X Hospital

Continuity of Operations Plan

Guidance Document

COOP Background

In May 2007 a National Continuity Policy was issued by the President to "establish and maintain a comprehensive and effective national continuity capability in order to ensure the preservation of our form of Government under the Constitution and the continuing performance of National Essential Functions under all conditions."[1] From there the Department of Homeland Security developed the Federal Continuity Directive 1 which provides direction for the development of continuity plans and programs for the Federal Executive Branch.

Since this time, Continuity of Operations planning has trickled its way down to the state level and has been mandated by their Governors that their state agencies develop COOPs. The Federal Continuity Directive 2 was developed to provide further operational guidance to state, local and tribal governments as well as private sector organizations. Now this directive is trickling down further to private sector organizations where continuity planning proves to be of vital importance.

Continuity planning is, quite frankly, a good business practice. It ensures the organization's critical business functions are executed in all circumstances and it is a fundamental responsibility of public and private sector organizations to their stakeholders. As we have become increasingly aware of in the past decade a variety of emergencies can happen; some with little to no warning. These emergencies can be small to large spanning from natural disasters, accidents, and military or terrorist threats and attacks to power outages, hardware failures or data center incidents. 9/11 and Hurricane Katrina have opened our eyes to the need of having robust continuity capabilities and planning that helps organizations continue their essential functions through all emergencies.

Hospitals and other medical facilities are no more immune from disasters than government entities are. This Continuity of Operations Plan (COOP) will help hospitals and other medical facilities with continuity planning for their critical business functions and ensure their daily operations continue seamlessly. The vital elements covered in this comprehensive plan include: (1) plans and procedures for all readiness levels; (2) essential business functions; (3) succession of key leadership positions and delegations of authority for their associated duties; (4) safekeeping of vital records and resources; (5) identification of continuity facilities; (6) a plan for interoperable and redundant communications; (7) human capital planning; (8) validation of the plan through testing, training and exercising activities (TTE); (9) specify a plan for devolution of essential business functions and (10) provide a plan for reconstitution after the emergency.

[1] Federal Continuity Directive 1. February 2008. <http://www.fema.gov/pdf/about/offices/fcd1.pdf>.

General Guidance on Using This Template

1. This template has two parts; 1) a guidance document that gives more explanation of continuity of operations planning elements and information and 2) a COOP annex to add to the hospital's EOP. This annex, after being filled out, provides a brief, ready-to-go document that can be pulled out and followed when needed.
2. It is important to read the template in its entirety and edit it as necessary to fit the needs of your hospital.
3. Continuity of Operations planning is a cumbersome process. It may be helpful to work on the annex in segments or divide sections among staff to work on. Set goals with target completion dates and toward those goals.
4. Throughout the template there are references in *red, italic* font. These references provide direction on how to complete that portion of the plan or to insert specific information in that space. For example, there are references to "*add to this list as applicable*." References in *red, italic* font may be deleted once you have completed the information in that sentence or paragraph. The text you enter in its place may be formatted to regular black font. Your hospital's name should be inserted where there are references to X Hospital.
5. References to the "CEO," "COOP Team Leader," and other job titles may be changed as needed for your hospital. For example, some references to the CEO may describe functions that are applicable to your Preparedness Coordinator. You should read the template thoroughly and makes those changes as necessary to best fit the needs of your hospital and staff.
6. There are sections of the annex where the language states to refer to a section of the EOP, an administrative policy or other plans to find that planning element. This was done to reduce any duplication of work that may have already been completed in the hospital's EOP or other plans. If the element is not already covered in the EOP, the hospital will need to work on that element and be sure it is included in the COOP.
7. If the hospital keeps the COOP annex as an electronic document, it may be helpful to include hyperlinks where references are made to the EOP, the Hazard Vulnerability Assessment (HVA), and any other hospital policies that are referenced.

Checklist of Elements that must be covered in the COOP

☐ *COOP Element 1 – Essential Functions*
Identify your hospital's most critical functions that must be continued under all circumstances.

☐ *COOP Element 2 – Orders of Succession*
Identify a line of succession for leadership positions in your hospital. It is recommended to have 3-4 deep in succession, if possible.

☐ *COOP Element 3 – Delegations of Authority*
Identify positions that have the legal authority to carry out particular duties for your hospital. These delegations must be written, signed and included as part of the plan.

