



# **Department of Veterans Affairs Office of Inspector General**

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## **Emergency Preparedness in Veterans Health Administration Facilities**

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**Department of Veterans Affairs**  
**Office of Inspector General**  
**Washington, DC 20420**

**TO:** Under Secretary for Health (10/10B5)

**SUBJECT:** Emergency Preparedness in Veterans Health Administration Facilities

The VA Office of Inspector General (OIG) conducted a review of the Veterans Health Administration's (VHA) Emergency Preparedness program to determine whether VHA facilities had comprehensive, effective emergency preparedness programs; employees had appropriate emergency preparedness training; and VHA buildings' heating, ventilation, and air conditioning (HVAC) systems complied with National Institute for Occupational Safety and Health (NIOSH) guidelines.

## **Background**

After the events of September 11, 2001, leaders in government acknowledged the need for a unified approach to managing potential terrorist threats. Public Law 107-188, Public Health Security and Bioterrorism Preparedness and Response Act of 2002,<sup>1</sup> is "an Act to improve the ability of the United States to prevent, prepare for, and respond to bioterrorism and other public health emergencies." This law mandated that the Department of Veterans Affairs Central Office (VA) and VHA medical facilities participate in the National Disaster Medical System (NDMS);<sup>2</sup> work in collaboration with the States and other public or private entities to provide health services and health-related social services; and respond to the needs of victims of a public health emergency.

On October 16, 2001, the Secretary of the Department of Veterans Affairs requested that the OIG review the adequacy of security and inventory controls over selected chemical, biological, and radioactive (CBR) agents owned by or controlled at VA facilities. In Report No. 02-00266-76, the OIG recommended that VHA redefine and strengthen security, access requirements, and procedures for safeguarding high-risk agents and materials used in VA facilities that might be targeted for use by terrorists.

In May 2002, NIOSH published *Guidance for Protecting Building Environments from Airborne Chemical, Biological, or Radiological Attacks*. These guidelines include measures that can transform buildings into less attractive targets by increasing the difficulty of introducing a CBR agent, increasing the ability to detect terrorists before

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<sup>1</sup> P.L. 107 – 188: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107\\_cong\\_public\\_laws&docid=f:publ188.107](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ188.107)

<sup>2</sup> NDMS homepage: <http://ndms.dhhs.gov/>

they carry out an intended release, and incorporating plans and procedures to mitigate the effects of a CBR release.

On November 7, 2002, the President signed Public Law 107-287, Department of Veterans Affairs Emergency Preparedness Act of 2002, which established that VA must:

- Provide decontamination and personal protection equipment (PPE) at VHA medical facilities and train employees in the use of such equipment.
- Train physicians and other health care personnel in medical matters relating to CBR attacks.
- Address protection of patients and staff in security evaluations at VA Medical Centers (VAMCs) in case of CBR, terrorist attack, or other emergencies.
- Address security issues in VHA clinical laboratories and research facilities such as:
  - o Identification and protection of sensitive CBR agents.
  - o Vulnerability of animal research laboratories.
  - o Background checks of non-citizen employees.
- Require VAMCs to work with other federal agencies and community partners to:
  - o Develop and maintain training programs.
  - o Promote VHA employees' participation in NDMS.
  - o Develop and maintain strategies for providing mental health counseling and assistance to emergency response providers, veterans, and others seeking care following a terrorist attack or other public health emergency.

In addition, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards require cooperative planning among health care organizations that provide services to a contiguous geographic area (EC.1.4), and that organizations participate in at least one community-wide drill yearly (EC.2.9.1).

On August 27, 2004, the Federal Bureau of Investigation and the Department of Homeland Security confirmed the importance of VA's emergency preparedness efforts and issued a warning that "al-Qaeda may attempt to attack hospitals operated by the VA."

## **Scope and Methodology**

We reviewed VHA's directives, handbooks, policies, and procedures; Public Laws related to disaster and emergency management; NIOSH guidelines; and JCAHO security requirements. We also interviewed several members of the VHA Emergency

Management Strategic Healthcare Group (EMSHG) and attended VA/EMSHG sponsored disaster-training conferences.

