**Department of Veteran Affairs** **VHA DIRECTIVE 2008-001**
**Veterans Health Administration**
**Washington, DC 20420** **January 15, 2008**

# ALL-HAZARDS EMERGENCY CACHES

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes policy for the configuration, maintenance, and activation of caches to be used in response to natural disasters, catastrophes, terrorist attacks, or weapons of mass destruction events. These caches are known as the "VA All-Hazards Emergency Caches."

## 2. BACKGROUND

a. Casualties from mass casualty events can rapidly overload any health care system. Potential hazards consist of:

(1) Natural and unintentional disasters, such as hurricanes, floods, fires or explosions, tornadoes, earthquakes;

(2) Epidemic or pandemic events such as influenza; and

(3) Terrorist or hostile attacks.

b. The consequences of mass-casualty producing events fall into four major categories:

(1) Conventional explosive,

(2) Biological,

(3) Chemical agents, and

(4) Radiological agents.

c. Casualties from a conventional explosive incident likely presents with trauma, burn, crush, laceration, and physiological injuries. Biological events are dependent on the causative organism, the host, and the environment, but affected patients can quickly overwhelm the emergency response and health care system. Casualties from a chemical incident could exhibit respiratory distress, convulsions, contamination of skin and clothing, massive blistering, burns, and, in addition, present a contamination hazard to health care providers. Chemically-exposed patients must be decontaminated prior to entry into a health care facility. Radiological incidents include nuclear explosion, but the most likely radiological event would be atmospheric contamination. A radiological dispersion device (dirty bomb) or reactor "meltdown" accident likely would result in radiation exposure to those in the area with contamination of clothing and skin requiring decontamination prior to entry into a health care facility.

**THIS VHA DIRECTIVE EXPIRES JANUARY 31, 2013**

d. Today, most Department of Veterans Affairs (VA) facilities maintain limited stocks of pharmaceuticals, fluids, and other items needed for a mass casualty event. Even with activation of the Centers for Disease Control and Prevention's (CDC) Strategic National Stockpile (SNS), there will be a minimum of 1 to 2 days for effective re-supply. CDC's SNS delivery goal is 12 hours from notification and approval of request to set down at the nearest designated airport. Set-up time, manpower needs, processing of items, and transportation time to hospitals means that a large quantity re-supply from the SNS stockpile would not be delivered to area facilities for at least 24 to 48 hours from the time of the approval for activation. In a mass casualty event, most hospitals will need to function with on-hand stocks and limited re-supply for at least 24 to 48 hours, if not longer.

e. VA medical centers may find themselves in the position of receiving casualties from a mass casualty event. In such an event, a large influx of casualties could be received, quickly overwhelming the usual inventory of medication and supplies. As part of the facility's Emergency Management Plan, the medical centers must prepare to provide care, on a humanitarian basis, for these victims, and provide necessary support and protection to veterans and medical center staff.

f. These caches are to treat veterans, staff, and other victims that may present to the local VA medical center. They are designed to:

(1) Ensure short-term preservation of the VA health care infrastructure until other resources can be made available in the immediate area, and

(2) Support the facility's involvement in the local community disaster plan.

**3. POLICY:** It is VHA policy that VA treatment facilities designated by the Under Secretary for Health store a cache of pharmaceuticals and medical supplies reserved specifically for the treatment of casualties from a mass casualty event; Directors of such facilities must adhere to this Directive.

**4. ACTION**

a. **The Under Secretary for Health.** The Under Secretary for Health is responsible for determining which VA treatment facilities receive a cache and the size of that cache. The caches are sized to treat either 1,000 casualties (small cache) or 2,000 casualties (large cache) for a 1 to 2-day period.

(1) The contents and locations of the All-Hazards Emergency Caches are proprietary for VA and must not be released to any person or agency external to VA without approval of the Under Secretary for Health.

