Healthcare
COOP & Recovery Planning

Concepts, Principles, Templates & Resources

January 2015

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Introduction

The Healthcare COOP & Recovery Planning document describes the concepts, principles, templates and resources available to assist non-federal healthcare entities in identifying and ensuring planning methodologies align with current federal continuity and recovery framework guidelines.

Healthcare organizations can copy and paste needed planning information captured from this document into their own proprietary COOP or Recovery plan. This document can be used as a research tool for collaborative planning efforts with other preparedness partners.

This document is a collection of resources, ideas, templates and references and hyperlinks to additional information relating to Healthcare Continuity of Operations (COOP) and Healthcare Disaster Recovery. Content for this document was developed from various resources including government grant funded publications. This document may be used to develop plans, checklists, concepts of operations and other documents and tools related to Healthcare COOP and Recovery planning.

Authorities

- National Security Presidential Directive 51/Homeland Security Presidential Directive 20, National Continuity Policy, May 9, 2007
- National Continuity Policy Implementation Plan, August 2007
- Homeland Security Presidential Directive 7, Critical Infrastructure Identification, Prioritization, and Protection, December 2003
- Pandemic and All-Hazards Preparedness Reauthorization Act (PAPRA)
- National Health Security Strategy
- The National Response Framework
- National Disaster Recovery Framework

References

- Federal Continuity Directive 1, Federal Executive Branch National Continuity Program and Requirements, February 2008
- Federal Continuity Directive 2, Federal Executive Branch Mission Essential Function and Primary Mission Essential Function Identification and Submission Process, February 2008
- Continuity Guidance Circular 1, Continuity Guidance for Non-Federal Entities
- Continuity Guidance Circular 2, Continuity Guidance for Non-Federal Entities: Mission Essential Functions Guidance Process
- Health & Social Services Recovery Support Function CONOPS (DRAFT)
- National Guidance for Health System Preparedness
- Hospital Preparedness Program Measure Manual
- CDC's Public Health Preparedness Capabilities

Alignment with PHEP and HPP Capabilities and Performance Measures

CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* now provides a guide that state and local jurisdictions can use to better organize their work, plan their priorities, and decide which capabilities they have the resources to build or sustain. The capabilities also help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions.

http://www.cdc.gov/phpr/capabilities/DSLR_capabilities_July.pdf

The Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness will help state, local, Healthcare Coalition, and ESF #8 planners identify gaps in preparedness, determine specific priorities, and develop plans for building and sustaining healthcare specific capabilities. These capabilities are designed to facilitate and guide joint ESF #8 preparedness planning and ultimately assure safer, more resilient, and better-prepared communities.

http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf

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1 Healthcare Continuity of Operations

1.1 Purpose

The Continuity of Operations Plan provides a mechanism to assist with the implementation of coordinated COOP strategies that initiate activation, relocation, and continuity of operations for the agency/organization. The agency/organization COOP is an All-Hazards plan that addresses the full spectrum of threats from natural, manmade, and technological sources including national security emergencies.

1.2 Federal Guidance for Continuity of Operations

1.2.1 Continuity Guidance Circular (CGC) 1

Continuity Guidance Circular 1 (CGC 1) ([PDF](#)), *Continuity Guidance for Non-Federal Entities (States, Territories, Tribal, and Local Government Jurisdictions and Private Sector Organizations*), was approved by the FEMA Administrator on January 21, 2009. CGC 1 supersedes the Interim Guidance on Continuity of Operations Planning for State and Local Governments, and provides operational guidance for implementing NSPD-51/HSPD-20 for non-Federal entities. CGC 1 provides guidance for developing continuity plans and programs for the sustainment of essential functions and services to our nation's citizens under all conditions.

1.2.2 Continuity Guidance Circular (CGC) 2

Continuity Guidance Circular 2 (CGC 2) ([PDF](#) 4.1MB), *Continuity Guidance for Non-Federal Entities: Mission Essential Functions Identification Process (States, Territories, Tribes, and Local Government Jurisdictions)*, was approved July 22, 2010, by the Assistant Administrator of National Continuity Programs. CGC 2 provides planning guidance to assist non-Federal entities and organizations in identifying their essential functions. Additionally, CGC 2 describes the use of a systematic Business Process Analysis, Business Impact Analysis, and the development of risk mitigation strategies.

1.3 Pre-Incident Risk Assessment

[INSERT SHA/LHD/HCC/HCO NAME] has reviewed the following guidance to identify hazards, risks, and vulnerabilities to state health authorities, regional and local health departments, HCCs, and HCOs.

Threat and Hazard Identification & Risk Assessment
http://www.fema.gov/media-library/assets/documents/26335

Understanding Your Risks: Identifying Hazards and Estimating Losses
http://www.fema.gov/media-library/assets/documents/4241?id=1880

Hazard Vulnerability Analysis

http://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter5/Pages/hazards.aspx

Exhibit 1: [INSERT SHA/LHD/HCC/HCO NAME] Pre-Identified Hazards and Risks Sample

Hazard	Type	Frequency	Duration	Risk to SHA/LHD/HCC/HCO
[INSERT HAZARD]	[INSERT NATURAL/ TECHNOLOGICAL/ HUMAN]	[INSERT RARE/MODERATE/ FREQUENT]	[INSERT SHORT/VARIES/ LONG]	[INSERT LOW/ MODERATE/ HIGH]
Tornado	Natural	Moderate	Short	Moderate
Flooding	Natural	Frequent	Varies	High
Telephone Disruption	Technological	Moderate	Varies	Moderate
Loss of Power	Technological	Rare	Varies	High
Workplace Violence	Human	Rare	Short	Moderate

1.4   Continuity Elements

ORDERS OF SUCCESSION

The [INSERT SHA/LHD/HCC/HCO NAME] has established and maintained Orders of Succession for key positions in the event leadership is incapable of performing authorized duties. The designation as a successor enables that individual to serve in the same position as the principal in the event of that principal's death, incapacity, or resignation.

Exhibit 2: [INSERT SHA/LHD/HCC/HCO NAME] Succession Plan Sample

Key Position (Position Title)	Successor 1	Successor 2	Successor 3
[LEADERSHIP]			
[LEADERSHIP]			
[LEADERSHIP]			
[OPERATIONS]			
[PLANNING]			
[LOGISTICS]			
[FINANCE/ADMIN]			

DELEGATION OF AUTHORITY

The [INSERT SHA/LHD/HCC/HCO NAME] has established Delegations of Authority to provide successors the legal authority to act on behalf of the Agency/Organization for specific purposes and to carry out specific duties. Delegations of Authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished.

