
# Department of Veterans Affairs
# Office of Inspector General

# Healthcare Inspection

# Emergency Decontamination Preparedness
# VA Salt Lake City Health Care System, Salt Lake City, Utah

**Report No. 05-00290-78** **February 8, 2005**

**VA Office of Inspector General**
**Washington, DC 20420**

**DEPARTMENT OF VETERANS AFFAIRS**
**Office of Inspector General**
**Washington, DC 20420**

**TO:** VISN 19 Director

**SUBJECT:** **Final Report** - Healthcare Inspection – Emergency Decontamination Preparedness, VA Salt Lake City Health Care System, Salt Lake City, Utah – Project Number: 2005-00290-HI-0032

## Purpose

The Department of Veterans Affairs (VA) Office of Inspector General's (OIG) Office of Healthcare Inspections (OHI) reviewed emergency decontamination preparedness at the VA Salt Lake City Health Care System (the medical center), Salt Lake City, Utah.

## Background

Congressman Lane Evans requested that OIG review the decontamination program at the medical center, including conducting an inventory of decontamination equipment and determining whether training requirements had been established. He also requested a general review of decontamination capabilities at VA medical centers with decontamination programs.

Subsequent to the events of September 11, 2001, Public Law 107-188, dated June 12, 2002, *Public Health Security and Bioterrorism Preparedness and Response Act of 2002*, and Public Law 107-287, dated November 7, 2002, *Department of Veterans Affairs Emergency Preparedness Act of 2002*, have clarified VA's role in preventing, preparing for, and responding to bioterrorism and other public health emergencies. These laws require that VA provide decontamination and personal protection equipment at Veterans Health Administration (VHA) medical centers and train employees in the use of such equipment.

VHA Directive 2002-033, issued June 5, 2002, *Steps Required to Establish a Practical Medical Center Emergency Mass-Casualty Decontamination Capability*, and re-issued as VHA Directive 2003-045, dated August 8, 2003, outlined four steps for medical center directors to take to implement an appropriate decontamination program: 1) a site-specific needs assessment that addresses medical center and community needs and existing community capabilities for mass-casualty decontamination, 2) development of a

decontamination plan appropriate for the medical center and the community, 3) external review and certification of the plan by VHA experts, and 4) implementation of the plan. The deadline for submitting needs assessments and decontamination plans was August 30, 2002.

Memorandums from the VHA Deputy Under Secretary for Health for Operations and Management dated February 3, 2003, and December 3, 2003, *Notification of Selection for VA's Mass-Casualty Decontamination Program*, specified 118 medical centers chosen for decontamination programs and outlined steps for implementation. A third memorandum, dated September 3, 2004, outlined reporting requirements for Veterans Integrated Service Network (VISN) Offices and medical centers, once medical center employees have received core training and equipment from VHA Central Office.

On August 26, 2004, the VA Deputy Secretary testified before the House Veterans' Affairs Committee, that 118 of the highest priority VA Medical Centers have sent employees to core training to initiate decontamination programs at their medical centers and to train other decontamination team members. Of these 118 medical centers, 28 have received decontamination equipment.

VHA selected the medical center to have a mass-casualty decontamination program. The medical center is under the jurisdiction of VISN 19.

## Scope and Methodology

We visited the medical center November 3-4, 2004, and interviewed the Acting Associate Director, the Facilities Manager, the Safety Officer, and an employee who was a member of the decontamination team during the 2002 Olympics. We reviewed relevant VHA Directives and memorandums and the medical center's needs assessment and decontamination plan. We inventoried the medical center's decontamination equipment. We also interviewed the VISN 19 Area Emergency Manager and a Senior Program Analyst in the VA Environmental Agents Service.

Several entities are currently assessing emergency preparedness at VA medical facilities. These include the Government Accountability Office (GAO), two private contractors, and the OIG, during Combined Assessment Program reviews. Therefore, we did not conduct a general review of all medical centers.

We conducted the inspection in accordance with the *Quality Standards for Inspections* published by the President's Council on Integrity and Efficiency.

