

Travel Interruption Plan

- I. **PURPOSE:** The purpose of this policy is to issue responsibilities of 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.
- II. **POLICY:** This plan establishes basic responsibilities and procedures for response to an emergency that adversely impacts staff's ability to travel to/from work.

The following 2 attachments are guides for services to utilize as needed:

- (1) **Service/Nurse Chief's Phase 1, 2, 3, and Training Checklists Attachment A.**
- (2) **Supervisors/Nurse Managers Phase 1, 2, 3, and Training Checklists Attachment B.**

Activation of any Phase of this plan is a declaration of an emergency by the Incident Commander. An emergency is an unusual event that requires we operate in compliance with the National Incident Management System (NIMS). Pertinent points when an emergency is declared include:

- A. All staff are expected to report to work for their normally scheduled tour.
- B. Normal reporting channels are suspended when the Incident Command Team is activated. The following ICS Positions have authority over the Services listed under their title:

<u>OPS Chief</u>	<u>OPS (Cont.)</u>	<u>Planning Chief</u>	<u>Logistics Chief</u>
Fire	Clinical Informatics	Medical Staff	FMS
Police	Infection Control	Customer Service	EMS
Mental Health	Ambulatory Care	Chaplain	Supply Chain
MAS	Acute Care	ELRS	NFS
Prosthetics	MH Nursing	Care Community	QM
WH Call Center	G/LTC Nursing		
Primary Care	SPS/Surgery		
Surgical	Dental		
Medical	Rehab	<u>Finance/Admin Chief</u>	
Imaging	Path and Lab	Privacy	
G/LTC		Director's Staff	
Pharmacy			

*** If you have questions who your Service reports to contact the Command Post at X1234.**

- C. Staff may be assigned to duties and hours outside of their normal PD as needed to meet mission objectives.
- D. The authority to approve Emergency ADHOC Telework and unplanned leave is retained solely by the Incident Commander (IC) and/or Deputy Incident Commander (DIC).
- E. Supervisors shall forward all requests for Emergency ADHOC Telework and unplanned leave to their Service Chief via Resource Request with a recommendation of approval or denial. Justification shall be provided for all recommendations.
- F. Service Chiefs retain the authority to deny Adhoc Telework and/or unplanned leave based on overall Service level staffing and needs. Forward all requests recommended for approval to the appropriate ICS Section Chief via Resource Request with justification for each request.
- G. Staff who have Approved Leave or are on their regularly scheduled telework day(s) during activation of this plan shall not have their schedule modified (I.E., Leave cancelled or telework changed) unless approved by the ICS Section Chief.
- H. ICS Section Chiefs have the authority to deny Adhoc Telework and/or unplanned leave based on overall ICS Section level staffing and needs. Forward all requests recommended for approval via Resource Request to the DIC/IC.
- I. When the Labor Pool is activated, all staff not in a direct patient care role are to report as directed.
- J. The authority to close clinics and contact Veterans to ascertain appointment intentions is retained by the IC/DIC.

The Incident Commander will strive 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.

III. ACRONYMS:

- A. ICS – Incident Command System
- B. ICT – Incident Command Team

- C. CP – Command Post
- D. IC – Incident Commander
- E. DIC – Deputy Incident Commander

IV. DEFINITIONS:

- A. **Unscheduled Leave:** Leave not already submitted and approved prior to activation of any phase of the Travel Interruption Plan.
- B. **Weather and Safety Leave:** Similar to Authorized Absence (AA), Weather and Safety leave is granted to staff when the IC/DIC determines that an employee cannot safely travel to and from, or perform their work at their regular work site, Telework site, or other approved location because of an act of nature, terrorist attack, or other emergency. There are no time limits for this type of leave.
- C. **Adhoc Telework:** Telework that occurs on an occasional, non-routine basis 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.

V. RESPONSIBILITIES:

- A. Emergency Manager: Responsible for developing the Travel Interruption Plan, making ICS assignments, overseeing the execution of the plan, collecting lessons learned, developing the After-Action Report and implementing changes due to lessons learned.
- B. Fiscal Service Chief: Ensure all reference to pay is correct and beneficial to staff.
- C. HR Service Chief: Responsible to ensure all staffing issues addressed are correct and in accordance with applicable laws, rules, and directives. When directed, open and operate the medical center's Labor Pool.
- D. Supervisors and Nurse Managers: Train all staff on this plan annually between 15 and 30 October or within 5 days of release for updates and changes. Report complete to your Service Chief by 31 October annually. Responsible for ensuring training is documented for each employee in the Talent Management System (TMS) Course #4178528.
- E. Service and Nursing Chiefs: Responsible for maintaining and testing a Service/Program callback tree monthly. Review and evaluate Supervisors staffing plan. Review all Supervisor and/or staff requests for Adhoc Telework or unplanned leave and forward those you recommend approving to your ICS Section Chief with justification for the approval.

