



## Toolkit

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We hope you find these resources useful and engaging. For more information about Project Public Health Ready or to provide feedback on any of these tools, please contact us at [pphr@naccho.org](mailto:pphr@naccho.org).

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FLORIDA DEPARTMENT OF HEALTH  
OKEECHOBEE COUNTY HEALTH DEPARTMENT  
*CONTINUITY OF OPERATIONS PLAN*  
*(COOP)*



*DRAFT*

***Warning:*** This document contains information pertaining to the deployment, mobilization, and tactical operations of the health department in response to emergencies and is exempt from public disclosure under the provisions of section 281.301, Florida Statutes

(Revised August 15, 2003)

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Okeechobee County Health Department

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## **SECTION 1.0 INTRODUCTION**

### **1.1 PURPOSE**

This Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of the mission essential functions for the Okeechobee County Health Department (OCHD) in the event that an emergency in Okeechobee County threatens or incapacitates operations, and the relocation of selected personnel and functions of any health department facility in Okeechobee County is required. Specifically, this document is designed to:

- 1.1.1 Ensure that the OCHD is prepared to respond to emergencies, recover from them, and mitigate against their impacts.
- 1.1.2 Ensure that the OCHD is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated.

### **1.2 APPLICABILITY AND SCOPE**

- 1.2.1 This document is applicable to the Okeechobee County Health Department.
- 1.2.2 Support from other state agencies and local governments as described herein will be coordinated with the responsible office as applicable.
- 1.2.3 This document applies to situations determined by the Director/Administrator of the County Health Department that require relocation/re-establishment of essential functions of the county health department. 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 term. The Director/Administrator will determine situations that require implementation of the COOP.

### **1.3 AUTHORITIES AND REFERENCES**

- 1.3.1 This document complies with state CEMP guidance and Florida Statute 252.365, Emergency Management, Chapter 2002-43, Florida Law (*Relating to Disaster Preparedness*) and all applicable existing CHD emergency procedures. Specifically, it is designed to ensure the CHD is prepared to respond to emergencies, recover from them, and mitigate against their impacts.

**SECTION 2.0 CONCEPT OF OPERATIONS (CONOP)**

**2.1 OBJECTIVES**

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

- 2.1.1 Ensure the continuous performance of the CHD's essential functions/operations during an emergency;
- 2.1.2 Protect essential facilities, equipment, records, and other assets;
- 2.1.3 Reduce or mitigate disruptions to operations;
- 2.1.4 Reduce loss of life, minimize damage and losses;
- 2.1.5 Identify and designate principals and support staff to be relocated;
- 2.1.6 Facilitate decision-making for execution of the Plan and the subsequent conduct of operations; and
- 2.1.7 Achieve a timely and orderly recovery from the emergency and resumption of full service to all customers.

**2.2 PLANNING CONSIDERATIONS AND ASSUMPTIONS**

- 2.2.1 In accordance with state guidance and emergency management principles, a viable COOP capability:
  - 2.2.1.1 Must be maintained at a high-level of readiness;
  - 2.2.1.2 Must be capable of implementation both with and without warning;
  - 2.2.1.3 Must be operational no later than three hours after activation;
  - 2.2.1.4 Must maintain sustained operations for up to 30 days; and
  - 2.2.1.5 Should take maximum advantage of existing state or federal and local government infrastructures.

**2.3 COOP EXECUTION**

2.3.1 Emergencies, or potential emergencies, may affect the ability of the Okeechobee County Health Department to perform its mission essential functions from any or all primary county health department facilities in the county. The following are scenarios that could mandate the activation of the Okeechobee County Health Department COOP.

2.3.1.1 Any primary county health department facility in the Okeechobee County is closed to normal business activities as a result of an event or credible threats of an event that would preclude access or use of the county health department facility and the surrounding area.

2.3.1.2 Any urban area in Okeechobee County is closed to normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military attacks. Under this scenario there could be uncertainty regarding whether additional events such as secondary explosions, or cascading utility failures could occur. If multiple CHD facilities are located in any of the urban areas in the County, activation of COOP contingencies to address such scenarios may be necessary.

2.3.2 In an event so severe that normal operations are interrupted, or if such an incident appears imminent and it would be prudent to evacuate any primary county health department facility or urban area as a precaution, the Director/Administrator of the CHD may activate the Okeechobee County Health Department COOP. The relevant alternate facility (see appendix) will be activated, if necessary, and at the discretion of Director /Administrator of the county health department.

2.3.2.1 The Director/Administrator of the CHD or their designated representative will gather at the alternate facility. The director/administrator will ensure the mission essential functions of the closed primary facility are maintained and capable of being preformed using the relevant alternate facility until the assumption of full operations is re-established at the primary facility.

