

Appendix K – Chaplain Services

Introduction

This document provides Chaplain Service Operating Procedures for sustaining Continuity of Operations in support of the Department of Veterans Affairs (VA) Medical Centers (MC) during a National Emergency, COVID-19. Veterans Health Administration (VHA) Directive 1111(1) provides overall guidance defining Chaplain Service roles and responsibilities for rendering services across VA.

Continuity of Chaplain Services in the field will be predicated on the requirements of respective VAMC Leadership and the capabilities of Chaplain Service resources at local Medical Centers. Within the National Chaplain Service Office, continuity of operations involving field support, staff coverage, as well as coordination with Faith Group Endorsers and/or other Federal/nonfederal entities will be assessed, and action deployed as necessary.

Record of Distribution: The Director, Chaplain Service, (10P4C) is responsible for the content of this plan. Questions concerning this Plan may be directed to the National Chaplain Service Office.

Recertification: This Plan will continue to serve as national policy until it is recertified or rescinded.

Purpose

This document prescribes requirements and responsibilities of the National Chaplain Service Office to ensure the necessary level of readiness and support for mitigation, preparedness, response, and recovery of potential impacts from the COVID-19 outbreak.

Scope

Chaplain Service will provide continuity of services across the VA enterprise as appropriate and in support of VA facilities in response to COVID-19 outbreak.

Situation Overview

Chaplain Service is reacting to the COVID-19 outbreak in coordination with the VHA Office of Emergency Management's (OEM) plan to collaborate an approach to maintain and/or plan for continuity of Chaplain Service operations in conjunction with VA/VHA phase responses.

Capability Assessment: Chaplain Service will maintain self-sustaining capability deploying spiritual and emotional resources necessary to support the VA/VHA's response to COVID-19 situation.

Mitigation Overview: Chaplains will restrict their personal movement to the same degree as fellow interdisciplinary team members via direction from Facility Director. Chaplains will strictly adhere to PPE protocol as set forth via local medical center policy.

Planning Assumptions

VAMCs are conducting Tabletop Exercises in response to VHA directives involving the COVID-19 pandemic. Local Chaplain Service leadership (Chief Chaplains) are included in these discussions to prepare for planning and execution of initiatives in support of actions required of Medical Center leadership.

The National Chaplain Office will convene the Emergency Command Center to define, provide, and develop communication strategies and operating procedures in support of national and local Continuity of Operations Plans.

- The National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.
- The National Chaplain Office will disseminate national guidance regarding employee communication and operational coverage at VAMCs.
- A VA Chaplain must be included on every VA Hospital Incident Command System (HICS)
- The National Chaplain Office, in conjunction with local VHA leadership, will include procedures for informing local leadership on the status of Chaplain Service operations, employee and operational readiness, or other situations about which Medical Center leadership should be aware. Likewise, Chaplain Service employees will receive information locally regarding current conditions and be included in leadership meetings, appropriate trainings, and provided PPE from Medical Centers.
- VA Chaplain staffing levels, spiritual assessments, and patient visits may be reduced due to social distancing, cancellation of local VA programs or community services to include schools, daycare facilities, transportation venues, etc.
- VA Chapel Worship Services at local Medical Centers will follow what is being done for other group meetings at the local Medical Centers. If other group meetings are cancelled, VA Chapel Worship Services are also cancelled. VA Chapel Worship Services which can virtual broadcast Chapel Worship Services are encouraged to proceed with virtual broadcasts.
- Face-to-Face VA Chaplain Programs, like Warrior to Soulmate and Community Clergy Trainings, will be cancelled during the COVID-19 pandemic. Developing the use of VA Video Connect for these programs can be considered if supporting critical mission of patient care and COVID-19 emergency response.
- VA Chaplain Services may be required to respond to specific or unique VA Medical needs that may require additional resources.

Concept of Operations

Phase 1 – Initial Planning Phase

Individual Chaplain Services are minimally impacted. Chaplain Service field staffing levels are normal up to 85 percent.

There is no major impact to the business lines or other services.

- National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.
- VA Chaplains nationwide are available to Medical Center Leadership and Incident Command Teams for spiritual support and spiritual guidance.
- National Chaplain Service Office will activate Emergency Operations Center. The National Director will lead discussions and update staff on conditions and field impact.
- Immediate assessment of projected staff travel will be reviewed and curtailed to “essential travel” only.
- In conjunction with VHA guidance, National Chaplain Service Office will deploy communication plans introducing Universal Precautions to Chaplains; e.g., no touch/no contact, frequent handwashing, not allowing employees with flu symptoms to work, etc. Communications will also include CDC, HCI guidelines, and DUSHOM memo guidelines.
- Chief Chaplains must identify mission essential personnel who will provide minimal services in the event Chaplain Services are significantly reduced and/or staff shortages occur.
- Local VA Chaplain Services must use effective chemical sanitizers that are effective for COVID-19 virus. Chaplain Services are to ensure routine disinfect of VA Chapels on a more frequent basis. Chief Chaplains should coordinate with local EMS representatives to ensure work environment is set to Universal Precautions.
- Addition of portable handwashing machines at entry area of Chapels.
- Remove Holy Water Founts from Chapel. Holy Water can be supplied for those who request by bringing their own bottle to obtain Holy Water from the VA Catholic Chaplain.
- Remove shared Hymnals from the Chapel for infection control. (Ensure that “give-away” Faith Based Literature is supplied for comfort/support, but not communally shared.)
- Local Chaplain Services are encouraged to purchase individually packaged Holy Communion kits for use on isolated units and with COVID-19 positive patients.
- National Chaplain Service Office will identify VA Chaplains that may be able to deploy to another Medical Center that no longer has a VA Chaplain available to serve due to COVID-10 quarantine.

