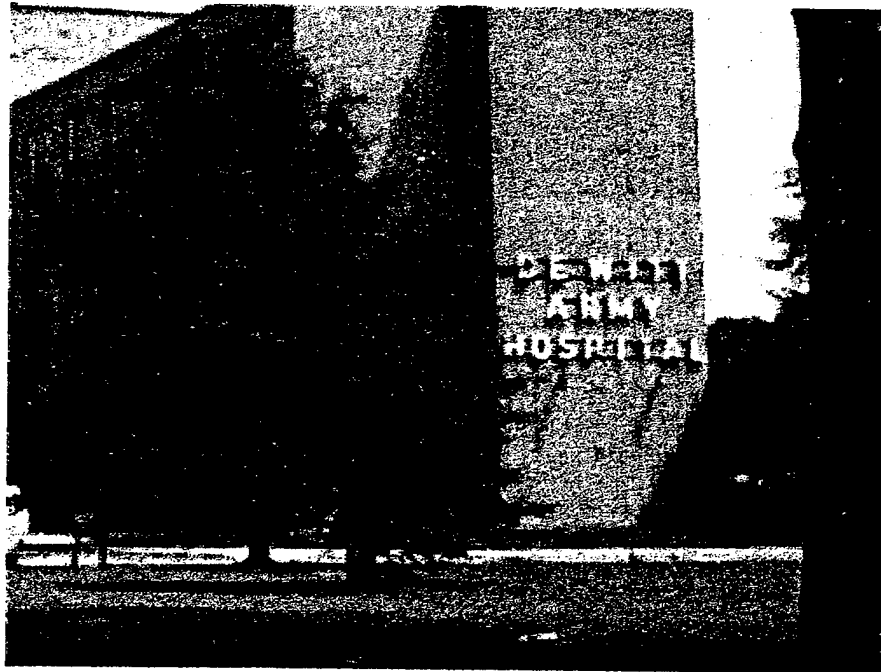


EMERGENCY PREPAREDNESS PLAN



**DeWitt Army Community Hospital
Fort Belvoir, Virginia**

12/31/97

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REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
9501 FARRELL ROAD, SUITE G-C11
FORT BELVOIR, VIRGINIA 22060-5901

MCXA (350-28A)

2 January, 1998

MEMORANDUM FOR See Distribution

SUBJECT: Emergency Preparedness Plan (EPP) Implementation

1. Enclosed is the Emergency Preparedness Plan for the DHCS. This volume represents DeWitt Army Community Hospital's (DACH) doctrine for emergency preparedness and is directive in nature.
2. The EPP is effective for planning upon receipt. All DACH departments/divisions/services/activities will prepare supporting Standard Operating Procedures (SOPs) and/or protocols for operations envisioned in Annex C, EPP.
3. Selected portions of this plan will be implemented by a mass casualty exercise at a minimum of twice yearly.
4. The EPP satisfies regulatory and statutory requirements as set forth by Public Law, executive order, Department of the Army, Medical Command (MEDCOM), and Fort Belvoir mandated emergency preparedness planning. Appendix 2 to Annex C to the EPP satisfies OSHA fire and safety planning requirements. This volume also satisfies emergency medical planning guidelines as set forth by JCAHO's 1996 Standard EC.1.6. emergency preparedness management plan.
5. This volume is unclassified and contains no Privacy Act restrictions. Dissemination may include public domain without prior command approval.
6. The DeWitt Army Medical Activity Emergency Preparedness Plan (EPP) dated 1 October 1997 is hereby rescinded and may be destroyed as unclassified non-sensitive material.



MCXA (350-28A)

SUBJECT: Emergency Preparedness Plan (EPP) Implementation

7. Chief, Operations and Training are assigned EPP proponency. Comments for improvement may be directed to C, Operations and Training at DSN 655-0093 or commercial (703) 805-0093.

Encl. EPP


STEPHEN L. JONES
COL, MC
Commanding

DIST:

**DEWITT ARMY COMMUNITY HOSPITAL
(EMERGENCY PREPAREDNESS PLAN)**

RECORD OF CHANGES

Change Number

Date Posted

Date Reviewed

(Initials)

(Date)

**DEWITT ARMY COMMUNITY HOSPITAL
EMERGENCY PREPAREDNESS PLAN
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DEWITT ARMY COMMUNITY HOSPITAL
EMERGENCY PREPAREDNESS PLAN
BASIC PLAN

A. REFERENCES.

1. Regulatory Guidance.

- a. Public Law 93-288, Civil Assistance and Disaster Relief.
- b. Public Law 97-174, Veterans Administration Support to Departments of Defense.
- c. MEDCOM Regulation 500-1, Emergency Action Procedures (Secret).
- d. Interservice Support Agreement (HQ Ft Belvoir and DACH).
- e. Support Agreement (HQ, Ft Belvoir, and DACH).
- f. Interservice Support Agreement (DENTAC and DACH).
- g. Joint Commission on Accreditation of Hospital Organizations, Standard EC1.6, Emergency Planning Management, 1997.
- h. Occupational Safety and Health Administration (OSHA) codes, implemented by AR 385-10.
- i. Fire Safety Code Handbook Nr. 101, implemented by AR 420-90.

2. Definitions and Abbreviations. See Annex Y.

3. Maps.

- a. Topography:
- b. Installation:
- c. Structural:

4. Time. Local time (EST/EDT) is used for basic telephonic, E-Mail, and FAX communications. Zulu time will be used for AUTODIN traffic sent through the post message center. At DACH, Zulu time is five hours ahead of Eastern Standard Time, four ahead during eastern daylight savings time.

DEWITT ARMY COMMUNITY HOSPITAL
EMERGENCY PREPAREDNESS PLAN
BASIC PLAN

B. **GENERAL.** This volume defines DeWitt Army Community Hospital's doctrine or responding to a variety of emergencies. It is divided into three general sections. The Basic Plan states what situations are to be planned for, the scope of planning, and general information required to start the detailed planning process. Annex C (Operations) is the plan's execution document, which implements prior planning efforts. Thirdly, each appendix addresses a particular type of scenario. These represent known emergency possibilities on Fort Belvoir, within the Northern Virginia community, and other situations required by statute and regulation. Regardless of the situation, DeWitt Army Community Hospital must be prepared to receive, treat, assist, or hospitalize large numbers of casualties in a short period of time.

C. **BASIC PLANNING REQUIREMENTS.** Three broad planning efforts are required by the Army and MEDCOM regulations, OSHA standards, and JCAHO guidelines. For contingency planning, staff training, and implementing exercises, they are:

1. **Mass Casualty (MASCAL).** Planning/training must include:
 - a. The organization's role.
 - b. Staff roles and responsibilities.
 - c. Reliable methods for notification (both internal and external).
 - d. Alternate staff assignments.
 - e. Patient Management (transfers, accountability, information, etc.).
 - f. Alternate cares sites.
 - g. Managing space, supplies, and security.
 - h. Semi-annual implementation and critique.
2. **Internal Emergencies.** Planning/training must include:
 - a. Facility fire plan.
 - b. Evacuation and escape (patient and staff).
 - c. Staff and patient accountability.
 - d. Training for all employees and staff.
 - e. Alternate sources for essential utilities.

DEWITT ARMY COMMUNITY HOSPITAL
EMERGENCY PREPAREDNESS PLAN
BASIC PLAN

f. Emergency communications system/alarm system.

3. **Civil Assistance/Adverse Weather.** Planning must include:

- a. Description of organization's role in community wide emergencies.
- b. Resource control (managing space, supplies, etc.).
- c. Available alternative facilities.
- d. Lines of authority.

D. BASIC PLANNING ASSUMPTIONS.

1. **Installation and Internal Situations.**

- a. Minimum warning time to accomplish basic task organization and to alert the command group will be available.
- b. Information concerning numbers of injured and extent of injuries will not be reliable.
- c. A separate simultaneous emergency event will not occur.
- d. Minimum staffing, funds, supply, and ancillary support will be available.
- e. Normal medical center functions and missions will not be abandoned.
- f. Traditional duty/job responsibilities and work hours may change radically, depending on the extent of the situation.

2. **Community Situations.**

- a. Civil and community agencies may request medical assistance directly from DACH without regard to installation chain of command policies.
- b. Posse Comitatus Act will remain in force (military will not enforce or execute civil law).
- c. Civil authorities may not be able to reimburse military assistance costs.

DEWITT ARMY COMMUNITY HOSPITAL
EMERGENCY PREPAREDNESS PLAN
BASIC PLAN

- d. Installation and internal planning assumptions as stated above also apply.

E. **CONDITIONS THAT COMMENCE OPERATIONS.** As stated below but not limited to:

1. **Mass Casualty (MASCAL)/Disaster situations:**

- a. Is declared on order from command group, designated representative, or authorized code initiators (See Annex C, para E.3., page C-6).
- b. Emergency 911, notification from installation
- c. Announcement of **CODE YELLOW** on public address system.

2. **Internal Emergencies:**

a. **CODE RED - FIRE**

- (1) Is declared on order of the command group or designated representative.
- (2) On order of the Safety Officer/Fire Marshal.
- (3) Is announced on public address system after verifying a fire exists.

b. **CODE ORANGE - BOMB THREAT**

- (1) Is declared on order from command group or designated representative.
- (2) Is announced on public address system after verification by military police authorities.

c. **CODE PURPLE** (Restraint or Disturbance) in Ward 5A, Adolescent Partial Hospitalization and **CODE BLUE** (Cardiac Arrest) are, for the purposes of this plan, medical occurrences limited in scope and not further considered within the EPP.

d. **CODE GREEN** is used for ALL CLEAR and cancels other codes and is issued by any authorized code initiators.

3. **Severe Weather:** (No CODE issued)

DEWITT ARMY COMMUNITY HOSPITAL
EMERGENCY PREPAREDNESS PLAN
BASIC PLAN

- a. Installation EOC issues **SEVERE WEATHER WARNING** codes.
 - b. Installation EOC issues **HURRICANE CONDITION** warnings.
 - c. On order from command group or designated representative, DACH will adhere to severe weather instructions as issued by the installation IOC.
4. Official codes/warnings/conditions are not designated for civil assistance, disaster relief operations, nuclear or chemical incidents, or work slowdowns/stoppages.
- F. **CONTINUITY OF OPERATIONS.** When emergencies are declared, DACH will continue its primary mission: provide quality medical care to beneficiaries. Those staff personnel not directly involved with emergency care will continue providing normal patient care as best possible. Clinics will operate, patients cared for, supplies provided, reports rendered, and administrative functions performed.

OFFICIAL:



TARRANT
LTC, MC
C, Operation and Training

**ANNEX A TO EMERGENCY PREPAREDNESS PLAN
TASK ORGANIZATION**

A. **GENERAL.** This annex provides a task organization guideline for consideration upon the need to structure available forces to accomplish emergency medical missions as stated in the Basic Plan. Formal task organization to employ forces is at the discretion of the (Crisis Management Team). For the purposes of this plan, DeWitt Army Community Hospital will be considered the supported command and may be assigned operational control (OPCON) of augmentation (supporting) forces provided by unit and activities below:

1. **FOR JOINT/COMBINED OPERATIONS:** (MASCAL, Community Disaster, Environmental/Weather, etc)
2. **FOR INTERNAL EMERGENCIES:** (fire, bomb, work stoppage, etc)

B. **TASK ORGANIZATION EXECUTION.** The EOC is the authorized agent to request manpower augmentation. As the situation warrants, the Commander, or the (Crisis Management Team) will determine additional requirements to the EOC. OIC, EOC will communicate with activities concerned and request for and direct the employment of personnel received either to the Manpower Pool or other locations as the situation warrants. OPCON, if authorized, will be released after official termination of the emergency.

OFFICIAL:



TARRANT
LTC, AN
C, Operations and Training

**ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS**

- A. **SITUATION.** An incident has occurred in which the DACH Commander has ordered emergency plans implemented. During the initial estimate of the situation it is determined that the incident is so serious that alerting and recalling selective individuals (limited recall) and/or multiple clinical and administrative staffs (total recall) must be accomplished to implace personnel for emergency medical operations.
- B. **MISSION.** The DACH Adjutant or Administrative Officer of the DAY (AOD) will, on order, or automatically by a catastrophic event, activate alert notification procedures for the recall of personnel, both military and mission essential civilians to provide patient care and assist in relief of pain and suffering.
- C. **EXECUTION.**

1. **Concept of Operations.**

a. **External Emergency.**

(1) **NORMAL DUTY HOURS.** DACH will be alerted to prepare to receive injured by a call into 911, radio communications with the Ambulance Section, or by telephonic notification. Upon verifying the extent of effort required. If expectations require additional manpower and resources a CODE may be issued. The Adjutant or official DACH representative will initiate the necessary department/division alerting and notification of medical personnel.

(2) **AFTER DUTY HOURS.** DACH will be alerted to prepare to receive injured by a call into 911, radio communications with the Ambulance Section, post EOC hot line, or by other telephonic means. The senior emergency room physician will notify the SDNCO of the potential extent of effort required. The SDNCO will follow standard operating procedures for alert and recall notification. Priority of recall will be necessary clinical departments followed by administrative divisions on call officers. When the determination that the EOC needs to be activated, a total recall will commence.

b. **Internal Emergency.**

(1) **NORMAL DUTY HOURS.**

Any department/division/service/activity discovering an emergency situation will immediately sound the alarm within their duty section and follow-up with a verbal or telephonic

**ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS**

notification through the chain-of-command. An assessment of the situation along with the determination of alert, notification, and recall of personnel necessary to contain and control the emergency will be made. Notification procedures will commence as necessary as stated above, Para C.1.a. (1).

- (2) **AFTER DUTY HOURS.** A person(s) discovering an emergency situation or a potential emergency will immediately sound the alarm within their duty section and follow-up with a verbal or telephonic notification to the SDNCO. The SDNCO will assess the situation and determine the necessary response effort (either limited or total recall) to contain and control the emergency. Notification procedures will commence as necessary as stated above, Para C.1.a.(2)

2. Tasks.

a. Adjutant.

- (1) Insure alert rosters (to include mission essential civilians), AOD alert notification SOP's, and SDNCO instructions are current, and posted in the AOD Instruction Books.
- (2) Maintain liaison with Clinical Support Division and other activities to support Para C.1. above, concept of operations.
- (3) Review and be familiar with Annex C of the EPP, for situation specific responsibilities.
- (4) Assist C, CSD with control of Information Desk/overhead Public Address System.
- (5) Alert outlying activities, i.e., Medical Company, Veterinarian Services, Dental Activity, etc.

b. Administrative Officer of the Day /Staff Duty NCO (AOD/SDNCO).

- (1) Assess the situation and in coordination with a member of the command group, determine the need for a limited or total recall of personnel during duty hours.
- (2) On order, implements recall instructions while maintaining a journal of events.
- (3) Notify all on-call department/division/services/activities notification official(s) as required.

ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS

- c. Chief, Nursing Administration or Senior Nurse, Emergency Room.
Review and be familiar with Annex C, for situation specific responsibilities. Provide advice to Deputy Commander for Nursing for emergency nursing support requirements.
 - d. Chief, Operations and Training. Is proponent for EOC operations and is executive agent for DACH's alert and notification program.
3. Coordinating Instructions.
- a. All departments/divisions/services/activities will maintain an alert and recall roster. Format for alert roster will be as per format at Tab A and B. Rosters will be verified and updated monthly for the Adjutant.
 - b. During partial recall, the senior person present will maintain personnel accountability. Periodic reports will be provided to the command group. During total recall, periodic personnel accountability will be provided to the C, Manpower Pool and EOC.
 - c. Situation information flow will be directed from the ER to the EOC (if activated), command group, or AOD, as appropriate, and as it becomes available.

D. COMMAND, CONTROL, COMMUNICATIONS.

- 1. Command. No changes are anticipated. Refer to Annex C for specifics.
- 2. Control. No changes to established procedures IAW Annex C are anticipated.
- 3. Communications.
 - a. Example of Total Notification/Recall cascade is provided at Tab A.
 - b. Example of Partial Notification/Recall
(Department/Division/Service/Activity) cascade is at Tab B.
 - c. Essential/Selected telephone numbers are at Tab C
 - d. Emergency Operations Center Telephone Directory at Tab D.

ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS

OFFICIAL

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LTC, AN
C, Operations and Training

ENCLOSURES:

Tab A - Example Total Notification and Recall Cascade

Tab B - Example Partial Notification and Recall Cascade

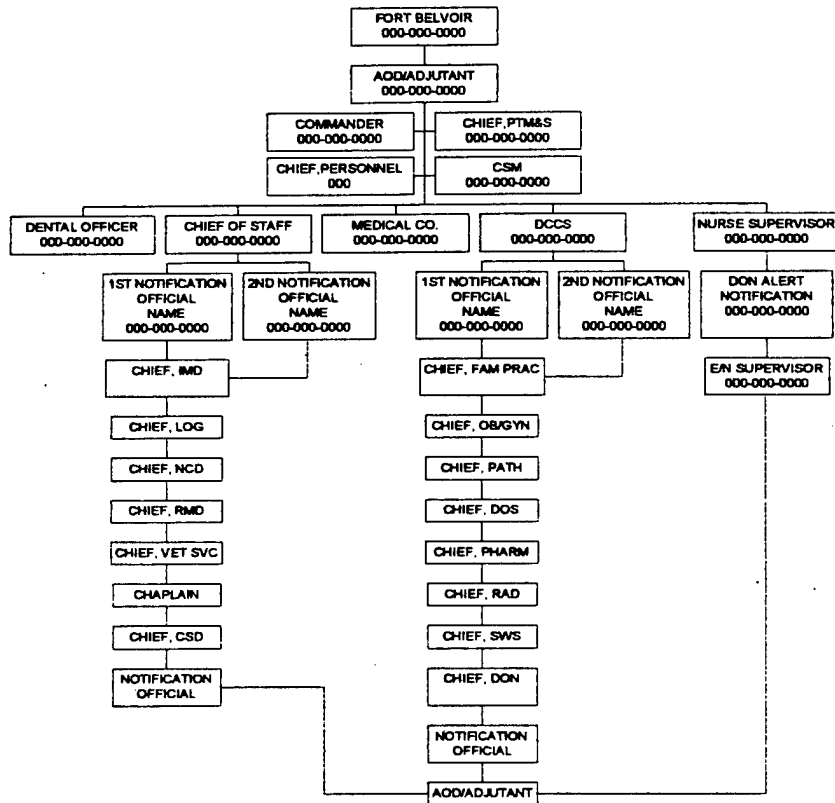
Tab C - Essential/Selected Telephone Numbers

Tab D - Emergency Operations Center Directory

ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS

TAB A TO ANNEX B TO EMERGENCY PREPAREDNESS PLAN

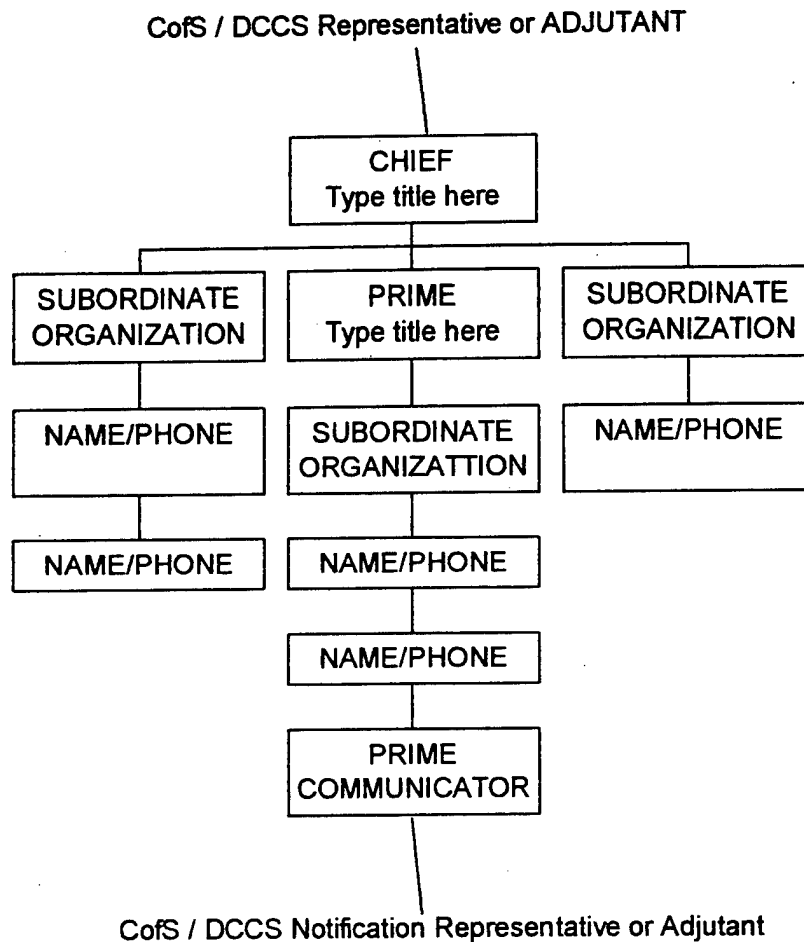
EXAMPLE TOTAL NOTIFICATION/RECALL CASCADE



ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS

TAB B TO ANNEX B TO THE EMERGENCY PREPAREDNESS PLAN

EXAMPLE PARTIAL NOTIFICATION/RECALL CASCADE



NOTE: A PRIME COMMUNICATOR IS ONE DEDICATED TO ENSURE ALL PERSONNEL ARE CONTACTED AND ALL NOTIFICATION CHAINS HAVE BEEN COMPLETED. SOMEONE NOT REQUIRED TO REPORT IMMEDIATELY FOR DUTY SHOULD FILL THE PRIME COMMUNICATOR POSITION.

**ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS**

TAB C TO ANNEX B TO THE EMERGENCY PREPAREDNESS PLAN

ESSENTIAL/SELECTED TELEPHONE NUMBERS

EOC – (HQ CONFERENCE ROOM) 805-0716

TRIAGE – (ER WAITING AREA) 805-0421

TRIAGE ALTERNATE – (PHARMACY WAITING AREA) 805-0691

MANPOWER POOL (DINING FACILITY) 805-0899

CRITICAL CARE (PRE/POST/OP) – (STEPDOWN UNIT 2A) 805—0782/0778

OPERATIONING ROOM 805-0004

MINIMAL AREA (FAMILY HEALTH CENTER) 805-0151

DELAYED AREA (WARD 4A) 805-0080

DELAYED OVERFLOW AREA (WARD 3B) 805-0076

IMMEDIATE AREA (ER) 805-0518

IMMEDIATE OVERFLOW AREA (PHARMACY WAITING AREA) 805-0691

EXPECTANT AREA (ommitted)

FAMILY ASSISTANCE CENTER (MAIN CONFERENCE ROOM)(To be
announced)

PUBLIC AFFAIRS (MS ALLEN LOCATED IN DPMC) 805-0058

PAO FAX 805-9069/0168

CHAPLAIN 805-0040

HEALTH BENEFITS ADVISOR 805-0166/0763

CLINICAL SUPPORT 805-0219

DEWITT FAMILY HEATH CENTER 805-0284

FAIRFAX FAMILY HEALTH CENTER 849-8191/0853

ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS

TAB C TO ANNEX B TO THE EMERGENCY PREPAREDNESS PLAN

ESSENTIAL/SELECTED TELEPHONE NUMBERS

EMERGENCY ROOM	805-0916
EXTENDED CARE CLINIC	805-0861
HOSPITAL TRAINING	805-0618
INPATIENT RECORDS	805-0230
LOGISTICS	806-4733
MEDICAL COMPANY	805-0982
MENTAL HEALTH	805-0493
OB/GYN	805-0914
OCCUPATIONAL HEALTH	805-0512
OPTOMETRY	805-0197
ORTHOPEDICS	805-0820
OUTPATIENT RECORDS	805-0582
PATIENT REPRESENTATIVE	805-0763
PHARMACY	805-0696
PODIATRY	805-0820
OPERATIONS AND TRAINING	805-0928
PREVENTIVE MEDICINE	805-0512
RADIOLOGY	805-0739
SOCIAL SERVICES	805-0493
SPORTS MEDICINE	806-5063/6054
SUB-SPECIALTY CLINICS	805-0869

**ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS**

TAB C TO ANNEX B TO THE EMERGENCY PREPAREDNESS PLAN

ESSENTIAL/SELECTED TELEPHONE NUMBERS

SURGICAL CLINIC	805-0914
UROLOGY CLINIC	805-0230
VOLUNTEER COORDINATOR	805-0763
WOODBIDGE FAMILY HEALTH CTR	550-7136

**ANNEX B TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS**

TAB D TO ANNEX B TO THE EMERGENCY PREPAREDNESS PLAN

**EMERGENCY OPERATIONS CENTER TELEPHONE DIRECTORY & FAX
NUMBERS**

Department	Phone Number	Room Number	Location
EOC	805-9035	A108	HQTRS CONF
EOC	805-0603	A108	HQTRS CONF
EOC	805-0237	A108	HQTRS CONF
EOC	805-0657/0824	A110	CMD SECRETARY OFFICE
EOC	805-0825/0577	A111	CMD SECRETARY OFFICE
PAD OFFICER	805-0716	A108	HQTRS CONF
LOG OFFICER	805-0583	A107	CHIEF WARDMASER OFFICE
EOC FAX	805-0182	A111	CMD SECRETARY OFFICE

ANNEX C TO EMERGENCY PREPAREDNESS PLAN
OPERATIONS – EMERGENCY PREPAREDNESS IMPLEMENTATION

A. REFERENCES.

1. MEDCOM Regulation 40-5, Ambulatory Patient Care
2. MEDCOM Regulation 525-3, Emergency Operations Control
3. MEDCOM Regulation 525-4, Emergency Preparedness
4. Fort Belvoir Mass Casualty Plan, current edition

B. GENERAL.

1. Fort Belvoir is a major military installation within the Military District of Washington. DACH must be prepared to receive, treat, and hospitalize large numbers of casualties within a short period of time.
2. This annex outlines procedures and taskings that enable DACH to respond effectively to a variety of emergencies. These procedures, tasking, and management objectives have been developed, refined, and implemented during exercises and real situations. These are approved for execution, on order, by department/division/service/activity chiefs, and the Disaster and Mobilization Planning Committee.

C. MISSION. DACH will provide immediate medical care and task organize for emergency medical services to accident/disaster victims upon arrival at DACH so to contain and minimize the extent of injuries and suffering.

D. EXECUTION.

1. **Assumptions.** See Basic Plan. There are no assumptions during plan/execution/implementation.
2. **Concept of the Operations.**
 - a. DACH will respond to any emergency/contingency occurring on Fort Belvoir and, as appropriate, the local community. Upon notification (regardless of means) of incoming injured, Deputy Commander for Clinical Services is the lead agency for plan execution. In-house personnel will make available all assets for emergency medical services. Success in emergencies will depend on speed and momentum. Leaders will act independently and in cooperation with other elements of the facility. Leaders and subordinates will have the greatest possible freedom of action consistent with accomplishing the mission. Individual initiative,

ANNEX C TO EMERGENCY PREPAREDNESS PLAN
OPERATIONS – EMERGENCY PREPAREDNESS IMPLEMENTATION

teamwork, and leadership from expected and unexpected sources will occur. Initial chaos will be overcome. Patient identification and tracking begins immediately. DACH's basic objective is to provide the best medical attention possible to the injured by sustaining unity of effort, restoring order, communicating effectively, and returning to normal operation.

- b. Interagency contacts, coordination, and cooperation agreements will continue. Maintenance of these interagency contacts and contracts are mutually beneficial. Civilian care providers and administrators are to be included in the planning process. As the emergency situation develops and in-house response requirements increase, selected outside assets will be called upon incrementally. In addition, public law authorizes military assistance to civilian agencies and local and state governments. The primary goal is to provide mutually supportive and flexible response packages that eliminate time waste, cost and management questions, and other detractors from the provision of emergency medical care.
- c. Contingent upon the type and magnitude of the emergency, the applicable annex or appendix will be implemented, either by itself or in concert with other annexes/appendixes. Leaders and subordinates alike may modify or depart from written planning documents as the situation dictates. To improve the deliberate planning process, after action reports will be prepared and submitted to C, Operations and Training (OPTR) after each exercise or real event.
- d. Exercises and rehearsals apart from regulatory requirements are training tool used to gain expertise and continuity. Planning documents, protocols, and standard operating procedures (SOPs) will be periodically reviewed, tested, and updated. Problems arising from transportation, resource control and issue, EOC implementation, reporting procedures, command and control, security, and other areas require creative solutions and decision making.

3. Tasks.

- a. Commander, DACH will provide executive oversight and guidance pertaining to the implementation and conduct of emergency operations.

**ANNEX C TO EMERGENCY PREPAREDNESS PLAN
OPERATIONS – EMERGENCY PREPAREDNESS IMPLEMENTATION**

- b. Commander, DENTAC is requested to be prepared to augment DACH with personnel and resources to accomplish the mission and to provide representation during exercises and rehearsals.
- c. Deputy Commander for Clinical Services (DCCS) directs the implementation of clinical services in response to actions envisioned in this annex and other emergency situations.
- d. Deputy Commander for Administration directs the implementation of administrative support in response to actions envisioned in this plan and other emergency situations.
- e. Commander Vet Activity is requested to provide veterinarian services to the MEDDAC Commander and advice to installation agencies during emergencies. Provides personnel to Manpower Pool when necessary.
- f. Chief, Department of Emergency Medicine will assume lead role to accomplish mission statement during plan implementation.
- g. Deputy Commander for Nursing will direct ward expansion activities and develop and maintain ward expansion plans.
- h. Chief, Operations and Training, (OPTR) will:
 - (1) Plan for, staff, and organize the EOC IAW Annex G EOC. Activate the EOC on order.
 - (2) Prepare and conduct twice yearly exercises of this annex as required by U.S. Army Medical Command and JCAHO.
 - (3) Maintain the accuracy and currency of the EPP manual.
 - (4) Be the tasking authority, proponent, and responsible agent to coordinate manpower and resources for plan exercise and implementation.
 - (5) Will develop and formalize MOA's with installation units to provide emergency support beyond the capability of DACH
- i. Chiefs of Department, Divisions, Services and Activities will:
 - (1) Maintain current internal alert rosters to include mission essential civilian employees.

ANNEX C TO EMERGENCY PREPAREDNESS PLAN
OPERATIONS – EMERGENCY PREPAREDNESS IMPLEMENTATION

- (2) Designated a representation for dedicated organization - EOC- command group information liaison, with authority to speak for the department/division/service/activity chief.
- (3) Support assigned duties and functions as stated within this annex.
- (4) Assist C, OPTR division in updating applicable parts of this annex and provide recommendations for training focus.
- (5) Practice internally to coalesce and implement emergency actions that support overall mission requirements.
- (6) Ensure that assigned personnel are familiar with this plan and understand their respective functions and responsibilities during emergency situations through the development of internal division/department/activity/service implementing SOPs. Practice and rehearse internal SOPs periodically. Ensure MASCAL resources and patient document packages are maintained.

4. **Coordinating Instructions.**

- a. Upon notification that this annex is to be implemented all departments/divisions/services/activities will reduce, suspend or curtail non-essential activities and prepare to support actions necessary to manage the situation.
- b. The Commander DACH, or the senior emergency medical officer will, based upon an estimate of the situation, designate the portions of this plan which will be implemented and the level of response necessary to manage the situation.
- c. In support of this plan, normal working hours could be extended and/or modified. Authority to grant overtime or compensatory time is inherent upon plan execution.
- d. Safety procedures and responsibilities will not be compromised during plan implementation. Safety will be incorporated into emergency planning during all phases of execution.
- e. Operations Security (OPSEC) will not be compromised during plan implementation and execution. No portion of this plan is classified. However, it must be kept in mind that certain sensitive

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organizations are on Fort Belvoir and injuries to their personnel may cause immediate media interests.