Exhibit 3: [INSERT SHA/LHD/HCC/HCO NAME] Delegation of Authority Plan Sample

Authority	Type of Authority	Position Holding Authority	Triggering Conditions
Close Facility	Emergency Authority	Senior Leadership	When conditions make coming to or remaining in the facility unsafe
Represent Agency/ Organization when engaging Govt. Officials	Administrative authority	Senior Leadership	When the pre-identified senior leadership is not available
Activate Agency/ Organization MOU's/MAA's	Administrative Authority	Senior Leadership	When the pre-identified senior leadership is not available

CONTINUITY FACILITIES

The [INSERT SHA/LHD/HCC/HCO NAME] has identified continuity facilities to conduct business and/or provide clinical care to maintain essential functions when the original property, host facility, or contracted arrangement where the Agency/Organization conducts operations is unavailable for the duration of the continuity event. The table below lists the pre-arranged Alternate Sites, Devolution Sites, and Telework Options.

The [INSERT SHA/LHD/HCC/HCO NAME] conducts operations at the [XYZ SHA/LHD/HCC/HCO].

Exhibit 4: [INSERT SHA/LHD/HCC/HCO NAME] Facility Continuity Plan Sample

Continuity Facility	Type of Facility	Location of Facility	Accommodations
ABC Hospital	Alternate Site	1234 Medical Center Drive, Niceville, USA	Hot Site, Identified meeting room with telephones internet access, ham radio access, satellite radio access, 2 desktop computers, laptop connectivity

County EOC	Alternate Site	7000 Disaster Way My Town, Gotham City	Warm Site, Possible meeting room with telephones, internet access, shared ham radio capability, shared satellite phone capability, No desktop computers, laptop connectivity
Home Telework	Devolution Site	Home of Record HCC Leadership	Warm Site, telephones, internet access, no ham radio, no satellite phone, desktop computers, laptop connectivity

CONTINUITY COMMUNICATIONS

The [INSERT SHA/LHD/HCC/HCO NAME] maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and state and federal response and recovery partners. The Agency/Organization has established communication requirements that address the following factors:

- Agencies/Organizations possess, operate and maintain, or have dedicated access to communication capabilities at their primary facilities, off-sites and pre-identified alternate care sites
- Agency/Organization leadership and members possess mobile, in-transit communications capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact
- Agencies/Organizations have signed agreements with other pre-identified alternate care sites to ensure they have adequate access to communication resources
- Agencies/Organizations possess interoperable redundant communications that are maintained and operational as soon as possible following a continuity activation, and are readily available for a period of sustained usage for up to 30 days following the event

ESSENTIAL RECORDS MANAGEMENT

The [INSERT SHA/LHD/HCC/HCO NAME] keeps all essential hardcopy records in a mobile container that can be relocated to alternate sites. In addition, electronic records, plans, and contact lists are maintained by the organization leadership and can be accessed online and retrieved on system hard drives when applicable and appropriate. Access to and use of these records and systems enables the performance of essential functions and reconstitution to normal operations.

DEVOLUTION OF CONTROL AND DIRECTION

The [INSERT SHA/LHD/HCC/HCO NAME] devolution option requires the transition of roles and responsibilities for performance of Agency/Organization essential functions through pre-authorized delegations of authority and responsibility. The authorities are delegated from Agency/Organization leadership to other representatives in order to sustain essential functions for an extended period. The devolution option will be triggered when one or more

Agency/Organization leaders are unable to perform the required duties of the position. The responsibilities of the position will be immediately transferred to designated personnel in the delegation of authority matrix. Personnel delegated to conduct Agency/Organization activities will do so until termination of devolution option.

1.5   Healthcare Primary Mission Essential Function (PMEF) & Mission Essential Functions (MEF's)

1.5.1   Health Care Service Delivery (PMEF)
The provision of health care continuity provided in all inpatient and outpatient environments.

State Health Authority *Essential Supporting Activities* include**:**

- Collect situational assessment data from Local/Regional Health Departments (L/RHD), Healthcare Coalitions (HCC), and HCOs on their ability to provide patient care
- Collect L/RHD, HCC, and HCO data to generate regional and statewide health care service delivery situation report
- Disseminate health care service delivery situation reports to Federal ESF-8
- Prepare Action Request Forms (ARF) to request assistance from ESF-8 lead

Local/Regional Health Department *Essential Supporting Activities* include**:**

- Collect situational assessment data on the impact of the disruption of public health service delivery in the local and regional area
- Partner with local emergency management and social services to determine public health priorities associated with services needed to recover from physical or mental/behavioral injury, illness, or exposure sustained as a result of the incident
- Work with U.S. Dept. of Health & Human Services (DHHS) Incident Response Coordination Team (IRCT) to assess requirements to return to normal public health care service delivery
- Disseminate health care service delivery data to state health authorities and ESF-8 partners

Healthcare Coalition *Essential Supporting Activities* include**:**

- Collect situational assessment data from member HCOs on their ability to provide patient care
- Collect individual facility data to generate coalition health care service delivery situational report
- Disseminate health care service delivery data to state health authorities
- Assist coalition members in returning to full operational status

Healthcare Organization *Essential Supporting Activities* include**:**

- Determine the extent of disruption to health care service delivery
- Determine if event has caused a complete or partial disruption of health care service delivery
- Determine if relocation of health care service delivery to alternate care sites is an option for short-term continuation of service

- Work with local emergency management and regional HCC(s) to obtain assistance in returning to normal health care delivery operations

1.5.2   Access to Health Workforce (MEF)
The ability to deploy a credentialed health workforce to provide patient care to support healthcare service delivery in all environments.