2.3.2.2 The Okeechobee County Health Department will form a team comprised of the following:

- 2.3.2.2.1 Director
- 2.3.2.2.2 Nursing Director
- 2.3.2.2.3 Environmental Director

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- 2.3.2.2.4 Education Director
- 2.3.2.2.5 Business Manager
- 2.3.2.2.6 IT Supervisor
- 2.3.2.2.7 Bioterrorism Coordinator/Planner
- 2.3.2.2.8 Safety/Emergency Operations Director

2.3.3 This team shall be designated the “Emergency Management Team” (EMT) and may be supplemented by other selected staff as determined by the director. The EMT will serve as an initial relocation team for COOP activation or potential activation. The EMT will either relocate temporarily to the relevant alternate facility, if necessary, or operate remotely from a designated assembly site. The EMT will be responsible to continue mission essential functions of the Okeechobee County Health Department within six hours and for a period up to seven days pending regaining access to the affected facility or the occupation of the relevant alternate.

2.3.3.1 All staff necessary to perform the mission essential functions of the County Health Department (CHD) will need to be contacted and advised to report to either the relevant alternate facility, predetermined secure location, or other location as determined by the EMT. Clear instructions as to the actions necessary to be performed by each of the staff should be predetermined by the EMT given the policy guidance provided by the Director/Administrator.

2.3.3.2 Incidents could occur with or without warning and during duty or non-duty hours. Whatever the incident or threat, the CHD COOP will be executed in response to a full-range of disasters and emergencies, to include natural disasters, terrorist threats and incidents, and technological disruptions and failures.

2.3.3.3 It is expected that, in most cases, the CHD will receive a warning of at least a few hours prior to an incident. Under these circumstances, the process of activation would normally enable the partial, limited, or full activation of the CHD COOP with a complete and orderly alert, notification of all personnel, and activation of the EMT.

2.3.3.4 Without warning, the process becomes less routine, and potentially more serious and difficult. The ability to execute the CHD COOP following an incident that occurs with little or no warning will depend on the severity of the incident's impact on the physical facilities, and whether the



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CHD personnel are present in the effected facility or in the surrounding area.

- 2.3.3.5 Positive personnel accountability throughout all phases of emergencies, including COOP activation, is of utmost concern, especially if the emergency occurs without warning, during duty hours. CHD facility Safety and Evacuation Plans, Administrative and Emergency Procedures, and Section/Office COOP Implementation Plans should provide for such accountability.

## 2.4 TIME-PHASED IMPLEMENTATION

- 2.4.1 The purpose of a time-phased implementation is to maximize the preservation of life and property in the event of any natural or man-made disaster or threat thereof. The extent to which this will be possible will depend on 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 primary county health department 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:

- 2.4.1.1 **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.

- 2.4.1.2 **Major Disaster.** A disaster that will likely exceed local capabilities and require a broad range of State and federal assistance. The Federal Emergency Management Agency (FEMA) will be notified and potential federal assistance will be predominantly recovery-oriented.

- 2.4.1.3 **Catastrophic Disaster.** Any disaster that will require massive State and federal assistance, including immediate military involvement. Federal assistance will involve response as well as recovery needs.

## 2.5 OKEECHOBEE COUNTY HEALTH DEPARTMENT ESSENTIAL STAFF

- 2.5.1 Okeechobee County Health Department staff who are displaced from their primary work location and relocate under this Plan to the selected alternate facility are known collectively as the essential staff. The essential staff must be able to continue the performance of mission essential functions

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for up to 30 days with resource support (see Annex 2 for list of the essential staff). Depending upon the nature of the event requiring activation of the COOP and the facilities that are affected, the roster of essential personnel may be refined and adjusted by the EMT as necessary. For planning purposes the following should be considered minimum essential staff:

- 2.5.1.1 Management team members
- 2.5.1.2 Clinical personnel (RN, LPN)
- 2.5.1.3 Clinic direct support staff
- 2.5.1.4 IT staff
- 2.5.1.5 Facilities staff
- 2.5.1.6 Key supervisors responsible for any displaced mission essential function listed in paragraph II-7.

2.5.2 Since alternate facility space and support capabilities may be limited, the membership of the essential staff may need to be restricted to only those personnel who possess the skills and experience needed for the execution of mission essential functions.

2.5.3 Okeechobee County Health Department staff who are not designated essential staff members may be directed to move to other facilities or duty stations, or may be advised to remain at or return home pending further instructions. COOP activation will not, in most circumstances, affect the pay and benefits of either essential or non-essential staff members.

## 2.6 ALTERNATE RELOCATION POINT

2.6.1 The determination of the alternate relocation point (ARP) will be made at the time of activation by the Director/Administrator of the county health department in consultation with the EMT and will be based on the incident, threat, risk assessments, and execution timeframe. Annex 1 lists all primary facilities and their designated alternate locations.