- f. Commercial media inquiries will be directed to the facility PAO. In the absence of the DACH PAO the installation will assume the duties and responsibilities.
- g. Next-of-kin, relatives, friends, or others seeking information regarding casualties will be directed to the Family Assistance Center located in the Main Conference Room, basement floor

5. **COMMAND, CONTROL, COMMUNICATION (C3).**

- (1) **Command.** No changes to established command relationships are anticipated.
- (2) **Control.**
 - (a) The Command Post is located in the EOC. The EOC will be initially set in the Commands Wing
 - (b) The alternate site is Ward 5B (OPTR). EOC operations will conform to procedures outlined in Annex G.
 - (c) The Manpower Pool is located in the Dining Family, controlled by the Company Commander. The alternate site will be the front lobby leading into the command wing, or as designated by the command group or manpower pool OIC.
 - (d) The Family Assistance Center is located in the Main Conference Room controlled by C, Social Work Services and augmented by Department of Ministry and Pastoral Care personnel., The alternate site is the Company Day Room, building 802.
 - (e) The Public Affairs Media Center will be located at a location designated by the facility Public Affairs Officer. In the absence of the DACH's Public Affairs Officer, the DCA will coordinate with the Installation PAO to assure proper handling of all Public affairs issues.

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- (f) Civilian medical and medical administrative counterparts control their assets as mandated by law, corporate by-laws, consent decree, or duty responsibility of office.

6. **Authorized Code Initiators.**

- a. **Code Yellow (MASCAL)** - Commander, Deputy Commander for Clinical Services, Deputy Commander for Administration, Administrative Officer of the Day, Chief, Emergency and Ambulance Services or Senior Medical Officer on duty in the Emergency Room.
- b. **Code Red (FIRE)** - Commander, Deputy Commander for Clinical Services, Deputy Commander for Administration, Administrative Officer of the Day, Deputy Commander for Nursing, Chief Wardmaster, Chief Engineer, and Safety Officer.
- c. **Code Orange (BOMB)** - Commander, Deputy Commander for Clinical Services, Deputy Commander for Administration, Administrative Officer of the Day, Provost Marshal, senior Military Police person present.
- d. **Code Green (ALL CLEAR)** - Anyone authorized to initiate Code Yellow, Red or Orange.

7. **Communications.**

- a. The existing hospital telephone system will continue to be the primary means of communications.
- b. Supplemental communications equipment available for intro-office communications includes the LAN system, E-mail, cc:Mail, FAX, runners, "beepers", and hand-held radios.
- c. Radio and TV announcements are available for mass public communications for alerts, recalls, and warnings.
- d. Refer to Annex F for detailed communication systems and critical phone numbers.
- e. Alert notification procedures are detailed in Annex A.

E. **SERVICE SUPPORT.**

1. **Supply and Services.**

**ANNEX C TO EMERGENCY PREPAREDNESS PLAN
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- a. Sufficient supplies exist on-hand or are available through normal resupply channels to support operations envisioned within this annex.
- b. Services as deemed prudent and necessary may be provided through the local community by contract or other instruments. Urgent and compelling justification will be considered as the situation warrants.
- c. Sufficient transportation assets, engineering, and maintenance facilities are on-hand or available to support operations envisioned in this annex.
- d. Detailed service and support requirements germane to a situation are outlined within this annex and appendixes.

2. Administrative.

- a. Routine administrative procedures may be reduced to minimum essential during a given emergency.
- b. Administrative civilian personnel may be asked to perform non-traditional duties to include carrying litters, pushing gurneys and wheelchairs, assisting in patient evacuation and accountability and other manual tasks. These non-traditional duties are permitted by law and labor contract during declared emergencies.
- c. Detailed records of funding and accounting codes, overtime and compensatory time and other recordkeeping and reporting requirements will be kept as best practical.

Enclosures:

Appendix 1 - Mass Casualty Management: Code Yellow

TAB A - Heat Injuries

TAB B - Manpower Pool Organization and Management

TAB C - Triage Team Organization

TAB D - Family Assistance Center Organization

TAB E - Public Affairs Operations

Appendix 2 - Internal Emergency:: Fire: Code Red

Appendix 3 - Internal Emergency:: Work Slowdown//Stoppage

Utility Outage//Failure Infection//Epidemic

Bomb Threats

Appendix 4 - Contaminated Patient Management

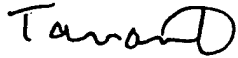
ANNEX C TO EMERGENCY PREPAREDNESS PLAN
OPERATIONS – EMERGENCY PREPAREDNESS IMPLEMENTATION

Appendix 5 - Natural Disaster Management:: Installation Support

Appendix 6 - Medical Assistance to Civil Authorities

Appendix 7 - National Disaster Medical System (NDMS)

OFFICIAL



TARRANT

LTC, AN

C, Operations and Training

**APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW**

- A. **SITUATION.** An accident has occurred on Ft Belvoir/Davison United States Army Airfield or within the local community generating a significant number of casualties in a relatively short time frame. This emergency requires medical measures beyond those available at the accident site and will necessitate alerting multiple hospital departments and recalling the full complement of the DACH staff.
- B. **EXECUTION.**
1. **Assumptions.** None.
 2. **Concept of the Operation.**
 - a. Department of Emergency Medicine (DOEM) through direction of the DCCS are lead agencies. Reception of patients will be by multiple forms of transportation and delivered into the triage area. Expect ground ambulance, tactical vehicle, and POC delivery. Medical, Surgical, Nursing, and Logistical supervisors will direct emergency requirements into triage area(s). Upon completion of triage, patients requiring further life support procedures will be admitted into DACH or transferred to an outside medical facility with the requisite capabilities to care for the patient. Accountability through patient tracking systems will occur.
 - b. Decentralized execution commences. Ancillary services to include logistics and administration will organize to support DOEM requirements. As events warrant or if the magnitude is such, other installation medical units will be asked to provide assistance. Objectives are three fold; control the situation, treat and protect the injured, and sustain medical services. Independent actions and decision making consistent with the mission will occur from all levels of leadership.
 - c. Cooperative action will emplace medical supplies, equipment and material. Forces in reserve (see Manpower Pool and Task Organization) are allocated. Administrative functions and coordination is effected with lateral and higher headquarters. Patient equipment and personal effects secured. Additional ward space and beds are prepared. Family member and patient chain-of-command receptions is established. A media site will be established. Patient care and treatment continues until full return to normalcy.

APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW

3. **Policies.**

- a. All immediate category casualties will be initially stabilized in the Emergency Room.
- b. The Triage Officer will be the senior surgeon present.
- c. Patient care category areas are:
 - (1) **IMMEDIATE.** Located in Emergency Room. Overflow area is ICU (Ward 2B). OIC is Chief, Department of Emergency Medicine or senior representative.
 - (2) **CRITICAL CARE, Pre- and Post- Operative.** Initially, Pre-Op will be located in ICU step-down (Ward 2B), Post-Op is PACU. OIC, Physician assigned as the ICU attending.,
 - (3) **DELAYED.** Ward 3B as backup. OIC is physician (internist or family practice) assigned to the combined inpatient service attending or senior representative. Additional staffing by residents and Phase II students.
 - (4) **MINIMAL.** Located in the Family Health Center of Fort Belvoir. OIC is the Medical Director of the Family Health Center of Fort Belvoir.
- d. The **CRISIS INTERVENTION/DE-STRESS and DISCHARGE** area will be located in the Family Practice Conference Room. OIC is Chief, Mental Health or senior representative.
- e. **TRIAGE AREAS.** The primary triage area will be the grassy area in front to the emergency room entrance. During inclement weather and hours of darkness, the Emergency Waiting Room Area may be used. Overflow area will be inside, within the patient waiting area.
- f. **MEDIA SITE.** To be determined by facility PAO.

4. **Tasks Common to All.** All Chiefs, Dept/Div/Act/Services will:

- a. Implement alert and notification plans and on order, recall those personnel off-duty and from operational or support commitments.

APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW

- b. Implement internal emergency procedure SOP's following approved protocols.
- c. On order, department chiefs will provide a dedicated liaison to EOC for information updates and internal status reports.
- d. Direct personnel without pre-assigned MASCAL duties to the Manpower Pool.
- e. On demand, all wards will provide ER with one gurney or litter.
- f. Take immediate steps to keep family members, excess staff, and other non-essential personnel away from the triage site, emergency room, and the five MASCAL patient care areas.
- g. Take immediate steps to identify supplies and equipment that may be needed and infuse these resources when called upon.
- h. On demand, return all military vehicles to C, Logistics. Dispatch will be prioritized by EOC.
- i. Continue normal health care services to beneficiaries as best possible.
- j. Keep the EOC and chain of command(s) informed of changing situations.
- k. Ensure all safety precautions and infection control protocols are observed for all personnel at all times.

5. **Specific Tasks.**

- a. **C, Department of Emergency Medicine or senior medical officer on duty will:**
 - (1) Assess the situation and in absence of guidance, has authority to declare a MASCAL situation and announce **CODE YELLOW** as appropriate. Becomes OIC of **IMMEDIATE** patient care area.
 - (2) Establish a triage site(s) at DACH most appropriate to the situation. Appoints Officer-in-Charge (OIC) of Triage Team and controls ER traffic, and ambulatory patient handling area.

**APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW**

- (3) Establish communications and coordination with chain of command, EOC, OR, and ICU for follow-on casualty care.
- (4) As required send a Triage Team (see TAB C for team composition) to the accident site by any mode of transportation available, with OIC assuming control of on-site triage efforts.
- (5) Be prepared to receive in support an anesthetist/anesthesiologist and a surgeon skilled in situation specific requirements.
- (6) Request additional MASCAL supplies, and equipment requirements during initial estimate of the situation.
- (7) Clears ER of all non-critical patients to the Extended Care Clinic or to an appropriate area.
- (8) Provide critical personnel skill requirements to the EOC by AOC/MOS. Include requirements for dedicated specimen, blood, and blood product couriers, patient transport teams, and other manpower requirements.
- (9) Establish and maintain communications with other emergency medical services on Fort Belvoir or DUSAA as the situation warrants, and/or civilian emergency medical services as appropriate.
- (10) Coordinate with EOC if additional MP support is required.
- (11) Coordinate for a medical escort for all casualties requiring MEDEVAC to another facility.

b. **Adjutant or Administrative Officer of the Day (AOD) and SDNCO** will:

- (1) Alert the command group per AOD/SDNCO instructions for MASCAL situations and Code Yellow announcement status.
- (2) Implement alert notifications and/or recall of personnel after assessing the situation with OIC Triage/ER.

APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW

- (3) Implement other emergency procedures per AOD/SDNCO standing instructions and/or special guidance. On order, direct Information desk to announce Code Yellow over the beeper paging system and hospital speaker system.
- (4) Notify the post EOC, Walter Reed AOD, and NARMC AOD/EOC and render periodic reports as required if DACH EOC is not activated/operational.
- (5) In the absence of a PAO, coordinate with post PAO and assume duties as hospital spokesperson.

c. **C, Department of Surgery** or senior representative will:

- (1) Organize surgical teams for full mass casualty effort. Organize patient flow, operating and recovery rooms.
- (2) Provide a senior surgeon to perform duties as Triage OIC for trauma related mass casualty incidents.
- (3) Provide anesthesiologists to assist ER staff with airway management.
- (4) Maintain in-house communications with other department chiefs, operating rooms, recovery room, emergency room.
- (5) Effect rapid internal re-supply of pharmaceutical and expendable surgical/medical supplies.
- (6) As necessary coordinate with DON to relocate patients from inpatient wards receiving expansion requirements.

d. **C, Medical Director of ICU** or senior representative will:

- (1) Organize and staff the **CRITICAL CARE, Pre-Op** (located in ICU step-down) patient care areas. Is the OIC of the critical care pre-op and post-op patient care areas.
- (2) Be prepared to provide a Triage Team OIC for non-trauma mass casualty situations.
- (3) In coordination with Department of Nursing (DON) and Patient Administration Division (PAD), discharge

APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW

non-critical admitted patients as necessary, opening
beds for trauma patients.

- (4) On demand, dispatch at least one Respiratory Specialist (91V) to the ER.

e. C, Department of Family Practice or senior representative
will:

- (1) Organize and staff the DELAYED (located on Ward 4A with 3B as backup) patient care areas. OIC is physician (internist or family practice) assigned as the combined inpatient service attending.
- (2) Organize DOFP internal medical assets (residents, Phase II students, etc.) and physical therapy personnel for sustained emergency operations in the delayed patient care area.
- (3) Coordinate with Department of Surgery, Department of Medicine, and other medical departments for post-triage patient care.
- (4) Direct unutilized DOFP personnel to the manpower pool.
- (5) Be prepared to become alternate OIC of internal Triage Team.
- (6) During duty hours and through the DCPMC, alert facility clinics to expect receiving minimal care patients from the disaster site.
- (7) Organize and staff the MINIMAL patient care area (located in the Family Health Care Center of Fort Belvoir).
- (8) The OIC of the minimal patient care area is the Medical Director of the Family Health Care Center of Fort Belvoir.
- (9) With assistance from OB/GYN, account for and discharge outpatients derived from the disaster/emergency in the minimal care patient area.

f. Mental Health, or senior representative will organize and staff
the CRISIS INTERVENTION/DE-STRESS and

APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW

DISCHARGE patient care area (located in the Family Practice Conference Room). In coordination with DCCS prepare follow-on care plans. Is the OIC of the crisis intervention/de-stress and discharge patient care area. Implement as appropriate, crisis intervention counseling.

g. **Deputy Commander for Clinical Support (DCCS)**, or Acting DCCS will:

- (1) Organize and control the total medical response effort and allocate human and material resources.
- (2) Monitor management of trauma casualties and medical patients originating from disaster area/site.
- (3) Establish and direct appropriate follow-on care programs. Organize clinical assets for post-operative and/or post-admission medical care.

h. **Deputy Commander for Nursing**, or Chief Clinical Nursing or senior Nurse Emergency Room will:

- (1) Organize and assign the nursing staff for emergency medical care. Direct unutilized nursing personnel to the labor pool.
- (2) Implement ward expansion plans as warranted by the situation.
- (3) Provide DOM with nursing personnel for care of Critical Care Pre-op and Post-op patients.
- (4) Provide other emergency nursing duties where indicated by the gravity of the situation.
- (5) Determine medical supply and equipment requirements and after screening internally available assets, provide to C, Logistics for consolidated procurement or issue.
- (6) Be prepared to provide the ER with nurse anesthetist(s) in coordination with C, DOS.

i. **C, Department of Pathology**, or senior representative present will:

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MASS CASUALTY MANAGEMENT: CODE YELLOW

- (1) On order, provide phlebotomy team(s) to triage area and/or ER as necessary to draw blood specimens for lab testing.
 - (2) As the situation warrants or on order, provide a blood status report to the EOC reflecting available blood supplies from all sources. Be prepared to make the necessary arrangements to receive blood products to handle and support the MASCAL.
 - (3) Coordinate with C, Logistics to provide transportation for the deceased to our morgue. Drivers will be obtained from the labor pool. In the event that the morgue has reached its maximum capacity of 8 to 10, the Department of Pathology will coordinate with Fairfax County Medical Examiner and local military morgues for supplemental morgue space. Coordination will be made with the Chief, Logistics for refrigerated vans should the MASCAL require additional temporary morgue space.
 - (4) Coordinate with installation Casualty Assistance Officer (through AG Casualty Branch), and provide assistance to accomplish requirements for the deceased.
- j. C, Patient Administration Division, or senior PAD representative present will:
- (1) Execute pre-packaged medical record support. Request additional administrative/clerical support personnel from DCPMC when required.
 - (2) Establish liaison to effect the transfer/regulation of patients to other military medical facilities, VA hospital, and civilian hospitals.
 - (3) Provide a PAD team to the triage/ER to collect and safeguard patient's equipment and personal effects.
 - (4) Provide command group (EOC) with casualty lists, unit of assignment, if known, and periodic updates.
 - (5) Provide an EOC representative IAW Annex G.

APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW

- (6) Coordinate as required with installation AG Casualty Branch and Mortuary Officer for patient administrative requirements of the deceased.

k. **Company Commander**, or representative will:

- (1) Coordinate with and maintain communications with EOC or Command Group for manpower and labor allocation requirements.
- (2) On order, provide EOC support IAW Annex G.

l. **C, Operations and Training**, or senior division representative present will:

- (1) On order, implement and execute Emergency Operations Center functions IAW Annex G.
- (2) Implement lateral, higher headquarters, and community notification as appropriate to the situation.
- (3) Coordinate for MP and/or security forces as required for traffic control, family assistance and crowd control. Request MPs clear fire lanes of any and all POVs/unauthorized vehicles.
- (4) Manage and institute lessons learned requirements.

m. **C, Nutrition Care Division** will:

- (1) On demand, provide nutritional care to the command and staff, EOC and shift personnel, volunteers, and as authorized by the commander, family members, media, VIPs, etc.
- (2) As the situation warrants, be prepared to stop customer food costs and the surcharge.

n. **C, Logistics Division**, or senior division representative present will:

- (1) Implement emergency re-supply, service, housekeeping, and medical maintenance/equipment repair plans. If practical, determine requirements and implement emergency logistics for night operations (procure generators, light sets for Triage/ER areas, etc.)

APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW

through the EOC. If not activated coordinate directly with installation operations center.

- (2) Issue extra medical supplies and materials on an emergency basis to the ER and/or triage site(s).
 - (3) Implement elevator independent power operations working condition, issue by-pass keys, and staff the elevators with dedicated operators. Coordinate with Red Cross officials, through the EOC, for additional manpower requirements.
 - (4) As required, re-call DACH vehicles support and establish centralized motor pool. EOC will establish priority of dispatch.
 - (5) Organize and manage a litter and blanket exchange site with ER.
 - (6) Be prepared to provide a temporary mortuary in coordination with C, Department of Pathology.
 - (7) Provide personnel for EOC support IAW Annex G.
 - (8) Provide personnel without pre-assigned MASCAL duties to manpower pool.
- o. **Public Affairs Officer**, will:
- (1) Coordinate with and notify appropriate Public Affairs Officers and disseminates authorized information. Request patient information updates from EOC.
 - (2) Coordinate with appropriate PAOs to establish a media center when necessary.
 - (3) Secures authorization to release patient information from the patient, the patient's family members, or as appropriate, the patient's chain-of-command, or the DACH command group, for further release to media sources.
 - (4) Be the official DACH spokesperson. Be the escort for the medical center to those media representatives authorized access to patient care areas.

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MASS CASUALTY MANAGEMENT: CODE YELLOW

p. **C, Social Work Service**, will:

- (1) On order, become OIC and establish, staff, and operate a Family Assistance Center located in the Main Conference Room. Coordinate staffing assistance with Department of Ministry/Pastoral Care and Representatives, American Red Cross. The alternate Family Assistance Center will be the Medical Company Day Room.
- (2) Coordinate with the installation Emergency Casualty Assistance Center (ECAC), if activated, through AG Casualty Branch, and be prepared to assist with family member counseling.
- (3) Coordinate with DACH's Staff Judge Advocate for legal assistance representative in the Family Assistance Center.

q. **C, Ministry/Pastoral Care** will:

- (1) Administer emergency ministrations as appropriate.
- (2) Will provide ministerial and staffing support to the Family Assistance Center. In coordination with Social Work Service, disseminate factual information on the status of loved ones to family members.
- (3) On order, coordinate with the installation Emergency Casualty Assistance Center (ECAC), if activated, through AG Casualty Branch, and be prepared to assist with family member pastoral care.

r. **C, Radiology** will expand operations to maximum capacity. WILL NOT send personnel to the manpower pool.

s. **C, Pharmacy** will expand operations to maximum capacity. WILL NOT send personnel to the manpower pool.

t. **C, OB/GYN** will provide personnel to assist family practice physician with DELAYED patient care area operations.

APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW

u. **All Other Professional Departments, Services, and Activities, will:**

- (1) On demand, and in coordination with the primary care providers, assist with clinical emergency casualty care and/or with administrative support functions.
- (2) Detail other professionals staff and care providers to the manpower pool.
- (3) Provide administrative personnel, to include civilian employees, to the manpower pool for patient documentation assistance, carrying litters, pushing wheelchairs, and other labors.

v. **All Other Administrative Divisions and Services, will:**

- (1) Provide emergency administrative, material, supply, nutritional care, engineering, housekeeping, and other resource support within capabilities.
- (2) Provide administrative personnel, to include civilian personnel, and other secondary care providers to the manpower pool for patient documentation assistance, carrying litters, pushing wheelchairs, beds, gurneys, and other labors.
- (3) Refer to Annex E (Personnel and Administrative Management) for further instructions and tasks.

w. **American Red Cross Volunteers** are requested to:

- (1) Assist in clearing all elevators of non-essential personnel and visitors and provider elevator operations in coordination with Logistics Division.
- (2) Assist in family member comfort in coordination with Social Work Services and Pastoral Care/Ministry.
- (3) Assist in transporting lab reports between ER and clinical services.

6. **Coordinating Instructions.**

- a. In absence of specific guidance, next-of-kin notification VSI, SI, and ambulatory patients will be reported (via PAD) to unit chains-of-command.

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MASS CASUALTY MANAGEMENT: CODE YELLOW**

- b. Reporting of medical data, lab reports, and other critical patient information will be by courier or CHCS only. Telephonic notification of results is inappropriate and subject to error.
- c. Ft Belvoir military police support will provide assistance with controlling and dispersing on-lookers, family members, and other non-medical, non-essential personnel.
- d. All personnel engaged in triage operations will follow approved protocols appropriate to their level of experience and expertise.
- e. Volunteers not affiliated with a recognized volunteer organization may not be used for emergency assistance.
- f. Safety, standard precautions, and infection control policies will not be compromised.

C. COMMAND, CONTROL, COMMUNICATION (C3). Upon plan implementation, the following C3 additions/changes will occur:

- 1. **Command.** No changes.
- 2. **Control.**
 - a. Commander, DACH is Chief, Crisis Management Team and has authority to announce or delegate MASCAL CODE YELLOW. Is initially located in the command wing. As appropriate, details CSM to manpower pool to assist with detail/labor management.
 - b. Deputy Commander for Clinical Services controls and allocates clinical services. Serves on Crisis Management Team. Is Acting Commander during Commander's absence and has authority to announce MASCAL CODE YELLOW. Is initially located in the command wing.
 - c. Deputy Commander for Administration controls and allocates material and human resources. Serves on Crisis Management Team and has a authority to announce MASCAL CODE YELLOW. Is initially located in the command wing.
 - d. Company Commander controls (OIC) the manpower pool.
 - e. Deputy Commander for Nursing controls the nursing staff. Serves on Crisis Management Team.

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MASS CASUALTY MANAGEMENT: CODE YELLOW

- f. C, Operations and Training manages the EOC and controls the EOC staff. Advises the Crisis Management Team.
- g. C, Department of Emergency Medicine controls the ER staff and establishes the triage site. Coordinates with appropriate department (Surgery, Medicine) for Triage Team OIC. Is authority to declare CODE YELLOW. During after duty hours authority to announce CODE YELLOW rests with the senior medical officer present.
- h. The OIC of the mobile (on-site) triage team is appointed from available medical personnel assets most appropriate to the mass casualty situation.
- i. C, Social Work Services controls the Family Assistance Center staff.
- j. OICs of patient care areas will keep the EOC and command group informed of changing situations and requirements.
- k. All other departments/division/service/activity chiefs remain available to task, organize, and allocate human and material resources.

3. **Communication.** See Annex F, SIGNAL.

- a. Chief, IMD has authority to impose minimize on telephone communications and electronics message traffic.
- b. While mobile, the ambulance teams will utilize current radio equipment to communicate with field units and fire departments.
- c. Hand held radios (available form Adjutant/EOC) will have priority issue to C, DOS, C, Emergency Dept, DCCS, C, Operating Room, C Manpower Pool, hospital Triage Area, and C, Immediate Area.
- d. The telephone will be a primary voice network for the command group and department/division chiefs. See Annex F for telephone lists and secure.
- e. Chief, IMD as required, will coordinate with post Director of Information (DOIM) for additional EOC communications to include FAX, LAN, e-mail, FM radio, and secure STU-III

APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MASS CASUALTY MANAGEMENT: CODE YELLOW

equipment. Special cellular phones may be procured for
patient/family communication.

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ENCLOSURES:

- TAB A - Heat Injuries
- TAB B - Manpower Pool Organization and Management
- TAB C - Triage Team Organization
- TAB D - Family Assistance Center Operations
- TAB E - Public Affairs Operations
- TAB F - Delayed Treatment Area
- TAB G - Minimal Treatment Area
- TAB H - Immediate Treatment Area
- TAB I - Critical Care, Pre-op/Post-op Treatment Area

**TAB A TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPARENESS PLAN
HEAT INJURIES**

A. REFERENCE.

1. Protocol. DACH Emergency Room - Heat Injury
2. Field Manual (FM)21-11. First Aid for Soldiers

B. SITUATION. Ambulance Section or the Emergency Room is notified of heat casualties which have overwhelmed unit medical capabilities and the more seriously affected are in-route to DACH. After initial notification, it is highly probable that more patients are to follow. Casualties are expected to be delivered by all modes of transportation (air, ground, POV).

C. CONCEPT OF THE OPERATION. As stated in Appendix 1 plus:

1. Ambulance section confirms situation, number of patients and degree of heat injury. Emergency Room task organizes by coordinating with chain of command and service/support divisions.
2. Heat injury MASCAL protocols are implemented. Triage area is established. PAD representatives assist in patient identification and tracking. Patient equipment and personal effects protected. Chief, Clinical Nursing/or Charge Nurse, Ward 4A prepares ward space and assigns nursing personnel.
3. Non-critical patients are removed from the ER waiting room to DeWitt Family Health Center. Litter bearers, gurney operators, lab and specimen couriers and other personnel requirements are drawn from available personnel. The Command Group is notified.
4. Patient's chain of command is consulted. Medical follow-ups continue. Chaos is controlled, situation contained and normalcy re-established.

D. TASKS. Review tasks stated in Appendix 1 and:

1. **Supervisor, Ambulance Section,** will:
 - a. Confirm seriousness of situation and potential numbers of heat casualties. Report findings to ER.
 - b. Coordinate ambulance transportation requirements to and from site. On order, transport medical team to site for initial triage control.
 - c. Assist in triage at DACH.

A-1-C-1

TAB A TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPARENESS PLAN
HEAT INJURIES

2. **OIC, Emergency Room,** will:

- a. Coordinate with EOC for Triage Team OIC. Determine requirement for code yellow recommend such to DCCS.
- b. Implement heat injury protocol.
- c. Determine need to send a medical team for on-site triage.
- d. Coordinate with EOC for additional manpower requirements.

3. **Chief, Emergency Medicine** will be prepared to become the principle **Triage Officer**, on order, or as the situation warrants.

E. COORDINATING INSTRUCTIONS.

1. Ice is available in the Dining Facility. Additional IV fluids, poles, litters, and litter straps are available from Logistics Division.
2. A heat injury MASCAL exists when at least 10 persons per hour are brought into the emergency room or when 15 or more **confirmed** number of casualties are in-route to DACH.
3. Safety codes, standard precautions, and infection control policies will not be compromised.

F. COMMAND, CONTROL AND COMMUNICATIONS (C3). As stated in Appendix 1 plus:

1. During normal duty hours, authority to formally declare a heat injury MASCAL rests with the command group.
2. After duty hours, weekends and holidays, authority to formally declare a heat injury MASCAL rests with the senior medical officer present.
3. Authority to implement re-call of personnel is inherent with declaration of code yellow.

**TAB B TO APPENIX 1 TO ANNEX C EMERGENCY PREPAREDNESS PLAN
MANPOWER POOL ORGANIZATION AND MANAGEMENT**

- A. **GENERAL.** All requirements for professional, primary and secondary care providers, and labor and administrative personnel will be centrally consolidated into a manpower Pool, located in the Dining Facility. As the situation warrants, personnel with certain skill requirements will be assigned emergency duties when called upon by a requesting department through the EOC, if established. A manpower pool may be established under any emergency situation.
- B. **SITUATION.** An emergency situation has occurred on Fort Belvoir or in the vicinity of, generating a significant number of casualties in a relatively short time-frame. DACH is alerted to prepare to receive and treat casualties. Orders are issued to organize and staff a consolidated manpower pool from available personnel, regardless of rank. Skill requirements are received through the EOC and transmitted to the Manpower Pool. Personnel are allocated for emergency medical, nursing, logistical and administrative requirements.
- C. **ASSUMPTIONS.**
1. Physicians, surgeons, and major elements of the nursing staff have pre-planned emergency duty instructions and will not report to the Manpower Pool.
 2. Major clinical departments may establish internal manpower pools during a limited response separate and distinct from a general CODE declaration.
 3. Standard precautions for infection control and safety standards will be observed by all manpower pool participants and will not be compromised.
 4. Civilian employees will respond accordingly. Overtime or compensatory time is inherently approved by an official declaration of an emergency situation.
 5. DENTAC will respond to DACH's requests for oral surgeons, a dental forensic team, and other manpower requirements as necessary.
- D. **CONCEPT OF OPERATIONS/MANAGEMENT.**
1. Orders are issued by the command group or EOC, to establish the Manpower Pool.

TAB B TO APPENIX 1 TO ANNEX C EMERGENCY PREPAREDNESS PLAN
MANPOWER POOL ORGANIZATION AND MANAGEMENT

2. Upon orders, the first NCO or Officer present within the dining facility will set-up and organize the manpower pool . This initial responsibility will last until the arrival of the OIC (*Company Commander*), and *First Sergeant* to the Dining Facility and establishes communications, either by runner or by phone, with the EOC or command group. Initial organization of the dining facility will occur with the first arriving personnel. EOC provides skill requirements and OIC allocates personnel. Accounting of personnel is secondary to meeting initial manpower requirements.
3. Personnel not required for essential emergency duties within their assigned workplace will be directed to report to the Manpower Pool. In addition, many day-to-day activities that are not absolutely essential will be, as specified by department/division chief, deferred, curtailed, or discontinued for the duration of the emergency.

E. **TASKS.**

1. *Company Commander* will develop implementing plans that support this appendix.
2. OIC, Manpower Pool will respond to manpower requests from the EOC as a first priority.
3. Periodic status reports of personnel available, by AOC/MOS, will be provided to the EOC.
4. Assign personnel (91Cs) to assist the patient Discharge area located in the Family Practice Conference Room.
5. **LABOR REQUIREMENTS.** Initial Manpower Pool requirements to be provided and be prepared for are:
 - a. Two (2) messengers/runners to the EOC and Triage area(s).
 - b. One or more Respiratory Specialist (91V) to the ER.
 - c. A minimum of 10 laborers to Logistics Division to carry out efforts of re-supply, positioning materials and equipment. Identify all military licensed drivers.
 - d. On demand, laborers to Department of Nursing for ward and bed expansion purposes.
 - e. On demand, liter carriers, gurney and wheelchair pushers to the ER, OR, and Department of Nursing.

**TAB B TO APPENIX 1 TO ANNEX C EMERGENCY PREPAREDNESS PLAN
MANPOWER POOL ORGANIZATION AND MANAGEMENT**

- f. On demand, couriers/messengers to laboratory and clinical service offices for relaying specimens and test results to ER and OR(s).
- g. Elevator operators to Department of Logistics for dedicated elevator operations using manual or keyed by-pass controls.
- h. Couriers for transporting blood, blood products, and by-products for Department of Pathology.
- i. Clerks, typists, telephone operators, and administrative personnel to Patient Administration Division and other divisions/departments/activities/services.

F. COORDINATING INSTRUCTIONS:

- 1. Civilian volunteers not affiliated through a recognized volunteer organization may not be utilized.
- 2. Standard precautions and safety standards will not be compromised.
- 3. Personnel will not be assigned duties not qualified for by lack of certification or license.
- 4. Medical smocks or disposable linen may be required for personnel arriving in civilian attire. Direct coordination with C, Logistics is authorized.

G. COMMAND, CONTROL, COMMUNICATIONS.

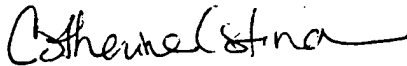
- 1. **Command.** No changes to current relationships are anticipated.
- 2. **Control.**
 - a. The *Company Commander* is the Officer-in Charge of the Manpower Pool, its task organization, operation and management.
 - b. The First Sergeant, is the assistant OIC. The assistant will establish communication (runners, phone) with the ER/OR and EOC.
 - c. The Command Sergeant Major will initially collocate with the OIC and assist in personnel control, accountability, and utilization. The CSM will provide input to the command group and the EOC as to manpower pool status of operations.

TAB B TO APPENIX 1 TO ANNEX C EMERGENCY PREPAREDNESS PLAN
MANPOWER POOL ORGANIZATION AND MANAGEMENT

3. Communications.

- a. Initial communications between the Manpower Pool and the EOC/Triage Teams will be by hand held radio, the phone(s) located in the Dining Facility, also see Annex F, Signal) will be used by the OIC and assistants as a secondary (backup) system.
- b. If available, hand-held radios may be issued for internal voice communications.