## Inspection Results

### Issue: Medical Center Decontamination Program

The medical center did not have an emergency decontamination program; however, managers had appropriately followed the applicable directives.

In preparation for the Salt Lake City winter Olympics in February 2002, the medical center assembled a decontamination team to provide decontamination service, if needed. The Bay Pines VA Medical Center sent several trained employees to supplement the team. At that time, the medical center purchased some decontamination equipment but acquired most equipment on loan from other VA facilities. After the Olympics concluded, the medical center returned the borrowed equipment. The equipment was not replaced, and the decontamination team was not maintained. These actions were not inconsistent with any VA directive in effect at that time.

In response to VHA Directive 2002-033, the medical center completed the needs assessment and decontamination plan and sent them to the VISN on August 29, 2002. The VISN forwarded the plan to Central Office for review and certification by VHA experts. These actions occurred within the designated timeframes. The February 3, 2003, memorandum notified the medical center that its plan was certified, and that it was selected to have a decontamination program.

In June 2003, four medical center employees attended a 1-week decontamination operations training course in Little Rock, Arkansas. The course curriculum included guidance about what equipment was needed for a decontamination program and what training to provide to decontamination team members at the home medical center. The medical center submitted an action plan and a request for equipment to Central Office on February 19, 2004. Central Office returned the equipment request for modification, and the medical center management resubmitted it on March 2, 2004. The medical center followed up on May 21, 2004, and learned that Central Office had not ordered the equipment prior to the expiration date of a related equipment contract. The medical center plans to submit another equipment request. Upon receiving the requested decontamination equipment, management plans to designate and train a decontamination team and hold full-scale exercises.

We inventoried the available decontamination equipment and verified the presence of only some of the necessary equipment specified in the directives. Missing items included a self-contained water heater system, fresh air heater, and interior lights. In addition, medical center managers told us that the decontamination equipment available could not be deployed in the 30-minute timeframe required in the directives. The medical center is planning to submit a request to Central Office for the purchase of a self-contained, mobile decontamination unit.

## Conclusions

While the medical center did not have a current decontamination program, its actions were in accordance with those required in the applicable directives and memorandums. The medical center was chosen to have a decontamination program and sent employees for training. The medical center's initial equipment request was not filled, and it plans to send a revised equipment request to Central Office. Upon receiving the equipment, the medical center plans to train the decontamination team, conduct exercises, and submit reports to Central Office, as required.

## Recommendations

The VISN Director needs to ensure that the Health Care System Director:

a. Submits a revised decontamination equipment request to Central Office.

b. Conducts and reports decontamination training and exercises to Central Office, as required, after receiving decontamination equipment.

## VISN Director and Health Care System Director Comments

The VISN Director and Health Care System Director concurred with the recommendations. The action plan includes a decontamination equipment request list and justification. After receipt of equipment, the medical center plans to establish a decontamination response team and to conduct and report decontamination training and exercises.

## Inspector General Comments

The VISN Director and Health Care System Director agreed with the recommendations and provided acceptable implementation plans. In December of 2004, the medical center action plan was determined to be acceptable by VHA and the facility was informed that VHA would support their request for decontamination equipment for a total reimbursement cost of $58,617. However, as of January 10, 2005, the medical center and VHA continue to negotiae level of funding support and have not complied with the requirement to provide decontamination and personal protection equipment. Given the current geopolitical environment, delay in providing this equipment is unacceptable and this issue demands prompt resolution. We will monitor the implementation of these recommendations.

*(original signed by:)*

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

**Appendix A**

# VISN Director Comments

**Department of Veterans Affairs** **Memorandum**

**Date:** December 13, 2004

**From:** Director, VA Rocky Mountain Network (10N19)

**Subject:** **Emergency Decontamination Preparedness, VA Salt Lake City Health Care System, Salt Lake City, Utah**

**To:** Peggy Seleski, Director Management Review Service (10B5)

Enclosed, please find the Network and System response to the recent inspection on Emergency Decontamination Preparedness at the VA Salt Lake City Health Care System. The VISN concurs with the action taken to date and those planned for the future. If you have questions, please feel free to contact Craig Calvert, Health System Specialist, at 303-756-9279.