- F. Emergency Management Committee: Review the Travel Interruption Plan annually and make recommended changes and/or approval to the Quad.
- G. Police Chief: Provide security for the areas of the Medical Center where staff are sleeping and staging when required to remain on campus.
- H. Quality Management Chief: Report to the Logistics Chief upon activation of Phase One. Responsible for coordinating, tracking, submitting, and documenting all staff meals provided by NFS during activation of this plan.
- I. Staff: Staff is required to be familiar, and comply, with their duties and responsibilities as detailed in this instruction.
- J. AOD: The AOD is responsible for assisting the Incident Commander as directed.

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

A. Phase I: (Winter weather is expected in the next 48 to 96 hours)

- 1. The DIC/IC:
 - a. Activate the ICT; positions are assigned by the Emergency Manager.
 - b. Act on Resource Requests for Emergency Ad Hoc telework or Unplanned Leave as soon as possible.
- 2. ICS Section Chiefs:
 - a. Act on Resource Requests as soon as possible.
- 3. Service Chiefs and Chief Nurses:
 - a. Review Service Level staffing.
 - b. Verify the accuracy of the Service Callback Tree.
 - c. ICT assignment takes precedence over normally assigned duties. Service Chiefs/Supervisors shall make staff assigned ICT duties available full time from activation through completion of the emergency. Staff assigned ICS duties should not be counted toward service level staffing.
 - d. Respond to Resource Requests for Emergency Ad Hoc telework and unplanned leave as soon as possible. Recommendations for approval require justification.

4. Supervisors and Nurse Managers:

- a. Review and plan staffing for the upcoming 96 hours to ensure mission requirements are met.
- b. Submit Emergency Ad Hoc Telework and Unplanned Leave requests with recommendations via Resource Request. Justification for your decision is required.

5. Staff:

- a. Staff are expected to report to work on time, regardless of weather. If you are unable to accomplish this independently, there are options available to help you meet this requirement, including lodging accommodations and meals at no cost to you.
- b. Emergency Adhoc Telework is designed to provide alternate work options during periods of natural, manmade, or technological emergencies. However, because of our mission to maintain patient care, we cannot allow everyone to telework. We will continue to approve telework whenever possible during the activation of this plan, however, staff are reminded that Emergency Adhoc Telework is not a plan to fulfill your requirement to be at work. It is not guaranteed. Staff should maintain the ability to report to work, on time, during all emergencies.
- c. Unplanned Leave will not normally be approved unless an extraordinary situation exists. Like Emergency Adhoc Telework, Unplanned leave is not a "plan" to meet your work requirements during an emergency.
- d. Staff are strongly encouraged to bring a personal "Go Bag" with a change of clothes, sleepwear, towel(s), medications, and any other items they would need to spend up to 72 hours at their appointed place of duty with them when reporting to work. Staff shall remain cognizant that the DIC/IC has the authority to retain them on station to ensure critical mission tasking is accomplished.
- e. Make alternate plans for any personal responsibilities.
- f. Submit unplanned annual leave and Ad Hoc telework requests to their Supervisors as soon as possible per your normal request methods. The request must state why it is being requested; submissions without a reason will be returned without processing by the Supervisor. ***

***** Due to the unknown factors surrounding emergencies, requests submitted after Phase Two is activated may be delayed**

in processing. Requests submitted after Phase III has been set will only be accepted if a staff member has a personal (Not travel related) emergency.

