

Tab 17 – Continuity of Operations Plan (COOP) & Recovery

This tab contains information on the COOP Plan, or the Continuity of Operations Plan. This plan allows BRDHD to have a blue print on how to continue operation in the event of a disaster. Upon reading this section, one will know the purpose and the process necessary to implement the plan.

I. INTRODUCTION

A. PURPOSE

This Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of the mission essential functions for the Barren River District Health Department (BRDHD) in the event that an emergency within our jurisdiction threatens or incapacitates operations and the relocation of selected personnel and functions of the department facility is required. Specifically, this document is designed to:

- Ensure that the BRDHD is prepared to respond to emergencies, recover from them, and mitigate against their impacts.
- Ensure that the BRDHD is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated.

The COOP mission is defined as the activities to ensure essential functions are performed in the face of potential emergencies and disasters. This includes plans and procedures that delineate essential functions; specify succession to office and emergency delegation of authority; provide for the safekeeping of vital records and databases; identify alternate facilities; provide for interoperable communications and validate the capability through testing, training and exercises.

B. APPLICABILITY AND SCOPE

This document applies to situations determined by the Director or designee of the BRDHD that require relocation/re-establishment of essential functions of the county health department. The scope does not apply to temporary disruptions of service during short-term building evacuations or other situations where services are anticipated to be restored in the primary facility within a short term. The Director will determine situations that require implementation of the COOP.

C. OBJECTIVES

The objective of this COOP plan is to ensure that a viable capability exists to continue essential health department functions across a wide range of potential emergencies, specifically when the primary facility is either threatened or inaccessible. The objectives of this document include:

- Ensure the continuous performance of the departments essential functions/operations during an emergency;
- Protect essential facilities, equipment, records, and other assets;
- Reduce or mitigate disruptions to operations;
- Minimize damage and losses;
- Facilitate decision-making for execution of the plan and the subsequent conduct of operations; and
- Achieve a timely and orderly recovery from the emergency and resumption of full service to all patients.

II. CONCEPT OF OPERATIONS

A. COOP EXECUTION

- Emergencies, or potential emergencies, may affect the ability of the BRDHD to perform its mission essential functions from the health department facility in the county. The following are scenarios that could mandate the activation of the BRDHD's COOP.

- Any county health department facility within the jurisdiction is closed to normal business activities as a result of an event or credible threats of an event that would preclude access or use of the county health department facilities and the surrounding area.

- Any county health department is closed to normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military attacks.

- In an event so severe that normal operations are interrupted, or if such an incident appears imminent and it would be practical to evacuate any county health department facility the Director of the department may activate the BRDHD COOP. The relevant alternate facility (list of Alternate Meeting sites see Tab 4 of the BRDHD All Hazard Plan) will be activated, if necessary, and at the discretion of Director.

- The Director or their designated representative will report at the alternate facility. The Director will ensure the essential functions of the closed primary facility are maintained and capable of being performed using the relevant alternate facility until the assumption of full operations is re-established at the alternate site.

- The BRDHD's Exchange team, which is comprised of the following:

1. Director
2. Branch Manager of Clinical Services
3. Branch Manager for Environmental Services
4. Branch Manager for Disaster Preparedness
5. Branch Manager for Community Health Improvement
6. Personnel Director (HR)
7. Branch Manager of IT
8. Branch Manager for Finance
9. Branch Manager for Planning, Quality & Communication
10. Branch Manager for Community Health Promotion
11. Branch Manager for Dental Program

- The Exchange team may be supplemented by other selected staff as determined by the Director. The team will serve as an initial relocation team for COOP activation or potential activation. COOP Checklist for essential staff and Exchange team found in Appendix A –Tab 17 COOP and Recovery.

