Hospital & Health Care Organization Continuity Plan Template

Project Leads:

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Using the Continuity Plan Template

This template has been developed with specific applicability to hospitals and the functions that support acute care services. It is based on FEMA's continuity planning model and is consistent with the principles and concepts outlined in FEMA's Continuity Guidance Circular (*February 2018*) and Continuity Plan Template (*August 2018*).

This template outlines planning elements and procedures to ensure the continued performance of essential functions, and includes recommended plan content and instructional guidance to assist hospitals and healthcare organizations develop or enhance a continuity plan.

- > Normal type text is recommended language which may be adapted for plan development.
- > [Text bracketed in red should be customized].
- > Italicized grey text provides descriptive information to guide development of the plan.

Developing a Continuity Plan

Continuity planning ensures the ability to sustain essential functions relating patient care, and facility and business operations across a wide range of potential emergencies for an extended period of time.

It is recommended that continuity plans be developed as part of a comprehensive planning strategy informed by risk analysis and functional assessments which enable the organization to allocate resources to those areas of greatest risk and where the most benefit from investment may be achieved.

Analyzing risk through a Business Process Analysis (BPA) and Business Impact Analysis (BIA) aids in the validation of Essential Functions (EFs) and identification of gaps in operational processes and procedures, information technology, communication systems, and facilities. These assessments may also aid in the identification of interdependencies, non-obvious risks, and improvement not only to an organization's readiness for a continuity event but also strengthen its normal operations.

Recommended assessment and planning activities include:

- Conducting a risk assessment to identify and analyze potential threats and hazards;
- Conducting a BPA to identify and document activities and tasks performed within an organization;
- Conducting a BIA to identify and evaluate how the organization's threats and hazards may impact the organization's ability to perform its essential functions;
- Identifying and prioritizing the organization's EFs, and essential supporting activities, systems, resources and staff which support the execution of those essential functions;
- Identifying mitigation options risks identified in the BIA (e.g., alternate facilities, telework policies, devolution procedures, mutual aid agreements);
- Draft a comprehensive plan that outlines the requirements and procedures needed to perform essential functions and establish contingency plans.

Acknowledgments

This template was developed as part of a continuity of operations planning work group initiative coordinated by Iroquois Healthcare Association. This and other project resources are available at www.iroquois.org/emergency-preparedness/continuity.

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I. PURPOSE

Explain why the organization is developing a continuity plan and the overall purpose of continuity planning, which is to ensure the continuity of essential functions.

To accomplish its mission to [mission statement], [Health Care Organization (HCO)] must ensure its most important and time critical functions are performed efficiently and with minimal disruption, especially during an emergency. This document provides guidance for implementing the Continuity Plan to ensure the [HCO] is capable of fulfilling its mission and essential functions under all threats and conditions.

Continuity planning ensures the ability to continue essential patient care services, business operations and ancillary support functions across a wide range of potential emergencies. It presents a management framework to establish operational procedures to sustain each essential function if normal operations performed by the [HCO] and its facilities or departments are not feasible. It also guides the recovery and reconstitution of the [HCO]'s operations, focusing on actions that must be initiated after an incident to ensure continued performance of essential functions, for a sustained period. The plan recognizes that full recovery and reconstitution of the [HCO]'s activities may take weeks or months.

A continuity of operations strategy is an essential component of health care emergency management planning. The goal of emergency management is to provide care to individuals who are incapacitated by emergencies in the community or in the [HCO]. A continuity of operations strategy focuses on the [HCO], with the goal of protecting [HCO]'s physical plant, information technology systems, business and financial operations, and other infrastructure from direct disruption or damage so that it can continue to function throughout or shortly after an emergency. When the [HCO] itself becomes, or is at risk of becoming, impacted by an emergency, the strategy provides the resilience to respond and recover.

II. APPLICABILITY AND SCOPE

Describe the applicability of the plan to the health care organization as a whole. Define what this continuity plan covers and what it does not cover, and what is located in other plans and policies.

If part of a larger health care organization with multiple facilities, continuity planning should be integrated with the organization and all facilities. Describe applicable organization or partner relationships as well as any on-site or multi-site organization operations. There may be an organizational continuity plan, with each individual facility having an annex to reflect unique issues.

This Continuity Plan encompasses the [HCO, buildings, facilities etc.] and all personnel and operations of those facilities. This plan is one of the preparedness and operations plans used to prevent, prepare for, respond to, and recover from an emergency incident or disaster.

The scope of the Continuity Plan 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 brief, limited period of time (e.g. resolution is anticipated within 4-12 hours).

The [fill in as per ICS structure] will determine which situations require implementation of the Continuity Plan and will oversee responsibilities related to Continuity Plan activation. Activation of the Continuity

Plan will establish reliable processes and procedures to acquire resources necessary to continue essential functions and sustain operations for up to 30 days or longer until full resolution is achieved.

III. ESSENTIAL FUNCTIONS

The essential functions section should include a list of the health care organization's prioritized essential functions. Essential functions are those organizational functions and activities that must be continued under any and all circumstances. Other services not deemed essential should be deferred until additional personnel, assets and resources are available. Healthcare organizations should:

- Identify all functions, then determine which must be continued under all circumstances;
- Prioritize these essential functions;
- Establish staffing, resource, space, and cost requirements;
- Identify interdependencies, work flow processes, and support functions that ensure the continued performance of the organization's essential functions;

Below are examples of essential functions a hospital may identify.

- Emergency Services (Emergency Dept.)
- Surgical Services (Operating Room)
- Laboratory Services (Lab)
- Health Information Technology (HIT)
- Patient Care Unit (ICU)
- Central Supply (CS)
- Human Resources (HR)

- Pharmacy Services
- Public Relations
- Food Services
- Security
- Laundry
- Health Information management
- Infusion Chemotherapy
- > See <u>FEMA CGC</u> Ch. 2: Step 1. Identify Essential Functions pg. 13-18

[HCO] has identified its Essential Functions, a limited set of its overall functions that must be continued or rapidly resumed after a disruption of normal activities. These Essential Functions have been approved by [title], and are listed in the table below in priority order.

Table 1: Essential Function Table

Note: Repeat this table for each EF.

Essential Function	Recovery Time Objective	Responsible Personnel			
[Essential Function]	[Max time to resume function] [Staff and managers responsible for essential function]				
	Resources	Resources			
	[Required equipment, supplies, records, etc.]				
	Work Location & Space Requirements				
	[Continuity facility or telework location, IT, and communications access needs.]				
	Supporting Activities				
	[Essential supporting activities.]				
	Interdependencies				
	[Other entities providing required resources. Include applicable mutual aid agreements.]				
	Expected Costs				
	[Costs associated with the implementation of the essential function.]				

A. Business Impact Analysis Summary

The BIA may be an important reference for all the organization's continuity and emergency management plans. A single analysis should be shared and referenced in each plan to ensure consistent strategies.

Summarize the results of the BIA, noting how threats affect:

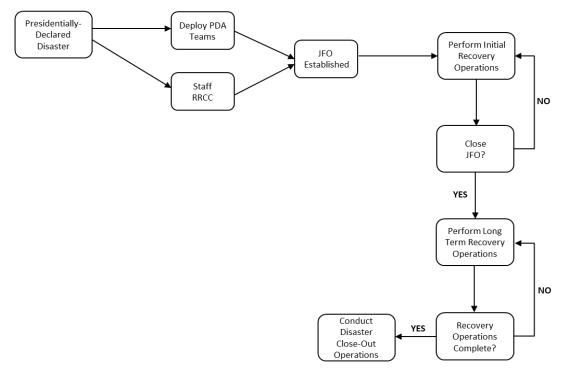
- Requirements for a continuity facility and infrastructure;
- Risks to essential records, servers, data lines, and IT equipment;
- Risk prevention and mitigation tactics.

> See FEMA CGC Ch 2: Step 1.1 Conduct a Business Impact Analysis p 16-17

Figure 1. SAMPLE Essential Function Decision Flowchart

Note: Repeat a similar workflow process for each EF.

CMEF#3: Coordinate recovery efforts following a disaster to ensure appropriate Federal assistance is delivered.



B. Essential Functions and Resource Summary

Summarize the results of the BPA for each EF, including:

- Recovery time objectives (RTO);
- Staffing (workers and managers) required to complete the function;
- Equipment, supplies, records, IT access, and communications necessary to conduct work;
- Facility space and infrastructure requirements;
- Supporting activities;
- Dependencies;
- Expected costs for continuity.

Include a workflow process description and/or diagram or reference the appropriate standard operating procedure (SOP) that details every step to complete each EF. (Imagine that a temporary employee with the required credentials, but without knowledge of organization-specific procedures comes in to assist; outline the steps so they complete the work as intended.)

> See <u>FEMA CGC</u> Ch 2: Step 1.2 Conduct a Business Process Analysis p 15-16

C. Support Functions

Describe internal support activities that will help ensure the ability to support EFs, including issues like plans for pay and benefits, administrative support, and establishing a break schedule for Continuity Team members.

➢ See <u>FEMA CGC</u> p 22-23

D. Interdependencies

Explain how interdependencies will be managed. Questions to consider include:

- Who does the organization count on to complete your EFs?
- How would these be met if either or both organizations are in continuity operations?
- What other entities depend on you to complete their EFs? Does this create additional EFs for you?

IV. CONCEPT OF OPERATIONS

This section should explain how the hospital will implement its continuity plan, and specifically, how it plans to address each critical continuity element. It is recommended that this section include:

- Activation;
- Alternate Facility Operations; and
- Reconstitution.

A. ACTIVATION

In the event an incident requires activation of an alternate location(s), outline the process by which personnel will be notified and relocated to the site(s). Not all continuity events require relocation to an alternate location.

1. Decision Process

Continuity Plan activation is a scenario-driven process that allows flexible, scalable response to all hazards and threats that might disrupt operations. Continuity Plan activation will not be required for all emergencies or disruptions.

The process for activating the Continuity Plan has three basic steps:

- (1) The [HCO Head] is aware of, or is notified, that a disruption to normal operations is planned, is anticipated, or has occurred;
- (2) The [HCO Head] evaluates the situation along with its potential, anticipated, or known effects on agency operations and decides whether to activate the Continuity Plan;
- (3) The [HCO Head] initiates the process to inform all employees of the situation and the actions they should take.