***** All emergencies, including activation and deactivation of the Travel Interruption Plan, are announced via e-mail, social media, and AtHOC. Although AtHOC is completely voluntary, staff are strongly encouraged to enter their personal contact information (Including cell/text) into their private AtHOC account. AtHOC may be accessed via the purple globe on the bottom right hand side of your desk top computer's toolbar. If the globe is not present, please place a trouble call with OI&T.**

B. Phase II: (Winter weather is expected in the next 12 to 24 hours)

1. The DIC/IC:
 - a. Establish Operating Periods and initial Incident objectives.
2. ICS Section Chiefs:
 - a. Activate Section Branches, Groups, Task Forces, etc. as required.
3. Service and Nursing Chiefs:
 - a. Review Service Staffing Plan.
 - b. Verify sufficient supplies are on hand to carry your service without resupply for up to 96 hours.
 - c. Make OT/CT requests to your ICS Section Chief.
4. Supervisors and Nurse Managers:
 - a. Make staffing reports to your Service/Nursing Chief each shift.
 - b. Review the staffing plan and make any adjustments necessary to ensure mission tasking will be completed.
 - c. Brief staff on expected weather and strategy to complete mission tasking.
 - d. Advice Service Chief of any projected OT/CT requirements.
5. Staff: Make final preparations to ensure your availability to work.

C. Phase III: (Set when the Incident Commander determines travel is, or will be within 8 hours, significantly impacted):

1. The DC/IC shall:
 - a. Activate the Command Post.
 - b. Based on current and forecast road conditions, determine whether approved unplanned leave will be recorded as LA or Weather/Safety Leave (Previously called AA). ***
 - c. Continuously monitor weather, forecasts, and road conditions to determine the need to close, delay opening, or close early any medical center operations.

*****Weather/Safety Leave is not available to telework ready staff unless a situation exists at their normal telework location that makes it impossible for them to telework (I.E.; A power outage at home).**

2. Service and Nursing Chiefs shall make the following reports:
 - a. Staffing: 0900 on the Impact Staffing SharePoint (<https://vaww.visn5.portal.va.gov/sites/MWV/ICT/Lists/Impact%20Staffing/AllItems.aspx>).
 - b. Staff remaining overnight: 1500 (MWV-ICS LOGS@va.gov).
 - c. Staff requiring meals: At least 2 hours prior to meal time (MWV-ICS LOGS@va.gov).

Meal Hours****

- Breakfast: 0700 - 0800
- Lunch: 1130 – 1245
- Dinner: 1630 – 1745

- d. Make staffing requests to your ICS Branch Chief.
3. Clinic Supervisors/Business Managers//Nursing Chiefs:
 - a. Submit form VHA-V05-613-AD-FORM-EM-0002 for Patient Accountability to MWV-ICS OPSChiefs@va.gov by 1100 daily.
4. Supervisors and Nurse Managers
 - a. Report staffing levels to your Service Chief/Chief Nurse by 0900.
 - b. Report staffing shortfalls to your Service Chief/Chief Nurse ASAP.

5. Staff

- a. Plan extra travel time to work based on the emergency.
- b. Although not required for 2 hours, to ensure the highest level of care for our Veterans, request you notify your Supervisor ASAP if you will not be reporting to work for any unapproved/unplanned reason.
- c. Advise your Supervisor ASAP if you plan on staying over for your personal safety.

D. Personnel Policy during Phase III:

1. If a Service Chief/Nursing Chiefs/Nurse Managers or Supervisor asks for staff volunteers to remain onboard to ensure adequate staffing for a follow-on shift, those staff will receive the following:
 - a. GS Series Jobs that so authorize: On call pay status.
 - b. GS Series Jobs NOT authorized on call pay: OT/CT for hours worked outside their normal tour.
 - c. WG: OT/CT for hours worked outside their normal tour.
 - d. Title 38 RN's: On call pay status.

Staff members shall receive the above except during mandatory rest periods. Mandatory rest periods for all staff are defined as 8 hours every 24-hour period.

****** Meal Hour modifications will be announced via Newsbyte**

2. The Office of Personnel Management (OPM) has established different rules and requirements for providers. Providers LA will be handled as mandated by law and regulation.
3. Overnight Accommodations:
 - a. Individuals who are sleeping overnight or after their shift at the medical center will be offered a cot, pillow, and linens. All other personal items are expected to be brought in by staff beforehand from their homes or purchased as needed (i.e., toothpaste, toothbrush, shampoo, deodorant, clothing).
 - b. All employees picking up cots and linens will be required to sign for them and indicate the room number where they will be placed. An afterhours process will be shared for those that are unable to pick up during the specified times.

(1) Pick-up locations for staff to obtain a cot: in Attachment C.

- c. Rooms in the medical center will be identified as sleeping quarters on an as needed basis. For those that do not have a space in their area where they wish to put their cot to sleep for the night/day, requests for a sleeping space may be made to MWV-ICSLOG@va.gov.
- d. Employees will be held responsible for the appropriate return of the cots, pillows, and linens the following morning at the designated time and location.