☐ *COOP Element 4 – Continuity Facilities*
Identify facilities (also called alternate sites) other than the primary facility in which your agency can carry out its essential functions.

☐ *COOP Element 5 – Continuity Communications*
Identify interoperable communications to be used during an emergency as well as applicable contact lists, call down rosters and logs of trainings and drills.

☐ *COOP Element 6 – Vital Records Management*
Identify in your plan what records, databases, systems and equipment are needed to support your hospital's essential functions.

☐ *COOP Element 7 – Human Capital*
Include how you will train employees on the hospital's COOP plan, how you will communicate with them during a COOP event as well as other programs available for home and family preparedness, if applicable.

☐ *COOP Element 8 – Test, Train, Evaluate*
Identify how you will test, train and evaluate your COOP. Tests and trainings must be documented.

☐ *COOP Element 9 – Devolution*
Include a section describing how your agency will deal with a catastrophic event that wipes out your primary facility and most if not all of your employees. This can be done through using other facilities and their staff members to carry out the essential functions of your agency; training them, exercising with them, allowing access to the vital systems, records, databases and equipment they would need to fulfill those functions.

☐ *COOP Element 10 – Reconstitution*

Identify a course of action for reconstituting all business functions and moving back to the primary facility after an emergency has concluded.

Table of Contents

Section 1 – Introduction

Mission Statement

Insert the mission statement of the X Hospital here.

1.1 Purpose

The purpose of the Continuity of Operations Plan (COOP) is to establish policy and guidance to ensure the essential business functions of the X Hospital are continued in the event that a manmade, natural or technological emergency disrupts or threatens to disrupt normal business operations. The COOP enables the hospital to operate with a significantly reduced workforce and diminished availability of resources and conduct business operations from an alternate work site should the primary site become uninhabitable.

This plan also focuses on the healthcare facility's dependence on computer technology. A healthcare organization that suffers an IT or business interruption such as a power failure, hardware failures or data center incidents, can expect to lose much of their productivity and therefore ability to deliver patient care. An IT or business interruption can also have serious consequences for the hospital in terms of public relations. If the hospital cannot respond quickly and effectively to address patient needs the hospital can suffer negative implications. The disruption of critical care systems will have long-standing and far-reaching consequences.

The COOP will ensure the X Hospital is prepared to do the following:

- Respond to emergencies, recover from them and mitigate their impacts.
- Provide critical business services in an environment that is threatened, diminished or incapacitated.
- Provide timely direction, control and coordination to staff and other critical partners before, during and after an event or upon notification of a credible threat.
- Establish and enact time-phased implementation procedures to activate various components of the COOP.
- Facilitate a return to normal operating conditions as soon as practical, based upon the circumstances and the threat.

The X Hospital will ensure its COOP is (1) viable and operational; (2) compliant with all guidance documents; (3) fully capable of addressing all types of emergencies; and (4) essential business functions are able to continue with minimal or no disruption during all types of emergencies.

1.2 Applicability & Scope

The provisions of this document apply to the X Hospital, its business offices and other clinics and facilities that are part of the X Hospital 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 X Hospital 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. An Activation Scenarios & Decision Making Matrix is located at http://www.kdheks.gov/cphp/operating_guides.htm if the hospital chooses to use it.

The X Hospital 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 and/or CD or removable data storage device.

1.3 Supersession

This version of the X Hospital's COOP and its supporting documents, as applicable, supersede any previous versions of continuity of operations or business continuity plans developed by the hospital. The hospital's COOP will be incorporated into the X County Continuity of Government (COG) plan, as developed and maintained by the X County Emergency Manager.

1.4 Planning Principles

The following authorities were consulted in development of this COOP:

- Federal Preparedness Circulars 65,66 and 67
- Federal Continuity Directives 1 and 2
- State of Kansas Governor's Executive Order 05-03
- *List any others as applicable (for example, any CMS or Joint Commission directives on Continuity of Operations planning)*

1.5 Authorities & References

- National Response Framework (NRF)
- National Incident Management System (NIMS)
- Hospital Incident Command System (HICS)
- Kansas Response Plan
- *List any others as applicable (such as County EOP or other SOG's)*

1.6 Policy

The X Hospital recognizes and acknowledges that the protection of its assets and business operations is a major responsibility to its employees, patients and the public. Therefore, it is

the policy of the X Hospital that a viable COOP be established and maintained to ensure high levels of patient care, service quality and availability. X Hospital also maintains the policy to protect life, information and property, in that order. To this end, procedures have been developed to support the resumption of time-sensitive business operations and functions in the event of their disruption at the facilities identified in this plan. The X Hospital is committed to supporting service resumption and recovery efforts at alternate work sites, if required. Likewise, the Preparedness Coordinator and hospital leadership staff are responsible for developing and maintaining a viable COOP that conforms to acceptable insurance, regulator and ethical practices and is consistent with the provisions and direction of other policies, plans and procedures.

