**FACILITY NAME**

**CONTINUITY OF**

**OPERATIONS PLAN**

**TEMPLATE**

**2014**

**[Insert Document Classification]**

In accordance with , dated \_\_, the [insert department or facility name] has deemed this document to be [insert document classification]. As a result, the document and information herein are restricted to authorized personnel and other personnel designated by the [insert department or facility name].

 **[INSERT DEPARTMENT OR FACILITY NAME]**

**CONTINUITY OF OPERATIONS PLAN**

**PROMULGATION**

I. Promulgation Statement

The [Organization Name]’s mission is to [enter mission statement]. To accomplish this mission, [Organization Name] must ensure its operations are performed efficiently with minimal disruption, especially during an emergency. This document provides planning and program guidance for implementing the [Organization Name] Continuity of Operations Plan and programs to ensure the organization is capable of conducting its essential missions and functions under all threats and conditions. Key [Organization Name] personnel who are relocated under this plan are collectively known as the [Insert name of group, such as Emergency Relocation Group]. Upon plan activation, these members will deploy to [insert continuity facility name]. Upon arrival, continuity personnel must establish an operational capability and perform essential functions within 12 hours from the time of the activation of the Continuity Plan, for up to a 30-day period or until normal operations can be resumed.

This plan has been developed in accordance with guidance in Executive Order (EO) 12656,

Assignment of Emergency Preparedness Responsibilities; National Security Presidential

Directive – 51/Homeland Security Presidential Directive – 20, National Continuity Policy;

Homeland Security Council, National Continuity Policy Implementation Plan; Federal

Continuity Directive (FCD) 1, Federal Executive Branch National Continuity Program and

Requirements, February 2008; [Organization Name] Management Directive [enter

Directive number and title]; and other related Directives and guidance.

[Organization Head signs here]

[Enter Organization Head’s name here]

[Enter Organization Head’s title here]

[Enter Organization Name here]

Signature: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert your department head’s or chief elected official’s name and title]

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 [INSERT DEPARTMENT OR FACILITY NAME]

**CONTINUITY OF OPERATIONS PLAN**

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**CONTINUITY OF OPERATIONS PLAN**

# INTRODUCTION

Local healthcare facilities have an ethical responsibility to ensure the safety of their facility and the patients and the staff therein. They also have a legal obligation to operate in a prudent and efficient manner, even during an impending threat or following a disaster.

This continuity of operations (COOP) plan provides guidance for the Insert Facility Name Here to perform its essential functions as part of a COOP capability.

# PURPOSE

This continuity of operations (COOP) plan for the Insert Facility Name Here, hereinafter called Hospital, presents a management framework, establishes operational procedures to sustain essential functions, and guides the restoration of full functions if normal operations in one or more of the Hospital’s locations are not feasible.

This document focuses on the basic COOP elements: essential functions, critical systems, alternative facilities, orders of succession, delegations of authority, and vital records. Development of procedures that address the basic COOP elements and work in concert with business continuity and disaster recovery plans allows for uninterrupted delivery of the Hospital’s essential functions.

This document applies to the full spectrum of threats and emergencies that may affect the Hospital. Specifically, this COOP plan is based on an event scenario that disrupts Insert Facility Name Here essential functions. In this scenario, Insert Facility Name Here is closed for normal business activities. The most likely causes of such disruption are severe weather events (i.e., ice, flooding or hurricane), widespread utility failure, multiple explosions, civil disturbance, or credible threats of actions that would preclude access to or use of Hospital facilities. Under this scenario, Insert Facility Name Here may relocate staff and resources to a remote facility identified as the Emergency Relocation Site (ERS).

# PLANNING ASSUMPTIONS

The COOP must be capable of implementation with and without warning, and it must be operational no later than 12 hours after activation and sustained for up to 30 days with resource support.