Lawrence A. Biro

Lawrence A Biro

Enclosures

**Appendix B**

# Health Care System Director Comments

**Department of Veterans Affairs** **Memorandum**

**Date:** December 13, 2004

**From:** VA Salt Lake City Health Care System Director

**Subject:** **Emergency Decontamination Preparedness, VA Salt Lake City Health Care System, Salt Lake City, Utah**

**To:** Peggy Seleski, Director Management Review Service (10B5)

I concur with the contents of this draft report as provided to me. Contingent upon receipt of the necessary equipment and support from VHA, it is the intent of the VA Salt Lake City Health Care System to fully comply with VHA directive 2003-045 and VHA memorandums, and reactivate its decontamination response team by the fourth quarter of FY05.

JAMES R. FLOYD, CHE

## Health Care System Director's Comments to Office of Inspector General's Report

The following is submitted in response to the recommendations in the Office of Inspector General's Report:

### Salt Lake City Decontamination Equipment Request

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **GLOBAL PROTECTION, LLC** | | | | |
| | | | | | | |
| | Part Number | Description | Unit | Quantity | Cost (ea) | Total |
| | | | | | | |
| 1 | NTSF 3LS-12 | MEDecon 3LS-12 - 12' Trailer System | ea | 1 | 29,950 | 29,950 |
| 2 | | 2.5kw LPG Gen Set | ea | 1 | 4,550 | 4,550 |
| | Shipping | .80/mile FOB Bellingham, WA (925 miles) | | | 740 | 740 |
| | | | | | | |
| | | **REEVES** | | | | |
| | | | | | | |
| 1 | 020-51295 | Hydrant spanner | ea | 2 | 26 | 52 |
| 2 | 002-52761 | 3M Breathe-Easy PAPR Respirator | ea | 24 | 748 | 17952 |
| 3 | 002-99402 | 2" wide x 60 yds. Long ChemTape | cs | 6 | 20 | 120 |
| 4 | 002-3MNI | 10 Bank battery charger | ea | 1 | 999 | 999 |
| 5 | 002-52514 | NiCad Replacement battery for PAPR | ea | 24 | 130 | 3120 |
| 6 | 020-70015 | Spine board | ea | 6 | 189 | 1134 |
| | | | | | | |
| | | | | | TOTAL | 58,617 |
| | | | | | | |
| | | | | | | |

## Proposal for Decontamination Equipment System
## VA Salt Lake City Health Care System

### Justification

#### Capacity and Medical Center Response Capability

- The size of our facility, hospital responder team, and the response needs of the community, as identified by our initial Veterans Affairs Central Office survey, have categorized this facility as a large capacity site. The equipment requested is necessary to meet those needs and community expectations.
- A self-contained trailer system that provides for male and female ambulatory lanes, a non-ambulatory lane, and/or family lane that can be used as a decontamination team lane is the smallest size system practical for this facility.
- Utah, southern Idaho, and southwestern Wyoming have a disproportionately large family population, which can be problematic for response teams with equipment of insufficient size and capacity.
- In a mass casualty event, it is feasible that up to 1,700 medical staff, patients, and volunteers could be affected and require decontamination processing.
- A self-contained decontamination system that allows staff to assess, triage, and provide care and monitoring for non-ambulatory patients from the hot zone through the cold zone, as well as be able to provide privacy and protection from the extreme elements inherent to this area is an essential component to continued patient care.

#### Location and Proximity to Events

- The George E. Wahlen VA Medical Center is located on 81 acres, with 31 buildings, utilizing 1.135 million square feet.
- Our facility is physically located in close proximity to many factors that influence our need for a rapid response time and minimum time to set-up.

- Proximity to events that surround our facility are: large stadiums, both indoor and outdoor; the downtown metropolitan center; two interstate highway systems (I-15 & I-80); main railway lines that pass through Salt Lake City; Deseret Chemical Depot (largest U.S. stockpile of chemical weapons); Tooele Army Depot; Dugway Proving Grounds; and Hill Air Force Base, all of which range from 1000 feet to less then 65 miles from the facility.