We inspected 12 VAMCs and Health Care Systems in 10 Veterans Integrated Service Networks (VISNs) during our Combined Assessment Program (CAP) reviews conducted from November 2004 through February 2005. We reviewed facility inspection reports, emergency plans, policies, and procedures. We completed physical and security inspections and interviewed key individuals including emergency coordinators, emergency response teams, police supervisors, and disaster managers. We reviewed 236 (120 clinical, 56 HVAC, and 60 VA police) employees' training records for documentation of appropriate disaster and emergency preparedness training.

We collected data in the following areas:

- **Emergency Preparedness Employee Education** - assessed whether clinical, HVAC, and police employees were trained appropriately in emergency preparedness and disaster response.
- **Building Security** - assessed facility compliance with VHA Hazard Vulnerability Analysis requirements and OIG Report 02-00266-76 security recommendations.
- **Exterior Access Vulnerabilities** - assessed VHA buildings' exterior accesses and facility actions to reduce vulnerabilities.
- **Emergency Plan/Procedure** - assessed if VHA facilities' emergency plans addressed "all hazards" (CBR, fire, weather, and other emergencies) and included training of appropriate personnel.
- **Bed and Provisions Readiness** - assessed VHA facilities' readiness to increase beds and provide decontamination.
- **Facility Walk-Through Inspection** - assessed if VHA facilities conducted HVAC and building inspections per NIOSH guidelines and whether identified weaknesses were corrected or mitigated.
- **Community Involvement** - assessed whether VHA facilities' and community involvement in disaster planning, decontamination, and hospital readiness complied with Public Law 107-188 and JCAHO standards.

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

## Report Findings

At the national level, VHA had developed comprehensive initiatives and directives to address emergency preparedness training, community participation, and decontamination activities. The VHA decontamination program, both in training and the provision of decontamination equipment, was recognized as exemplary by other public and private healthcare systems. The EMSHG educational units were timely and appropriate for disaster and emergency preparedness training. EMSHG also monitored the NDMS pharmaceutical caches stored at VHA facilities.

At the local level, facilities generally complied with VA Directives, NIOSH guidelines, and JCAHO standards. The 12 facilities:

- Completed Hazard Vulnerability Analyses site-specific assessments.
- Improved physical security since September 11, 2001.
- Armed police staff.
- Had current “all hazards” emergency plans which included:
  - o CBR scenarios
  - o HVAC controls
  - o Communication with building occupants and emergency responders
  - o Practice drills
  - o Emergency evacuations
  - o Surge bed and treatment capacity
  - o Provisions for 48-72 hour stand-alone capability of medications and supplies<sup>3</sup>
- Conducted site-specific needs assessments.
- Participated in community disaster preparedness programs.
- Tested disaster plans.
- Included the community in at least one drill per year.

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<sup>3</sup> Each VA medical center is expected to be able to adequately treat patients for two to three days, even if cut off from all regular suppliers.

In addition, 11 (92 percent) facilities had documented walk through HVAC inspections, 11 (92 percent) facilities' emergency plans had provisions to accommodate and manage acute mental health needs in disaster situations, and 10 facilities (83 percent) had emergency preparedness teams (EPTs).

## **Issue 1: Emergency Preparedness Employee Education**

VA employees did not consistently receive emergency preparedness training, and emergency plans did not always include some critical training elements as required. We reviewed 236 training records and found that 225 (95 percent) employees had some disaster or emergency preparedness training documented since September 11, 2001. All employees should receive regular training on emergency evacuation for patients and staff, shelter in place, procedures to follow during a suspected release of a CBR agent, and their specific role during an emergency or disaster. Appropriate employees should receive PPE selection and practice training. Only HVAC staff need to learn emergency air handling and shutdown, while police staff members are required to learn about national emergencies and terrorists' attacks, response to thefts, and suspicious activities in clinical or research laboratories.

Two facilities' emergency plans did not address PPE or HVAC staff training, and one of those plans did not address clinical staff training or shelter in place. The employees at these facilities did not receive required training. If emergency plans do not include appropriate guidance, employees will not be prepared to respond in actual emergencies.

PPE Selection and Practice. All 236 employees reviewed should have received PPE selection and use training, however only 147 (62 percent) had any documented PPE training. PPE is equipment such as protective masks, gloves, respirators, and clothing to prevent transmission of chemical or biological agents to caregivers. PPE varies with the type of protection needed, and different types of employees should receive role specific PPE training. Selection of the appropriate PPE for each unique incident is important for adequate protection. Additionally, only 85 (36 percent) employees received hands-on PPE practice. In an emergency, employees must be able to apply PPE quickly and correctly. Delays can lead to increased exposure for employees and delayed treatment for patients.

