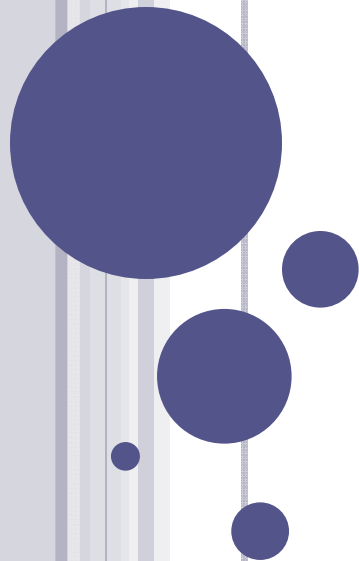


CONTINUITY OF OPERATIONS PLANNING FOR PUBLIC HEALTH ENTITIES

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WHAT IS COOP?

- COOP allows for the continuation of the essential functions of government departments or agencies during any incident or emergency that may disrupt normal operations
- COOP addresses the recovery of critical and essential government operations in the event of an emergency

WHAT IS COOP?

- The disruption can be short-term – caused by a power failure, for example – where possessing a backup capability (e.g., systems, personnel, processes, and files) might quickly resolve the situation
- It can also be longer-term, though – perhaps in the wake of a natural disaster when services are affected for several days or, in some cases, weeks

WHAT IS COOP?

- In either case, the rapid availability of an effective COOP plan facilitates the performance of a health department's functions both during and after an unforeseen emergency or other situation that may interrupt normal services

WHO'S TO SAY IT WON'T HAPPEN TO YOU?!



HAZARD VULNERABILITY ASSESSMENT

Probability of an event occurring and the impact the event would have on your public health entity and/or all governmental operations



St. Johns Regional Medical Center, Joplin, MS



Methodist Hospital, New Orleans, LA

APPLICABILITY

The 2009-2010 H1N1 Pandemic saw many state and local health departments dust off their COOP plans and implement elements or even the entire plan

PROFILE OF LHD'S

- There are 2,794 LHDs in the US
- Approx. 64% of LHDs serve populations less than 50,000 (12% of the US population)
- Approx. 5 % of LHDs serve populations of 500,000 or more (46% of the US population)
- Approx. 89% of LHDs have less than 100 FTEs (of this number, 20% have less than 5 FTEs)
- Approx. 5 % of LHDs have 200 or more FTEs
 - *2008 Profile Report of Local Public Health Departments (NACCHO)*

PREPAREDNESS ACTIVITIES OF LHD'S

○ In 2008:

- 89% of LHDs had developed or updated their Pan Flu Plans
- 76% participated in a *tabletop* drill or exercise
- 72% participated in a *functional* drill or exercise
- 49% participated in a *full-scale* exercise
- 85% provided staff training on NIMS compliance
- 76% updated their emergency management plan based on an exercise After Action Report
 - *2008 Profile Report of Local Public Health Departments (NACCHO)*

ESSENTIAL STEPS

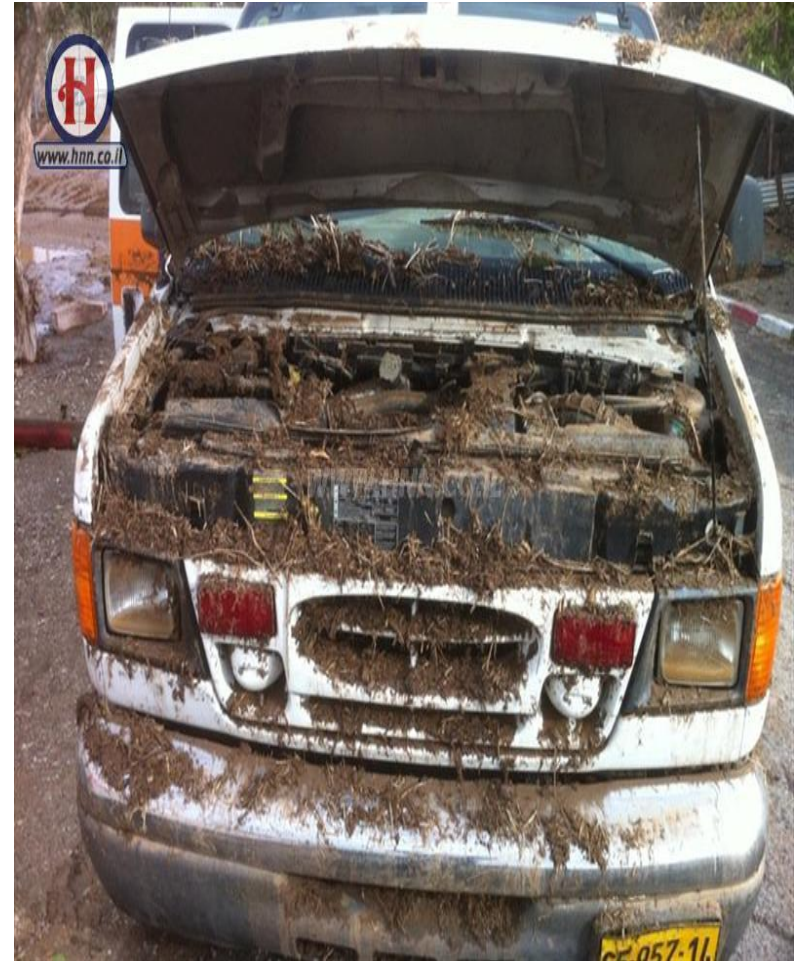
1. *Create a plan and procedures that address all-hazards assumptions* – this primarily entails assembling the optimum members of a planning team: decision makers who fully understand the department and its capabilities as well as its truly critical functions

