



CONTINUITY OF OPERATIONS PLAN (COOP)

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INTRODUCTION

Mission Statement:

The mission of the CFDMC is to develop and promote healthcare emergency preparedness and response capabilities in the East Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5), including the following nine counties: Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia Counties. The CFDMC will facilitate healthcare organizations and other partners in working together collaboratively to build, strengthen, and sustain a healthcare preparedness and response system within East Central Florida and assist Emergency Management and Emergency Support Function (ESF)-8 (Health and Medical) with the National Preparedness Goal identified five mission areas: Prevention, Protection, Mitigation, Response, and Recovery as related to healthcare disaster operations. The major goals of the CFDMC are:

- 1) Facilitate information sharing among participating CFDMC members and jurisdictional authorities to promote common situational awareness;
- 2) facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among CFDMC members and support the request and receipt of assistance from local, state, and federal authorities;
- 3) facilitate the interface between the CFDMC and appropriate jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge; and
- 4) build and/or strengthen local health capacity and capabilities prior to, during, and after a disaster or emergency.

PURPOSE

This Continuity of Operations Plan (COOP) has been created for the Central Florida Disaster Medical Coalition, also referred to as CFDMC. The Continuity of Operations Plan establishes policy and guidance to ensure the execution of the mission-essential functions for the CFDMC in the event that an emergency threatens or incapacitates operations or is in any way a threat to the welfare of patients or staff; and/or the relocation of selected patients, personnel and functions of any critical facilities of the CFDMC are required. Specifically, this COOP is designed to:

- Ensure that the CFDMC is prepared to respond to emergencies, recover from them, and mitigate against their impacts.
- Ensure that the CFDMC is prepared to provide core services in an environment that is threatened, diminished, or incapacitated.
- Provide timely direction, control, and coordination to the CFDMC leadership, patients or staff before, during, and after an event or upon notification of a credible threat.
- Establish and enact time-phased implementation procedures to activate various components of the "Plan".
- Facilitate the return to normal operating conditions as soon as practical, based on circumstances and the threat environment.
- Ensure that the CFDMC COOP is viable and operational and is compliant with all guidance documents.
- Ensure that the CFDMC COOP is fully capable of addressing all types of emergencies, or "all hazards" and that mission-essential functions are able to continue with minimal or no disruption during all types of emergencies.

APPLICABILITY AND SCOPE

This document applies to situations that require relocation of mission-essential functions of the CFDMC as determined by the Executive Director. The scope does not apply to temporary disruptions of service during short-term building evacuations or other situations where services are anticipated to be restored in the primary facility within a short period. The Executive Director will determine situations that require implementation of the COOP.

SUPERSESSION

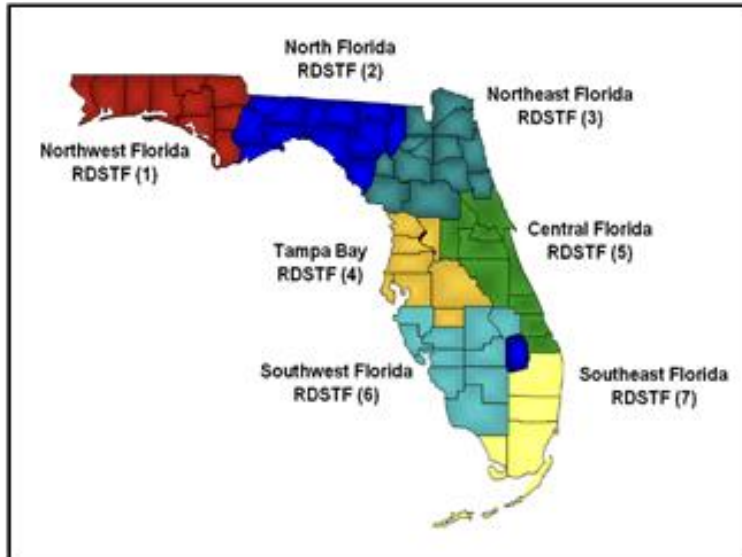
These supersession orders are intended at all times to facilitate and prioritize patient care by whatever means necessary. In the event that life threatening emergencies preclude the activation of supersession orders, such orders will be revisited as time permits or addressed in After Action Reports.

This updates the 2020 CFDMC COOP.

AUTHORITIES

- ADA Title II and III, including, but not limited to, US Code Title 42, Chapter 126:
 - *Title II: State and Local Government Activities* - All activities of state and local governments, regardless of the entity's size or receipt of federal funding, are covered. Additionally, state and local governments are required to allow people with disabilities an equal opportunity to benefit from all programs, services, and activities (e.g., public education, employment, transportation, recreation, health care, social services, courts, voting, and town meetings). This includes relocating programs or otherwise providing access in inaccessible older buildings, and communicating effectively with people who have hearing, vision, or speech disabilities.
 - *Title III: Public Accommodations* - This title covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are defined as private entities that own, lease, lease to, or operate facilities. This includes restaurants, retail stores, hotels, private schools, convention centers, doctors' offices, homeless shelters, transportation depots, day care centers, and recreation facilities (e.g., sports stadiums and fitness clubs). Transportation provided by private entities is also covered.
- The Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness; Department of Health and Human Services - July 2012. This capabilities guidance helps state, local, HCC, and ESF #8 planners identify gaps in preparedness, determine specific priorities, and develop plans for building, sustaining and reconstituting specific capabilities.
- SAVE Amendment to Clery Act, including Violence Against Women Act (VAWA) Amendments: Title IV, Section 304
- Public Law 104-191: HIPAA: Health Insurance Portability and Accountability Act of (HIPAA) 2009 - Regulates the dissemination of confidential health and personal information as defined by Federal statute and public law. Last updated January 2013.

- OSHA 29CFR1910-120 - Occupational Safety and Health Standards - Subpart H - 1910.120(a)(1)(i) Operations required by a governmental body, whether federal, state, local or other involving hazardous substances during an emergency or COOP enactment.
- Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, reauthorizes certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness.
- Homeland Security Act of 2002, as amended (6 U.S.C. § 101 et seq.).
- Americans with Disabilities Act of 1990 (ADA), Title II and Title III, as amended (42 U.S.C. §§12131-12165, 12181-12189).
- Executive Order 13347, Individuals with Disabilities in Emergency Preparedness, July 22, 2004.
- Presidential Policy Directive 40, National Continuity Policy, July 15, 2016.
- Presidential Policy Directive 8, National Preparedness, March 30, 2011.
- Presidential Policy Directive 21, Critical Infrastructure Security and Resilience, February 12, 2013.
- (?Who is the department?)F.S. **943.03(14)** The department, with respect to counter-terrorism efforts, responses to acts of terrorism within or affecting this state, and other matters related to the domestic security of Florida as it relates to terrorism, shall coordinate and direct the law enforcement, initial emergency, and other initial responses. The department shall work closely with the Division of Emergency Management, other federal, state, and local law enforcement agencies, fire and rescue agencies, first-responder agencies, and others involved in preparation against acts of terrorism in or affecting this state and in the response to such acts. The executive director of the department, or another member of the department designated by the director, shall serve as Chief of Domestic Security for the purpose of directing and coordinating such efforts. The department and Chief of Domestic Security shall use the regional domestic security task forces as established in this chapter to assist in such efforts. Pursuant to Section 943.0312, F.S., there are seven RDSTFs. These task forces serve as the foundation of the state's domestic security structure. RDSTFs are co-chaired by the regional FDLE special agent in charge and one sheriff or police chief from within the region. Each RDSTF consists of local, multi-disciplinary representatives who collectively support the mission. The RDSTFs form the critical link between policy makers at the state level and regional partners faced with the daily challenges of protecting Florida's communities.



In 2015 RDSTF recognized the Central Florida Disaster Medical Coalition as the region's health and medical committee and lead Emergency Support Function Health and Medical (Regional ESF 8 lead).