2.6.2 To ensure the adequacy of assigned space and other resources, all alternate facilities should be reviewed annually. The Director/Administrator of the county health department will be advised of the results of this review and any updates to the ARP information.

## 2.7 MISSION ESSENTIAL FUNCTIONS

2.7.1 It is important to establish priorities before an emergency to ensure that the relocated staff can complete the mission essential functions. All staff shall ensure that mission essential functions can continue or resume as rapidly and efficiently as possible during an emergency relocation. Any

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task not deemed mission essential must be deferred until additional personnel and resources become available.

2.7.1.1 Mission essential functions that must be performed given a **One Day** disruption.

- 2.7.1.1.1 IT functions
- 2.7.1.1.2 Facility maintenance functions

2.7.1.2 Mission essential functions that must be performed given a disruption of greater than **One Day** but less than **One Week**.

(From highest priority to lowest)

- 2.7.1.2.1 All functions listed in 1., above.
- 2.7.1.2.2 Communicable disease treatment (STD, TB, AIDS)
- 2.7.1.2.3 Preventative and Primary Health Services
- 2.7.1.2.4 Environmental Health
- 2.7.1.2.5 Epidemiology and Public Health Surveillance
- 2.7.1.2.6 Immunizations
- 2.7.1.2.7 Vital Statistics
- 2.7.1.2.8 Financial Management (including contracting, purchasing)

Note: After one week of emergency operations either normal operations must be reinstated or emergency operations must ensure the functions listed in 3., below are performed.

2.7.1.3 Mission essential functions that must be performed given a disruption of greater than **One Week** but less than **One Month**.

(From highest priority to lowest)

- 2.7.1.3.1 All Functions listed in 1. and 2., above
- 2.7.1.3.2 AIDS Surveillance
- 2.7.1.3.3 STD Program
- 2.7.1.3.4 WIC
- 2.7.1.3.5 Health Promotion and Education
- 2.7.1.3.6 Healthy Start
- 2.7.1.3.7 Human Resources
- 2.7.1.3.8 All other functions as determined by the EMT

Note: After one month of emergency operations all CHD functions must be resumed at some level.

## 2.8 DELINEATION OF MISSION ESSENTIAL FUNCTIONS

2.8.1 If the COOP cannot be implemented for any reason, the CHD function will revert to the Florida Department of Health (FDOH). The FDOH will then determine which health department or other organization will perform this public health mission for the county.

2.8.1.1 If the COOP cannot be implemented for any reason, the FDOH will assume the responsibility for the ensuring the continuous performance of the Okeechobee County Health Department mission essential functions.

2.8.1.2 If for any reason the FDOH cannot assume or maintain responsibility for the execution of the Okeechobee County Health Department COOP and continuous performance of mission essential functions, the ESF # 8 function at the State Emergency Operations Center will designate a neighboring county health department to assume responsibility for the mission essential functions.

## 2.9 WARNING CONDITIONS

2.9.1 **With Warning.** It is expected that, in most cases, the CHD will receive a warning of at least a few hours prior to an event. This will normally enable the full execution of the COOP with a complete and orderly alert, notification, and deployment of the Emergency Management Team to an assembly site or a pre-identified ARP.

2.9.2 **Without Warning.** The ability to execute the COOP following an event that occurs with little or no warning will depend on the severity of the emergency and the number of personnel that survive. If the deployment of the essential staff is not feasible because of the loss of personnel, temporary leadership of the CHD will be passed to the FDOH or a neighboring designated county health department as explained in subparagraph II-8 above.

## 2.10 DIRECTION AND CONTROL

2.10.1 Authorized Okeechobee County Health Department successors to the Director/Administrator are as follows:

- 2.10.1.1 Director
- 2.10.1.2 Environmental Director
- 2.10.1.3 Director of Nursing

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- 2.10.2 Lines of succession shall be maintained by all County Health Department organizational elements at the senior management level. Successions should be provided to a minimum depth of three. Delegation shall be determined/ approved by the Director/Administrator and will be effective immediately upon designation and will last for an indefinite period of time. The Director/Administrator will determine when delegations are no longer required.
- 2.10.3 The Director/Administrator of the County Health Department may order activation of the COOP Plan.
- 2.10.4 The EMT may be requested by the Director/Administrator to disseminate CHD COOP guidance and direction during the activation and relocation phases. Pending the activation of the COOP, the EMT will monitor the situation and assist in the notification process as necessary.
- 2.10.5 When executed, the appropriate County Emergency Operations Center should be notified and requested to provide any previously agreed upon assistance to the Okeechobee County Health Department.