OFFICIAL:



CATINA, CATHERINE
CPT, MS
Company Commander

**TAB C TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
TRIAGE TEAM ORGANIZATION AND PATIENT DISPOSITION**

- A. **GENERAL.** Triage teams are formed to expedite casualty care by identifying life-threatening wounds from non-life threatening wounds for priority treatment. The team will triage patients by standard patient priority categories (immediate, minimal, delayed, or expectant) so the most critical non-expectant patient is seen first by emergency medical personnel.
- B. **TRIAGE TEAM COMPOSITION.** During emergency situations two triage teams will be formed. One triage team stays within the patient receiving area. During mass casualty situations or when the situation dictates, a triage team will be taken by Ambulance Services to the disaster site. The "on-site" triage team will perform on-site triage of patients and direct patient movement priorities. Communications to and from the Emergency Dept will be by normal ambulance communication devices. The triage teams as a minimum may be staffed as follows:

<u>in-house Triage Team</u>	<u>Mobile Triage Team</u>
1 - Emergency Physician	1 - EMS trained Physician
4 - EMS trained Nurses	4 - EMS trained Medics
4 - EMS trained medic's (91B)	(2 -ALS providers)
1 - PAD representative (71G MOS)	(2 - BLS provider)
Litter Teams	Litter Teams

Note: a Chaplain, a Psychiatrist, and a Dentist may supplement the triage team(s)

- C. **PATIENT DISPOSITION: TRIAGE AREA.** Initial patient reception area may be established outside the ER. During inclement weather the patient receiving area will be inside the walk-in entrance of the ER or elsewhere as the situation warrants. Once triaged, casualties will be further moved to a defined area based on their category given during triage.
- D. **PATIENT DISPOSITION: TREATMENT AREA.** Patients will be transferred to specific areas based on the four-triage categories. Each area will have a designated OIC with support staff.
1. **Immediate:** Primary Location - Emergency Room waiting room. Patients will be transferred to appropriate patient care area: OR, ICU, PACU (pre-op of patients pending surgery) ASAP to make space for additional patients as needed. The OIC will be the C, EMS.
 2. **Delayed:** Primary Location - 4A. OIC will be a Family Practice attending. Alternate Location - 3B.

**TAB C TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
TRIAGE TEAM ORGANIZATION AND PATIENT DISPOSITION**

3. **Minimal:** Location - Family Health Center at Fort Belvoir. OIC will be a surgical staff who is not participating in surgical procedures. Alternate Location: Specialty Clinic (Surgical, GI, Orthopedic, and Physical Therapy).
4. **Expectant:** Primary Location - Lab/Phlebotomy area. OIC will be a Family Practice attending. Alternate Location -
5. Patients to be **Discharged** will be escorted to Family Practice Conference Room for crisis intervention and/or de-stress counseling.

E. PATIENT DISPOSITION: MEDEVAC. Casualties taken to DACH who require air evacuation will first be stabilized in the Triage Area. As the need arises, the Triage OIC will coordinate initially with the Ambulance Section/911 for medevac requests. The Ft. Belvoir Fire Department and MP's will be notified so an area may be secured for a landing zone. The following Medevac services the Ft. Belvoir region:

1. **MedStar** - able to transport up to 2 patients per aircraft. Two aircraft on site at Washington Hospital Center. Staff consists of a RN and EMT-P. **Telephone: 1-800-824-6814 or (202) 877-7000.**
2. **AirCare** - able to transport up to 3 patients per aircraft. One aircraft on site at Fairfax Hospital (INOVA). Staff consists of a RN and EMT-P. **Telephone: 1-800-258-8181 or (703) 698-3009.**
3. **U.S. Park Services** - able to transport up to 4 patients per aircraft with 2 aircraft on site at Bowling AFB. Staff consists of 5 aircrew with 3 medical provider with ALS capabilities. **Telephone: (202) 690-0768.**

The following civilian facilities have agreements with DACH to accept MASCAL patients and are designated alternative critical care patient reception sites:

Facility	Emergency Dept	Hospital
Washington Hospital Center	(202) 877-7000	877-6701
Fairfax Hospital (INOVA)	(703) 698-3111	876-0522
Potomac Hospital	(703) 670-1363	670-1363
Mount Vernon Hospital (INOVA)	(703) 664-7000	360-9199
Children's Hospital	(202) 884-5433	

All other transfer arrangements between military/DOD facilities remain in effect.

**TAB C TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
TRIAGE TEAM ORGANIZATION AND PATIENT DISPOSITION**

F. COORDINATING INSTRUCTIONS.

1. Logistics Division will manage litter and gurneys availability.
2. Blanket exchange point will be coordinated through Logistics Division, Linen Branch.
3. MASCAL supply containers is the responsibility of the Chief, Emergency Room.
4. Manpower will be coordinated with the EOC.

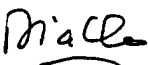
G. COMMAND, CONTROL, COMMUNICATION.

COMMAND. The OIC of the Mobile Triage Team will be responsible for medical management. The Fort Belvoir Fire Department will establish an Command Post with an Incident Commander (IC) who will be the Officer-In-Charge at the scene.

CONTROL. Staging area for triage and patient loading will be coordinated with the IC. In accordance to Fort Belvoir Department Mascal SOP, a Transportation Officer is identified within the Command Post to keep track of the movement of patients to all medical facilities (military or civilian). The Triage OIC is to provide the medical guidance on the where the patient should go for care and the type of evacuation (ground or air) that would be appropriate.

COMMUNICATION. Communications will be channeled through the on-scene Fire Department Command Post so the overall scene management may be controlled. Request for additional medical support or manpower is to be made through the IC.

OFFICIAL:


DIALLO
COL, MS
Chief, DOEM

C-1-C-3

FILE: C-1-C

12/08/97

**TAB D TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
FAMILY ASSISTANCE CENTER OPERATIONS**

- A. **GENERAL.** During a disaster or emergency situation strong emotions occur including fear, numbness, shock, confusion, and anger. These emotions can appear in victims, their families and relatives, friends, and co-workers.
- B. **SITUATION.** An emergency situation has occurred on Fort Belvoir generating a significant number of casualties. During this casualty situation concerned families and friends will converge upon the main conference room. Orders are issued to organize and staff a Family Assistance Center.
- C. **EXECUTION.**
1. **Concept of Operations.**
 - a. On order of the EOC or command group, a Family Assistance Center will be organized and established in the Main Conference Room, located on the basement floor of the main hospital.
 - b. Chief, Social Work Services is designated as Chief, Family Assistance Center. Additional staffing will be provided by Department of Ministry and Pastoral Care, Red Cross volunteers, and personnel from the Manpower Pool.
 - c. Services that will be provided include grief counseling, social service referrals, comfort refreshments, patient status updates, and other related services. OIC will coordinate with Staff Judge Advocate for legal assistance/representation.
 - d. The Family Assistance Center will operate and provide services until terminated by the EOC or the command group.
 2. **Tasks.**
 - a. Chief, Social Work Services will develop implementing plans/SOP in coordination with Red Cross officials and Chief, Department of Ministry and Pastoral Care.
 - b. Chief, Department of Ministry and Pastoral Care will provide Family Assistance Center staffing and administrative support within area of expertise. Assign chaplains and provide counseling as appropriate.
 - c. Staff the hospital main entrance to receive family members and friends of casualties.

TAB D TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
FAMILY ASSISTANCE CENTER OPERATIONS

- d. Director, Red Cross Volunteers is invited to provide staffing and administrative support within area of expertise.

3. **Coordinating Instructions.**

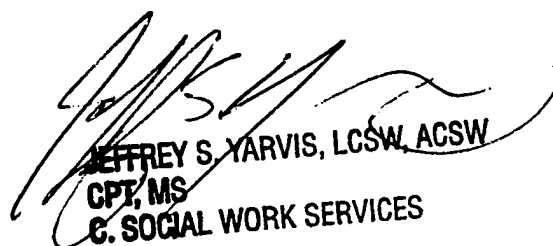
- a. Logistical resources (tables, desks, typewriters, etc.) will be provided from internal (SWS, Red Cross, Chaplain) sources.
- b. Additional personnel requirements will be submitted to the EOC. The EOC will task the Manpower Pool to provide personnel assets as available.
- c. Refreshments for family members and friends, staff and volunteers, may be coordinated directly with the Dining Facility.
- d. Provide the EOC with periodic updates of activities and degree of situation involvement.

D. **COMMAND, CONTROL, COMMUNICATIONS.**

1. **Command.** No changes to current command relationships is anticipated.
2. **Control.** The Chief, Social Work Services controls the Family Center, its operation and management. The senior Chaplain present is designated deputy chief.
3. **Communications.** Normal telephone lines will be used as the primary means to alert and recall Family Assistance Center personnel. The Main Conference Room has telephone lines for direct communications with the EOC. See Annex F for phone numbers and communication devices available.

OFFICIAL:

SAUNDERS
Chief, Social Work Services


JEFFREY S. YARVIS, LCSW, ACSW
CPT, MS
C. SOCIAL WORK SERVICES

D-1-C-2

FILE: C-1-D

12/08/97

TAB E TO APPENDIX 1 TO ANNEX C TO EMERGENCY PREPAREDNESS PLAN
PUBLIC AFFAIR OPERATIONS

A. REFERENCES.

1. AR 360-5, Army Public Affairs - Public Information
2. AR 360-61, Army Public Affairs - Community Relations
3. AR 360-81, Command Information Program
4. FM46-1, Public Affairs Operations
5. MEDCOM Pamphlet 360-1, Public Affairs Officer's Desk Top Guide
6. Walter Reed Army Medical Center Reg 360-1, MEDCEN Public Affairs Program
7. USAFB Policy Letter 360-14-96, Interaction with External Media
8. Fort Belvoir Force Protection Plan, Annex J, draft dated August 1996.

B. GENERAL. Any large-scale disaster generating significant numbers of casualties will cause intense media interest. The media will request interviews with survivors, family members and the staff of DeWitt Army Community Hospital.

C. SITUATION. An emergency situation has occurred on Fort Belvoir generating a significant number of casualties. Due to the gravity of the situation, media interest is generated. Orders have been issued to implement Code Yellow and the MEDDAC PAO/Spokesperson is notified.

D. MISSION. To release appropriate information on DACH's emergency medical care activities, and its patients, consistent with limitations of security, accuracy, propriety, policy, and patient privacy, in order to keep the public informed, retain public confidence in DeWitt ACH, and preserve favorable media and community relations.

E. EXECUTION.

1. **Assumptions.** None.
2. **Friendly Forces.** For the purposes of this plan, all PAOs on Fort Belvoir, representing all commands and tenant organizations, will assist and/or augment the MEDDAC PAO when called upon with public relations duties during times of emergencies and/or disasters, and during humanitarian operations.

TAB E TO APPENDIX 1 TO ANNEX C TO EMERGENCY PREPAREDNESS PLAN
PUBLIC AFFAIR OPERATIONS

3. **Concept of Operations.** The installation PAO is the lead agent with MEDDAC PAO as the hospital's spokesperson and public affairs representative. Information will be received from various sources and can be expected to be incomplete, contradictory, out of date, wrong, and biased. A media center will be established. As local and national media representatives arrive on the scene, situation updates, interviews, and human interest stories will be demanded. Cooperative action will ensue. Initial chaos will be overcome. Orderly and objective news releases will be available. Closure of emergency PAO operations will occur as a normal part of the disaster/emergency containment and return to normalcy process.
4. **Tasks:** The DACH Public Affairs Officer/Spokesperson will:
 - a. Immediately notify appropriate PAO offices; i.e., Fort Belvoir PAO and any unit or tenant PAOs with personnel involved in or victims of a disaster or emergency. Notify lateral and higher headquarters PAOs. Notify counterparts at local and civilian medical facilities.
 - b. In coordination with installation PAO, establish the media site (normally SOSA Recreation Center). Coordinate with the DACH EOC for periodic updates and exchanges of information in a timely manner.
 - c. Accompany media representatives within the interior of the hospital when representatives are so authorized access.
 - d. Coordinate with the DACH EOC for periodic updates and exchanges of information in a timely manner.
 - e. Take immediate actions as necessary to correct discrepancies or erroneous press reports.
 - f. Keep the WRAMC, MEDCOM and OTSG Public Affairs Offices informed of the situation. Respond to WRAMC, MEDCOM and OTSG reporting requirements accordingly.
 - g. Draft news releases and/or periodic situation updates for command approval.
5. **Standing Policies.**
 - a. **INTERVIEWS.** Requests to interview patients and attending health care providers will be honored subject to appropriate written agreement of individuals concerned.

TAB E TO APPENDIX 1 TO ANNEX C TO EMERGENCY PREPAREDNESS PLAN
PUBLIC AFFAIR OPERATIONS

- b. MEDIA ACCESS to health care personnel will be made available to the news media whenever requested for interviews subject to WRAMC/MEDCOM/OTSG/Installation PAO notification.
- 6. Information concerning special operations personnel will not be released without specific chain of command or installation approval.
- 7. Classified information will be protected from unauthorized disclosure and under no circumstances will be released to media representatives.

OFFICIAL:



SUSAN ALLEN
Public Affairs Officer

**TAB F TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
DELAYED TREATMENT AREA**

- A. **MISSION:** To receive and treat casualties categorized as "delayed" until the resources of the hospital permit them to receive definitive care or can be transferred to a facility which can provide definitive care.
- B. **LOCATION:** The delayed treatment area will be located on inpatient ward 4A and 3B.
- C. **RESPONSIBILITIES:** The OIC of the delayed treatment area will:
1. Supervise the overall operation of the delayed treatment area.
 2. Ensure that all patients are properly categorized as "delayed."
 3. Coordinate directly with the Chief, Department of Emergency Medicine and EOC to ensure appropriate and efficient utilization of personnel and resources assigned to the delayed treatment area.
 4. Coordinate with nursing staff and representatives from the pediatric, surgical, orthopedic and obstetric services to assess disposition patients previously admitted to wards 4A and 3B. Patients will be dispositioned by discharge or transfer based on an estimate of the resources required to support the delayed treatment area.
 5. Coordinate with the OIC, Operating Room for movement of "delayed" patients to that area. Coordinate directly with Chief, Department of Emergency Medicine and Chief, Department of Surgery to evaluate hospital resources and anticipated surgical workload. Arrange for transfer of stable "delayed" patients to other facilities for definitive care as required.
 6. Ensure that required documentation of medical treatment is completed on every patient.
- D. **STAFFING:** The specific staffing of the delayed treatment area will depend on the nature of the mass casualty event and requirements for personnel to support other areas. The OIC of the delayed treatment area will coordinate closely with the EOC and Chief, Department of Emergency Medicine to ensure that the delayed treatment area is assigned sufficient personnel to meet situational requirements. Recommended minimum staffing levels for planning purposes are outlined below:
1. Family Physicians or Internists: 5 (Inpatient residents and attending physician)

**TAB F TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
DELAYED TREATMENT AREA**

2. Orthopedic Surgeon: 1
3. Pediatrician: 1
4. Clinical Nurse: 2
5. Practical Nurse: 2
6. Enlisted Medical Specialist(91B) or Medical Assistant: 2
7. Administrative Coordinator: 1

E. SUPPLY REQUIREMENTS: (1 set each for 4A and 3B)

1. Medical Supply:

Lactated Ringers	12 ea
Foley Catheter	5 ea
Three-way Stopcock ext tubing	10 ea
Adhesive Tape 1"	4 ea
Adhesive Tape 2"	2 ea
4X4 Sterile Dressing	2 bx
2X2 Sterile Dressing	2 bx
Volutrol with Tubing	20 bx
Salem Sump Tubes, 16F, 18F	8 ea
NS IV Solution	12 ea
Primary IV Set	20 ea
Latex Exam Gloves	2 bx
Lumbar Puncture Tray	1 ea
Betadine Solution	1 gal
Laceration Set	5 ea
Butterfly Needle, 19 GA	1 bx
IV Catheter, 18 GA	1 bx
Syringe, Disposable 10cc	1 bx
IV Catheter, 20 GA	1 bx
Utility Bowls, 32 oz	20 ea
Betadine Scrub	1 gal
Surgical Gloves	1 bx ea sz
Primary IV Tubing	10 ea
Secondary IV Tubing	10 ea
NS Irrigating Solution	5 ea

**TAB F TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
DELAYED TREATMENT AREA**

2. Central Material Supply:

Paracentesis Tray (Basic Dx Tray)	1 ea
Tracheotomy Tray	1 ea
Thoracentesis Tray	1 ea
Minor Surgery Set	1 ea

3. Pharmacy:

Rocephin, 1 gram	4 ea
Cefotetan, 1 gram	4 ea
Cefadyl, 1 gram	4 ea
Tetanus Toxoid, Multidose Vial	1 vial
Demoral, 100mg Tubex	20 ea
Morphine Sulfate, 10mg Tubex	20 ea
Valium, 10mg Prepackaged Syringe	20 ea
Atropine Inj	2 vials
Epinephrine, 1:1000 Inj	1 vial
Bacitracin Ointment	5 tubes

**TAB G TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MINIMAL TREATMENT AREA**

- A. **MISSION:** To provide definitive care to casualties classified as "minimal" resulting from a mass casualty event.
- B. **LOCATION:** The delayed treatment area will be located on at the Family Health Center of Fort Belvoir.
- C. **RESPONSIBILITIES:** The OIC of the delayed treatment area will:
1. Supervise the overall operation of the minimal treatment area.
 2. Ensure that all patients are properly categorized as "minimal."
 3. Coordinate directly with the Chief, Department of Emergency Medicine and EOC to ensure appropriate and efficient utilization of personnel and resources assigned to the minimal treatment area.
 4. Ensure that the medical records packet for released patients are retained in the minimal treatment area until retrieved by Patient Administration Division personnel.
 5. Immediately notify the Admissions and Dispositions Branch of all patients requiring admission. Report discharged active duty military patients to the Patient Administration Division for direction to assist in the "manpower pool" as dictated by the situation.
- D. **STAFFING:** The specific staffing of the minimal treatment area will depend on the nature of the mass casualty event and requirements for personnel to support other areas. The OIC of the minimal treatment area will coordinate closely with the EOC and Chief, Department of Emergency Medicine to ensure that the minimal treatment area is assigned sufficient personnel to meet situational requirements. Recommended minimum staffing levels for planning purposes are outlined below:
1. Ophthalmologist: 1 (if not required in immediate or delayed areas)
 2. Family Physicians, General Medical Officers or Physicians Assistants: 5
 3. Internist: 1
 4. Pediatrician: 1
 5. Clinical Nurse: 2
 6. Physical Therapist: 1 (if not required in delayed area)

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**TAB G TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MINIMAL TREATMENT AREA**

7. Physical Therapy Technician: 1 (if not required in delayed area)
8. Practical Nurse: 2
9. Enlisted Medical Specialist(91B) or Medical Assistant: 2
10. Administrative Coordinator: 1

E. SUPPLY REQUIREMENTS:

1. Medical Supply:

Ace Bandage 2"	2 bx
Bandage, Adhesive (Band Aids)	3 bx
Eye Pad	3 bx
Sterile Gauze, 2X2	½ cs
Ace Bandage 3"	3 bx
8 Ply Curity	½ cs
Tape, Adhesive 42 (roll)	3 rolls
Tape, Adhesive, 1"	3 pkgs
Tape, Adhesive, 2"	3 pkgs
Splint, Finger, Aluminum, 12"	2 bx
Collar, Cervical, Foam Med	15 ea
Alcohol Preps	1 bx
Pad, Nonadherent	5 bx
Triangular Bandage	3 bx
Barrier, Sterile Field	3 bx
Bandage, Elastic, 6"	3 bx
Bandage, Gauze, Sterile Curlex, 4 ½"	50 ea
Bed Linen Protectors	1 cs
Gauze, Iodoform ¼"	3 bt
Gauze, Petroleum 3X18"	6 pk
Surgical Glove, sizes 7, 7 ½, 8	1 bx ea sz
Gauze, Iodoform 2"	3 bt
Tongue Depressors	1 bx
Shave Prep Set	50 ea
Skin Closure, Adhesive	2 bx
Stethoscope	5 ea
Dental Mirrors	2 ea
Nasal Speculum	2 ea
Betadine Surgi-prep Sponge Brushes	2 bx
Bandage, Gauze, Tubular	1 roll

G-1-C-2

**TAB G TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MINIMAL TREATMENT AREA**

Alcohol, 1 Gallon Bottle	1 ea
Betadine Solution, 1 Gallon Bottle	1ea
Latex Exam Gloves	2 bx
Irrigation Sets	10 ea
Ultra Violet Exam Light	1 ea
Fine Mesh Gauze	25 pk
Utility Bowls, Sterile, Disposable, 32 oz	30 ea
Sterile Tongue Blades	25 ea
Sterile Water for Irrigation, 1000cc	50 ea
Sterile Saline for Irrigation, 1000cc	25 ea
Needles, 21 GA	1 bx
Syringes, 50cc, Leur Lock	25 ea
Syringes, 2cc, 5cc, 10cc	½ bx ea
Betadine, 7 ½% Scrub	3 gal
PhisoHex	1 gal
Alcohol	1 gal
Suture, Nylon, 4.0, 5.0, 6.0	10 ea
Suture, Dexon, 4.0, 5.0	10 ea
Laceration Set	10 ea

2. Central Material Supply:

Burn Pack	20 ea
Minor Surgery Set	2 ea
Large Basins	25 ea
Sterile Hand Towels	25 ea
Sterile Knife Handles	4 ea
Nasal Packing Tray	5 ea

3. Pharmacy:

Xylocaine 1%	30 vials
Xylocaine 1% w/ Epinephrine	10 vials
Benadryl Inj	10 amps
Epinephrine 1:1000	10 amps
Tetanus Diphtheria	6 vials
Hyper-tet	20 vials
Demerol 100 mgm Inj	10 vials
Demerol 50 mgm tabs	50 tabs
Morphine 10 mgm Inj	10 vials
Tylenol Tabs Pre-pack	25 btl
Bacitracin Ointment	50 tubes
Neosporin Ointment	2 bx

G-1-C-3

**TAB G TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MINIMAL TREATMENT AREA**

Dacrinose	15 btls
Neosporin Ophthalmic Solution	14 btls
Bacitracin Ophthalmic Solution	25 tubes
Keflex caps 250 mg	100 caps
Fluorescein Strips	1 bx
Ibuprofen, 12 Tablet Bottles	10 ea
Silvadene Cream, 25 grams	6 tubes

G-1-C-4

FILE: C-1-G

12/08/97

**TAB H TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
IMMEDIATE TREATMENT AREA**

IMMEDIATE TREATMENT AREA:

A. MISSION: To receive those casualties categorized as Immediate from the Triage Area and prepare them for surgery. To provide care necessary to stabilize the patient while awaiting surgery.

B. LOCATION: Within the emergency room. The alternate will be the pharmacy waiting area.

C. RESPONSIBILITIES: OIC will:

1. Supervise the overall operation of the Immediate area.
2. Ensure casualties received have been properly triaged as Immediate.
3. Coordinate closely with the supervisor of the Operating Room to establish the sequence in which the patients receive surgery.
4. Ensure that area is adequately supplied with necessary medical supplies.
5. Ensure that the area is staffed as planned and the any deviations are reported to the Emergency Operations Center.
6. Ensure that the required documentation of medical treatment is completed on every patient.

D. STAFFING: The exact breakdown of the physicians and nursing personnel designated for the area will depend on the exact nature of the disaster. The tentative staffing for planning purposes will consist of the following:

- | | |
|--------------------------------------|---|
| 1. General Surgeon | 1 |
| 2. EMS MD/ General Medical Officer | 1 |
| 3. Internist | 1 |
| 4. EMS Nurse | 3 |
| 5. EMS NCO | 3 |
| 6. Practical Nurse | 2 |
| 7. Patient Administrative Specialist | 1 |

E. SUPPLY EQUIPMENT:

1. Medical Supply:
 - a. D5 1/3
 - b. Blood Recipient Sets
 - c. Catherization trays

H-1-C-1

FILE: C-1-H

12/08/97

TAB H TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
IMMEDIATE TREATMENT AREA

- d. LR (Lactated Ringers)
 - e. Foley Catheters 18F
 - f. Urinary Drainage Bags
 - g. Three Way Stopcock Ext. Tubing
 - h. Adhesive Tape, 1"
 - i. Adhesive Tape, 2"
 - j. 4X4 Sterile Dressing
 - k. 2X2 Sterile Dressing
 - l. Volutrol with tubing
 - m. Salem Sump tubing, 16F, 18F
 - n. Primary IV tubing
 - o. Secondary IV tubing
 - p. Surgical Gloves, sizes, 7, 7 ½, 8
 - q. Irrigation Sets
 - r. Chest tubes, 28F, 30F, 32F, 36F, 38F
 - s. D/W Irrigating Solution 1000cc
 - t. Normal Saline Irrigating Solution 1000cc
 - u. Utility Bowl, 32 oz
 - v. Syringe Irrigating Toomey
 - w. Subclavian Catheter, 16ga, 2 ¾
 - x. Thora-klex
 - y. IV catheters, 16ga, 18ga, 20ga
 - z. Syringes, 3cc, 5cc, 10cc, 20cc
 - aa. Latex Exam Gloves
 - bb. NS IV solution
 - cc. Endotracheal Tubes, Uncuffed 2.5, 5.0
 - dd. Endotracheal Tubes, cuffed 5.0, 8.0
 - ee. Ambu-bag, Adult, Pediatric
 - ff. Nasal Cannula, Adult, Pediatric
 - gg. Oxygen, Mask, Adult, Pediatric
2. Central Material Supply:
- a. Chest Tube Tray
 - b. Tracheotomy Tray
 - c. Thoracotomy Tray
 - d. Thorachentesis Tray
 - e. Knife Handle #4, #3
 - f. Vein Cut-down Tray
 - g. Paraacentesis Tray
3. Pharmacy Supply:
- a. Morphine Sulfate, 10mg, Tubex

H-1-C-2

FILE: C-1-H

12/08/97

**TAB H TO APPENDIX 1 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
IMMEDIATE TREATMENT AREA**

- b. Meperidine HCL, 50mg, Tubex

 - c. Valium, 10mg Inj Syringes
 - d. Tetanus Diphtheria Toxioid
 - e. Bacitracin Ointment Tube
 - f. Betadine Scrub
 - g. Epinephrine, 1:1000 Inj Amps
 - h. Solu Medral, 40mg Inj Vials
 - i. Solu Medral, 125mg Inj Vials
 - j. Solucortef, 100mg Inj Vials
 - k. Xylocaine 1%, 50ml Vials
 - l. Versed, 1mg/ml, 5ml Vials
 - m. Fentanyl
 - n. Rocephin, 16m
 - o. Cefotetan, 16m
 - p. Cefadyl, 16m
 - q. Succinylcholine, 20mg/ml, 10ml Vials
 - r. Etomidate, 40mg/20cc, 20cc Vials
 - s. Ketamine, 50mg/cc, 10cc Bottle
-
- 4. Linen:
 - a. Sheets
 - b. Blankets
 - c. Scrubs Sets

**TAB I TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
CRITICAL CARE**

A. MISSION: To receive and treat "pre-op" and "post-op" casualties until the resources of the hospital permit them to receive definitive care on 4A or can be transferred to a facility which can provide definitive care.

B. LOCATION: The pre-op and post-op treatment area will be located on the step down unit of 2A.

C. RESPONSIBILITIES: The OIC of the pre and post-op treatment area will:

1. Supervise the overall operation of the pre and post-op treatment area.
2. Ensure that all patients are properly identified as "pre-op" and "post-op".
3. Coordinate directly with the Chief, Department of Emergency Medicine and OIC to ensure appropriate and efficient utilization of personnel and resources assigned to the pre and post treatment area.
4. Coordinate with nursing staff and representatives from the pediatric, surgical, orthopedic and obstetric services to assess the disposition of patients previously admitted to wards 4A and 3B. Patients will be disposition by discharge or transferred to 4A, 3B, or another treatment facility based on an estimate of the resources required to support pre and post-op patients.
5. Coordinate with the OIC, Operating Room for movement of pre-op patients to the OR and post-op patients back to the step-down unit or to 4A. Coordinate directly with Chief, Department of Emergency Medicine and Chief, Department of Surgery to evaluate hospital resources and anticipated surgical workload.
6. Ensure that required documentation of medical treatment is completed on every patient.

D. STAFFING the specific staffing of the pre and post-op area will depend on the nature of the mass casualty event and requirements for personnel to support other areas. The OIC of the pre and post-op area will coordinate closely with the EOC and Chief, Department of Emergency Medicine to ensure that the pre and post-op treatment area is assigned sufficient personnel to meet situation requirements. Recommended minimum staffing levels for planning purposes are outlined below:

1. Family Physicians or Internists: 1 (inpatient residents or attending physician)
2. Orthopedic Surgeon: 1
3. Clinical Nurse: 1

**TAB I TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
CRITICAL CARE**

4. Practical Nurse: 1
5. Enlisted Medical Specialist (91B) or Medical Assistant: 1
6. Administrative Coordinator: 1

E. SUPPLY REQUIREMENTS.

1. Medical Supplies:

Lactated Ringers	12ea
Foley Catheter	8ea
Three-way Stopcock ext. tubing	12ea
Adhesive Tape 1"	4ea
Adhesive Tape 2"	4ea
4x4 Sterile Dressing	4bx
2x2 Sterile Dressing	4bx
Voluntrol with Tubing	20bx
Salem Sump Tubes, 16f, 18f	8ea
NS IV Solution	12ea
Primary IV Set	20ea
Latex Gloves	2 bx
Lumbar Puncture Tray	2ea
Betadine Solution	1gal
Laceration Set	5ea
Butterfly Needle, 19ga	1bx
IV Catheter, 18ga, 20ga	1bx
Syringe, Disposable 10cc	2bx
Utility Bowl, 32oz	12ea
Betadine Scrub	1gal
Surgical Gloves	1bx ea sz
Primary IV Tubing	12ea
Secondary IV Tubing	12ea
NS Irrigating Solution	8ea

2. Central Material Supply:

Paraacentesis Tray (Basic DX Tray)	1ea
Tracheotomy Tray	1ea
Thoracentesis Tray	1ea
Minor Surgery Set	4ea

**TAB I TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
CRITICAL CARE**

3. Pharmacy:

Rocephin, 1gram	8ea
Cefotetan, 1gram	8ea
Cefadyl, 1gram	8ea
Tetanus Toxioid, Multidose Vial	1vial
Demerol, 100mg Tubex	20ea
Morphine Sulfate, 10mg Tubex	20ea
Valium, 10mg Prepackaged Syringe	20ea
Atropine Inj	2vial
Epinephrine, 1:1000 Inj	1 vial
Bacitracin Ointment	5 tubes

**TAB J TO APPENDIX 3 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
RESPONSIBILITIES AND PROCEDURES OF DEPARTMENT OF NURSING**

A. MISSION: To provide for supervision and control of all nursing personnel and maintain control and proper utilization of bed space.

B. CONCEPT OF OPERATIONS.

1. The appropriate Department of Nursing Alert Notification Procedures will be initiated when the Deputy Commander for Nursing (DCN) or the representative is notified that an ALERT has been called. The last person on each alert chain will call back to the information desk to notify completion of the chain.
2. All officers and enlisted personnel assigned to Department of Nursing will report and sign in at the manpower pool in BDU's (if civilians are activated, will report in duty whites). Personnel assigned to teams will report to designated areas following sign-ins.
3. In the absence of the DCN, the Chief, Clinical Nursing will act as the DCN and make appropriate assignments.
4. Upon notification that the EPP is in effect, each ward will forward a Ward Report to the A&D Office listing the name and status of each patient (discharged vs. inpatient).
5. The Ward Physicians will determine appropriate discharges. The charge nurse will make telephonic contact to PAD. Patients determined to be discharged will be seated in each ward's day room until a PAD clerk completes the discharge procedures and until his/her transportation arrives. If determined feasible by the Ward Physician, those active duty patients who are able will be referred to the manpower pool.
6. Each ward will maintain a current listing of patient dispositions, bed status and interward transfers on the 24 hour nursing report. This information will also be provided to PAD personnel assigned to each ward. VSI/SI and death reporting will be accomplished as expeditiously as possible through PAD personnel assigned to each ward.