(2) Aggregate data consisting of all cache locations, contents, or capabilities must not be released, but will remain in the exclusive control of Emergency Pharmacy Service (EPS) personnel. ***NOTE:*** *VA personnel with a need to know the contents (but not locations) can*

*receive this information if it is essential to perform their disaster-related duties (for example VA Emergency Department Staff members).*

b. **VA All-Hazards Emergency Cache Program Review Committee**

(1) VA All-Hazards Emergency Cache Program Review Committee is responsible for:

(a) Ongoing review and evaluation of the VA All-Hazards Emergency Cache;

(b) Recommending when revisions in cache products, quantities, locations, and sizes are required; and

(c) Developing associated Directives to meet VA's role in disaster preparedness and response.

(2) This committee is composed of members from the:

(a) Office of Patient Care Services, including Emergency Pharmacy Services (EPS) of the Pharmacy Benefits Management Service (PBM) and the Medical-Surgical Service. ***NOTE:*** *EPS coordinates the committee's activities.*

(b) Office of Public Health and Environmental Hazards, including the Environmental Agents Strategic Health Care Group and Emergency Management Strategic Health Care Group.

(c) Other subject matter experts, as needed.

c. **Emergency Management (EM) Strategic Healthcare Group (SHG).** EMSHG is responsible for:

(1) Providing EMSHG representation on the VA All-Hazards Emergency Cache Program Review Committee.

(2) Providing knowledge-based support in identifying the products and quantity to be included in the caches.

(3) Conducting, at a minimum, an annual inspection and review of each VA All-Hazards Emergency Cache. ***NOTE:*** Veterans Integrated Services Network (*VISN) or facility-based pharmacy personnel are routinely available to serve as a reference for any pharmacologic related issues or questions.*

d. **Emergency Pharmacy Service (EPS)**. This section of Pharmacy Benefits Management Service (PBM) is responsible for:

(1) Providing management recommendations for cache products, quantities, locations, and sizes.

(2) Reviewing and updating the caches and associated Directives.

(3) Centrally purchasing, standardizing the cache configuration based on category of product (burn, biological, chemical, radiological) and shipping the caches.

(4) Maintaining a centralized inventory record. ***NOTE:*** *An exact inventory of the stockpile items must be maintained at all times in a central database that includes:; product, location, lot number, and expiration dates. All cart numbers must also be maintained in the central database system.*

(5) Centrally purchasing and shipping replacement products to each cache site in advance of product expiration dates.

(6) Managing the shelf life extension of selected items in the cache using the Department of Defense (DOD) and the Food and Drug Administration (FDA) Shelf Life Extension Program.

(7) Providing new labels and guidance on labeling of shelf life extended items.

(8) Managing the stock rotation program which is performed by local facility staff.

(9) Developing specific operating procedures for medical center storage, handling, and inspection of the cache. ***NOTE:*** *The operating procedures ensure that all caches are continuously maintained and ready for immediate utilization.*

(10) Providing guidance as to the proper management of the caches.

(11) Providing medical center staff with educational material and information regarding the cache and its contents.

(12) Posting and maintaining VA All Hazards Emergency program information on the VA PBM intranet Web site.

(13) Visiting selected cache sites, often in conjunction with an EMSHG Area Emergency Manager, to provide additional assistance, training, and guidance at the discretion of the Director, EPS, PBM.

e. **VISN Directors.** Each VISN Director is responsible for:

(1) Designation of a medical center liaison to assist the PBM with the stock rotation program, cache inventory requirements, and accountability of the caches;

(2) Ensuring that VISN Emergency Management Plans incorporate access, distribution, and use of the cache(s) located within the VISN; and

(3) Each medical center's compliance to cache program guidance.

f. **Facility Director.** The Facility Director is responsible for:

(1) The management of the cache according to this policy, to include the following: If there is reason to believe that community emergency planners have built the routine use of VA caches into their local emergency plans in lieu of establishing their own separate capabilities, VA personnel responsible for community coordination are required to advise community planners that there is no guarantee that VA caches will be made available to them, such as in a situation where the caches are already being used to support VA infrastructure. ***NOTE*****:** *Attachment A provides a ready reference of information regarding VA All Hazards Cache capabilities that VA personnel can discuss with the public.*

(2) Activating the cache when a local, regional, or national emergency warrants its use.

(3) The Immediate notification of EPS and EMSHG using the contact systems found in paragraph 6 of this Directive.

(4) Ensuring caches are stored and secured in compliance with criteria in this Directive (see Att. B).