REFERENCES

- ASPR 2017-2022 Healthcare Preparedness and Response Capabilities
- Department of Homeland Security (DHS) Comprehensive Preparedness Guide 201: Threat and Hazard Identification and Risk Assessment Guide - August 29, 2013 - provides a four-step process for conducting a Threat and Hazard Identification and Risk Assessment. Developing an understanding of its risks from natural, technological, and human-caused threats and hazards, allows a community to make informed decisions about how to manage risk and develop needed capabilities.
- National Disaster Recovery Framework: Strengthening Disaster Recovery for the Nation - September 2011 - provides guidance that enables effective recovery support to disaster-impacted States, Tribes and local jurisdictions.
- National Health Security Strategy and Implementation Plan of 2015-2018
- Comprehensive Preparedness Guidance (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 2, November 2010.
- Comprehensive Preparedness Guidance (CPG) 201, Threat and Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR) Guide, Third Edition, May 2018.
- Continuity Guidance Circular (CGC), February 2018.
- Federal Continuity Directive 1 (FCD-1), Federal Executive Branch National Continuity Program and Requirements, January 2017.

- Federal Continuity Directive 2 (FCD-2), Federal Executive Branch Mission Essential Functions and Candidate Primary Mission Essential Functions Identification and Submission Process, June 2017.
- National Disaster Recovery Framework (NDRF), Second Edition, June 2016.
- National Fire Protection Association (NFPA) 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 Edition.
- National Incident Management System (NIMS), Third Edition, October 2017.
- National Planning System, February 2016.
- National Preparedness Goal, Second Edition, September 2015.
- National Response Framework (NRF), Third Edition, June 2016.
- Florida Emergency Operations Plan.
- The 2019 Florida Statutes 943.03 Department of Law Enforcement.

POLICY

The CFDMC recognizes and acknowledges that the protection of its assets and business operations is a major responsibility of its staff and the region it serves. Therefore, it is the policy of the CFDMC that a viable COOP be established and maintained to ensure high levels of service quality and availability. It is also a policy of the CFDMC to protect life, information, and property, in that order. To this end, procedures have been developed to support the resumption of time-sensitive operations and functions in the event of their disruption at the facilities identified in this plan. The CFDMC is committed to supporting service resumption and recovery efforts at alternate facilities, if required. Likewise, the CFDMC and its management are responsible for developing and maintaining a viable COOP that conforms to acceptable insurance, regulatory, and ethical practices and is consistent with the provisions and direction of other CFDMC policies, plans, and procedures. It is the responsibility of healthcare sector partners to continuously collaborate during recovery planning to minimize the impact of future events. A lean forward doctrine ensures both stakeholder engagement and that the best practices are employed in a useful way.

CONCEPT OF OPERATIONS

OBJECTIVES

The objective of this COOP is to ensure that a viable capability exists for CFDMC to continue essential functions across a wide range of potential emergencies, specifically when the primary facility is either threatened or inaccessible. The objectives of this COOP include:

- To ensure the continuous performance of essential functions/operations during an emergency.
- To protect essential facilities, equipment, health records, and other assets.
- To reduce or mitigate disruptions to operations.

- To minimize the public's need to seek refuge or burden local providers when avoidable, and assist local shelters, agencies and other providers in serving the region.
- To reduce loss of life, minimize damage and losses.
- To identify and designate principals and support staff to be relocated.
- To facilitate decision-making for execution of the COOP and the subsequent conduct of operations.
- To achieve a timely and orderly recovery from the emergency and resumption of full service to all patients, clients, or residents.

PLANNING CONSIDERATIONS AND ASSUMPTIONS

In accordance with continuity guidelines and emergency management principles/best practices, a viable COOP capability for any healthcare industry:

- Must be maintained at a high-level of readiness.
- Must be capable of implementation, both with and without warning.
- Must be operational no later than 12 hours after activation.
- Must maintain sustained operations for up to 30 days.
- Should take maximum advantage of existing local, private sector, Florida or federal government infrastructures.

COOP EXECUTION

This section outlines situations that can potentially lead to activation of the COOP due to emergencies or potential emergencies that may affect the ability of the CFDMC to perform its mission-essential functions from its primary and other essential facilities. This section also provides a general description of actions that will be taken by the CFDMC to transition from normal operations to COOP activation.

COOP Activation Scenarios

The CFDMC is primarily a virtual organization. Staff members primarily work from home and their home would represent their primary facility. CFDMC has one fixed facility, a warehouse where RMAT team equipment is stored. In the loss of power or Internet, the CFDMC has designated alternate locations for staff and would not require activation of the COOP.

The following scenarios would likely require the activation of the CFDMC COOP:

- The primary facility or any other essential facility of the CFDMC is closed for normal operations as a result of an event or credible threat of an event that would preclude access or use of the facility and the surrounding area.

- The area in which the primary facility or any other essential CFDMC facility is located is closed for normal operations as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military threat or attack. Under this scenario, there could be uncertainty regarding whether additional events such as secondary explosions or cascading utility failures could occur.

The following scenario would NOT require the activation of the CFDMC COOP:

- The primary facility or any other essential facility is temporarily unavailable due to a sudden emergency such as a fire, bomb threat, or hazardous materials emergency that requires the evacuation of the facility, but only for a short duration that does not impact normal operations, typically deemed less than 12 hours with the ability to relocate and that does not endanger staff.

COOP Activation

The following measures may be taken in an event that interrupts normal operations, or if such an incident appears imminent and it would be prudent to evacuate the primary facility or any other essential facility as a precaution:

- The Executive Director may activate the COOP to include activation of the alternate facility if team equipment is needed.
- The Executive Director will direct some or all of the COOP teams to initiate the process of relocation to the alternate facility (see Sections II-D and II-F). The COOP teams will be notified using the notification procedures outlined in this document.
- The COOP Teams will initiate relocation to the alternate facility site and will ensure that the mission-essential functions of the closed primary or other impacted facility are maintained and capable of being performed using the alternate facility and available resources, until full operations are re-established at the primary/impacted facility.
- CFDMC staff members who do not have specific COOP assignments may be called upon to supplement the COOP Team operations.
- Representatives from other government or private organizations may also be called upon to support COOP operations.
- The COOP Teams and their members will be responsible for ensuring the continuation of the mission-essential functions of the CFDMC within 12 hours and for a period up to 30 days pending regaining access to the affected facility or the occupation of the alternate facility.

TIME-PHASED IMPLEMENTATION

In order to maximize the preservation of life and property in the event of any natural or man-made disaster or threat, time-phased implementation may be applied. Time-phased implementation is used to prepare and respond to current threat levels, to anticipate escalation of those threat levels and, accordingly, plan for increased response efforts and ultimately full COOP activation and facility relocation. The extent to which time-phased implementation will be applied will depend upon the emergency, the amount of warning received, whether personnel are on duty or off-duty at home or elsewhere, and, possibly, the extent of damage to essential facilities and their occupants. The Disaster Magnitude Classification definitions may be used to determine the execution level of the COOP. These levels of disaster are defined as:

- **Minor Disaster** - Any disaster that is likely to be within the response capabilities of local government and results in only minimal need for state or federal assistance.
- **Major Disaster** - Any disaster that will likely exceed local capabilities and require a broad range of outside resource support including state or federal assistance. The State of Florida Emergency Management Agency and the Federal Emergency Management Agency (FEMA) will be notified, and potential state and federal assistance will likely be predominantly recovery oriented.
- **Catastrophic Disaster** - Any disaster that will require massive state and federal assistance. State and federal assistance will involve response and recovery needs.