Specific instructions will be shared via News Bytes emails from Public Affairs to ensure staff have the most up to date information. Special requests can be sent for consideration to MWV-ICS LOG MWV-ICSLOG@va.gov.

- 4. Compliance with Union contract negotiated rest times is required. Deviation from mandatory rests times requires IC/DIC 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 hours of rest time for every 24 hours on campus.
- 5. The IC/DIC retain the sole authority to authorize on call pay and/or OT/CT.
- 6. Staff is expected to report to duty on time when clinics are delayed or closed unless specifically approved by the DIC/IC.
- 7. 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.
- 8. Staff members remaining onboard at their Supervisor's request 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.
- 9. 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.
- 10. Due to construction and unplanned closures, shower location will be distributed via newsbyte real time.
- 11. Failure to comply with any facet of the Travel Interruption Plan may result in disciplinary action up to and including dismissal.

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

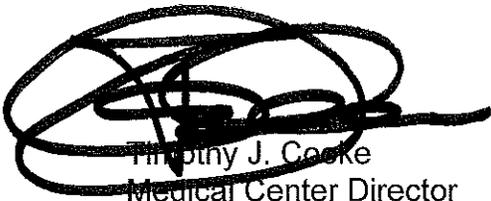
- E. Closure/Delay/Suspension of services during Phase III: The Incident Commander retains the sole authority to close clinics or other services onboard the VAMC Martinsburg Campus and the Community Based Outpatient Clinics other than Fort Detrick.
- F. Clinics are not authorized to cancel appointments or contact patients to ask about their plans unless directed to do so by the Incident Commander.
- 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 Weather and Safety Leave.

VII. REFERENCES:

- A. VA Handbook 5011/28, Part III, Chapter 2
- B. OPM Governmentwide Dismissal and Closure Procedures
- C. VA Human Resource Management Letter (Weather and Safety Leave)

VIII. RESCISSION: 31 December 2020

- IX. REVIEW DATE and RESPONSIBILITY:** This MCM shall be reviewed and reissued annually by the EMC.



Timothy J. Cooke
Medical Center Director

Attachment: A - Service/Nurse Chief's Phase 1, 2, 3, and Training Checklists

Attachment: B - Supervisors/Nurse Managers Phase 1, 2, 3, and Training Checklists

Attachment: C - Pick-up Locations for Staff to Obtain a Cot

Attachment A

**Travel Interruption Plan
Service/Nurse Chief's Checklist**

Event Name: _____

Date: _____

Training

TASK	Date/Time Due	Date/Time Completed	Notes
Report Annual Travel Interruption Plan training for all staff is complete to Todd.Lake@va.gov	> 31 Oct 2019		
Verify callback tree is current and accurate.	> 31 Oct 2019		
Provide 3 names for entering staffing reports to MWV-ICSCheifs@va.gov	31 OCT 2019		

Phase One

TASK	Date/Time Due	Date/Time Completed	Notes
Review Supervisor's 96-hour staffing plan	ASAP		
Verify Services/Units 96 hour Sustainability.	ASAP		
Make plans to remain on campus overnight should conditions warrant.	ASAP		
Forward all requests recommending approval to the ICS Section Chief	ASAP		

Phase Two

Service/Nurse Chief's Checklist

TASK	Date/Time Due	Date/Time Completed	Notes
Make Staffing Reports via the Impact Staffing Share Point.	Daily, within 2 hours of Shift Start Time.		
Submit OT/CT/Callback requests to MWV-ICSCheifs@va.gov	Daily, Each Shift as needed.		
Provide staff with a 24-hour number to call to report status.	Phase 2 plus 4 hours		
Provide lodging directions for staff remaining overnight.	As Needed.		

Attachment B

Phase Three

Service/Nurse Chief's Checklist

TASK	Date/Time Due	Date/Time Completed	Notes
Make Staffing Reports via the Impact Staffing Share Point.	Daily, within 2 hours of Shift start time.		
All Clinics: Submit VHA-V05-613-AD-FORM-EM-0002 for Patient Accountability to MWV-ICS OPS@va.gov	Daily by 1100.		
Submit meal requests to the Planning Chief at MWV-ICS PLANS@va.gov	2 hours prior to each meal.		
Report staff remaining overnight to the Logistics Chief at MWV-ICS LOGS@va.gov	Daily by 1500.		
Make any staffing needs requests to the Operations Chief	As needed.		