The decision to activate the Continuity Plan and related actions will be tailored for the situation based on projected or actual impact. Based on the type and severity of the emergency, the Continuity Plan may be activated by one of the following methods:

- (1) The [HCO Head], or a designated successor, may initiate the Continuity Plan activation for the entire [HCO], based on an emergency or threat directed at the [HCO];
- (2) [Additional activation measures].

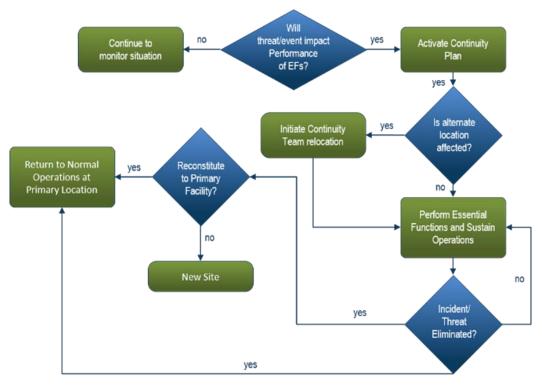


Figure 2. SAMPLE Decision Process

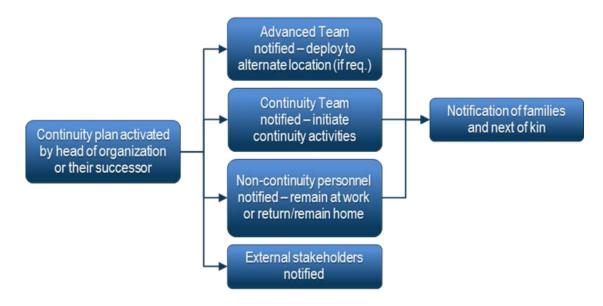
2. Alert and Notification Process

This section should explain how the organization will issue initial notification to staff that an incident has occurred. This may include mass notification systems, alarms, and public address systems within the building, emails, phone calls, press releases, agency website banners, or other methods of communication.

In the event of a potential or actual interruption, [title/department] will take the following steps to communicate the [HCO]'s operating status:

- (1) The [HCO Head] or designated successor will notify [title/department] of the Continuity Plan activation.
- (2) [Notification steps, including methods of notification and required responses to verify that personnel have received the notification.]
- (3) [Title/department] will notify family members, next of kin, and/or emergency contacts of Continuity Plan activation.
- (4) [Title/department] will notify external stakeholders of activation.

Figure 3. SAMPLE Activation and Notification Flowchart



3. Implementation Process

a. Continuity Personnel and Assignments

Organizations should develop and implement processes to identify, document, and prepare continuity personnel to conduct or support continuity operations, including:

- Clearly explaining and informing in writing the expectations, roles and responsibilities;
- Maintaining up-to-date contact information for primary and alternate continuity personnel;
- Ensuring that the needs of continuity personnel with disabilities are considered.

The [HCO] has determined the positions necessary to conduct essential functions, and to authorize and approve the work. Key positions include the Continuity Coordinator, Continuity Team members, senior leadership and their successors, and others who are assigned continuity responsibilities. These individuals will report to the alternate location or other assigned location. A copy of the current continuity personnel roster is found at [location]. The [title/department] is responsible for maintaining the roster and ensuring personnel are correctly matched to required positions.

Function	Title/ Position	Name	Telephone	Additional Information
[Essential Function]	[COO]		H: W: C:	[other information i.e. duty station and addresses]
	Alternate: [VP]		H: W: C:	
	Alternate: [Director, Department]		H: W: C:	

Position	Responsibilities		
HCO Head	 Provide overall policy direction, guidance, and objectives for continuity planning. Provide necessary resources to support the implementation of the [HCO] Continuity Plan and supporting activities (e.g., training, exercise). Ensure adequate funding is available for emergency operations. Ensure all [HCO] components participate in TT&E activities. 		
Continuity Coordinator	 Provide strategic leadership and policy direction for the continuity program. Serve as the [HCO]'s continuity program point of contact (POC). Implement the Continuity Plan when necessary, or when directed by the [HCO Head]. Maintain orders of succession and delegations of authority. Update Continuity Plan annually. Develop and conduct continuity training. Plan and conduct continuity exercises. Update telephone rosters monthly. Conduct alert and notification tests. 		
Essential Records Manager	Review status of essential records, files, and databases.Provide for proper storage and protection of essential records.		
Continuity Personnel	 Be prepared to deploy and support [HCO]'s EFs in the event of Continuity Plan implementation. Provide current contact information to Continuity Coordinator. Be familiar with continuity planning and know individual roles and responsibilities in the event of Continuity Plan activation. Participate in continuity training and exercises as directed. Have a telework agreement in place, if applicable. 		
Department Directors (See list of EFs)	 Appoint a POC for coordination and implementation of the Continuity Plan. Keep Continuity Coordinator informed of any changes in the designation of the department continuity POC. Identify EFs to be performed when any element of the [HCO] is relocated as part of the Continuity Plan. Identify those functions that can be deferred or temporarily terminated in the event the Continuity Plan is implemented. Maintain a current roster of Continuity Team members. Maintain current personnel emergency notification, accountability, and relocation rosters. Prepare backup copies or updates of essential records. Ensure that the time and attendance function is represented on the Continuity Team. 		

Table 3. Assignment of Responsibilities

Continuity personnel are responsible for creating and maintaining go kits that are either pre-positioned at the alternate location, or that they will carry with them when they go. The [title/department] will work with staff to ensure currency of the go kits by [insert procedures e.g. having personnel bring kits to annual exercises, quarterly inspections, or acquisition and replacement program]. A typical go kit should contain those items listed in the table below.

Table 4. Go Kit Contents

Date added/replaced	Item
[Most recent replacement date mm/dd/yy]	www.ready.gov provides a list of items to assist in creating a kit.

b. Communications Systems

This section should address the interoperable communications and IT systems to be utilized to ensure communications can continue, even if some infrastructure becomes disabled, and to support connectivity among organization leaders, internal personnel, and other organizations, customers, and the public during the crisis.

Provide an overview of all methods of communication the organization can use, and where they can cross-cover gaps or losses. This may be done using the table below.

➢ See <u>FEMA CGC</u> p 26-27

The [HCO] has identified multiple, resilient communication systems, located at the primary and alternate location(s), and telework or virtual office locations. These systems will support the needs of the [HCO] during all hazards and threats. The [HCO] also maintains communications equipment for use by employees with disabilities and hearing impairment. During a pandemic, when the limiting factor is loss of manpower rather than loss of facility or equipment, the diverse forms of communication can support social distancing efforts. These systems and are documented at [location].

Communication System	Support to Essential Function	Current Provider	Specification	Alternate Provider	Special Notes
Non-Secure Phones					
Secure Phones					
Fax Lines					
Cellular Phones					
Satellite					
Pagers					
E-mail					
Internet Access					
Data Lines					
Two-way Radios					
GETS Cards					
WPS					

Table 5. Communications Systems Tracking Table

Communications and IT capabilities should be operational within the RTO. Additional detailed information on the communications systems and requirements is found in [reference].

c. Continuity Event Communications

It is important for personnel to remain aware of the recovery status of the workplace and to know when/if they are required to assume an alternate role. It is also important for the organization to remain aware of the health and personal recovery status of personnel, to provide them assistance, and to utilize the available workforce efficiently. In this section, describe:

- The expected frequency of ongoing communication;
- Who is primarily responsible for ensuring communication;
- Whether two-way communication is required to ensure receipt of messages.

Table 6: Continuity Event Communications Tracking Table

Sender	Receiver	Method	Message	Frequency	Receipt Notification

i. Senior Leadership Communications

The [HCO] possesses communications capabilities to support the organization's senior leadership while they are in transit to alternate location(s), at a remote site, or communications have failed at the primary operating facility. These capabilities are maintained by the [title/department] and documentation regarding these communications capabilities is found at [location or list capabilities below].

ii. Contact Rosters

Contact rosters should be maintained in Appendix B. Communications for:

- Internal personnel;
- External stakeholders (partners, media, funding entities, government contacts);
- Service providers (vendors, mail and courier services).

Contact Rosters are maintained by [title/department] and stored in the essential records database, and are included in Appendix B. Communications

iii. Tracking the Threat

Outline the processes senior management will use to track the development of the incident (e.g. online and broadcast news and weather, emergency services, etc.) and applying the effects of these developments to:

- The health and safety of personnel;
- Execution of essential functions;
- Potential effects on communications and IT systems, facilities, equipment, and other essential resources.

The [HCO] will remain informed of the threat environment using all available means, including:

- Emergency Communications Center;
- Regional and local notification systems;
- Direction and guidance from higher authorities;
- News and weather media;
- [Other].

[HCO Head or fill in as per ICS structure] will evaluate all available information relating to:

- The health and safety of personnel;
- The ability to execute essential functions;
- Changes in threat advisories and intelligence reports;
- The potential or actual effects on communications systems, information systems, department facilities, and other essential equipment;
- The expected duration of the emergency;
- [Other considerations].

d. Leadership

i. Orders of Succession

This section should identify lines of succession for the organization head and key positions required to authorize and approve essential functions and reconstitution, and to maintain financial and legal responsibilities.

For each position that requires legal documentation to enable successors to assume responsibilities, a delegation of authority document should be created listing the successors in the order they would assume responsibility. This document should be reviewed by the legal division and signed by primary jobholder and successors. Revisions should be distributed to appropriate personnel as changes occur. Orders of succession should:

- Designate at least three individuals to manage essential functions and other critical operations;
- List successors in the order they would assume the role;
- Be described by positions or titles, rather than names to limit revisions to plan;
- Designate responsibilities that may/may not be assumed;
- Describe the process for transferring authority between the primary job holder and successors;
- Include devolution counterparts;
- Be regularly reviewed by the organization's legal department;
- Be designated and maintained as essential records.

See <u>FEMA CGC</u> Chapter 2: Step 3.1.2 Orders of Succession (p 23-24)

In the event the [HCO Head] is rendered incapable or unavailable to fulfill their duties, successors have been identified to ensure there is no lapse in decision-making authority.