State Health Authority *Essential Supporting Activities* include**:**

- Conduct statewide assessment of health workforce shortage
- Assist LHDs, HCCs, HCOs, and Public Health in activating volunteer registries
- In coordination with community partners, assist HCCs and HCOs with the deployment management of volunteers during response and continuity operations
- Prepare Action Request Forms (ARF) to request assistance from ESF-8 lead

Local/Regional Health Departments *Essential Supporting Activities* include**:**

- Conduct Local/Regional assessment of health workforce shortage
- Coordinate the assignment of public health agency volunteers to public health, medical, mental/behavioral health, and non-specialized tasks as directed by the incident
- Refer spontaneous volunteers not needed for public health response to other organizations in need of volunteers to close gaps in the healthcare workforce during continuity operations
- Disseminate volunteer management situation reports to state health authorities

Healthcare Coalition *Essential Supporting Activities* include**:**

- Conduct healthcare workforce shortage assessment within coalition boundaries
- Coordinate with volunteer groups to supplement medical & non-medical personnel
- Disseminate reports of regional staffing shortages to local & state health authorities

Healthcare Organization *Essential Supporting Activities* include**:**

- Identify medical and nonmedical staffing shortages during response and continuity operations
- Recall additional staff incrementally to assist in disaster continuity operations
- Coordinate with contracted staffing agencies to increase availability of critical medical staff
- Integrate credentialed, licensed, independent practitioners into continuity medical operations
- Coordinate with volunteer groups to supplement medical & non-medical personnel
- Disseminate reports of HCO staffing shortages to local incident management & state health authorities

1.5.3   Community/Facility Critical Infrastructure (MEF)
Fully operational critical community/facility infrastructure including power, water, and sanitation etc.., to support patient care environments

State Health Authority *Essential Supporting Activities* include:

- Identify and assess situational reports on critical infrastructure disruption affecting healthcare sector

- Work to ensure healthcare sector, especially hospitals, are included on the priority restoration plan
- Coordinate with ESF-8 to request assistance from ESF-3 for Public Works and Engineering support

Local/Regional Health Department *Essential Supporting Activities* include**:**

- Determine local/regional disruption of critical infrastructure that affects public health sector
- Collect reports on critical infrastructure disruption
- Disseminate reports to state health authorities
- Advocate for priority service resumption for public health facilities through continuity operations and recovery phase

Healthcare Coalition *Essential Supporting Activities* include**:**

- Determine local/regional disruption of critical infrastructure that affects public health sector
- Collect reports on critical infrastructure disruption
- Disseminate reports to state health authorities
- Advocate for priority service resumption for public health facilities through continuity operations and recovery phase

Healthcare Organization *Essential Supporting Activities* include**:**

- Determine extent of disruption/loss/damage of facility critical infrastructure
  a. Electrical System
  b. Water System
  c. Ventilation
  d. Fire Protection System
  e. Fuel Sources
  f. Medical Gas & Vacuum Systems
  g. Communication Infrastructure

- Prioritize restoration efforts to meet the operational goals of health care service delivery
- Disseminate reports of HCO critical infrastructure disruption/loss/damage to local emergency management and to state health authorities
- Advocate for priority service resumption directly to local incident management

1.5.4   Access to Healthcare Supply Chain (MEF)
Full access to the healthcare supply chain including medical & non-medical supplies, pharmaceuticals, blood products, industrial fuels, and medical gases etc.

State Health Authority *Essential Supporting Activities* include:

- Determine statewide disruption of healthcare supply chain
- Determine priority medical and non-medical supply items needed by public health and HCOs
- Activate and distribute equipment and pharmaceutical cache contents to public health departments and HCOs

- Coordinate with ESF-8 to request assistance from ESF-7 Logistics Management and Resource Support

Local/Regional Health Departments *Essential Supporting Activities* include:

- Determine local/regional disruption of healthcare supply chain
- Determine priority medical and non-medical supply items needed by public health departments
- Allocate and distribute medical countermeasures and pharmaceutical cache contents to identified recipients
- Coordinate with SHA for supply requests
- Disseminate healthcare supply chain disruption Situation Reports (Sitreps) to SHA

Healthcare Coalition *Essential Supporting Activities* include:

- Determine regional disruption of healthcare supply chain
- Determine specific medical and non-medical supply needs of members
- Coordinate with local/regional state health departments to distribute cache contents to HCOs
- Coordinate with private sector vendors on distribution and resumption of normal supply delivery
- Disseminate healthcare supply chain disruption SitReps to SHA

Healthcare Organization *Essential Supporting Activities* include:

- Determine estimated shortfalls identified during the continuity event of needed supplies for the HCO
- Prioritize medical and non-medical supply items needed by HCO through medical/surgical supply formularies
- Redirect supplies already within the hospitals supply chain to areas first impacted
- Activate pre-event supply orders with vendors
- Coordinate with SHA for supply requests
- Disseminate HCO supply chain disruption Sitreps to SHA

1.5.5   Access to Medical/Non-Medical Transportation System (MEF)

Fully functional medical & non-medical transportation system that can meet the operational needs of the healthcare sector during the response & continuity phases of an event

State Health Authority *Essential Supporting Activities* include:

- Determine statewide medical transportation needs during response and continuity operations
- Prioritize state medical transportation assets to service highly impacted areas first
- Prepare and disseminate Action Request Forms to request assistance with medical transportation from ESF-8
- Coordinate with HHS/ESF8 to activate National Federal Ambulance Contracts

Local/Regional Health Departments *Essential Supporting Activities* include:

- Determine local/regional medical transportation needs for public health
- Prioritize local/regional health department medical transportation assets to service highly impacted areas first

- Coordinate with SHA to request medical transportation assets

Healthcare Coalition *Essential Supporting Activities* include:

- Determine regional medical transportation needs during response and continuity operations
- Determine specific needs of member HCOs
- Coordinate with regional EMS/Air Ambulance Providers to close gaps in system transportation needs
- Advocate for coalition members for medical transportation assistance

Healthcare Organization *Essential Supporting Activities* include:

- Determine additional medical/non-medical transportation needs to support response and continuity operations
- Identify an EMS Coordinator and a Transportation Coordinator to manage patient transport
- Coordinate with regional EMS/Air Ambulance Providers to close gaps in system transportation needs
- Provide transportation assistance to staff that may need transportation to facility
- Disseminate requests for transportation assistance to local emergency management and SHA

1.5.6 Healthcare Information Systems (MEF)

Fully functional information technology and communications infrastructure that support high availability of the healthcare sector's data management and information sharing capability.

