceptance Form**

**Member Participation**

I agree to the terms and conditions of this  
Emergency Management Assistance Compact (version, Change 02; 5/15/2019)

Signed

\_\_\_\_\_ *Center*

\_\_\_\_\_ *Member Authorized Signature*

Date \_\_\_\_\_

\_\_\_\_\_ *Printed Name*

**Virginia Community Healthcare Association**

Signed

\_\_\_\_\_ *Association Authorized Signature*

Date \_\_\_\_\_

\_\_\_\_\_ *Printed Name*



**EMAC: After Action Survey Form** *(Helping to improve the EMAC)*

<b>Member/CHC Name:</b>	
<b>Survey Completed By:</b>	
<b>Title:</b>	
<b>Description of emergency or disaster--please be specific:</b>	

**1. Purpose – The Purpose statement is clear and easily understood.**

↑ Strongly Disagree    ↑ Disagree    ↑ Somewhat    ↑ Agree    ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**2. References – The references provided were helpful, easily understood, and sufficient.**

↑ Strongly Disagree    ↑ Disagree    ↑ Somewhat    ↑ Agree    ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**3. History – The history of the EMAC is helpful to know and establishes continuity.**

↑ Strongly Disagree    ↑ Disagree    ↑ Somewhat    ↑ Agree    ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**4. Definitions – The definitions were clear, easily understood, and sufficient.**

↑ Strongly Disagree    ↑ Disagree    ↑ Somewhat    ↑ Agree    ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_



**5. Overview – The overview is clear, easily understood, and sufficient.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**6. Responsibilities – The responsibilities listed were clear, easily understood, and sufficient.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**7. Command and Control – The HICS and ESFs were useful in our preparation and response, and for requesting the proper resources from the proper agency to help get us what we needed to work our way through the emergency.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**8. Key Positions and Their Roles – The descriptions were clear, easily understood, and sufficient.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**9. Procedures – The procedures were clear, easily understood, and sufficient.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**10. Communications Plan – The information here is clear, easily understood, sufficient, and was useful in our preparation and response.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_

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**11. EMAC Forms – These forms were clear, easily understood, and sufficient.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_

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**11. EMAC Forms – These forms were clear, easily understood, and sufficient.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_

---

**12. Training – We would like to have an opportunity to participate in interactive EMAC training.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_

---

**13. Training – We would like to have an opportunity to participate in interactive Hospital Incident Command System training.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_

---

**14. EMAC program – Overall, the EMAC program is a valuable resource in our emergency management plan.**

↑ Strongly Disagree   ↑ Disagree   ↑ Somewhat   ↑ Agree   ↑ Strongly Agree

Comments/Improvements \_\_\_\_\_

---

**EMAC STRENGTHS:**

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**EMAC WEAKNESSES:**

Comments/Improvements \_\_\_\_\_  
\_\_\_\_\_

**Lessons Learned:**

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS**

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU!**