Position	Designated Successors
	[Title]
[CEO]	[Title]
	[Title]
	[Title]
[Title]	[Title]
	[Title]
	[Title]
[Title]	[Title]
	[Title]

Table 7. Order of Succession List

[Department/title] is responsible for ensuring orders of succession are up-to-date, and copies can be found at [location(s)]. When changes occur, they will be distributed to [departments/titles/groups] and designated successors.

When the primary holder of one of these positions, or their acting successor, becomes unreachable or incapable of performing their duties, the [title] will notify the next successor in line and inform other internal and external stakeholders of the substitution.

Successor training will be conducted annually, and the dates and topics will be documented by [title] and stored in the training records [location] which are essential records.

ii. Delegations of Authority

Delegations of authority should be created for each position that requires documentation to enable successors to assume responsibilities. These documents should:

- List the successors in the order they would assume responsibility;
- Outline the authority for individuals to make policy decisions during a continuity event;
- Describe the process for transferring authority between the primary job holder and successors;
- Designate responsibilities that may/may not be assumed.

Delegations of authority documents should be reviewed by the legal division and signed by primary jobholder, successors, the head of the legal division and organization head. The delegations of authority are:

- Designated and maintained as essential records;
- Written in accordance with applicable organization policies to ensure the organization's essential functions continue to be performed;
- Outline explicitly the authority of a job holder to re-delegate functions and activities, as appropriate;
- Delineate the limits of and any exceptions to the authority and accountability;
- Define the circumstances, including devolution, under which delegations may be activated and terminated.

The [HCO] has informed individuals in titles which may be expected to assume authorities during a continuity situation. Documentation is found at [location(s)]. Further, these individuals are trained at least annually. This training is reflected in agency training records located at [location].

The [HCO] has identified the following titles that require delegations of authority:

- [HCO Head];
- [Additional titles].

e. Human Resources Considerations

The continuity program should coordinate with appropriate departments regarding human resource considerations including pay, benefits, employee schedules, and employee assistance as there may be laws or and regulations that must be adhered to during a continuity event. Those considerations should be documented here, as well as the point of contact for any questions or concerns during a continuity event. Instructions should include discussing such issues with the appropriate department during an event to ensure they align expectations and Recovery Time Objectives.

> See FEMA CGC Chapter 2: Step 3.1.1 Human Resources (p 22-23)

The [HCO] has developed guidance and direction for personnel regarding human resource issues during a continuity event. This guidance is integrated into the [human resources department] procedures, is maintained by the [department/title] and stored at [file location (hyperlink or hardcopy)]. The Continuity Coordinator/Manager works closely with the [appropriate human resources title/department] to resolve human resources issues related to a continuity event, update the Continuity Plan, and communicate with managers regarding human resources needs to help continue essential functions throughout an event.

The [HCO] has issued continuity guidance for human resources on the following issues:

- Additional Staffing: [guidance or location of guidance];
- Work Schedules and Leave/Time Off: [guidance or location of guidance];
- Employee Assistance Program: [guidance or location of guidance];
- Employees with Disabilities: [guidance or location of guidance];
- Benefits: [guidance or location of guidance];
- Premium and Annual Pay Limitations: [guidance or location of guidance];
- [Additional topics].

i. Accounting for Personnel

The [title/department] will account for all personnel using [accountability process such as call trees, automated system, etc.]. Accountability information is reported to the [title/department] at [number] hour intervals. The process will continue until all personnel have been accounted for.

ii. Personal Recovery Assistance

Describe the department/title responsible for monitoring the well-being and recovery needs of staff, and ways the organization can assist them. This would include detailing or citing emergency procedures for filing workers' compensation claims, accessing employee assistance programs, and other applicable legal requirements.

An event that requires the activation of the Continuity Plan may affect the [HCO]'s personnel. Therefore, the [department] will create provisions and procedures to assist all personnel, especially those who are disaster victims, or who have human resource-related concerns following a disaster. These provisions and procedures are found at [location].

iii. Replacing Staff

Describe the process and department/title responsible for hiring temporary or permanent replacement staff if needed to ensure the presence of qualified, credentialed workers to perform essential functions.

It may be necessary to augment or replace personnel during a continuity event. The [department] will be responsible for recruiting, hiring, and on-boarding staff during a continuity event.

f. Mutual Aid

Describe and reference the location of applicable memoranda of understanding (MOU), memoranda of agreement (MOA), emergency contracts, service level agreements (SLAs) or other arrangements that have been put in place to augment resources and support the continuation of essential functions.

➢ See <u>FEMA CGC</u> p 21

g. Expected Costs

Outline or summarize the anticipated costs directly associated with the continuation of essential functions during a continuity event, and describe the process for approval of expenditures. (This is different from the continuity program budget.) This information may be detailed in an annex or other location.

➢ References: <u>FEMA CGC</u> p 17-18

h. Devolution

Devolution planning should support overall continuity planning and address all-hazards emergency events that may render an organization's leadership or staff unavailable or incapable of supporting execution of the organization's essential functions from either its primary operating facility or alternate location.

In some instances, devolution may not be a viable option for an organization. If essential functions require widely divergent expertise, you may wish to have more than one devolution partner.

Organizations that use a Devolution Plan that is separate from their continuity plan should include baseline information from their Devolution Plan in this section including references to where this information is located in their Devolution Plan. The separate Devolution Plan should be designated as an essential record.

Outline the procedures for transferring responsibility for the implementation of essential functions to a different organization, or geographically separated division within the primary organization. Include a copy of the contract if devolution will be to a separate organization.

> See <u>FEMA CGC</u> Chapter 2: Step 2.3 Devolution (p 20-21)

The [HCO] is prepared to transfer all its essential functions [or list specific essential functions] and responsibilities to personnel at [alternate division or organization, and location] if events render leadership or staff unavailable to support the execution of essential functions.

[Department/title] maintains responsibility for ensuring the currency of the Devolution Plan. This plan:

- (1) Is located at [location].
- (2) Includes program plans and procedures, budgeting and acquisitions, essential functions, orders of succession and delegations of authority specific to the devolution site, interoperable communications, essential records management, staff, TT&E, and reconstitution.
- (3) Identifies prioritized essential functions, defines tasks that support, and resources to facilitate, those functions. The list of prioritized essential functions for devolution is found at [location].
- (4) Includes a roster that identifies fully equipped and trained personnel who will be stationed at the designated devolution site and the authority to perform essential functions and activities when the devolution option of the Continuity Plan is activated. The devolution personnel roster is found at [location].
- (5) Identifies events that might "trigger" devolution and specifies how and when control and direction of the operations will be transferred between entities. Devolution activation protocols are found at [location or insert below].
- (6) Lists or references the necessary resources to facilitate the immediate and seamless transfer of essential functions to the devolution site. The list of necessary resources for devolution is found at [location].

- (7) Establishes and maintains reliable processes and procedures for acquiring the resources necessary to continue essential functions and to sustain those operations for extended periods. The [title/department] is responsible for acquiring resources during a devolution situation. Acquisition processes and procedures are found [location].
- (8) Establishes and maintains the ability to restore, or reconstitute, authority to the primary [HCO] upon termination of devolution.
- (9) Outlines the devolution [organization]'s responsibilities to maintain situational awareness and ongoing communications with senior leadership and personnel.
- (10) Provides an overview of procedures outlining workforce protection strategies to prevent the need to devolve. This may include strategies such as social distancing, telework, split shifts, or increased workplace hygiene.

The table below lists devolution site(s), contact information, leadership and whether they have been included in the hospitals' delegations of authority.

Location	Phone Numbers	Address	Devolution Site Leadership	Leadership Included in Delegations of Authority?

Table 8. Devolution Site(s)

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 perform a certain duty or even where and how to access patient records that they may not be familiar with.

The table below identifies devolution site staff and contact information, and describes training provided.

Name, Position	Contact Information	Training Provided
		[Location of patient records and how to retrieve]
		[Participated in devolution notification drill]
		[What data systems are used, how they're backed up, how to access them and trouble shoot issues?]
		[Participated in devolution notification drill]

Table 9. Trained Devolution Counterparts

List prioritized essential functions that a devolution site may need to know so they can carry out the most vital services and functions of that health care organization.

The table below identifies the priority of essential functions to be devolved.

Table 10. Essential Functions to be Devolved

Priority	Essential Functions
1.	
2.	
3.	
4.	
5.	

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 prepositioned or already accessible at the devolution site.

The table below lists vital files, records and databases which may be needed to carry out functions

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

Table 11. Resource Requirements

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

The table below lists communication capabilities for the devolution site.

Table 12. Communications Requirements

Voice	Radio	Data	Video
[Telephone] [Cell phone]	[800 MHz Radio]	[WebEOC]	

B. ALTERNATE FACILITY OPERATIONS

The section should identify initial arrival procedures as well as operational procedures for the continuation of essential functions at an alternate facility location.

A separate alternate facility operational plan may be developed to address alternate care facility operations; however, the initial steps taken to activate and begin operations should be addressed here. As long as the information is cross-walked and identical, it is acceptable to have duplicate information in both the continuity plan and the alternate facility operational plan. A written indicator to ensure proper cross walking of these two plans should be indicated in the maintenance and review section of each plan.

1. Relocation

Upon activation of the Continuity Plan by [title of authority], essential functions may relocate to the alternate location(s). [Title/department] will notify the point of contact at the alternate location(s) of

the activation and need to occupy the space and ensure that the continuity operations can begin within the Recovery Time Objective.

If the emergency occurs during work hours continuity activities will be implemented as follows:

- (1) Advance Team and Continuity Team members will deploy to the designated alternate location from the primary facility or their current location using [method of transportation];
- (2) Non-continuity personnel will receive instructions from [title/department]. In most situations they will be directed to return home to await further instructions;
- (3) Information will be provided regarding safety precautions and clear routes to use when leaving the primary operating facility.