Phase I – Activation (0 to 12 hours)

During this phase, alert and notification of all employees, COOP Teams, and other organizations identified as “critical customers” (e.g., vendors or public/private entities that may provide resource support) will take place. The decision will be made at this point whether to shelter in place or consider alternate facilities. This choice will be based on the operational risk, liability considerations, patient safety, and access and functional need population resources. It is during this phase that the transition to alternate operations at the alternate facility begins if deemed necessary. However, if events turn out to be less severe than initially anticipated, the time-phased COOP activation may terminate during this phase and a return to normal operations will take place.

Phase II – Alternate Operations (12 hours to Termination)

During this phase, the transition to the alternate facility is complete and the performance of mission-essential functions should be underway. Also, during this phase, plans should begin for transitioning back to normal operations at the primary facility or other designated facility.

Phase III – Reconstitution and Termination

During this phase, all personnel, including those that are not involved in the COOP activation, will be informed that the threat or actual emergency no longer exists, and instructions will be provided for resumption of normal operations.

KEY STAFF AND ACCELERATED COMPENSATION FOR CRITICAL COOP SERVICES

The CFDMC administration and staff that relocate to the alternate facility must be able to continue operations and perform mission-essential functions for up to 30 days with adequate resource support. Specific CFDMC management and staff will be appointed to serve on COOP Teams to support COOP activations and relocation. It is important that COOP Teams and corresponding responsibilities are established prior to COOP activations so team members can be trained on their team roles and responsibilities. Depending upon the nature and severity of the event requiring COOP activation, the roster and size of the COOP Teams may be adjusted by the Executive Director (Lynne Drawdy) as necessary.

ALTERNATE FACILITY

The determination of 1) the appropriate alternate facility for relocation, and 2) whether to relocate the CFDMC to the alternate facility, will be made at the time of activation by the Executive Director; the decision will be based on the incident, threat, risk assessments, and execution timeframe.

To ensure the adequacy of assigned space and other resources, all locations currently identified as alternate facilities and those being considered for alternate facility locations should be reviewed by the CFDMC management on an annual basis.

In conducting a review of an existing alternate facility to determine its adequacy for supporting the operation of mission-essential functions, the following should be considered:

- Ensure that the facility has sufficient space to maintain and support the CFDMC.
- Ensure that the facility, along with acquired resources, are capable of sustaining operations for performing mission-essential functions for up to 30 days.
- Ensure that the facility meets building standards for healthcare facilities (wheelchair access, door width, hallway width), when applicable, according to your facility's requirements.
- Ensure that the facility has reliable logistical support, services, and infrastructure systems (e.g., electrical power, fiber optic cable, security, heating/ventilation/air conditioning (HVAC), water/plumbing), food, kitchen or demographic and religious dietary requirement facilities.
- Ensure that personal convenience and comfort considerations (including toilet facilities) are given to provide for the overall emotional well-being of staff.
- Ensure that adequate physical security, credentialing and access controls are in place.
- Ensure that the alternate facility is not in the same immediate geographical area as the primary facility, thereby reducing the likelihood that the alternate facility could be impacted by the same incident that impacts the primary facility. At least one facility should be no closer than 50 miles away.
- Ensure evacuation routes and alternative routes have been identified and proper authorities are notified and agreed. Ensure these are access and functional needs compliant.
- Consider cooperative agreements such as Memoranda of Understanding (MOUs)/Mutual Aid Agreements with other healthcare providers or contract agreements with vendors who provide services such as virtual office technologies.

MISSION-ESSENTIAL FUNCTIONS

In planning for COOP activation, it is important to establish operational priorities prior to an emergency to ensure that the CFDMC can complete the mission-essential functions that are critical to its overall operation. The Executive Director and associated COOP Teams shall ensure that mission-essential functions can continue or resume as rapidly and efficiently as possible during an emergency relocation. Any task not deemed mission-

essential must be deferred until additional personnel, time, or resources become available. CFDMC has identified a comprehensive list of mission-essential functions.

DELINEATION OF MISSION-ESSENTIAL FUNCTIONS

To ensure that mission-essential functions referenced in Annex C are effectively transferred to the alternate facility and continued with minimal interruption, it is imperative that each function have qualified staff and resources assigned to it. The CFDMC COOP should be formed with mission-essential functions in mind. As the COOP is developed, specific staff should be matched up to each of the mission-essential function(s) within the plan. Alternate or cross trained providers and staff should be made available in succession lists, or tiered priority so that potential staff shortages are addressed in advance.

DIRECTION AND CONTROL

Lines of succession should be maintained by all leadership elements contained within the CFDMC to ensure continuity of mission-essential functions. Lines of succession are to be provided to a minimum depth of three positions at any point where policy and directional functions are carried out.

Authorized successors to the Executive Director are specified as follows:

1. RDSTF Co-Chairs
2. CFDMC Executive Committee Members (Board Chair, Vice Chair, Treasurer)
3. Project Manager - CFDMC staff

Each organizational element should pre-delegate authorities for making policy determinations and decisions. All such pre-delegations will specify what the authority covers, what limits may be placed upon exercising it, who (by title) will have the authority, and under what circumstances, if any, the authority may be delegated.

The Executive Director and/or their designee are responsible for ordering activation of the COOP. Members of the COOP Teams may be requested by the Executive Director to disseminate COOP guidance and direction during the activation and relocation phases.

Once the COOP is activated, the appropriate officials should be notified and requested to provide any previously agreed upon assistance to the CFDMC.

OPERATIONAL HOURS

During COOP contingencies, the Executive Director will determine the hours of operation for the COOP Teams and staff. Members of the COOP Teams must be prepared to support a 24-hour-per-day, 7-day-per-week operations as dictated by conditions.

ALERT NOTIFICATION PROCEDURES

If the situation allows for warning, staff may be alerted prior to activation of the COOP. In all situations allowing for an advanced alert, procedures should be in place and trained upon for effective notification to the CFDMC key staff members and appropriate officials.

The COOP Teams should be prepared for rapid deployment upon activation via special prearranged notification procedures. These instructions will denote explicit actions to be taken, including the location of the assembly site and/or the designated alternate facility location.

The Executive Director will direct the activation of the COOP. Upon activation of or notification to activate the CFDMC COOP, telephone, email, and other methods of communication designated by the CFDMC may be used to notify its key staff and personnel.

PROCEDURES

PERSONNEL COORDINATION

Procedures should be in place to address any personnel issues that may arise among those individuals who will be responsible for implementing the COOP, as well as those who do not have specific COOP roles but may be called upon during COOP activation. Listed below are personnel resources and capabilities in place at the CFDMC to ensure that emergency and non-emergency staff are prepared when disasters strike, either with or without warning:

- Communications Plan for emergency and non-emergency staff
- Health, safety, and emotional well-being of all employees and their families
- Pay status and administrative leave issues
- Medical, special needs, and travel issues

Issues will be managed by the Executive Director and based on the Policies and Procedures of the CFDMC.

VITAL RECORDS AND RESOURCES

Vital records and resources identified as critical to supporting mission-essential functions have been identified within the COOP and will be maintained, updated, and stored in secure offsite locations. In addition, procedures will be developed to ensure that records are maintained and updated regularly. Procedures will also identify how these vital records and resources will be made available to personnel for use in completing mission-essential functions. Identified below are different categories of vital records and resources.

Vital records essential to the continued operation or reconstitution of the CFDMC during and after a continuity disruption may include:

- Emergency plans and directives
- Orders of succession (Annex D)
- Delegations of authority (Annex E)
- Staff roster (Annex K)
- Staffing assignments
- Records of a policy or procedural nature that provide staff with guidance and information or resources necessary for conducting operations during any emergency and for resuming formal operations at its conclusion

Vital records critical to carrying out the CFDMC legal and/or financial mission-essential functions and activities may include:

- Account's receivables / Accounts payable documentation
- Contracting and secured vendor files
- Personnel files / Human Resource Records
- Payroll documentation / Social Security documentation
- Imaging assets and patient record access??
- Insurance records
- Property management and medical supply records

TELECOMMUNICATIONS AND INFORMATION SYSTEMS SUPPORT

Access to critical information systems that are used to accomplish mission-essential functions during normal operations from the primary facility should also be arranged for accessibility at the alternate facility. In order for these systems to be accessible, connectivity must be in place at the alternate facility and system servers should be backed up on a daily basis at more than one location. For the CFDMC, the Executive Director maintains the information systems and ensures that the systems are backed up on a daily basis. In addition, the Executive Director ensures that connectivity exists at the alternate facility. The Project Manager will provide systems technical support during COOP activations.