Emergency Evacuation of Patients and Staff. Only 156 (66 percent) training records documented emergency evacuation classes. Different emergencies (i.e. fire, hurricanes, tornadoes, and CBR) can potentially require emergency evacuation of patients and staff. In 2004, one Florida facility had to emergently transfer patients to other facilities because of hurricane damage. However, depending upon circumstances, an entire VAMC could require emergency evacuation. Adequate training and preparation facilitates safe evacuation.

Shelter in Place. Only 170 (72 percent) employees received "shelter in place" training. Shelter in place is a designated area in the facility determined to be a safe location,

usually in a basement or interior hallway. A tornado, hurricane, or other emergency may not allow staff, visitors, or patients to safely leave the building or campus and require them to take immediate shelter at the facility. A well-trained staff improves the safety of both patients and staff during emergency situations, yet several managers did not know what “shelter in place” meant.

CBR Procedures and Emergency/Disaster Plan. Only 165 (70 percent) employees learned what procedures to follow in the suspected release of a CBR agent, while 199 (84 percent) were taught their specific roles/duties in an emergency or disaster. Training for one’s role during an emergency and learning appropriate procedures to follow in a suspected release of a CBR agent are critical to patient and staff safety.

Service Specific Training. Documentation of VA police training on emergency preparedness varied. Of the 60 police employee records reviewed, 5 records were exempted for insufficient information. Our review of the remaining 55 training records revealed that 39 (71 percent) officers received theft training, 43 (78 percent) received hazardous agents training, 44 (80 percent) received national emergency/terrorist attacks training, 48 (87 percent) received natural disaster training, and 49 (89 percent) received fire training. VA Directive 730/1, published in August 2004, requires specific training courses for police and security staff related to disasters and emergency preparedness.

Only 42 of 56 (75 percent) HVAC employees’ records reflected that they received emergency air handling and shutdown training. In case of a suspected release of a CBR agent, HVAC employees must know procedures to immediately shut down the air handling system and limit staff and patient exposure.

## **Issue 2: Building Security**

Each facility is required to complete a Hazard Vulnerability Analysis and to take corrective or mitigating actions on identified deficiencies. We identified the following issues:

### Security-Risk Laboratories

Eleven of the twelve facilities had sensitive agents, as defined by the Centers for Disease Control and Prevention (CDC) and the United States Department of Agriculture (USDA) Animal and Plant Health Inspection Service, on site. The Hazard Vulnerability Analysis at 5 of these 11 (45 percent) sites did not check the box documenting that thefts of biological agents or chemicals were considered; 4 of the 11 facilities (36 percent) did not identify areas that handle or store sensitive agents as high-level security risks. Additionally, in 3 of the 9 (33 percent) VHA facilities with on-site radioactive materials, these materials were not acknowledged or documented in the Hazard Vulnerability Analysis as high-level security risks. In 2001, OIG inspected VA laboratories that had high-risk agents and materials that could be targeted for terrorist use and recommended strengthening security, access requirements, and procedures to safeguard high-risk



agents. During our inspection in 2005, we found an unattended elevator that still accessed the high-risk laboratory from the loading dock. At another facility, we found unlocked and open doors at the animal research laboratories.

Access to Loading Docks. Only five (42 percent) VHA facilities controlled access to the loading docks. Loading docks' access roads are built to accommodate large trucks and increase ease of delivery. However, if access is not controlled, one vehicle with explosives could cause a large amount of damage to the loading dock and facility.

Signage. In 6 of 12 (50 percent) VHA facilities, signage designating mechanical areas was prominently displayed although NIOSH guidelines state that this signage presents "an attractive target." Additionally, in 3 of 12 (25 percent) facilities, signage identifying computer rooms was posted. VHA Directive 6210, Automated Information Systems (AIS) Security, does not permit signage labeling computer rooms. Infrastructure systems could be a target for malicious destruction. Improperly displayed signage was removed during our site visits.

Outside Air Intakes. At seven (58 percent) VHA facilities, outside air intakes were easily accessible. The introduction of a biological or chemical agent into an air intake could expose a large number of staff and patients to dangerous agents in a short time. While some facilities were able to move publicly accessible air intakes, other facilities controlled this vulnerability through the use of surveillance cameras.