State Health Authority *Essential Supporting Activities* include:

- Determine statewide disruption of communication/information technology capabilities
- Activate redundant communication capabilities if necessary
- Coordinate with service providers to restore communication/information technology capabilities
- Coordinate with local/regional health departments, HCCs, and HCOs to disseminate critical response and recovery information to the public
- Coordinate with ESF-2 through ESF-8 for restoration or repair of telecommunications infrastructure

Local/Regional Health Departments *Essential Supporting Activities* include:

- Determine local/regional disruption of public health communication/information technology capabilities
- Activate redundant communication capabilities if necessary
- Coordinate with local emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with state health authorities to disseminate critical response and continuity operations information

Healthcare Coalition *Essential Supporting Activities* include:

- Determine extent of disruption of communication/information technology capabilities within coalition boundaries

- Activate redundant communication capabilities if necessary
- Coordinate with local/state emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with state health authorities to disseminate critical response and continuity operations information

Healthcare Organization *Essential Supporting Activities* include:

- Determine extent of disruption of communication/information technology capabilities at facilities
- Activate redundant communication capabilities if necessary
- Coordinate with local/state emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with state health authorities to disseminate critical response and continuity operations information

1.5.7   Healthcare Administration/Finance (MEF)

Fully operational administrative and financial capability including maintaining & updating patient records, adapting to disaster recovery program requirements, payroll continuity, supply chain financing, claims submission, and losses covered by insurance and legal issues.

State Health Authority *Essential Supporting Activities* include:

- Collect disaster response data to be used in After-Action Reports
- Monitor statewide patient movement and update patient records
- Modify state health program requirements as dictated by authorizing entities
- Keep track of disaster related expenditures
- Request disaster assistance from federal agencies
- Provide disaster assistance to regions and localities
- Monitor employee/contractor payroll systems

Local/Regional Health Departments *Essential Supporting Activities* include:

- Collect disaster response data to be used in After-Action Reports
- Monitor patient movement and update patient records
- Keep up with changing health program requirements and make modifications when directed by authorizing entity
- Monitor costs relating to supply chain management and acquisition
- Keep track of overall disaster related expenditures
- Monitor employee/contractor payroll systems

Healthcare Coalition *Essential Supporting Activities* include:

- Collect disaster response data to be used in After-Action Reports
- Keep coalition members informed on changing program requirements
- Keep coalition members informed about any available disaster assistance from federal, state and local authorities

Healthcare Organization *Essential Supporting Activities* include:

- Collect disaster response data to be used in After-Action Reports

- Modify and maintain healthcare information management practices according to changing program requirements directed by authorizing entities
- Coordinate the use of paper systems to track patients, health issues and other critical data in the event electronic systems are compromised
- Explore possible sources of disaster assistance that may be available to an organization; request assistance when appropriate
- Monitor employee/contractor payment systems; implement alternative payment systems if available
- Activate disaster recovery contracts
- Initiate "disaster orders" to increase supply chain availability
- Monitor and adjust claims submission conditions according to changing federal & state requirements
- Monitor, document, and address legal issues
- Monitor document losses for the preparation of insurance claims

1.6   Sample Hospital Mission Essential Functions

- Emergency Services (Emergency Department)
- Surgical Services (Operating Room)
- Laboratory Services (Lab)
- Health Information Technology (HIT)
- Patient Care Unit (PCU)
- Central Supply (CS)
- Human Resources (HR)
- Obstetrics
- Pharmacy Services
- Public Relations
- Food Services
- Security
- Laundry
- Health Information Management
- Infusion Chemotherapy

1.7   Continuity Plan Operational Phases & Implementation

The [INSERT SHA/LHD/HCC/HCO NAME] continuity implementation process includes the following four phases:

Readiness & Preparedness:

- Develop Continuity of Operations Program (COOP)
- Review COOP Plans annually
- Facilitate COOP drills and exercises that activate plans in coordination with regional, state and federal plans
- Revise COOP plans accordingly

Activation:

- Utilizing state and regional information sharing platforms, initiate an alert and notification to all partners executing the transition from immediate emergency response to COOP activation
- Establish appropriate liaisons between LHD/HCC/HCO and state health disaster response and recovery officials
- Provide situational updates to response partners, state health authorities, and local/regional emergency management through information sharing platforms when applicable
- If the event disrupts the availability of response leadership to assist response partners in activating continuity operations procedures, delegation of authority and devolution options will be instituted to ensure continuation of essential functions

Continuity Operations:

- Prioritize COOP activities to focus on rapid resumption of Mission Essential Functions (MEF) and Essential Supporting Activities (ESA)
- Develop a Common Operating Picture (COP) to assess and inform key stakeholders of status
- Communicate needs to state health authorities and local emergency management officials to establish priority resumption of critical services
- Inform response partners of available Federal/State/Local resources and the process to access needed infrastructure, supplies, transportation, and human capital
- Assist response partners in preparing a reconstitution strategy when transitioning from immediate response activity through continuity operations to the recovery phase of the event

Reconstitution:

- Assist response partners in implementing reconstitution operations
- Collect situational assessment data from response partners who are reconstituting healthcare operations and provide updates to State Health Authorities and Local/County/State Emergency Management and Recovery personnel
- Partner through the SHA with State Emergency Management, applicable Federal Essential Support Functions (ESF), and Federal Recovery Support Functions (RSF) to ensure a timely and smooth transition of HCOs to:

  1. Re-Enter Healthcare Facilities
  2. Re-Open Healthcare Facilities
  3. Re-Patriation of Patients
  4. Resumption of Normal Healthcare Service Delivery

2   Healthcare Disaster Recovery

2.1   Purpose

To establish pre-incident disaster recovery planning and post-incident disaster recovery roles and responsibilities in accordance with the concepts and principles recommended from the National Disaster Recovery Framework (NDRF). Additional guidance was incorporated from the National Guidance for Healthcare System Preparedness, Healthcare System Recovery Capability, and the Public Health Preparedness, Community Recovery Capability.