The telecommunications and information systems capabilities at the CFDMC alternate facility should be sufficient for the performance of mission-essential functions under the COOP.

TRANSPORTATION, LODGING, AND FOOD

During COOP activations, staff members will likely prefer to use their individual vehicles for transportation to the alternate facility; however, in the event that they are not able to do so, an alternate transportation plan should be in place. Procedures for lodging and feeding arrangements should also be developed. All of the items mentioned above can be accomplished by arranging agreements with other agencies or non-profit organizations. Also, it is a good practice to have agreements with pre-identified private vendors to provide support on very short notice during COOP events.

Food requirements for patients, if applicable, are discussed in mission essential functions as well. These should take into account dietary restrictions and medical guidelines (diabetic, food allergies, etc.), as well as religious or demographic concerns (halal, kosher, vegetarian).

The CFDMC has procedures that address food, lodging, and purchasing for COOP events.

PERSONAL AND FAMILY PREPAREDNESS

All staff, including those individuals actively involved in COOP events or not officially assigned a role during COOP activations should be prepared for and aware of COOP activation procedures. To assure that all employees are prepared for COOP events, training should be a part of the CFDMC orientation for new staff and should be regularly conducted (at least annually) for all existing staff. The training should focus on preparing employees for situations in which they will not be able to work from their primary facility. The training should advise staff on how to be personally prepared by developing “personal go-kits” as well as emphasize the need for Family Disaster Planning to ensure families are prepared for all types of emergencies, including COOP activations.

ACTIVATION - PHASE I

The following procedures are suggested as guidelines to follow for COOP activations. They may be adopted or modified as needed to fit with internal requirements. In general, the following procedures are to be followed in the execution of the COOP. The extent to which this will be possible will depend on the event, the amount of warning received, whether personnel are on duty or off-duty, and the extent of damage to the impacted facilities and their occupants. This COOP is designed to provide a flexible response to multiple events occurring within a broad spectrum of prevailing conditions. The degree to which this COOP is implemented depends on the type and magnitude of the events or threats.

ALERT AND NOTIFICATION PROCEDURES

The CFDMC notification process related to COOP activation should allow for a smooth transition of the COOP Teams to an alternate facility in order to continue the execution of mission-essential functions across a wide range of potential events. Notification may be in the form of one of the following:

- A COOP alert to the COOP Team members that relocation is anticipated or is imminent.

- An announcement of a COOP activation that 1) directs the COOP Team members to report immediately to an assembly site or a designated alternate facility, and 2) provides instructions regarding movement, reporting, and transportation details to an assembly site or a designated alternate facility.
- Instructions to COOP Team members to prepare for departure and relocation to a designated alternate facility and instructions to staff.
- Upon receipt of a COOP alert from the Executive Director or a designated successor, staff alert and notification procedures are initiated.

INITIAL ACTIONS

Based on the situation and circumstances of the event, the Executive Director will evaluate the capability and capacity levels required to support the current mission-essential functions of the impacted facility(ies) and, if selected, initiate actions for relocation to the appropriate alternate facility. These actions include measures to be taken in anticipation of COOP activation and actions to be taken upon COOP activation. Once COOP activation is initiated, procedures must be considered for both duty hours and non-duty hours.

In cases where COOP activation is anticipated, the Executive Director:

- Notifies the designated alternate Facility Manager to prepare for the relocation of the impacted facility and to prepare the appropriate alternate facility for operations.
- Issues a COOP alert to the COOP Team Chiefs that relocation is anticipated. COOP Team Chiefs instruct their team members and personnel to prepare for COOP activation.
- Notifies emergency officials, if appropriate, that relocation of the facility is anticipated.

In cases where COOP activation is ordered:

- The Executive Director coordinates the immediate deployment of the COOP Teams to an assembly site or the designated alternate facility.
- The Executive Director notifies the designated alternate Facility Manager to immediately initiate relocation efforts of the impacted facility and to prepare the appropriate alternate facility for operations.
- The Executive Director provides instructions and guidance on operations and the location of the alternate facility.
- The Alternate Facility Manager provides regular updates to the Executive Director regarding the status of alternate facility activation/readiness.

The following notification procedures are initiated:

- The Executive Director notifies emergency officials, if appropriate, that relocation of the facility has been ordered and is in progress.
- All designated staff members (see Annex K – Notification Procedures) initiate their respective COOP notification cascades.

- Designated COOP Team members report to an assembly site or deploy to the designated alternate facility to assume mission-essential functions.
- As delegated in Annex A, COOP Team members assemble the remaining documents and other assets as required for the performance of mission-essential functions and begin preparations for the movement of these resources.
- All personnel and sections of the impacted facility or facilities should implement normal security procedures for areas being vacated.
- Security and other designated personnel of the impacted facility should take appropriate measures to ensure security of the facilities and equipment or records remaining in the building.

ACTIVATION PROCEDURES DURING DUTY HOURS

- The Executive Director notifies both staff and the Board of the event requiring activation of the CFDMC COOP.
- The Executive Director activates the COOP and notifies the appropriate alternate Facility Manager(s).
- Notification procedures identified in Annex K are conducted.
- The Executive Director directs members of the COOP Teams to begin movement to an assembly site or to the designated alternate facility immediately.
- The COOP Teams immediately deploy to an assembly site or a designated alternate facility to assume mission-essential functions.
- Personnel who do not have active COOP response roles may be instructed to go home or relocate to another specified location pending further guidance.

ACTIVATION PROCEDURES DURING NON-DUTY HOURS

- The Executive Director is notified that an event requiring COOP activation is anticipated or underway.
- The Executive Director then notifies both staff and the Board of the event requiring activation of the CFDMC COOP.
- The Executive Director activates the COOP and notifies the appropriate alternate Facility Manager.
- Notification procedures identified are conducted.
- The Executive Director directs members of the COOP Teams to begin immediate movement to an assembly site or to the designated alternate facility, as appropriate.
- Personnel who do not have active COOP response roles are directed to remain at home pending further guidance.

DEPLOYMENT AND DEPARTURE PROCEDURES

The Executive Director will determine full or partial deployment to the designated alternate facility of any mission-essential functions that are critical to operations at the time the CFDMC COOP activation is ordered. This determination will be based on the severity of the event and the level of threat. The following actions establish general administrative procedures to allow for travel and transportation to the alternate facility. Specific instructions will be provided at the time a deployment is ordered.

TRANSITION TO ALTERNATE OPERATIONS

Following the activation of the COOP and establishment of communications links with the Executive Director and COOP Teams at an assembly site or the designated alternate facility, the Executive Director orders the cessation of operations at the primary facility.

The Executive Director will then notify emergency officials, as appropriate, that an emergency relocation of the CFDMC facility is complete. The Executive Director will then provide information on the alternate facility location, including contact numbers.

As appropriate, government officials, media, outside customers, vendors, and other service providers are notified by the CFDMC Public Information Officer or other designated person(s) that the CFDMC primary facility has been temporarily relocated.

ALTERNATE OPERATIONS - PHASE II

EXECUTION OF MISSION-ESSENTIAL FUNCTIONS

Upon activation, the COOP Teams will begin providing support for the following functions:

- Ensure that mission-essential functions (see Annex C) are reestablished as soon as possible.
- Monitor and assess the situation that required the relocation.
- Monitor the status of personnel and resources.
- Establish and maintain contact with emergency officials, as appropriate, or other designated personnel.
- Plan and prepare for the restoration of operations at the impacted facility or other long-term facility.