C. FUNCTION OF EACH DEPARTMENT OF NURSING UNIT.

1. See Annex C1FA and C1Ga, Tab H to Appendix 1 to Annex C.
2. ICU - expect critical post-ops. ICU step-down - utilized for pre-op patients and post-ops unless the post-ops are transferred to 4A.

**TAB J TO APPENDIX 3 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
RESPONSIBILITIES AND PROCEDURES OF DEPARTMENT OF NURSING**

3. 4A - delayed patients designated area.
4. MBU - overflow delayed patients.
5. Labor & Delivery (L&D) - pending the Commander's decision based on the casualties L&D may be closed and placed on re-route, if so all staff will report to the manpower pool.
6. Same Day Surgery/GI Clinic will be closed.
7. PACU - usual post-op recovery mission. Upon completion of surgeries, report to the manpower pool.

OFFICIAL



**HARRIS
LTC, AN
DCN**

APPENDIX 2 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – FIRE-CODE RED

A. REFERENCES.

1. AR 385-10, The Army Safety Program
2. AR 420-90, Fire Protection
3. Life and Safety Code Handbook NFPA 101

B. GENERAL. Fire and smoke within DACH or its supporting facilities can cause physical damage or loss of facilities, supplies and equipment. In addition injury to personnel or loss of life may occur. This appendix is provided to establish response procedures in the event that a fire starts somewhere within the medical facility and its adjoining buildings. This appendix also applies to other fire related situations to include smoke, toxic fumes, and non-deliberate explosions.

C. SITUATION. Smoke has been detected from an unknown origination within close proximity of patients and hospital staff. A fire alarm or smoke detector may or may not have been triggered. Actions must be taken to evacuate and protect patients, staff members, and secure property and equipment.

D. MISSION. DACH personnel will protect the lives of patients, themselves, and government property on discovery of a fire or similar situation with the facility or its adjacent facilities and warehouses. Additionally, they will sound the alarm so as to minimize the effect of fire and smoke damage to personnel and property.

E. EXECUTION.

1. **Assumptions.**

- a. A fire will occur anywhere within DACH when fire safety precautions are ignored.
- b. A fire will not involve more than one floor or the core medical facility, or more than a single story of an adjacent building, or one complete warehouse.
- c. Adequate fire fighting systems and fire departments are available 24 hours/day.
- d. Smoke detectors, fire alarm boxes and automatic sprinklers may not be operational at any given time.

APPENDIX 2 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – FIRE-CODE RED

- e. A simultaneous external emergency (MASCAL) will not occur with an internal fire emergency.

2. **Friendly Forces.**

- a. Fort Belvoir Fire and Rescue Departments
- b. Community Fire and Rescue Departments

3. **Concept of Operations.** DACH has adopted the National Fire Protection Association's R-A-C-E concept of fire response. The RACE format will be used as explained below.

- a. The following steps will be executed by all personnel in the fire area as quickly as possible.
 - (1) R ESCUE
 - (2) A LARM
 - (3) C ONFINE
 - (4) E XTINGUISH/EVACUATE
- b. Rescue.
 - (1) The first person discovering the source of the fire will ensure that everyone is out of the room/area/warehouse.
 - (2) If anyone is remaining in the room/area, they will be removed to the nearest safe area and the room door will be closed to confine the fire.
- c. Alarm.
 - (1) The person discovering the fire will immediately sound the alarm by voice prior to implementing rescue procedures.
 - (2) An electrical alarm is sounded by activating the red fire alarm system mounted on the wall. Notify ones immediate chain of command by voice or telephone.

**APPENDIX 2 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – FIRE-CODE RED**

- (3) The immediate chain of command will notify 911, Clinical Support Division, or the DCCS, or the AOD as appropriate. Give a patient census report to the CSD/AOD or EOC (if established) and indicate if patient evacuation assistance is required.
- d. Confine.
 - (1) Immediately close all doors leading into the fire area. If practical, close all windows or ensure all windows are closed. Close every door to every room and all corridor, stair, and fire doors.
 - (2) Turn on all lights(day or night) and unplug any unnecessary appliances/equipment from electrical outlets.
 - (3) Turn off all medical gases (oxygen, nitrous oxide) and suction at the nearest valve.
- e. Extinguish/Evacuate
 - (1) Try to put the fire out; use available extinguishers or any other means to quickly extinguish the fire and stop it from building/spreading. Close the room door after extinguishing the fire.
 - (2) Reopen the door only if you intend to rescue someone or you intend to put the fire out.
 - (3) Organize to evacuate personnel as follows:
 - (i) On the ground/first floor, all personnel other than staff will be directed out of the building.
 - (ii) On the second floor and up, as conditions permit, all personnel shall remain in place until told when and where to move by the Evacuation Officer (DCCS). Personnel will evacuate without orders when patient or staff safety is in jeopardy.

2-C-3

**APPENDIX 2 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – FIRE-CODE RED**

- (iii) On order, or as conditions allow, personnel on the upper floors of the hospital will move horizontally into another fire compartment on the same floor (i.e. A/B/C wing stairwells) before moving vertically (down). Vertically movement will be initiated first only if horizontal movement is not possible and the space must be evacuated.

4. Priority of Evacuation.

- a. Babies and small children
- b. Patients confined to beds
- c. Ambulatory patients (to include Adolescent Partial Hospitalization)
- d. Visitors, family members
- e. Non-essential staff
- f. all others

5. Evacuation Guidelines.

- a. The stairs are the primary means of vertical movement. The elevators will not be used unless specifically authorized by the Fire Department. Under the direction of the fire department personnel or the Evacuation Officer, personnel will be transported to a lower floor of the building.
- b. All personnel must be accounted for during evacuation. Accountability of patient will be maintained at all times.
- c. Patients will be protected during movement. Normal safety procedures during movement will be followed to the extent possible to prevent additional injuries during transport. Patient records and medications should accompany each patient.
- d. No attempt will be made to evacuate compressed gases. Leave cylinders in a room with the door closed. No gases will be

APPENDIX 2 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – FIRE-CODE RED

moved on elevators or the stairs unless necessary for life support.

- e. For areas other than the fire area, all personnel, upon hearing a fire alarm, will assume a working fire in progress and immediately confine their area. All doors and windows will be closed and lights turned off. The staff will comfort patients and prepare to assist with evacuation.
6. **Tasks Common to All.** Chiefs, Departments / Divisions / Services and Activities will:
- a. Be prepared to provide personnel for patient escort, fire fighting, security, and assist in containing the fire or smoke emergency.
 - b. Develop and implement fire response procedures of their area(s) of responsibility taking into consideration R-A-C-E procedures, location and use of emergency fire fighting equipment.
 - c. Provide training and periodically practice proper response procedures that encompass patients, military staff and civilian employees.
 - d. Develop and maintain personnel accountability procedures that encompass patients, military staff and civilian employees.
7. **Specific Tasks.**
- a. Safety Officer.
 - (1) Is the Fire Marshal for DACH.
 - (2) Will develop, implement and direct fire response plan.
 - (3) Directs the initial on-scene response during fires or fire related incidents. Provides advice to the Evacuation Officer for partial evacuation decisions.
 - (4) Has the authority to declare Code Red.
 - b. Collateral Duty/Section Safety NCO

**APPENDIX 2 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – FIRE-CODE RED**

- (1) Is the Assistant Fire Marshal.
 - (2) Assists the Fire Marshal with on-scene response. Assumes duties and authority as Fire Marshal in absence of Fire Marshal.
- c. Deputy Commander for Clinical Services.
 - (1) Is the DACH Evacuation Officer.
 - (2) Has the authority to declare Code Red and implement partial or total evacuation of DACH.
- d. Chief, Patient Administration Division.
 - (1) Is the Assistant Evacuation Officer.
 - (2) Assists the Evacuation Officer with patient, visitor, and staff evacuation.
 - (3) Reports evacuation progress to EOC when activated.
- e. Supervisor, Information Desk, or AOD/SDNCO.
 - (1) On order, call 911 for Fort Belvoir Fire Department, if not already alerted by fire alarms.
 - (2) On order, announce Code Red on overhead speaker system. On order increase volume to overhead speakers.
 - (3) Maintain duty and off-duty page and telephone numbers of the Fire Marshals and Evacuation Officers for emergency notification.
 - (4) Notify Hospital Engineers of emergency, providing as much detail as possible.
 - (5) Notify the Medical Company of emergency, providing as much detail as possible.

**APPENDIX 2 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – FIRE-CODE RED**

- (6) Announce Code Green (All Clear) after the emergency is terminated and verified by the Fire Marshal or senior fire official on the scene.

- f. Chief, Department of Surgery.
 - (1) Direct surgical and medical assets into patient receiving areas when casualties occur.
 - (2) Be prepared to coordinate for burn specialists from external sources.

- g. Chief, Department of Medicine
 - (1) Notifies pulmonologists and internist to be prepared to receive smoke inhalation injuries.
 - (2) Notifies Respiratory Therapy to prepare mechanical ventilator support procedures.
 - (3) Directs movement of mechanical ventilators to the ICU as necessary and aid physicians in monitoring and treatment of patients.

- h. Deputy Commander for Nursing
 - (1) Directs nursing assets into patient receiving areas.
 - (2) Directs nursing assets in support of patient evacuation, accountability, and medication security.
 - (3) As the situation warrants, coordinate with Chief, Logistics(Engineers) and/or Fire Department to shut off suction and oxygen's systems.

- i. Chief, Logistics Division
 - (1) Provide transportation equipment (wheelchairs, litters, etc..) for the emergency evacuation of litter and ambulatory patients.
 - (2) On order, or as appropriate, shut down electrical, suction, oxygen, and other hospital-wide systems.

APPENDIX 2 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – FIRE-CODE RED

- (3) Be prepared to provide keys/master keys to EOC or Wardmasters.

j. Wardmasters and Department/Division/Activity/ Service

- (1) Develop evacuation floor plans with primary and secondary evacuation routes within the area/ward of responsibility. Coordinate same with adjacent areas for comprehensive plan.
- (2) Train staff in fire emergency response procedures. Ensure rehearsals are completed periodically in accordance with regulations.
- (3) Provide keys/master to lock/unlock rooms.
- (4) Comply with para D.6. (Task Common to All) above.

F. **COMMAND, CONTROL, AND COMMUNICATIONS.** No Changes to current policy and procedures are anticipated.

1. The safety Officer is DACH Fire Marshal.
2. The Collateral Duty Section NCOIC are the Assistant Fire Marshals.
3. THE DCCS is the DACH Evacuation Officer.
4. The Chief, PAD is the Assistant Evacuation Officer.

OFFICIAL:



SPENSER
Safety Manager

APPENDIX 3 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN

INTERNAL EMERGENCY: WORK STOPPAGE//SLOWDOWN
UTILITY OUTAGE//FAILURE
INFECTION//EPIDEMIC
BOMB THREAT (Code Orange)

A. **GENERAL.** Disruption of patient care due to internal emergencies as stated herein must be considered within any medical emergency preparedness plan. Although the chance of occurrence is considerably remote, the potential still exists for full-scale disruption to medical center operations if allowed to go unnoticed or uncorrected.

B. **CONCEPT OF OPERATIONS.**

1. **Work Stoppage/Slowdown.**

a. Participation by DACH employees in work slow down or stoppages is contrary to the nature and commitment of health care providers. Options to ensure continuing patient care include:

- (1) Direct higher authority.
- (2) Self-policing by medical licensing boards.
- (3) Transfer of patients to civilian or VA medical facilities.
- (4) CHAMPUS and TRICARE referrals.

b. In those rare instances or situations whereas civilian personnel might become engaged in work slow downs, a variety of responses/actions are available depending on departments/service/activity situation. Responses may include:

- (1) Nutrition Care: In-house military personnel will be used for food preparation, serving, and clean up. Cooks and cook supervisors may be detailed from other installation dining facilities on an as needed basis.
- (2) Re-supply, Maintenance, and Services: will continue with supervisors and management, supplemented by military personnel.

APPENDIX 3 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN

- (3) Nursing: will continue to function with augmentation of staffing with military personnel.
- (4) Clinical and Out-Patient Support: will continue to function by managerial staff. Some non-critical appointments may be rescheduled or canceled.
- c. Chief, Personnel Division is executive agent for potential slow-down/stoppage and provides to DCA recommended solutions/ bargaining agendas.

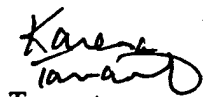
2. Utility Outage/Failure.

- a. Electrical. The Possibility of an electrical outage closing services within the hospital is considered remote due to the installations ability to re-route power for priority usage. In addition, the auxiliary generators are continually maintained and tested. Temporary power outages are frequent during the summer months due to lighting; however, the auxiliary generators, are capable of compensating for these outages.
- b. Water/Sewage. The possibility of a DACH wide disruption of water and sewage is remote. In the unlikely event that the main water main and pump are disabled, significant quantities of water tankers are available on post for emergency water resupply. In addition, Chief, Logistics Division will provide continuous maintenance oversight for detecting potential water and sewage problems and implement actions to preclude DACH wide disruptions.
- c. Infection/Epidemic. When established sanitation principles and practices are allowed to degrade, opportunities for outbreaks of diseases and infections within the installation and within the military centers, concerns with diseases or infections striking a unit and degrading its readiness still continue. Handling of refugees and displaced persons during humanitarian operations also provide soldiers and health care providers ample exposure to third world disease against which U.S. military forces are vulnerable to and largely unprotected against. Preventive Medicine Service is lead agency to continually monitor and update sanitation practices in coordination with the Department of Nursing's Infection Control Office. The infection Control Officer will provide advise when MEDDAC is faced with special situations requiring more than standard protection.

APPENDIX 3 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN

3. Bomb Threats. It is considered prudent to include bomb threat procedures as part of the EPP. The recent bombing in the Federal Building in Oklahoma City demonstrate that catastrophic incidents with horrendous loss of life can happen. Follow the procedures of Appendix 3 (Bomb Threat) to Annex R (Force Protection/Combating Terrorism).
- C. **COORDINATING INSTRUCTIONS.** The Command Group will order implementation of necessary and prudent measures that control and contain internal emergencies above and beyond normal practices. This includes water conservation, "brown-outs", and other needed measures. Primary responsibility for utility conservation plans and implementation is the installation DWPE. Primary responsibility for bomb threat jurisdiction rests with the CID and Military Police.
- D. **SERVICE SUPPORT.** See basic plan. No additional requirements are anticipated beyond a reorganization of priorities.
- E. **COMMAND, CONTROL, COMMUNICATIONS.** No changes are anticipated for implementing internal emergency actions.

OFFICIAL:



Tarrant

LTC, AN

Chief, Operations and Training

APPENDIX 4 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
CONTAMINATED PATIENT MANAGEMENT

A. **REFERENCES.**

1. AR 200-1, Environmental Quality
2. AR 200-2, Installation Hazardous Waste Management Plan
3. AR 40-13, Medical Support - Nuclear/Chemical Accidents and Incidents.
4. AR 200-3, Installation Spill Control Plan
5. Technical Manual(TM)3-220, Chemical, Biological, and Radiological Decontamination

B. **GENERAL.** Despite their role as less prominent components of warfare on the conventional battlefield, nuclear, biological, and chemical (NBC) weapons continue to pose significant threats as terrorists tools and weapons for other forms of unconventional conflict. Moreover, soldiers are exposed to a multitude of NBC hazards in the course of daily training and garrison activities. Chemicals and radiological contamination may occur from accidental exposure during handling, spills, and explosions. Clean-up operations of industrial accidents, chemical spills into the environment, and battlefield clean-up operations represent commonly encountered hazards as well. Infections and toxic exposures from environmental, food, or waste sources are similarly causes for potential concerns.

C. **SCOPE.** The focus of this appendix is to situations that may generate many (more than 5) contaminated casualties. Isolated incidents or individual cases of biological and chemical contamination, blood and food borne pathogens, and radiation poisoning, are treated on a case by case basis. This appendix also does not pertain to social or sexually transmitted diseases, nor zoonotic (rabies, etc.) diseases, except as they may result from a mass contamination.

D. **SITUATIONS GERMANE TO DACH.** Fort Belvoir and the Northern Virginia community is exposed to many hazards. Threats to soldiers, dependents, and civilian employees include:

1. **Nuclear Threat/Attack.** Due to the type military forces located and operations conducted within the Military District of Washington, a significant portion of the local area is designated a high risk area by the Federal Emergency Management Agency. While the probability

APPENDIX 4 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
CONTAMINATED PATIENT MANAGEMENT

of nuclear attack is currently low, the potential exists for radiation exposure due to accidents, sabotage, and terrorism.

2. **Hazardous Materials.** There are several industries and dealers in Northern Virginia considered generators/users of hazardous materials. Chemical characteristics of the material involved pose a danger to the environment, water, and inhabitants when accidentally released in high concentrations. Hazards to the Fort Belvoir population include airborne clouds of concentrated chemicals drifting to and through the installation. Fort Belvoir is dependent on the Potomac river for its water supply. Deliberate or inadvertent pollution due to purposeful or accidental dumping into this river and its tributaries can contaminate the entire water supply.
3. **Diseases, Infections, and Epidemics.** See Appendix 3, Internal Emergencies.

E. **CONTAMINATED PATIENT POLICIES.**

1. DACH IS NOT a decontamination site for soldiers with non-life threatening injuries.
2. Contaminated patients will be decontaminated in accordance with standard procedures consistent with their life threatening medical needs.
3. Medical staff will apply measures to protect themselves from receiving and spreading the contaminate.
4. Contamination will not defer efforts to save life or limb.
5. Isolation techniques may be employed, depending on type and severity of contamination/infection. Restricted access rules may apply with military police/guard enforcement.
6. All clothing, materials, supplies, and equipment used for medical care of a contaminated patient is considered contaminated and will be disposed of according to established procedures.

F. **EXECUTION.**

1. **Friendly Forces:** In addition to forces listed in Annex A:
 - a. DEH Hazardous Material Response Team (HAZMAT)(call 911)

**APPENDIX 4 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
CONTAMINATED PATIENT MANAGEMENT**

- b. Installation chemical companies (DISCOM: 21st Chemical Company, COSCOM: 101st Chemical Company)
 - c. Fire Departments from Fort Belvoir and surrounding community.
- 2. **Assumptions:** None
- 3. **Concept of Operations.**
 - a. Concepts as outlined in Appendix 1, Mass Casualty Management: Code Yellow apply.
 - b. Upon notification that a casualty producing situation has occurred, a triage set will be established outside and downward of the hospital. Modified MASCAL procedures will commence. Type of contamination must be identified through field/site reports, and/or chemical testing. Hazardous Material Response Team communicates with installation activities concerning type contamination and protective barriers to be used.
 - c. As necessary, isolation wards will be designated. Controlled access measures imposed.
- 4. **Tasks Common to All.** All Chiefs, Departments/Divisions/Activities/Services will:
 - a. On order, implement re-call notification procedures.
 - b. Direct personnel without pre-assigned functions to the Manpower Pool.
 - c. Take immediate steps to identify supplies and equipment that may be needed and infuse these resources when required.
 - d. Capture costs associated with operations envisioned in this appendix.
 - e. Keep the EOC and chain of command informed of changing situations and outside requirements.
 - f. Ensure all safety precautions and infection control protocols are observed for all personnel at all times.

APPENDIX 4 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
CONTAMINATED PATIENT MANAGEMENT

5. Specific Tasks.

- a. Chief, Emergency and Ambulance Service on order, will establish a triage site ICW MASCAL plan, outside and downwind of the hospital. Activate and operate the decontamination shower stalls.
- b. Chief, Preventive Medicine Services is lead agency for contamination prevention policies. Directs prevention and containment operations of water and food borne pathogens. The following health officials are also available to provide subject matter advice:
 - (1) Community Health Nurse
 - (2) Environmental Health Officer
 - (3) Health Physics Officer
 - (4) Epidemiology & Disease Control Officer
 - (5) Industrial Hygiene Officer
- c. Safety Officer will advise the command of disposal procedures for contaminated waste.
- d. Chief, Logistics will provide approved containers for hazardous and contaminated waste. Disposes of waste ICW current hazardous waste guidelines.
- e. Chief, Operations and Training will render reports as appropriate to lateral and higher headquarters. On order, activate the EOC.
- f. Commander for Veterinary Services is lead agency for animal control and food inspection operations.
- g. Infection Control Officer(Dept of Nursing) will provide guidance as to any special isolation measure if indicated.
- h. Chief, Nutrition Care Division will take necessary steps to destroy food and food by-products found to be the source of carrying food borne pathogens.

APPENDIX 4 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
CONTAMINATED PATIENT MANAGEMENT

6. Coordinating Instructions.

- a. Medical Personnel will receive required immunizations and vaccinations within specified time frames.
- b. All personnel involved in contaminated patient operations will don protective clothing and use all available barriers to protect themselves from contamination in accordance with guidelines established for the incident.

G. **SERVICE SUPPORT.** See Annex C and Appendix 1, plus:

1. Supply and services.

- a. Sufficient supplies exist on-hand or are available through normal re-supply channels to support decontamination operations outlined by this appendix.
- b. For purposes of re-supply, supplies used for decontamination operations are one use, one time only, items.

2. Administration. Incident reports to installation headquarters and Medical Command will be made periodically. Follow-up and final reports will be provided as necessary. After action reports/reviews of contaminated patient procedures and management will be accomplished.

H. **COMMAND, CONTROL, COMMUNICATIONS.** See Annex C and Appendix 1. No changes are anticipated.

OFFICIAL


Agbah, LTC
Chief, PM Services

APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT

A. REFERENCES.

Fort Belvoir Regulation 155-1, Routine and Hazardous Weather Condition Procedures, 01 September 1996.

- B. GENERAL.** Natural Disasters are defined as hazardous conditions which may require reduction or curtailment of medical center activities. DeWitt Army Community Hospital (DACH) and Fort Belvoir is susceptible to violent weather (hurricane, tornado) or a weather condition (snow, ice) hazardous to personnel while at work and traveling to and from work. Included in natural disaster management is an evacuation plan for civilians and military personnel residing off-post. In addition, natural disaster management also considers continuing mission essential activities through procedures that will provide safe military transportation to pick-up and return mission essential personnel.

C. WARNINGS, CONDITIONS, NOTIFICATIONS, AND POLICIES.

1. Installation Weather Warnings:

- a. Hurricane Condition IV - 72 hrs prior to arrival of 50 knot winds.
- b. Hurricane Condition III - 48 hrs prior to arrival of 50 knot winds.
- c. Hurricane Condition II - 24 hrs prior to arrival of 50 knot winds.
- d. Hurricane Condition I - 12 hrs prior to arrival of 50 knot winds.

2. Weather Warning Notification.

- a. The Garrison Commander is responsible for notifying installation units and activities through the IOC and is the overall coordinator for weather warning instructions.
- b. During duty hours the installation IOC will announce weather warnings. Instructions will be provided to release or retain personnel. Military personnel residing on-post could have separate instructions and may be ordered to work details for preparing and securing installation equipment and property from damage.

APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT

- c. During non-duty hours the installation IOC will announce weather warnings to the AOD/SDNCO and will utilize public service messages on local radio and TV. Instructions will be provided to stay at home or report to work. Military personnel residing on-post could have separate instructions as stated above, and may include debris clearing activities, snow and ice removal, traffic control/assistance, and guard detail.
 - d. Specific instructions concerning hurricane conditions and weather warnings will accompany alert notifications. Each condition and warning has preparation requirements assigned, i.e., organize rescue teams, labor squads, prepare shelters, etc. DACH will organize manpower and resources accordingly.
 - e. DACH will implement alert/notification/recall procedures as necessary to the situation IAW Annex B.
3. **Mission Essential Personnel.** Mission essential personnel are defined as those civilian employees who perform duties vital to the continuity of patient medical care. Direct patient care providers and individuals and ancillary services in support of patient care are mission essential. Civilian employees are to be notified in writing if considered mission essential by department/division/service/activity chief and provide written return acknowledgment. All military are considered mission essential.
4. **Weather Warning Policies for DACH Personnel.** Upon declaration of weather warning from the Garrison Commander the following apply:
- a. **Release from Work.**
 - (1) Facility Commander is ultimate authority for release from work
 - (2) Management and Supervision will be last released after patient staffing requirements have been met.
 - (3) Non-management and non-supervisory civilians will be released according to furthest from home, first to leave concept.

APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT

- (4) Military personnel residing on-post may be exempt from release, depending on situation and Garrison Commander's instructions.
- (5) Mission essential personnel will remain on duty until relieved. Safe transportation will be provided to return home.
- b. Reporting to Work.
 - (1) Follow radio and TV message instructions.
 - (2) Mission essential employees will make every effort to report to work consistent with safe travel conditions. If not able to travel, military transportation may be dispatched for consolidated/individual personnel pick-up.
- c. Work hours missed due to properly applied instructions will be considered administrative time, not subject to annual or sick leave deductions.
- d. A pay differential for designated mission essential personnel is not authorized per labor bargaining agreements. Normal overtime pay and compensatory time rules apply.
- e. Efforts to protect and secure patients, government equipment, supplies, and real property will have highest priority during weather related emergencies.

D. EXECUTION.

- 1. Friendly Forces. Per Annex A plus any assigned specialty forces per Garrison Commander's instructions through the installation IOC.
- 2. Assumptions.
 - a. Minimum warning time will allow DACH to prepare for natural disasters.
 - b. For plan implementation, a weather related emergency must devastate Fort Belvoir with either one or more of the below events taking place.

APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT

- c. Extended power/electrical outage
 - (1) Extended water and/or sewage disruption
 - (2) Severe property damage from high winds
 - (3) Severe ice storm
 - (4) Severe snow storm
 - (5) Widespread flooding and stagnate water
- 3. Concept of Operations. DACH will support installation operations as follows:
 - a. Preparation Phase. If conditions warrant, the IOC may be established to coordinate tasks required to protect and secure life and property. When the Garrison Commander authorizes it, non-mission essential personnel may be released. Military personnel will be directed as necessary to execute stated and implied tasks. All efforts will be expended to keep damage to a minimum.
 - b. Storm Phase. Protect life and property. Monitor situation and report damages occurring. Maintain surveillance. Watch for suspected looting/theft of government or personal property. Report suspicious activity.
 - c. Post Phase. Damage assessment begins. Work details are formed for possible: (1) debris clearing, (2) snow/ice removal, (3) utility restoration and (4) real property repair. Support teams are dispatched with veterinarian and preventive medicine inspectors. Food and water checked. Electrical, water, and sewage conservation measures lifted if imposed. Return to normalcy continues.
- 4. Tasks.
 - a. Chief, Department of Emergency Services will:
 - (1) In addition to expected trauma cases, be prepared to receive near drowning, electrical shock, and exposure patients, as well as animal/snake bite victims.

APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT

- (2) Be prepared to provide maximum emergency trained medical personnel/crews on-hand/on-duty to respond to a surge of 911 requests for assistance.
 - (3) Coordinate with on-duty MP for additional patient/crowd control security forces.
- b. Adjutant will maintain communications with the Administrative Officer of the Day and Staff Duty NCOs for up-to-date situation reports. Issue any special instructions as received by the Command Group/Crisis Management Team.
- c. Chief, Preventive Medicine Services will:
 - (1) Provide preventive medicine teams for insect and rodent control in coordination with installation DPCA, DPW, and DYNCORP.
 - (2) Provide monitoring of disaster shelters to prevent outbreaks of diseases and potential health problems.
 - (3) In coordination with Veterinary Services, be prepared to establish block ice distribution points if perishable food stuffs have undergone temperature abuse.
 - (4) Coordinate with Dewitt's Chief of Marketing for contact with local radio/TV station for public service announcements on food, water, and public safety issues.
- d. Chief, Operations and Training will:
 - (1) On order, establish the EOC. Provide contingency plan recommendations to the Command Group/Crisis Management Team.
 - (2) Establish and maintain communications with installation headquarters and the Walter Reed Health Care System. Provide situation updates periodically.

APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT

- (3) Determine requirements for security, clean-up, and other work details and direct priorities of work (see para 3.c.).
 - (4) Coordinate with C, IMD for non-electrical radio and communication requirements.
 - (5) Be responsible for ground evacuation planning in coordination with C, Logistics and installation officials.
- e. Chief, Logistics Division (See Annex D, Logistics) will:
- (1) Recall all vehicles and establish consolidated motor pool for priority dispatch.
 - (2) As necessary, coordinate with installation motor pool for mission essential personnel transportation and vehicles for the Veterinarian and Preventive Medicine inspection teams.
 - (3) When time permits, obtain and prepare to issue non-electrical equipment and supplies; i.e., flashlights, batteries, etc., power tools and hand tools for debris cleanup, ice and snow removal equipment, water purification tablets, etc. Coordinate with DPWE for heavy machine utilization and priorities.
 - (4) Be responsible for necessary evacuation route planning in coordination with C, POMS and installation DPWE.
- f. Chief, Patient Administration Division will be prepared to evacuate patients to other medical facilities determining best and available transportation.
- g. Safety Officer will recommend courses of action in response to the situation. Ensure safety measures are enforced that protect both patient and patient care provider.
- h. Chief of Marketing will represent DACH for the installation PAO. Provide news releases as requested.

APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT

- i. Chief, Nutrition Care Division will:
 - (1) Monitor temperature on perishable foods and be prepared to request block ice or other needed preservation techniques.
 - (2) Coordinate with the Department of Nursing for requirements.
 - (3) Maintain patient diets and staff nutritional needs. Provide box lunches for those unable to leave duty station.
- j. Chief, Personnel Division will maintain a list of designated mission essential personnel and a map to each home or quarters. List and map will be periodically updated. On order, provide same to the EOC.
- k. Chief, RMD will negotiate with labor union officials for off-duty civilian recall as required by the situation.
- l. Company Commander/1SG will on order establish Manpower Pool.
- m. Commander, Fort Belvoir Veterinary Detachment is requested to provide veterinarian inspection teams to investigate and resolve food safety and zoonosis control issues. Tasks include the following.
 - (1) Assist in capture/treatment of injured wildlife/pets and provide advice for pick-up and disposal of wildlife carcasses.
 - (2) Assist in and provide advice for quarantining/segregating areas with a high density of dead wildlife.
 - (3) Submit tissue/blood samples to clinical pathology laboratories for disease surveillance testing.
 - (4) Provide emergency in-patient/out-patient services to injured wildlife and pets.

APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT

- (5) In coordination with Preventive Medicine Services provide public service announcements to radio/TV stations on pet and wildlife dangers to the public safety.
 - (6) In coordination with Preventive Medicine Services, be prepared to establish block ice distribution points if perishable food stuffs have undergone temperature abuse.
 - (7) Inspect damaged or temperature abused perishable and potentially hazardous food items to determine safety and serviceability.
- n. Commander, Logan Dental Clinic is requested to provide an oral surgeon and support personnel to perform emergency dental procedures as needed.
- o. All Other Clinical Departments/Services/Activities:
- (1) Be prepared to implement casualty assistance in accordance with MASCAL tasks and procedures outlined in Appendix 1.
 - (2) Be prepared for near drownings, electrical shock, and exposure patients in addition to animal/snake bite victims.
 - (3) Be prepared to expedite the discharge of non-critical patients as space and bed availability requirements dictate.
 - (4) Evaluate and recommend to Chain of Command any special pre-storm preparation requirements and report post-storm damages within department/service/activity.
 - (5) Provide and maintain essential patient services.
 - (6) On order, provide personnel to the Manpower Pool.
 - (7) Capture costs associated with natural disaster operations and report same through appropriate channels.

**APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT**

p. All Other Administrative Divisions will:

- (1) Be prepared to implement administrative assistance requirements in accordance with MASCAL procedures, tasks and responsibilities as outlined in Appendix 1.**
- (2) Provide and maintain essential patient administrative services.**
- (3) Evaluate and recommend to chain of command any special pre-storm preparation requirements and report post-storm damages within division.**
- (4) Capture costs associated with natural disaster operations and report same through appropriate channels.**
- (5) On order, provide personnel to Manpower Pool.**

5. Coordinating Instructions.

- a. Priority of transportation assets will initially go to mission essential employee pick-up and then to the Veterinary and Preventive Medicine inspection teams.**
- b. Accountability and welfare of assigned personnel are mandatory during emergency operations. Priority of snow removal, debris clearing, and real property repair will go to the Emergency Room entrances first and then other patient and staff entrances as outlined in MEDDAC MOI: Hazardous Weather dtd 9 Dec. 1996.**

E. SERVICE SUPPORT.

1. Services.

- a. Custodial Services will reorganize to maintain sanitation and cleanliness of wards, rooms, offices, and reception areas.**
- b. Conservation or rationing of supplies, water, electricity, et al, may be imposed.**

APPENDIX 5 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATURAL DISASTER MANAGEMENT
INSTALLATION SUPPORT

2. **Support.**

- a. Expenditures will be consolidated for reimbursement by the installation or US Army Medical Command.
- b. Administrative sections reorganizes and supports clinical departments with necessary requirements.
- c. Urgent and compelling contracts through commercial vendors will be authorized where necessary to support natural disaster operations.

F. **COMMAND, CONTROL, COMMUNICATIONS.**

1. **Command.** No changes are anticipated to current command structure during installation natural disaster operations.
2. **Control.** No changes are anticipated to current control and accountability procedures during installation natural disaster and weather related operations.
3. **Communications.** Primary means of communication will be by existing telephones. A portable radio net will be established IAW TAB 1 to Appendix 6 to Annex C. Runners provided by the Manpower Pool will be the primary alternate method of communications if power is disrupted. FM radios and battery operated hand-held radios will be available for selected/critical requirements.

OFFICIAL:


FRANCO

Deputy Commander for Administration

5-C-10

FILE: C-5

12/08/97

**APPENDIX 6 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MEDICAL ASSISTANCE TO CIVIL AUTHORITIES**

A. REFERENCES.

1. The Disaster Relief Act of 1974 (Public Law 93-288)
2. The Economy Act of 1932, with amendments, (31 USC 686)
3. The Posse COMITATUS Act (18 USC 1385)
4. AR 500-60, Disaster Relief

B. GENERAL.

1. Reference A.1. Authorizes the federal government to provide emergency assistance and aid to state and local governments in the event of emergencies or major disasters. In a major CONUS natural disaster (as witnessed by the floods in Georgia and California in 1994) medical resources (both personnel and equipment) may be deployed into the disaster site.
2. Situations that may require civilian request for military assistance may include:
 - a. Severe Flooding
 - b. Natural Disaster (major earthquake, hurricane, forest fires, drought, etc).
 - c. Civil Disturbance/Rioting
 - d. Man Made/Caused Disaster (Bombing/Airplane-Rail Crash)
 - e. Major Environmental/Pollution Disaster
 - f. Major industrial accident/explosion
3. In addition, Fort Belvoir and DACH are authorized to provide assistance when a serious emergency or disaster is so imminent to the civilian community that waiting for instructions from higher authority would preclude effective response. The commander may do what is required and justified to save human life, prevent immediate human suffering, or lesson major property damage or destruction.

APPENDIX 6 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MEDICAL ASSISTANCE TO CIVIL AUTHORITIES

C. RESTRICTIONS. Military assistance to civilian authorities is restricted by the following conditions:

1. Military provided support is not available to civil authorities from commercial sources.
2. Military support does not compete with private enterprise or civilian labor force.
3. Military support will end as soon as possible.
4. Military rehabilitation assistance after the disaster is authorized only when directed.
5. Military forces will not enforce or execute civil law.
6. A commitment for reimbursements made by civil authorities when requesting assistance for federal resources and assistance.

D. EXECUTION.

1. **Friendly Forces.** As stated in reference A.5. and:
 - a. City/County Governments and elected officials
 - b. American Red Cross
 - c. Local City/County Police Forces and Fire Departments
 - d. Federal Emergency Management Agency (FEMA)
 - e. Virginia National Guard
 - f. National Disaster Medical System (NDMS)
2. **Assumptions.**
 - a. No more than one emergency/disaster occurs at a time.
 - b. Civilian and private sector resource requirements are exceeded.

APPENDIX 6 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MEDICAL ASSISTANCE TO CIVIL AUTHORITIES

- c. Installation TO&E units have deployed and are engaged in the disaster operation.

3. **Concept of Operations.**

- a. DACH may be requested to provide support and assistance to one or more of the following taskings in conjunction with Para B.2. situations above:

- (1) Emergency Medical Treatment
- (2) Emergency Hospitalization
- (3) Patient Administration
- (4) Preventive Medicine
- (5) Medical Sorting/On-site Triage
- (6) Insect and Rodent Control
- (7) Temporary Morgue Space
- (8) Veterinary Services

- b. Depending on the situation or circumstance, DACH may declare Code Yellow and reduce or suspend normal medical activities for lower priority beneficiaries. Mobile triage teams will prepare for deployment. Clinical staffs redirects activities for reception of civilian casualties. MEDCEN forms mobile preventive medicine and veterinarian inspection teams. Nursing services prepares bed and ward expansion. Administrative staffs provide logistical, financial, and patient administrative support functions.

- 4. **Tasks.** Tasks as stated in Appendix 1, Mass Casualty, Appendix 4. Contaminated Patient Management, and Appendix 5, Natural Disaster Management Installation Support, apply. Specific taskings are dependent on the situation; EOC will communicate those requirements.
- 5. **Coordinating Instructions.** Any special coordinating instructions common to all will be provided as operations commence.

E. **SERVICE SUPPORT.**

6-C-3

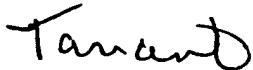
APPENDIX 6 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
MEDICAL ASSISTANCE TO CIVIL AUTHORITIES

1. As stated in Appendix 1, Mass Casualty, Appendix 4, Contaminated Patient Management, and Appendix 5, Natural Disaster Management: Installation Support, apply. Specific service support requirements are dependent on the situation; EOC will communicate those requirements.
2. Strict supply account management must be maintained when supplies and equipment are on loan to civil officials.

F. **COMMAND, CONTROL, COMMUNICATIONS.**

1. **Command.** No changes to command policies are anticipated. Military forces remain under their respective commands. Civil agencies exercise no command authority over federal military forces during disaster relief operations.
2. **Control.** Higher authority may impose OPCON of medical assets. No other changes are anticipated. Cooperation will be extended to disaster relief officials, civil authorities, and other non-military/federal officials and agencies providing leading roles to the community.
3. **Communications.** Civil and military tactical communications equipment may not be compatible. Primary means of communications will be the commercial telephone systems to include cellular phones. Dedicated lines may be installed as the situation demands. Alternative civil/military communications may consist of runners, official couriers, commercial hand-held radios, and other compatible methods.

OFFICIAL:



Tarrant
Chief, Operations and Training

APPENDIX 7 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

A. REFERENCES.

1. National Disaster Medical System (NDMS) Handbook, May 1984
2. Medical Command (MEDCOM Reg 500-2, Emergency Employment of Army and Other Resources - National Disaster Medical System
3. AR 500-60, Disaster Relief (Section II, Para 2-11E)
4. HSC Mobilization Plan, Tab F to Appendix 1 to Annex B MEDCOM Reg 500-5

B. GENERAL. The National Disaster Medical System (NDMS) is designed to care for the victims of an incident that exceeds the medical care capability of an affected state, region, or federal medical system. It may be used in a variety of emergency events, such as a major earthquake, an industrial disaster, a refugee influx, or a military contingency. Under a military contingency, the NDMS plan will be implemented as backup to the VA/DOD when their medical assets have been extend. NDMS is a national voluntary cooperative medical effort by the private sector securing reimbursement from federal sources.

C. CONCEPT OF OPERATIONS. In the event of a military contingency or mobilization with ensuing significant numbers of casualties, all available military medical sources and the VA/DOD contingency hospital system would be utilized prior to activation of the NDMS system. Military hospital beds, current and planned expansion, will be first used until capacity is reach. Primary backup to DeWitt Army Community Hospital will then be provided by the VA Medical Center, Washington DC, with secondary support provided by the VA hospital in Richmond, Virginia. Once these assets are near capacity, NDMS may be activated providing additional beds and medical resources by participating civilian hospitals.

D. EXECUTION.

1. **Friendly Forces.** NDMS situations may combine the military services, federal agencies, and civilian medical counterparts.
2. **Assumption.** National Command Authority (NCA) has directed the Department of Defense or the Federal Emergency Management Agency (FEMA) to implement emergency assistance plans utilizing federal resources.

**APPENDIX 7 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATIONAL DISASTER MEDICAL SYSTEM (NDMS)**

3. Responsibilities.

a. NDMS-Federal Coordinating Center (FCC) will:

- (1) Acquire and maintain NDMS Memorandums of Understanding (MOU), with all participating civilian hospitals.**
- (2) Periodically provide DACH with participating civilian hospitals and number of beds committed to NDMS with type specialties.**
- (3) On order, establish initial notice to and coordination with participating civilian hospitals and provide DACH with current available beds and specialties at each civilian hospital.**
- (4) Plan and conduct joint military-VA-civilian annual exercises of the system, strongly emphasizing reception, sorting, and transporting patients.**
- (5) Prepare an operations plan for the NDMS area, coordinate the approval process, and provide updated copies.**

b. NDMS-Army Military Liaison Team (DACH), (positions currently slotted on MOBTDA to individual reservists) will:

- (1) On order, activate initially at DACH and begin operations ICW the NDMS-OPLAN.**
- (2) Coordinate and visit NDMS participating civilian hospitals where military patients are admitted. Provide soldier accountability and support function requirements back to DACH representatives.**
- (3) Submit daily bed status reports from participating civilian hospitals to FCC-NDMS and DACH, Fort Belvoir, VA.**
- (4) ICW Patient Administration Division (PAD), report through appropriate channels, (NDMS, AG, DACH) when patients are ready to be returned to duty.**
- (5) Maintain appropriate records (for reporting purposes) of military patients treated in civilian hospitals.**

APPENDIX 7 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

- c. Chief, NDMS Military Liaison Team will:
 - (1) Establish base of operations with DACH's Operations and Training section to provide continuity of effort with DACH and participating hospitals.
 - (2) Publish and maintain the NDMS-OPLAN in accordance with input from DACH staff, and NDMS-FCC.
 - (3) Coordinate for necessary administrative and logistical support between participating civilian hospitals, military hospitals, and VAMCs.
 - (4) Negotiate and acquire Memorandums of Agreement (MOAs) with Army Reserve Centers and National Guard Armories for office space, administrative/logistical support, and possible housing for the NDMS Liaison Team.

E. **SERVICE AND SUPPORT.** Service and support requirements will generally be provided by NDMS officials for internal matters. However, DACH may provide service and support to liaison team members when requested. Housing and pay and allowances during active duty periods will be supported by appropriate Fort Belvoir agencies.

F. **COMMAND, CONTROL, AND COMMUNICATIONS.**

1. **Command and Control.**

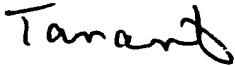
- a. There will be no change to the current DACH command and control structure.
- b. NDMS officials will operate independent of military authority, in a coordinating role.

APPENDIX 7 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

2. Communications.

- a. Communications equipment will be provided by each independent user agency when possible.
- b. Normal telephone and FAX lines at DACH will be utilized.

OFFICIAL:



TARRANT
LTC, AN
Chief, Operations and Training

**APPENDIX 8 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – EVACUATION PROCEDURES**

A. **GENERAL.** Fire and smoke, Bomb threats and other Natural disasters may require the entire evacuation of all patients, visitors and staff within DACH buildings. This appendix also applies to other fire related situations to include smoke, toxic fumes, and non-deliberate explosions.

B. **SITUATION.** An event has occurred in which the entire hospital must be evacuated as safely and quickly as possible. Actions must be taken to evacuate and protect patients, staff members, and secure property and equipment.

C. **MISSION.** DACH personnel will protect the lives of patients, themselves, and government property on notification of evacuation.

D. **EXECUTION.** Inpatients, Visitors and Staff

1. Should the need to occur to evacuate inpatients, the charge nurse/wardmaster on the ward(s) will coordinate the moving of patients(s) away from the emergency to a ward located on the opposition wing of the hospital floor (horizontal evacuation).

2. If horizontal evacuation cannot be accomplished, ward personnel will proceed to evacuate patients to another floor or as directed by the Fire Marshal, evacuate the building.

3. After evacuation all patients will be transported to the Specker Field House, which will serve as a collection point and holding facility until coordination can be made to relocate them to a neighboring facility.

E. **COORDINATING INSTRUCTIONS.**

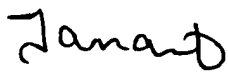
1. The Logistics Division will be responsible for providing additional transportation assets to support the moving of patients from DACH to Specker Field House.

2. The Chief Operations and Training will be responsible for coordinating the BASOPS for the use of Specker Field House.

APPENDIX 8 TO ANNEX C: EMERGENCY PREPAREDNESS PLAN
INTERNAL EMERGENCIES – EVACUATION PROCEDURES

3. The Chief of Patient Administration will be responsible for coordinating with the Departments of Nursing for the transfer and disposition of all patients.

OFFICIAL:

A handwritten signature in cursive script, appearing to read "Tarrant".

Tarrant

LTC, AN

Chief Operations and Training

**ANNEX D: EMERGENCY PREPAREDNESS PLAN
LOGISTICS**

A. REFERENCES.

1. DACH Dep/Div/ Act/Services Internal MASCAL Implementation SOPs
2. DACH Dep/Div/Act/Services Internal Alert and Recall Rosters
3. DACH Dep/Div/Act/Services Internal Fire SOPs

B. GENERAL. This annex provides guidelines that enable DACH to respond effectively with logistics during an emergency. The objective of this annex is to provide for logistical support of all emergency operations as declared by the command group. Logistical operations and procedures outlined herein are applicable to all contingencies as outlined by Annex C, Operations. Mobilization Class VIII and war reserve stocks are not applicable to this annex.

C. MISSION. On order, Logistics Division will provide material, services, maintenance, and engineering support to medical departments and administrative divisions that will enable DACH to provide casualties with the best medical care support possible during an emergency situation.

D. EXECUTION.

1. **Assumptions.**

- a. Sufficient logistical resources are on-hand or readily available for issue to provide necessary support during an emergency.
- b. No more than one emergency situation will occur at any given time.

2. **Friendly Forces.** See Annex A (Task Organization) for external available forces. Internal sources of personnel include:

- a. Directorate of Public Works and Environment Fort Belvoir
- b. Walter Reed General Hospital
- c. Local public and private hospitals
- d. Contractual providers of medical supplies and services

ANNEX D: EMERGENCY PREPAREDNESS PLAN
LOGISTICS

3. **Concept of the Operations.**

- a. During emergency situations simultaneous logistical support events will occur. Logistics Division personnel will make all available assets necessary to provide a total emergency response effort. Success in emergencies will depend on speed and momentum, providing the right equipment and supplies at the right time. Leaders and subordinates will have the greatest possible freedom of action, consistent with accomplishing the mission. Individual initiative, teamwork, and leadership from expected and unexpected sources will occur. Normal logistical accounting practices will not delay emergency issue of supplies and services.
- b. For the purposes of emergency preparedness and plan implementation, four general categories of logistical support are envisioned to be provided, as delineated below:
 - (1) **Engineering.** Includes all utility systems (water, electrical, sewage, oxygen, elevators, etc.), fire prevention systems, building and ground master plans/blueprints, and the custodial care of facilities and utilities.
 - (2) **Material.** Includes all aspects of supplies and equipment acquisition, stockage levels, financial management, temporary loans, and coordination with users for emergency requisition and issue.
 - (3) **Services.** Includes housekeeping, non-ambulance transportation for pick-up and delivery, job order requests, master key control and issue, and linen.
 - (4) **Maintenance.** Includes repair services, preventive maintenance, repair parts, medical standby equipment, and calibration requirements.
- c. Emergency operations may necessitate expenditures of supply items as follows:
 - (1) **Class II (Clothing).** Additional requirements may include gratuitous issue to patients of a Class B, or C uniform.

ANNEX D: EMERGENCY PREPAREDNESS PLAN
LOGISTICS

- (2) Class III (POL). Provisions for additional fuel, gas, and diesel to support motor pool operations may be required.
 - (3) Class VI (Personal Demand Items). Increased stockage levels may be authorized to support family members and visitors. This may also include PX items.
 - d. Upon completion of the emergency situation, logistical activities will reconstitute supply resources, account for, and reorder to authorized stockage levels. Normal accounting practices will resume.
- 4. **Tasks.** Chief, Logistics Division or senior representative present will:
 - a. **Code Yellow (MASCAL).**
 - (1) Implement emergency SOPs to provide engineering, material, services, and maintenance support to clinical and administrative staff.
 - (2) Make determination as to elevator Independent Power Operations working condition. Request Red Cross volunteers for elevator operations and assist with any training requirements.
 - (3) When activated, provide a logistics representative with authority to speak for the division to the EOC in addition to requirement of paragraph (8) below.
 - (4) Provide personnel to Manpower Pool not dedicated to support efforts.
 - (5) Recall all vehicles and established centralized motor pool. Request drivers from the Manpower Pool through the EOC. EOC will determine priority of dispatch.
 - (6) Upon request, issue IV poles, litters and litter straps, blankets, and position at predetermined locations.
 - (7) Be prepared for and provide emergency requests (urgent and compelling) of disposable medical supplies, to include pharmaceuticals.
 - (8) On order, provide dedicated messenger, runner for EOC/ER/LOG information interchange.

**ANNEX D: EMERGENCY PREPAREDNESS PLAN
LOGISTICS**

b. Code RED (Fire), ORANGE (Bomb Threat) and PURPLE (Restraint or Disturbance).

- (1) Refer to Appendix 2 to Annex C for fire emergencies and fire fighting responsibilities. As appropriate, implement all or part of paragraphs A (References) above.
- (2) Depending on the response necessary to the situation, any or all of the above (paragraph a, Code Yellow) tasks may be necessary.
- (3) Be prepared to provide EOC or Crisis Management Team with facility blueprints and technical engineering advise.
- (4) Be prepared to shut down elevator systems, oxygen systems, or electrical systems as the situation warrants, or on order.
- (5) Be prepared to shut down basic operations, and on order, evacuate personnel and high value property.

c. Natural Disaster/Weather Warning Codes

- (1) Refer to Appendix 5 to Annex C for natural disaster and weather warning codes, concept of operations, and basic tasks.
- (2) Depending on the response necessary to the situation, be prepared to obtain and issue debris clearing tools, both electrical and non-electrical, snow removal equipment, and other essential work detail requirements.
- (3) Coordinate with installation DPWE for road clearing equipment with priority to emergency requests (urgent and compelling) to ensure basic patient requirements continue.
- (4) Be prepared to implement conservation measures for water, sewage, and utilities as the situation warrants, or on order.
- (5) Be prepared for and provide emergency requests (urgent and compelling) to ensure basic patient requirements continue.

ANNEX D: EMERGENCY PREPAREDNESS PLAN
LOGISTICS

- (6) On order, provide dedicated messenger/runner for EOC/ER/LOG information interchange.

5. **Coordinating Instructions.**

- a. Refer to Appendix 1 of Annex C for complete MASCAL management information, Tab A to Appendix 1 for Heat Casualties, and Appendix 2 to Annex C for fire emergencies and Appendix 5 for natural disaster management.
- b. First priority of logistical support goes initially to the emergency room (immediate area) and the four other patient care areas (delayed, expectant, pre-op, and minimal.)

E. **COMMAND, CONTROL, COMMUNICATION (C3).**

1. **Command.** No changes.

2. **Control.**

- a. Refer to Annex C, paragraph E, (Command, Control, and Communications) for overall guidance for control of emergency operations.
- b. Chief, Logistics Division exercises control over all division activities. In the absence of the Chief, the senior representative present will exercise control responsibilities until properly relieved.
- c. Authority to release accountable/non-accountable/disposable property is inherent with official declaration of Code Yellow (MASCAL). Full attempts to capture and report associated costs will be made with any code, to include official notification of a weather related emergency.

3. **Communications.**

- a. Primary communications will be through the telephone system, supplemented by beepers, e-mail, and cc: Mail.
- b. Runners or messengers will be used as an alternative communication/information method..

ANNEX D: EMERGENCY PREPAREDNESS PLAN
LOGISTICS

- c. The EOC, when activated has authority to communicate with lateral and higher headquarters on the status of logistical operations being conducted.
- d. Authorized logistical representatives may communicate with vendors, contractors, or medical channels for requesting necessary supply and service items.

OFFICIAL:



Sass
Chief, Logistics

**ANNEX E: EMERGENCY PREPAREDNESS PLAN
PERSONNEL AND ADMINISTRATIVE MANAGEMENT**

A. REFERENCES.

1. Manpower Pool Implementing SOP
2. Internal Notification and Recall Plans
3. Internal Fire Fighting and Evacuation Plans
4. Medical Command Regulation 40-25, Professional Officer file System
5. AR 601-142, Professional Office Filler System

B. GENERAL. This annex provides guidelines that enable DACH to respond effectively with personnel and administrative resources during an emergency. The objective of this annex is to provide for manpower and administrative services that support all emergency operations as declared by the command group. Personnel and administrative operations and procedures outlined herein are applicable to all contingencies as outlined by Basic Plan and Annex C, Operations. Mobilization personnel requirements during mobilization.

C. SITUATION. An emergency situation has occurred of sufficient gravity that generates the necessity to provide additional manpower and administrative services to the clinical staff and ancillary services. A Code **YELLOW** (MASCAL) or **RED** (Fire) may or may not be announced.

D. MISSION. On order, Personnel Division will provide manpower support and administrative management to DACH during emergency situations that will enhance and expand current manpower strengths for timely and sustained operations that support all aspects casualty care.

E. EXECUTION.

1. Assumptions.

- a. Sufficient personnel skilled in emergency medical services will not be readily available.
- b. Simultaneously with official declaration of Code **YELLOW**, necessary and prudent services, supplies equipment, moneys, etc, are released for direct patient casualty care.
- c. No more than one emergency event will occur at any given time.

ANNEX E: EMERGENCY PREPAREDNESS PLAN
PERSONNEL AND ADMINISTRATIVE MANAGEMENT

- d. Current administrative personnel and procedures are adequate for sustained emergency requirements and reserve forces (IRR, IMA, TPU members, etc.) will not be activated.
2. **Friendly Forces.** See Annex A (Task Organization) for external available forces. Internal sources of personnel include:
- a. Personnel Division (plus CPO liaison)
 - b. Patient Administration Division
 - c. Nutrition Care Division
 - d. Resource Management Division
 - e. Coordinated Care Division
 - f. Public Affairs Officer
 - g. Operations and Training
 - h. Information Management Division
 - i. Logistics Division
 - j. DACH Judge Advocate Office
3. **Concept of the Operations**
- a. During emergency situations simultaneous personnel and administrative support function will occur. The Deputy Commander for Administration/Chief of Staff will direct support implementation of DACH's administrative divisions when the EOC is not activated. The EOC, when activated, will otherwise direct administrative support requirements.
 - b. Success in emergencies will depend on speed and momentum. Leaders and subordinates will have the greatest possible freedom of action, consistent with accomplishing the mission. Individual initiative, teamwork, and leadership from expected and unexpected sources will occur. Normal administrative practices will not delay emergency services.

ANNEX E: EMERGENCY PREPAREDNESS PLAN
PERSONNEL AND ADMINISTRATIVE MANAGEMENT

4. **Tasks.**

- a. **Chief, Personnel Division** or senior division representative present will, on order or as the situation warrants:
- (1) Provide a division representative to the EOC upon activation.
 - (2) Coordinate with the Deputy Commander for Primary Care and Managed Care for additional 91B and 91C medics from installation outlying clinics.
 - (3) As appropriate or on order, recall critical/mission essential personnel on leave/TDY/pass within the local community.
 - (4) Recall Selected PROFIS personnel detailed for unit operations/training.
 - (5) Continue with normal administrative functions and systems as best possible.
 - (6) Refer to Appendix 1 of Annex C for specific C, Personnel MASCAL tasks.
- b. **Chief, Resource Management Division** or senior division representative present will, on order or as the situation warrants:
- (1) Provide advise to the EOC/Crisis Management Team, if activated.
 - (2) Obtain and sustain necessary funding.
 - (3) Obtain and sustain increased supplemental care funding.
 - (4) Determine structure of cost assignments to DACH staffs and activities.
 - (5) Authorize overtime/compensatory time requests germane to the emergency situation.

ANNEX E: EMERGENCY PREPAREDNESS PLAN
PERSONNEL AND ADMINISTRATIVE MANAGEMENT

- c. **Chief, Nutrition Care Division** or senior division representative present will, on order as the situation warrants:
- (1) Extend meal hours and plan for the potential of midnight meals.
 - (2) Provide additional meal service for an increased patient census.
 - (3) Provide box lunches with beverages to staff and clinical personnel unable to leave emergency site(s).
 - (4) Determine requirement to delete or adjust meal rates and surcharge for DACH staff involved in emergency operations.
 - (5) Provide space for Manpower Pool.
 - (6) Continue with normal operations as best as possible.
- d. **Chief, Patient Administration Division** or senior representative present will, on order or as the situation warrants:
- (1) Provide advise to the EOC/Crisis Management Team, if activated.
 - (2) Be responsible for the casualty count and periodic updates to the EOC if activated. If EOC is not activated, provide casualty count to command group (CDR, DCA, DCCS, etc.).
 - (3) Effect coordination with post AG Casualty Branch, as required for notifications to Next-of-kin. Provide a Line of Duty (LOD) investigation form with Part I completed for each casualty.
 - (4) Facilitate casualty/patient care through prompt management of admission and disposition requirements, evacuation, medical records, supplemental care, and other PAD functions.
 - (5) Refer to Appendix 1 to Annex C for PAD specific MASCAL tasks and responsibilities.

ANNEX E: EMERGENCY PREPAREDNESS PLAN
PERSONNEL AND ADMINISTRATIVE MANAGEMENT

- (6) Continue normal operations as best possible.
- e. **Public Affairs Officer** will, on order or as the situation warrants:
 - (1) Be public spokesperson for DACH to media inquiries.
 - (2) Coordinate with installation Provost Marshal for a security force, traffic police, and other security measures as appropriate.
- f. **Chief, Operations and Training** or senior division representatives present will, on order or as the situation warrants and as a supplement to managing the EOC:
 - (1) Coordinate with installation Provost Marshal for a security force, traffic police, and other security measures as appropriate.
 - (2) Coordinate with VA representatives and NDMS officials as appropriate.
- g. **DCPMA** be prepared to provide personnel to C, PAD for administrative and clerical support to patient/casualty accountability and processing.
- h. **Ft Belvoir Garrison SJA** will on request provide:
 - (1) Legal advise to the command group, EOC, and or the Crisis Management Team on courses of actions taken and the following primary concerns:
 - (a) Use of volunteers in emergencies.
 - (b) Posse Comitatus Act (18 USC 1385)
 - (c) Economy Act (31 USC 686)
 - (2) Provide legal assistance and counseling to patients/casualties and family members/relatives concerning matters of Wills, Powers of Attorney, Notary Public Services and other legal matters/questions that may arise.

ANNEX E: EMERGENCY PREPAREDNESS PLAN
PERSONNEL AND ADMINISTRATIVE MANAGEMENT

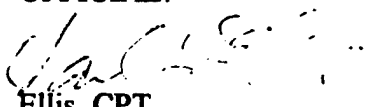
5. **Coordinating Instructions.**

- a. AAFES PX is invited to extend operating hours to support emergency operations by providing sundry items on demand.
- b. Other concessions are invited to expand operating hours required to support emergency operations.
- c. Personnel not in direct support of emergency operations will report to the Manpower Pool.
- d. Refer to Annex C for emergency management information.

F. **COMMAND, CONTROL, COMMUNICATION (C3).**

- 1. **Command.** No changes.
- 2. **Control.** No changes to current control procedures are anticipated.
- 3. **Communications.** See Annex F, SIGNAL.
 - a. Primary communications will be through the telephone system, supplemented by beepers, e-mail, and cc: Mail.
 - b. Runners or messengers will be used as an alternative communication/information method.

OFFICIAL:


Ellis, CPT
Chief, Personnel

**ANNEX F: INFORMATION MANGAGEMENT: SIGNAL
EMERGENCY PREPAREDNESS PLAN**

A. REFERENCES.

1. Internal Dept/Div/Sec/Act MASCAL Implementing SOPs.
2. Internal Dept/Div/Sec/Act Notification and Recall Rosters.
3. Internal Dept/Div/Sec/Act Fire Fighting & Evacuation Plans.

B. GENERAL. During emergency situations timely and reliable communications are absolutely essential to command and control the situation. This annex provides guidelines that enable DACH to communicate effectively during an emergency. The objective of this annex is to provide a basis for communications and information management support that will provide emergency operations personnel with multiple communication systems that may be used separately or in tandem. This annex is applicable to all contingencies as outlined by the Basic Plan and Annex C.

C. SITUATION. An emergency situation has occurred of sufficient gravity that generates the necessity to activate the EOC, establish communications with higher and lateral headquarters and civilian counterparts, and prepare support information systems. A Code Yellow or Red may or may not be announced.

D. MISSION. On order, Information Management Division will provide communications support and information management to DACH during emergency situations that will enhance and expand current systems for timely and sustained operations in support of the emergency situation mission.

E. EXECUTION.

1. Assumptions.

- a. During times of emergencies, the present communication systems will not be adequate to handle the increased usage demand.
- b. Operations will require expansion of the information communications capability to include secure networks.
- c. No more than one emergency situation will occur at any given time.

2. Friendly Forces.

ANNEX F: INFORMATION MANGAGEMENT: SIGNAL
EMERGENCY PREPAREDNESS PLAN

a. Installation Directorate of Information Management

3. Concept of the Operations.

a. During emergency situations simultaneous information management support events will occur. IMD personnel will make available all assets necessary to provide a total emergency response effort. Success in emergencies will depend on speed and momentum, providing the right communications and information systems at the right time. Leaders and subordinates will have the greatest freedom of action, consistent with accomplishing the mission. Individual initiative, teamwork, and leadership from expected and unexpected sources will occur. Normal information management accounting practices will not delay emergency issue of information and communication services.

b. For the purposes of plan implementation and emergency operations the following categories of information management support are envisioned to be provided, as delineated below:

- (1) Communications Devices (may include FM radio)
- (2) Automation (includes E-mail, LAN, FAX, CHCS, etc.)
- (3) Printing, Records Management, and Publication
- (4) Postal and Distribution
- (5) Visual Information

4. Tasks. Chief, Information Management Division (IMD), or senior representative present will:

a. Code YELLOW (MASCAL):

- (1) Coordinate with Chief, Operations and Training/Crisis Management Team for EOC communication requirements. Basic requirements may include cellular phones, secure phones, FM radio with frequency assignments, hand-held radios, E-mail, and local area network (LAN).
- (2) Prepare communication devices for the Crisis Management Team, when formed, for direct

**ANNEX F: INFORMATION MANGAGEMENT: SIGNAL
EMERGENCY PREPAREDNESS PLAN**

EOC/CMT voice communications. Plan for CMT members to be mobile. Coordinate for a direct line from DACH EOC to Ft. Belvoir EOC, as required.

- (3) Be prepared to connect additional telephones and radio devices _____, as an alternate EOC.
- (4) Provide clerical assistance to EOC for electrical message preparation by AUTODIN, for official message traffic.
- (5) On order, impose MINIMIZE for medical facility telephones and outgoing electronic communications.
- (6) Procure from external sources supplemental voice communications requirements (pagers, hand-held radios, etc.) with priority to ER, Ambulance Section, Lab and Blood Bank, senior clinical and nursing staff.
- (7) Assume control over public address system. Increase volume as required.
- (8) Suspend operations of non-critical distribution center activities, official mail, and printing, publication, and visual media operations. Prepare these activities for dedicated emergency support operations.
- (9) Provide non-essential personnel to Manpower Pool.

b. Code RED(Fire), ORANGE (Bomb Threat) and Severe Weather Warnings and other listed Codes are:

- (1) Refer to Appendix 2 to Annex C for internal fire emergencies and fire fighting responsibilities. Refer to Appendix 3 Annex R for bomb threat procedures, and Appendix 5 for natural disaster management. Refer to Appendix 2 for Utility Systems Failure and Basic Staff Response and refer to Appendix 3 for Emergency Conditions and Basic Staff Responses
- (2) Depending on the response necessary to the situation, any or all of the above Para a. Code Yellow tasks may also be necessary.