(5) Ensuring VA personnel comply with their responsibilities for Public Discussion of the VA cache (see Att. A), which outlines publicly releasable information.

(6) Providing the necessary space to assure cache items are not intermingled with medical center pharmacy inventory.

(7) Ensuring designated cache space is capable of maintaining appropriate controlled room temperature for pharmaceuticals and supplies. ***NOTE:*** *Controlled room temperature is 68 to 77 degrees, Fahrenheit. Brief deviations between 59 to 86 degrees Fahrenheit are allowed.*

(8) Ensuring the cache space has the required fire, smoke and intrusion alarm systems.

(9) Ensuring all cache controlled substances are subject to the unannounced monthly narcotic inspection process.

(10) Appointing a medical center liaison to the PBM.

(11) Providing all necessary training for emergency personnel, as appropriate, on use of medical supplies and equipment contained in the cache.

(12) Ensuring policy on access, distribution, and use of the cache is incorporated into the facility's Emergency Management Plan.

(13) Simulation of emergency activation and deployment of the cache at least annually. Examples include: annual emergency preparedness drills, table top reviews, or other exercises that will assist facilities in ensuring that issues such as cache storage, security, movement, location, training, and operability are considered. ***NOTE:*** *Documentation of this participation and risk assessment should be included in the facility After Action Report.*

g. **Facility Chief of Pharmacy Services or Pharmacy Manager.** The facility Chief of Pharmacy, or Pharmacy Manager, is responsible for:

(1) Ensuring all inspections and inventories are completed and documented in accordance with criteria established by PBM. ***NOTE:*** *Inspections of the cache include a weekly visual inspection of the cache space to ensure security and environmental requirements are still intact.*

(2) Cache product rotation and inventory system entries are completed in a timely manner and as required by PBM.

(3) Making available for medical center use any item rotated out of the cache in the PBM-managed rotation schedule. ***NOTE:*** *These products may be utilized at any VISN location for routine patient care prior to expiration:*

(4) Processing expired items through the contracted reverse distributor with all credits being applied to the medical center account using the Prime Vendor Program.

(5) Ensuring all cache items are to be stored separately from pharmacy inventory in order to maintain the integrity of the cache and continuous emergency preparedness. ***NOTE****: Any C-II or C-III controlled substances in the cache may be stored in sealed totes within the facility pharmacy vault where they are to remain in the sealed totes to ensure they are not intermingled with other controlled substances at the facility.*

(6) Ensuring that all cache items requiring refrigeration are stored in the refrigerator provided and maintained at the appropriate temperature.

(7) The complete management of all cache controlled substances as follows:

(a) All C-II or C-III cache items must be stored in accordance with VA regulation and Title 21 Code of Federal Regulations (CFR) 1300.

(b) All cache C-II and C-III items must be inspected every 72 hours, unless the facility has received a written waiver from the VA Central Office Pharmacy Benefits Management Service (PBM) office (see Att. C). ***NOTE:*** *This waiver will only be considered for sites that are storing their cache C-II and C-III items in a vault or safe that is separate and distant from the facility pharmacy vault or safe. The waiver allows the facility to do a weekly inspection of those distant C-II and C-III items.*

(c) Any C-IV through C-V controlled substances stored in the sealed cache containers and secure cache space are exempt from the VA 72-hour inspection requirement; however, the cache cart seal must be inspected weekly to verify it is intact and the seal number is unchanged.

(d) All controlled substances in a sealed cache cart must be inventoried each time the cart seal is broken or immediately upon discovery of a broken or suspicious looking cart seal.

(e) All controlled substances inventory must be entered into and maintained in the Veterans Health Information System and Technology Architecture (VistA) Controlled Substance software as a separate narcotic area of use.

(f) All controlled substances in the cache must be included in the Drug Enforcement Agency's (DEA's) required biennial inventory.

(g) Any loss of a cache controlled substance is immediately reported as mandated in VHA policy (see VHA Handbook 1180.1).

**5. REFERENCES**

a. VHA Handbook 1108.1

b. VHA Handbook 0730, Appendix B.

c. NFPA 101 Life Safety Code.