If the emergency occurs <u>during non-work hours</u> continuity activities will be implemented as follows:

- (1) Advance Team and Continuity Team members will deploy to the designated alternate location from their current location using [method of transportation]. They should arrive by [time i.e. immediately, time specified during notification, within pre-designated number of hours or business hours].
- (2) Non-continuity personnel will remain at their residence or other designated location, but must be prepared to replace or augment continuity personnel within [hours] of notification, or as advised. Staff replacements will be coordinated by the [title/department].

Non-continuity personnel may be required to replace or augment continuity personnel during activation and should remain available as instructed. Notification of activation will include [time from notification until they are expected to arrive]. These activities will be coordinated by the [title/department].

The advance team will should arrive and prepare the alternate location(s) for use so that continuity operations can be resumed within the Recovery Time Objective. The advance team will:

- (1) Ensure infrastructure systems, such as power and heating, ventilating, and air conditioning are functional;
- (2) Prepare check-in duty stations for the Continuity Team's arrival;
- (3) Address telephone inquiries from continuity and non-continuity staff;
- (4) [Additional tasks].

In-processing procedures include [steps to in-process continuity personnel, including how to obtain the roster of continuity personnel and how the Health Care Organization will reach individuals who have not in-processed for accountability, etc.].

Table 13. Alternate Location Checklist

Upon arrival at the alternate location, continuity personnel will:		
Check in		
Receive instructions and equipment		

Report to work station as identified in [location] or as otherwise designated during the activation process

Retrieve pre-positioned or transported information and resources

- Activate specialized systems or equipment
- Monitor the status of personnel and resources
- Conduct EFs
- Prepare and disseminate reports, as required
- Comply with any additional continuity reporting requirements
- Communicate contact information to family members, next of kin, and emergency contacts
- [Additional tasks]

2. Alternate Locations & Telework

Organizations should identify and maintain at least one alternate location for the relocation of a limited number of the organization's key leaders and staff. This may include another facility or virtual office options. The alternate location should be located where it will not be vulnerable to the same disrupting events that damage the primary operating facility.

The organization should have guaranteed access to their alternate location within an agreed upon time following initiation of continuity plan. This should allow time for set-up so work can begin within the recovery time objective.

An Alternate Location/Facility MOA Template is included in Appendix D-1. An Alternate Location/Facility Inspection Template is included in Appendix D-2..

Information about the alternate location/facility, including the address, points of contact, and available resources at the location should be described in Appendix D-3: Alternate Location/Facility Information.

Maps, evacuation routes and driving directions, and available modes of transportation from the primary facility to the alternate location should be included in Appendix D-4: Maps and Evacuation Routes

➢ See <u>FEMA CGC</u> p 21

a. Space and Infrastructure Summary

When selecting an alternate location, it is important to know the total space, and infrastructure requirements to conduct work. These can be calculated in part by summing the requirements listed in the BPA for each EF. Additional things to consider include access to, or availability of:

- Backup generators
- Equipment (such as computers, print/copy/fax, phones, specialized items)
- Bathrooms and break areas
- Residential accommodations and transportation

Describe these features, detailing how the facility meets requirements.

The alternate location(s) provide the following in sufficient quantities to sustain operations until normal operations can be resumed:

- Space and equipment, including computer equipment and software. The alternate location can accommodate [number] personnel. Facility floor plans, equipment inventory, and [other applicable documents] are found at [location].
- Capability to perform EFs within the RTO. The facility will remain available until normal operations can be resumed, often within 30 days.

- Reliable logistical support, services, and infrastructure systems. Details on these infrastructure systems are available at [location].
- Consideration for health, safety, security, and emotional well-being of personnel including [considerations, such as physical security, fitness activities, access to the Employee Assistance Program, and presence of security].
- Emergency/back-up power capability. Details on the power capability are available at [location].

b. Access to Communications, Internet, and Remote Servers

Determine the number of internet and phone ports available at the alternate location, and whether host security allows use of their internet lines. Determine where replacement phone and computer equipment will be stored ahead of time, or procured within the RTO.

Describe how staff will access the organization's primary servers, backup storage, and essential records database in the event these servers are lost. If remote access will be used to reach servers, ensure there are adequate licenses and that the internet speed will support timely transference of an appropriate volume of data.

The alternate location(s) provides the following infrastructure to ensure access to primary servers, backup storage, and the essential records database:

- Interoperable communications, and connections, for effective interaction. Additional information on continuity communications is found in the Communications section of this plan.
- Capabilities to access and use vital files, records and databases. Additional information on accessing vital files, records and databases is found in the Vital Files, Records and Databases section of this plan.
- Systems and configurations that are used to complete essential functions. IT support at the alternate location can be accessed by [access to IT support]. Details on the systems and configurations are available at [location].

c. MOUs and Agreements

If an agreement is necessary to ensure occupancy on demand, it should be obtained in advance and should outline use parameters and limitations. This contract should be classified as an essential record and a copy included in Appendix D. Alternate Location/Facility Documentation.

Appendix D-1. of this document contains an Alternate Location MOA Template.

A copy of the Alternate Facility MOA/MOU is found at [location] and maintained by the [department].

d. Maps, Directions, Security and Access

Personnel must be able to reach the site to begin work within the RTO. Clearly describe all security and site access requirements. Maps and directions, including at least a primary and secondary route (in case a disruption renders the primary route inaccessible) should be included in the Appendix D. Alternate Location/Facility Documentation.

The alternate location is located at [facility name and address]. A map of the surrounding area, including directions and route from the primary operating facility, is located at [below/list location]. Additional facility details are as follows:

- (1) This facility is [rented/owned] by [entity];
- (2) [Important contact information for the site, including security, medical, and on-site personnel];
- (3) [Security and access requirements];
- (4) [Medical support at or near the site];
- (5) [Other amenities available at or near site, including restaurants, stores, banks, and gas stations].

e. Telework

In order to work remotely, it is usually necessary to have access to information on the organization's servers, backup storage sites, and/or vital files, records and databases. Each user must have a computer at home or remote site with adequate capabilities and that meets the security requirements to access servers, and can interface with other systems as required to conduct essential functions.

Continuity operations will begin at the date and time stated in the plan activation notification. Within 8 hours of plan activation, the IT manager will determine if the infrastructure in the primary operating facility is accessible and fully functional. The IT manager will provide personnel with the status of the agency's infrastructure and identify which IT resources they should use.

Once continuity operations have begun, all personnel will begin teleworking and will:

- Contact their manager by email, text, or telephone to verify their arrival and ability to telework from their location.
- Upon notification from the IT manager regarding which IT resources will be used, login to the appropriate location.
- Report to their manager their ability to access essential records needed to perform their functions or obstacles they are facing.
- Begin performing EFs or supporting activities within the RTO.

3. Mission Critical Systems

This section should address the health care organization's critical systems necessary to perform essential functions and supporting activities. Organizations must define these systems and address the method of transferring/replicating them at an alternate site. Use the table below to insert the organization's mission critical systems, current location and alternate location information.

> See Federal Healthcare Resilience Task Force Alternate Care Site Toolkit

The following table lists [HCO]'s mission critical systems, their current location, alternate location and describes the process for transferring or replicating them at an alternate location.

Mission Critical System	С	Current Location	Process for Transfer
Mission Critical System		Alternate Locations	Process for transfer
[Detiont Care]	С		
[Patient Care]	Α		
[Triaga]	С		
[Triage]	А		
[Inpatients]	С		

Table 14. Mission Critical Systems

		1
	A	
[Outpatients]	С	
[Outpatients]	A	
[Datiant Mayamant]	С	
[Patient Movement]	Α	
	С	
[Appropriate levels of care]	Α	
	С	
[Patient Tracking]	Α	
	С	
[Medical screening]	Α	
	С	
[Pharmacy inventory]	Α	
	С	
[Laboratory Services]	Α	
	С	
[Hospital Command Center]	Α	
	С	
[Staffing Needs]	Α	
	С	
[Care of special populations]	Α	
	С	
[Restore IT Applications]	A	
	С	
[Patient decon and stabilization]	Α	
	С	
[Critical Equipment / Resources]	A	
	С	
[Medical billing]	Α	
	C	
[Other]	A	
	C	
[Other]	A	
	17	

4. Vital Files, Records, and Databases

This section should address the health care organization's vital files, records, and databases, including classified or sensitive data, which are necessary to perform essential functions and activities and to reconstitute normal operations after the emergency ceases.

Vital files, records and 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.

Organizational elements should pre-position and update on a regular basis those duplicate records, databases, or back-up electronic media necessary for operations. This section is not to be confused with the health care organization's IT continuity plan. Although you may combine the two, this template only focuses on essential services vital to support the various aspects of patient care. Business and other IT functions are not addressed by this template. There are many categories of records to be reviewed and prioritized, then transferred (either hard copy or electronic media) to an alternate location.

The following table shows vital files, records, and databases for [HCO].

Vital File, Record, or Database	Form of Record (e.g. hardcopy, electronic)	Pre- positioned at Alt Facility	Hand Carried to Alt Facility	Backed up at Third Location
[Emergency operations records]				
[Continuity Plan]				
[Legal/financial records]				
[Phone Roster]				
[Devolution Contact List]				
[Legal Authority List]				
[Central supply logistics tracking information]				
[Emergency Supply Resource List]				
[GIS Mapping Database]				
[List of Licensed Spill Cleanup Contractors]				
[List of DME Suppliers]				
[Medical Record Database]				
[Pharmacy tracking and DEA forms]				
[ICE RX]				
[Alternate ACF sites and data]				
[Community Partner Contacts]				
[MRC and other volunteer contact lists]				
[Other]				

Table 15. Vital Files, Records and Databases

5. Vital Systems and Equipment

Vital Systems and Equipment is very similar to the Vital Files, Records and Databases. Vital Equipment refers to the equipment such as radios, computers, cell phones, pagers, etc. needed to support essential functions. Examples are provided in the table below. Modify the examples as needed to fit your organization. List the vital system or equipment necessary to perform the essential functions and include the following information:

- Describe the vital system or equipment necessary to perform the essential functions;
- Identify where the equipment is stored;
- Identify the staff member or vendor that supports the vital system or equipment. Ensure contact information is included;
- Identify the Recovery Point Objective (RPO) when it must be operational again following a disruption of service (e.g. 1 day, 1 week, or 1 month);
- Prioritize the vital systems and equipment. The shorter the RPO, 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 health care organization's current capabilities. You also may use this column to identify an alternate method if the system or equipment is unavailable.