ESTABLISHMENT OF COMMUNICATIONS

The ability to communicate with internal and external resources during COOP events will be vital to the operations of the CFDMC. Internal and external resources could include CFDMC providers, patients/families, partner organizations, emergency responders, vendors, the media, and/or the public.

The Executive Director in coordination with the Board and staff will ensure all necessary and preplanned communications and information systems are established, adequate, and functioning properly. The Executive Director will service and correct any faulty or inadequate communications systems. The Executive Director or designated? personnel will ensure connectivity of information systems and will service any faulty or inadequate information systems.

COOP TEAM RESPONSIBILITIES

A critical planning component within the CFDMC COOP is the development of COOP Teams/Chief and team member responsibilities. The COOP Teams can consist of internal staff to the CFDMC, as well as external staff, vendors, and/or other organizations that may assist during COOP events.

AUGMENTATION AND SURGE STAFFING

If it becomes evident that the COOP Teams cannot adequately ensure the continuation of mission-essential functions, the Executive Director will determine the additional positions necessary to maintain these functions. To this end the Executive Director will:

- Identify additional providers and staff, as available, who may be able to provide support.
- Ensure that the identified positions are staffed with individuals who have the requisite skills and current credentials to perform the tasks. These will be verified with appropriate medical and credentialing boards in the most expedient way possible.
- Insurance and liability coverage extensions will be confirmed and coordinated with malpractice and re-insurance providers.
- Consider implementing agreements with outside resource support including Memoranda of Understanding/Mutual Aid Agreements with other organizations and contractual agreements with private vendors.

DEVELOPMENT OF DEVOLUTION PLANS

Devolution is the capability to transfer statutory authority and responsibility for mission-essential functions from an organization's primary operating staff and facilities to another organization's employees and facilities. Devolution planning supports overall COOP planning and addresses catastrophic or other disasters that render an organization's leadership and staff unavailable or incapable of performing its mission-essential functions from either its primary or alternate facilities.

If devolution is necessary, prioritized mission-essential functions are transferred to a pre-identified devolution organization such as a neighboring coalition. Direction and control of mission-essential functions is transferred to the devolution organization site and/or identified personnel.

Devolution planning involves several special issues:

- Personnel at the devolution site must be trained to perform the mission-essential functions to the same level of proficiency as the CFDMC personnel.
- Vital records, documents, and databases must be up to date and available at the devolution site.
- Communications and information management systems must be able to be transferred or accessible at devolution site.
- Delegations of authority planning must include senior personnel at the devolution site.

Should sufficient staff be unavailable to conduct the mission-essential functions of CFDMC, all of the affected operations will initiate the activation of pre-arranged devolution agreements. Devolution will be triggered when available staff determines that there are insufficient resources to maintain and carry out the CFDMC's prioritized mission-essential functions.

DEVELOPMENT OF PLANS FOR RECONSTITUTION AND TERMINATION

The Executive Director or designee will develop Reconstitution and Termination Plans that will direct an orderly transition of all mission-essential functions, personnel, equipment, and records from the devolution organization to a new or restored facility. Plans and schedules will include:

- Whether the original primary facility is re-inhabitable. If not, the plans will include recommendations of primary facility options.
- Construction needs for the primary facility re-occupancy, including remediation of safety issues.
- Estimated costs associated with construction and occupancy. Plans to include options for funding.
- Notification plans for COOP Teams and staff.
- Timeframe for construction completion and move-in.

The Executive Director will review and formally approve all plans and schedules. Upon approval, the Executive Director will issue a COOP Termination memo to the devolution organization(s) identifying the point of formal COOP Termination. The COOP Teams, as assigned, will oversee the Reconstitution and Termination process.

RECONSTITUTION AND TERMINATION - PHASE III

As soon as possible (within 24 hours) following a COOP relocation, the COOP Teams will initiate operations to salvage, restore, and recover the impacted facility, pending approval from any applicable local, state, and/or federal law enforcement organizations or emergency service authorities.

Reconstitution procedures will commence when the Executive Director determines that the emergency situation has ended and is unlikely to reoccur. Once this determination has been made, one or a combination of the following options may be implemented, depending on the situation:

- Continue to perform mission-essential functions at the alternate facility for up to 30 days.
- Begin an orderly return to the impacted facility and reconstitute full normal operations.
- Begin to establish reconstitution of normal operations at a different primary facility location.

PROCEDURES

Upon a decision by the Executive Director that the impacted facility can be reoccupied, or that a different location will be established as a new facility to resume normal operations, the following procedures will be followed:

- The Executive Director or designee will create and submit resumption plans for review and approval.
- Upon approval, the COOP Teams will initiate and oversee the orderly transition of all mission-essential functions, personnel, equipment, and records from the alternate facility to a new or restored facility.

Non-assigned COOP Team personnel will be notified using the Alert Notification.

AFTER-ACTION REVIEW AND REMEDIAL ACTION PLAN

An After-Action Review information collection process will be initiated by each COOP Team prior to the cessation of operations at the alternate facility. The information to be collected will, at a minimum, include information from personnel working during the COOP activation and a review of lessons learned to include processes that were effective and less than effective. The After-Action Review should provide recommended actions to improve areas identified as deficient or requiring improvement.

The information should be incorporated into a COOP Remedial Action Plan. Recommendations for changes to the CFDMC COOP and any accompanying documents will be developed and brought forth to the Executive Director and COOP Teams for review. The Executive Director and designated COOP planners for the CFDMC will review and implement changes to the COOP as required.

ANNEX A – CONTINUITY TEAM

Continuity Team

In preparation for potential continuity events, Continuity Team members are responsible for attending continuity meetings as scheduled, reviewing and updating the organization's or department's essential functions, developing notification cascades for key staff, faculty, providers and personnel, participating in continuity training and exercises, and developing a system and methodology for off-site storage of data to include vital records and databases that are HIPAA compliant. During a continuity event, members of the Continuity Team are responsible for executing the necessary procedures and responsibilities for re-establishing and recovering the operations of the organization's essential functions as identified in Annex C, while maintaining communication with providers and staff directly involved in patient care.

Continuity Team Members - Central Florida Disaster Medical Coalition

Team Member	Team Responsibility/Role
<p>Lynne B Drawdy - Executive Director CFDMC Executive Leadership Work: 407-928-1288 Home: 407-678-5567 Cell: 407-928-1288 Work Email: info@centralfladisaster.org Alternate Work Email: Lynne@centralfladisaster.org Personal Email: ldrawdy59@gmail.com</p>	<p>Responsible for communicating with external vendors and partners during a continuity event where relocation to an alternate facility is required, and/or changes are made in standard operating hours.</p> <p>Responsible for coordinating and managing financial related issues during continuity events including purchases, petty cash and reimbursements.</p> <p>Responsible for managing human resource related requirements during a continuity event.</p> <p>Serves as the Continuity Team Chief and is responsible for deciding if and when to relocate operations to an alternate facility.</p> <p>Serves as the primary point of contact for Facility Management; duties could include assistance in selecting alternate facilities and coordinating relocation efforts of furniture, office equipment, and IT related requirements.</p>
<p>Matt Meyers - Project Manager CFDMC staff Project Management Home: 407-908-0142 Cell: 407-908-0142 Work Email: projects@centralfladisaster.org Personal Email: mmeyers2@cfl.rr.com</p>	<p>Serves as the Public Information Officer (PIO) and is responsible for creating and disseminating official statements on behalf of the organization to the media, external partners, and the general public.</p> <p>Serves as the primary point of contact for Information Technology; duties include managing IT resources and coordinating IT related requirements such as acquiring and installing: computers, telephones, internet/intranet connectivity, etc.</p> <p>Responsible for managing human resource related requirements during a continuity event.</p> <p>Responsible for communicating with external vendors and partners during a continuity event where relocation to an alternate facility is required, and/or changes are made in standard operating hours.</p>
<p>Dan Niederman - Logistician/Team Deputy Commander Division leadership RMAT</p>	<p>Serves as the primary point of contact for Facility Management; duties could include assistance in selecting alternate facilities and coordinating relocation efforts of furniture, office equipment, and IT related requirements.</p>

Team Member	Team Responsibility/Role
Cell: 407-394-4831 Work Email: Dan.Niederman@ocfl.net Personal Email: dan.niederman.ocfl@gmail.com Beverly Cook - Administrative Assistant CFDMC staff Director's Adm Asst. Cell: 407-462-2143 Work Email: Adminasst@centralfladisaster.org Personal Email: bbacook@aol.com	Responsible for developing the draft version of the plan and participating in the on-going maintenance of the plan over time.