Section 2 – Concept of Operations

2.1 Objectives

This COOP was developed in an effort to assure the X Hospital's capability exists to continue essential functions across a variety of emergencies. The objectives of this COOP include:

- To ensure the continuous performance of the hospital's essential functions/operations during an emergency.
- To protect essential facilities, equipment, records and other assets.
- To reduce or mitigate disruptions to operations.
- To reduce injuries and loss of life.
- To minimize damage and losses to agency facilities and assets.
- To identify and designate principals and support staff to carry out essential functions and, if necessary, be relocated.
- To facilitate decision-making for execution of the COOP and the subsequent conduct of operations.
- To achieve timely and orderly recovery from an emergency and resume full services.

2.2 Planning 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.

This COOP is based on the following assumptions and considerations:

- Emergencies or threats may affect the X Hospital's ability to provide essential departmental services and to provide support to other agencies.
- Personnel and other resources from X Hospital 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, concerns about economic loss or fear.
- Information and communications systems that support essential functions during normal day to day operations may not be available.
- An effective response to a community-wide event will require a coordinated effort from public and private entities, including public health, emergency management, healthcare and critical infrastructure providers.

2.3 Vulnerability and Risk Assessment

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 one to two years the X Hospital will collaborate with local law enforcement and/or X County Emergency Management to put together a Hazard Vulnerability Assessment (HVA) and Gap Analysis. The HVA and Gap Analysis will help the X Hospital 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 X Hospital will review their gaps and come up with an Improvement Action(s) for each.

The HVA and Gap Analysis for X Hospital will be submitted to the Kansas Department of Health & Environment's (KDHE) Bureau of Public Health Preparedness (BPHP) and the Kansas Hospital Association (KHA) as well as the Joint Commission, if applicable. The results of the HVA are included in the X Hospital's Emergency Operations Plan (EOP). The X Hospital's EOP and supporting documentation are kept on file with the Preparedness Coordinator and the CEO.

The hospital may also make a reference in this section to the risk assessment piece in the existing EOP, if applicable.

2.4 COOP Teams and Planning Responsibilities

The CEO must ensure the mission of the hospital and the essential functions that help carry out that mission are done in a timely and efficient manner. This is even more important during an emergency situation. Essential functions are the services the X Hospital must provide that cannot be delayed for more than 30 days. To make sure these essential functions are completed COOP Teams have been formed to carry those functions out upon COOP activation and will be required to report for duty during an emergency. Part-time staff may be asked to work full-time hours until the COOP activation period is terminated. Depending on the incident, the CEO may request for volunteers to assist with performing the essential functions. The COOP Teams must be able to continue the performance of X Hospital essential functions for up to 30 days with resource support, including volunteers and any requested assistance from outside resources.

The COOP Team will appoint a COOP Team Leader to direct and organize their respective teams' COOP notification, activation and response. Throughout this document, general references to the "COOP Team" will include the Information Technology Unit, Service Continuity Unit, Records Preservation Unit and the Business Function Relocation Unit as

referenced in HICS. If the COOP is activated the management structure will roll into the HICS Operations Section.

Prior to an event requiring COOP activation:

1. The COOP Team members will create checklists for their essential functions. Pre-made checklists can be found at http://www.kdheks.gov/cphp/operating_guides.htm. These checklists will provide direction to their designated alternates during COOP activation.
2. COOP Team members will cross-train their designated alternates (identified in the essential functions section) and other staff members to perform the essential functions. This will ensure multiple staff will be capable of carrying out the essential functions in the absence of a primary COOP Team member.