This COOP is based on the following assumptions and considerations:

* The COOP must be capable of implementation with and without warning, and it must be operational no later than 12 hours after activation and sustained for up to 30 days with resource support.
* Emergencies or threats may affect the Insert Facility Name Here ability to provide healthcare to the community.
* Personnel and other resources from Insert Facility Name Here will be made available to continue essential departmental services.
* Emergencies and threats will be prioritized based upon their perceived impact on operations and the public.
* An emergency may require the transfer of essential services to other personnel and possibly relocation sites.
* Staff levels may be significantly reduced. The lives of staff may be lost due to significant mortality associated with injury or disease.
* Remaining workers may be psychologically affected by disaster, disease, family concerns, or economic loss.
* Information and communications systems that support essential functions during normal day to day operations may not be available.
* An effective response to a hospital-wide event will require a coordinated effort from public and private entities, including public health, emergency management, healthcare and critical infrastructure providers.

# APPLICABILITY AND SCOPE

The provisions of this document apply to Insert Facility Name Here, its business offices and other clinics and facilities that are part of Insert Facility Name Here system. Support from other organizations as described in this plan will be coordinated through the hospital’s Preparedness Coordinator as applicable. This document is for use by Insert Facility Name Here during situations that (1) diminish the availability of hospital staff and resources; (2) require internal reallocation of available resources; or (3) necessitate the relocation or re-establishment of business functions.

The scope of the COOP does not apply to temporary disruptions of service during short-term building evacuations or other situations where services are anticipated to be restored within a short period of time. The hospital’s CEO will determine which situations require implementation of the COOP and will oversee responsibilities related to COOP activation.

Insert Facility Name Here will maintain and update this plan and may provide critical partners with a copy or executive summary of the plan. A copy of this plan shall be maintained by the Preparedness Coordinator’s office and backed up electronically on the X computer server.

HAZARD VULNERABILITY ANALYSIS

(Update this section to reflect your local HVA)

The HVA is an exploratory planning component used to key in on the hospital’s vulnerabilities and outline the steps needed to mitigate the impact of the perceived risks.

Every XXX years the Insert Facility Name Here will update their Hazard Vulnerability Assessment (HVA) and Gap Analysis. The HVA and Gap Analysis will help the Insert Facility Name Here prioritize the likelihood of various emergency events. These events are assigned rankings where the top ranked emergencies will be put on the Gap Analysis. This Gap Analysis is where the hospital will identify their gaps in planning, equipment, training, exercise or other areas. The Insert Facility Name Here will review their gaps and come up with an Improvement Action(s) for each.

|  |  |
| --- | --- |
| **Priority** | **Primary Hazards and Risks** (Example) |
| 1 | Hurricane |
| 2 | Flood |
| 3 | MCI (Medical /infectious)  |
| 4 | Severe Thunderstorm |
| 5 | Extreme Temperatures |
| 6 | Epidemic |
| 7 | Electrical Failures |
| 8 | Chemical Failures |

Summarize and prioritize the primary and secondary hazards

|  |  |
| --- | --- |
| **Priority** | **Secondary Hazards and Risks** (Example) |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |

# ESSENTIAL FUNCTIONS AND COOP PERSONNEL

This COOP plan is based on the Hospital’s essential functions. It serves as an operational guide to facilitate the relocation of Hospital staff to an ERS and the backup of critical systems and vital records so that essential functions may continue. The level and manner of support needed to continue essential functions is dependent on the nature of an event. This plan describes the processes and procedures needed to support continuation of essential functions identified in the following table.

Note: Information related to essential functions and critical processes and services should be reviewed and updated on an as-needed basis or, at minimum, on an annual basis if there are no major programmatic or customer- based changes within the organization.

 **Essential Functions and Critical Processes/Services**

| **Priority**  | **Department** | **Essential Functions** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
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| **9** |  |  |

* More lines can be added if needed

# Essential COOP Personnel

Note: The COOP plan should include a roster of fully equipped and trained emergency personnel with the authority and ability to perform essential functions and activities. Staff requirements should be identified by position to avoid the necessity of frequent updates due to personnel changes. Alternate assignments for non-emergency staff should also be considered and contact requirements.