2.2   Pre-Incident Disaster Recovery Stakeholder Engagement

Healthcare Sector partners should continuously collaborate during pre-disaster recovery planning and mitigation activities to minimize impacts during future events. Below are recommended activities for healthcare sector stakeholder engagement:

Individual and Household Healthcare Consumer:

- To minimize the need for the public to take refuge at local member hospitals, become familiar with the locations and available services at established community shelters; periodically update healthcare sector partners when new shelters open
- Become familiar with Federal/State/Local disaster recovery assistance programs that provide coverage for healthcare costs related to the event; facilitate workshops with recovery assistance subject matter experts for HCO finance departments to explore all available options
- Pre-plan with healthcare sector partners on continuity of special medical needs during the preparedness and mitigation phases of planning; particular attention should focus on the functional needs of at-risk persons
- Support educational awareness campaigns for HCO patient population on proper medication supply management strategies during a disaster

Private Sector- Healthcare Supply Chain, Healthcare Critical Infrastructure Partners:

- Build relationships with private sector disaster response and recovery POCs, especially in the healthcare supply chain and healthcare critical infrastructure industries
- Engage private sector partners in continuity of operations and disaster recovery planning
- Provide education opportunities to private sector partners on disaster recovery planning efforts
- Establish access protocols for business sector recovery resources that may be available in a post disaster environment
- Actively recruit appropriate private-sector partners as members of the HCCs, public health disaster recovery workgroups, and statewide disaster recovery planning committees

Non-Profit Sector: Professional, Faith Based, Disaster Recovery Organizations

- Build relationships with local and regional volunteer, professional, faith based, and disaster recovery organization POCs
- Co-host stakeholder workshops with non-profit sector partners such as hospital associations, American Red Cross, and Voluntary Organizations Active in Disaster (VOAD) chapters to determine recovery priorities in the region
- Engage statewide, local, and regional mental/behavioral health organizations in developing plans, identifying at-risk populations, and sharing resources during the recovery phase
- Actively recruit appropriate non-profit sector partners as members of the HCCs, public health disaster recovery workgroups, and statewide disaster recovery planning committees

Local Government:

- Encourage HCO disaster response leadership to build relationships with Local Disaster Recovery Managers
- Pre-identify local government recovery resources available to HCOs
- Establish Memorandums of Understanding and Agreement (MOU/A) with local governments to share available disaster recovery resources
- Support planning efforts with local authorities to conduct immediate post-disaster damage assessments for healthcare facilities in the affected area
- Actively recruit appropriate local government officials as members of the HCCs, public health disaster recovery workgroups, and statewide disaster recovery planning committees

State Government:

- Through appropriate organizational channels develop relationships with state level recovery personnel, especially those who have authority to act in the health and social services sectors
- Become familiar with statewide disaster recovery plans and identify opportunities where healthcare sector members can benefit from statewide resources and capabilities
- Develop recovery operations coordination plans and information sharing protocols with state health recovery support functions
- Actively recruit appropriate state government officials as members of the healthcare sector planning committees

Tribal Government:

- Ensure HCCs and HCOs who are apart of tribal governments are apprised of all recovery resources that are available within their regions
- Enhance cooperation and partnerships with tribal leaders with state and federal health authorities
- Facilitate communication between tribal coalition members and state/federal health authorities to inform government authorities on cultural differences, tribal distinctions, and best ways to communicate with tribal hierarchy
- Build a strong operational relationship with the Tribal Disaster Recovery Coordinator

- Actively recruit HCOs from tribal governments as members of the HCCs, public health workgroups, and statewide disaster recovery planning committees

Federal Government:

- In collaboration with State Health Authorities become familiar with the Federal Disaster Recovery Framework and the Recovery Support Function (RSF) Health and Social Services annex
- Determine which HCOs would be eligible for federal post-disaster recovery aid
- Encourage healthcare sector members to attend educational and outreach opportunities that are offered through the state from federal recovery planning officials
- Whenever possible, conduct drills and exercises that include federal roles and responsibilities as they relate to statewide disaster recovery operations

2.3   Post-Incident Disaster Recovery Roles & Responsibilities

State Health Authority *Disaster Recovery* Roles/Responsibilities include

- Establish communication with State Disaster Recovery Manager
- Advocate for priority restoration of health care service delivery
- Maintain volunteer management systems; demobilize volunteer personnel according to demobilization plans
- Advocate for priority restoration of healthcare sector critical infrastructure
- Maintain and replenish state-owned healthcare supply caches
- Determine demobilization procedures for transportation assets
- Advocate for restoration of healthcare sector information technology and communication networks
- Prepare After-Action Reports, Corrective Action and Improvement Plans

Local/Regional Health Department *Disaster Recovery* Roles/Responsibilities include**:**

- Establish communication with the SHA Disaster Recovery POC
- Through established communication networks educate constituents regarding applicable health interventions being recommended by public health
- In conjunction with local response partners, inform the community of the availability of any disaster or community case management services being offered that provide assistance for community members impacted by the incident
- Maintain public health service delivery with an emphasis on patients with special medical needs, at-risk populations, and individuals with functional needs
- Maintain local volunteer deployment; demobilize personnel according to demobilization plan
- Work with local, state, and federal partners to ensure timely reconstruction of public health related critical infrastructure
- Maintain and replenish local public health supply caches
- Activate demobilization procedures for public health transportation assets
- Work with local emergency management and service providers to ensure full restoration of public health information technology and communication networks
- Prepare After-Action Reports, Corrective Action and Improvement Plans

Healthcare Coalition *Disaster Recovery* Roles/Responsibilities include**:**

- Advocate for full heath care service delivery restoration for member facilities and organizations within coalition boundaries
- Continue to interface with volunteer groups and staffing agencies to monitor and assess the needs of member organizations to supplement their workforce during the recovery phase
- Advocate for members to receive priority critical infrastructure restoration and reconstruction
- Replenish and demobilize regional supply caches maintained by the coalition
- Activate demobilization procedures for any transportation assets maintained by the coalition
- Advocate for full restoration information technology and communication systems for coalition members
- Prepare After-Action Reports, Corrective Action and Improvement Plans

Healthcare Organization *Disaster Recovery* Roles/Responsibilities include**:**

- Prioritize health care service delivery recovery objectives by organizational essential functions
- Maintain, modify, and demobilize healthcare workforce according to the needs of the facility
- Work with local emergency management, service providers, and contractors to ensure priority restoration and reconstruction of critical building systems
- Maintain and replenish pre-incident levels of medical and non-medical supplies
- Work with local, regional, and state Emergency Medical System providers, patient transportation providers, and non-medical transportation providers to restore pre-incident transportation capability and capacity
- Work with local emergency management, service providers, and contractors to restore information technology and communications systems
- Prepare After-Action Reports, Corrective Action and Improvement Plans