Travel Interruption Plan Supervisor's/Nurse Manager's Checklist

Event Name: _____

Date: _____

Training

TASK	Date/Time Due	Date/Time Completed	Notes
Train all staff on the 2019/20 Travel Interruption Plan	> 31 Oct 2019		
Verify all staff Emergency ADHOC Telework agreements	> 31 Oct 2019		

Phase One

TASK	Date/Time Due	Date/Time Completed	Notes
Review 96-hour staffing plan	Phase 1 plus 4 hours.		
Send electronic copy of the TIP to all staff.	Phase 1 Set.		
Submit all requests to the Service Chief with recommendation.	ASAP		

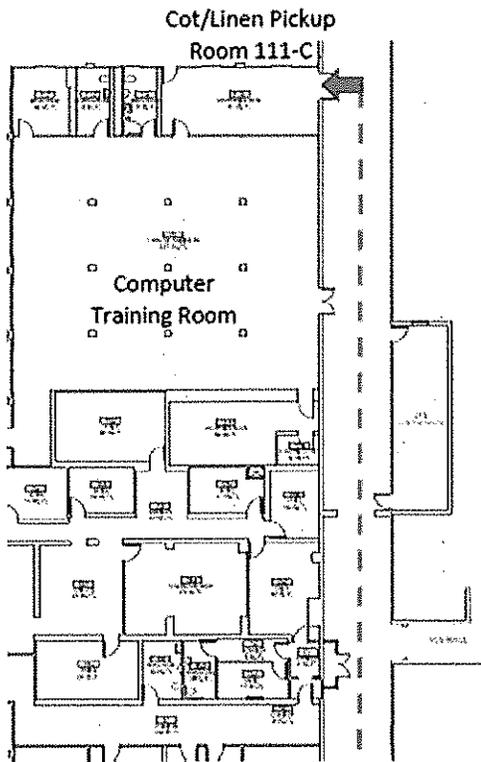
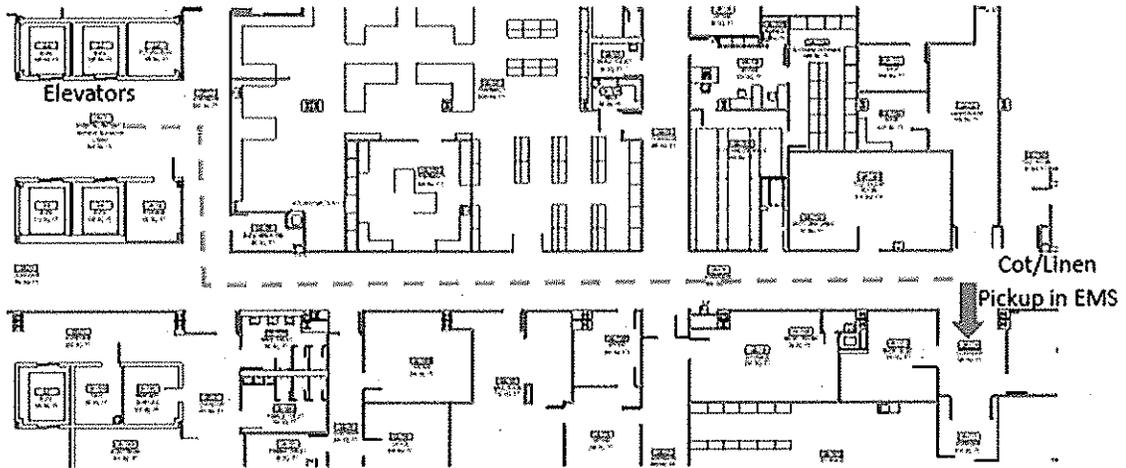
Phase Two Supervisor's/Nurse Manager's Checklist

TASK	Date/Time Due	Date/Time Completed	Notes
Make Staffing Reports to the Service Chief	Daily, Each Shift		
Check with staff for volunteers to remain overnight if needed to ensure follow on shift staffing	Daily, Each Shift as needed.		
Provide staff with a 24-hour number to call to report status.	Phase 2 plus 4 hours		
Submit OT/CT requests to your Service Chief	As Needed.		
Provide lodging directions for staff remaining overnight.	As Needed.		

Phase Three Supervisor's/Nurse Manager's Checklist

TASK	Date/Time Due	Date/Time Completed	Notes
Make Staffing reports to the Service Chief	Daily, Each Shift		
Submit meal requests to the Command Post, X1234	2 hours prior to each meal.		
Provide lodging directions for staff remaining overnight.	As Needed.		

Attachment C



217 Main Corner
Entrance