**6. FOLLOW-UP RESPONSIBILITY:** Office of Patient Care Service (119), is responsible for the contents of this Directive. Questions may be addressed to (202) 273-8429. Complete contact information for the PBM Emergency Pharmacy Service is available on the EPS Web site; http://vaww.pbm.va.gov/pbm/eps.htm. EMSHG personnel are available 24 hours daily by contacting the EMSHG Duty Phone at (304) 264-4800.

**7. RESCISSIONS:** VHA Directive 2002-026 is rescinded. This VHA Directive expires January 31, 2013.

Michael J. Kussman, MD, MS, MACP
Under Secretary for Health

Attachments

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**ATTACHMENT A**

## VA CACHE INFORMATION FOR PUBLIC DISCUSSION

1. Department of Veterans Affairs (VA) treatment facilities designated by the Under Secretary for Health store an "All Hazard Cache" of pharmaceuticals and medical supplies reserved specifically for the treatment of casualties from a mass casualty event.

2. These caches are specifically intended to treat veterans, staff, and other victims that may present to the local VA medical center.

3. "All Hazards Caches" are designed to ensure short-term preservation of the VA health care infrastructure until other resources are available in the immediate area and to support the facility's involvement in the local community disaster plan.

4. The VA treatment facility Director where the cache is held is responsible for the management of the cache according to current Veterans Health Administration (VHA) policy.

5. The VA treatment facility Director is responsible for activating the cache when, in the facility Director's judgment, a local, regional, or national emergency warrants its use.

6. When a cache is activated, the VA treatment facility Director immediately notifies the Emergency Pharmacy Service (EPS) of Pharmacy Benefits Management Service and the Emergency Management Strategic Healthcare Group using the contact systems according to current VHA policy.

7. Information about contents and locations of the All-Hazards Emergency Caches is proprietary for VA and are not to be released to any person or agency external to VA without approval of the Under Secretary for Health.

8. VA personnel with a need to know the contents or locations may receive this information if it is essential to perform their disaster related duties (for example, VA Emergency Department staff members).

9. Aggregate data consisting of all cache locations, contents, or capabilities will not be released.

10. If there is reason to believe that community emergency planners have built the routine use of VA caches into their local emergency plans in lieu of establishing their own separate capabilities, VHA personnel responsible for community coordination are to advise community planners that there is no guarantee that VHA caches will be made available to them, such as in a situation where the caches are already being used to support VHA infrastructure.

**ATTACHMENT B**

## PHYSICAL SECURITY REQUIREMENTS FOR WAREHOUSE AND HOSPITAL ALL-HAZARDS EMERGENCY CACHE STORE ROOMS

### 1. LOCATION TO BE DETERMINED LOCALLY

| | A | B | C | D | E | F | G | H | I |
|---|---|---|---|---|---|---|---|---|---|
| Hospital Cache Store Room | X | X | X | X | X | X | X | X | |
| Warehouse Cache Store Room | | X | X | X | X | X | X | X | X |

**(x) = Applicable Requirement**

**2. REQUIREMENTS AND MEASURES DEFINED.** All-hazards emergency caches consist of medical supplies, Intravenous (IV) solutions, non-controlled or legend drugs and C-IV to C-V controlled substances. Any cache C-II or C-III items must be stored in a vault or safe in compliance Drug Enforcement Agency (DEA) regulations as detailed in Title 21 Code of Federal Regulations (CFR) Part 1300.

a. **Windows.** When below 12 meters (m) (40 feet (ft.)) from ground level or the roof of a lower abutment, or less than 7.5 m (25 ft.) from windows of an adjoining building, or accessible by a building ledge leading to windows of other floor rooms, security mesh screening for windows is required. Required specifications for stainless steel security mesh screening are:

(1) All #304 stainless steel woven mesh 0.7 mm (.02 8 inch) wire diameter, with tensile strength of 15 kilograms (kg) per milliliter mm (800 pounds per lineal inch).