B. BARREN RIVER DISTRICT HEALTH DEPARTMENT ESSENTIAL STAFF

BRDHD staff that are displaced from their primary work location and relocate under this plan to the selected alternate facility are known collectively as the essential staff. The

essential staff must be able to continue the performance of mission essential functions for up to 30 days with resource support (see Appendix B – Tab 17 COOP BRDHD Essential Services). Depending upon the nature of the event requiring activation of the COOP and the facilities that are affected, the roster of essential personnel may be refined and adjusted by the Exchange team as necessary. For planning purposes, the following should be considered minimum essential staff:

1. Exchange team
2. Nurses
3. Clinic support staff
4. IT staff
5. Maintenance
6. Key supervisors responsible for any displaced mission essential function listed below.

- Since alternate facility space and support capabilities may be limited, the membership of the essential staff may need to be restricted to only those personnel who possess the skills and experience needed for the execution of mission essential functions.
- BRDHD staff that is not designated essential staff members may be directed to move to other health departments. COOP activation will not, in most circumstances, affect the pay and benefits of either essential or non-essential staff members.

C. MISSION ESSENTIAL FUNCTIONS

- It is important to establish priorities before an emergency to ensure that the relocated staff can complete the mission essential functions. All staff shall ensure that mission essential functions can continue or resume as rapidly and efficiently as possible during an emergency relocation. Any task not deemed mission essential must be deferred until additional personnel and resources become available.

- Mission essential functions that must be performed given a **One Day** disruption.

1. IT functions
2. Facility maintenance functions
3. Epidemiology and Public Health Surveillance
4. Financial Management (including purchasing)
5. Food related disasters (i.e. truck wreck)
6. Incident reports (i.e. needle stick)

- Mission essential functions that must be performed given a disruption of greater than **One Day** but less than **One Week**.

1. All functions listed above
2. Communicable disease treatment (STD, TB, AIDS)
3. Preventative and Primary Health Services
4. Environmental Health
5. WIC
6. Immunizations
7. Vital Statistics
8. Financial Management (including contracting)

9. Breastfeeding Support
 - Mission essential functions that must be performed given a disruption of greater than **One Week** but less than **One Month**.
 1. All Functions listed above
 2. AIDS Surveillance
 3. STD Program
 4. Health Promotion and Education
 5. Healthy Start
 6. Human Resources
 7. All other functions as determined by the Exchange ReadyOp team

Note: After one month of emergency operations all BRDHD functions must be resumed at some level.

For a more detailed list of essential services and when they need to be up and running, see Appendix – Tab 17 COOP, BRDHD Essential Services.

D. DELINEATION OF MISSION ESSENTIAL FUNCTIONS

- If the COOP cannot be implemented for any reason, the department function will revert to the Kentucky Department of Public Health (KYDPH). The KYDPH will then determine which health department or other organization will perform this public health mission for the county.
- If the COOP cannot be implemented for any reason, the KYDPH will assume the responsibility for the ensuring the continuous performance of the Barren River District Health Department mission essential functions.

E. DIRECTION AND CONTROL

- Authorized Barren River District Health Department successors to the Director are as follows: (see Appendix – Tab 17 COOP, Delegation of Authority)
 1. Director
 2. Preparedness Branch Leader
 3. Personnel Director
- Lines of succession shall be maintained by all county health department organizational elements at the senior management level. Successions should be provided to a minimum of three deep. Delegation shall be determined/ approved by the Director and will be effective immediately upon designation and will last for an indefinite period of time. The Director will determine when delegations are no longer required.
- When executed, the appropriate county Emergency Operations Center (EOC) should be notified and requested to provide any previously agreed upon assistance to the BRDHD.

F. OPERATIONAL HOURS

- During COOP contingencies, the Director will determine the hours of work for

essential staff.

- Certain members of the Exchange team must be prepared to support a 24-hour-per-day, 7-day-per-week operation.

G. ALERT AND NOTIFICATION

- **Notification Procedures.** Upon notification to activate the COOP:
 - The Director will notify the KYDPH and the county Emergency Manager of the current situation and that COOP is being activated.
 - The Director, or designee, will notify BRDHD staff via READYOP that COOP is being activated.
 - If READYOP is not available, the Director, or designee, will notify the Exchange team using the telephone tree or other available means of communication.
 1. The Exchange team will then initiate their respective COOP notification cascade in order to contact each person they directly supervise.
 2. The Exchange team staff will designate an individual on their team to ensure completion of the telephone tree. These individuals will ensure a minimum of two attempts are made to contact everyone on the tree and that if contact attempts are unsuccessful, the staff are left messages.
 3. Once the entire branch has been notified, the individual appointed will contact the Branch Manager to report the status of each employee. The Branch Manger will report their Branch's information to the Director.