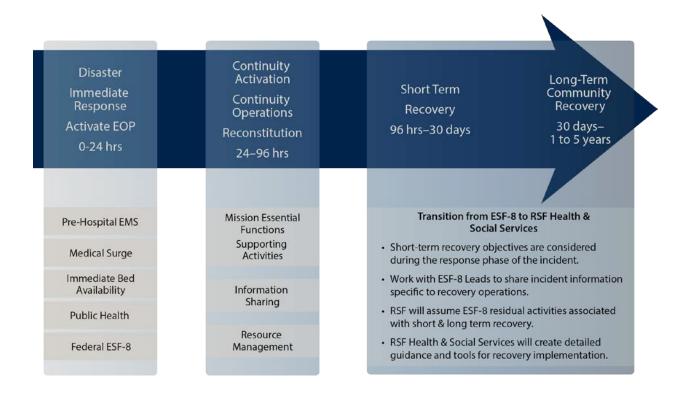# 3   Response to COOP to Recovery Snapshot

Disaster Immediate Response Activate EOP 0-24 hrs	Continuity Activation Continuity Operations Reconstitution 24–96 hrs	Short Term Recovery 96 hrs–30 days	Long-Term Community Recovery 30 days–1 to 5 years
Pre-Hospital EMS Medical Surge Immediate Bed Availability Public Health Federal ESF-8	Mission Essential Functions Supporting Activities Information Sharing Resource Management	**Transition from ESF-8 to RSF Health & Social Services** • Short-term recovery objectives are considered during the response phase of the incident. • Work with ESF-8 Leads to share incident information specific to recovery operations. • RSF will assume ESF-8 residual activities associated with short & long term recovery. • RSF Health & Social Services will create detailed guidance and tools for recovery implementation.	

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Appendix A: Appendix A: National Disaster Recovery Framework (NDRF)

A.1   National Disaster Recovery Framework (NDRF)

The *National Disaster Recovery Framework (NDRF)* defines how Federal agencies will more effectively organize and operate to utilize existing resources to promote effective recovery and support States, Tribes, and other jurisdictions affected by a disaster.

More info: http://www.fema.gov/pdf/recoveryframework/ndrf_webinar.pdf

A.1.1   NDRF Disaster Recovery Leadership

Local Disaster Recovery Manager (LDRM): Serves as the primary point of contact (POC) for local recovery preparedness. LDRM coordinates the development, training, and exercise of the jurisdiction disaster recovery plan. LDRM communicates local recovery priorities to State and Federal government and officials and other recovery stakeholders and supporters. The LDRM is often the local emergency manager in smaller jurisdictions. *For a complete description of the roles and responsibilities of a LDRM go to:*

http://www.fema.gov/pdf/recoveryframework/local_disaster_recovery_managers.pdf

Tribal Disaster Recovery Coordinator (TDRC): Serves as the POC for local tribal governments for recovery preparedness. The TDRC coordinates development, training, and exercise of jurisdiction recovery plans. TDRC communicates tribal recovery priorities to State and Federal governments and other recovery stakeholders and supporters. *For a complete description of the roles and responsibilities of a TDRC go to:*

http://www.fema.gov/pdf/recoveryframework/tribal_disaster_recovery_managers.pdf

State Disaster Recovery Coordinator (SDRC): Serves as the POC for state disaster recovery preparedness; works closely with the Federal Disaster Recovery Coordinator (FDRC). SDRC coordinates statewide development, training, and exercise of jurisdiction disaster recovery plans. SDRC communicates statewide recovery priorities to the Federal government and other stakeholders and supporters. *For a complete description of the roles and responsibilities of a SDRC go to:*

http://www.fema.gov/pdf/recoveryframework/state_disaster_recovery_managers.pdf

Federal Disaster Recovery Coordinator (FDRC): Serves as the focal point for incorporating recovery and mitigation considerations into early decision making considerations in the recovery process. The FDRC is responsible for facilitating disaster recovery coordination and collaboration between the Federal, Tribal, State and local governments, the private sector, and voluntary, faith based and community organizations. *For a complete description of the roles and responsibilities of a SDRC go to:*

http://www.fema.gov/pdf/recoveryframework/federal_disaster_recovery_coordinator.pdf

A.2 Federal Recovery Support Functions (RSF)

The Recovery Support Functions were created within the NDRF to bring together the core recovery capabilities of Federal departments and agencies and other supporting organizations, including those not active in emergency response, to focus on community recovery needs.

A.2.1 RSF Purpose

The Recovery Support Functions (RSFs) comprise the National Disaster Recovery Framework's (NDRF's) coordinating structure for key functional areas of assistance. Their purpose is to support local governments by facilitating problem solving, improving access to resources, and by fostering coordination among State and Federal Agencies, nongovernmental partners, and stakeholders.

A.2.2 RSF Objectives

The objective of the RSF is to facilitate the identification, coordination, and delivery of Federal assistance needed to supplement recovery resources and efforts by local, State, and Tribal governments, as well as by private and nonprofit sectors. The RSFs also encourage and complement investments and contributions by the business community, individuals, and voluntary, faith-based, and community organizations. These RSF activities assist communities with accelerating the process of recovery, redevelopment, and revitalization.

A.2.3 List of RSF's

Community Planning & Capacity Building: (DHS/FEMA)

Community Planning & Capacity Building RSF involves supporting and building recovery capacities and community planning resources of local, State, and Tribal governments needed to effectively plan for, manage, and implement disaster recovery activities in large, unique or catastrophic incidents.

Economic: Department of Commerce (DOC)

The mission of the Economic RSF is to integrate the expertise of the Federal Government to help local, State, and Tribal governments and the private sector sustain and/or rebuild businesses and employment, and develop economic opportunities that result in sustainable and economically resilient communities after large-scale and catastrophic incidents.

Health & Social Services: Health & Human Services (HHS)

The Health and Social Services RSF mission is for the Federal Government to assist locally-led recovery efforts in the restoration of the public health, health care, and social services networks to promote the resilience, health, and well-being of affected individuals and communities.

Housing: Housing Urban Development (HUD)

The Housing RSF is designed to address pre- and post-disaster housing issues and coordinate and facilitate the delivery of Federal resources and activities to assist local, State, and Tribal

governments in the rehabilitation and reconstruction of destroyed and damaged housing, whenever feasible, and development of other newly accessible, permanent housing options.