Vital systems and equipment identified as critical to supporting the essential functions have been identified and added to the table below. The hospital's [department] maintains these systems and equipment and ensures they are tested and backed up on a [period] basis. In addition, the [department] ensures that connectivity exists at the alternate work site and will provide technical support during Continuity Plan activations.

System/Equipment	Location	RPO	Risks	Recommendations / Alt Methods
[Computers]	[Departments and work stations]	[1 Day]	[Unavailable during power outage]	[Utilize generator power for computers that must
	Staff/Vendor Contact	Priority	Protection/Maintenance	be up and running in
		[1]		medical departments 24/7]
	Staff/Vendor Contact	Priority	Protection/Maintenance	
	Staff/Vendor/Contact	Priority	Protection/Maintenance	
	Staff // and an / Cantact	Duiquitur	Ducto stice /Maintenance	
	Staff/vendor/Contact	Priority	Protection/Maintenance	
l				

C. RECONSTITUTION

Organizations should identify and outline a plan to return to normal operations once senior management, or their successors, determine the disaster no longer poses a threat. To ensure proper focus on each area of work, separate individuals should staff the Reconstitution Team and Continuity Team. Note: Organizations that use a Reconstitution Plan that is separate from their continuity plan should reference that plan and include a summary of the information in this section. The referenced Reconstitution Plan should be designated as an essential record.

Reconstitution is the process by which surviving and/or replacement personnel resume normal operations at the original or alternate 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;
- Equipment needed to conduct daily operations; and
- 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 includes:

- The address of the new site, if applicable;
- Notify all personnel and customers threat is no longer prevalent;
- Notify employees and customers of plan to re-establish operations;
- A list of available resources for moving equipment and personnel; and
- Parking or commuter information for people returning to work.

➢ See <u>FEMA CGC</u> p 29-30

1. Procedures

Within [time period] of an emergency relocation, and after receiving approval from the appropriate state and local law enforcement and emergency services the Reconstitution Team will initiate and coordinate operations to salvage, restore, and recover the primary operating facility and resources:

Table 17. Reconstitution Checklist

Re	Reconstitution Checklist				
	Identify the Reconstitution Manager for all phases of the reconstitution process.				
	Reconstitution will commence when the [HCO Head] or another authorized person ascertains that the emergency situation has ended and is unlikely to reoccur.				
	Within [number] hours of the Continuity Plan activation, each [HCO] subcomponent will designate a reconstitution POC to work with the Reconstitution Team and to update department personnel on developments regarding reconstitution.				
	[Department/title] should determine the status of the primary operating facility affected by the event by [methods].				
	[HCO], in conjunction with [department/title], will determine how much time is needed to repair the primary operating facility and/or acquire a new facility.				
	Should [HCO] decide to repair the facility, [department/title] has the responsibility of supervising the repair process and should notify [title/department] of the status of repairs, including estimates of when the repairs will be completed.				
	Before relocating to the recovered or replaced primary operating facility, the [department/title] will conduct appropriate security, safety, and health assessments to determine building suitability.				
	[Title/department] will verify that all systems, communications, and other required capabilities are available and operational and that the [HCO] is fully capable of accomplishing all essential functions and operations at the new or restored primary operating facility.				
	Upon verification that the required capabilities are available and operational, and that the [HCO] is fully capable of accomplishing all essential functions and operations at the new or restored facility, the [department/title] will begin supervising a return of personnel, equipment, and documents to the primary operating facility.				
	The phase-down and return of personnel, functions, and equipment will follow the priority-based plan and schedule outlined below; the [HCO] will develop return plans based on the incident and facility within [number] hours of plan activation.				

2. Reconstitution Team

Individuals should not be assigned to both the Continuity and Reconstitution Team, as both require significant time and effort, and the responsibilities overlap. Reference the roster of Reconstitution Team members (in Appendix B. Communications).

Describe the expectations for members of the team. These may include:

- Communication between senior leadership and building managers or repair crews
- Recovery of resources from the damaged building (if safe to do so)
- Coordination of repairs to re-occupy the damaged facility
- Searching for a new permanent or semi-permanent facility
- Procuring resources, setting up/installing, and testing the permanent facility for operability
- Assisting in creation of a return-to-work schedule to recover operations in the order of greatest need (often the essential functions will continue from the alternate location until the new permanent one has been tested and proved fully operational).

Position	Responsibilities
Health Care Organization Head	 Provide overall policy direction, guidance, and objectives for continuity planning. Provide necessary resources to support the implementation of the [HCO] Continuity Plan and supporting activities (e.g., training, exercise). Ensure adequate funding is available for emergency operations. Ensure all [HCO] components participate in TT&E activities.
Reconstitution Manager	 Provide strategic leadership and overarching policy direction for reconstitution activities. Serve as the [HCO] reconstitution POC. Implement the Reconstitution Plan when necessary, or when directed by a higher authority. Update Reconstitution Plan annually. Assemble and train reconstitution team. Conduct TT&E activities. Coordinate with Continuity Manager. Oversee and monitor work on primary facility. Plan phased transition of EFs to primary facility.
Reconstitution Team Personnel	 Be prepared to deploy and support reconstitution activities Provide current contact information to manager. Be familiar with reconstitution planning and know individual roles and responsibilities in the event of activation. Participate in continuity training and exercises as directed.

Table 18. Reconstitution Team Responsibility Chart

V. READINESS AND PREPAREDNESS

A. PLANNING ASSUMPTIONS AND CONSIDERATIONS

The Continuity Plan 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 Continuity Plan is based on the following assumptions and considerations:

- Emergencies or threats may affect [HCO]'s ability to provide essential departmental services and to provide support to other agencies.
- Emergencies can occur within the [HCO] (internally), or within our community (externally), that may affect the organization's ability to provide optimal care, treatment, and/or service.
- Maintenance of mission-critical services during emergency response and recovery is a priority.

- Safety and security of personnel, patients, visitors, and volunteers is the top priority during emergency response and recovery.
- The Hospital Incident Command System (HICS) is the management structure that will be used for command and control of an incident.
- Activation of HICS is determined by the scope and magnitude of the incident and the impact on the facility.
- This [HCO] will maintain communications, collaboration, and cooperation with community response partners including: the local Emergency Operations Center (EOC), Joint Information Center (JIC), area hospitals, and others involved in the incident.
- Personnel and other resources from [organization] 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, and concerns about economic loss or fear.
- Information and communications systems that support essential functions during normal day-today operations may not be available.
- The program is tested and reviewed on a regular basis.

B. PLANNING RESPONSIBILITIES

This section should include additional delineation of continuity plan responsibilities of each key staff position.

- There shall be additional delineation of Continuity Plan responsibilities of each key staff position.
- The [HCO Head] shall ensure the mission of the [HCO] and the essential functions that help carry out that mission are done in a timely and efficient manner.
- Essential functions as defined are the services [HCO] must provide that cannot be delayed for more than 30 days.
- To make sure these essential functions are completed, Continuity Planning Teams have been formed to carry those functions out upon Continuity Plan 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 Continuity Plan activation period is terminated.
- Depending on the incident, the [HCO Head] may request for volunteers to assist with performing the essential functions.
- The Continuity Plan Teams shall be able to continue the performance of [HCO] essential functions for up to 30 days with resource support, including volunteers and any requested assistance from outside resources.

- The Continuity Plan Team will appoint a Continuity Plan Team Leader to direct and organize their respective teams' Continuity Plan notification, activation and response.
- If the Continuity Plan is activated the management structure will roll into the HICS Operations Section.
- All staff members who do not have specified Continuity Plan roles or responsibilities are referred to collectively as the Continuity Plan 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 Continuity Plan Team members or to augment the overall Continuity Plan response.

An emergency condition may require the relocation of [HCO]'s Continuity Plan Team members to the continuity facility at [organization].

The [organization] will support Continuity Plan Team members and the continuation of [HCO]'s essential functions by available communications and information systems within 12 hours or less from the time the Continuity Operations Plan is activated, for potentially up to a 30-day period or until normal operations can be resumed.

The following table lists continuity responsibilities and position assigned for each responsibility:

Responsibility	Position Assigned
Update Continuity Plan annually.	[Emergency Preparedness Manager]
Update telephone rosters monthly.	[Communications Specialist, Human Resources Admin]
Review status of vital files, records, and databases.	[Records Specialist, Information Services Tech (by exact title of position)]
Conduct alert and notification tests.	[Communications Specialist, ED Charge Nurse]
Develop and lead Continuity Plan training.	[Training Specialist, Occupational Health Specialist, EP Manager, Facilities Director, etc]
Plan Continuity exercises.	[Training Specialist, County OEM, HSEEP Certified member of training department]

Table 19. Continuity Responsibilities and Assignments

The responsibilities of the required personnel during the four phases of continuity are outlined in Appendix C. Continuity Synchronization Matrix

C. TESTING, TRAINING, AND EXERCISES

This section should address the organization's Test, Training, and Exercise (TT&E) Plan to ensure staff members understand their roles and responsibilities, ensure that systems and equipment are maintained, and validate certain aspects of the continuity plan. Managers should consider snow days, power outages, server crashes, and other ad-hoc opportunities to assess preparedness. The Continuity TT&E Plan may be incorporated into the health care organizations multi-year plan or can stand-alone.

