

Continuity of Operations (COOP) Annex

Annex to the Upper Cumberland Healthcare Coalition Response Plan

2023-2024

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1.0 Plan Overview

1.1 Purpose

This Continuity of Operations Plan (COOP) and Guidance provides a mechanism to assist with implementation of coordinated COOP strategies that initiate activation, relocation, and continuity of operations for the Upper Cumberland Healthcare Coalition (UCHC). This plan is written as an annex to the UCHC Response Plan that assists the Coalition and members in an All-Hazards approach to address the full spectrum of threats from natural, manmade, and technological sources including national security emergencies. This UCHC COOP Annex provides an overall continuity plan structure for the Coalition in its role to support and provide information dissemination and resources requests processes during a response effort.

1.2 Scope

Each year the UCHC reviews and updates the Hazard Vulnerability Assessment (HVA) for the coalition coverage area. Pre-identified hazards can be found in the UCHC HVA document provided to all members through the Coalition's website. In addition, all member agencies understand the importance of planning for continuity of services and continuing to maintain essential service functions when the agency property, personnel, technologies, and supply chains are impacted in disaster events. Each healthcare agency has determined Delegations of Authority in the event of disasters, as well as identified methods to continue services at alternate care sites should the need arise.

1.3 Continuity Personnel

Healthcare Coalitions must designate personnel to act in the capacity of *Continuity Personnel*. For the UCHC, the Coalition's Executive Director will act in the role of Continuity Manager, with support from Coalition leadership such as the Executive Board and other HCC members, and Coalition Coordinators from other regions, when necessary. These representatives will be designated as Alternate Personnel to assure continuity in long duration events, and/or in case primary personnel are unavailable to serve in their designated role(s).

2.0 Orders of Succession and Delegation of Authority

Coalition leadership personnel are critical elements that enable the Upper Cumberland Healthcare Coalition to perform essential functions.

In the event someone is incapable or unavailable to fulfill essential duties, successors have been identified to ensure there is no lapse in essential decision-making authority. The UCHC has identified successors for the positions of Executive Director and Vice-Chair. The Regional Healthcare Coordinator is responsible for ensuring orders of succession are up to date.

In the event of a change in leadership status, Upper Cumberland Healthcare Coalition Executive Director or Board Chair must notify the successors, Coalition members, and external partners/stakeholders. In the event the Upper Cumberland Healthcare Coalition leadership becomes unreachable or incapable of performing their authorized duties/roles/responsibilities, the coordinator (or successor) will initiate a notification of the next successor in line.

2.1 Continuity Personnel Responsibilities

The Upper Cumberland Healthcare Coalition Orders of Succession are as follows:

Upper Cumberland Healthcare Coalition Regional Healthcare Coordinator

- Develop and maintain preparedness and response plans.
- Design, plan, and coordinate regional education and training opportunities for Coalition members and partners.
- Conduct meetings with key officials from multi-jurisdictional agencies on matters pertaining to mitigation, preparedness, response, and recovery for all health-related events.
- Hire and/or supervise any necessary contractors, staff, or volunteers as appropriate and needed to accomplish the work of the Coalition.
- Utilize Homeland Security Exercise and Evaluation Program (HSEEP) standards to design, coordinate, and execute annual full-scale exercises and develop After Action Reports and Improvement Plans ensuring all participant needs are met and compliance with any applicable regulatory requirements.
- Coordinate and cultivate hospital and non-hospital facility participation in exercises.
- Review hospital and non-hospital facility data to assess current proficiencies and needs for improvement in relation to emergency response.
- Establish accounts and provide training and continued technical support to Coalition-sponsored, web-based programs used for resource and patient tracking.
- Manage user profiles and working groups within the Tennessee Health Alert Network (TNHAN).

Coordinate and conduct routine tests of the TNHAN notification system, the 800 mghz radios, and HAM radio systems with Coalition members. Work in partnership with Emergency Medical Services Regional Consultant and hospital personnel to direct the flow of patients among regional hospitals during emergency events. Serve as liaison to all local hospitals and coordinating their response as part of the National Disaster Management System (NDMS) activation. Manage annual budget according to grant guidance and works with fiduciary to ensure proper tracking of revenues and expenses, and all reports and audits are complete and filed as needed. Develop annual community hazard and vulnerability assessment for hospitals. Implement, monitor, and interpret federal Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program grant. Assemble, finalize, and submit all administrative documentation to appropriate agencies including the Tennessee Department of Health (TDH) and ASPR in accordance with funding requirements. Establish and maintain strong relationships with community partners resulting in Coalition growth. Recruit clinical volunteers, including physicians, for all field hospital deployments. Serve as point of contact for all Coalition member healthcare facilities during emergency events. Develop, post, and maintain material and information on the Coalition website. Coordinate travel for Coalition members. Productively managing multiple projects with competing priorities. **Upper Cumberland** Serves as the official representative and spokesperson of the Coalition. Healthcare Coalition Reviews and approves meeting agendas. **Coalition Chair** Available to the membership for information exchange concerning the Coalition. Acts in the general interest of the Coalition and its membership; Establishes interim committees as needed for the execution of duties and responsibilities of the Coalition **Upper Cumberland** Provide consultative and informed input into key decisions and ensure **Healthcare Coalition** integrated planning like that of a multi-agency coordinating group. **Executive Board** Serve as workgroup facilitators during Coalition planning sessions and activities. Assemble, finalize, and submit all administrative documentation as required to appropriate agencies per funding requirements. Assist in the coordination of exercise and evaluation training at the local, regional, and divisional level.

