

APPENDIX 11

Travel Interruption Plan 2015/16

I. PURPOSE: The purpose of this appendix is to issue the policy, procedures, and responsibilities of all staff in the event the ability to report to work is hindered due to man-made or natural occurring events. While the focus of this plan is primarily winter weather, the same procedures will be applied to all emergencies that may impact the Medical Center's staffing capability due to a travel interruption. Specifically:

- a. Develop standard operating procedures (SOPs) that address significant winter weather events.
- b. Develop travel interruption procedures.
- c. Assign roles and responsibilities of Operating Unit Managers and Key Operators/Managers.
- d. Ensure that all employees have received appropriate training.
- e. Conduct an annual evaluation of the effectiveness of the plan.

II. SCOPE: The Emergency Manager (EM) is responsible for the development of the Travel Interruption Plan. The Emergency Management Committee (EMC) has the responsibility to ensure the overall preparation, implementation, evaluation, and currency of the plan. The EMC is responsible for providing facility-wide oversight of the plan to assure the quality, appropriateness and timeliness of services, to assure comparability and uniformity in operations, and to continually identify opportunities to improve services to add value to stakeholders. All staff is required to be familiar with the provisions of this plan.

III. POLICY: This plan establishes basic responsibilities and procedures for response to an emergency that adversely impacts staff's ability to travel to/from work and may affect the facility, the occupants of the facility or the ability to maintain quality patient care.

It is recognized that an emergency is an unusual event that requires us to conduct operations in compliance with the National Incident Management System (NIMS). Normal reporting channels are suspended when the Incident Command Team is activated. The overriding job of each VAMC staff is to care for our veterans. Along with this privilege comes a great deal of responsibility. Unlike most Federal Agencies, we cannot conduct our primary mission remotely. While the safety and well being of every staff member is paramount, it is expected that staff will make every effort to report to duty on time. Staff is reminded that in an emergency they may be assigned to direct patient care or support duties that are outside of their normal position description.

Every attempt will be made to make operational changes (Delays/Closures) as early as possible to minimize the impact on our Veterans and staff, but the very nature of the forces that drive those decisions are real time based. Staff is reminded to remain flexible and available to report to work.

V. ACRONYMS:

- A. SOP – Standard Operating Procedures
- B. COOP – Continuity of Operations Plan
- C. WWP – Winter Weather Plan
- D. EMC – Emergency Management Committee
- E. EM – Emergency Manager
- F. ICS – Incident Command System
- G. ICT – Incident Command Team
- H. CP – Command Post
- I. IC – Incident Commander
- J. HSPD – Homeland Security Presidential Directive

V. DEFINITIONS:

- A. **Winter Storm Warning:** Winter Storm Warnings are usually issued 12 to 24 hours before the event is expected to begin.
- B. **Winter Storm Watch:** Alerts the public to the possibility of a blizzard, heavy snow, heavy freezing rain, or heavy sleet. Winter Storm Watches are usually issued 12 to 48 hours before the beginning of a Winter Storm.
- C. **Winter Storm Outlook:** Issued prior to a Winter Storm Watch. The Outlook is given when forecasters believe winter storm conditions are possible and are usually issued 3 to 5 days in advance of a winter storm.
- D. **Blizzard Warning:** Issued for sustained or gusty winds of 35 mph or more, and falling or blowing snow creating visibilities at or below ¼ mile; these conditions should persist for at least three hours.
- E. **Wind Chill Warning:** Issued when wind chill temperatures are expected to be hazardous to life within several minutes of exposure.
- F. **Wind Chill Advisory:** Issued when wind chill temperatures are expected to be a significant inconvenience to life with prolonged exposure, and, if caution is not exercised, could lead to hazardous exposure.

G. **Winter Weather Advisories:** Issued for accumulations of snow, freezing rain, freezing drizzle, and sleet which will cause significant inconveniences and, if caution is not exercised, could lead to life-threatening situations.

H. **Dense Fog Advisory:** Issued when fog will reduce visibility to ¼ mile or less over a widespread area.

I. **Snow Flurries:** Light snow falling for short durations. No accumulation or light dusting is all that is expected.

J. **Snow Showers:** Snow falling at varying intensities for brief periods of time. Some accumulation is possible.

K. **Snow Squalls:** Brief, intense snow showers accompanied by strong, gusty winds. Accumulation may be significant. Snow squalls are best known in the Great Lakes region.