ESSENTIAL STEPS

2. *Identify critical functions and services* – this element consists of:
 - Identification of the services each public health program provides, on a regular basis, in a specific branch or division within the health department
 - Categorization of each public health program's service, usually under one of the so-called “4Rs” – Reinforce, Run, Reduce, and Remove – in order to reduce or remove as many non-essential services as possible
 - Ranking and prioritizing the order of importance of the health services needed in each program during times of emergency

ESSENTIAL STEPS

- Critical functions are the core of what your agency does
 - By law
 - By charter
 - By expectation
- Your agency's business functions that must be continued with no or minimal disruption



ESSENTIAL STEPS

3. *Categorize and group services together as much as possible* – this will help to simplify and streamline program services

ESSENTIAL STEPS

4. *Identify key personnel and orders of succession* – this requires clearly outlining who will be responding during one of the aforementioned emergencies and what role that person (or persons) will play.

 - This section asks the questions "Who is in charge if it is not the traditional boss? What if your top management is not available - who is at the next level?"



ESSENTIAL STEPS

- Critical elements include:
 - Select the minimum number of health department staff needed to carry out the services needed to continue in an emergency.
 - Ensure the correct persons are chosen and that they have a thorough understanding of the strengths, weaknesses and overall capabilities of your Public Health agency.
- You should identify 2-3 successors for key leadership positions to ensure coverage for illness and absenteeism (some projections say to expect up to 40% of the workforce to be absent during a severe pandemic)
- These key positions may include:
 - Health Officer/Deputy Health Officer
 - Director of Administration

ESSENTIAL STEPS

5. *Delegation of Authority*

- Documents legal authority for officials – including those below the head of the agency to make key policy decisions during a COOP situations
- This is not the same as Orders of Succession
- Authority has a beginning and an end

ESSENTIAL STEPS

6. *Identify communication systems and emergency lists* – This may be one of the last steps of the COOP planning process, but it is also one of the more crucial
 - Communication systems that will remain functional even when a large-scale emergency strikes must be identified and tested well in advance

ESSENTIAL STEPS

7. *Identify alternate facilities-* points to consider:
 - Assure whatever put your primary facility out of commission hasn't/will not affect your alternate as well
 - Only what has been previously identified as essential should be re-located
 - Deconflicting

ESSENTIAL STEPS

8. ***Comprehensive Emergency contact lists***– for example, information about accounts, banks of record, landlords, insurance agents/companies, public works entities, media outlets, telephone companies – and constantly updated

Include an overall inventory list – e.g., all assets including their dates of purchase, initial cost, and identification/serial number – and a current list of employee contact information (including home phones, cell phones, and local addresses)

ADDITIONAL ITEMS

Inform employees of the plan, ensuring that those employees with responsibilities in the plan have been properly trained, and planning for high employee absenteeism – as well as determining the feasibility of at least some staff working from home/telecommuting

BUY-IN

The most important factor, though, is to ensure that the departmental leadership fully understands the need for and purpose of a COOP plan, and makes development and implementation of the plan a high priority

CONCLUDING POINT

Your health department's COOP must be a "living" plan, which means that its procedures and processes must be not only updated but also practiced/exercised on a regular basis

RESOURCES

- National Security Presidential *Directive*-51/Homeland Security Presidential *Directive*-20.
- Emergency Management Institute, Course IS548, Continuity of Operations Program Manager, 2009.
- Virginia Department of Emergency Management, Continuity of Operations Planning Tool Kit, COOP Resources, <http://www.vaemergency.com/library/coop/resources/index.cfm>.

HEALTH COOP PLANNING RESOURCES

- READY Business Plan for small local health departments:
http://www.ready.gov/america/_downloads/sampleplan.pdf
- COOP Template for larger departments:
<http://www.fema.gov/about/org/ncp/coop/templates.shtm>
- Building a Continuity of Operations Plan Tip Sheet- Identifying and Prioritizing Critical Health Services:
www.montgomerycountymd.gov/content/hhs/phs/apc/mc-tipsheet-coop-fnl.pdf

QUESTIONS ?

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