**ANNEX F: INFORMATION MANGAGEMENT: SIGNAL
EMERGENCY PREPAREDNESS PLAN**

- (3) Be prepared to shut down basic IMD operations, and on order, evacuate IMD personnel, protect high value property as best possible, and secure the area.

c. EOC Activation/Crisis Management Team Formation.

- (1) On request provide the EOC with an updated list of pager/beeper numbers for contact with Clinical and Administrative Chiefs.
- (2) On request provide the EOC with an updated list of all ward computer modem numbers (internal FAX).
- (3) Provide the EOC with any additional FAX or secure FAX numbers and locations, activated for emergency situations.

5. Coordinating Instructions.

- a. Top priority for communications networks go initially to the ambulance section, the emergency room, and senior clinical and nursing department chiefs.
- b. Second priority will be to establish communications nets within the EOC.
- c. Communications systems in DACH will be utilized for UNCLASSIFIED information only. The EOC has sole authority for classified information, (transmission, receiving, storage, distribution, etc.), and will control access procedures.
- d. Visual Information Branch will assist the PAO, EOC, and senior staff prepares visual briefing support when required.

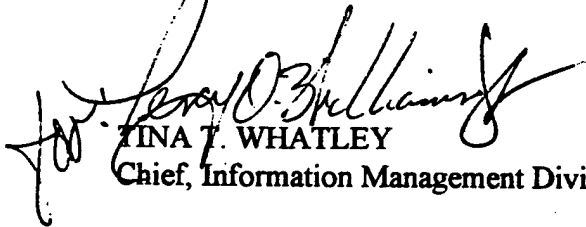
F. COMMAND, CONTROL, COMMUNICATIONS (C3).

- 1. **Command.** No changes.
- 2. **Control.**
 - a. Refer to Annex C Para E, (Command, Control, Communications) for overall C3 guidance for the conduct of emergency operations.

ANNEX F: INFORMATION MANGAGEMENT: SIGNAL
EMERGENCY PREPAREDNESS PLAN

- b. Chief, Information Management Division exercises control over all information management activities. In the absence of the Chief, the deputy or senior representative present will exercise control responsibilities until properly relieved.
 - c. Authority to release accountable equipment for use is inherent with official declaration of Code Yellow (MASCAL). Full attempts to capture and report associated costs will be made.
3. **Communications.** As stated and supplemented by enclosures. Volume II (EOC and CMT Operations) is also supplemented by enclosures as stated below.

OFFICIAL:


TINA T. WHATLEY
Chief, Information Management Division

Enclosures:

Appendix 1 - Command/Essential/Selected Telephone Numbers
Appendix 2 - Emergency Conditions and Staff Responses
Appendix 3 - Utility Systems Failure and Basic Staff Responses
Appendix 4 - Omitted
Appendix 5 - Portable Radio Net

APPENDIX 1 TO ANNEX F: EMERGENCY PREPAREDNESS PLAN ESSENTIAL/SELECTED TELEPHONE NUMBERS

ADAPCP/ADCO	806-6591/6592	ENVIRONMENTAL HEALTH SERVICE	805-0063/0078
ADJUTANT	805-0880	EQUAL OPPORTUNITY OFFICE (EEO)	805-0551
ADMINISTRATIVE RESIDENT	805-0881	EXCEPTIONAL FAMILY MEMBER (EFMP)	805-0663
ADMISSIONS & DISPOSITIONS	805-0661/0170	EXTENDED CARE CLINIC	805-0912/0131
ADS (AMBULATORY DATA SYSTEM)	805-9021	FACILITIES MANAGEMENT	805-0569/0676
ADVICE NURSE	1 (800) 633-3948	FIRST SERGEANT (MEDDAC COMPANY)	805-0925
ALLERGY CLINIC	805-0024	GASTROENTEROLOGY (GI)	805-0071
AMBULANCE (NON-EMERGENCY LINE)	805-0915	HEADQUARTERS CONFERENCE ROOM	805-0716
AMBULANCE EMERGENCY (HOTLINE)	805-0106	HEALTH CARE CONTRACT SUPPORT	805-0642
AMBULATORY NURSING SERVICE	805-0073	HEALTH CARE FINDER	805-0190
ANESTHESIA	805-0759	HIV PROGRAM ADMINISTRATION	805-0441/0942
ANTEPARTAL DIAGNOSTIC (ADC)	805-0468	HIV SOCIAL WORKER	805-3882
AUDIOLOGY (SOUTH POST)	806-3395	HOSPITAL EDUCATION & TRAINING (H.E.A.T.)	805-0093
AUTOVON PREFIX	805-655/806-656	HOUSEKEEPING	780-5074
AVIATION HEALTH CLINIC	806-4576/4526/3395	IMD (AUTOMATION, PRINTING)	805-0593/0016
BETHESDA APPOINTMENTS	(DSN) 295-1400	IMD (MEDDAC PUBLICATIONS)	806-3379/3378
BETHESDA INFORMATION	(301) 295-4611	IMMUNIZATION SERVICES	805-0024
BILLING DEPARTMENT (TREASURER)	805-0019	INDUSTRIAL HYGIENE	805-0026
BIOHAZARD	805-0609	INFECTION CONTROL NURSE	805-0044
BIRTH CERTIFICATE INFORMATION	805-0171	INFORMATION (HOSPITAL)	805-0510
BLOOD BANK	805-0709	INPATIENT MEDICAL RECORDS	805-0727/0121/0224
BLOOD DONOR PROGRAM	805-0148	INSPECTOR GENERAL (HOSPITAL)	805-0559
BLOOD DRAWING LAB	805-0087	INTERNAL MEDICINE (DEWITT GROUP)	805-0612
BREAST CLINIC	805-0548	LABOR & DELIVERY	805-0119/0085
CIVILIAN DIETETICS (INPATIENT)	805-0094	LABORATORY	805-0148/0087
CAPS (CHILD/ADOLESCENT PSYCH)	805-0550/0552	LABORATORY AFTER DUTY HOURS	805-0707/0711
CARDIOLOGY	805-0071	LACTATION NURSE	805-0061
CASTING ROOM	805-0002/0096	LIBRARY (MEDICAL)	805-0589
CAT SCAN	805-0135	LINEN	805-0609
CHAMPUS ADVISOR	805-0166/0644/0073	LOGISTICS DIVISION (SECRETARY)	806-4734
CHAPLAIN	805-0040	LOST & FOUND	805-0246/0746
CHIEF WARDMASTER	805-0583	MAILROOM/DISTRIBUTION CENTER	805-0036
CIVILIAN MEDICAL CLAIMS	805-0174	MAMMOGRAM	805-0091
CLINICAL SUPPORT DIVISION (CSD)	805-0875/0412	MANAGED CARE DIVISION	805-0164/0167
CMS (CENTRAL MATERIEL SUPPLY)	8050255	MARKETING	805-0058
COMMAND GROUP NCOIC	805-0097	MATERIEL BRANCH	806-3508
COMMAND SERGEANT MAJOR	805-0721	MEDCASE MANAGER	806-4723
COMMAND SERGEANT MAJOR ASST	805-0097	MEDICAL SUPPLY	806-0882/0883
COMMANDER (HOSPITAL)	805-0824	MEDICAL BENEFITS	805-0882/0883
COMMANDER (MEDDAC CO)	805-0926	MEDICAL COMPANY	805-0425
COMMUNITY HEALTH NURSE	805-0524	MEDICAL EXAM (SOUTH POST)	806-3395/4576
COMMUNITY MENTAL HEALTH	805-0110/0472	MEDICAL HOLDING DETACHMENT	805-0925
CONTRACTING BRANCH	805-0640	MEDICAL MAINTENANCE	805-0633/0133
CORRESPONDENCE	805-0662	MEDICAL OFFICER OF THE DAY (MOD)	313-3668
COUMADIN CLINIC	805-0329	MEDICAL WAREHOUSE (NORTH POST)	806-4738
CREDENTIALS (QI)	805-0374	MEDICAL WASTE	805-0557/0630
CYTOLOGY	805-0208	MENTAL HEALTH	805-0110/0472
DENTAL CLINIC (HOSPITAL)	805-0259	MILITARY POLICE	805-1104
DENTAL CLINIC (LOGAN)	806-4046	MINISTER/PASTOR (PAGER)	612-6466
DENTAL CLINIC APPOINTMENTS	806-4392	MINISTERIAL/PASTORAL SERVICES	805-0040
DEPUTY CDR FOR ADMINISTRATION	805-0658	NEUROLOGY	805-0473
DEPUTY CDR FOR CLINICAL SERVICES	805-0825	NORTH POST (SPORTS MEDICINE)	806-6084/5063
DEPUTY CDR FOR PRIMARY/MANAGED CARE	805-0537	NOTARY PUBLIC	805-0577/0824
DERMATOLOGY	805-0383	NURSING DEPARTMENT	805-0577/0380
DEWITT GROUP MESSAGE LINE	805-0649/0650	NURSING EDUCATION (H.E.A.T.)	805-0093/0866
DIAL-A-CULTURE	805-0714	NUTRITION (MENU CHANGE INPATIENT)	805-0094
DINING FACILITY	805-0899	NUTRITION CARE (DINING FACILITY)	805-0899
DISCHARGE PLANNING (MRS. DAVIS)	805-0080	NUTRITION CARE DIVISION	805-0581
DYNACORP (SNOW REMOVAL)	805-3553	NUTRITION CARE SECRETARY	805-0094
EEG (NEUROLOGY)	805-0473	OB/GYN APPOINTMENTS	805-0808/0807
EKG (CARDIOLOGY)	805-0071	OB/GYN SERVICES	805-0808
EMERGENCY TREATMENT ROOM	805-0414/0518	OCCUPATIONAL HEALTH	805-0443/0946
EMG (NEUROLOGY)	805-0473	OPERATING ROOM	805-0004
ENDOCRINOLOGY	805-0612	OPHTHALMOLOGY	805-0652/0654
ENGINEER'S PAGER	551-8645	OPTOMETRY	805-0652/0654
ENGINEERS (HOSPITAL)	805-0594	ORAL SURGERY	805-0098
ENT (EARS, NOSE & THROAT)	805-0652/0654	ORTHOPEDIC CLINIC	805-0096/0002

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APPENDIX 1 TO ANNEX F: EMERGENCY PREPAREDNESS PLAN ESSENTIAL/SELECTED TELEPHONE NUMBERS

OUTPATIENT MEDICAL RECORDS 805-0171
OVERSEAS SCREENING (FAMILY MEMBERS) 805-0663

PAGING SYSTEM 805-0964
PATIENT ADMIN DIV (PAD) 805-0559/0515
PATIENT REPRESENTATIVE 805-0339
PEDIATRICS (DEWITT GROUP) 805-0612
PERSONNEL DIVISION (MEDDAC) Military 805-0426
PHARMACY 805-0694
PHARMACY ANNEX (PX MALL) 806-5538
PHARMACY REFILL CALL-IN 805-0470
PHARMACY SUPPLY 805-0205
PHARMACY UNIT DOSE 805-0628
PHYSICAL EXAM (ACTIVE DUTY & RESERVIST) 806-3395/4576/4526
PHYSICAL THERAPY SERVICE 805-0008
PODIATRY CLINIC 805-0042
POM&S (MEDDAC CO) 805-0283
POST INFORMATION 545-6700
POST STAFF DUTY OFFICER 806-3012/3101
PREVENTIVE MEDICINE 805-0063/0942
PREVENTIVE MEDICINE (SECRETARY) 805-0441
PRIMUS (REGISTRATION) 805-0622
PRIMUS DEWITT APPOINTMENTS 805-0612
PRIMUS DEWITT MESSAGE/TRIAGE NURSE 805-0649/0650
PROGRAM/BUDGET BRANCH 806-4071/4064
PROPERTY MANAGEMENT BRANCH 806-4726
PROVOST MARSHAL 806-3104
PUBLIC AFFAIRS COORDINATOR (MEDDAC) 805-0058
PULMONARY FUNCTION TEST 805-0370
QUALITY IMPROVEMENT (CREDENTIALS) 805-0374
QUALITY IMPROVEMENT (QI) 805-0599
QUALITY IMPROVEMENT (RISK MANAGEMENT) 805-0374
QUALITY IMPROVEMENT COORDINATOR 805-0599
RADER CLINIC (703) 696-3467
RADIOLOGY (CAT SCAN) 805-0135
RADIOLOGY (FILE ROOM) 805-0053
RADIOLOGY, DEPARTMENT OF 805-0091
RECOVERY ROOM 805-0206/0699
RED CROSS DEWITT 805-0043
RESOURCE MANAGEMENT (RMD) 806-4745
RESPIRATORY THERAPY 805-0370
RHEUMATOLOGY 805-0071
ROADS/GROUNDS (DPW) 806-3109
SAFETY OFFICE 805-0157
SAME DAY SURGERY 805-0606
SECURITY OFFICE 805-0246
SEROLOGY 805-0212
SICK CALL (ACTIVE DUTY) 805-0744
SMOKING CESSATION 805-0061
SOCIAL WORK SERVICES 805-0488
SONOGRAM 805-0091
SOUTH POST CLINIC 806-3395/4576/4526
SPORTS MEDICINE 806-6084/5063
STD 805-0063
STRESS TEST 805-0030
SURGICAL CLINIC 805-0548
TAXI (COMMERCIAL) 451-2255
TELEPHONE (MILITARY) 805-1109

TELEPHONE REPAIR (C&P) (805) 954-2222
THIRD PARTY INSURANCE (INPATIENT) 805-0602/0613
THIRD PARTY INSURANCE (OUTPATIENT) 805-0424
THIRD PARTY LIABILITY (PERSONAL INJURIES) 805-4387
TOTAL QUALITY MANAGEMENT (TQM) 805-0093
TRAINING NCO 805-0093
TREASURER 805-0019
TRIAGE NURSE 805-0649/0650
ULTRASOUND 805-0091
UROLOGY SERVICES 805-0038/0584
UTILIZATION REVIEW 805-0613/0602
VETERINARY CLINIC 805-3013/2368
VOLUNTEER COORDINATOR 805-0765
WARD 2B ICU/CCU 805-0588/0775
WARD 2M RECOVERY ROOM 805-0699/0206
WARD 2M SAME DAY SURGERY 805-0606/0025
WARD 3B PAY PHONE 781-9515
WARD 3B POSTPARTUM 805-0772/0076
WARD 3C LABOR & DELIVERY 805-0067/0885
WARD 3D NEWBORN NURSERY 805-0101/0029
WARD 4A MEDICAL 805-0080/0394
WARD 4A PAY PHONE 781-9516
WARD CLINIC (DERMATOLOGY) 805-0383
WELL WOMAN'S CLINIC 805-0313

OFF POST MEDICAL ACTIVITIES
A.P. HILL CLINIC (804) 633-8101/8216
ANDREWS AFB APPOINTMENTS (DSN) 858-7511
ANDREWS AFB INFORMATION (301) 981-1110
FLIGHT MEDICINE (PHYSICALS) 806-4576/4526/3395
FT MEADE (KIMBROUGH) APPOINTMENTS (410) 674-8854
FT MYER CLINIC (RADER) (703) 696-3467
MOTOR POOL (WALTER REED BUS) 805-2302
PENTAGON HEALTH CLINIC
PRIMUS BURKE 764-0509 #31
PRIMUS BURKE APPOINTMENTS 550-2671
PRIMUS FAIRFAX 849-9160 #31
PRIMUS FAIRFAX APPOINTMENTS 550-2671
PRIMUS WOODBRIDGE 491-7668 #31
PRIMUS WOODBRIDGE APPOINTMENTS 550-2671/697-6594
QUANTICO HEALTH CLINIC 784-2525/(DSN) 278
QUANTICO INFORMATION 784-2121/(DSN) 278
QUANTICO SHUTTLE 784-4725 (DSN) 278
QUANTICO TRANSPORTATION 784-2254/(DSN) 278
VINT HILL FARMS STATION CLINIC (703) 349-5171
VINT HILL FARMS STATION CLINIC (DSN) 229-5170
WALTER REED ADMISSIONS (202) 782-6139
WALTER REED ADMISSIONS (DSN) 662-6139
WALTER REED ADMISSIONS (TOLL FREE) 1(800) 433-3574
WALTER REED CENTRAL APPOINTMENTS (DSN) 662-7761
WALTER REED CENTRAL APPOINTMENTS (202) 782-7761
WALTER REED GUEST HOUSE (202) 782-1100
WALTER REED GUEST HOUSE (DSN) 662-1100
WALTER REED INFORMATION (202) 782-3501/1000
WALTER REED INFORMATION (DSN) 662-3501/1000
WALTER REED PATIENT APPOINTMENTS (202) 782-7761

APPENDIX 1 TO ANNEX F: EMERGENCY PREPAREDNESS PLAN ESSENTIAL/SELECTED TELEPHONE NUMBERS

ADDRESS

DEPARTMENT OF THE ARMY
USA MEDDAC - MCXA (CDR)
9501 FARRELL RD
FORT BELVOIR, VIRGINIA 22060-5901

MEDDAC INFO/SDNCO	805-0747
POST INFORMATION	545-6700
POST STAFF DUTY OFFICER	806-3012/3101
ADAPCP/ADCO	806-6591/6592
COMMAND SUITE	
COMMANDER (HOSPITAL)	805-0824
ADJUTANT	805-0880
ADMINISTRATIVE RESIDENT	805-0881
COMMAND GROUP NCOIC	805-0097
COMMAND SERGEANT MAJOR	805-0721
COMMAND SERGEANT MAJOR ASST	805-0097
DEPUTY CDR FOR ADMINISTRATION	805-0658
DEPUTY CDR FOR CLINICAL SERVICES	805-0825
DEPUTY CDR FOR PRIMARY/MANGD CARE	805-0537
HEADQUARTERS CONFERENCE ROOM	805-0716
NOTARY PUBLIC	805-0577/0824
ADS (AMBULATORY DATA SYSTEM)	805-9021
ADVICE NURSE	1 (800) 633-3948
ALLERGY CLINIC/IMMUNIZATIONS	805-0024
AMBULANCE EMERGENCY (HOTLINE)	805-0106
AMBULANCE (NON-EMERGENCY LINE)	805-0915
AMBULATORY NURSING SERVICE	805-0073
ANESTHESIA	805-0759
AUDIOLOGY (SOUTH POST)	806-3395
AUTOVON PREFIX	805-655/806-656
BILLING DEPARTMENT (TREASURER)	805-0019
BIOHAZARD	805-0609
CHAMPUS ADVISOR	805-0166/0644/0073
CHAPLAIN	805-0040
MINISTERIAL/PASTORAL SERVICES	805-0040
MINISTER/PASTOR (PAGER)	612-6466
CHIEF WARDMASTER	805-0583
CLINICAL SUPPORT DIVISION (CSD)	805-0875/0412
COMMANDER (MEDDAC CO)	805-0926
FIRST SERGEANT (MEDDAC COMPANY)	805-0925
COMMUNITY HEALTH NURSE	805-0524
COMMUNITY MENTAL HEALTH	805-0110/0472
CORRESPONDENCE	805-0662
DENTAL CLINIC (HOSPITAL)	805-0259
DENTAL CLINIC (LOGAN)	806-4046
DENTAL CLINIC APPOINTMENTS	806-4392
DERMATOLOGY	805-0383
DEWITT GROUP MESSAGE LINE	805-0649/0650
DINING FACILITY	805-0899
NUTRITION (MENU CHANGE INPATIENT)	805-0094
NUTRITION CARE DIVISION	805-0581
NUTRITION CARE SECRETARY	805-0094
CIVILIAN DIETETICS (INPATIENT)	805-0094
DISCHARGE PLANNING (MRS. DAVIS)	805-0080
EKG (CARDIOLOGY)	805-0071
EMERGENCY TREATMENT ROOM	805-0414/0518
ENT (EARS, NOSE & THROAT)	805-0652/0654
EQUAL OPPORTUNITY OFFICE (EEO)	805-0551
EXCEPTIONAL FAMILY MEMBER (EFMP)	805-0663
EXTENDED CARE CLINIC	805-0912/0131
HEALTH CARE CONTRACT SUPPORT	805-0642
HEALTH CARE FINDER	805-0190
HEALTH EDUC. AND TNG (H.E.A.T.)	805-0093/0866

HIV PROGRAM ADMINISTRATION	805-0441/0942
HIV SOCIAL WORKER	805-3882
HOSPITAL EDUCATION & TRAINING (H.E.A.T.)	805-0093
HOUSEKEEPING	780-5074
IMD (AUTOMATION, PRINTING)	805-0593/0016
IMD (MEDDAC PUBLICATIONS)	806-3379/3378
INDUSTRIAL HYGIENE	805-0026
INFECTION CONTROL NURSE	805-0044
INFORMATION (HOSPITAL)	805-0510
INSPECTOR GENERAL (HOSPITAL)	805-0559
INTERNAL MEDICINE (DEWITT GROUP)	805-0612
LABOR & DELIVERY	805-0067/0119
LABORATORY	805-0148/0087
BLOOD BANK	805-0709
BLOOD DONOR PROGRAM	805-0148
BLOOD DRAWING LAB	805-0087
CYTOLOGY	805-0208
DIAL-A-CULTURE	805-0714
LABORATORY AFTER DUTY HOURS	805-0707/0711
SEROLOGY	805-0212
LIBRARY (MEDICAL)	805-0589
LOGISTICS DIVISION (SECRETARY)	806-4734
CMS (CENTRAL MATERIEL SUPPLY)	805-0255
CONTRACTING BRANCH	805-0640
DYNACORP (SNOW REMOVAL)	805-3553
ENGINEER'S PAGER	551-8645
ENGINEERS (HOSPITAL)	805-0594
FACILITIES MANAGEMENT	805-0569/0676
LINEN	805-0609
MATERIEL BRANCH	806-3508
MEDICAL SUPPLY	806-0882/0883
MEDICAL MAINTENANCE	805-0633/0133
MEDICAL WAREHOUSE (NORTH POST)	806-4738
PROPERTY MANAGEMENT BRANCH	806-4726
ROADS/GROUNDS (DPW)	806-3109
LOST & FOUND	805-0119/0085
MAILROOM/DISTRIBUTION CENTER	805-0036
MANAGED CARE DIVISION	805-0164/0167
MARKETING	805-0058
MEDCASE MANAGER	806-4723
MEDICAL BENEFITS	805-0882/0883
MEDICAL COMPANY	805-0425
MEDICAL EXAM (SOUTH POST)	806-3395/4576
MEDICAL HOLDING DETACHMENT	805-0925
MEDICAL OFFICER OF THE DAY (MOD)	313-3668
MEDICAL WASTE	805-0557/0630
MENTAL HEALTH	805-0110/0472
CAPS (CHILD/ADOLESCENT PSYCH)	805-0550/0552
MILITARY POLICE	805-1104
NEUROLOGY	805-0473
EEG (NEUROLOGY)	805-0473
EMG (NEUROLOGY)	805-0473
NORTH POST (SPORTS MEDICINE)	806-6084/5063
NURSING DEPARTMENT	805-0577/0380

OB/GYN SERVICES	805-0808
ANTEPARTAL DIAGNOSTIC (ADC)	805-0468

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APPENDIX 1 TO ANNEX F: EMERGENCY PREPAREDNESS PLAN ESSENTIAL/SELECTED TELEPHONE NUMBERS

BREAST CLINIC	805-0548
LACTATION NURSE	805-0061
MAMMOGRAM	805-0091
OB/GYN APPOINTMENTS	805-0808/0807
SONOGRAM	805-0091
ULTRASOUND	805-0091
WELL WOMAN'S CLINIC	805-0313
OCCUPATIONAL HEALTH	805-0443/0946
OPERATING ROOM	805-0004
ORAL SURGERY	805-0098
ORTHOPEDIC CLINIC	805-0096/0002
CASTING ROOM	805-0002/0096
OVERSEAS SCREENING (FAMILY MEMBERS)	805-0663
PATIENT ADMIN DIV (PAD)	805-0559/0515
ADMISSIONS & DISPOSITIONS	805-0661/0170
BIRTH CERTIFICATE INFORMATION	805-0171
CIVILIAN MEDICAL CLAIMS	805-0174
INPATIENT MEDICAL RECORDS	805-0727/0121/0224
OUTPATIENT MEDICAL RECORDS	805-0171
PATIENT REPRESENTATIVE	805-0539
PEDIATRICS (DEWITT GROUP)	805-0612
PERSONNEL DIVISION (MEDDAC) MILITARY	805-0426
PHARMACY	805-0694
PHARMACY ANNEX (PX MALL)	806-5538
PHARMACY REFILL CALL-IN	805-0470
PHARMACY SUPPLY	805-0205
PHARMACY UNIT DOSE	805-0628
PHYSICAL EXAM (ACTIVE DUTY & RESERVIST)	806-3395/4576/4526
PHYSICAL THERAPY SERVICE	805-0008
POM&S (MEDDAC CO)	805-0283
PREVENTIVE MEDICINE (SECRETARY)	805-0441
ENVIRONMENTAL HEALTH SERVICE	805-0063/0078
PREVENTIVE MEDICINE	805-0063/0942
PRIMUS (REGISTRATION)	805-0622
PROGRAM/BUDGET BRANCH	806-4071/4064
PROVOST MARSHAL	806-3104
PUBLIC AFFAIRS COORDINATOR (MEDDAC)	805-0058
PULMONARY FUNCTION TEST	805-0370
QUALITY IMPROVEMENT PROGRAM OFFICE	805-0599
CREDENTIALS	805-0374
RISK MANAGEMENT	805-0374
RECOVERY ROOM	805-0206/0699
RED CROSS DEWITT	805-0043
RESOURCE MANAGEMENT (RMD)	806-4745
RESPIRATORY THERAPY	805-0370
RHEUMATOLOGY	805-0071
SAFETY OFFICE	805-0157
SAME DAY SURGERY	805-0606
SECURITY OFFICE	805-0246
SICK CALL (ACTIVE DUTY)	805-0744
SMOKING CESSATION	805-0061
SOCIAL WORK SERVICES	805-0488
SOUTH POST CLINIC	806-3395/4576/4526
SPORTS MEDICINE	806-6084/5063
STD	805-0063
SUBSPECIALTY	
CARDIOLOGY	805-0071
CAT SCAN	805-0135
ENDOCRINOLOGY	805-0612
GASTROENTEROLOGY (GI)	805-0071
OPHTHALMOLOGY	805-0652/0654
OPTOMETRY	805-0652/0654
UROLOGY SERVICES	805-0038/0584
WART CLINIC (DERMATOLOGY)	805-0383
PODIATRY CLINIC	805-0042
RADIOLOGY, DEPARTMENT OF	805-0091

CAT SCAN	805-0135
FILE ROOM	805-0053
STRESS TEST	805-0030
SURGICAL CLINIC	805-0548
TELEPHONE (MILITARY)	805-1109
TELEPHONE REPAIR (C&P)	(805) 954-2222
THIRD PARTY INSURANCE (INPATIENT)	805-0602/0613
THIRD PARTY INSURANCE (OUTPATIENT)	805-0424
THIRD PARTY LIABILITY (PERSONAL INJURIES)	805-4387
TOTAL QUALITY MANAGEMENT (TQM)	805-0093
TRAINING NCO	805-0093
TREASURER	805-0019
TRIAGE NURSE	805-0649/0650
UTILIZATION REVIEW	805-0613/0602
VETERINARY CLINIC	805-3013/2368
VOLUNTEER COORDINATOR	805-0765
WARDS	
WARD 2B ICU/CCU	805-0588/0775
WARD 2M RECOVERY ROOM	805-0699/0206
WARD 2M SAME DAY SURGERY	805-0606/0025
WARD 3B POSTPARTUM/NURSERY	805-0077/0101
WARD 3B PAY PHONE	781-9515
WARD 3C LABOR & DELIVERY	805-0119/0085
WARD 4A MEDICAL	805-0080/0394
WARD 4A PAY PHONE	781-9516

OTHER MEDICAL ACTIVITIES

A.P. HILL CLINIC	(804) 633-8101/8216
ANDREWS AFB APPOINTMENTS	(DSN) 858-7511
ANDREWS AFB INFORMATION	(301) 981-1110
AVIATION HEALTH CLINIC	806-4576/4526/3395
BETHESDA APPOINTMENTS	(DSN) 295-1400
BETHESDA INFORMATION	(301) 295-4611
COUMADIN CLINIC	805-0329
FLIGHT MEDICINE (PHYSICALS)	806-4576/4526/3395
FT MEADE (KIMBROUGH) APPOINTMENTS	(410) 674-8854
FT MYER CLINIC (RADER)	(703) 696-3467
MOTOR POOL (WALTER REED BUS)	805-2302
PENTAGON HEALTH CLINIC	
PRIMUS BURKE	764-0509 #31
PRIMUS BURKE APPOINTMENTS	550-2671
PRIMUS DEWITT APPOINTMENTS	805-0612
PRIMUS DEWITT MESSAGE/TRIAGE NURSE	805-0649/0650
PRIMUS FAIRFAX	849-9160 #31
PRIMUS FAIRFAX APPOINTMENTS	550-2671
PRIMUS WOODBRIDGE	491-7668 #31
PRIMUS WOODBRIDGE APPOINTMENTS	550-2671/697-6594
QUANTICO HEALTH CLINIC	784-2525/(DSN) 278
QUANTICO INFORMATION	784-2121/(DSN) 278
QUANTICO SHUTTLE	784-4725/(DSN) 278
QUANTICO TRANSPORTATION	784-2254/(DSN) 278
RADER CLINIC	(703) 696-3467
TAXI (COMMERCIAL)	451-2255
VINT HILL FARMS STATION CLINIC	(703) 349-5171
VINT HILL FARMS STATION CLINIC	(DSN) 229-5170
WALTER REED ADMISSIONS	(202) 782-6139
WALTER REED ADMISSIONS	(DSN) 662-6139
WALTER REED ADMISSIONS (TOLL FREE)	1(800) 433-3574
WALTER REED CENTRAL APPOINTMENTS	(DSN) 662-7761
WALTER REED CENTRAL APPOINTMENTS	(202) 782-7761
WALTER REED GUEST HOUSE	(202) 782-1100
WALTER REED GUEST HOUSE	(DSN) 662-1100
WALTER REED INFORMATION	(202) 782-3501/1000
WALTER REED INFORMATION	(DSN) 662-3501/1000
WALTER REED PATIENT APPOINTMENTS	(202) 782-7761

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**APPENDIX 1 TO ANNEX F: EMERGENCY PREPAREDNESS PLAN
ESSENTIAL/SELECTED TELEPHONE NUMBERS**

APPENDIX 2 TO ANNEX F : SIGNAL EMERGENCY PREPAREDNESS PLAN

Phone Numbers:

Safety	805-0157	Operations & Training Security	805-0246
Medical Maintenance	805-0633/0133	ANCOD (after duty hrs)	805-0510
Info Mgmt Div, Phone Sec	109	Facility Maint Branch *	805-0781
Info Mgmt Div, Computer Sec	805-0593		
CHCS (24-hrs)	1-800-920-4295		

* (After duty hrs. Call 805-0510)

Emergency Conditions & Basic Staff Response

Problem	Description	Initial Response	Secondary Response	Follow -Up
Bomb Threat CODE ORANGE	Notification of a bomb in the hospital, usually by an outside caller	Obtain as much information as possible using the FBI Bomb Threat Form - Where is the bomb? When will it go off? What does it look like? Why was it placed?, etc.	Report all information to your Supervisor and Security (AOD after duty hours)	Search the area for a bomb, - do not touch if found; report anything suspicious; complete the bomb threat form in the Security Management Plan
Fire CODE RED	Fire, smoke or smell of something burning	Rescue those in immediate danger Activate fire alarm, call 911 & hospital operator, 805-0510 Contain the fire (close doors) Evacuate/Extinguish	Extinguish fire with fire extinguisher Pull the pin Aim the hose Squeeze the handle Sweep from side to side	Assist fire department personnel, if requested
Hazardous Materials Spill or Release CODE WHITE	Incidental Spill - Small spill presenting NO hazard to trained employee or the environment Emergency Spill - Any spill which may present a fire, explosion, or health hazard to people or the environment or the effects are unknown	Trained user cleans up the spill with appropriate personal protective equipment/decontamination materials. Consult the MSDS Isolate the spill area (evacuate) and deny entry to others. Notify the HAZMAT spill response team, your supervisor, and the safety officer. Assist contaminated victims in decontamination process if you can do so safely.	Appropriately dispose of materials; consult MSDS Seek/coordinate medical treatment of decontaminated victim.	Complete report of the incident (Memorandum for Record) Send report to Safety Manager Complete report of the incident (Memorandum for Record) Send report to Safety Manager
Hostage CODE GRAY	An individual is being held against their will by an unarmed/armed perpetrator	Clear the area to avoid others from becoming hostage	Report all pertinent information to supervisor and Security	Complete incident report form in the Security Management Plan
Infant Kidnap CODE Pink	An infant is missing or is known to be kidnaped	Go to the closest exit and watch for a person with an infant that is not being escorted out, or with a package which could hold an infant	Ask to verify infant identity (wrist name tag) or see contents of package; get clear description of adult and note direction of travel	Immediately report information on any suspect to the Nursing Supervisor and Security
Radioactive Incident	See Hazardous Materials Spill or Release procedures above	Isolate the spill area (evacuate); deny entry to others; notify HAZMAT spill response team, supervisor, and Radiation Safety Officer	Notify Radiation Safety officer who will coordinate response	Complete report of the incident
Unusual Incident	Not covered by other plans	Clear the area; notify supervisor	Follow instructions from leaders	Complete report of the incident