L. **Blowing Snow:** Wind-driven snow that reduces visibility and causes significant drifting. Blowing snow may be snow that is falling and/or loose snow on the ground picked up by the wind.

M. **Sleet:** Rain drops that freeze into ice pellets before reaching the ground. Sleet usually bounces when hitting a surface and does not stick to objects. However, it can accumulate like snow and cause a hazard to motorists.

N. **Freezing Rain:** Rain that falls onto a surface with a temperature below freezing. This causes it to freeze to surfaces, such as trees, cars, and roads, forming a coating or glaze of ice. Even small accumulations of ice can cause a significant hazard.

O. **Unscheduled Leave:** In the event of an emergency that may impact travel employees may request unscheduled leave. While in Phase III, if a severe condition exists that makes the commute for staff to/from work potentially hazardous, the Incident Commander may announce, via the Public Affairs Officer, that those staff who are unable to make it to work may contact their Supervisor and request unscheduled leave.

P. **Authorized Absence:** An authorized absence is an absence administratively approved, which does not result in a charge to leave of any kind, or in loss of basic salary. During periods of declared emergencies, the Director retains sole authority to issue Administrative Absence authority.

Q. **Adhoc Telework:** Telework that occurs on an occasional, non-routine basis. Telework that occurs to complete short-term special assignments or to accommodate special circumstances even though the telework arrangement may occur continuously for a limited and specific period of time.

VI. RESPONSIBILITIES:

A. Medical Center Director: Overall authority for the Medical Center's mission accomplishment. Retains sole authority for authorizing emergency use of Medical Center resources to assist the community.

B. Associate Medical Center Director: Overall authority for all Medical Center support services.

C. Chief of Staff: Responsible for determining authorized physician staffing levels during emergency conditions.

D. AMCD for Nursing Programs and Education: Responsible for determining authorized Nurse staffing levels during emergency.

E. Service Chiefs: Responsible for training all staff on this policy and reporting completion of training to the EPC by 31 October annually. Responsible for determining minimum staffing requirements to complete service mission essential functions. Responsible for designating, in writing, 2 additional staff members to assume the duties of Acting Service Chief in the event he/she cannot make it into work. Report staffing levels via the Impact Staffing Share point by 0900, 1600, and 2300 daily when plan is activated. 1600 and 2300 report is only applicable to those services normally staffed off tour.

F. HR Service Chief: Responsible for ensuring all procedures relating to staff is in compliance with all applicable regulations and Union agreements. Responsible for coordinating this program with all Union partners. Manages the labor pool under the Planning Chief when ICS is activated.

G. FMS Chief: Responsible for the material condition of all roadway and walk ways. Make 1B-114 (Male) and 2A-122C (Female) ready for staff sleeping. Deliver Cots to common areas and AOD.

H. EMS Chief: Provide sheets, blankets, pillows, and towels for staff. Clean sleeping areas frequently.

I. NFS Chief: Responsible for providing meals for all staff remaining on campus during emergency events.

J. Public Affairs Officer: Responsible for all communication with staff, patients, visitors, volunteers, and the general public including AtHOC messages.

K. Emergency Manager: Responsible for developing the snow and travel interruption plan, overseeing the execution of the plan, collecting lessons learned and developing the After Action Report and implementing changes due to lessons learned.

L. Emergency Management Committee: Reviews the plan and makes recommended changes and/or approval to the Quad.

M. Police Chief: Provide security for the areas of the Medical Center where staff are sleeping and staging when required to remain on campus.

N. Fire Chief: Deliver cots to 1B-114 and 2A-122C.

O. Supervisors: Train all staff on the COOP annually between 15 and 31 October. Report complete to your Service Chief by 1 November annually.

P. All Staff: Staff is required to be familiar with their duties and responsibilities as detailed in this instruction. Staff under the care of a doctor is responsible for complying with any imposed restrictions.

Q. AOD: The AOD is responsible for assisting the Incident Commander as directed. If this plan is implemented the AOD shall be the distribution point for cots and be responsible for inputting staff into the system for meals.

VII. Procedures: The following COOP response phases are available to the Incident Commander:

A. Phase I (Winter Weather Advisory): It is recommended staff bring personal belongings with them to work.

1. The IC will activate the following portions of the ICT:

- Public Affairs Officer
- Safety Officer
- Planning Chief
- Logistics Chief

2. Supervisors shall review workload for the upcoming 72 hours to ensure sufficient staff are planned to be onsite to meet mission requirements and to maximize adhoc telework.

