

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

## DEPARTMENT ON DISABILITY SERVICES



## Human Care Provider Continuity of Operations (COOP)

*DDS residential service providers must be prepared to continue their minimum essential functions throughout the spectrum of possible threats from natural disasters through acts of terrorism. Continuity of Operations (COOP) planning facilitates the performance of providers during an emergency that may disrupt normal operations.*

### What is a COOP?

Continuity of Operations Planning (COOP) is an important part of overall emergency planning for any organization that is a provider of critical human services. While terrorism may be the threat that is leading to the increase in planning efforts, COOP planning will help ensure provider services in the face of any hazard. Contemporary COOP plans focus on the provider's ability to perform minimum essential functions during any situation. With the necessary preparations, essential provider functions like client safety and health care can be maintained under almost any circumstance.

Your COOP is a part of a complete community emergency management program, and as such, must be provided to DDS to be included in the District's Comprehensive Emergency Management Program (CEMP) process. COOP programs build upon existing programs for critical infrastructure protection, business continuity, and (computer) disaster recovery planning. An integrated COOP and CEMP approach should leverage these existing programs and include all essential provider operations as well as those essential functions performed by DDS and other community-based organizations.

### Developing your COOP

COOP plans should detail all of the procedures that define how a service provider will continue services or recover its minimum essential functions in the event of a disaster. Essential functions are generally understood to mean those functions that must be performed to achieve the provider's critical missions. Each provider should inventory and prioritize all of its functions and determine which ones are truly essential. Specific plans can then be developed and resourced to ensure continuity of each function.

According to guidance contained in Federal Preparedness Circular (FPC) 65, COOP planning is based on achieving a high level of readiness for implementation both with and without warning. The FPC suggests that COOP capabilities be operational no later than 12 hours after activation and must be able to maintain sustained operations for up to 30 days. At the minimum your plans must include:

- Ensuring the continuous performance of a provider's essential functions during an emergency,
- Reducing loss of life, minimizing injuries,
- Protecting essential facilities, equipment, records, and other assets,
- Reducing or mitigating disruptions to operations,
- Achieving a timely and orderly recovery from an emergency and resumption of full service.

COOP capabilities require substantial effort; as a result, plans should be developed and maintained using a

multi-year strategic plan. The strategic plan should outline the process your organization will follow to identify what are essential functions and resources, define short and long-term COOP goals and objectives, forecast budgetary requirements, anticipate and address issues and potential obstacles including staffing and supplies, and establish planning milestones. It is important that this not simply be a “plan”. Arrangements must be made to guarantee the availability of the needed space, equipment, resources and staff to activate the plan when needed.

## **COOP Capability Elements**

Based on current federal guidance, industry standards, and best practices, a COOP Capabilities Assessment for Readiness (COOP CAR) was recently developed to address the elements of a comprehensive COOP Program. The requirements were identified, organized into 15 sections representing the elements of an effective COOP Program:

Plans and Procedures	Essential Functions Defined
Delegations of Authority	Orders of Succession
Alternate Facilities Identified	Communications and Warning
Protection of Vital Records and Databases	Testing, Training, and Exercises
COOP Implementation	Roles and Responsibilities
Update, Distribution, and Communication of Plan	Hazard Identification and Risk Assessment
Mitigation and Countermeasures	Logistics
Command and Control	

A COOP CAR should be conducted to help providers assess operational capabilities and to identify gaps and support the strategic planning process. The CAR should be designed to serve as a basis for actions that need to be taken in order to strengthen the COOP program. The assessment results will assist a provider in establishing priorities and analyzing needs to facilitate the continued planning process.

## **Continuity Planning**

Continuity plans must be in place for all essential functions both in DDS and for all DDS residential service providers. Provider COOP planning will need to consider a wide array of issues. The following sections address some of the key issues in continuity planning.

