Administration for Community Living Office of Healthcare Information and Counseling

Managing Through COVID-19 Work grouP - September 2020

Continuity of Operations Plan (COOP)

Working Template: Compiling Preparedness Plans for Future Emergencies

  

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Name(s), Position(s), and contact number(s) of staff responsible for developing, coordinating, & updating COOP plan:

1.
2.

**Security:** *While a COOP plan is not considered a classified document, it does contain sensitive information and its handling and distribution should be controlled and limited, both electronically and in hard copy.*

* *Address physical security of current and alternate facilities*
* *Address communications security*
* *Enact personnel access controls for employees and customers*
* *Client confidentiality is secured*
* *Be prepared to augment all levels of security (physical, operational, cyber, and access) based upon the emergency or threat*

**Purpose**

Emergencies are unplanned events that can cause significant injury, or even death, to employees, clients, or the public, disrupt or close down operations, cause physical or environmental dam- age, or harm the organization’s public image. AGENCY has a special responsibility to prepare and serve the community to the best of its ability, during and after disaster. Part of that responsibility is to develop a continuity of operations (COOP) plan that will allow the agency to prepare and resume service during and after an emergency/disaster.

A COOP plan addresses emergencies from an all hazards approach. The COOP plan is designed to establish policy and guidance to ensure the execution of mission essential functions. The plan should develop procedures for alerting/notifying employees; identify mission essential functions; and roster personnel with authority and knowledge of functions.

**The following components should be included in the COOP plans and procedures:**

* Delineation of mission essential functions
* A decision-making process for activation of the COOP plan
* An up to date staff and volunteer roster (all individuals involved in function of agency)
* Procedures to ensure readiness – on-duty and off-duty hours, with and without warning of an incident
* Provisions for personnel accountability
* Reliable processes to acquire additional resources to sustain operations for 30 days. (or XX # of days appropriate to your agency)
* Provisions for attaining operational capability within XX days/weeks of plan activation. Ensure that all staff/volunteers check in with agency withing xx days.
* Constraints derived from the planning committee such as unique operational issues or technology, personnel factors, or resource limitations which affect the COOP plan
* Mechanisms for implementation in accordance with the magnitude of the incident (inform COOP planning from/through previous experiences)

**Protecting Your Agency & Your Staff**

1. **MISSION ESSENTIAL FUNCTIONS**

*Identifying mission essential functions is the foundation from which all other components of the plan are developed and often is the most difficult. Any mission not deemed to be essential should be deferred until additional personnel and/or resources become available. List the mission*

*essential functions (those functions necessary to continue to provide vital services and sustain an economic base during an emergency).*

OUR CRITICAL OPERATIONS

The following is a **prioritized** list of our critical operations, staff and procedures we need to re- cover from a disaster.

Operation Staff in Charge Action Plan

1.
2.
3.
4.
5.
6.

**ORDERS OF SUCCESSION & DELEGATION OF AUTHORITY**

*Who’s in charge? Agency should identify orders of succession for agency heads and other key leaders and ensure that those identified are prepared to perform emergency duties.*

Name of individual(s)/position(s) & Contact Numbers in order of succession:

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Agency should identify those who are delegated authority and are prepared to perform emergency duties. Document which authorities can and should be delegated, to whom, under what circumstances, including when delegation becomes effective and when it terminates, and any limitations.

Individual(s) delegated authority (specific which authority):

By whom:

Under what circumstances:

**Interoperable Communications**

*How can I get in touch with my agency personnel, clients, and the community? Communications capabilities should be consistent with the organization’s operations and provide for access to other data and systems required to conduct mission essential functions. Consideration should be given to the full spectrum of technological advances now available: landlines, cellular, satellite, wireless, e-mail, media, radios, rally points, etc.*

In the event of a disaster we will communicate with employees in the following way:

**Vital Records and Databases**

*Where’s my information? The COOP plan should account for the identification and protection of vital records and databases at the primary and alternate facilities. To the extent possible, agencies should provide for back up or electronic records and databases.*

* Identify vital records, systems, electronic and hard copy data critical to organizational functions.
* Include: emergency operating plans and directives, COOP plan, delegations of authority, orders of succession, volunteers, and staffing
* Legal, financial, personnel, and payroll records; insurance policies, vendor contracts, etc.
* Develop procedures for documenting operations when the COOP plan is activated

**CYBER SECURITY**

To protect our computer hardware, we will:

To protect our computer software, we will:

If our computers are destroyed, we will:

**RECORDS BACK-UP**

 is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back-ups are stored here: .