B. Phase II (Winter Storm Warning):

1. Incident Commander may:

a. Activate the Command Post.

2. Supervisors shall:

a. Make staffing reports to their Service Chief each shift.

b. Begin querying their staff for volunteers to remain on campus in the event of a significant winter weather event as necessary to meet assigned mission.

NOTE: The rules for Adhoc Telework do not change when phases are set that may interrupt travel. Standard rules apply.

3. Service Chiefs shall:

a. Report staffing status each shift via Impact Staffing Share Point.

C. Phase III (Set when the Incident Commander determines travel is, or will be, significantly impacted):

1. Incident Commander may:
 - a. Activate the full ICT and CP.
 - b. Assume all mission sustainability responsibility.

2. Service Chiefs report:
 - a. Non-emergency essential staff that are on campus and available for reassignment to the Labor Pool Supervisor. Those identified staff will continue their normal duties until specifically tasked by the Operations Chief.

3. Clinic Supervisors/CBOC Coordinators:
 - a. Submit enclosure (1) to MWV-ICS@va.gov by 1100 daily.

D. Personnel Policy during Phase III:

- a. Service Chiefs shall report the names of all staff staying over to the AOD. AOD shall report the names to MWV-ICS each shift.

- b. If a Service Chief or Supervisor asks for staff volunteers to remain onboard to ensure adequate staffing for a follow on shift, those staff will receive the following:
 1. GS: On call pay status.
 2. WG: CT/OT as requested by the staff member

- c. Service Chiefs will make all staffing requests to the Operations Chief.

- d. NFS will provide box lunches for staff assigned overnight duties based on numbers provided by the AOD.

- e. Compliance with Union contract negotiated rest times is required. Deviation from mandatory rests times requires Operations Chief approval. At an absolute minimum, staff members remaining onboard to ensure the continuity of care for our patients shall be required to have 8 consecutive hrs of rest time for every 24 hrs on campus.

- f. The Incident Commander may authorize unplanned leave.

- g. The Incident Commander/Deputy IC retain the sole authority to authorize OT/CT.

- h. Staff is expected to report to duty on time when clinics are delayed or closed unless specifically granted AA by the Incident Commander.

- i. When specifically authorized by the Incident Commander, Supervisors may grant 59 minutes AA to staff if doing so would not impact mission capability and would enhance staff travel safety.

- j. When directed to stay at work to meet the needs of the medical center, staff may choose to elect overtime pay or comp time. The decision rests solely with the staff member, not the Supervisor.

k. Staff members remaining onboard to ensure the continuity of care for our patients shall be authorized 3 meals a day for the period they are on campus, including periods of normally scheduled tours.

l. Supervisors must register staff for meals with the AOD.

m. In the event outpatient clinics are delayed, staff is required to report for their normally scheduled tour unless specifically excused by the Incident Commander.

n. The Incident Commander retains the authority to modify these personnel policies as required to meet the Medical Center's mission.

o. Staff members are urged to use caution when traveling on winter roads. We would rather staff arrive late, than drive at unsafe speed on snow/ice covered roads. When Phase Three is set, staff is granted a 60 minute grace period of their tour start time. Arrival beyond the grace period will require you to submit AL. Staff shall communicate their status with their Supervisor as near to the start time of their normal tour of duty as possible, but not later than 2 hours afterwards.

p. Staff members who stay overnight because they are not comfortable driving home will be provided a cot and meals, but will not be in a paid status.

E. Closure/Suspension of services during Phase III: The Incident Commander retains the sole authority to close clinics or other services onboard the VAMC Martinsburg Campus and the Community Based Outpatient Clinics other than Fort Detrick.

G. Fort Detrick CBOC will close/delay opening at the direction of the base Commanding Officer and/or the Incident Commander. If the base is closed due to winter weather, staff will be placed on Administrative Absence (AA).

VIII. REFERENCES: Homeland Security Presidential Directive (HSPD) -5, HSPD-8, National Response Framework, VHA Memo dated 2007, and VHA EPC Guidebook.

IX. RESCISSION: 31 December 2016

X. REVIEW DATE and RESPONSIBILITY: This appendix shall be reviewed and reissued annually by the EMC.

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