Either of the following two charts may be used to guide and track training and exercise objectives:

Table 20. Testing, Training and Exercise Capabilities

Continuity TT&E Requirements	Monthly, Quarterly, Annually, As Required
Test and validate equipment to ensure internal and external interoperability and viability of communications systems	
Test alert, notification and activation procedures for all continuity personnel	
Test primary and backup infrastructure systems and services at continuity facilities	
Test capabilities to perform essential functions	
Test plans for recovering vital records, critical information systems, services and data	
Test and exercise of required physical security capabilities at continuity facilities	
Test internal and external interdependencies with respect to performance of essential functions	
Train continuity personnel on roles and responsibilities	
Conduct continuity awareness briefings or orientation for the entire workforce	
Train [HCO]'s leadership	
Train personnel on all reconstitution plans and procedures	
Allow opportunity for continuity personnel to demonstrate familiarity with Continuity Plans and procedures and demonstrate [HCO]'s capability to continue essential functions	
Conduct exercise that incorporates the deliberate and preplanned movement of continuity personnel to continuity facilities	
Conduct assessment of [HCO]'s continuity TT&E programs and Continuity Plans and programs	
Report findings of all annual assessments as directed to FEMA	
Conduct successor training for all personnel who assume the authority and responsibility of the [HCO]'s leadership if that leadership is Incapacitated or becomes otherwise unavailable during a continuity situation.	
Train on the identification, protection, and ready availability of electronic and hardcopy documents, references, records, information systems and data management software and equipment needed to support essential functions during a continuity situation for all staff involved in the vital records program	
Test capabilities for protecting classified and unclassified vital records and for providing access to them from the continuity facility	
Train on a devolution option for continuity, addressing how the [HCO] will identify and conduct its essential functions during an increased threat situation or in the aftermath of a catastrophic emergency	
Conduct personnel briefings on Continuity Plans that involve using or relocating to continuity facilities, existing facilities or virtual offices	
Allow opportunity to demonstrate intra- and interagency continuity communications capability	
Allow opportunity to demonstrate that backup data and records required for supporting essential functions at continuity facilities are sufficient, complete and current	
Allow opportunity for continuity personnel to demonstrate their familiarity with the reconstitution procedures to transition from a continuity environment to normal activities	
Allow opportunity for continuity personnel to demonstrate their familiarity with agency devolution procedures	

Chart Example 2. FEMA's Continuity Assessment Tool contains training and exercise objectives, which may be used to guide an organization in building a TT&E program that supports a well-rounded continuity program.

The tool divides the objectives into three implementation categories: initiating, building, and maintaining a continuity capability. The table below lists the objectives and the description for each "objective achieved".

Continuity Training and Exercise Objectives	Description of Objective Achieved
Initiating	
Have those individuals with continuity roles and responsibilities received continuity training?	All individuals with continuity roles and responsibilities, including leadership and the planning team, have received continuity training. The continuity planners/managers have received advanced training, such as achieving their FEMA Level I and Level II Continuity Practitioner certificate.
Has the organization identified and incorporated the results from previous exercises and real-world events to guide the development of the continuity program?	The organization used results from all previous exercises and real-world events to guide current planning efforts.
Building	
Have all staff members completed continuity awareness training?	All required staff completed awareness training on the Continuity Plan and roles, responsibilities, and expectations upon its activation.
Has the organization trained continuity personnel on Continuity Plans and strategies?	All primary and alternate continuity personnel, to include leadership and/or elected officials, have received up-to-date training.
Has continuity personnel participated in regular continuity training activities with other continuity programs (both internally and externally)?	The organization trained all Continuity Planning team members on other inter- and intra-organizational continuity programs.
Has the organization conducted testing of alert and notification procedures?	The organization tests alert and notification procedures and implemented improvement action planning. Testing demonstrated an improvement compared to previous tests.
Has the organization conducted testing of activation procedures?	The organization tested activation procedures and implemented improvement action planning. Testing demonstrated an improvement compared to previous tests.
Has the organization conducted testing of accountability procedures?	The organization tested accountability procedures and implemented improvement action planning. Testing demonstrated an improvement compared to previous tests.
Has the organization conducted testing of the interoperable and available communications capabilities that support identified essential functions?	The organization tested communications capabilities with internal and external partners and implemented improvement action planning. Testing demonstrated an improvement compared to previous tests.
Has the organization conducted testing of critical systems and equipment and strategies to meet associated recovery time objectives?	The organization tested recovery time objectives for critical systems and equipment and implemented improvement action planning. Testing demonstrated an improvement compared to previous tests.
Has the organization regularly conducted organization-wide continuity exercises that include exercising of mitigation options that support the continuance of essential functions?	The organization, including senior leadership, exercised the comprehensive Continuity Plan via functional or full-scale exercises. The organization incorporated all or parts of the plan into organization-wide exercises and implemented improvement action planning.
Has the organization conducted exercises of the reconstitution plan or procedures to exercise recovery from the effects of an	The organization, including senior leadership, exercises the reconstitution plan via functional or full-scale exercises. All or parts of the plan are incorporated into organization-wide exercises. Improvement action planning is being implemented.

emergency and transitioning back to normal operations after Continuity Plan activation?	
Has the organization exercised with internal and external partners to coordinate Continuity Plans and programs?	The organization exercised the synchronization of other inter- and intra-organizational Continuity Plans and programs with the organization's Continuity Plan and program and participated in associated improvement action planning to improve partner coordination.
Maintaining	
Has the organization regularly trained continuity personnel on Continuity Plans and strategies?	All primary and alternate continuity personnel, to include leadership and/or elected officials, received up-to-date training within the past year and annually over a multi-year period.
Have continuity personnel participated in regular continuity training activities with other continuity programs (both internally and externally) on a regular basis?	Continuity personnel participated in regular training with and on other inter- and intra-organizational Continuity Plans and programs within the past year and annually over a multi-year period.
Has the organization conducted regular testing of alert and notification procedures?	The organization tested alert and notification procedures within the past year by incorporating the test into an organization-wide exercise. Testing occurred at least annually over a multi-year period.
Has the organization conducted regular testing of activation procedures?	The organization tested activation procedures within the past year by incorporating the test into an organization-wide exercise. Testing occurred at least annually over a multi-year period.
Has the organization conducted regular testing of accountability procedures?	The organization tested accountability procedures within the past year by incorporating the test into an organization-wide exercise. Testing occurred at least annually over a multi-year period.
Has the organization conducted regular testing of the interoperable and available communications capabilities that support identified essential functions?	The organization tested communications systems with internal and external partners within the past year by incorporating the test into an organization-wide exercise. Testing occurred at least annually over a multi-year period.
Has the organization conducted regular testing of critical systems and equipment and strategies to meet associated recovery time objectives?	The organization tested recovery time objectives for critical systems and equipment within the past year by incorporating the test into an organization-wide exercise. Testing occurs at least annually over a multi-year period.
Has the organization regularly conducted organization-wide continuity exercises?	The organization, including senior leadership, exercised the comprehensive Continuity Plan in a functional or full-scale exercise within the past year and annually over a multi-year period.
Has the organization progressively exercised its Continuity Plan and procedures?	The organization conducted a functional or full-scale exercise of its Continuity Plan within the past year.
Has the organization conducted exercises of the reconstitution plan or procedures to exercise recovery from the effects of an emergency and transitioning back to normal operations after Continuity Plan activation?	The organization, including senior leadership, exercised the reconstitution plan in a functional or full-scale exercise within the past two years and biennially over a multi-year period.
Has the organization regularly exercised with internal and external partners to coordinate Continuity Plans and programs?	The organization exercised the synchronization of other inter- and intra-organizational Continuity Plans and programs in a functional or full-scale exercise within the past year and has exercised annually over a multi-year period.

D. MULTI-YEAR STRATEGY AND PROGRAM MANAGEMENT

This section should describe how the organization plans to address short and long-term continuity goals, objectives, budgetary requirements, timelines, and planning milestones or tracking systems to monitor accomplishments.

The Multi-Year Strategy and Program Management strategy should be developed as a separate document. This section should outline the process the organization will follow to:

- Designate and review essential functions and resources;
- Define short and long-term continuity goals and objectives;
- Forecast continuity budgetary requirements;
- Identify program concerns and potential obstacles, and strategies for addressing these; and
- Establish planning, training, and exercise activities and milestones for these activities.
- > FEMA Continuity Assessment Tool Sec 3: Maintaining an Organizational Continuity Capability

E. CONTINUITY PLAN MAINTENANCE

This section should address how the organization plans to ensure that the continuity plan contains the most current information. Federal guidance states that organizations should review the entire continuity plan at least annually. Key evacuation routes, roster and telephone information, as well as maps and room/building designations of alternate locations should be updated as changes occur.

Plan to involve community personal important to the plan maintenance or the supporting essential functions.

If you are testing evacuation routes involve the fire and police departments and train to ensure they have access to the facility including access badges, access to cameras and equipment. Include them in the regular training and exercises and in the MOU process for a better understanding of the facility needs.

A. AUTHORITIES AND REFERENCES

Authorities

- 1. Executive Order 12148, *Federal Emergency Management*, July 20, 1979, as amended.
- 2. Executive Order 13618, Assignment of National Security and Emergency Preparedness Communications Functions, July 6, 2012.
- 3. Centers for Medicare & Medicaid Services, *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (§ 482.15)*, September 2016.
- 4. Department of Homeland Security, *National Response Framework; Third Edition*, June 2016.
- 5. Department of Homeland Security, *National Disaster Recovery Framework; Second Edition*, June 2016.
- 6. Homeland Security Act of 2002, as amended (6 U.S.C. § 101 et seq.).
- 7. National Security Act of 1947, as amended (50 U.S.C. § 3042).
- 8. Presidential Policy Directive 8, *National Preparedness*, March 30, 2011.
- 9. Presidential Policy Directive 21, Critical Infrastructure Security and Resilience, February 12, 2013.
- 10. Presidential Policy Directive 40, National Continuity Policy, July 15, 2016.
- 11. Telework Enhancement Act of 2010 (5 U.S.C. §§ 6501-6506).

References

- 1. California Emergency Medical Services Authority, *Hospital Incident Command System*, May 2014.
- 2. Department of Health and Human Services, *Healthcare COOP & Recovery Planning: Concepts, Principles, Templates & Resources,* January 2015.
- 3. Kaiser Permanente, Hazard Vulnerability Analysis (HVA) Tool, 2017.
- 4. Kansas Hospital Association, *Hospital Continuity of Operations Guidance*.
- 5. Federal Emergency Management Agency, *Continuity Plan Template and Instructions for Non-Federal Entities and Community-Based Organizations*, August 2018.
- 6. Federal Emergency Management Agency, *Continuity Guidance Circular*, February 2018.
- 7. Federal Emergency Management Agency, *Continuity Guidance Circular 1: Continuity Guidance for Non-Federal Entities*, January 2009.
- 8. Federal Emergency Management Agency, *Continuity Guidance Circular 2: Continuity Guidance for Non-Federal Governments - Mission Essential Functions Identification Process*, October 2013.