(2) Mesh 12x12 per 25 mm (inch) with main and sub frames of 2.7 mm (12 gauge) carbon steel with baked enamel finish and internal key locking slide bolts.

b. **Building Walls.** Exterior walls of brick and masonry construction are acceptable. Exterior walls, which are composed of wood frame and siding, require an interior backing of steel security screen mesh or sheet partition. Room perimeter walls must be full height (floor to underside of slab above).

c. **Doors and Door Locks.** Doors are of 45 mm (1 and 3/4 in.) hardwood or hollow steel construction. Dutch or half doors are unacceptable. Removable hinge pins on door exteriors must be retained with set pins or spot-welded, preventing their removal. All doors must be fitted with two lock sets. Glass doors or doors with glass panes must have one lock set, key operated from the interior of the protected area. If a door is not set in a steel frame, one of the two locks must be a jimmy proof rim dead lock. Doors set in steel frames must be fitted with a *mortise* lock with a deadlock pin feature. One lock (the day lock) must be automatically locking on the door closure, requiring re-entry to the room with key or lock combination and allowing egress from the room by use of an inside thumb latch. The day lock on the main door must be automatically locking, with a minimum 19 mm (3/4 in.) dead bolt and inside thumb latch. Combinations or

keys to day locks must be restricted to service employees and combinations changed immediately on the termination or reassignment of an employee.

d. **Other Room Access Means**

(1) Interstitial overhead areas which enable entry into a secure room from an unsecured room must be barricaded by the installation of a suitable partition in the interstitial space which prevents "up and over" access.

(2) Ventilation grills on doors and air circulation ducts which exceed 0.06 m2 (100 square inches) in areas must be reinforced to prevent their removal from outside the room. Other possible access means such as dumbwaiter shafts, roof or wall ventilator housings, trapdoors, etc., must be secured by appropriate means.

e. **Motion Intrusion Detectors.** An intrusion detection alarm system that detects entry and then broadcasts a local alarm of sufficient volume to cause an illegal entrant to abandon a burglary attempt. Intrusion detector equipment which operates on the principles of narrow beam interception, door contacts, microwave, or photoelectric eye are acceptable.

(1) **Features.** Intrusion detectors must have the following essential features:

(a) An internal, automatic charging DC standby power supply and a primary AC power operations.

(b) A remote, key-operated activation and deactivation switch installed outside the room and adjacent to the room entrance door frame and/or a central alarm ON-OFF control in the Police Office.

(c) An automatic reset capability following intrusion detection.

(d) A local alarm level of 80 decibels (dB) (minimum) to 90 dB (maximum) within the configuration of the protected area.

(e) An integral capability for the attachment of wiring for remote alarm and intrusion indicator equipment (visual or audio). ***NOTE:*** *See the following subpar. 2e(2) installation notes*.

(f) A low nuisance alarm susceptibility.

(2) **Installation Notes**

(a) A locally sounding alarm should not be installed in a room which is close to an Intensive Care Unit (ICU), cardiac care, or other special treatment areas where a loud alarm might have an injurious effect on patients.

(b) In addition to the locally-sounding alarm, remote visual and/or audio annunciators must be at a location within the facility which ensures 24-hour monitoring. These annunciators must have the capability of identifying individually-protected zones.

(c) In protected rooms of outpatient clinics not on facility grounds, intrusion detector alarms must be remote to a commercial security alarm monitoring firm, a local police department, or a security office charged with building security. ***NOTE:*** *These remote alarms are in addition to locally broadcast alarms in the protected areas.*

(d) Remote bulk storage warehouse facilities must have one or more local broadcasting alarms inside and outside of the protected area.

f. **Temperature.** Environmental controls must be in place to ensure that the temperature in the cache storage area is maintained between 59 and 86 degrees Fahrenheit.

(1) The cache space must contain a thermometer.

(2) A log of weekly temperature reading must be maintained and stored in the cache space.

(3) All cache items that need refrigeration must be stored in the refrigerator provided and set at the proper temperature.

(4) A log of weekly refrigerator temperature reading must be maintained and stored in the cache space.

g. **Bulk Drug Storage Safes and Vaults.** Drugs classified as scheduled I, II, or III (narcotic controlled substances under the Controlled Substance Act of 1970) must be stored in safes or vaults which conform to the following specifications:

(1) Safes must be General Services Administration (GSA) class 5 security containers weighing no less than 340 kg (750 pounds).