ANNEX B FACILITIES

The following are Primary Facilities identified for the CFDMC:

Name / Location (Physical Address)	Resources Located at Primary Facility
<p>Primary Facility</p> <p>Warehouse (where will equipment be housed if warehouse is affected) 101 Suddath Street Orlando, FL 32806</p> <p>Number of Staff: 1</p> <p><i>Facility Manager:</i> Dan Niederman: 407-394-4831 Comments: Warehouse houses RMAT and special needs shelter equipment. CFDMC staff generally work in a virtual environment, but this location also provides two offices for CFDMC staff.</p> <p>1st Alternate - Virtual Sites USA Staff Relocating: - 3???</p> <p>Comments: Coalition staff work virtually during blue skies, and will work virtually during grey skies unless the Coalition presence is needed at an EM/ESF8 location or unless working virtually is not possible due to power/Internet outages.</p> <p>2nd Alternate - Orange County Office of the Medical Director 2002A East Michigan Street Orlando, FL 32806 USA Staff Relocating: 2</p> <p>Comments: This is the COOP location for CFDMC employees. Employees will bring laptops.</p>	<p>?????????</p>

The following are Alternate Facilities identified for the CFDMC:

Name / Location (Physical Address)	Resources Required at Alternate Facility
<p>Alternate Facility</p> <p>Orange County Office of the Medical Director 2002A East Michigan Street Orlando, FL 32806</p> <p>Comments: This is the COOP location for CFDMC employees. Employees will bring laptops.</p>	<p>????????</p>
<p>Alternate Facility</p> <p>Other EM/ESF8 Locations</p> <p>Comments: Other alternate locations include County EM / ESF8 locations throughout the region.</p>	
<p>Alternate Facility</p> <p>Virtual Sites</p> <p>Comments: Coalition staff work virtually during blue skies and will work virtually during grey skies unless the Coalition presence is needed at an EM/ESF8 location or unless working virtually is not possible due to power/Internet outages.</p>	

ANNEX C MISSION-ESSENTIAL FUNCTIONS

Mission-Essential functions for the CFDMC have been identified and prioritized below. In addition to identifying each mission-essential function, the CFDMC has associated the personnel resources and vital record resources required to carry out each specific function. The performance of the highest priority mission-essential functions will need to be resumed as quickly as possible.

Essential Functions for Central Florida Disaster Medical Coalition

1. Functions to be performed, given a *One Day* disruption. (Highest priority to lowest):
 - Maintaining Revenue Streams- Primarily funded through Federal/State grants that require the completion and submission of contract deliverables. Alternative funding must be constantly researched and considered.

- Fiduciary Responsibilities- CFDMC must maintain the ability to perform financial responsibilities including expenditures and revenue in compliance with contractual, regulatory and audit requirements.
- Activate redundant communications and information technology capabilities if necessary to provide situational awareness to members.
- Determine regional disruption of healthcare supply chain.
- Coordinate with local, regional and state ESF8 to support resource coordination.
- Keep Coalition members informed about any available disaster assistance from federal, state and local authorities.
- Maintain a Trauma Advisory Board to provide a collaborative forum for communication among trauma system stakeholders within the RDSTF of Region 5 with emphasis on trauma system quality, injury prevention, and disaster preparedness.
- Crisis Standards of Care - Develop a regional crisis standards of care (CSC) plan where usual delivery of health care services are not possible due to disaster conditions throughout the service area.
- Emerging Infectious Disease Collaborative will assist partner agencies in building and maintaining capabilities to take care of patients with highly infectious disease. These capabilities include being able to identify, isolate, inform and potentially transfer a patient suspected of having an infectious disease.
- Hospital Preparedness- CFDMC will promote hospital readiness to respond and recover from disasters and other emergencies. This includes information sharing, equipment minimums and standardization, shared resources, training and exercises.
- CFDMC Regional Medical Assistance Team exists to provide medical surge capacity to the region and its partners. RMAT: Coordinate the regional medical assistance team (assistance team) that consists of medical personnel who will respond to natural or man-made disasters throughout the contract term, to ensure their response readiness during a disaster.

2. Functions to be performed, given a *One Day - One Week* disruption. (Highest priority to lowest):

- Continuation of functions listed under previous Tier(s) identified above.
- Determine specific medical and non-medical needs of members.
- Determine local and regional disruption of critical infrastructure that affects public health sector.
- Disseminate reports to state health authorities.
- Keep Coalition members informed of changing program requirements.
- Collect disaster response data to be used in After-Action Reports (AAR).
- Assist Coalition members in returning to full operational status.

- Governance: Maintain governance board and membership rosters by agencies and individuals.
- Meetings - Conduct a minimum of one meeting with HCC members each quarter.
- TEPW - Participate in a two-day Planning and Training Workshop (TEPW) each year. Training Plan: Develop an HCC training plan(s) each year to address identified training needs of HCC members.
- Coalition Surge Tool exercise required under the Federal grant and tests the regions' ability to manage medical surge.
- Inventory Management- maintain and inventory of all CFDMC equipment and equipment purchased by or for partner agencies through grant funds.
- HVA- Conduct an annual Hazard Vulnerability Analysis to determine risks, vulnerabilities, and probabilities.
- Mission Ready Packages- Identify MRPs that could be coordinated and shared by HCC members during an emergency response.
- Website: Update the HCC's website located at www.centralfloridadisaster.org, a minimum of one-time each quarter.
- Marketing Plan- Develop a strategic marketing plan each year to increase HCC members and engagement of current members.
- FAC Response Team - Develop a regional family assistance center response team (response team) that can quickly set-up and operate a family assistance center.
- ACS Plan - Update and exercise the regional Provider's alternate care site plan
- Mass Fatality Response:
Increase the ability to respond to a mass fatality
- DBH Plan - Increase the ability to respond to behavioral health needs of the service area after a disaster within the service area

TIER: 1: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

FUNCTION: Maintaining Revenue Streams- Primarily funded through Federal/State grants that require the completion and submission of contract deliverables. Alternative funding must be constantly researched and considered.

PRIORITY: # 1

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Fiduciary Responsibilities- CFDMC must maintain the ability to perform financial responsibilities including expenditure and revenue in compliance with contractual, regulatory and audit requirements

PRIORITY: # 2

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Activate redundant communications and information technology capabilities if necessary to provide situational awareness to members.

PRIORITY: # 3

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Determine regional disruption of healthcare supply chain.

PRIORITY: # 4

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Coordinate with local, regional and state ESF8 to support resource coordination.

PRIORITY: # 5

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Keep Coalition members informed about any available disaster assistance from federal, state and local authorities.

PRIORITY: # 6

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION:

Maintain a Trauma Advisory Board to provide a collaborative forum for communication among trauma system stakeholders within the RDSTF of Region 5 with emphasis on trauma system quality, injury prevention, and disaster preparedness. Crisis Standards of Care: Develop a regional crisis standards of care (CSC) plan where usual delivery of health care services are not possible due to disaster conditions throughout the service area.