### 2.11 OPERATIONAL HOURS

- 2.11.1 During COOP contingencies, the Director/Administrator will determine the hours of work for the essential staff.
- 2.11.2 Certain members of the EMT must be prepared to support a 24-hour-per-day, 7-day-per-week operation.

### 2.12 ALERT AND NOTIFICATION

- 2.12.1 **Alert Procedures.** If the situation allows for warning, staff may be alerted prior to activation of the COOP. In all situations allowing for an alert the procedures must include notification to the ESF #8 Coordinator for the Department of Health in Tallahassee.
  - 2.12.1.1 Information and guidance for OCHD staff will normally be passed telephonically using an emergency notification telephone tree/cascade. Depending on the situation, current information may also be available via:
    - 2.12.1.1.1 The CHD hotline if approved and developed (Hotline is 863-610-2192).
    - 2.12.1.1.2 Announcements to local radio and TV stations if approved and developed.
    - 2.12.1.1.3 Other means if approved and developed.

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2.12.1.2 Staff should listen for specific instructions. All staff should remain at their office or home until specific guidance is received.

2.12.2 **Notification Procedures.** Upon notification to activate the COOP:

2.12.2.1 The Director/Administrator will notify the Deputy State Health Officer and the Regional Domestic Security Task Force Health Co-Chair of the current situation and that the COOP is being activated.

2.12.2.2 The Director/Administrator will notify the Safety/Emergency Operations Director and Director's Administrative Assistant, and the EMT using the telephone tree or other available means of communication.

2.12.2.2.1 The EMT staff then initiates their respective COOP notification cascade in order to contact each person in their chain relaying the information and guidance.

2.12.2.2.2 The EMT staff will designate an individual to ensure completion of the telephone tree. These individuals will ensure a minimum of two attempts are made to contact everyone on the tree and that if contact attempts are unsuccessful, the staff are left messages or sent a page (if possible.)

2.12.2.2.3 Once initial contact is made (message left/page sent), the individual identified in para (b) above will call the Safety/Emergency Operations Director and/or Director's Administrative Assistant report status of cascade, including personnel not contacted.

2.12.2.2.4 The Safety/Emergency Operations Director will in turn report status to the Director/Administrator via telephone or other means of available communication.

2.12.2.2.5 For personnel not initially contacted, once the message or page is received, they should immediately contact the primary staff who contacted them.

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- 2.12.2.2.6 Notification may be via personal contact, telephone, cell phone, pager, radio and TV broadcasts, or a combination thereof.
- 2.12.2.2.7 When a call or other notification is received by anyone in a calling cascade, the information given by the primary staff should be carefully recorded to ensure that it is passed accurately to the next person in the cascade.
- 2.12.2.2.8 The EMT staff will report all unsuccessful contact attempts to the Safety/Emergency Operations Director and/or Administrative Assistant after relocation has been effected.

**SECTION 3.0 PROCEDURES**

**3.1 DRIVE-AWAY KITS**

3.1.1 The Safety/Emergency Operations Director is responsible for providing guidance to staff on the requirement for and the contents of these kits, which may contain such items as software, databases, publications, laptop computers, etc. Each functional area will determine the requirement to develop a kit and the contents of the kit. Checklists may need to be used to help ensure the inclusion of all necessary contents.

3.1.2 Items to consider including in these kits might include:

3.1.2.1 List of what positions have to be filled to meet essential services.

3.1.2.2 Laptops with all necessary data disks.

3.1.2.3 Normal office supplies.

3.1.2.4 Other items specific to essential functions.

**3.2 TELECOMMUNICATIONS AND INFORMATION SYSTEMS SUPPORT**

3.2.1 Telecommunications capabilities at the potential alternate facilities are sufficient for the performance of mission essential functions under the COOP. Information systems support at the potential alternate facilities will be provided by the CHD IT Supervisor. Mobile communications support will also be provided by the IT Supervisor or EOC.

3.2.2 It is imperative that each functional area ensure that unique or critical information system requirements are considered in planning and, if appropriate, are identified as capabilities to be provided by support organizations at the potential alternate facilities.

3.2.3 Each EMT member will develop the following for their areas of supervision:

3.2.3.1 Fully current telephone trees.

3.2.3.2 Procedure that consider radio communications using available cell phone capabilities.(if available)



**3.3 SECURITY AND ACCESS CONTROLS**

- 3.3.1 The EMT will ensure that the COOP and the evacuation plans for each county health department facility are complementary and coordinated if a COOP activation is required.
- 3.3.2 The Safety/Emergency Operations Director will ensure all necessary security and access controls are provided at the alternate county health department facility. Also, the Safety/Emergency Operations Director will ensure the primary county health department facility is secured during COOP operations and that local law enforcement authorities are notified.