III. PROCEDURES

A. TELECOMMUNICATIONS AND INFORMATION SYSTEMS SUPPORT

- Telecommunications capabilities at the potential alternate facilities are sufficient for the performance of mission essential functions under the COOP. Information systems support at the potential alternate facilities will be provided by the Branch Manager for IT. Mobile communications support will also be provided by the IT Supervisor or EOC.
- Each Exchange team member will develop the following for their areas of supervision:
 - Fully current telephone trees for all staff they directly supervise.
 - Assure supervisors have an up-to-date contact list for all staff they supervise.

B. SECURITY AND ACCESS CONTROLS

- The Branch Manager for Preparedness will ensure all necessary security and access controls are provided at the alternate county health department facility. Also, the Branch Manager for Preparedness will ensure the primary county health department facility is secured during COOP operations and that local law enforcement authorities are notified.

C. VITAL STATISTICS AND MEDICAL RECORDS

- The BRDHD's vital statistics function and clinic medical records require special consideration under this plan. Exchange team members who supervise vital statistics

and the clinics will ensure procedures are in place to safeguard and back up these records.

- Wherever possible, provision for off-site storage of duplicate records and/or off-site backup of electronic records and databases should be implemented. Offsite file storage is provided via tape backup and hard drive storage. These devices are backed up and taken offsite weekly.

IV. PHASE I - ALTERNATE OPERATIONS

A. EXECUTION OF MISSION ESSENTIAL FUNCTIONS

Upon activation, the Exchange team will begin providing support for the following functions:

- Monitor and assess the situation for relocation needs;
- Monitor status of personnel and resources;
- Ensure the Branch Manager for Preparedness has established and maintained contact with the appropriate County Emergency Operations Center and the State ESF #8 Emergency Coordinating Officer;
- Plan and prepare for the restoration of operations at the department facility or other long-term facility.

B. ESTABLISHMENT OF COMMUNICATIONS

- The IT Branch Manager will ensure all necessary and preplanned communications systems are established, adequate, and functioning properly; and
- The IT Branch Manager will service and correct any faulty or inadequate communications systems.

V. PHASE II - RECONSTITUTION AND TERMINATION

A. PROCEDURES

Upon a decision by the Director, the BRDHD facility can be reoccupied, or that a different facility will be established as an alternate site:

- The Branch Manager for Preparedness will oversee the orderly transition of all department functions, personnel, equipment, and records from the alternate site to a new or restored county health department facility.
- When necessary equipment and documents are in place at the new or restored department facility, the staff remaining at the alternate site will transfer mission essential functions and resume normal operations.

B. AFTER-ACTION REVIEW AND REMEDIAL ACTION PLAN

- An After-Action Review information collection process will be initiated prior to the cessation of operations at the alternate site. The information to be collected will, at a minimum, include information from any employee working during COOP activation and a review of the strengths and weaknesses at the conclusion of the operations.
- An After Action Report will be written anytime the all Hazard Plan is activated.

C. TESTING, EXERCISE AND EVALUATION

- The Branch Manager for Preparedness will train department employees on the key aspects of this Plan. This training will be conducted at new employee orientation and staff meetings.
- Quarterly communication drills will test the alert and notification plan, with and without warning, during duty and non-duty hours. The Branch Manager for Preparedness will identify and incorporate lessons learned/remedial actions into annual revisions of the COOP.

VI. Recovery

Once immediate lifesaving activities are complete, the focus shifts to assisting individuals, households, critical infrastructure, and businesses in meeting basic needs and returning to self-sufficiency (National Response Framework, 2008). BRDHD will follow local county recovery response plans such as in Warren County (Bowling Green) Emergency Management (<http://www.warrencountyky.gov/emergency-management>) and the State of Kentucky Emergency Management Recovery Branch (<https://kyem.ky.gov/recovery/Pages/Individuals-and-Households-Assistance-Program.aspx>).