Essential COOP Personnel Contact List that provides 24/7 contact information for COOP team members, essential COOP personnel, executive and management staff and other emergency personnel involved with COOP. Personnel and contact information should be reviewed and updated on a quarterly basis.

| **Essential Personnel** |
| --- |
| Office/Division | Position | Duties | Number |
| ***Department 1*** | *CEO* | * *Direction and Control*
 | *1* |
|  |  |  |
|  |  |  |
|  |  |  |
| ***Department 2***  |  |  | *1* |
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# CONCEPT OF OPERATIONS

A COOP plan must be maintained at a high level of preparedness and is ready to be implemented without significant prior warning. It should be implemented fully no later than 12 hours after activation and provide guidance to sustain operations for up to 30 days. The broad objective of this COOP plan is to provide for the safety and well-being Insert Facility Name Here patients and staff. In addition, this plan will facilitate the execution of the Insert Facility Name Here essential functions during any crisis or emergency in which one or more Hospital locations are threatened or not accessible. Specific Insert Facility Name Here COOP Plan objectives include the following:

**Note: you may update with objective that will meet your facility’s needs.**

* Enable staff to perform essential functions to prepare for and respond to the full spectrum of possible threats or emergencies including terrorism, technological catastrophes, natural or manmade disasters, and other crises.
* Identify key principals and supporting staff who will relocate.
* Ensure that the Emergency Relocation Site (ERS) can support Emergency Relocation Group (ERG) operations.
* Protect and maintain vital records and critical systems.

An emergency, such as an explosion, fire, or hazardous materials incident, may require the evacuation of one or more facility locations with little or no advance notice. Building evacuation, if required, is accomplished via implementation of Hospital’s evacuation plans for each location. *This COOP Plan is not an evacuation plan,* rather, it provides for a deliberate and preplanned movement of selected functions and supporting staff to the ERS.

Following an incident so severe that one or more hospital locations are rendered unusable, or if such an event appears imminent, the Chief Executive Officer instructs the Emergency Preparedness Officer to activate the Hospital COOP Plan. The Emergency Preparedness Officer deploys the appropriate members of the ERG.

# Phase I – Activation and Relocation (0 – 12 HRS)

The extent to which orderly alert and notification is possible depends on the amount of warning received, whether personnel are on duty at Hospital locations or off duty at home or elsewhere, and, possibly, the extent of risk for Hospital personnel or locations.

## Activation

Plans for COOP typically call for the resumption of essential functions within 12 hours of a disruption. The COOP plan should state its time goal for resuming each essential function and establish procedures to achieve these objectives.

## Decision Process

Execution of this COOP plan focuses on continuing the Hospital’s essential functions via the relocation of select personnel, ERS operations, and critical systems recovery. This COOP plan may be executed in several phases that are limited by the time from warning dissemination and the activities being performed. Depicted below is the Hospital’s decision process.

 Any disaster, whether natural, manmade, or technological, that adversely affects the Hospital’s ability to perform essential functions, requires activation of this plan.

## Alert and Notification

Hospital staff will be contacted with alert and notification information using the following:

* Identify Hospital Specific Contact List Here (Example: Emergency Calling Directory, Key Personnel Roster, or Senior Emergency Response Team Roster)
* Hospital Emergency Telephone Directory
* Update hospital status in EMSystems

Employees should listen for specific instructions and specifically for the words “Emergency Personnel.” All Hospital employees should remain either at their work location or at home until specific guidance is received.

## Relocation

### Departure of ERG Advance Team:

The Hospital CEO, or other person with delegated authority, directs the Emergency Management Officer or Coordinator to begin the movement of the ERG.

* The Emergency Management Coordinator notifies the Hospital Command that the ERG has departed.
* ERG members depart with their kits.
* The Emergency Management Coordinator notifies other Hospital branches outside the affected area and patients, as appropriate, that the activation of the COOP Plan is in progress.

### Departure of Non-ERG Agency Personnel:

At the time of an emergency notification, and in the absence of guidance to the contrary, non-ERG personnel present at each affected Hospital location are directed to await further instructions.

Transition of Responsibilities to the Deployed ERG:

* Following arrival at the ERS, the Hospital CEO, or designee, orders the cessation of operations at the affected Hospital location(s).
* The Emergency Management Coordinator notifies other hospital services outside the affected area that hospital operations have shifted to the ERS.
* The Emergency Management Coordinator notifies Hospital patients that operations have shifted to the ERS.
* As appropriate, the Logistics Chief, or designated representative, notifies vendors and other service providers that Hospital operations have been relocated temporarily and provides direction to either continue or temporarily suspend provision of service.