- Receive funding requests from coalition members and submit all coalition approved expenditures for payment.
- Serve as a liaison between private, local, region, state, and federal partners.
- Oversee and approve the budget of the organization and establish policy guidelines for financial investments, financial expenditures, and fundraising efforts;
 - Hire, set compensation for, evaluate, and, as needed, fire the Executive Director.

2.2 Delegation of Authority

Delegations of Authority

Procedures for Delegations of Authority: In the event, the Chairperson is unable to perform their duties or are inaccessible during an event, the Executive Committee will convene and determine the line of succession and delegation of duties for the Coalition activities/responsibilities.

Authority (Tasks)	Position Holding Day-to- Day Authority	Type of Authority for Successors	Limitations of Successors
		⊠ Emergency	
Coordinator	Michael Cooper		None
Chair	Brandon Smith	□ Administrative □	None
	Lisa Carter, Charlie Parker,		
	Jeff Crockett, Kate Liepins,		
	Beverly Carter, Steve		
	McGreggor, Mike Denney,	□ Administrative	
	Joe Iwanysyzn, Brian		
Board Members	Brewer,		None

2.3 Orders of Succession

Orders of Succession						
Position Holding Day- to-Day Authority	Successor 1	Successor 2	Successor 3	Successor's Level of Responsibility		
Coordinator	Chair, or designee	Co-Chair, or designee	Available Board member	☑ Full☑ Limited		

Other Coalition Coordinators from outside regions may be available, when requested, to assist with UCHC response activates in the absence of the RHC Coordinator. Support activities conducted by an outside Coalition Coordinator would need to be done in tandem with above assigned UCHC successors to ensure full continuity of the UCHC Response Plan.

3.0 Operations

3.1 Activation

To ensure the ability to attain operational capability with minimal disruption to operations, the Healthcare Coalition will execute activation and relocation plans. The UCHC activation levels are found within the UCHC Response Plan.

The decision to activate the Healthcare Coalition Continuity Plan and related actions will be tailored for the situation, based upon projected or actual impact. COOP Plan activation should be a scenario-driven process that allows flexible and scalable responses to all-hazards/threats that could disrupt operations, with or without warning, during regular or after-hours. COOP Plan activation will not be required for all emergencies or disruptions since other actions may be more appropriate.

Activation of this COOP plan may occur when it has been determined that an event will disrupt normal day-to-day operations of the Coalition's mission essential functions for more than 12 hours.

The Coalition will implement activation activities by:

- Making the decision to implement the COOP Plan.
- Contacting/activating Continuity Personnel.
- Determining the need to relocate to alternate facilities.
- Alerting and notifying supporting agencies/facilities/organizations.

Before an event, Continuity Personnel will monitor advisory information. Continuity Personnel will keep informed of the threat environment and maintain situational awareness by all available means, including the ReadyOp notification system, WebEOC, other Radio communications systems (as applicable), local information sources, news media, etc. The Continuity Manager will evaluate all available information as it relates to:

- Direction and guidance from authorities
- The ability to execute essential functions
- Changes in threat advisories
- Intelligence reports
- The potential or actual effects on communications systems, information systems, facilities, and other vital equipment
- The expected duration of the emergency

Based on the type and severity of the emergency, the COOP Plan may be activated by one of the following methods:

- The Continuity Manager or designee may initiate COOP activation
- The Coalition Chairperson(s) or a designated successor may initiate the COOP activation, based on an emergency or threat
- The Coalition Co-Chair or other Board member may activate the plan in the absence of the above and as needed

3.2 Alert and Notification Procedures

In the event of an interruption of normal operations, or if an incident appears to be imminent, the Executive Director or designated successor will follow guidance found in the UCHC Response Plan in taking the following steps to communicate the Coalition's operating status with all Coalition members and emergency response partners:

- The Executive Director or designated successor will notify the UCHC Healthcare Coalition Chairperson of the emergency requiring Continuity Plan activation
- Continuity Personnel will determine the need to relocate to alternate facilities, and (if necessary) will alert/activate those facilities.
- The Executive Director or available successor will provide additional notification steps, including ReadyOp alert notification where necessary. *Continuity Personnel* (Executive Director, Chairperson, Co-Chair, Board members) will assist as needed in monitoring required responses.
- Upon the decision to activate COOP, the Executive Director will notify all Coalition Members; will contact and notify affected and interdependent entities and provide information regarding continuity activation and status, operational and communications status, and the anticipated duration of the activation.