Hazmat Team 911
OPTR /Security 805-0246
Radiation Safety Officer 805-0063/0078
ANCOD 805-0510

APPENDIX 3 TO ANNEX F : SIGNAL EMERGENCY PREPAREDNESS PLAN
Utility Systems Failure & Basic Staff Response

(see department policies & procedures for additional details)

Failure of:	What to Expect:	Who to Contact:	Responsibility of User:
Computer Systems	System down	Info Mgmt Div Computer Section	Use backup manual/paper systems
Electrical Power Failure- Emergency Generators Work	Many Lights are out, only YELLOW plug outlets work	Facilities Maint Branch	Ensure Life support systems are on emergency power (yellow outlets); use battery operated life support equipment; ventilate patients by hand as necessary; complete cases in-progress ASAP; use flashlights
Electrical Power Failure-Total	Failure of all Electrical systems	Facilities Maint Branch	Use flashlights; hand ventilate patients; manually regulate IV's; utilize battery operated life support equipment; do not start new cases
Elevator Out of Service	ALL vertical movement will have to be by stairwells	Facilities Maint Branch	Review fire & evacuation plans; establish services on lower floors; use carry teams to move critical patients and equipment to other floors
Elevator Stopped Between Floors	Elevator alarm bell sounding	Facilities Maint Branch	Keep verbal contact with personnel still in elevator and let them know help is on the way
Fire Alarm System	No fire alarms or sprinklers	Facilities Maint Branch	Institute Fire Watch; minimize fire hazards; use phone or runners to report fire
Medical Gases	Gas alarms, no O2, Medical air, Nitrous Oxide(NO2), Nitrogen(N2)	Facilities Maint Branch Medical Maint Branch	Hand ventilate patients; transfer patients if necessary; use portable O2 and other gases, call for additional portable cylinders
Medical Vacuum	No vacuum; vacuum systems fail & in alarm	Facilities Maint Branch	Obtain portable vacuum from crash cart; finish cases in progress; don't start new cases
Natural Gas Failure or Leak	Odor; no flames on burners, etc.	Facilities Maint Branch	Turn off gas equipment; don't use any spark producing devices, electric motors, switches, etc.
Nurse Call System	No patient contact	Facilities Maint Branch	Move patients; detail a rover to check on patients
Patient Care Equipment/Systems	Equipment/system does not function properly	Medical Maintenance	Replace & tag defective equipment
Sewer Stoppage	Drains backing up	Facilities Maint Branch	Do not flush toilets; do not use water
High Temperature Hot Water	No building heat, hot water, sterilizers inoperative, limited cooking, no steam	Facilities Maint Branch	Conserve sterile materials & all Linens; provide extra blankets; prepare meals using electric appliances
Telephones	No telephone service	Info Mgmt Div Telephone Section	Use overhead paging, or cellular phones; use runners as needed
Domestic Water	Sinks & toilets inoperative	Facilities Maint Branch	Conserve water: use bottled water supplied by MDS for drinking; use RED bags in toilets
Ventilation	No Ventilation, no heating or cooling	Facilities Maint Branch	Obtain blankets if needed; restrict use of odorous/hazardous materials; use portable fan

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**APPENDIX 5 TO ANNEX F: EMERGENCY PREPAREDNESS PLAN
PORTABLE RADIO NET**

- I. **GENERAL.** A portable radio net will be established with the onset of a natural disaster or other emergency affecting the activities of DACH.
- II. **RESPONSIBILITIES.**
 - A. Adjutant / Security Manager / SDNCO: Issue portable radios IAW this Appendix.
 - B. SDNCO /OPTR: Establish base station (radio) to perform duties as Net Control Station (NCS) of portable radio net.
 - C. Portable Radio Net Users. The following individuals will report to Adjutant/SDNCO and will be issued radios upon reporting:
 1. OPERATIONS AND TRAINING
 2. TRIAGE OIC/NCOIC
 3. IMMEDIATE OIC/NCOIC
 4. MINIMAL OIC/NCOIC
 5. DELAYED OIC/NCOIC
 6. MANPOWER POOL OIC/NCOIC
 7. PAO
 8. SECURITY
 9. LOGISTICS OIC/NCOIC
 10. CDR
 11. OPERATING ROOM OIC/NCOIC
 12. SDNCO/ADJUTANT
 - D. Use of the portable radio net. The net will be established, maintained and utilized to provide essential information to the users. Radios must be kept on the users person at all times and remain on throughout the emergency situation. Batteries should be exchanged at 12-hour intervals at the information desk.

ANNEX G TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS FOR EMERGENCY
OPERATIONS CENTER (EOC) PROCEDURES

A. **REFERENCES.**

1. HSC Regulation 525-3 - Emergency Operations Control
2. HSC Regulation 500-1 - Emergency Action Procedures (Secret)
3. HSC Regulation 525-4 - Emergency Preparedness

B. **GENERAL.**

1. **Purpose.** To provide a foundation for command and senior staff to control and manage emergency situations. To provide continuity for future command groups and as a baseline for those requirements that must be accomplished by the command group to resolve emergency situations. To provide inter-related but independent control systems capable of organizing and directing the total DACH response effort for providing medical support and care to casualties.
2. **Applicability.** Appreciable to all situations described in the Emergency Preparedness Plan. It is applicable to chiefs and decision-makers from both clinical departments and administrative divisions. Officers and NCOs performing after-duty hour's responsibilities must also be cognizant of requirements contained herein.
3. **Conditions that Implement.**
 - a. **Alert Notification and Recall.**
 - (1) Alert and recall of personnel may be implemented by proper authority, either selectively by person, by staff organization, or DACH wide.
 - (a) On order of the Commander, DACH, the Deputy Commander for Clinical Services, or the Chief of Staff.
 - (b) On order of the Administrative Officer of the Day (AOD)/ Staff Duty Non-Commissioned Officer (SDNCO).
 - (2) On order of a department/division/activity/service chief for that staff element, or by the senior person present.
 - (3) Refer to Annex C for detailed instructions.

**ANNEX G TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS FOR EMERGENCY
OPERATIONS CENTER (EOC) PROCEDURES**

b. Emergency Operations Center.

- (1) EOC implementation is not predicated on a single event, however, one or more of the following conditions or events may cause the EOC to operate:
 - (a) On order from higher authority to support exercises and/or military operations, Note: EOC activation is automatic upon DOD declaration of Defense Condition (DEFCON) 3, 2, or 1, and acts of terrorism and criminal activity, i.e., THREATCON Charlie or Delta.
 - (b) On order from the DACH Commander or designated representative to support an emergency situation demanding a total response effort by DACH.
 - (c) On order of the EOC Officer-in-Charge to support a command post exercise, an internal situation, or announced or unannounced drills for the EOC staff and support elements.

c. Crisis Management Team.

- (1) The necessity to form the CMT is at the discretion of the Commander, DACH. No known regulatory or event driven requirement exists for automatic formation.

C. EXECUTION.

1. Assumptions.

- a. Sufficient senior staff members are available to execute provisions contained herein.
- b. Certain day-to-day activities, as defined by the department/division chief, that are not absolutely essential will be deferred, curtailed, or discontinued for the duration of the emergency.

**ANNEX G TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS FOR EMERGENCY
OPERATIONS CENTER (EOC) PROCEDURES**

- c. Installation activities and civilian counterparts will respond accordingly to DACH support requests.
- d. An emergency event will occur at the worst possible or most inconvenient time, however, only one emergency event will occur at any given time.

2. Concept of the Operations.

a. Emergency Operations Center.

- (1) During duty hours, staff elements will begin internal procedures to notify its personnel, prepare resources, and assign responsibilities for execution.
- (2) After duty hours, the AOD/SDNCO alerts command elements, determines extent of recall required, and alerts those required department/division/activity/service chiefs. Chiefs implement internal notification rosters, orders recall, and direct reporting location. Individuals alerted will arrive expecting to support sustained and prolonged emergency operations.

b. Crisis Management Teams.

- (1) As directed by the commander, DACH, the CMT forms as a separate command element initially within the EOC. The team is provided with all available information and makes judgements for courses of action. Issues orders for EOC execution and staff implementation. As the executive element of the EOC, the CMT apprises local commanders and counterparts.

3. Coordinating Instructions.

- a. The Commander, DACH, based upon the estimate of the situation, will designate the portion(s) of the EPP to be implemented and the degree of response necessary to cope with the situation.

ANNEX G TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS FOR EMERGENCY
OPERATIONS CENTER (EOC) PROCEDURES

- b. Direct coordination among DACH activities is authorized and encouraged to ensure continuity of operations and to ensure minimal interruption of health care delivery.
- c. The Command Group or CMT, and EOC, if activated, must be kept advised of coordination and communication with established channels between DACH activities and counterpart elements in civilian hospitals, commercial activities, and any local, state, or federal agency.
- d. Classified information will not be included in this plan or its annexes or appendixes. Classified information may be stored in the EOC in an approved container.

D. COMMAND, CONTROL, COMMUNICATIONS (C3).

1. **Command.**

- a. As delineated by Annex C, EPP.
- b. The EOC, when activated, will function as a Command Post and may temporarily usurp normal supervisory command channels.
- c. Separate activities (Vets, DENTAC, etc.) will assist where directed during emergency operations.

2. **Control.** Refer to appropriate emergency response annexes in the EPP for emergency specific control measures.

3. **Communications.** No significant additions to communication procedures and devices as stated by Annex F, EPP, and supplemented by the appropriate emergency response Annex is envisioned.

E. SERVICE AND SUPPORT.

- 1. **Service.** Services as described in the EPP are sufficient to support the EOC without major augmentation.

ANNEX G TO EMERGENCY PREPAREDNESS PLAN
ALERT NOTIFICATION AND RECALL INSTRUCTIONS FOR EMERGENCY
OPERATIONS CENTER (EOC) PROCEDURES

2. **Support.** Support as described in the EPP is sufficient for operations envisioned herein without further augmentation with the exception of:
 - a. Portable administrative equipment (typewriters, overhead projectors, etc.) for the EOC.
 - b. Additional SSSC funds to support EOC operations with expendable supplies (pens, pencils, etc.).

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C, Operations and Training

Enclosures:

Appendix 1 - Emergency Operations Center: Operating Procedures

Tab A - Translators and Interpreters

Appendix 2 - Crisis Management Team Operations

APPENDIX 1 TO ANNEX G TO THE EMERGENCY PREPAREDNESS PLAN
EMERGENCY OPERATIONS CENTER – OPERATING PROCEDURES

A. References.

1. HSC Regulation 525-3, Emergency Operations Control
2. HSC Regulation 525-5, Countering Terrorism

B. GENERAL. Dewitt Army Community Hospital will be required to provide emergency medical services from a disaster situation. The EOC will be activated on order to assist in relief operations. The purpose of this EOC Instruction is to prescribe the organization, procedures, and responsibilities for EOC operations in the event of an emergency. This set of instructions is applicable to the principal staff charged with EOC operations. This chapter may also be used as a guide for senior department and division chiefs and the command group to visualize the overall operations involved in containing and controlling the situation during periods of extreme stress to personnel and resources.

C. SITUATION: An incident has occurred in which the DACH Commander has ordered emergency plans implemented. During the initial estimate of the situation it is determined that the incident is so serious that the EOC must be activated to centralize control and operations. The C, OPERATIONS AND TRAINING receives the order to activate and staff the EOC.

D. MISSION. The DACH Emergency Operations Center will, on order or automatically, organize and activate for sustained operations at the Headquarters' Command Wing to provide the Commander with a centralized facility for directing emergency operation response efforts.

E. SCOPE OF OPERATIONS. The EOC is neither a formal military organization nor a separate agency or echelon of command. It is formed from internal resources solely to provide economy of action during an emergency requiring a significant DACH response. By authority of the Commander, DACH subordinate elements will respond to EOC taskings accordingly.

1. Responsibilities

a. The EOC is charged with assisting the Commander in directing and controlling internal personnel and resources. In addition, the EOC will serve as the sole crisis information coordinator to external military headquarters, federal agencies, and civilian counterparts.

b. The EOC will:

- (1) Establish and maintain internal and external communications with periodic reporting updates.

**APPENDIX 1 TO ANNEX G TO THE EMERGENCY PREPAREDNESS PLAN
EMERGENCY OPERATIONS CENTER – OPERATING PROCEDURES**

- (2) Keep Commander and Crisis Management Team informed of all progress reports and significant activities.
- (3) Originate and distribute medical situation reports (MEDSITREP) to requesting agencies.
- (4) Provide periodic command situation briefings.
- (5) Control and disseminate public domain information.
- (6) Maintain liaison with departments/divisions/activities and services through couriers/runners for response direction and information relay.
- (7) Maintain a journal of events.
- (8) Other actions as deemed prudent and necessary.

2. Location. The EOC will initially be located in the Command Wing, will be chosen when necessary. A secondary location, if required, will be chosen when necessary.

3. Staffing. The EOC will be staffed with an operating nucleus from OPERATIONS AND TRAINING division with additional officers, civilians, NCOs, and enlisted personnel, as required, supplied by the Manpower pool to run day-evening operations. The initial staff will consist of:

OIC - C, OPERATIONS AND TRAINING Division (also serves as command briefier)

NCOIC - Operations Sergeant, OPERATIONS AND TRAINING (assistant briefier)

- 1 Officer/NCO from {Patient Administration Division}
- 1 Officer/NCO from Logistics Division
- 2 Radio/Telephone Operator - Training NCO & Security NCO
- 1 Journal Clerk - NCO/EM from Clinical Services Division
- 1 Clerk Typist - Secretary OPERATIONS AND TRAINING
- 1 Driver and vehicle from Logistics Division

When necessary the OIC will organize a second shift as follows:

OIC - Adjutant or equal substitution

**APPENDIX 1 TO ANNEX G TO THE EMERGENCY PREPAREDNESS PLAN
EMERGENCY OPERATIONS CENTER – OPERATING PROCEDURES**

NCOIC - NCOIC from Clinical Services Division or equal substitution

- 1 Officer/NCO from Patient Administration Division**
- 1 Officer/NCO from Logistics Division**
- 2 Radio/Telephone Operators - NCO/EM from Personnel Division**
- 1 Journal Clerk - from supplemental/supporting taskings**
- 1 Clerk Typist - from supplemental/supporting taskings**
- 1 Driver and Vehicle from Personnel or PAD Division**

On-call supplemental and supporting staff (See taskings, Annex C) will consist of:

- 1 PAO representative**
- 1 representative from each Clinical Departments**
- 1 representative from each Administrative Divisions**
- 1 Red Cross representative**

Supporting staff, when not directly involved with EOC operations will maintain contact with, and be available to the EOC.

Driver will make frequent distribution runs and classified message runs.

4. Organization.

a. Information Flow-In. All patient data derived from the emergency room and admissions must be provided to the EOC for consolidation. EOC will ensure reporting requirements are accomplished, summarize the information, and provide to the CMT. In addition the following information must also be provided:

- (1) Bed status/availability.**
- (2) Manpower requirements and availability.**
- (3) Clinical support requirements**
- (4) Administrative and logistical requirements**
- (5) Patient Evacuation Requirements**

b. Information Flow-Out. As a crisis situation becomes clear, the EOC will issue taskings or directives to staff elements for implementation in support of emergency operations. In addition general information concerning the situation will be provided when available. Information concerning Para 4.a above will also be provided when available.

APPENDIX 1 TO ANNEX G TO THE EMERGENCY PREPAREDNESS PLAN
EMERGENCY OPERATIONS CENTER – OPERATING PROCEDURES

c. Command Briefing Requirements. Periodic briefings for the command group will be provided by staff elements as necessary for complete information updates. The EOC OIC will announce requirements and staff elements involved.

d. Public Relations. A proactive public relations program will be in effect to keep dependents, family members, media interests, and general public interests informed of the situation and the role DACH is playing.

e. Work Shifts. The OIC will institute work shifts as necessary. Personnel will be drawn from resources as stated in Para 3. Above.

5. Stockage: Supplies and Equipment. Minimum requirements for EOC operations support include:

a. Tabletop Staff Telephone Directories of:

Fort Belvoir
Walter Reed Medical Center
North Atlantic Regional Medical Command

b. Telephone Books:

Northern Virginia
Fort Belvoir
Walter Reed Medical Center

c. DACH Blueprints:

Structure
Water
Oxygen System
Sewer
Electrical
Elevators

Post Master Plan w/Blueprints

d. Maps:

Fort Belvoir
Fort AP Hill
Metropolitan DC Area
Northern Virginia Area

**APPENDIX 1 TO ANNEX G TO THE EMERGENCY PREPAREDNESS PLAN
EMERGENCY OPERATIONS CENTER – OPERATING PROCEDURES**

Maryland
USA
NDMS Hospital System
World
Regional/Situation Specific

e. Briefing Charts:

Butcher Paper Pads
Stands
Colored magic markers/felt tip pens

f. Access Rosters: (only required as determined by C, OPERATIONS AND TRAINING)

2 ea. for EOC access
1 ea. for classified information access

g. Forms:

DD 173 (Message Forms) x 50
DA 1593 (Daily Journal) x 100

h. Manuals/Regulations/Plans: Per Annex G, Index of References and:

HSC Reg 525-3, 525-4, 500-1
DUSAA Disaster Plan (Davison)
Fairfax County Disaster Plan
Northern Virginia Disaster Plan

i. Other:

Translators and translation services may be required. Refer to Tab A for translators and within the facility.

F. COORDINATING INSTRUCTIONS, SERVICE SUPPORT.

1. The EOC will announce the official end of emergency and issue termination Code Green.

2. Staff elements will provide a list of personnel requiring access into the EOC. Those not on the list will be afforded access on a case-by-case, need-to-know basis.

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APPENDIX 1 TO ANNEX G TO THE EMERGENCY PREPAREDNESS PLAN
EMERGENCY OPERATIONS CENTER – OPERATING PROCEDURES

3. Normal service and support functions for the EOC operations and staff will continue.

G. COMMAND, CONTROL & COMMUNICATIONS (C3).

1. Command. No changes to normal command channels is anticipated.

2. Control. C, OPERATIONS AND TRAINING controls and manages the EOC staff. Personnel detailed to staff the EOC for shifts are under the operational control of the EOC shift OIC.

3. Communications. Telephones, e-mail, cc:Mail, hand-held radios, cellular telephones and runners will be utilized.

Enclosure

Tab A - Translators

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**TAB A TO APPENDIX 1 TO ANNEX G: EMERGENCY PREPAREDNESS PLAN
TRANSLATORS AND INTERPRETERS**

Name:	Language:	Section:	Telephone:
Manuel Enriquez	Spanish	NCD	*805-0402
CPT Jensen	Spanish	LOG	(703)670-7138
Elva Marquez	Spanish	PT	(703)583-1558
William Norales	Spanish	NCD	*805-0401
Salvador Vega	Spanish	Ortho Cl	(703)590-8185
SFC Salcedo	Spanish	OPTR	(703)781-0337
Arvelo, C	Spanish	SDS	(703)878-6989
Ventura, Hernandez	Spanish	OR	(703)619-3412
Martinez, Efrain	Spanish	Ortho Cl	(540)582-7821
Sodhi	Hindi/Punjabi	GI	(703)425-7701
Lam H. Le	Vietnamese	OPTH	(301)681-3994
A. Kosmopoulos	Greek	CSM	(301)949-8471

The following Housekeeping personnel have volunteered their services for during normal duty hours except for those designated with "****" which denotes works night shift

Name:	Language:
Friendly, Susie	Korean
Anti, Jerry	Khana
Wade, Irene	German
Proctor, Lee	Korean
Osorio, Fidel	Spanish
Cuadrado, Maria	Spanish****
Pellot, Lillian	Spanish
Hayes, Toi	Thai, Laos****
Cameron, Noi	Thai, Laos****
Lanford, Sunida	Thai, Laos

**APPENDIX 2 TO ANNEX G TO THE EMERGENCY PREPAREDNESS PLAN
CRISIS MANAGEMENT TEAM OPERATIONS**

- A. GENERAL.** Commander, DACH may decide to form a Crisis Management Team (CMT) to command and vie subordinates direction in overcoming an emergency situation. The Crisis Management Team is composed of senior selected officials from within the organization and charged with making hard decisions to overcome emergency situations. The CMT is formed for as short a time as possible and separated geographically from subordinate activities. Separation is provided to make objective decisions based on fact and merit. The CMT is terminated at the discretion of the Commander.
- B. SITUATION.** Personnel have reported it to DACH on the scene that an emergency situation is in progress. The Commander is informed that this emergency is of significant magnitude that major medical response effort is required. Patients are in-route with many more to follow. The Commander decides that centralized control element is the best way to cope with the situation. The CMT is ordered formed. The CMT orders the EOC formed.
- C. CONCEPT OF THE OPERATIONS.**
1. The DACH Crisis Management Team will be composed of; Commander, Deputy Commander for Clinic Support (DCCS), Deputy Commander for Nursing (DON), and the Chief of Staff/Deputy Commander for Administration (DCA).
 2. The Crisis Management Team will initially form within the EOC on order of the Commander. The team will be provided a situation update by the duty EOC OIC with supplemental input by principle advisors (Dept/Div Chiefs).
 3. Staff information flow is directed to the EOC for CMT action. Situation specific decisions are acted upon. Conflicting priorities resolved. Directions to staff efforts are implemented. Media and installation inquiries are met. Moral visits to clinics and staff are made.

**ANNEX R TO EMERGENCY PREPAREDNESS PLAN
FORCE PROTECTION**

A. REFERENCES:

1. AR 525-13, The Army Terrorism Counteraction Program
2. AR 381-12, Subversion and Espionage
3. AR 190-13, Army Physical Security Program
4. MEDCOM Reg 525-5, Combating Terrorism
5. MEDCOM Reg 525-4, Emergency Preparedness
6. MEDCOM Suppl 1 to AR 530-1, Operations Security
7. MEDCOM PAM 190-2, Guide for Crime Prevention Officers
8. MEDCOM Reg 190-6, Crime Prevention Program
9. MEDCOM Suppl 1 to AR 190-11, Security of Arms, Ammunition & Explosions

B. GENERAL. A continuous potential exists for terrorist activities. The threats may take the form of subversive action, civil disturbance, overt or covert aggression, and harassment by bomb threats or sabotage by actual placement of explosive or pyrotechnical devices.

C. MISSION. Establish policies and procedures to protect soldiers, DOD civilians, family members, contract personnel, and Army facilities and assets from terrorist attacks.

D. CONCEPT OF THE OPERATIONS.

1. The Commander must reduce the vulnerability potential of these targets to terrorist attacks by planning, implementing appropriate antiterrorism measures based on known or perceived threat, and by providing or obtaining appropriate resources.

2. The emergency, preparatory, and preventive procedures delineated herein provide specific guidance of this command to expedite organized reaction to prevent and/or minimize injury, loss of life and property damage as the result of terrorist activity. This Force Protection Annex to the DeWitt Army Community Hospital (DACH) Emergency Preparedness Plan (EPP) will create a standardized document that compiles unclassified documents dealing specifically with force protection (protection/mitigation).

E. TASKS.

1. Chief, Operations and Training.

- a. Will be the proponent and primary point of contact for all Forces Protection matters.
- b. Coordinates with WRAMC Brigade S-3 for any resources or special requirements.
- c. Prepares updates and reviews combating terrorist plans in support of the Force Protection Annex to the Emergency Preparedness Plan (EPP).
- d. Prepares to respond to terrorist incidents in facility.

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ANNEX R TO EMERGENCY PREPAREDNESS PLAN
FORCE PROTECTION

2. Security Officer/Manager.

a. Ensures all military personnel traveling on leave, temporary duty (TDY) or permanent change of station (PCS) status, to or through areas determined "high risk areas" receive appropriate personal protection and threat briefings.

b. Ensures that recurring awareness training on all aspects of combating terrorism, to include Code of Conduct, personal protective measures, and SAEDA, is provided to all personnel.

c. Ensures travel itineraries for officers and civilians are marked FOR OFFICIAL USE ONLY and handled in accordance with regulations when travel is through DOD designated high (or potential) physical threat countries.

d. Monitors command terrorist threat conditions.

(1). Threat Conditions (THREATCON) (Department of Defense Terrorist Alert System).

a. THREATCON Normal - normal day-to-day activities/and operations.

b. THREATCON ALPHA - a non-specific unpredictable terrorist threat exists against installation, facilities, or personnel.

c. THREATCON BRAVO - a predictable threat exists - increased awareness and surveillance is initiated.

d. THREATCON CHARLIE - an accident occurs or information is received that terrorist action is imminent - significant awareness and dedicated surveillance techniques implemented/continues.

e. THREATCON DELTA - localized warning that an attack is expected against a specific location, facility, or person is likely.

(2) Provides Threat Condition (THREATCON) report to WRAMC Brigade when threat conditions change.

(3) Defense Conditions (DEFCON) (Department of Defense World Wide Watch Defense Conditions).

a. DEFCON 1 - normal day to day operations.

b. DEFCON 2 - increased vigilance

**ANNEX R TO EMERGENCY PREPAREDNESS PLAN
FORCE PROTECTION**

- c. DEFCON 3 - readiness options selected/executed
- d. DEFCON 4 - deployment options selected/executed
- e. DEFCON 5 - war is imminent or has started

NOTE: Exact DEFCON definitions are classified.

(4). Coordinates with WRAMC Brigade for any resources or special requirements.

(5). Conducts annual training on subversion and espionage IAW AR 381-12.

a. Oral or audiovisual briefings will be presented to:

- 1. All military personnel.
- 2. Key civilian personnel whom:
 - a. Have security clearances and current access.
 - b. Are involved in readiness and other military exercises.

(6). Analyzes terrorism intelligence and disseminates information as appropriate.

(7). Establishes a Physical Security Program to plan, formulate, prioritize, and coordinate physical security matters. (See Appendix 1 - Antiterrorist Plan, Appendix 3 - Bomb Threat Plan).

(8). Acts as primary coordinator for physical security and staff responsibility for counter terrorism. Identifies, lists and inspects Mission Essential and/or Vulnerable Areas (MEVA). The following areas are designated as MEVAs and will have limited control/access at all times. (See Appendix 2 - Mission Essential/Vulnerable Areas).

(9). Coordinates proactive measures regarding physical security measures IAW AR 190-13.

- a. Hospital Lock & Key Control.
- b. Crime Prevention.
- c. Mandatory Briefings (given monthly).
- d. Physical Security Inspections.
- e. MEDDAC ID Badge Program.

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ANNEX R TO EMERGENCY PREPAREDNESS PLAN
FORCE PROTECTION

- f. Vehicle Registration.
- g. Equipment and supplies.
- h. MEDDAC - DACH Physical Security SOP.
- i. Personnel Access Control.
- j. Contractors Visitors Policy.
- k. Unaccompanied Access/Emergency Notification Listing
- l. Sensitive Areas Access/Emergency Notification Listing

(10). Responsible for guidance, assistance, evaluation and review of terrorism counteraction plans.

(11). On occurrence of a terrorist incident:

a. Chief, Operations and Training will:

(1). Coordinate with the MEDDAC Commander for initiating the crisis management team and the activation of the EOC in order to deal with terrorist-related situations.

(2) Immediately contact the WRAMC, Brigade S-3 during duty hours, or after duty hours call the Staff Duty Officer. Serious incidents should be reported immediately but in no case later than 12 hours after learning of an incident.

(3) Establishes the EOC and maintains communication with the WRAMC EOC to facilitate the flow of information.

(4) Coordinate with installation security directors for security protection plans.

(5) Develop and maintain access rosters for information access, EOC access, and rosters and authorization levels for installation message center couriers.

2. Chief, Information Management Division (C, IMD) will:

a. Provide communications support and information management to MEDDAC during emergency situations that will enhance and expand current systems for timely and sustained operations and support of the emergency situation.

ANNEX R TO EMERGENCY PREPAREDNESS PLAN
FORCE PROTECTION

b. For the purpose of plan implementation and emergency operations the following categories of information management support are envisioned to be provided, as delineated below:

1. Communication devices (may include FM radio)
2. Automation (includes E-mail, LAN, FAX, CHCS, etc.)
3. Printing, records management and publications
4. Postal and distribution
5. Visual Information

F. TASKS COMMON TO ALL.

1. Enforce everyday operations and physical security requirements with assigned personnel.
2. Ensure key control procedures are adhered to and immediately report any discrepancies.
3. Respond accordingly to personnel and equipment taskings in support of security operations being conducted.
4. Report any suspected/unusual activity or person.

G. COORDINATING INSTRUCTIONS.

1. OPTR has tasking authority for personnel and equipment to accomplish security missions.
2. DACH personnel may be required to register their vehicle with the Provost Marshal's office.
3. The hospital badge ID will be worn at all times while on duty.
4. Key control procedures will be adhered to.
5. All military and civilian employees must carry an official identification card with them at all times.
6. Access control during a MASCAL or any other emergency will be coordinated through the Commander's representative (C, OPERATIONS AND TRAINING), Emergency Operations Center or the Security Officer.
7. All MEDDAC military and civilian personnel must carry their hospital identification badge at all times.

ANNEX R TO EMERGENCY PREPAREDNESS PLAN
FORCE PROTECTION

8. All other personnel who have not been authorized for access into the hospital for visiting patients, appointments and any other hospital business must be approved by the Emergency Operations Center (EOC) or the above mentioned personnel in (Para. f) a MASCAL or emergency situation.

9. The Fort Belvoir Military Police will provide the hospital's physical security requirements and assistance upon request.

H. PUBLIC AFFAIRS OFFICER (PAO) will.

1. Establish liaison with the Fort Belvoir Public Affairs Office (PAO) to request assistance in support of the MEDDAC.

2. Coordinate with the Patient Administration Division (PAD) to obtain an updated Admissions and Disposition Roster.

3. Ensure all information released through the PAO is cleared through the Commander or the ranking official within the Emergency Operations Center (EOC).

4. Provides public affairs guidance to Commander regarding the release of terrorist-related information, and periodically publicizes the need for awareness of the terrorist threat.

I. COMMAND, CONTROL, COMMUNICATIONS.

1. **Command.** Established command channels will not change for the purpose of this annex.

2. **Control.** Normal control procedures will not change except for the outside military police support that remain under the control of supporting organization.

3. **Communications.** Established communications equipment and/or devices should not change for the purpose of this annex.

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3 Enclosures

Appendix 1 - Antiterrorist Plan

Appendix 2 - Mission Essential/Vulnerable Areas

Appendix 3 - Bomb Threat Plan

**APPENDIX 1 TO ANNEX R EMERGENCY PREPAREDNESS PLAN
ANTITERRORIST PLAN**

A. GENERAL. Terrorist attacks have the potential to produce numerous medical/psychological injuries. The requirements for the MEDDAC to support the installation's Combating Terrorism Field Training Exercises (Cbt/TFTX) will vary depending on the phase of the operation and nature of the incident.

B. MISSION. To provide medical advise/support to the installation's Crisis Management Team (CMT) antiterrorism training, and provide emergency medical care in support of an actual terrorist event.

C. CONCEPT. The Crisis Management Team (CMT) is a group of personnel from the installation who gather at the Post Emergency Operations Center (EOC), to pool resources and respond to any unusual incident or emergency situation occurring on Ft. Belvoir. Plans may be tested periodically as part of the Ft. Belvoir Cbt/TFTX.