All staff members who do not have specified COOP roles or responsibilities are referred to collectively as the COOP Support Team. The Support Team may be temporarily reassigned to another duty station or they may be advised to remain at or return home pending further instructions. Individuals from the Support Team may be used to replace unavailable Primary COOP Team members or to augment the overall COOP response. COOP activation will not, in most circumstances, affect the pay and benefits of X Hospital staff. *(It is critical that you verify this statement regarding pay and benefits of staff with your hospital's HR department and insert information as appropriate in this paragraph.)*

2.5 Hospital Incident Command System (HICS) and COOP

X Hospital uses the Hospital Incident Command System (HICS) following National Incident Management System (NIMS) requirements. Job Action Sheets for the Incident Commander, Command Staff, and General Staff can be found in Annex G of the hospital's EOP. The X Hospital will provide personnel and volunteers with Just in Time Training for HICS as necessary to ensure continuity of operations. The Incident Command chart, including names, titles, and backup information, is located in the EOP.

- The standard HICS forms may be used to track and document the COOP activation and agency response.
- COOP checklists are available at http://www.kdheks.gov/cphp/operating_guides.htm that may be used to supplement the HICS Job Action Sheets in the EOP.

A business continuity branch may also be added to the HICS structure under Operations during times of COOP activation. Job Action Sheets for business continuity positions are available at http://www.emsa.ca.gov/hics/.

2.6 Personal and Family Preparedness

All staff, including individuals actively involved in the COOP process, should be prepared for and aware of COOP activation procedures. To assure that all employees are prepared for COOP contingencies, training and education will be part of the X Hospital's new employee orientation and will be conducted regularly (at least annually) at staff meetings. The training will focus on preparing employees for situations in which they will not be able to work from the hospital's facilities. The training will advise staff on how to be personally prepared by developing

personal "go-kits" and preparing their families at home. Information about family and home preparedness is available online at www.fema.gov.

2.7 Essential Functions

Essential functions are duties that the hospital is responsible for that have to happen no matter what; they cannot suffer interruption for more than 12 hours. An essential function may be something that is required by law or statute, providing vital services, exercising civil authority, maintaining the safety of the public or sustaining industrial or economic base during an emergency.

In this section, the hospital will identify and prioritize its essential functions so the hospital's mission may be carried out during an emergency. The hospital's essential functions also include activities that may only be performed during an emergency, such as functions identified in the Emergency Operations Plan (EOP).

The CEO and COOP Teams, if applicable, shall ensure that mission-essential functions can continue or resume as rapidly and efficiently as possible upon COOP activation. Any task not deemed as an essential function will be deferred until additional personnel and resources become available.

The essential functions are prioritized and ranked in the COOP annex. Functions are prioritized using the parameters of a 1 day disruption, greater than one day but less than 1 week disruption and greater than 1 week but less than 1 month disruption. X Hospital has specified which functions shall be carried out in order of priority during a COOP event.

- After 1 day of emergency operations are completed, functions from the next time frame shall be resumed as personnel and resources allow.
- After 1 week of emergency operations, either normal operations must be reinstated or functions from the last time frame shall be resumed as personnel and resources allow.
- After 30 days of emergency operations, all functions shall be resumed at normal operation levels.
    - If normal operations cannot be resumed in 30 days, the hospital will defer to the devolution agreement with X agency/organization in the COOP annex.

The COOP Annex provides a table for listing all hospital essential functions. Determine which functions of your hospital must be operational within 30 days of a COOP event. Essential functions may include routine tasks of the hospital as well as tasks that are only performed during an emergency. Samples are provided in red font.

- Enter the time frame in which the function must be reinstated: 1 day, 1 week, 30 days.
- Prioritize the functions based on the order in which the functions must be resumed and operational following a COOP event. Remember: the higher the priority, the lower the time frame. For example, your #1 priority should have a time frame of 1 day and your last priority should have a time frame of 30 days.
- Identify the mission-essential functions of the hospital. Sample language is provided in red font; modify the samples accordingly for your hospital.
- Identify where in the hospital's EOP this essential function may be located.

- Identify positions that are responsible for performing the function or for providing oversight of the function. The same position may be used in multiple roles. In some cases, the key position or the alternate may not be an employee of the hospital. The Key Positions should be those who are assigned members of your COOP Team.
- List position(s) that would assume the authority of the key position if it became vacant. The same alternate may be named for different key positions and functions. If possible, try to avoid using the same position/individual as the first alternate for several functions. Planning for three alternates in each function will be integral part of ensuring the COOP plan may be carried out. If you identify someone outside of your hospital (such as a regional partner or a volunteer) as a key position or an alternate, be sure to communicate to that person what their role is in your COOP plan.