Vehicle Search. If an explosive attack threat occurred, the ability to search vehicles or a plan to do so was available at seven (58 percent) VHA facilities. Police supervisors told us that they inspected vehicles and limited access with portable Jersey barriers only during heightened security alerts. Without the equipment to search vehicles, explosives could be delivered to VHA facilities.

Visitor and Contractor Identification. The methods used to identify legitimate visitors and contractors varied from site to site. Nine (75 percent) facilities used sign-in sheets for visitors, and seven (58 percent) used sign-in sheets for contractors. Eight (67 percent) facilities required picture identification (ID) of visitors, and 10 (83 percent) required contractors to show picture ID. In seven (58 percent) facilities, dated ID badges were required for both visitors and contractors. Building entrance points were limited during business hours in 9 (75 percent) facilities, and all 12 facilities limited entrance points after hours. Facilities with methods to identify and control visitor and contractor access had more assurance that visitors and contractors were on VA premises for legitimate reasons.

## Conclusion

VHA had properly addressed emergency preparedness at the national level; many facilities were generally compliant with VHA, NIOSH, and JCAHO guidelines. However, emergency preparedness education and training was not consistently provided to employees at the facility level. Facility Hazard Vulnerability Analyses did not consistently reflect actual risks to the facility, and some high-risk laboratory safety recommendations from the 2002 OIG report had not yet been implemented. Signage improperly identified some computer and mechanical rooms. Not all emergency plans addressed PPE, different services' training needs, or shelter in place. Without adequate disaster or emergency preparation, VHA facilities could be vulnerable to increased facility damages and increased injuries or death to employees and patients.

## Recommendations

**Recommended Improvement Action(s).** The Under Secretary for Health, in conjunction with VISN and facility managers, needs to take actions to ensure:

- a. All employees receive regular and role specific emergency preparedness training.
- b. All facility emergency plans address PPE, staff training, and shelter in place.
- c. Facility Hazard Vulnerability Analyses reflect actual facility risks.
- d. OIG high-risk laboratory safety recommendations are implemented.
- e. Building security vulnerabilities are assessed and prioritized, and corrective or mitigating actions are implemented, as feasible.

## Under Secretary for Health Comments

The Under Secretary for Health concurred with the findings and recommendations. The Under Secretary plans to engage all employees in role specific training through web-based training. He will continue to emphasize compliance with policies related to securing high-risk laboratories and will provide educational programs, national conference calls, and discussions at national meetings for VA researchers. Building security vulnerabilities will be corrected as feasible. The full text of the comments and the implementation plans are shown in Appendix B.

## **Inspector General Comments**

The Under Secretary for Health comments and implementation plans are responsive and met the intent of the recommendations. We will continue to follow up until all issues are resolved.

*(original signed by:)*

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

Building Security								
Facility	HVA considers theft of biological agents	HVA IDs sensitive agents storage as hi-security risk	HVA IDs on-site radioactive materials as hi-security risk	Access to loading docks is controlled	No signage designating mechanical areas	No signage designating computer rooms	No accessible outside air intakes	Ability to search vehicles or plan to do so
A	X		N/A					X
B			N/A		X	X	X	
C	X	X	X	X		X		
D	X	X	X	X			X	X
E	N/A	X	X		X	X		
F				X		X	X	
G	X	N/A	X		X	X	X	X
H	X	X	N/A				X	
I		X	X	X	X	X		X
J		X			X	X		X
K				X	X	X		X
L	X	X	X			X		X

*“X” denotes compliance with policy*

## Under Secretary for Health Comments

### Department of Veterans Affairs

### Memorandum

**Date:** December 13, 2005

**From:** Under Secretary for Health (10/10B5)

**Subject:** OIG Draft Report - Emergency Preparedness in Veterans Health Administration Facilities, (EDMS 323203)

**To:** Assistant Inspector General for Healthcare Inspections (54)

1. I have reviewed the draft report, and I believe that it shows that the VHA Emergency Preparedness program meets its goal of providing a well-planned and safe emergency preparedness program. I concur with the recommendations and provide additional comments on the report in addition to a detailed action plan for each recommendation.