- 9. Federal Emergency Management Agency, Continuity Resource Toolkit.
- 10. Federal Emergency Management Agency, National Incident Management System, October 2017.
- 11. National Fire Protection Association, *NFPA 101: Health Care Facilities Code, Chapter 13. Emergency Management*.
- 12. National Fire Protection Association, *NFPA 99: Health Care Facilities Code, Chapter 12. Emergency Management*.
- 13. National Fire Protection Association, NFPA 1600: Standard of Disaster/Emergency Management and Business Continuity Programs.
- 14. [The Joint Commission on Accreditation, EM.02.01.01].
- 15. [The Det Norske Veritas (DNV), NIAHO Accreditation Standards rev 18.1].
- 16. [Health Facilities Accreditation Program, Standard 09.01.12 Business Continuity].
- 17. [National Integrated Accreditation for Healthcare Organizations, *PE.6 Emergency Management System*].

B. COMMUNICATIONS

Contact rosters should be maintained in the Communications Appendix for:

- Internal personnel
- Reconstitution Team members
- External stakeholders (partners, media, funding entities, government contacts)
- Service providers (vendors, mail and courier services)

C. CONTINUITY SYNCHRONIZATION MATRIX

Element	Phase I: Readiness & Preparedness	Phase II: Alert & Notification	Phase III: Continuity Operations	Phase IV: Reconstitution
CEO & Senior Leadership	 Ensure all employees understand the Continuity Plan. Provide overall policy direction, guidance, and objectives for continuity planning. Provide necessary resources to support implementation of the Plan and supporting activities (e.g., training, exercise). Ensure adequate funding is available for emergency operations. Ensure all HCO components participate in exercises. 	 Activate Continuity Plan. Approve relocation and telework options Receive updates; provide guidance on performance of essential functions. Delegate authority (if required). 	 Coordinate with Continuity Manager. Maintain situational awareness. Monitor conduct of continuity operations. Provide guidance as required. Ensure appropriate resources are available. 	 Provide visible leadership to reconstitution operations
Continuity Team Leader	 Provide strategic leadership and policy direction for the continuity program. Serve as Continuity Program POC. Implement the Plan when necessary, or as directed. Update and promulgate orders of succession and delegations of authority. Update Plan annually. Develop and lead training. Plan exercises. Update telephone rosters monthly. Conduct alert and notification tests. Ensure Team is equipped and has access to all essential records and supporting materials. 	 Receive notice of continuity event Assess situation Initiate Alert/ Activation of PCT. Notify Continuity Facility. Establish contact with HCO leaders. Decision: Relocate to Continuity Facility or Devolution to other agency(s) Coordinate w/PIO, HR, Facility Manager Determine Telework options Receive periodic updates from PCT Provide updates to senior leaders Notify external partners of relocation 	 Monitor conduct of Essential Functions Mitigate disruptions Ensure availability of required resources Monitor expenditures and documentation Oversee integration of temp hires Emphasize safety 	 Notify external partners of status of return to primary facility Conduct Hotwash of Continuity Ops by PCT and support agencies/personn el Lead in the development of AAR of Continuity Operations Develop Corrective Action Plan (CAP) Resume Phase I activities.

The matrix below outlines the personnel responsibilities the four phases of continuity.

Element	Phase I: Readiness &	Phase II: Alert &	Phase III: Continuity	Phase IV:
Primary Continuity Team (PCT)	 Preparedness Review/ understand responsibilities related to continuity support functions at alternate location. Provide current contact information to supervisor and Continuity Manager. Participate in continuity TT&E. 	 Notification Alert all PCT personnel PCT reports notification of all members and names of non- responders Retrieve personal "Go Kits" Accountability of PCT Members PCT Leader provides Situation Brief Depart for Alternate Location Begin to track expenditures 	 Operations Verify status of needed resource requirements Ensure supplies on hand for 30 days Inventory materials and utility functions Conduct Essential Functions/Contin uity Ops Update and protect essential records Provide periodic status reports 	 Reconstitution Establish schedule to reconstitute Essential Functions at primary facility Coordinate with Reconstitution Manager Relocate/Reconsti tute IAW schedule Conduct Hotwash Reconstitute Section "Go Kits"
Reconstitution Manager	 Establish reconstitution policies and guidance Assemble and train reconstitution team. Conduct TT&E activities. Coordinate with Continuity Manager. 	 Assess primary facility Decision: Decide if primary facility is suitable for continued use Coordinate with Security Team Notify Continuity Manager Initiate calls to Reconstitution Team Assemble Reconstitution Team Begin reconstitution planning Initiate operations to salvage, restore and/or recover building, equipment, and systems Implement emergency contracts 	 Develop Reconstitution Plan Oversee and monitor work on primary facility Plan phased transition of essential functions to primary facility Plan for: Standard Continuity Transition to normal operations Devolution to normal operations 	 Decision: Primary (or new) facility can support Essential Functions. Inform Senior Leaders Provide instructions for resumption of normal operations Supervise orderly return of personnel, supplies, and equipment to primary facility Conduct After Action Review/Develop CAP
[Other positions as required]	•	•	•	•

D. ALTERNATE LOCATION/FACILITY DOCUMENTATION

1. Alternate Location/Facility MOA Template

The following outline may be used as a template for creating a Memorandum of Agreement (MOA) with an entity for use of an alternate location/facility during a continuity event. This template is not intended to supplant any advice or review by the organization's legal counsel which should be consulted during the process.

BETWEEN [HEALTH CARE ORGANIZATION - TENET] AND [ENTITY - HOST]

- 1. PARTIES. The parties of this Memorandum of Agreement (MOA) are [HCO] and [Entity].
- 2. AUTHORITY. [Applicable authority].
- **3. PURPOSE.** This MOA shall codify the terms and conditions established by [Entity] to grant [HCO] access to, but not exclusive use of, the premises except as provided herein as a continuity alternate location pursuant to [HCO]'s Continuity Plan. Said facility shall be used for the purpose of:
 - A. [Essential functions].
 - B. [Other specific conditions which would require use of the facility].
- **4. DESCRIPTION OF THE PREMISES.** The [Entity] agrees to provide use of the premises located at [facility address] to [HCO] as a temporary alternate location for continuity operations, said premises more particularly described as the [location details].
 - A. This space is approximately [#] square feet more or less.
 - B. The premises contains the following [equipment or additional facility characteristics].
 - C. [HCO] shall not make any alterations, additions, or betterments, except in accordance with the terms of this Agreement or written approval by [Entity].

5. **RESPONSIBILITIES.**

A. Responsibilities of [Health Care Organization]:

Prior to occupancy, [HCO] shall complete a facility inspection overview and document the condition of the premises. Each party shall receive a copy of the inspection document signed by each party's representative conducting the inspection. (See facility inspection document in Appendix D-2.)

[HCO] will comply with [Entity]'s procedures and requirements for use of the facilities and any issues or questions shall be promptly communicated to the [Entity] manager/supervisor, or designee.

[HCO] shall be responsible for any damages caused to the property which is the subject of this MOA, and for acts or omissions of their employees that may cause injury or damage to third parties to the extent provided by and subject to the provision of [legal citation if applicable].

This provision shall survive the expiration or termination of this MOA and [HCO]'s obligation hereunder shall apply whenever [Entity] incurs costs or liabilities for [HCO]'s actions/use of the premises.

[HCO] shall provide and use its own [list equipment].

[HCO] shall coordinate the times, dates and duration of any activities, such as training and exercises, which would involve use, with the [Entity] at least [XX] months in advance to eliminate or avoid any confusion or disruption to previously planned or scheduled activities.

[HCO] shall utilize facilities during its duty hours; however, outside duty hours may be required and shall be coordinated with [Entity].

[HCO] shall, at the conclusion of each use and occupancy of the premises, surrender to the [Entity], in the same or better condition as they existed when initially occupied, less and except ordinary wear and tear. At the conclusion of each use, [HCO] shall with a representative from the [Entity] complete a facility inspection and document the condition of the premises, and that they have been restored to the same condition as existed before their use by [HCO], less and except ordinary wear and tear. Each party shall receive a copy of this final inspection document signed by each party's representative conducting the inspection.

[HCO] shall provide its own physical security on the premises, as it deems necessary and appropriate as its sole and exclusive discretion.

[HCO] will provide the [Entity] with a list of its authorized personnel or contractors with access to the premises and comply with any applicable [Entity] procedures.

[Additional responsibilities of HCO].

B. Responsibilities of [Entity]

[Entity] has agreed to make the above-described premises available to [HCO] for not less than [#] days, except as set forth herein for the above stated reasons.

[Entity] will coordinate closely with [HCO] to provide access to the previously described premises within [#] hours of a request and [HCO] will provide the [Entity] with a list of its authorized personnel or contractors and comply with any applicable [Entity] procedures. The [Entity] will provide [HCO] with a list of personnel authorized to grant access to the designated premises.

[Additional responsibilities of entity].

6. POINTS OF CONTACT. The following persons are designated as points of contact (POC) for matters related to this MOA. Each party is responsible for notifying the other in writing of POC changes.

[Health Care Organization] [Entity]

- **7. HAZARDOUS MATERIALS.** No hazardous materials shall be brought on to the property identified in this MOA or into facility, including the operations area identified in this MOA, without the knowledge and consent of [Entity].
- 8. SEVERABILITY. Nothing in this agreement is intended to conflict with current Federal or State law, rules, or regulations, or the directive of [HCO] or [Entity]. If a term of this MOA is inconsistent with any such authority, then the term shall be rendered invalid, but the remaining terms and conditions of this agreement shall remain in full force and effect.
- **9. EFFECTIVE DATE.** The terms of this agreement shall be effective on the date of the last signature of the authorized representatives of all parties.
- **10. DURATION.** The terms of this agreement shall be [#] years from its effective date. This MOA and Addendums, if any, may be extended by execution of the attached Addendum (see below).
- **11. MODIFICATION.** Any modification of this MOA must be set forth in writing signed by both parties hereto. Disputes regarding the terms and conditions of this MOA will be resolved by [Entity]'s leadership after consultation with the [HCO].