According to the National Response Framework there are two tiers to the recovery process.

Short-term recovery is immediate and overlaps with response. It includes actions such as providing essential public health services, restoring interrupted ability and other essential services, reestablishing transportation routes, and providing food and shelter for those displaced by the incident. Although called “short term” some of these activities may last for weeks.

Long-term recovery may involve some of the same actions but may continue for a number of months or years, depending on the severity and extent of the damage sustained. For example, long-term recovery may include the complete redevelopment of damaged areas.

When appropriate, BRDHD will implement the Continuity of Operations Plan (COOP), which will assist our agency in providing essential services. During the COOP plan activation, we will also be in the short-term recovery process.

After 60 days (the scope of the COOP plan), BRDHD will transition into long-term recovery. Long-term recovery will:

Reassess needs and resources

Promote restoration of BRDHD buildings (if applicable)

Address care and treatment of affected persons

Inform residents and prevent unrealistic expectations

Implement additional measures for community restoration

Incorporate mitigation measures and techniques (National Response Framework, 2008)

COOP Facility Directory

Alternate Facilities will be chosen from BRDHD health departments that have not been affected. Alternate locations other than our health departments (in the rare likelihood that ALL have been affected/destroyed) may be chosen based on existing MOUs for distribution sites, receiving sites, etc. or may be chosen based on availability.

NOTE: For a list of Alternate Meeting sites see Tab 4 of the BRDHD All Hazard Plan.

COOP Essential Personnel Directory

- **Personnel**
- ❖ Human Resource (HR) manager
- ❖ Human Resource (HR) Assistant
- ❖ Finance Administrator
- ❖ Environmentalist
- ❖ Registered Nurse (RN)
- ❖ Registered Dietitian (RD)
- ❖ International Board Certified Lactation Consultant (IBCLC)
- ❖ Breastfeeding Peer Counselors
- ❖ Accounting Clerk
- ❖ District Director
- ❖ Department Managers
- ❖ Public Information Office (PIO)
- ❖ Deputy Public Information Office
- ❖ Health Information Team (HIT) member
- ❖ Epidemiologist
- ❖ Admin. Specialist
- ❖ Information Technology (IT)
- ❖ Geographic Information System (GIS) Specialist
- ❖ Health Information Director

COOP BRDHD Essential Services

An Essential Function as defined in *Federal Preparedness Circular 65* as a function that enables an organization to:

1. Provide vital or “mission critical” services;
2. Exercise civil authority;
3. Maintain the safety of the general public; or

4. Sustain the industrial or economic base during an emergency.

The following classification system was developed by KDPH to prioritize its essential functions and should be utilized at the local level.

A: Emergency response functions (0-2 hours)

B: High impact on public health or safety (up to 24 hours)

C: High impact on public safety and health, or on department critical operations (up to 72 hours)

D: Moderate impact on public safety, health or department critical operations (1- 3 weeks)

E: Low Impact (3 weeks or longer)

BRDHD essential functions by department and essential functions shown in Appendix A Tab 17 BRDHD COOP and Recovery.

COOP Resource Requirements

BRDHD will need to have certain resources to assure that essential functions are performed. These resources include worksites, communication systems, personnel, vital records and databases, vital systems and equipment, vendors, and critical state and federal governmental agencies (Appendix C Tab 17 BRDHD COOP Resource Requirements).

COOP Essential Functions Checklist

BRDHD essential functions include Epi-Rapid Response Team, communicable disease investigation and surveillance, purchasing, food related disasters, food service inspections, emergency shelter inspections, well and water sampling, financial reporting, employee human resource issues, school nurses, and other public health functions as shown in Appendix – Tab 17 COOP.

COOP Order of Succession

BRDHD order of succession and associated triggering conditions, Appendix D, BRDHD COOP Order of Succession Tab 17 COOP.