- Chaplain Services will ensure VA Chaplains are trained in telehealth to provide virtual spiritual care for Veterans via VA Video Connect.
- National Chaplain Service Office will disseminate specific communication regarding operational issues and instruction via special communication venues.
- National Chaplain Service Office will maintain close coordination with VHA OEM, PAO and PA Specialists to develop and disseminate communication to the field and other entities.

Phase 2 – Elevated Response Phase

*Individual Chaplain Service or multiple Chaplain Services are impacted and are now in an elevated response mode in support of the Medical Center response specific situations. *Note: elements identified in Phase 1 may carry over into Phase 2. Chaplain Service Staffing Level are at 40 percent to 80 percent.*

Potential adjustments to local Chaplain Service could include:

- National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.
- VA Chaplains nationwide are available to Medical Center Leadership and Incident Command Teams for spiritual support and spiritual guidance.
- VA Chaplains call high-risk (suicidal) Veterans who are at higher risk of suicide with the complication of social distancing.
- Limit Face-to-Face Spiritual Assessments and Chaplain Visits.
- No Face-to-Face Chapel Worship Services (Virtual strongly encouraged)
- No Chaplain Group Sessions (Virtual strongly encouraged)
- No Clinical Pastoral Education Training Sessions
- Utilization of PPE, as provided by the Medical Center
- Addition of portable handwashing machines at entry area of Chapels.
- Redistribute functions to appropriate National Chaplain Office Staff to support field operations.
- Deploy VA Chaplains as needed to support coverage of Chaplain Services in need.

Phase 3 – Critical Phase

Chaplain Services nationwide impacted significantly. Chaplain Service Staffing Levels are 0 percent to 40 percent.

Potential impact:

- National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.

- VA Chaplains nationwide are available to Medical Center Leadership and Incident Command Teams for spiritual support and spiritual guidance.
- VA Chaplains call high-risk (suicidal) Veterans who are at higher risk of suicide with the complication of social distancing.
- Spiritual Care by consult to most critical needs and/or deaths only
- No Chapel Worship Services (Virtual strongly encouraged)
- No Chaplain Group Sessions (Virtual strongly encouraged)
- No Clinical Pastoral Education Training Sessions
- If VA redirects clinics and/or consolidate patients to one location, Chaplains may be tasked to deploy Rapid Response as needed to support the VHA response.

Phase 4 – Recovery and Sustainment Phase

Individual Chaplain Services are impacted – return to regular operations.

- National Chaplain Service Director is available to VACO Senior Leadership for spiritual support and spiritual guidance as a Nation.
- VA Chaplains nationwide are available to Medical Center Leadership and Incident Command Teams for spiritual support and spiritual guidance.
- Assess staffing levels
- Re-establish Chapel Worship Services
- Re-establish Chaplain Group Sessions
- Re-establish Clinical Pastoral Education Training Sessions
- Confirm special requirements with the Medical Center
- Prepare the EOC for Post Pandemic Processes/After-action reporting.

Organization and Assignment of Responsibilities

- National Chaplain Service Director will articulate policy and procedures and coordinate contingency plans with VHA OEM and senior leadership.
- National Chaplain Service Director will manage day-to-day operations and execution of initiatives in support of the field and Medical Center leadership.
- National Chaplain Service Director will communicate and coordinate all activities with Chief Chaplains nationwide. National Chaplain Service Director will keep VACO leadership informed of all developments.
- Medical Center Chief Chaplains will be responsible for developing operating strategies to help sustain a level of service in the field. Coordinate with National Chaplain Service Director to their strategy to support local Medical Center.

- Chief Chaplains will coordinate with Medical Center leadership responding to any special requirements and communicate needs and challenges to National Chaplain Service Office.

Direction, Control, and Coordination

Chaplain Service will coordinate with OEM for required missions. National Chaplain Service Director will define operational and tactical procedures in collaboration with VHA and EOM.

Information Collections, Analysis, and Dissemination

National Chaplain Service Office requires information and data from local facilities and VHA EOM for operational status.

Communications

Communication is established between National Chaplain Service Director, Office of VHA Public Affairs, and Assistant Under Secretary for Health for Operations (AUSHO) to distribute information accordingly. Operational information is distributed to Network Directors and Medical Center Directors highlighting specific procedures and processes for deployment.