X Hospital

Continuity of Operations Annex

MM/DD/YYYY

COOP Change Log

Changes Made By	Date	Section(s) Changed	Notes

Essential Functions

Essential functions may include but are not limited to the following table. Add or edit functions as appropriate for your hospital.

Time Frame	Priority	Essential Function	Location in EOP	Key Position	Alternate 1	Alternate 2	Alternate 3
1 day	1	Patient Care • Triage • Inpatients • Outpatients					
1 day	2	Patient Movement • Appropriate levels of care					
1 day	3	Fatality Management • Community collaboration					
1 day	4	Patient Tracking • Medical screening					
1 week		Long Term Care • Elderly • Other fragile populations					
1 week		Lab capabilities					
1 month		Medical billing					
1 day		Patient decontamination and stabilization					
1 week		Facility and personnel security • Patients • Employees					
1 month		Meeting accreditation and regulatory standards					
1 day		IT capabilities					

COOP Activation

Phase I: Activation & Relocation

3.1 Decision Process

The CEO/HICS Incident Command and General Staff will determine full or partial COOP. This determination will be based on the severity of the event and the level of threat.

3.2 Notification

Upon activation of or notification to activate the hospital's COOP, telephone, e-mail, and other methods of communication designed by the hospital will be used to notify staff. (Refer to disaster call list, call down sheet, etc.) In all situations allowing for an alert, all staff members, X County Emergency Management, the Kansas Hospital Association (KHA), the Kansas Department of Health and Environment (KDHE), Regional Hospital Coordinators and other key partners.

Contact Name	Phone Number	E-mail	Time of Notification

<u>3.3 Leadership</u>
Orders of Succession
Orders of succession for X Hospital can be found in the EOP/Administrative policy.
(Reference what document the orders are in and where they can be found in the document.)

Orders of Succession

Leadership Position	Successor 1	Successor 2	Successor 3
CEO			
Director of Nursing			
IT Director			
HR Director			
Director of Security			
Director of Central Business Office			

Delegations of Authority
Delegations of authority for X Hospital can be found in the EOP/Administrative policy.
(Reference what document the delegations of authority are in and where they can be found in the document.)

Delegations of Authority

Authority (function)	Position Holding Authority	Triggering Conditions	Position(s) Receiving Authority	Procedures	Limitations
Hospital payroll administration	Compensation Manager	Compensation Manager unavailable 3 business days before pay date	HR Generalist	1) Enter time and leave using online timesheet system 2) Run payroll reports and ensure appropriate deductions and taxes are taken out 3) Print checks	None

Install, restore, configure, maintain and support server hardware	IT Director	IT Director unavailable for 5 business days	Technology Support Consultant	1) Run data checks 2) Run backups daily 3) Respond to hardware failures	SAN server work to be completed by outside consultant, if needed

3.4 Relocation

Relocation and evacuation procedures for X Hospital can be found in the alternate care site and evacuation plans in EOP.

(Reference what document where any relocation plans and policies are and where they can be found in the document.)

3.5 Augmentation of Staff

Information regarding the augmentation of staff for X Hospital can be found in the medical surge plan/mass casualty plan within the EOP.

(Reference the document the augmentation information is in and where it can be found in the document.)

Phase II: Alternate Facility Operations

3.6 Interoperable Communications

Interoperable communications, or the ability for the X Hospital to communicate with individuals internal and external to the hospital network, is critical during emergencies. Access to critical information systems that are used to accomplish essential functions during normal operations from the hospital should be assured at the alternate work site.

Communications capabilities of X Hospital can be found in the EOP.

(Reference what document includes the hospital's communications capabilities are and where they can be found in the document.)

Communication Inventory

Item	*Brand/Model #*	*Location*	*Frequency*	*Resource Status*
SAMPLE Radio 800 MHz	Motorola MTS 2000 NDN 4017B	Hospital	2-3 mile city range. 5 mile range rural areas.	Regional Asset

			Frqcy can vary due to location: (in a building, basement, etc).	
SAMPLE Radio 800 MHz	Motorola MTS 2000 NDN 4017B	County Emergency Manager	2-3 mile city range. 5 mile range rural areas. Frqcy can vary due to location: (in a building, basement, etc).	Owner Specified

3.7 Vital Records and Databases

Vital records and databases identified as critical to supporting the essential functions, both paper and electronic, have been identified in the following table. They will be maintained, updated, and stored in secure off-site locations. In addition, procedures have been developed to ensure that records are maintained and updated regularly. If lost or damaged, replacement of these resources would be detrimental to the hospital's ability to carry out its essential functions. Procedures also identify how emergency operating records will be made available to personnel and will ensure back-up for legal and financial records.

The X Hospital's medical records require special consideration under the COOP. The hospital, as in day-to-day operations, will maintain safety and security of medical records. Medical records are stored in a secure, back-up location at *insert location here (physical location or computer server or both). If no current back-up system is in place, insert brief description here or reference to an existing policy that addresses data security.*

If relocation to an alternate work site is necessary, the Medical Records Director will ensure the needed equipment and records are transferred to the alternate work site. Additional support will be needed from the hospital's IT department. Also included is a table for restoration and recovery services in case any records were lost, damaged or destroyed during the emergency.