**3.4 VITAL STATISTICS AND MEDICAL RECORDS**

- 3.4.1 The CHD vital statistics function and clinic medical records require special consideration under this Plan. EMT members who supervise vital statistics and the clinics will ensure procedures are in place to safeguard and back up these records.
- 3.4.2 EMT is responsible for ensuring a means of recovery of damaged records is available, if needed.
- 3.4.3 EMT will identify all records, systems, and data (paper copy and electronic) critical to mission essential functions. Examples include personnel records, payroll records, contracting and accounting records and so forth.
- 3.4.4 Wherever possible, provision for off-site storage of duplicate records and/or off-site backup of electronic records and databases should be implemented.

**SECTION 4.0 PHASE I - ACTIVATION**

**4.1 PROCEDURES**

In general, the following procedures are to be followed in the execution of the Okeechobee County Health Department COOP. The extent to which this will be possible will depend on the emergency, the amount of warning received, whether personnel are on duty or off-duty, and the extent of damage to the effected county health department facilities and its occupants. This Plan is designed to provide a flexible response to multiple events occurring within a broad spectrum of prevailing conditions. The degree to which this document is implemented depends on the type and magnitude of the events or threats thereof. These actions are listed in checklist format included in this Plan.

**4.1.1 ALERT AND NOTIFICATION PROCEDURES**

4.1.1.1 The County Health Department notification process as related to COOP activation should, if necessary, allow for a smooth transition of the essential staff to an alternate facility to continue the execution of mission essential functions across a wide range of potential emergencies. Notification may be in the form of:

4.1.1.1.1 A COOP alert to the essential medical and administrative staff and all non-essential OCHD employees that relocation is imminent.

4.1.1.1.2 An announcement of a COOP activation that directs the EMT to report to an assembly site or a designated alternate relocation point (ARP), and provides instructions regarding movement, reporting, and transportation details to an assembly site or a designated ARP.

4.1.1.2 Upon receipt of a COOP alert from the Director/Administrator, or a designated successor, the Safety/Emergency Operations Director notifies the emergency management team who, in turn, notify staff using their internal telephone notification cascades. Notification may be via personal contact, telephone, cell phone, pager, radio and TV broadcasts, or a combination thereof.

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- 4.1.1.3 The Safety/Emergency Operations Director notifies the appropriate County Emergency Operations Center that an emergency relocation of the OCHD is anticipated or is in progress.
- 4.1.1.4 The decision to implement the COOP should be based upon the nature and severity of the event. Short duration event such as building evacuations, will not likely require implementation of the COOP. The COOP should be implemented in those situations requiring a systematic continuation of mission essential functions within the CHD.

## 4.2 INITIAL ACTIONS

- 4.2.1 Based on the situation and circumstance of the event, the Director/Administrator will evaluate the capability and capacity levels required to support the current mission essential functions of the affected county health department facilities and select an appropriate ARP.
- 4.2.2 The Director/Administrator notifies the Safety/Emergency Operations Director of the emergency requiring activation of the OCHD COOP and directs the Safety/Emergency Operations Director to begin movement of the EMT to an assembly site or to the designated ARP facility immediately.
- 4.2.3 The Safety/Emergency Operations Director activates the OCHD COOP and notifies the appropriate ARP EMT.
- 4.2.4 The Safety/Emergency Operations Director coordinates the immediately deploy of the EMT to an assembly site or the designated ARP.
- 4.2.5 The Safety/Emergency Operations Director notifies the designated ARP EMT to expect the relocation of the county health department facility.
- 4.2.6 The Safety/Emergency Operations Director prepares the ARP for the CHD operations and provides instructions and guidance on operations and the location of the ARP.
- 4.2.7 The EMT deploys to an assembly site or a designated ARP to assume mission essential functions
- 4.2.8 The Safety/Emergency Operations Director provides regular updates to the Director/Administrator regarding ARP activation.

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- 4.2.9 All staff initiates their respective COOP notification cascade. After the cascades are complete, the results, including individuals not contacted are reported to the Safety/Emergency Operations Director.
  - 4.2.10 The essential staff members report to an assembly site or deploy to the designated ARP to assume CHD facility mission essential functions.
  - 4.2.11 All staff who have established drive-away kits ensure that they are complete, with current documents and equipment, and commence movement of the resources.
  - 4.2.12 All staff assembles the remaining documents and other assets as required for the performance of mission essential functions and begins preparations for the movement of these resources.
  - 4.2.13 All personnel and sections of the effected CHD facility or facilities should implement normal security procedures for areas being vacated.
  - 4.2.14 The Safety/Emergency Operations Director at the effected CHD facility should take appropriate measures to ensure security of the effected county health department facilities and equipment or records remaining in the building.
  - 4.2.13 Other employees may be directed to remain at home pending further guidance.
- 4.3 DEPLOYMENT AND DEPARTURE PROCEDURES – TIME-PHASED OPERATIONS**