PRIORITY: # 7

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

PUBLIC FACING: Yes

FUNCTION: Emerging Infectious Disease Collaborative will assist partner agencies in building and maintaining capabilities to take care of patients with highly infectious disease. These capabilities include being able to identify, isolate, inform and potentially transfer a patient suspected of having an infectious disease.

PRIORITY: # 8

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

PUBLIC FACING: No

FUNCTION: Hospital Preparedness- CFDMC will promote hospital readiness to respond and recovery from disasters and other emergencies. This includes information sharing, equipment minimums and standardization, shared resources, training and exercises.

PRIORITY: # 9

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

PUBLIC FACING: Yes

FUNCTION:

CFDMC Regional Medical Assistance Team exists to provide medical surge capacity to the region and its partners. **RMAT:** Coordinate the regional medical assistance team (assistance team) that consists of medical personnel who will respond to natural or man-made disasters throughout the contract term, to ensure their response readiness during a disaster.

PRIORITY: # 10

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

TIER: 2: Functions to be performed, given a *One Day - One Week* disruption. (Highest priority to lowest)

FUNCTION: Determine specific medical and non-medical needs of members.

PRIORITY: # 1

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Determine local and regional disruption of critical infrastructure that affects public health sector.

PRIORITY: # 2

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Disseminate reports to state health authorities.

PRIORITY: # 3

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Keep Coalition members informed of changing program requirements.

PRIORITY: # 4

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Collect disaster response data to be used in After-Action Reports (AAR).

PRIORITY: # 5

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Assist Coalition members in returning to full operational status.

PRIORITY: # 6

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Governance: Maintain governance board and membership rosters by agencies and individuals

PRIORITY: # 7

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Meetings: Conduct a minimum of one meeting with HCC members each quarter

PRIORITY: # 8

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: TEPW: Participate in a two-day Planning and Training Workshop (TEPW) each year. Training Plan: Develop an HCC training plan(s) each year to address identified training needs of HCC members.

PRIORITY: # 9

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Coalition Surge Tool exercise required under the Federal grant and tests the regions' ability to manage medical surge.

PRIORITY: # 10

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Inventory Management- maintain and inventory of all CFDMC equipment and equipment purchased by or for partner agencies through grant funds.

PRIORITY: # 11

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: HVA- Conduct an annual Hazard Vulnerability Analysis to determine risks, vulnerabilities, and probabilities.

PRIORITY: # 12

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Mission Ready Packages- Identify MRPs that could be coordinated and shared by HCC members during an emergency response.

PRIORITY: # 13

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Website: Update the HCC's website located at www.centralfloridadisaster.org, a minimum of one-time each quarter.

PRIORITY: # 14

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Marketing Plan- Develop a strategic marketing plan each year to increase HCC members and engagement of current members.

PRIORITY: # 15

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: FAC Response Team: Develop a regional family assistance center response team (response team) that can quickly set-up and operate a family assistance center.

PRIORITY: # 16

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: ACS Plan: Update and exercise the regional Provider's alternate care site plan.

PRIORITY: # 17

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Mass Fatality Response: Increase the ability to respond to a mass fatality.

PRIORITY: # 18

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: DBH Plan: Increase the ability to respond to behavioral health needs of the service area after a disaster within the service area.

PRIORITY: # 19

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

ANNEX D ORDERS OF SUCCESSION

Orders of Succession for Central Florida Disaster Medical Coalition

The CFDMC has developed an Orders of Succession for all key positions held within the organization. Provided below is the title and name of each primary person currently holding each key position, followed by a list of designated successors. The successors are listed by title in order of precedence.

Executive Director (Lynne Drawdy) - Order of Succession

Primary: Executive Director - Lynne B Drawdy - CFDMC Executive Leadership

1. RDSTF Co-Chairs: Clint Sperber & Eric Alberts - CFDMC Executive Leadership
2. Executive Committee: Board Chair - Eric Alberts; Vice-Chair (vacant); Treasurer - Lynda W.G. Mason - CFDMC Executive Leadership
3. Project Manager - Matt Meyers - CFDMC staff - Project Management

Primary Continuity Planner - Order of Succession:

Primary: Project Manager - Matt Meyers - CFDMC staff - Project Management

1. Logistician/Team Deputy Commander - Dan Niederman - Division Leadership - RMAT
2. Administrative Specialist - Beverly Cook - Administrative Specialist

ANNEX E DELEGATIONS OF AUTHORITY

MEMORANDUM

TO:

FROM:

DATE:

SUBJECT: Delegation of Authority

ALL AUTHORITY HEREBY DELEGATED SHALL BE EXERCISED IN ACCORDANCE WITH APPLICABLE LAWS, RULES, BUDGET ALLOCATIONS AND ADMINISTRATIVE DIRECTIVES. THIS AUTHORITY CANNOT BE RE-DELEGATED.

To ensure continuity of operations for the CFDMC during continuity events, the following personnel are hereby delegated the authority to conduct the following assignments provided below.

Travel Authorization

Triggering Conditions: Upon incapacity/unavailability of Executive Director

Limitations: The State of Florida travel guidelines must be followed.

Acting Agents:

Lynne Drawdy / Executive Director

Delegated Agents:

Clint Sperber / RDSTF Co-Chair
Eric Alberts / RDSTF Co-Chair & Board Chair
Lynda W. G. Mason, Treasurer

Leave Authorization

Triggering Conditions: Upon incapacity/unavailability of Executive Director

Limitations: In compliance with CFDMC leave policies.

Acting Agents:

Lynne Drawdy / Executive Director

Delegated Agents:

Clint Sperber / RDSTF Co-Chair
Eric Alberts / RDSTF Co-Chair & Board Chair
Lynda W. G. Mason, Treasurer

Purchase Requisitions/Spending Authority

Triggering Conditions: Upon incapacity/unavailability of Executive Director

Limitations: See limitations in Governance policies.

Acting Agents:

Lynne Drawdy / Executive Director

Delegated Agents:

Clint Sperber / RDSTF Co-Chair
Eric Alberts / RDSTF Co-Chair & Board Chair
Lynda W. G. Mason, Treasurer

Execution of Contractual Agreements

Triggering Conditions: Upon incapacity/unavailability of Executive Director.

Limitations: In compliance with Governance policies.

Acting Agents:

Lynne Drawdy / Executive Director

Delegated Agents:

Clint Sperber / RDSTF Co-Chair
Eric Alberts / RDSTF Co-Chair & Board Chair
Lynda W. G. Mason, Treasurer

Authorized Signature:

Central Florida Disaster Medical Coalition

ANNEX F ALERT NOTIFICATION PROCEDURES

Alert Notification Procedures

The Continuity Team Chief (Executive Director) will activate the continuity plan.

Upon notification to activate the continuity plan, the Continuity Team Chief will perform the following duties:

- Contact all contacts identified within this Annex, informing them of the current situation and that the continuity plan is being activated.
- For facility related activations, notify the Alternate Facility Manager of the appropriate alternate facility regarding the activation of the continuity plan.
- As needed, notify the CFDMC Board, local and/or state Emergency Operations Center that an emergency activation or anticipated activation of the continuity plan is expected or in progress.
- Provide progress reports to all contacts, Board, local and/or State Emergency Operations Center and notify all when the continuity plan is demobilized.