Vital Records & Databases

Records & Databases	Form; Category; Type	Storage Location	Responsible Staff Member(s) / Vendor	Supporting Network or Server	Recovery Point Objective	Priority	Unique Risk	Current Protection Method	Offsite Storage? Alternate Storage Media? Duplication?
Staff call-down roster	Paper, emergency, dynamic	Hospital EOP; paper copy in Preparedness Coordinator's office, backed up on CEO's flash drive	CEO	H drive	1 day	1	Up to date phone numbers for staff	Backed up on H drive computer server every 24 hours	Back up copy stored at CEO's home; list duplicated in all SOG's.
EOP	Paper, emergency, dynamic	Paper copy in Preparedness Coordinator's office, backed up on CEO's flash drive	CEO	H drive	1 day	2	Used during emergencies	Backed up on H drive computer server every 24 hours	Back up copy stored at CEO's home, copy included in Drive-Away kit, stored on CEO's flash drive
GETS Card	Government Emergency Telecommunications Service (GETS) for priority phone service in emergencies	CEO's office	CEO	1 month (Higher priority in regional disasters)	2	Replacing lost cards	Stored in locked, fireproof cabinet	As needed	In the CEO's absence, provide keys to file cabinet to designated staff member

3.8 Vital Systems and Equipment

The hospital's Information Technology (IT) Department maintains the information systems and ensures that the systems are backed up on a XX basis. In addition, the IT Department ensures that connectivity exists at the alternate work site and will provide systems technical support during COOP activations.

Vital systems and equipment identified as critical to supporting the essential functions have been identified and added to the table below. These systems and equipment will be maintained and tested regularly.

Vital Systems & Equipment

Systems & Equipment	Description	Storage Location	Responsible Staff Member / Vendor	Recovery Point Objective	Priority	Unique Risk	Current Protection Method(s)	Maintenance	Recommendations for Additional Protection (if necessary)
Computers	Dell desktop computers (10 qty.)	Hospital departments and work stations	John Doe, Dell Vendor	1 day	1	Unavailable during power outage	Building security system	As needed	Utilize generator power for computers that must be up and running in medical departments 24/7

Phase III: Reconstitution & Recovery

3.9 Reconstitution

Reconstitution planning begins with COOP activation. The CEO/HICS Command and General Staff will develop reconstitution plans and schedules to ensure an orderly transition of all hospital functions, personnel, equipment, and records from COOP activation back to normal business operations. Once the CEO/HICS Command and General Staff has determined that the emergency situation has ended and is unlikely to reoccur they will issue COOP termination. Any plans to salvage, restore, and recover the impacted facility will initiate upon approval from applicable local, State, and Federal law enforcement and emergency service authorities.

3.10 Devolution

The X Hospital has pre-identified devolution organizations that would carry out the essential functions in case of a catastrophic event. These sites are identified in Table 1 below. *(Examples may include your regional partners or a neighboring hospital.)* X Hospital has ensured devolution counterparts are given the necessary training to complete the hospital's essential functions during a devolution event. The devolution site(s) have been assessed to ensure they have the required communications capabilities and that they have access to or have already pre-positioned records, equipment, databases and supplies. The X Hospital and devolution site will follow the triggers for activation and termination as noted below and will follow the Memorandum of Agreement and other identified processes when the event is over and functions and equipment are to be transferred back to the hospital.

Table 1 – Devolution Site(s)

Location	Phone Numbers	Address	Devolution Site Leadership	Leadership Included in Delegations of Authority?
Kansas Community Clinic	123-456-7890	100 Freedom Drive Anywhere, KS 00000	John Smith	X

Table 2 – Trained Devolution Counterparts

Name, Position	Contact Information	Training Provided
Sally Jones, RN	123-456-7889	• Location of patient records and how to retrieve • Participated in devolution notification

		drill with hospital
Ben Harris, IT Administrator	123-456-6776	• What data systems are used, how they're backed up, how to access them and trouble shoot issues • Participated in devolution notification drill with hospital

Table 3 – Essential Functions to be Devolved

Priority	Essential Functions
1	
2	
3	
4	
5	

Table 4 – Resource Requirements

Vital File, Record or Database	Form of Record (electronic or hardcopy)	Date of Last Vital Record Update	Storage Location(s)	Pre-Positioned or Already Accessible at Devolution Site?
Patient records	Electronic and hardcopy	Last appointment	Online system	X

Table 5 – Communications Requirements

Voice	Radio	Data	Video
• Telephone • Cell phone	• 800 MHz Radio	• WebEOC •	•

Table 6 – Activation & Termination

Triggering Conditions	Notification Method	Termination
• Hospital is destroyed • Hospital loses 40% or more of staff in one or more critical areas	• Phone • Email • Memorandum is issued	• When hospital staff numbers are restored • Hospital is rebuilt

Process to Return Functions and Equipment

Once notification is given from the hospital that their primary facility is rebuilt and the area is safe or staff numbers are restored, the devolution site will follow the memorandum of agreement to relinquish the duties on a specified date and time. Prior to that relinquishment of duties the hospital and devolution site leadership will meet to ensure all vital records are up to date from when the hospital devolved its functions, take inventory of any equipment, supplies, or records that need to be returned to the hospital or that were destroyed or missing since the hospital devolved. Both sites shall share names of individuals that will be working to transfer equipment from the devolution site back to the hospital.

3.11 After Action Review and Remedial Action Plan

Once X Hospital has returned to full normal operations, an After Action Review (AAR) will be conducted. The information will be developed into a COOP corrective action plan and recommendations will be incorporated into the COOP annual review process. The completed AAR and corrective action plan will be reviewed.

Section 4 – COOP Maintenance

4.1 Test, Training and Exercise

The X Hospital will participate in training, exercises, and evaluations as required. Personnel have been assigned to lead, plan and oversee public health emergency preparedness training, exercise, and evaluation. This plan will be reviewed annually. X Hospital will ensure training of all employees on the key aspects of this plan.