- 4.3.1 Allowances for partial pre-deployment of any mission essential functions in which are critical to operations will be determined by the Director/Administrator at the time the COOP activation is directed. This determination will be based on the event or the level of threat. The following actions establish general administrative procedures to allow for travel and transportation to the ARP. Specific instructions will be provided at the time a deployment is ordered.
  - 4.3.1.1 The Director/Administrator directs the Safety/Emergency Operations Director to begin deployment of the Emergency Management Team and the select staff members to the ARP.
  - 4.3.1.2 Emergency Management Team (EMT). The CHD Emergency Management Team is directed by the Director/Administrator to either relocate to a designated assembly site or an ARP. Team members should ensure

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that they have their official drive-away kits and the personal preparedness bags. This team will most likely use privately owned vehicles for transportation to the designated facility after marshalling at a pre-determined assembly site. Specific instructions will be provided at the time of activation.

4.3.1.3 Essential Medical and Administrative Staff . Staff members immediately begin movement taking with them all office drive-away kits, if applicable. They will most likely use privately owned vehicles for transportation to the designated facility. Specific instructions will be provided at the time of activation.

4.3.1.4 Non-Essential Personnel. Non-essential personnel present at the affected county health department facility at the time of an emergency notification will be directed to proceed to their homes to await further instructions. At the time of notification, any available information regarding routes that should be used to depart the county health department facility or other appropriate safety precautions. During non-duty hours, non-essential personnel will remain at their homes pending further guidance.

## 4.4 TRANSITION TO ALTERNATE OPERATIONS

4.4.1 Following the activation of the COOP and establishment of communications links with the Safety/Emergency Operations Director and the EMT at an assembly site, the Director/Administrator or his designated successor orders the cessation of operations at the primary CHD facility.

4.4.2 The Safety/Emergency Operations Director notifies the appropriate County Emergency Operations Center. That an emergency relocation of a CHD facility is complete and provides contact numbers.

4.4.3 As appropriate, press, news media, outside customers, vendors and other service providers, are notified by the Public Information Officer that the OCHD has been temporarily relocated.

**4.5 SITE-SUPPORT RESPONSIBILITIES**

- 4.5.1 Following notification that a relocation of the CHD facility has been ordered or is in progress, the appropriate ARP Safety/Emergency Operations Director will implement site-support procedures and prepare to receive the EMT within six hours and the essential staff within 12 hours.

**SECTION 5.0 PHASE II - ALTERNATE OPERATIONS**

**5.1 EXECUTION OF MISSION ESSENTIAL FUNCTIONS**

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

- 5.1.1 Monitor and assess the situation that required the relocation;
- 5.1.2 Monitor status of personnel and resources;
- 5.1.3 Ensure the Safety/Emergency Operations Director has established and maintained contact with the appropriate County Emergency Operations Center and the State ESF #8 Emergency Coordinating Officer, or other designated person;
- 5.1.4 Plan and prepare for the restoration of operations at the CHD facility or other long-term facility.

**5.2 ESTABLISHMENT OF COMMUNICATIONS**

- 5.2.1 The IT Supervisor will ensure all necessary and preplanned communications systems are established, adequate, and functioning properly; and
- 5.2.2 The IT Supervisor will service and correct any faulty or inadequate communications systems.

**5.3 RELOCATION GROUP RESPONSIBILITIES**

- 5.3.1 Essential Staff Responsibilities. As soon as possible following their arrival at the designated alternate facility, the essential staff will begin providing support for the following functions:
  - 5.3.1.1 The Business Manager will disseminate administrative and logistics information to the essential staff upon arrival. This information should generally cover the operational procedures for the next 30 days.
  - 5.3.1.2 The essential staff will receive continual briefings and updates from the Safety/Emergency Operations Director.
  - 5.3.1.3 The essential staff will perform the mission essential functions of the effected CHD facility as necessary.

**5.4 AUGMENTATION OF STAFF**

- 5.4.1 If it becomes evident that the essential staff cannot ensure the continuous performance of mission essential functions, the EMT will determine the positions necessary to ensure the continuous performance of mission essential functions.
- 5.4.2 The EMT will then ensure that the identified positions are staffed with individuals who have the requisite skills to perform the tasks.

**5.5 AMPLIFICATION OF GUIDANCE TO ESSENTIAL AND NON-ESSENTIAL PERSONNEL**

- 5.5.1 The Business Manager will develop informative Memorandum for dissemination to all CHD employees regarding the duration of alternate operations, pertinent information on payroll, time and attendance, duty assignments, and travel authorizations and reimbursements.
- 5.5.2 The Director/Administrator will approve this Memorandum and the Business Manager will then distribute the document to the relocated personnel and the non-essential staff through appropriate media and other available sources.