(2) Where bulk quantities or controlled substance handling requirements deem safes impractical, vaults must be used. Specifications for two types of vaults are given: Type I for outpatient clinic or center use, and Type II for construction in medical centers only. The type I vault is not as formidable and permanent a structure as the Type II concrete vault and, therefore, schedule Type I, II, and III (narcotic) controlled substances may not be stored on open shelving within the Type I vault. To compensate for the lower security of Type I vaults, lockable steel cabinets installed within the vault must be used for schedule I, II, and III (narcotic) substances.

(3) Vault specifications are as follows:

(a) Type I Vault. Enclosure constructed of steel security screen, woven mesh, 1.2 mm (.047 in.) wire diameter alloy #304 stainless steel, with tensile strength of 29 kg/mm (1,600 pounds per lineal inch). Mesh 10 x 10 per 25 mm (inch) with mainframe and sub frames of 2.4 mm (13

gauge) alloy #304 steel. In rooms with dropped ceilings, the vertical frames and mesh walls must meet the actual ceiling or a security mesh ceiling installed below the false ceiling. In lieu of security mesh screening enclosures, Type I vaults may be constructed of 2.4 mm (13 gauge) steel wall partition material with corner brackets welded and floor/ceiling anchors firmly set to prevent disassembly. Mesh vaults may be enclosed with drywall or paneling with appropriate ventilation openings.

(b) Type II Vault. Constructed of walls, floors, and ceilings of minimum of 200 mm (8 in.) reinforced concrete or other substantial masonry, reinforced vertically and horizontally with 13 mm (1/2 in.) steel rods tied 150 mm (6 in.) on center.

(4) Doors and day gates must meet GSA class 5 criteria.

(5) Vault ventilation and utility ports may not exceed 0.06 m2 (100 square inches) in area.

h. **Special Key Control.** Room door lock keys and day lock combinations, where applicable, are Special Keys as defined in VHA Supplement to MP-3, Part I, Chapter 2, and are not mastered.

i. **Electronic Access Control Security System.** For monitoring and controlling access to areas containing controlled substances, the following specifications are among those to be considered for inclusion:

(1) **Access Safeguard.** To prevent learning codes through keypad observations or use of stolen or found access cards.

(2) **Time Sensitive.** The ability to program access by user, shift, and day.

(3) **Area Sensitive.** The ability to program access by door and area for each individual user.

(4) **Fail-Safe.** The ability to maintain access security, if the system goes down (i.e., bypass key).

(5) **Access Record and/or Audit Trail.** The ability to provide for periodic or on demand print out of names and time and/or dates of individual accessing.

(6) **User Coverage.** The number of individual access codes that the system must accommodate.

***NOTE:*** *The use of electronic access control systems may be expanded to other high security areas within the facility.*

j. **Warehouse Cage Area.** Pharmaceutical caches may be stored in a cage area within a warehouse building or warehouse area that is secured and monitored (see VHA Handbook 0730, App. B).

(1) The cage material must be made of a sturdy metal or wire material and must not contain openings in the material that are greater than 2.5”x 2.5.” Vertical opening in areas such as along the edges of gates or where the cage meets a wall or post must not be wider than 3.”

(2) Access to the cache cage area must be restricted and controlled as detailed in preceding subparagraph 2i.

(3) Cage height must be at least 10 feet or to the ceiling of the warehouse, which ever is lower.

**ATTACHMENT C**

**SAMPLE WAIVER REQUEST MEMORANDUM WAIVER REQUEST**

Date:

From: (Medical Center Director, Chief of Staff, or Facility Name)

Subj: Pharmaceutical Cache Storage – Waiver Request

To: Name, Director of Emergency Cache Pharmacy Service (119D)

1. Our facility is requesting a waiver to allow our facility to store emergency related supplies/products in the Department of Veterans Affairs (VA) Emergency Cache storage area.

a. Name of Facility:

b. Supply and or Product (specify):

2. The supplies and/or products listed in preceding subparagraph 1b are clearly marked and stored separately from the VA Pharmaceutical Cache.

3. Access to, and transport of, the VA Pharmaceutical Cache items is not impeded by these supplies and/or products.

4. All storage and security requirements are maintained as outlined in current VHA policy.

Name:
Title:

***NOTE:*** *Fax to Attn: Cache Pharmacy Service (119D)*