Section 3 – COOP Activation

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. An activation scenario and decision making matrix is available at http://www.kdheks.gov/cphp/operating_guides.htm.

3.2 Notification

This section gives detail to who will make the decision to activate the hospital's COOP and who will be notified of the activation. A table to keep a listing of contacts is given in the annex. If a call down roster of all staff and key partners is already included in the EOP you may reference that listing(s) in that section of the annex and delete the table provided.

3.3 Leadership

Orders of Succession

Orders of succession show who assumes authority and responsibility if leadership is incapacitated or unavailable. Orders of succession should include the conditions that succession would take place, the method of notification and the conditions that power would return to the designated leader. Successions should be 3-4 deep, if possible.

Delegations of Authority

Delegations of authority identify who has the legal right to act on behalf of the hospital's leadership. Delegations would take effect when channels of normal direction and control are disrupted and will lapse when those channels are reestablished. Delegations of authority ensures continued operation of the hospital and its essential functions, rapid response to emergencies and allows for key policy determinations and decisions to be made when needed. Delegations of authority should include:

- The authority that is being delegated
- To whom the authority is being delegated to; by title and not name
- Limits of that authority
- Circumstances in which delegated authorities will become effective and when they will terminate

- The successor's authority to re-delegate those responsibilities

It is also important to include leadership staff from your devolution site in your delegations of authority.

Orders of succession and delegations of authority are elements that may already be a part of the hospital's EOP or in an administrative policy. If this is the case, a reference may be made in the annex as to where it is located and the tables can be deleted. If not, the hospital may use the tables provided in the annex. These elements do not have to be duplicated for the COOP but they must be referenced in the annex where they are located. Anyone accessing the COOP must be able to easily find these elements.

3.4 Relocation

The relocation section is where you may reference any relocation and evacuation procedures for your hospital. These procedures should establish general administrative procedures to allow for travel and transportation to an alternate facility.

3.5 Augmentation of Staff

During a COOP event it may become evident that the COOP teams cannot adequately ensure the continuation of essential functions. If this happens, the CEO may do a number of things such as determining whether additional positions and volunteers are necessary to maintain these functions, consider implementing agreements with outside resource support such as regional partners, organizations and vendors and they may submit requests for outside resources support to the Local ESF #8 Coordinator once all resources have been expired.

The hospital may reference in the annex their medical surge/mass casualty plan that includes information regarding augmentation of staff.

3.6 Interoperable Communications

This section outlines what the hospital has available to communicate with individuals internal and external to the hospital network during emergencies. The hospital may reference their communications capabilities that are already located in their EOP or other document(s). These capabilities must include internal communications which can be used within the hospital such as:

- Telephones
- Cell phones
- Pagers
- Satellite phones
- Fax machines
- Two-way radios

Capabilities must also include external communications that will be used by the hospital to communicate with other emergency response agencies, the media and other agencies/organizations. These may include:

- Telephones
- Cell phones

- 800 MHz radios
- Satellite phones

If the hospital does not have their communications capabilities listed in any other plan, they may use the table provided in the annex. If a reference is being made, the table can be deleted from the annex.

3.7 Vital Records and Databases

Vital Records & Databases refer to documentation, such as staff rosters, patient records, employee records, and preparedness plans. Vital records and databases identified as critical to supporting the essential functions, both paper and electronic, should be included in the table provided in this section.

Vital records essential to COOP may include but are not limited to the following:

- Emergency plans, directives, and policies
- Orders of Succession
- Delegations of Authority (EOP location)
- Staff roster (EOP location)
- Staffing assignments
- Records of policies or procedures that provide staff with guidance and information or resources necessary during an emergency

Vital records essential to the COOP include legal and financial functions and activities: *(add to or delete from this list as necessary for your hospital)*

- Accounts receivable
- Contracts and acquisition files
- Official personnel files
- Social Security files
- Payroll files
- Retirement files
- Insurance records
- Property management and inventory records

In the table provided in the annex, hospitals will list the following:

- List the vital record or database necessary to perform the essential functions. Examples are provided in red. Modify these examples as needed to fit your hospital.
- List the following:
    - Form (paper or electronic)
    - Category (emergency or legal)
    - Type (static or dynamic)

  Static documents rarely, if ever, change. Dynamic documents are reviewed and revised regularly.