Infrastructure Systems: Department of Defense, U.S. Army Corps of Engineers (DOD/USACE)

The Infrastructure Systems RSF facilitates the integration of the capabilities of the Federal Government to support local, State, and Tribal governments and other infrastructure owners and operators in their efforts to achieve recovery goals relating to the public engineering of the Nation's infrastructure systems.

Natural and Cultural Resources: Department of the Interior (DOI)

The Natural and Cultural Resources RSF integrates Federal assets and capabilities to help State and Tribal governments and communities address long-term environmental and cultural resource recovery needs after large-scale and catastrophic incidents.

A.3   RSF: Health & Social Services

Coordinating Agency: U.S. Department of Health and Human Services

The Health and Social Services Recovery Support Function mission is for the Federal Government to assist locally-led recovery efforts in the restoration of the public health, health care, and social services networks to promote the resilience, health, and well-being of affected individuals and communities.

More Info: http://www.fema.gov/pdf/recoveryframework/health_social_services_rsf.pdf

A.3.1   Integration with Other Agencies and Organizations

When the Health & Social Services RSF is activated, both primary agencies and supporting organizations are expected to be responsive to the function related communication and coordination needs.

Primary Agencies

- Corporation For National And Community Service
- Department Of Homeland Security/FEMA
- Department Of Interior
- Department Of Justice
- Department Of Labor
- Department Of Education
- Department Of Veterans Affairs

Supporting Organizations

- Department Of Transportation
- Small Business Administration
- Department Of Treasury

- Department Of Agriculture
- American Red Cross
- National Organization Active In Disasters

A.4   Activation of RSF Health & Social Services

Although activation of the H&SS RSF is at the request of the FDRC, activation is generally considered when one or more of the following factors apply.

- When the President declares a major disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act and Federal assistance is requested by the appropriate state authorities to assist with their health and social services recovery efforts
- When there is a Public Health Emergency declaration by the HHS Secretary
- When there is an activation of ESF #6 and /or ESF #8
- When a jurisdiction is designated for both FEMA Public Assistance and Individual Assistance
- When recovery activities involve more than one H&SS RSF primary agency

Overview of H&SS RSF Activation

- The FDRC will review, compile, and share assessment information from JFO operational components to identify recovery issues and help to inform the RSF activation recommendation
- The FDRC will coordinate with H&SS RSF National Coordinator on the need for activation
- If deployment is requested and approved, the FDRC will seek concurrence from the H&SS RSF National Coordinator on the scope of the mission assignment (MA) and issuance of an MA by FEMA, in coordination with the FCO
- The H&SS National Coordinator will identify and notify representatives of corresponding Primary Agencies and Supporting Organizations of their activation and potential mission assignment

Outcomes for the Health and Social Services RSF

- Restore the capacity and resilience of essential health and social services to meet ongoing and emerging post-disaster community needs
- Encourage mental/behavioral health systems to meet the mental/behavioral health needs of affected individuals, response and recovery workers, and the community
- Promote self-sufficiency and continuity of the health and well-being of affected individuals; particularly the needs of children, seniors, people living with disabilities whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations
- Assist in the continuity of essential health and social services, including schools
- Reconnect displaced populations with essential health and social services
- Protect the health of the population and response and recovery from the long-term effects of a post-disaster environment

- Promote clear communications and public health messaging to provide accurate, appropriate, and accessible information; ensure information is developed and disseminated in multiple mediums, multi-lingual formats, and alternate formats; and ensure that it is age-appropriate and user-friendly, and is accessible to underserved populations

Appendix B: Financial Sustainability

B.1   Federal Disaster Declaration

Robert T. Stafford Disaster Relief and Emergency Assistance Act

At the request of the Governor of an affected State, or a Chief Executive of an affected Indian Tribe, the President may declare a major disaster or emergency if an event is beyond the combined response capabilities of the State, Tribal, and jurisdictional governments. Among other things, this declaration allows Federal assistance to be mobilized and directed in support of State, Tribal, and jurisdictional response efforts. Under the Stafford Act, the President can also declare an emergency without a Gubernatorial request if primary responsibility for response rests with the Federal Government because the emergency involves a subject area for which the United States exercises exclusive responsibility and authority. In addition, in the absence of a specific request, the President may provide accelerated Federal assistance and Federal support where necessary to save lives, prevent human suffering, or mitigate severe damage, and notify the State of that activity.

FEMA administers disaster relief funding allowed under the Stafford Act. Reimbursement eligibility rules apply for certain aspects of emergency medical care including:

- Treatment and monitoring of disaster victims requiring medical care
- Vaccinations for disaster victims, emergency workers and medical staff
- Only private nonprofit healthcare facilities may directly apply for FEMA assistance grants
- For-Profit entities may be indirectly eligible through established mutual aid agreements, emergency operations plans or memorandums of understanding with other nonprofit entities
- FEMA's role as "payer of last resort" requires individuals, as well as entities like hospitals and other medical facilities, to exhaust all other forms of insurance and reimbursement before seeking assistance FEMA

B.2   Hospital Reimbursement Issues

The Healthcare Coalition should pre-identify all member HCOs within the coalition boundaries that may be eligible for FEMA reimbursement under the Stafford Act. Special attention should be focused and explored on potential indirect reimbursement to other member HCO's who are afforded eligibility through coalition agreements.

B.2.1   FEMA Reimbursement for Acute Care Hospitals

A Quick Guide: FEMA Reimbursement for Acute Care Hospitals provides an overview of FEMA's reimbursement process and outlines the tasks and corresponding timelines that must be met by acute care hospitals to successfully apply to FEMA for reimbursement of disaster related expenses incurred as a result of the event.