### Leadership and Essential COOP Personnel

### Orders of Succession

In the event of a vacancy in the position of Chief Executive Officer, or the absence of the incumbent in this position, another individual serving in an acting capacity shall temporarily assume the duties of the position.

## Delegation of Authority

The Hospital and its CEO are charged with maintaining a comprehensive hospital-wide program of Delegation of Authority. This is carried out through execution of the following tasks:

* Insert Brief Task Descriptions

Delegations of authority from the position of CEO are established to ensure the ability of Hospital staff members to perform essential functions while remaining a viable part of the organization. Persons in the following positions, listed in order of precedence, are assigned continuity of operations responsibilities by the Chief Executive Officer:

* Insert Primary Delegate’s Position Title Here
* Insert Secondary Delegate’s Position Title Here

| **Emergency Personnel** |
| --- |
| Office/Division | Position | Duties | Number |
| ***Office A*** |  | * *Direction and Control*
 | *1* |
|  |  |  |
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## Emergency Response Group

Personnel with select knowledge, skills, and abilities are required to perform the tasks associated with the Hospital’s essential functions. The following personnel are identified as critical members of the ERG.

# Phase II – Alternate Facility Operations

Alternative facilities (i.e., ERSs) must be capable of supporting operations in a threat-free environment in the event that essential functions and supporting staff are relocated to the site. A relocation site must have sufficient space and equipment to sustain operations for a period of up to 30 days. An ERS must also have the appropriate physical security and access controls.

The CEO, or designated alternate, conducts semiannual reviews of the space allocations to ensure the adequacy of space and other resources.

## Vital Records, files and Databases

Vital records are documents, references, and records, regardless of media type, that are needed to support essential functions under the full spectrum of emergencies and disasters.

All vital records must be protected from damage or destruction. Hospital vital records are stored in a properly equipped, environmentally controlled facility that is secure but also accessible when needed for records retrieval. The CEO or designee is to make certain that databases and other references supporting the essential functions of the hospital are prepositioned at each ERS, carried with deploying personnel, or available through a backup process.

Information technology capabilities at the alternate site should include setting up/changing passwords, accessing network files, accessing the internet, accessing data stored on servers and back- up tapes, and accessing e-mail accounts.

Vital Equipment & System:

* Systems and equipment necessary for the continued operation of critical processes or services.
* The location of vital equipment and systems, maintenance frequency and protection methods.
* The recovery priority of equipment/systems and dependent processes or systems.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vital File, Record, or Database** | **Form of Record (e.g., hardcopy, electronic)** | **Pre-positioned at Alternate Facility** | **Hand Carried to Alternate Facility** | **Backed up at Third Location** |
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## Interoperable Communications

COOP planning for Insert facility name here details communication systems necessary to support essential functions, identifies communication service providers and services, optimal preventative and current controls, and alternative providers and/or modes of communications. This information should be reviewed and updated on an annual basis or when a new critical function is identified.

# Phase III – Reconstitution, Termination and Return to Normal Operations

Within hours of relocating to the ERS, CEO or designee, initiates operations to salvage, restore, and recover the facility location(s). This effort generally begins when local authorities ascertain that the emergency situation has ended and is unlikely to recur. Immediate reconstitution may not be practical. Depending on the situation, one of the following options should be considered for implementation:

* Continue to operate from the ERS.
* Begin an orderly return to Hospital locations
* Begin to establish a reconstituted Hospital in some other location.

## COOP RESPONSBILITIES

Below is an example, please replace with applicable info for your facility**.**

### Chief Executive Officer

* Provides overall policy direction, guidance, and objectives for COOP planning.
* Provides policy direction, guidance, and objectives during an incident for the implementation of the COOP Plan.
* Consults with and advises appropriate officials during implementation of the COOP Plan.
* Serves as the principal Hospital representative to external parties and groups during implementation of the COOP Plan.

### Emergency Management Coordinator

* Serves as the Hospital COOP program point of contact.
* Coordinates implementation of the COOP Plan and initiates appropriate notifications inside and outside the facility during COOP Plan implementation.
* Coordinates the COOP Training, Testing, and Exercising Program.
* Aids ERG efforts at the ERS.
* Initiates recovery of facility, as part of reconstitution.