3.3 Communications

In addition, continuity of communications is essential for both internal response and among key leadership with local, regional, state, and federal response and recovery partners. The following capabilities are essential:

- Agencies/Organizations possess, operate, and maintain, or have dedicated access to communication capabilities at their primary facilities, off-sites and pre-identified alternate care sites
- Agency/Organization leadership and members possess mobile, in-transit communications capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact
- Agencies/Organizations have signed agreements with other pre-identified alternate care sites to ensure they have adequate access to communication resources
- Agencies/Organizations possess interoperable redundant communications that are maintained and operational as soon as possible following a continuity activation, and are readily available for a period of sustained usage for up to 30 days following the event

Additional information regarding the UCHC Emergency and Redundant Community Systems can be found in the UCHC Response Plan.

4.0 Mission Essential Functions

The UCHC has two defining Mission Essential Functions: establishing situational awareness and communication during events; and resource management for both the Coalition and affected facilities upon request. To maintain and continue these functions, the Coalition must assure that necessary and required communication capabilities are maintained, and that any event that causes a disruption of this ability to share and communicate can be resolved rapidly to decrease any disruptions to normal activities. Disruptions can result from natural events, or from the activities or acts of humans – i.e., severe weather, floods, wildfires, infectious diseases, earthquakes, HAZMAT releases, train wrecks/derailment, etc.

Each of these incidents has the potential of disrupting normal Coalition activities; very possibly, those disruptions could come at the time that Coalition support is most critical and most needed - during the members' emergency response operations. Continuity Personnel and stakeholders must consider the variety of potential disruptions, and possible strategies for responding and meeting unique and specific challenges each might present.

The UCHC continuity personnel also fulfills the following essential supporting activity roles:

- Determine regional disruption of healthcare supply chain
- Determine specific medial and non-medical needs of members
- Coordinate with local/regional/state health departments to distribute cached items
- Coordinate with the private sector vendors or distributors on assisting in resumption of normal supply delivery
- Disseminate the healthcare supply chain disruptions information via Situational Reports to state health authorities
- Advocate for full heath care service delivery restoration for member facilities and organizations within coalition boundaries
- Continue to interface with volunteer groups and staffing agencies to monitor and assess the needs of member organizations to supplement their workforce during recovery
- Advocate for members to receive priority critical infrastructure restoration
- Demobilize and/or replenish regional supply caches maintained by the Coalition
- Activate demobilization procedures for any transportation assets maintained by the HCC
- Advocate for full restoration information technology and communication systems for coalition members
- Prepare After-Action Reports, Corrective Action, and Improvement Plans

Mission Essential Function Data Sheet Upper Cumberland Healthcare Coalition

Mission Essential Function (MEF) Statement: The Coalition is a cooperative alliance of response, treatment, public health, mental health and other emergency preparedness and response stakeholders, assembling critical emergency preparedness, response, and recovery organizations to develop, implement and maintain a regional plan to deliver coordinated and effective care to victims of terrorism, mass casualty events and other public health emergencies

MEF Description: Mission Essential Functions are the functions that the Upper Cumberland Healthcare Coalition determines to be necessary and required to be continued throughout (or resumed rapidly after) an event causes a disruption of normal activities. The Upper Cumberland Health Coalition must ensure personnel are prepared and resources are available to carry out MEFs in a continuity event.

Recovery Time Objective (RTO): The RTO is an estimate of the maximum tolerable duration between when a disruption occurs and when the function is resumed under emergency conditions, i.e., the maximum amount of time the function can be down.)

Primary References: Upper Cumberland Healthcare Coalition Incidents and Events Plan and Upper Cumberland Healthcare Coalition By-Laws

Leadership: Coalition Coordinator, Coalition Chair, Coalition Vice Chair, Coalition Executive Committee

Staffing Qualifications: Leadership and governance rules are detailed in the HCC By-Laws. The Chairperson and the Executive Committee are considered the leadership of the Coalition. In the HCC By-Laws, the duties of the Chairperson and Executive Committee are listed. In the event, the Chairperson is unable to perform their duties or are inaccessible during an event, the Executive Committee will convene and determine the line of succession and delegation of duties for the Coalition activities/responsibilities.

5.0 Documents

The identification, protection, and ready availability of essential records, databases, and hardcopy documents needed to support essential functions under the full spectrum of all-hazards emergencies are critical elements of succession of the Upper Cumberland Healthcare Coalition.

Essential File, Record, or Database	Form of Record (i.e., hard copy or electronic)	Backed up (Location)	Maintenance Frequency
Member and Stakeholder POC Information	Hard Copy Electronic Copy	Hard copy – UCHC Office Electronic – ED desktop, UCHC external hard drive, available to all members on UCHC website	Annual
Equipment/ Inventory Lists	Hard Copy Electronic Copy	Hard copy – UCHC Office Electronic copy – ED desktop, UCHC external hard drive, submitted to Cookeville Charitable Foundation with financial documents, submitted via REDCap to TDH, available to all members on UCHC website	Annual
Plan and Governance Documents	Hard Copy Electronic Copy	Hard copy – UCHC Office Electronic copy – ED desktop, UCHC external hard drive, submitted via CAT to ASPR, submitted via REDCap to TDH, available to all members on UCHC website	Annual