### **Succession Plans and Delegations of Authority**

Succession plans and delegations of authority are a key element of COOP programs. These plans should establish orders of succession to all key positions. The orders of succession must be of sufficient depth to ensure a providers ability to perform essential functions of providing services throughout the duration of an emergency. In addition to provider executives and managers, orders of succession should be established for other key service delivery positions. Clear succession plans must be in place and well communicated so that confusion is avoided. Establish the rules and procedures designated staff are to follow and use positions or titles, rather than names of individuals. Delegations of authority must clearly identify any limitations. You may need to consult with legal counsel as to the appropriate process and to determine what limitations on succession and delegations of authority exist in your operation.

### **Alternate Facilities**

Alternate operating facilities are a vital part of any COOP plan. Your operation should identify alternate facilities and prepare your personnel for the possibility of short-notice (or no-notice) relocation of essential functions, staff and consumers to these facilities. Facilities may be identified from existing infrastructure, or external sources. FEMA recommends that these facilities be capable of supporting operations in a threat-free environment, as determined by the geographical location of the facility, a favorable assessment of the local threat, and/or the collective protection characteristics of the facility. In acquiring and equipping such facilities, providers are encouraged to consider cooperative agreements and promote sharing of identified alternate

facilities. Broad based public-private partnerships and mutual aid agreements should also be used to provide alternate site capabilities. Alternate facilities should provide the capability to perform essential functions under various threat conditions, and offer sufficient space and equipment to sustain operations for up to 30 days. These alternate sites must be able to support the health, safety and emotional well-being of the individuals served by the provider. The site will need to include equipment to support communications with essential internal and external organizations, partner organizations, and the public. In planning for operations at alternate sites, it is important to consider the necessary durable medical supplies, medications, food, water and clothing for consumers, as well as the ability and methods to transport the individuals to the alternate site. The ability to relocate employees as well as to allow alternate employees access to the facility must be considered.

### **Incident Command**

An incident command system is necessary for effective command, control, communication, and coordination. All key players should receive appropriate training and drills on the responses and actions that occur in the event of an emergency situation.

### **Mutual Aid**

Providers may consider working with other providers or similar human service organizations to forge mutual aid agreements. These agreements should provide a mechanism to cooperate in sharing resources, such as space, equipment, materials, and staff. These agreements should be in place with both nearby as well as distant organizations that will not be impacted by a regional disaster.

### **Staff**

It is helpful to create a management structure that is well versed in your emergency response. Notification and communication requirements for employees must be addressed as part of the plan. Essential personnel will need to be prepared to relocate on short notice, and family preparedness issues must also be addressed.

### **Equipment Needs**

Pre-positioning resources are ideal; in addition, please be sure to coordinate with your information technology department to discuss plans to protect your computer systems and how to support off-site recovery and back-up provisions. Plans must be developed to address telephone, text and email communications and if needed the procurement of computing equipment, as well as data restoration. It is essential that providers identify the necessary durable medical equipment, supplies and medications that must be transported in the event that shelter-in-place is not an option. Providers must also have plans in place to secure and provide all essential medications for at least a five (5) day period.

### **Transportation**

If you need to relocate, you may need to move all or some of the individuals served by the provider, as well as the necessary equipment and records. Identify individuals that will require extensive preparation and special vehicles for transportation. Plan ahead and establish relationships with multiple transportation resources. Remember that many threat scenarios may severely impact transportation.

### **Contamination**

Biological agents and other hazardous materials, as well as debris and water may contaminate your buildings, supplies and equipment. Develop a plan to minimize risks of contaminations of your facility with the primary emphasis on the protection of the individuals. Be prepared to decontaminate facilities and equipment and understand the impact of contamination. Plans should include salvage and drying of important documents and equipment, as well as the disposal of contaminated supplies and medications.

### **Conclusion**

Design a complete COOP process and fully prepare for all relevant scenarios. Build in flexibility so that the plan will work under various scenarios. There is a wealth of information available that can help you in your

planning efforts. The following links may prove useful:

DC Homeland Security Emergency Management Agency- [hsema.dc.gov](http://hsema.dc.gov)

FEMA- [fema.gov](http://fema.gov)

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