2. I appreciate that your report identifies that VHA has provided proper policies, procedures, guidance, training and tools to implement a comprehensive all-hazards emergency management program across VHA. I also appreciate your noting that most of the VA medical centers have most, if not all, of the emergency preparedness program components in place that meet both VA and external standards. The exemplary response by VHA to the hurricanes this year as well as last season demonstrates that VHA not only has appropriate policies and procedures in place, but equally important, has a well developed program that properly responds to major threats such as Hurricanes Katrina and Rita. While many other agencies received major criticism, VA has received well deserved acknowledgement for its comprehensive responses in emergencies to veterans and to the nation as a whole. In fact the U.S. Senate recently adopted a resolution praising VA employees for their dedication and heroic efforts following Hurricane Katrina.

3. Your report recommends that all employees should engage in role specific training on various aspects of emergency preparedness. I plan to reinforce this requirement through web-based training that will include the elements of comprehensive emergency management, the role of personal protection equipment, evacuation and sheltering in place. In addition, conference calls between the Acting Deputy Under Secretary for Health for Operations and Management and the Director of Safety and Technical Services with Network Directors, Emergency Preparedness Planning coordinators, and Chief Engineers will take place by the end of the calendar year to discuss this issue.

4. In regard to securing high-risk laboratories, VHA policies found in VHA Handbooks 1200.6, Control of Hazardous Agents in VA Research Laboratories, 1200.7, Use of Animals in Research, and 1200.8 Safety of Personnel Engaged in Research, provide very specific criteria on research laboratory security, control of hazardous agents in research laboratories, and safety of laboratory personnel, that address the issues found in your recommendations. VHA will continue to emphasize compliance with these policies. The Office of Research and Development recently issued web-based educational programs that address issues relevant to the recommendations found in this report. In addition, the securing of high-risk laboratories will be discussed in national conference calls scheduled for November 2005 involving the Chief Research and Development Officer and all research administrators. Lastly, the issues

will be discussed at national meetings such as the one held this October of the Society of Research Administrators, where representatives from the majority of all VA research programs were in attendance

5. Finally, the report identifies the need to ensure VHA medical center building security vulnerabilities, including control of air intakes, are assessed and prioritized, and when feasible, corrective actions are taken. VHA agrees that identified building security vulnerabilities should be corrected. Our general approach is to make security improvements to the facilities where appropriate, based on funding availability, ongoing renovations, new projects, etc. Addressing physical security vulnerabilities are a part of VA's larger programs to address its critical infrastructure and medical needs.

6. Thank you for the opportunity to review the draft report. If you have any questions, please contact Margaret M. Seleski, Director, Management Review Service (10B5) at (202) 565-7638.

*(Original signed by)*

Jonathan B. Perlin, MD, PhD, MSHA, FACP

Attachment

## **Under Secretary for Health Comments to Office of Inspector General's Report**

The following Under Secretary for Health comments are submitted in response to the recommendation(s) in the Office of Inspector General's Report:

### **VETERANS HEALTH ADMINISTRATION Action Plan OIG Draft Report: *Emergency Preparedness in VHA Facilities***

**Recommended Improvement Action(s) a:** The Under Secretary for Health, in conjunction with VISN and facility managers, needs to take actions to ensure all employees receive regular and role specific emergency preparedness training.

Concur

VHA believes this is primarily an issue of documentation. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) emergency management standards requires that all employees receive regular and role-specific emergency preparedness training. VHA has not received any citations from JCAHO in this area. VHA will re-enforce this requirement with the networks through: 1) discussion of this issue with the Network Directors on the weekly conference call between the Acting Deputy Under Secretary for Health for Operations and Management and Network and facility officials, 2) on the monthly conference calls of the Director of Safety and Technical Services (10NB) with the Emergency Preparedness Planning coordinators and Chief Engineers, and 3) through written follow-up messages to each of the above e-mail groups reinforcing the need to ensure role-specific emergency preparedness takes place and is properly documented.

Status: On-going. Actions will be completed by December 31, 2005.

**Recommended Improvement Action(s) b:** The Under Secretary for Health, in conjunction with VISN and facility managers, needs to take actions to ensure all facility emergency plans address PPE, staff training, and shelter in place.