1. Coordination. Should the SDNCO be alerted that the CMT has been activated, MEDDAC must be prepared to provide a casualty assessment team and medical support to the on scene command post.

(a) An ambulance staffed with one physician and two medical technicians (91B).

(b) One field medical assistant (67B).

(c) Provide Community Mental Health assistance as required to assist with the hostage rescue effort.

2. Medical Treatment.

(a) The OPTR will be responsible for coordinating medical support during terrorist training/incidents.

(b) The installation will be responsible for identifying a temporary facility for the reception/treatment of casualties

(c) Only emergency life saving care will be provided to captured terrorists.

(d) Hospitalized terrorists will be separated from other patients and kept under constant surveillance by armed guards provided by the Military Police.

(e) Any terrorists requiring medical treatment beyond the capability of DACH, will be evacuated to the nearest civilian hospital IAW the MEDDAC evacuation plan.

**APPENDIX 2 TO ANNEX R: EMERGENCY PREPAREDNESS PLAN
MISSION ESSENTIAL/VULNERABLE AREAS**

A. GENERAL. To identify those areas within the MEDDAC designated as mission essential vulnerable areas (MEVA).

B. MISSION. To ensure MEVAs are identified and protected through periodic security checks and inspections.

C. CONCEPT. OPTR has the responsibility for ensuring periodic security checks/inspections are performed, and that the areas are included in the installation security plan.

1. The SDNCO will be responsible for performing security checks of the MEVAs during their tour of duty.

(a) Security checks are conducted from 1800 hours until 0600 hours daily, see instructions in the NCOD book for closure times of all exit/entrance doors.

2. All deficiencies should be noted on the Staff duty Journal, MEDDAC Security Checklist and reported during the morning report on the following day.

3. The following areas are designated as MEVAs and will have limited control/access at all times.

- (a) Emergency Operation Center Bldg 808, 5th fl(EOC)
- (b) Pharmacy, Bldg 808, 1st fl
- (c) Surgical Suites/Operating Room, Bldg 808, 2nd fl
- (d) Medical Supply Vault, Bldg 808, basement
- (e) Medical Supply Warehouse, Bldg 1414
- (f) Oral Surgery, Bldg 808, 1st fl
- (g) Treasurer's Office, Bldg 808, 1st fl
- (h) Emergency Utility Room, Bldg 808, basement
- (i) Laboratory/Pathology, Bldg 808, 1st fl
- (j) Oxygen, Control, Gas, and Anesthetic Storage Area, Bldg 808, basement
- (k) Emergency Utility Room, Bldg 808, basement
- (l) Security Office, Bldg 808, Rm. 113
- (m) Logistics Offices (Bldg 1414)
- (n) Central Computer Room, IMD, Bldg 808, basement
- (o) Emergency Treatment Room, Bldg 808, 1st fl
- (p) Mother Baby Ward, Ward 3 B
- (q) Medical Treatment Records, Bldg 808, basement and 1st
- (r) Blood Product Storage Area, Bldg 808, 1st fl

**APPENDIX 3 TO ANNEX R: EMERGENCY PREPAREDNESS PLAN
BOMB THREAT PLAN**

A. PURPOSE. To provide guidance and procedures to prevent the loss of life/injury, and damage to the facility as a result of a bomb threat or incident.

B. MISSION. To provide an effective means for requesting assistance, perform an orderly search, and upon order of the Commander, evacuate patients and staff personnel from the facility.

C. CONCEPT OF OPERATIONS. A bomb threat may be delivered by various means to include, the telephone, through the mail, a note delivered in person, or by discovering an explosive device. Regardless of the method of receipt, a bomb threat should never be ignored. Upon receipt of a bomb threat, the following procedures should be followed:

1. Bomb Threat.

a. Follow the procedures as outlined on MDW Form 90-R Bomb Threat Report (Tab A this appendix). This form will be posted in the immediate vicinity of each phone within DeWitt Health Care System.

b. Prolong the conversation for as long as possible in an effort to capture information as to the location, type of explosive device, time of detonation, and any clues which may be useful during the search process. Gain the immediate attention of your immediate supervisor or someone in the immediate vicinity by signal while the caller is still on the phone

c. Upon receiving a signal, the supervisor will immediately notify the MEDDAC Commander, DCA, Chief Operations and Training and Security Officer. The Military Police will be notified after notification of the above staff personnel.

1. The Military Police upon notification of a bomb threat at DACH, will notify the Explosive Ordinance Team, the Fort Belvoir Fire Department, and the Post Staff Duty Officer.

2. The MEDDAC Commander based on the information provided to him will decide whether to make the following announcement over the public address system.

"CODE ORANGE, CODE ORANGE"

(a) During normal duty hours, OPTR/Security will represent the Commander based on his guidance, and function as the focal point for alert and recall operations. The MEDDAC Noncommissioned Officer of the Day (NCOD) will function as the focal point at all other times.

**APPENDIX 3 TO ANNEX R: EMERGENCY PREPAREDNESS PLAN
BOMB THREAT PLAN**

(b) Upon hearing the above code, supervisors shall immediately, without causing alarm, instruct their subordinates to visually inspect their ward/clinic and surrounding areas. This is not a function of the Military Police, Fire persons, of the Explosive Ordinance Team.

2. Bomb Discovery.

- a. Inform personnel that if when conducting a search of their area, an object is found and suspected to be a bomb, the item should not be moved, touched or jar the device and the individual in charge and/or the MP's should be notified immediately.
- b. When possible, shut off all gas inputs into the area and remove the gas cylinders when possible.
- c. Upon the authority of the Commander, the OPTR-Security Officer/SDNCO will:
 1. Direct the evacuation of the building according to section fire escape plans. Routes of departure may have to be alerted to avoid traveling through/near the threatened area. Direct the search to continue in case of multiple bombs/explosive devices.
 2. Ensure windows and doors are open to minimize the blast.
 3. Ensure guards are posted on the perimeter of the threatened area to prevent personnel entering the area.
 4. Ensure that all personnel have evacuated the area and maintain a clear distance of at least 500 feet. Prevent entry into the building or area until the MP's arrive and have cleared the area.
 5. Direct evacuated personnel to report back to their work areas once the "all clear" command has been given by the MP's.

3. Bomb Explosion. In the event of an explosion able personnel should give the following warning:

- a. **"Evacuate Now, Evacuate Now"** and continue with the warning until all personnel who are physically able begin to evacuate to an area a safe distance away from the blast.
- b. The senior medical qualified person present (military/civilian) should:
 - (1). Ensure first aid is administered to all injured patients & personnel.

**APPENDIX 3 TO ANNEX R: EMERGENCY PREPAREDNESS PLAN
BOMB THREAT PLAN**

(2). Detail personnel to form a perimeter around the effected area.

(3). Telephone or send runner to alert the Commander/SDNCO, and OPTR-Security Officer.

c. The Commander will advise the OPTR/SDNCO to:

(1). Initiate implementation of the Emergency Preparedness Plan.

(2). Implement the Emergency Notification and Recall Roster.

(3). Establish the Emergency Operation Center, Manpower Pool and Security Force.

(4). Brief key personnel on the current situation.

(5). Alert Post DPTMS for additional support.

(6). Stay abreast of the search and rescue operation.

(7). Relinquish control of the scene to the military police and EOD personnel upon their arrival.

d. Release of Information.

(1) The MEDDAC Public Affairs Officer will coordinate the release of all information to the news media and press with the installation Public Affairs Office.

(2) Inquiries received from military sources should be directed to the EOC for disposition.

e. Orientation and Training

(1). Bomb threat awareness will be maintained through the use of posters, briefings, and staff meetings. Special emphasis will be placed on specific vulnerabilities.

(2). Bomb threat classes will be given semiannually by each division/section chief or NCO. A record of the training will be maintained by each section and by the Training NCO.

**APPENDIX 3 TO ANNEX R: EMERGENCY PREPAREDNESS PLAN
BOMB THREAT PLAN**

(3). All personnel assigned duties to perform a bomb threat search will be trained on procedures of the search and what to do if an explosive device is discovered

Tab A – Bomb Threat Procedures
Tab B - Bomb Threat Report MDW FORM 90-R
Tab C - Critical Telephone Numbers
Tab D - Bomb Threat/Incident After Action Report

**TAB A TO APPENDIX 3 TO ANNEX R EMERGENCY PREPAREDNESS PLAN
BOMB THREAT PROCEDURES**

Bomb Threat Report (Printed on reverse side of MDW FORM 90-R). Maintain on bulletin board or near phone.

- | | |
|------------------|---|
| DO | Record pertinent information on Bomb Threat Data Sheet |
| DO | Notify the Military Police through 806-3104 |
| Then | Notify DACH Command Group at 805-0824 during duty hours, or the AOD at 805-0510 after duty hours and then your OIC/NCOIC |
| DO | Use only phones and Public Address systems to communicate. NO RADIO TRANSMITTERS. |
| DO NOT | Attempt to handle, dismantle, or remove any suspected object. Seal off area and warn others. |
| DO NOT | Contact the Bomb Squad (EOD) unless you find a suspected object. |
| DO NOT | Use paging equipment, hand held transmitters, walkie-talkies. |
| HOSPITAL | Selected staff members should conduct a thorough search of the entire area. Wait for the Military Police. |
| Outlying Clinics | Should evacuate all personnel and staff to 300 feet minimum, then selected staff members should return to conduct a thorough search. Selected staff should not remain in the building longer than necessary to complete the search. Wait for the Military Police or Local Police. |

Please contact the DACH Security Branch, at 805-0246/0746. for further information.

**TAB B TO APPENDIX 3 TO ANNEX R: EMERGENCY PREPAREDNESS PLAN
BOMB THREAT MDW FORM 90-R**

QUESTIONS TO ASK:

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Why?
7. What is your address?
8. What is your name?

EXACT WORDING OF THE THREAT:

Sex of caller: _____ Race: _____
Age: _____ Length of call: _____
Number at which call is received: _____
Time: _____
Date: _____

Please contact the DACH Operations and Training (Security Branch), at 805-0246. for further information.

**TAB C TO APPENDIX 3 TO ANNEX R: EMERGENCY PREPAREDNESS PLAN
CRITICAL TELEPHONE NUMBERS**

- 1. GENERAL.** To establish a rapid notification roster for the NCOD to use during a bomb threat/incident.
- 2. MISSION.** To ensure the appropriate support agencies and personnel are notified in case of a bomb threat/incident.
- 3. CONCEPT.** During a bomb threat/incident, notification of MEDDAC staff will be made utilizing the public address system and messengers. **Two-way radio communication will not be utilized due to the possibility of detonating an electrical blasting cap by means of radio transmission.** The NCOD will use the direct dial system to contact the following agencies and personnel.

* MEDDAC Commander.....805-0824

* Operations and Training.....805-0093/9056

* MEDDAC Noncommissioned Officer of the DAY..805-0510/0747

Post Staff Duty Officer.....806-3012

Provost Marshal/Military Police.....805-3104/3105/3106

Fort Belvoir Fire Department.....911

Fort Belvoir, DPTMS.....805-3370

WRAMC, Brigade S-3 Commercial.....(202)782-0562/4408
DSN.....94-291-0562/4408

Fairfax County Police/Bomb Squad.....(703) 691-2131

**TAB D TO APPENDIX 3 TO ANNEX R: EMERGENCY PREPAREDNESS PLAN
BOMB THREAT /INCIDENT AFTER ACTION REPORT**

1. PURPOSE. To gather historical information and documentation for the record of the events surrounding a bomb threat/incident.

2. MISSION. To ensure a bomb threat incident/action report is prepared after the conclusion of each bomb threat/incident.

3. CONCEPT. The SDNCO will be responsible for ensuring the information is gathered and documented in the format below.

The OPTR will be responsible for preparing and submitting a serious incident report installation Provost Marshal and HQ MEDCOM.

a. PART I: BOMB THREAT.

(1) NATURE OF THREAT

- a. Who received the call?
- b. Where was the call received?
- c. Telephone number of line to which the call was made.

(2) ACTION TAKEN.

- a. Who was notified immediately after the call was received and when?
- b. Time of evacuation, if applicable, completion.
- c. Search techniques employed.
- d. What was discovered, if anything?
- e. If there was an evacuation, at what time did personnel re-enter the facility.

b. PART II. INCIDENT OF BOMB DISCOVERY

(1) NATURE OF INCIDENT.

- a. How was the bomb discovered?
- b. Place of discovery.
- c. Who discovered the bomb?

**TAB D TO APPENDIX 3 TO ANNEX R: EMERGENCY PREPAREDNESS PLAN
BOMB THREAT /INCIDENT AFTER ACTION REPORT**

d. Date and time of Discovery.

**ANNEX S TO EMERGENCY PREPAREDNESS PLAN
SECURITY: PHYSICAL, OPERATIONS, INFORMATION**

I. REFERENCES.

- A. AR 380-5, The Army Information Security Program.
- B. AR 190-13, The Army Physical Security Program.
- C. AR 380-19, Information Systems Security w/HSC Suppl 1.
- D. FM 19-30, Physical Security.
- E. MEDCOM Regulation 190-1, Key Control and Physical
- F. Security Standards.

II. GENERAL.

- A. This annex is provided as a guide for improving and maintaining security awareness for potential emergencies. This annex outlines a series of security applications that may be required to be put into effect as a situation warrants for protecting information, personnel, property, and equipment. This annex does not apply to controlled pharmaceuticals and/or narcotics, or radioactive isotopes. Security measures as outlined below apply to all scenarios in Emergency Preparedness Plan.
- B. Aside from emergency situations and contingency operations, day to day minor criminal acts occur. Theft of inexpensive government property takes place routinely. The misuse and misappropriation of government equipment and supplies also occur. Crimes of vandalism and assault in the parking lots are also of great concern.

III. PLANNING REQUIREMENTS. Significant security subject areas for implementing consideration during emergency operations include:

- A. Operations Security (OPSEC).
 - 1. Media Interest/Control
 - 2. Visitor Control
 - 3. Barrier Protection
 - 4. Parking Lot Control
 - 5. Telephone Conversation

**ANNEX S TO EMEGENCY PREPAREDNESS PLAN
SECURITY: PHYSICAL, OPERATIONS, INFORMATION**

6. Rumor Control
- B. Physical Security.
 1. Personal
 2. Property
 3. Equipment and Supplies
 4. Key Control
 5. Computer hardware/software
 6. MEDCEN ID Badge Program
 7. Lighting/Escorts in Parking Lots
 8. Vehicle Registration
- C. Information Security.
 1. Classification levels
 2. Access Rosters
 3. Security Clearances
- D. Subversion and Espionage Directed against the Army (SAEDA).
 1. Threat Briefings
 2. Area Briefings
- E. Automation Security.
 1. Pass Words
 2. Codes
 3. Personal use of computers and unauthorized software.
 - 4.
- F. Threat Conditions (THREATCON)(Department of Defense Terrorist Alert System).

ANNEX S TO EMEGENCY PREPAREDNESS PLAN
SECURITY: PHYSICAL, OPERATIONS, INFORMATION

1. THREATCON Normal - normal day-to-day activities/and operations.
 2. THREATCON ALPHA - a non-specific unpredictable terrorist threat exists against installation, facilities, or personnel.
 3. THREATCON BRAVO - a predictable threat exists - increased awareness and surveillance is initiated.
 4. THREATCON CHARLIE - an incident occurs or information is received that terrorist action is imminent - significant awareness and dedicated surveillance techniques implemented/continues.
 5. THREATCON DELTA - localized warning that an attack is expected against a specific location, facility, or person is likely.
- G. Defense Conditions (DEFCON) (Department of Defense World Wide Watch Defense Conditions)
1. DEFCON 1 - normal day to day operations
 2. DEFCON 2 - increased vigilance
 3. DEFCON 3 - readiness options selected/executed
 4. DEFCON 4 - deployment options selected/executed
 5. DEFCON 5 - war is imminent or has started NOTE: Exact DEFCON definitions are classified.

IV. EXECUTION.

A. Friendly Forces.

1. Ft Belvoir Provost Marshal Office
2. Explosive Ordnance Disposal Team
3. Criminal Investigation Detachment
4. Military Intelligence Group
5. Ft Belvoir Directorate of Security
- 6.

ANNEX S TO EMEGENCY PREPAREDNESS PLAN
SECURITY: PHYSICAL, OPERATIONS, INFORMATION

B. Assumptions.

1. Installation military police assets will provide DACH's physical security requirements and assistance upon request.
2. Military police detailed to DACH will remain and provide assistance during an emergency.

C. Concept of the Operations. During emergency operations at Fort Belvoir, security measures will be considered that assist in protecting military operations, property, and life. Additional measures will be taken to thwart undesirables from committing criminal acts, unauthorized information gathering, and exploitation of the innocent. The intent is to provide visual and passive security measures that neither disrupt routine nor hinder operations. DACH personnel will cooperate with security officials to minimize compromises and be personally aware of security considerations.

D. Tasks Common to All. All Departments/Divisions/Services/Activities will:

1. Enforce everyday operations and physical security requirements with assigned personnel.
2. Ensure key control procedures are adhered to and immediately report any discrepancies.
3. Respond accordingly to personnel and equipment taskings in support of security operations being conducted.
4. Report any suspected/unusual activity.

E. Specific Tasks.

1. C. Operations and Training will:

- a) Be the proponent and primary point of contact for all security matters.
- b) Coordinated with installation security directors for security directors for security protection plans.
- c) Develop and maintain access rosters for information access, EOC access, and rosters and authorization levels for installation message center couriers.
- d)

ANNEX S TO EMEGENCY PREPAREDNESS PLAN
SECURITY: PHYSICAL, OPERATIONS, INFORMATION

2. C. IMD will:

- a) Be the primary point of contact for automation systems security.
- b) Be prepared to provide or coordinate for additional communication equipment to support the security mission.

F. Coordinating Instructions.

- 1. Operations and Training has tasking authority or personnel and equipment to accomplish security missions.
- 2. DACH personnel may be required to register their vehicle with the Provost Marshal's office.
- 3. The hospital badge ID will be worn at all times while on duty.
- 4. Key control procedures will be adhered to.
- 5. All military and civilian employees must carry an official identification card with them at all times.

V. **SERVICE SUPPORT.** Sufficient security services and support requirements, to include office space and nutrition for personnel engaged in reaction teams and guard relies, are available or obtainable.

VI. **COMMAND, CONTROL, COMMUNICATIONS (C3)**

- A. Command. Established command channels will not change for the purposes of this annex.
- B. Control. Normal control procedures will not change except for outside military police support who remain under the control of supporting organization.

ANNEX S TO EMERGENCY PREPAREDNESS PLAN
SECURITY: PHYSICAL, OPERATIONS, INFORMATION

C. **Communications.** Established communications equipment and/or devices should not change for the purpose of this annex. Important phone numbers for assistance are:

1. Military Police Desk Sergeant: 806-3104/3105
2. EOD Bomb Squad: 806-5059
3. CID Duty Agent: 806-0497
4. Installation EOC: 805-3030
5. Directorate of Security: 805-2416/4012
6. DPTMS: 805-4003/3372

OFFICIAL:



Tarrant
LTC, AN
Chief, Operations and Training

ANNEX T TO EMERGENCY PREPAREDNESS PLAN
TRAINING, EXERCISES

A. **REFERENCES.**

1. MEDCOM Regulation 525-1, Soldier Readiness Exercise (SRX) 15 January 1993
2. MEDCOM Regulation 525-4, Emergency Preparedness, August 1990
3. MEDCOM Regulation 350-4, Training Requirements
4. JCAHO Standard EC1.2.4, et.al., 1996 edition

B. **GENERAL.** DeWitt Army Community Hospital will be prepared for any emergency situation. For DACH purposes, an emergency situation not only includes mass casualty events but in addition, unexpected deployments of unspecified duration. This dual responsibility will be met through a continuous program of soldier training with validation through either announced or unannounced exercises. This annex provides information to accomplish basic emergency and readiness requirements as set forth by regulation. This annex should also be used as a resource document for planning departmental level training objectives focusing on internal SOPs and individual skills.

C. **EMERGENCY PREPAREDNESS TRAINING REQUIREMENTS.**

1. **SRX.** Reference 1. and 2. apply. The minimum requirement is one (1) exercise per fiscal year.
2. **MASCAL.** Reference 3. and 4. apply. The standard is to conduct two (2) MASCAL exercises per year, separated by at least four months, one of which must include simulated injuries in a mass casualty situation. Notification and Recall drills are acceptable exercises. Tabletop exercises do not meet minimum requirements.
3. **Weapons Training.**
 - a. U.S. Army Medical Command specifies (reference 3) that weapons qualification is mandatory for **PROFIS** personnel, within 90 days after being so designated. DACH will provide periodic weapon qualification opportunities for PROFIS and all other assigned personnel through the DACH training schedule or unit PROFIS training.
 - b. All soldiers participating in the Expert Field Medical Badge must be weapon qualified.

ANNEX T TO EMERGENCY PREPAREDNESS PLAN
TRAINING; EXERCISES

4. **External Directed Exercises.** From time to time, higher headquarters require or request DACH to participate in exercises as part of a MACOM Command Post Exercise (CPX) or Field Training Exercise (FTX). Primary impact is to Operations and Training for inter-MACOM coordination.
5. **Leadership Training.** DACH will use the Officer Professional Development Program (OPD) and the Noncommissioned Officer Professional Development Program (NCOPD) for leadership training. These two leader training programs will develop, emphasize, and ensure the practice of hands-on leadership skills. The proponents are the Commander, DACH, and the Command Sergeant Major.

D. EXECUTION.

1. **Concept of the Operations.**

- a. All soldiers of DACH must be mentally and physically ready for emergencies. Participation in Continuing Medical Education and soldier skill programs will occur. Both officers and enlisted will maintain a high state of personal readiness. Periodically, DACH will conduct exercises to validate ones readiness and responsiveness. Chiefs and NCOICs of all departments/divisions/services/activities will place maximum emphasis on soldier training and readiness.
- b. DACH will assess the impact of training and readiness after each exercise event. Goals and objectives will be re-looked with a potential for re-defining the training focus, or shifting the training emphasis. All departments/divisions/services/activities are encouraged to plan internal exercises or rehearsals to include alert notification and recall in support of DACH's emergency medical and emergency deployment responsibility.

2. **Responsibilities Common to All.**

Departments/divisions/activities/services will:

- a. Develop an internal section level orientation program for Emergency Preparedness Plan training. Orientation must include ones specific roles and responsibilities during emergencies. Training must include skills required to perform duties during emergencies.
- b. Monitor organizational training programs. Schedule appropriate training and refresher training when required.

ANNEX T TO EMERGENCY PREPAREDNESS PLAN
TRAINING; EXERCISES

Develop and maintain competency based training records as appropriate IAW JCAHO standards.

- c. Estimate yearly expenditures necessary for training and exercises and submit as part of the budget.
- d. Update and review training and readiness SOPs, alert rosters, and training certification documents.
- e. Respond accordingly to taskings for personnel and/or equipment to support training and exercises requirements.

3. **Specific Responsibilities.**

- a. **C, Operations and Training** is the primary point of contact for CPR training and certification, competency based training issues, common soldier skills, SDT manuals, and requests for schooling, along with the Adjutant. Publishes the DACH training schedule, coordinates for ranges and ammunition, and schedules for hospital wide SRX and MASCAL exercises.
- b. **Deputy Commander for Nursing** is the primary point of contact for nursing skills and CPR training and certification.
- c. **Commander, Medical Company** is responsible for the soldier's physical fitness program.
- d. **Command Sergeant Major** monitors enlisted skills and development. CSM provides NCO development advise.

4. **Coordinating Instructions.**

- a. Within seven working days of an exercise, DACH wide or internal, after action reports will be prepared or the Commander's review and higher headquarters reporting purposes.
- b. Classrooms and conference rooms for training purposes may be scheduled with the secretary Operations and Training.
- c. Operations and Training has tasking authority for personnel and equipment for the conduct of training and exercises.
- d. Per reference c., DACH does not have a nuclear or chemical mission with corresponding training requirements.

ANNEX T TO EMERGENCY PREPAREDNESS PLAN
TRAINING; EXERCISES

- e. Safety training will be included in all emergency exercises and drills. Safety will not be compromised for the sake of speed or cutting corners.
- f. Hazardous Communications Training will be provided to all employees subject to handling or being exposed to blood, blood by-products, chemicals and solvents, and other potential toxins.

OFFICIAL:



Tarrant
LTC, AN
Chief, Operations and Training

ANNEX X TO EMERGENCY PREPAREDNESS PLAN
CONSOLIDATED REFERENCE LIST

<u>REFERENCE</u>	<u>WHERE CITED</u>
<u>ARMY REGULATIONS (ARs)</u>	
AR 40-13, Medical Support Nuclear/Chemical Accidents and Incidents	Appdx 4, Annex C
AR 190-13, The Army Physical Security Program	Annex S
AR 200-1, Environmental Quality.	Appdx 4 , Annex C
AR 200-2, Installation Hazardous Management Plan.	Appdx 4, Annex C
AR 200-3, Installation Spill Control Plan	Appdx 4, Annex C
AR 360-5, Army Public Affairs - Public Information	Tab E, Appdx 1, Annex C
AR 360-61, Army Public Affairs - Community Relations	Tab E, Appdx 1, Annex C
AR 360-81, Command Information Program	Tab E, Appdx 1, Annex C
AR 380-5, The Information Security Program	Annex S
AR 380-19, Information Systems Security	Annex S
AR 385-10, The Army Safety Program C	Basic Plan/Appdx 2, Annex
AR 420-90, Fire Protection	Basic Plan/Appdx 2, Annex C
AR 500-60, Disaster Relief	Appdx 7, Annex C Appdx 8, Annex C Appdx 9, Annex C
AR 601-142, Professional Officer Filler System	Annex E

ANNEX X TO EMERGENCY PREPAREDNESS PLAN
CONSOLIDATED REFERENCE LIST

Public Laws:

Public Law 93-288, Civil Assistance and Disaster Relief	Basic Plan/Appdx 7, Annex C
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Public Law 97-174, Veterans Administration Support to Departments of Defense	Basic Plan/Appdx 8, Annex C Appdx 9 Annex C
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The Economy Act of 1932, with Amendments, (31 USC 686)	Appdx 7, Annex C
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The Posse Comitatus Act (18 USC 13 85)	Appdx 7, Annex C
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Medical Command (MEDCOM) Regulations

MEDCOM Regulation 40-5, Ambulatory Patient Care	Annex C
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MEDCOM Regulation 40-25, Professional Officer Filler System	Annex E
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MEDCOM Regulation 190-1, Key Control and Physical Security Standards	Annex S
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MEDCOM Regulation 350-4, Training Requirements	Annex T
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MEDCOM Regulation 500-1, Emergency Action Procedures	Basic Plan
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MEDCOM Regulation 500-2, Emergency Employment of Army and Other Resources - NDMS	Appdx 8, Annex C
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MEDCOM Regulation 500-3, VA/DOD Contingency Hospital System Plan	Appdx 9, Annex C
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MEDCOM Regulation 500-5, MEDCOM Mobilization Plan	Appdx 8, Annex C
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MEDCOM Regulation 525-1, Soldier Readiness Exercise (SRX)	Annex T
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MEDCOM Regulation 525-3, Emergency Operations Control	Annex C
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MEDCOM Regulation 525-4, Emergency Preparedness	Annex C/Annex T
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**ANNEX X TO EMERGENCY PREPAREDNESS PLAN
CONSOLIDATED REFERENCE LIST**

Support Agreements

Interservice Support Agreement (DENTAC and WRAMC)	Basic Plan
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Other

Field Manual (FM) 21-11, First Aid for Soldiers	Tab A, Appdx 1 Annex C
Field Manual (FM) 19-30, Physical Security	Annex S
Occupational Safety and Health Administration (OSHA) Codes	Basic Plan/ Appdx 2 Annex C
Life Safety Code Handbook, NFPA 101 C	Basic Plan/Appdx 2, Annex C
Joint Commission Accreditation Manual for Hospitals, (current edition)	Basic Plan, et al
Fort Belvoir Mass Casualty Plan	Annex C
Protocol, DACH Emergency Room - Heat Injury	Tab A, Appdx 1, Annex C

Waste Management Program

Technical Manual (TM) 3-220, Chemical, Biological and Radiological Decontamination	Appdx 4, Annex C
Fort Belvoir Reg 115-1 Routine Hazardous Weather Conditions Procedures	Appdx 5, Annex C
National Disaster Medical System (NDMS) Handbook May 1984	Appdx 8, Annex C
Veterans Administration Circular 10-91-096, VA/DOD Contingency Planning and NDMS	Appdx 9, Annex C

ANNEX Y TO EMERGENCY PREPAREDNESS PLAN
ACRONYMS/ABBREVIATIONS/TECHNICAL TERMS

Acronym / Abbreviation or Term and Definition

AFB - Air Force Base

After Duty Hours - For the purpose of this plan, the hours between 1631 hrs and 0729 hrs Monday through Friday, all day Saturday and Sunday, and Federal Holidays.

AOC - Area of concentration; a doctor's specialty

AOD - Administrative Officer of the Day

AR - Army Regulation

Assumption - An event that if occurs may invalidate the plan implementation

C - Chief (of Department, Division, Service , Activity

CHAMPUS - Civilian Health and Medical Program of the Uniformed Services

CMT - Crisis Management Team

DCA - Deputy Commander for Administration

Concept of Operations - What the Commander envisions will happen. Also included is the intent of a commander to leaders and supervisors to carry out the operation.

DACH - Dewitt Army Community Hospital

DCCS - Deputy Chief of Staff for Clinical Services, Second in Command

Delayed - Patient Care Category in which delaying major definitive procedures does not increase morbidity or mortality.

DENTAC - Dental Activity.

DOFP - Department of Family Practice

DOM - Department of Medicine

DON - Department of Nursing

DOS - Department of Surgery

**ANNEX Y TO EMERGENCY PREPAREDNESS PLAN
ACRONYMS/ABBREVIATIONS/TECHNICAL TERMS**

DPCA - Director of personnel and Community Affairs

DPWE - Director of Public Works and Environment

EAS - Emergency and Ambulance Service

Effectiveness - Do the Right Thing

EMS - Emergency Medical Services

EMT - Emergency Medical Technician

EOC - Emergency Operation Center

EST/EDT - Eastern Standard Time / Eastern Daylight Time

EXPECTANT - Patient Care Category in which injuries are so massive that the probability of survival is minuscule even with total medical resource intervention.

FEMA - Federal Emergency Management Agency

FM RADIO - Frequency Modulation (mobile & portable army radio)

HAZMAT - Hazardous Material

ICU - Intensive Care Unit

IAW - In coordination with

Immediate - Patient Care Category in which immediate medical procedures are demanded

IOC - Installation Operations Center, the Corps non-tactical emergency ops center.

JCAHO - Joint Commission for Accreditation of Hospital Organizations

MASCAL - Mass Casualty

MEDFIS - Medical Filler System
(enlisted)

Minimal - Patient Care Category in which simple medical procedures will suffice and return patient to duty

**ANNEX Y TO EMERGENCY PREPAREDNESS PLAN
ACRONYMS/ABBREVIATIONS/TECHNICAL TERMS**

Mission Essential Personnel - Civilian personnel notified in writing that their services are required at work during severe weather Conditions or during a disaster condition. Not to be confused with Key Personnel: a mobilization term

NCOIC - Non-Commissioned Officer in Charge

Normal Duty Hours - For the purposes of this plan, 0730-1630 hrs, Monday through Friday

OIC - Officer in Charge

OPCON - Operational Control

OPSEC - Operations Security

OSHA - Occupational Safety and Health Agency

PROFIS - Professional Officer Filler System (officers)

SICU - Surgical Intensive Care Unit

SDNCO - Staff Duty Noncommissioned Officer of the Day

Tasks - Those functions, duties, or responsibilities that must be accomplished to meet mission objectives

TMC - Troop Medical Clinic

TQM - Total Quality Management

VAMC - Veterans Administration Medical Center

ANNEX Z TO EMERGENCY PREPAREDNESS PLAN
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Fort Sam Houston, Texas, 78234-6000	1

Commander Walter Reed Army Medical Center	
ATTN: MSHL-OOP-RMC	
Washington, DC 20307-5000	1

Commander, DENTAC	
ATTN: Mobilization and Plans Officer	
Fort Belvoir, VA 22060-5901	1

Director, Civilian Personnel Office	
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Director	
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