**State Partnership and Category of Response Roles**

- This facility has established a partnership with the State, County, and Local Emergency Command Systems and fulfills a need and expectation in those plans. Likewise they provide their support to us in federal and military events. All State, County, and Local Planning Committees have adapted an "All Hazards Response Effort."
- This facility requires the flexibility to respond to situations, as they arise, with the ability to adapt to a multitude of scenarios and contingencies, including human-caused, weather-related, or geologic-related.
- Mass casualty care at this facility include duties as the Federal Coordinating Center in the National Disaster Medical System.
- The facility is also the Primary Receiving Hospital in the VA/DoD Contingency Plan, supporting the Grand Junction, CO, VAMC and the Montana VA Health Care System.

**Environmental and Geological Considerations**

- The Utah environment and climate conditions are widely varied and change continuously.
- This facility is in an area of the U.S. that experiences extreme fluctuations in temperature, high damaging winds, heavy snow, and rainstorms.
- The geographical location of the facility and many other adjacent large health care facilities are situated very near an established, and very active earthquake fault zone.

- In an earthquake, we would not be able to assure use of a fixed facility. A mobile self-contained decontamination system would allow set-up in virtually any location.
- The extreme environment of this area is damaging to equipment; therefore, durability, reliability, and life expectancy of our equipment has made the choice for a self-contained decontamination system the only feasible system able to withstand the elements.
- The Hazard Vulnerability Analysis identifies a significant and proven threat of severe wind conditions (microburst, wind shear, and tornados, all attributed to the surrounding topography).
- Many of the remaining categories from the hazard analysis are listed as high risk, and they include earthquake, winter storms, transportation factors, fire, and widespread utility interruptions.

**Justification Specific for Self-Contained System**

- Of all the equipment systems available, a self-contained system provides the most adaptability to capacity and demographic capability.
- A self-contained system requires a minimum number of staff to deploy, a factor, which becomes more critical when considering potential challenges, such as alternate locations, utility interruptions, and severe weather conditions.
- A self-contained system, when compared to a tent system option, is more mobile and, because of its rigid structure, is safer then a tent system.
- Under the VA contracts, the costs of a large capacity tent system are very similar to a self-contained system.
- The life expectancy of a self-contained system is far greater than a tent-type system, which will greatly reduce short and long-term replacement costs to the VA.
- Based on previous letters of request to obtain equipment, a trailer system is the only rapidly deployable, physically durable, relocation adaptable system to enable this facility to be involved in the State, County, and Local emergency planning efforts.

- A self-contained unit minimizes or eliminates many problems associated with water and electrical hazards, slip and fall risks, and wind and weather related possibilities.

## Summary and Selection

The MEDecon SCT-19 self-contained decontamination system not only meets the minimum needs and requirements but is also the appropriate size able to address the many unique issues, obstacles, and challenges encountered by this facility. A comparison of the needs of this facility to the other equipment options available clearly show that this is the best and only solution for this facility. Other equipment combinations either cost more for the same type of performance or do not meet the requirement needs that the MEDecon SCT-19 will accomplish. After a year of evaluating the numerous pieces of decontamination system equipment, it is the opinion of this facility that the MEDecon SCT-19 is the appropriate size needed to effectively and efficiently meet the needs and expectations of the facility, as well as those of the State, County, and Local planning efforts. The MEDecon SCT-19 self-contained decontamination system from Nor E First Response will allow flexibility and adaptability when the necessity to respond arises. Additional delays to our equipment request will cause unnecessary strain on our team and program efforts to the point that it will become difficult to maintain the focus of the efforts of this facility.

**Appendix C**

# OIG Contact and Staff Acknowledgments

| | |
|---|---|
| OIG Contact | Wilma K. Wong, Associate Director, Los Angeles Office of Healthcare Inspections (310) 268-3005 |
| Acknowledgments | Vishala Sridhar |

**Appendix D**

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