**5.6 DEVELOPMENT OF PLANS AND SCHEDULES FOR RECONSTITUTION AND TERMINATION**

- 5.6.1 The Safety/Emergency Operations Director will develop Reconstitution and Termination Plans and Schedules to ensure an orderly transition of all CHD functions, personnel, equipment, and records from the temporary alternate location to a new or restored CHD facility.
- 5.6.2 The Director/Administrator will approve the plans and schedules prior to the cessation of operations.
- 5.6.3 The Safety/Emergency Operations Director will oversee the Reconstitution and Termination process.



**SECTION 6.0 PHASE III - RECONSTITUTION AND TERMINATION**

**6.1 OVERVIEW**

6.1.1 Within 24 hours of an emergency relocation, the Director/Administrator will initiate operations to salvage, restore, and recover the affected CHD facilities after the approval of the local and Federal law enforcement and emergency services involved. Reconstitution procedures will commence when the Director/Administrator ascertains that the emergency situation has ended and is unlikely to recur. Once this determination has been made, one or a combination of the following options may be implemented, depending on the situation.

6.1.1.1 Continue to perform mission essential functions at the ARP for up to 30 days.

6.1.1.2 Begin an orderly return to the affected CHD facility and reconstitute full operations.

6.1.1.3 Begin to establish a reconstituted CHD facility in some other facility.

**6.2 PROCEDURES**

6.2.1 Upon a decision by the Director/Administrator, the CHD facility can be reoccupied, or that a different facility will be established as a new county health department facility:

6.2.1.1 The Safety/Emergency Operations Director will oversee the orderly transition of all CHD functions, personnel, equipment, and records from the ARP to a new or restored county health department facility.

6.2.1.2 Prior to relocating back to the primary CHD facility or another building, the Safety/Emergency Operations Director, in conjunction with the Environmental Director and IT Supervisor, will conduct appropriate security, safety, and health assessments for suitability.

6.2.1.3 When necessary equipment and documents are in place at the new or restored CHD facility, the staff remaining at ARP will transfer mission essential functions and resume normal operations.

**6.3 AFTER-ACTION REVIEW AND REMEDIAL ACTION PLAN**

- 6.3.1 An After-Action Review information collection process will be initiated prior to the cessation of operations at the ARP. The information to be collected will, at a minimum, include information from any employee working during COOP activation and a review of the strengths and weaknesses at the conclusion of the operations.
- 6.3.2 The information should be incorporated into a COOP Remedial Action Plan. Recommendations for changes to the COOP and any accompanying documents will be developed and incorporated into the COOP Annual Review Process.

**6.4 TESTING, EXERCISE AND EVALUATION**

- 6.4.1 This Plan will be reviewed annually by all EMT and approved by the director/administrator.
- 6.4.2 The Safety/Emergency Operations Director will train CHD employees on the key aspects of this Plan. This training will be conducted at new employee orientation and quarterly staff meetings.
- 6.4.3 Quarterly training will include a test of the alert and notification plan, with and without warning, during duty and non-duty hours. This Plan will be practiced annually by use of a tabletop exercise or a drill/field exercise. The Safety/Emergency Operations Director will identify and incorporate lessons learned/remedial actions into annual revisions of the COOP.

**SECTION 7.0 CHECKLISTS**

- 7.1 CHECKLIST 7.1 County Health Director Checklist**
- 7.2 CHECKLIST 7.2 Safety/Emergency Operations Director Checklist**
- 7.3 CHECKLIST 7.3 EMT Checklist**
- 7.4 CHECKLIST 7.4 Facilities Manager Checklist**

**SECTION 8.0 ANNEXES**

- 8.1** The purpose of an annex is to assemble information in a usable form for quick reference and use in implementing emergency actions in the **preparation, response, recovery** and **mitigation** phases of emergency management.
  - 8.1.1 Annex 1: Facility Directory
  - 8.1.2 Annex 2: Essential Personnel Directory