- **12. TERMINATION.** Either party may terminate this agreement upon 30 days written notice to the other party.
- **13. NOTICE.** Notice to a party to the agreement shall be sufficient by electronic mail (email) to the POC, and shall be deemed received on the same day it was sent.
- **14. LIABILITY.** Nothing in this Agreement is intended to conflict with current law or regulation or the directives of [HCO] or [Entity]. If a term of this Agreement is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this Agreement shall remain in full force and effect.
 - A. Any information shared under this Agreement will comply with the Privacy Act, and to the extent required and allowable, the Freedom of Information Act (FOIA), any other applicable statutes, Executive Order, or regulations.
 - B. This Agreement does not confer or create any right, benefit, or trust responsibility, substantive or procedural, enforceable at law or equity, by any third person or party (public or private) against the United States, its agencies its officers, or any person; or against the [Entity] their officers or employees or any other person.
 - C. The parties agree to be responsible for the negligent or wrongful acts or omissions of their respective employees arising under this Agreement. The parties agree subject to any limitations imposed by law, rule, or regulation to cooperate in good faith to resolve any claims promptly and, whenever appropriate, without litigation. For all claims or suits arising under this Agreement, each party's designated legal representatives will, within seven calendar days of receipt, provide each other's designated legal representatives copies of any documents memorializing such claims.
- **15. NON-FUND OBLIGATING AGREEMENT.** Nothing in this agreement shall authorize either party to obligation or transfer of any funds, or shall be construed as obligating or expending funds in advance of, or in excess of those funds appropriated for [HCO] by [appropriating body]. Any specific work or activity that involved the transfer of funds will require execution of a separate agreement and will be contingent upon the availability of appropriated funds. Such activities must be independently authorized by appropriate statutory authority. This agreement does not provide such authority.
- **16. MERGER.** This agreement represents the complete and entire Agreement of the parties reduced to writing and said Agreement may not be changed, altered, or amended except by a document of equal dignity executed by all parties.
- **17. APPROVED BY:** [Health Care Organization] [Entity]

ATTACHMENT: ALTERNATE LOCATION/FACILITY MAPS

[Insert maps]

ADDENDUM TO MOA BETWEEN [HCO] AND [ENTITY]

Paragraph 9 is amended to extend the date of the expiration of the MOA from [Date] to [Date]. All of other terms and conditions of the original MOA shall remain in force and effect.

APPROVED BY: [Health Care Organization] [Entity]

2. Alternate Location/Facility Inspection Document Template

Alternate Location Inspection Checklist					
[Facility Address]					
Inspection Factors		Yes	No	Mitigation Options	
The facility is sufficiently distanced from the primary facility.					
The facility is sufficiently close to lodging to support deployed continuity personnel at or near the facility.					
The facility has sufficient space to accommodate ERG staff and equipment required for essential functions.					
The facility can accommodate the following pre-positioned resources: [List resources]					
The facility provides for logistical support, services and i	nfrastructure				
systems (e.g., water, electrical power, heating and air co	onditioning).				
The facility has physical security and access control capabilities.					
The facility can support 24/7 operations if required.					
The facility is located within acceptable proximity to food, water, fuel, and medical treatment facilities.					
The facility is located where vendor support can be acquired if necessary.					
Continuity communications and IT infrastructure can be established.					
The facility has backup power generation.					
The facility can accommodate communications requirements.					
[Add additional factors as needed.]					
The facility was inspected by:				I	
[Name] [Name]					
[Title] [Title]					
[Health Care Organization] [Entity]					
[Date] [Date]					

3. Alternate Location/Facility Information

This appendix section should include general information about the alternate location/facility. Examples include the address, points of contact, and available resources at the alternate location.

4. Maps and Evacuation Routes

This appendix section should provide maps, driving directions, and available modes of transportation from the primary facility to the alternate location. Evacuation routes from the primary facility should also be included.

E. OPERATIONAL CHECKLISTS

This section should contain operational checklists for use during a COOP event. A checklist is a simple tool that ensures all required tasks are accomplished so that the organization can continue operations at an alternate location. Checklists may be designed to list the responsibilities of a specific position or the steps required to complete a specific task.

Operational checklists may include:

- Emergency Calling Directory
- Key Personnel Roster and Essential Functions Checklist
- Patient Evacuation Team Roster
- Emergency Relocation Team Checklist
- Alternate Care Site Acquisition Checklist
- Emergency Operating Records and IT Checklist
- Emergency Equipment Checklist
- Conversion From Electronic To Paper Chart Checklist

F. DEFINITIONS AND ACRONYMS

1. Definitions

Activation - The implementation of a continuity plan, in whole or in part.

All-Hazards - A classification encompassing all conditions, environmental or human-caused, that have the potential to cause injury, illness, or death; damage to or loss of equipment, infrastructure services, or property. These include accidents, technological events, natural disasters, weather, terrorist attacks, and chemical, biological (including pandemic), radiological, nuclear, or explosive events.

Alternate Care Site (ACS) - Facility to which the health care organization moves all or part of its operations to continue essential functions in the event the main facility is threatened or incapacitated.

Alternate Locations - Fixed, mobile, or transportable locations, other than the primary operating facility, where leadership and continuity personnel relocate in order to perform essential functions following activation of the continuity plan.

Business Impact Analysis (BIA) - A method of identifying the consequences of failing to perform a function or requirement.

Business Process Analysis (BPA) - A method of examining, identifying, and mapping the functional processes, workflows, activities, personnel expertise, systems, data, interdependencies, and alternate locations inherent in the execution of a function or requirement.

Continuity - The ability to provide uninterrupted services and support, while maintaining organizational viability, before, during, and after an incident that disrupts normal operations.

Continuity Event - Emergencies or potential emergencies that may affect a department or Hospital's ability to carry out its essential functions, such as, but not limited to epidemics or pandemic disease; natural disasters such as floods, earthquakes or tornados; terror attacks, or related emergency events.

Continuity Coordinator - The person, designated by leadership, who is responsible for oversight of the continuity program. Continuity coordinators may be supported by a continuity manager and other continuity planners within the organization.

Continuity Manager - The person responsible for coordinating overall continuity activities within the organization. Responsibilities include coordinating continuity planners within the organization, representing the organization's program externally, and reporting to the continuity coordinator on continuity program activities.

Continuity of Operations (COOP) - An effort within individual organizations to ensure that essential functions continue to be performed during disruption of normal operations.

Continuity Personnel - Continuity personnel, often called the Emergency Relocation Team, are those individuals identified and assigned to perform essential functions and deliver critical services in the event of a continuity plan activation.

Continuity Plan - A documented plan that details how an organization will ensure it can continue to perform its essential functions during a wide range of incidents that impact normal operations.

Continuity Planner - The continuity planner responsible for developing and maintaining an organization's continuity plan and integrating and coordinating the continuity plan with broader organizational or governmental guidance, requirements, and initiatives.

Continuity Planning Team - The continuity plan impacts the entire organization and requires input from various departments. The continuity planning team is comprised of personnel from these departments to assist the continuity program and planning effort.

Devolution - The transfer of authority and responsibility from an organization's primary operating staff and facilities to other staff and alternate locations to sustain essential functions when necessary.

Essential Functions - A subset of organizational functions that are determined to be critical activities. These essential functions are then used to identify supporting tasks and resources that must be included in the organization's continuity planning process.

Essential Records - Those records an organization needs to meet operational, legal and financial responsibilities or to protect the legal and financial rights of the organization and patients.

Hazard - A natural, technological, or human-caused source or cause of harm or difficulty.

Homeland Security Exercise and Evaluation Program (HSEEP) - A program that provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design, development, conduct, evaluation, and improvement planning.

Incident - An occurrence that necessitates a response to protect life or property. The word "incident" includes planned events, as well as emergencies and/or disasters of all kinds and sizes.

Memorandum of Agreement/Memorandum of Understanding (MOA/MOU) - Written agreements between organizations that require specific goods or services to be furnished or tasks to be accomplished by one organization in support of the other.

Mitigation - Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/ or human-caused disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities.

Mutual Aid Agreement - A written agreement between and among organizations and/or jurisdictions that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and/or after an incident.

National Incident Management System (NIMS) - A set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

Preparedness - Actions taken to plan, organize, equip, train, and exercise to build and sustain the capabilities necessary to prevent, protect against, mitigate the effects of, respond to, and recover from threats and hazards.

Primary Operating Facility - The facility where an organization's leadership and staff operate on a day-to-day basis.

Reconstitution - The process by which surviving and/or replacement organization personnel resume normal operations.

Recovery - The implementation of prioritized actions required to return an organization's processes and support functions to operational stability following a change in normal operations.

Risk - The potential for an unwanted outcome resulting from an incident, event, or occurrence, as determined by its likelihood and the associated consequences. With respect to continuity, risk may degrade or hinder the performance of essential functions and affect critical assets associated with continuity operations.

Risk Analysis - A systematic examination of the components and characteristics of risk.

Risk Assessment - A product or process which collects information and assigns values to risks for the purpose of informing priorities, developing or comparing courses of action, and informing decisions.

Risk Management - The process of identifying, analyzing, assessing, and communicating risk and accepting, avoiding, transferring, or controlling it to an acceptable level considering associated costs and benefits of any actions taken.

Telework - A work flexibility arrangement under which an employee performs the duties and responsibilities of his/her position, and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work.

Test, Training, and Exercises (TT&E) - Activities designed to familiarize, impart skills, and ensure viability of continuity plans. TT&E aids in verifying that an organization's continuity plan is capable of supporting the continued execution of the organization's essential functions throughout the duration of a continuity plan activation.

Threat - Natural or manmade occurrence, individual, entity, or action that has or indicates the potential to harm life, information, operations, the environment, and/or property.

2. Acronyms

AAR	After Action Report
BIA	Business Impact Analysis
BPA	Business Process Analysis
CAP	Corrective Action Program
CGC	Continuity Guidance Circular
EF	Essential Function
IT	Information Technology
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
POC	Point of Contact
RTO	Recovery Time Objective
SLA	Service Level Agreement
SOP	Standard Operating Procedure
TT&E	Training, Testing, & Exercise