### ERS Support Official

* Prepares site support plans to support the implementation of the COOP Plan to facilitate the smooth transition of direction and operations from the Hospital location(s) to the ERS.
* Provides for the proper storage of backup copies of vital records and other pre-positioned items.
* Designates personnel responsible to assist the arriving ERG Advance Team.
* Maintains a current roster of designated site support staff.
* Keeps the Emergency Management Coordinator informed of site vulnerabilities or changes in site resources that may impact the effective implementation of the COOP Plan.
* Requests an annual security risk assessment of the ERS by security staff to assist in ensuring COOP relocation site readiness.
* Coordinates appropriate billeting arrangements with the ERS, if appropriate, for employees who will not commute and need to remain overnight near the ERS.
* Conducts periodic coordination visits to the ERS.
* Participates in scheduled tests, training, and exercises.

### Department head

* Appoints a COOP point of contact for coordination and implementation of the COOP Plan.
* Keeps the Emergency Management Coordinator informed of any changes in the designation of the department COOP point of contact.
* Identifies essential functions to be performed when any element of the Hospital is relocated as part of the COOP Plan.
* Identifies those functions that can be deferred or temporarily terminated in the event the COOP Plan is implemented.
* Maintains a current roster of personnel designated as ERG members.
* Maintains current personnel emergency notification and relocation rosters.
* Prepares backup copies or updates of vital records.
* Ensures that the time and attendance function is represented on the ERG.
* Designates personnel to assist security officials in securing equipment and files at Hospital locations when implementing the COOP Plan.
* Conducts periodic tests of the office emergency notification cascade(s).

### General Staff

* Review and understand the procedures for emergency evacuation of hospital locations in the Emergency Operations Plan.
* Review and understand responsibilities related to COOP support functions and performance of Hospital essential functions at a relocation site.
* Report to work to perform essential functions as detailed in this COOP plan or as requested.
* Provide current contact information to supervisors.

## LOGISTICS

### Alternate Location

The Hospital has designated one ERS to support the ERG following an event that disables the infrastructure supporting hospital activities. The relocation site has adequate space, the necessary equipment, and the connectivity to support relocating each ERG responsible for performing essential functions.

### Interoperable Communications

The success of Hospital operations at the Emergency Relocation Site (ERS) depends upon the availability and redundancy of significant communication systems to support connectivity to internal organizations, other agencies, and the public. Interoperable communication should provide a capability to correspond with the Hospital’s essential functions, to communicate with other Federal agencies, State agencies, and local emergency support personnel, and to access other data and systems necessary to conduct all activities.

The following redundant, interoperable communication systems exist for (insert hospital name here):

1.

2.

3.

### Resource Management

Resource management responsibilities include the pre-positioning of, vitals record and data bases; pre-positioning of resources at the alternate site; preparation and maintenance of emergency drive-away kits; travel of key personnel to the alternate facility as well as transfer of documents and needed communications, data processing and other equipment to the alternate site, and the availability of consumable supplies.

Procedures must address specific actions personnel should take when they depart their work stations as well as resources they should take with them.

Resource Management is used to record additional logistical or operational resource and contact information that may be needed, in consultation with the Logistics Chief, to prepare for a COOP activation or continuation at an alternate site.

### Emergency Drive-Away Kits

The department portion of the COOP plan also address procedures which provide for the inventory and maintenance of drive-away kits and provisions that ensure on-going access to this vital information and/or equipment.

### Employee Support

Provision for employee support, including transportation, lodging and food for key staff working at the alternate site is addressed in the hospital’s Emergency Operations Plan.

# TRAINING, TESTING AND EXERCISES

A changing threat environment and recent events emphasize the need for COOP capabilities that enable the hospital to continue its essential functions across a broad spectrum of emergencies. Federal Preparedness Circular (FPC) 66, in accordance with FPC 65, states that testing, training, and exercising of COOP capabilities are necessary to demonstrate and improve the ability of agencies to execute their essential functions. The hospital tests, training, and exercises program incorporates the three functional areas of testing systems and equipment, training personnel, and exercising plans and procedures.