- If the record or database is in paper form, identify the physical storage location. If it is an electronic form, identify the file name and location(s) on the computer drive or removable data storage device, such as a CD or flash drive.
- Identify the staff member or vendor that supports the vital record or database. Ensure contact information for the staff member and/or vendor is located in the Resource Directory in Annex F of the EOP.
- For electronic data, identify the network or server that supports the vital record or database.
- Identify the Recovery Point Objective (RPO); when it must be operational again following a disruption of service, for example, 1 day, 1 week or 1 month.
- Prioritize the vital records and databases. The shorter the Recovery Point Objective, the higher the priority.
- Identify any unique risks to which the vital record or database may be susceptible to flaws, outdated information, or damage.
- List the current protection method(s) that are in place for the record or database. For example, if the computer server is backed up every 24 hours or once a week.
- In considering additional measures that may be performed to protect the vital record or database, answer the questions: Is off-site storage necessary? Should the file be stored in an alternative media? Is duplication necessary?

An additional planning tool that is available at http://www.kdheks.gov/cphp/operating_guides.htm is for restoration and recovery services. This planning tool is an optional feature the hospital may use to help facilitate recovery if the facility is damaged. Restoration and recovery resources are vendors and other assistance that may be used to assist the hospital with recovering lost or damaged records or databases. Examples include water, fire and mold damage and computer restoration services.

3.8 Vital Systems and Equipment

Vital Systems and Equipment is very similar to the Vital Records & Databases. Vital Equipment refers to the equipment needed to support essential functions, such as radios, computers, cell phones, pagers, etc. Examples of Vital Systems include EDSS, HAN, WebEOC, etc. In the table provided in the annex, hospitals will list the following:

- List the vital system or equipment necessary to perform the essential functions. Examples are provided in red. Modify the examples as needed to fit your hospital.
- Describe the equipment or system.
- Identify where the equipment is stored.
- Identify the staff member or vendor that supports the vital system or equipment. Ensure contact information for the staff member and/or vendor is located in the resource directory in Annex F of the EOP.

- Identify the Recovery Point Objective (RPO) when it must be operational again following a disruption of service. For example, 1 day, 1 week, or 1 month.
- Prioritize the vital systems and equipment. The shorter the Recovery Point Objective, the higher the priority.
- Identify any unique risks to which the vital system or equipment may be susceptible to flaws, outdated information, or damage.
- List the current protection method(s) in place for the system or equipment.
- List how frequently the vital system or equipment is maintained.
- Provide any recommendations for additional protection methods for the vital system or equipment. These are recommendations to consider for future protection and may not reflect the hospital's current capabilities. You also may use this column to identify an alternate method if the system or equipment is unavailable.

3.9 Reconstitution

Reconstitution is the process by which surviving and/or replacement hospital personnel resume normal operations at the original or replacement facility. There are three tasks associated with reconstitution: transitioning, coordinating and planning and outlining the procedures. The decision to reconstitute should be based on:

- The availability of personnel
- The safety of the primary facility or the availability of a new site
- IT capabilities of the facility
- Fiscal concerns
- And any other issues that may arise

Operations may be resumed in phases with the essential functions being first priority followed by other functions as resources and personnel allow. Information that should be made available would be:

- The address of the new site, if applicable
- A list of available resources for moving equipment and personnel
- And parking or commuter information for people returning to work

If a reconstitution team is designated, a reconstitution planning tool is available at http://www.kdheks.gov/cphp/operating_guides.htm to list out team members and their roles and responsibilities.

3.10 Devolution

Devolution is the capability to transfer statutory authority and responsibility for the hospital's functions from the primary operating staff and facilities to another organization's employees and facilities. Devolution may occur if catastrophic or other disasters render the hospital's leadership and staff unavailable or incapable of performing its COOP functions. Devolution may occur only in worst-case scenario events, such as total destruction of the hospital and all its supporting facilities and clinics.