 Another set of back-up records is stored at this alternate location:

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:

Name of payroll/HR benefits companies:

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

Contact numbers of payroll/HR benefits companies

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

Name of IT support personnel/company:

Contact number(s):

**PERSONNEL ISSUES AND COORDINATION**

* + Develop a communications plan (telephone trees, home visits, etc.) to disseminate information to staff and volunteers. Are there established plans for check-in notification of employees about returning to work following the emergency?
	+ Address the health, safety, and emotional well-being of employees/volunteers and their families
	+ Assure personal preparedness for staff through training and education; encourage staff/volunteers to develop personal preparedness plans and kits for themselves and their families
	+ Address pay status, leave time, and potential lay-offs
	+ Address medical, special needs, and travel issues of staff

 Name(s)/position(s) of staff responsible for maintaining communications plan:

Name(s)/position(s)/Agency responsible for employee preparedness training:

**FUNDING CONTINUITY OF PROGRAM**

*Agencies should prepare a strategic, long-range planning process that includes anticipated funding requirements. The plan should define organizational vision, mission statement, goals and objectives of the program. The plan should identify a current inventory of internal and external resources, resource shortfalls, steps to overcome them, and operation and maintenance costs.*

*Does the agency provide for ensuring cash is on hand or credit will be made available for continuation of operations and services during the emergency period? Costs should include program dollars as well as labor costs.*

**FACILITY PREPARATION**

* Prepare all furniture, appliances and other free-standing objects so that they are adequately secured.
* Move heavy items to lower shelves in closets and cabinets.
* Check cabinet doors to be sure they can be closed securely
* Remove or isolate flammable materials.
* Clearly mark gas and water shut-off valves and post legible instructions on how to shut off each one.
* Maintain a conveniently located set of tools (including pipe and crescent wrenches) to facilitate prompt gas shut-off.
* Are your computers secured and have you produced hard copies of needed information?
* Place a facility evacuation plan in an area accessible to the public.

*Indicate the location(s) where the following items, in working condition, can be found.*

* Portable radio and extra batteries:
* Emergency First aid supplies:
* Flashlights/light sources and spare batteries:
* Wrenches and other tools:
* Fire extinguishers: \_
* Generator:
* Other (Extension Cords, Tools, etc.): Date Accomplished

**ALTERNATE FACILITIES**

*The COOP plan may designate an alternate operating facility/storage (virtual or real) with sufficient space, equipment, infrastructure systems, and logistical support to maintain operations for up to 30 days. Physical security and personnel access control measures should be taken into account. Agencies should consider pre-positioning minimum essential equipment at the alternate facility. Consider cooperative or mutual aid agreements with other agencies and/or virtual office technologies.*

Name of alternate facility:

Contact person & number:

Alternate numbers:

Complete address:

Equipment on Site:

Cooperative or mutual aid agreement signed along with pertinent contact information: Yes/No

**TRAINING & TESTING**

* The COOP plan is no good if staff are not familiar with it.
* The COOP plan is stored here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for all staff to access.
* Service provider MUST train on their plan, including actually carrying out some of the functions of the plan.
* The Plan MUST be tested, including:
	+ Tabletop exercises (facilitated “what if” discussions)
	+ Implement revisions

Testing/Training Dates and Observations

Date Observations Corrective Actions Taken

1.

2.

3.

**PLAN MAINTENANCE**

* The COOP Coordinator/team has the responsibility to maintain the plan including training and testing schedule.
* Senior management must ensure COOP team has necessary resources and support.
* The COOP MUST be reviewed at least annually to incorporate new technologies, procedures, contact information, etc.

**Serving Your Community & Clients in Time of Disaster**

**VISION OF ROLE OF AGENCY IN TIME OF DISASTER**

*Write out the vision of the role of your agency in:*

1. Preparing your clients and community (including the broader community) before the disaster
2. Assisting your clients and/or community immediately after the disaster
3. Assisting your clients and/or community in long-term recovery months or years after the disaster
4. **INVENTORY OF LOCAL RESOURCES**

*Identifying the following resources for each agency location can strengthen your response to emergencies:*

* In an extended power outage, where can you rent or borrow a generator?
* Nearest public health clinic and emergency organization? (name, address and phone):
* Does the nearest *fire* station know about you? (address and phone:)
* Does the nearest *police* station know about you? (address and phone:)

Ensuring Service Continuation through Collaborations *-- What is needed to continue providing services after a disaster)*

What neighboring agencies or businesses can you join with to share resources in an emergency to maintain operations and ensure the care of people you serve?

1.

2.

3.

**MEETING THE NEEDS OF THE PEOPLE YOU SERVE**

* How will the agency handle walk-in clients?
* Do you have backup copies of your client rosters?
* Without transportation home, would clients be able to seek emergency shelter at your building?

The following assumes an emergency may require you to provide shelter to clients at your facility

* Where can you go as an additional source for w*ater/food*?
* What else will be needed (e.g., medicine, special equipment, etc.)? 1.

2.

3.

Evacuation/Transportation (S*tructural damage may require you to evacuate your building in an emergency)*

Are there program participants who will need assistance evacuating your facility? Have you as- signed staff or other participants to help and account for these individuals? Yes No

**List/contact information of county/city emergency organizations:**

OEM:

Local Police Dep’t:

**Terroristic Threats**

**Active Shooter**

**Other terror scenarios**