**Draft**

**CHECKLIST 7.1**

**COUNTY HEALTH DIRECTOR EXECUTION CHECKLIST**

√		Notes
	Make decision to implement Okeechobee County Health Department COOP	
	Determine which CHD facilities are affected and require relocation	
	Determine which mission essential function in the closed facilities require reestablishment at alternate facilities	
	Determine which alternate facility will be used	
	Identify essential Staff <ul style="list-style-type: none"> <li>▪ Management team members</li> <li>▪ Clinical personnel (RN, LPN)</li> <li>▪ Clinic direct support staff</li> <li>▪ IT staff</li> <li>▪ Facilities staff</li> <li>▪ Key supervisors of any displaced mission essential function</li> </ul>	
	Identify Emergency Management Team: <ul style="list-style-type: none"> <li>▪ Director</li> <li>▪ Nursing Director</li> <li>▪ Environmental Director</li> <li>▪ Business Manager</li> <li>▪ IT Supervisor</li> <li>▪ Bioterrorism Coordinator/Planner</li> <li>▪ Others as determined by the director</li> </ul>	
	Direct Safety/Emergency Operations Director to coordinate EMT and essential staff to assemble at alternate site	
	If mission essential functions cannot be reestablished, request assistance from state and neighboring CHDs	
	Direct Safety/Emergency Operations Director and/or Director's Administrative Assistant to initiate phone tree call down to all staff	
	Notify: <ul style="list-style-type: none"> <li>Deputy State Health Officer</li> <li>RDSTF Health &amp; Medical Co-Chair</li> <li>Safety/Emergency Operations Director</li> <li>ESF #8 at State EOC</li> <li>EMT Staff</li> </ul>	
	Determine staffing requirements and work hours for essential staff	
	Determine when to implement reconstitution and termination of the COOP	

**Draft**

**CHECKLIST 7.2**

**SAFETY/EMERGENCY OPERATIONS DIRECTOR EXECUTION CHECKLIST  
CONTINUITY OF OPERATIONS PLAN**

√		Notes
	Upon notification of activation of the COOP:	
	Confirm status of closed facilities, alternate facilities, mission essential functions and essential staff	
	Ensure notification of EMT and essential staff	
	Ensure initiation of phone tree call down	
	Ensure completion of phone tree call down	
	Direct EMT and essential staff to assemble at alternate location	
	Notify county warning point (EOC)	
	Provide guidance concerning the use of “drive away” kits	
	Assist EMT to establish essential functions	
	Assist business manager to communicate personnel requirement to all staff	
	Ensure business manager and IT Supervisor provides support at alternate facility	
	Oversee reconstitution and termination of COOP Plan	

**Draft**

**CHECKLIST 7.3**

**EMERGENCY MANAGEMENT TEAM MEMBER EXECUTION CHECKLIST  
CONTINUITY OF OPERATIONS PLAN**

√		Notes
	Monitor and assess the situation requiring relocation	
	Monitor and access the status of personnel and resources	
	Upon notification, initiate phone tree call down. Ensure completion of the call down	
	Upon notification, assemble at alternate site	
	Recommend essential functions to be established at alternate site	
	Recommend essential staff required for essential functions	
	Determine the positions necessary to ensure the continuous performance of mission essential functions and staff with individuals who have the requisite skills to perform the tasks.	
	Determine status and guidance for nonessential staff	
	Prepare for restoration of operations at the relocated facility	

**Draft**

**CHECKLIST 7.4**

**FACILITIES/BUSINESS MANAGER EXECUTION CHECKLIST  
CONTINUITY OF OPERATIONS PLAN**

√		Notes
	Assist Director to determine which facilities are affected	
	Ensure vacated facilities are secured	
	Activate security and access controls at alternate site	
	Prepare alternate site for EMT and essential staff	
	Initiate operations to salvage, restore and recover affected facilities	
	Ensure security, safety and health sustainability is available before reconstituting affected building	
	Assist reconstitution of essential functions in primary facility.	

**Draft**

**ANNEX 1  
FACILITY DIRECTORY**

**8.1.1** Both a primary alternate facility and a secondary alternate facility will be predicated upon the nature of the emergency incident and the geographic area in which the incident occurred.

	<b>Current Facility and service</b>	<b>Primary Alternate Facility</b>	<b>Secondary Alternate Facility</b>
<b>1</b>	Name: Okeechobee County Health Department 1728 NW 9 <sup>th</sup> Avenue Okeechobee, Florida 34974 (863) 462-5760	Name: <b>TBD</b> Address: Contact: Phone: Notes:	Name: <b>TBD</b> Address: Contact: Phone: Notes:



**ANNEX 2  
ESSENTIAL PERSONNEL DIRECTORY**

## 8.1.2

	LAST	FIRST	POSITION	WORK PHONE	HOME PHONE	CELL PHONE
1	xxxxxx	Michael	Administrator	111-111-1111		
2	xxxxxx	Edward	Environmental Director	111-111-1111		
3	xxxxxx	Connie	Nursing Director	111-111-1111		
4	xxxxxx	Peggy	Business Manager	111-111-1111		
5	xxxxxx	Steve	Safety/Emergency Operations Director	111-111-1111		
6	xxxxxx	Mitch	Public Health Preparedness Coordinator	111-111-1111		
7	xxxxxx	Tonia	IT Supervisor	111-111-1111		
8	xxxxxx	Carrie	Epidemiology RN	111-111-1111		