KEY LEADERSHIP & STAFF NOTIFICATION LIST

NAME / DEPARTMENT	PHONE NUMBERS	EMAIL ADDRESS
Eric Alberts Health and Medical Co-Chair	407-304-6283	Eric.Alberts@orlandohealth.com
AC Burke EID Consultant	Cell Number: 321-262-3697	ac@rbhealthpartners.com
Beverly Cook CFDMC Administrative Specialist	Cell Number: 407-462-2143	adminasst@centralfladisaster.org bbacook@aol.com
Lynne B Drawdy CFDMC Executive Leadership	Work: 407-928-1288 Home: 407-678-5567 Cell Number: 407-928-1288	info@centralfladisaster.org ldrawdy@centurylink.net
Matt Meyers CFDMC Project Manager	Home: 407-908-0142 Cell Number: 407-908-0142	projects@centralfladisaster.org mmeyers2@cfl.rr.com
Dan Niederman Logistician/Deputy Team Commander	407-394-4831	dan.niederman.ocfl@gmail.com
Clint Sperber Health & Medical Co-Chair	Work: 772-873-4949 Cell Number: 772-924-6697 Additional Number: 7725192963	Clint.Sperber@flhealth.gov
Lynda W. G. Mason Treasurer	Cell Number: 407-272-5699	chaplain27@gmail.com

ANNEX G VITAL RECORDS

Vital Records

The following checklist can be used when determining which vital records are critical to ensure continuation of mission-essential functions.

- Storage of duplicate records off-site.
- Back-up off-site of electronic records and databases.
- Pre-position vital records and databases at the alternate facility prior to deployment.
- The COOP should describe a maintenance program to assure the records are accurate, current, and frequently updated.
- Identifying vital records, systems, and data (hard copy and electronic) critical to performing functions.
- Assuring availability of emergency operating records.

- Ensuring back-up for legal and financial records.

Additional Recommendations

Ensure backup copies of vital records and databases, both paper and electronic, are maintained, updated, and stored in a secure off-site location. The COOP identifies vital records, systems, and data (hard copy and electronic) critical to performing mission-essential functions. The COOP provides for ensuring availability of emergency operating records and ensuring back-up for legal and financial records. The CFDMC will maintain current copies of vital records essential to the continued functioning or reconstitution in a secure off-site location.

Included within the COOP are records having such value that their loss would significantly impair the CFDMC of conducting mission-essential functions, to the detriment of the legal or financial rights or entitlements of the organization or of the affected individuals. Examples of this category of vital records are:

- Patient EMR/PACS system access
- Contracting and acquisition files
- Official personnel files
- Board/Credential Data/Proof
- Payroll/Benefits/FMLA
- Insurance/Liability/Medical Malpractice Coverage Information

The following identifies Vital Records required by CFDMC to complete mission-essential functions:

Vital Record:

Description:

SurveyMonkey: Electronic software that captures member and team information
 Constant Contact: electronic email distribution list
 Everbridge: electronic health alert network
 Coalition Computer: Contains all Coalition historical files and working documents
 OneDrive: Electronic back-up files
 SharePoint: State electronic file of contract deliverables
 Accountant (QuickBooks for payroll, finance)

Location and Accessibility of Vital Records:

Primary Location: Virtual Sites as described above

Format: Electronic - Wide Area Network

Backup Location: N/A

Remote Accessible: Yes

ANNEX H COMMUNICATIONS

Communications

The ability to communicate with internal and external resources during COOP events will be vital to the operations of the CFDMC. Internal and external resources could include CFDMC staff, partner organizations, emergency responders, vendors, the media, and/or the public.

The CFDMC has identified below the various modes of communication that currently exist and/or communications that must be arranged at an Alternate Facility. The communications are listed in order of priority and include a written description for each. Also, each communication item identifies whether the communication is for internal/external use, mobile, or if it requires any level of security measures.

Communications		
Communication: Constant Contact (via email)		
Priority: High	Type: Data	Quantity:
Description: Internal Use, External Use, Mobile, Secure - This is the primary communication mechanism during blue skies and a redundant communication mechanism during grey skies. Multiple lists exist (all members, hospitals, RMAT, trauma, etc.).		
Communication: Everbridge		
Priority: High	Type: Data	Quantity:
Description: Internal Use, External Use, Mobile, Secure - This is the primary communication mechanism during grey skies. There are several groups, one for all members and one for the Regional Medical Assistance Team.		

ANNEX I TESTING, TRAINING, AND EXERCISING / PLAN MAINTENANCE

Testing, Training, and Exercising / Plan Maintenance

- This plan will be reviewed annually or as required by statute by all CONTINUITY OF OPERATIONS PLAN Team members and approved by the Executive Director (Lynne Drawdy).
- The Executive Director (Lynne Drawdy) will ensure training of all CFDMC employees on the key aspects of this plan. This training will be conducted at new employee orientation and quarterly staff meetings.
- This CONTINUITY OF OPERATIONS PLAN will be assessed annually through tabletop or field exercises as required by law.

- Support plans and communications equipment will be tested annually as part of the Test, Training, and Exercises (TT&E).
- Equipment pre-positioned at Alternate Facilities will be tested annually as part of the TT&E program.
- The exercise will include a test of the alert and notification procedures within this CONTINUITY OF OPERATIONS PLAN, with and without warning, during duty and non-duty hours.
- The Executive Director (Lynne Drawdy) or designee will identify and incorporate lessons learned and remedial actions from exercises or actual events into annual revisions of this CONTINUITY OF OPERATIONS PLAN.
- Copies of AAR (After Action Review) reports will be placed in the File Archive of this system.

The CFDMC documents the past, present, and future events that support their Test, Training, and Exercise program for their CONTINUITY OF OPERATIONS PLAN. These events are documented below in chronological order starting with the most recent:

Event Title: COOP Training

Event Date: 12/11/2019

Event Type: Training

Event Status: Completed

Description:

Introductory training re COOP provided by BOLD Planning. Walked through the plan software and began building the CFDMC COOP plan.

**ANNEX J
FACILITY EVACUATION**

Facility Evacuation

The purpose of this section is to provide specific directions to all staff in the event of an emergency requiring the evacuation of the following facilities.???

Responsibilities

The Executive Director (Lynne Drawdy) shall identify a line of succession and recognize a "Safe Room" for sheltering in place in the event that this becomes necessary.

The Executive Director (Lynne Drawdy) shall be responsible for the following:

- Monitor the evacuation procedures and ensure that all employees are participating.
- Identify themselves to responding emergency personnel and provide any information or assistance, as requested.

- Station themselves outside the facility to receive employee check-off lists from Division Heads/Delegates?? and to coordinate with emergency personnel, as necessary.

The Division Heads/Delegates?? shall be responsible for monitoring their sections as follows:

- Know the status of all assigned staff, (e.g., are they on site, in the field, or on annual leave).
- Ensure staff are trained in the evacuation procedures and in dealing with visitors and staff who may become confused or panic in an emergency situation.
- Assign at least two alternate Division Head delegates? and keep this assignment list current.
- Ensure all delegates are properly trained in their duties.
- Obtain checklists of staff accounted for and unaccounted for and report status to the Executive Director (Lynne Drawdy) after evacuation.

Staff are responsible for the following:

- Ensuring handicapped employees and visitors are assisted from the facility.
- Staff with public visitors should exit the facility with the visitors.
- Staff must search for and ensure that any visitors who are in private rooms, restrooms, etc. evacuate with the staff immediately.

Evacuation Procedures

Specific evacuation procedures for each of the facilities identified within this COOP are as follows:

- Primary Facility
 - Warehouse-Follow County directions.
- Alternate Facility
 - Orange County Office of the Medical Director - Follow Office of the Medical Director evacuation plan.
 - Other EM/ESF8 Locations - Follow site-specific evacuation guidelines
 - Virtual Sites - Follow site-specific evacuation directions.

**ANNEX K
CONTACTS ROSTER**

Central Florida Disaster Medical Coalition Contacts

KEY CONTACTS	ADDRESS	PHONE NUMBERS / EMAIL	TEAM ROLES / COMMENTS
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ANNEX L PANDEMIC PLAN

https://f6299184-a3cb-4c34-bb57-9bbf5a2a4016.filesusr.com/ugd/8d7960_e899633b959b4d219b0760edfd976f37.docx?dn=CFDMC%20Pandemic%205.0%20copy.docx