Pre-Devolution Assessment

Pre-devolution preparation begins when staffing levels in one or more critical areas are reduced by 40 percent. Critical areas are defined as: 1) leadership; 2) communication capabilities; 3) administrative support; and 4) prioritized essential functions. Pre-devolution preparation includes assessment of:

- Available devolution organizations
- Location and availability of resources and information needed to transfer critical operations to the devolution organization
- Approach to notify and train (as needed) devolution organization staff
- Prioritization of essential functions necessary to provide continuity during the devolution process
- Ensuring devolution site leadership is included in your delegations of authority

Devolution Initiation

The COOP Team is responsible for identifying devolution triggers. The CEO will be informed of staffing levels in the critical areas and will initiate the pre-devolution assessment. Should sufficient staff be unavailable to conduct the mission-essential functions of the X Hospital, the CEO will initiate activation of pre-arranged devolution agreements. Devolution will be triggered when the CEO determines that available staff and resources are insufficient to carry out and maintain the hospital's prioritized COOP functions. The intended devolution organization should be notified that devolution is likely and transfer of knowledge and resources necessary for devolution should begin. At that point, the CEO will begin procedures to draft devolution agreements in consultation with the Legal Counsel and the hospital's Board of Directors. The key staff members of the devolution organization also should be informed on how to access the X Hospital's COOP plan and related information.

Transfer during Devolution

Prioritized essential functions are transferred to a pre-identified devolution organization. Agency direction and control of mission-essential functions are transferred to the devolution organization site and/or identified personnel. Devolution plans will involve the following:

- Personnel at the devolution organization are trained and/or capable to perform the COOP functions to the same level of proficiency as X Hospital personnel.
- Vital records, documents, and databases are up to date and available to the devolution organization.
- Communications and information management systems are able to be transferred or are accessible to the devolution organization.
- Delegation of authority planning includes senior personnel at the devolution organization.
- The estimated duration of devolution and a process to return functions and equipment to the hospital.

Every attempt will be made to retain expertise and authority through all COOP Teams. All available COOP Teams will continue to work with and for the new devolution organization in carrying out COOP, devolution and restoration/reconstitution duties.

As with the Greensburg tornado, devolution may be utilizing EMeds medical tents and initially limiting services provided and allowing flexible staffing hours. You may come up with a hybrid idea for devolution. It is not cut and dry that you must find another hospital or agency to take over your functions and services. Your hospital needs to have a plan in place of how it will operate if staff numbers fall and the hospital is destroyed.

This section of the annex provides detail regarding:

- Devolution sites and respective contact information
- Training provided to devolution staff
- Essential functions to be devolved
- Resource requirements
- Communications requirements
- Devolution activation and termination

The hospital will need to develop the information to go into these tables. In Table 1, the hospital will identify who their devolution site(s) may be after consultation with them. Then they would go on to list the contact information for that site, who the leadership is and if they have been included in the hospitals' delegations of authority.

In Table 2, the hospital will need to identify what training will need to be given to devolution site staff so they are able to take over the hospital's essential functions. This could be how to do a certain duty or even where and how to access patient records that they may not be familiar with.

In Table 3, this simply provides a space to list out prioritized essential functions that a devolution site may need to know so they can carry out the most vital services and functions of that hospital.

In Table 4, the hospital will record what vital files, records and databases the devolution staff may need to carry out functions. Also list what type of record it is, the last update made to records, where they can be found and also if they are already pre-positioned or already accessible at the devolution site.

In Table 5, the hospital will record any communications capabilities the devolution site should have to carry out their essential functions. This could be anything from voice, radio, data and video capabilities. If they are jotted down then the hospital can ensure that the devolution site already has these in place. If they do not have in place then the hospital can proceed with establishing a procedure for moving them to the devolution site during an event or having them pre-positioned.

And lastly, Table 6 will provide information on triggering conditions that may set off devolution activation, how the devolution site will be notified that devolution is being initiated and they will resume the hospital's essential functions, what will trigger termination of devolution and the process by which functions and equipment will be returned to the hospital.

3.11 After Action Review and Remedial Action Plan

This section just states that whenever exercising of the COOP has taken place or after an actual event has happened, the hospital will complete an After Action Review and Corrective Action Plan. Recommendations for improvement from those documents will be included in the COOP annual review process.

Section 4 – COOP Maintenance

4.1 Test, Training and Exercise

This section states that the hospital will participate in training, exercises and evaluations of the COOP as required. All TT&E activities and changes made to the COOP must be documented in training log. Several different training logs are available at http://www.kdheks.gov/cphp/operating_guides.htm for documentation purposes. Any updates, changes and additions made to the COOP may be documented at the beginning of the annex.