Concur

VHA will re-enforce these requirements through the provision of training appropriate to the role-specific duties of the employees through the Office of the Chief Public Health and Environmental Hazards Officer. This office has initiated the planning of a web-based training program addressing at a minimum the elements of comprehensive emergency management, the role of personal protection equipment (PPE), evacuation and sheltering in place.

Status: On-going. The anticipated completion date is September 30, 2006.

**Recommended Improvement Action(s) c:** The Under Secretary for Health, in conjunction with VISN and facility managers, needs to take actions to ensure Facility Hazard Analyses reflect actual facility risks.

Concur

Although risks are determined locally by the officials of the various medical centers, VHA agrees this should be done and will re-enforce this requirement through various methods such as: 1) discussion of this issue with the Network Directors on the weekly conference call between the Acting Deputy Under Secretary for Health for Operations and Management and Network and facility officials, 2) on the monthly conference calls of the Director of Safety and Technical Services (10NB) with the Emergency Preparedness Planning coordinators and Chief Engineers, and 3) through written follow-up messages

to each of the above e-mail groups reinforcing the need to ensure Facility Hazard Analyses reflect actual facility risks.

Status: On-going. Actions will be completed by December 31, 2005.

**Recommended Improvement Action(s) d: The Under Secretary for Health, in conjunction with VISN and facility managers, needs to take actions to ensure OIG high-risk laboratory safety recommendations are implemented.**

Concur

The draft report does not specifically identify the areas the deficiencies were found in both the clinical and research laboratories, however, it offers VHA an opportunity to take steps to ensure that laboratories are aware of the issues cited in the report and are in compliance with all applicable policies. The current VHA policies found in VHA Handbooks 1200.6, *Control of Hazardous Agents in VA Research Laboratories*, 1200.7, *Use of Animals in Research*, and 1200.8 *Safety of Personnel Engaged in Research*, provide very specific criteria on research laboratory security, control of hazardous agents in research laboratories, and safety of laboratory personnel, that address the issues found in the OIG recommendations. Physical security vulnerability of the VA research laboratories are assessed by yearly inspections by the Office of Research Oversight (10R) and corrective or mitigating actions are implemented as required based on yearly inspections.

VHA will continue to emphasize compliance with these policies. The Office of Research and Development (ORD) will address the need for emergency preparedness training, the development of emergency plans for research areas that are integrated with the plan for the entire facility, site specific hazard vulnerability analyses, implementation of applicable safety recommendation, and security vulnerability assessment through a number of mechanisms. These mechanisms include: 1) national conference calls involving the Chief Research and Development Officer and all research administrators, including the planned November 21, 2005 conference call, 2) discussion at national meetings such as this fall's meetings of the Society of Research Administrators, held in October 2005 where representatives from the majority of all VA research programs were in attendance and 3) ORD's recently issued educational programs for research that include issues relevant to the recommendations found in this report. A training program was recently made available on the ORD website: [www.ResearchTraining.org](http://www.ResearchTraining.org) that addresses BSL-3 laboratories and select agents, in addition to other bio-security issues. Similar training is also found on the VA intranet site: <http://vaww1.va.gov/resdev/programs/default.cfm>

Status: On-going. All actions related to this recommendation are expected to be completed November 21, 2005.

**Recommended Improvement Action(s) e: The Under Secretary for Health, in conjunction with VISN and facility managers, needs to take actions to ensure building security vulnerabilities are assessed and prioritized, and corrective or mitigating actions are implemented, as feasible.**

Concur

VHA will reinforce this requirement through various methods such as: 1) discussion of this issue with the Network Directors on the weekly conference call between the Acting Deputy Under Secretary for Health for Operations and Management and Network and facility officials, 2) on the monthly conference calls that take place between the Director of Safety and Technical Services (10NB) and the Emergency Preparedness Planning coordinators and Chief Engineers, and 3) through written follow-up messages to each of the above e-mail groups reinforcing the need to ensure that the VA medical facilities have done a risk assessment for physical security and taken appropriate corrective actions where practical and/or requested additional funding for those items not in the facilities' available resources. In addition, beginning in January 2006 and on an on-going basis, the VISN Safety Managers will review the hazard vulnerability assessments during the Annual Work place evaluation conducted at each facility. These evaluations are done throughout the year, in a continuous process, with a strong focus on safety and health issues.

Status: On-going. Target Date for Completion: January 31, 2006



## OIG Contact and Staff Acknowledgments

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