A copy of the guide can be downloaded here:

http://www.ynhhs.org/emergency/pdfs/FEMA-ACH_ReimbursementGuide.pdf

FEMA Disaster Assistance Policy: Emergency Medical Care and Medical Evacuations

http://www.fema.gov/pdf/government/grant/pa/9525_4.pdf

B.3   Pandemic Influenza & Reimbursement

In March 2007, FEMA issued a new Disaster Assistance Policy (DAP) that establishes the types of "emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories." The Pandemic DAP *may* cover additional reimbursement costs related to the management, control, and reduction of immediate threats to public health and safety. Specific health and social service expenditures that may be reimbursable include:

- Purchase and distribution of food, water, ice, medicine, and other consumable supplies
- The movement of supplies and personnel
- Emergency medical care in a shelter or temporary medical facility
- Temporary medical facilities when existing facilities are overloaded
- Sheltering for safe refuge of patients when existing facilities are overloaded
- Communicating health and safety information to the public
- Storage and internment of unidentified human remains
- Mass mortuary services

A copy of the FEMA Human Influenza Pandemic DAP can be downloaded here:

http://www.fema.gov/pdf/government/grant/pa/9523_17.pdf

Payment for care at Hospital Alternate Care Sites:

http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf

B.4   Waiver of Federal Laws & Program Requirements

Public Health Service Act

The Public Health Service (PHS)Act forms the foundation of HHS' legal authority for responding to public health emergencies. Among other things, it authorizes the HHS Secretary to lead all Federal public health and medical response to public health emergencies and incidents covered by the National Response Framework; to direct the U.S. PHS and other components of the Department to respond to a public health emergency; to declare a public health emergency (PHE) and take such actions as may be appropriate to respond to the PHE consistent with existing authorities; to assist states in meeting health emergencies; to control communicable diseases; to maintain the Strategic National Stockpile; to provide for the operation of the National Disaster Medical System; to establish and maintain a Medical Reserve Corps; and to potentially provide targeted immunity for covered countermeasures to manufacturers, distributors, certain classes of people involved in the administration of a program to deliver

covered treatments to patients, and their employees. The PHS Act was amended by the [Pandemic and All-Hazards Preparedness Act of 2006 (PAHPA)](#) and more recently by the [Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA)](#) of 2013, which have broad implications for the Department's preparedness and response activities.

B.5 Medicare/Medicaid Waivers in Disasters

Section 1135 Waiver

The Social Security Act authorizes Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and social services programs of the Department. It authorizes the Secretary, among other things, to temporarily modify or waive certain Medicare, Medicaid, CHIP, and HIPAA requirements when the Secretary has declared a public health emergency and the President has declared an emergency or a major disaster under the Stafford Act, or a national emergency under the National Emergencies Act.

Sanctions may be waived under Section 1135 for the following requirements:

- Conditions of Participation
- Licensure Requirements
- EMTALA
- Physician Self-referrals
- HIPAA Regulations
- Out-of-network payments

Examples of requirements waived/modified under section 1135 waivers:

- Hospitals - recordkeeping requirements, certification for organ transplants
- Inpatient beds - modifications to expand the number of beds
- Critical Access Hospitals - waiver of classification requirements for critical access hospitals, inpatient rehabilitation facilities, long term care facilities, and psychiatric units
- EMTALA sanctions - waiving EMTALA sanctions for transferring patients to other facilities for assessment if the original facility is in the area where a public health emergency has been declared (other provisions of EMTALA remain in full effect)

  EMTALA Medical Treatment and Labor Act (EMTALA) Requirements and Options for Hospitals in a Disaster:
  http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf

- HIPAA - waiving certain HIPPA privacy requirements so that healthcare providers can talk to family members (other provisions of HIPAA remain in full effect)

Information on requesting a Section 1135 waiver:

http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/requestingawaiver101.pdf

Section 1115 Medicaid Waivers

Section 1115 authorizes the HHS Secretary to conduct demonstration projects that further the goals of Medicaid, Medicare and CHIP. This waiver has been used to ease some of the statutory requirements during a disaster for persons eligible for Medicaid, Medicare and CHIP.

The CMS template for the Section 1115 disaster waiver program noted the following "Standard Features" regarding healthcare provider reimbursement issues:

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Section-1115-Demonstrations.html

B.6   Claims Submission during a Disaster

The coalition and its member HCOs may experience operational circumstances that may impede their ability to meet many of the Medicare requirements, including conditions of participation, certification, and proper claims submission procedures. The coalition will assist its member HCOs in meeting federal and state requirements through the following methods:

- Monitor and report regional staffing issues that may affect claims submission
- Alert state and federal authorities on medical surge conditions that may overwhelm the healthcare system and create a backlog of claims submissions for both Medicaid/Medicare and private payer submissions
- Monitor and document volunteer and out-of-state personnel who are working with HCO's in the region to assess if they will impact the hospitals ability to be reimbursed by Medicare
- Monitor the impact of any declaration of Crisis Standards of Care in the region as it relates to claims submission and reimbursement
- Monitor and report issues relating to the HCO's ability to maintain records, submit electronic claims, and process checks to pay employees, contractors, and vendors.

B.7   Accelerated Payment/Advanced Payment from Medicare

The Medicare accelerated payment provisions all Part A healthcare providers to receive payment after services have been provided but before the healthcare provider submits a claim to CMS.

There are three situations that may justify accelerated payment:

1. A delay in payment from the Fiscal Intermediary (FI) for covered services rendered to beneficiaries whereby the delay causes financial difficulties for the healthcare provider;

2. Highly exceptional situations where a healthcare provider has incurred a temporary delay in its bill processing beyond the healthcare providers normal billing cycle; or

3. Highly exceptional situations where CHS deems an accelerated payment is appropriate.

Medicare Financial Management Manual: Chapter 3 Page 64 Section 150 Accelerated Payments

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/fin106c03.pdf

B.8   Insurance Strategies for Disaster Recovery

The healthcare coalition will engage its members' executive leadership, finance department officials, legal counsel, and emergency preparedness coordinators in discussions, seminars, and workshops to present hazard and risk assessments prepared in the region to assist member organizations in maintaining relevant insurance products to protect against losses from a disaster.

Topics should cover:

- Consequences of closure by government order
- Cancellation of services due to a lack of staff
- Activation of Crisis Standards of Care plans
- Lack of reimbursement for services provided
- Loss of power, water or communication
- Disruption of electronic payment system
- Disruption/failure of healthcare supply chain

B.8.1   Types of Insurance for Contingencies

Business Interruption Insurance: compensates the HCO for lost income if the HCO has to vacate the premises due to disaster related damage that is covered under its property insurance policy. Policies typically cover profits the HCO would have earned based on financial records had the disaster not occurred. The policy will cover operating expenses that are continuous through the disaster event.

Civil Authority Insurance (CAI): is an extension of business interruption coverage, and compensates an HCO for lost income and additional expenses arising out of suspension of the insured's operations necessitated by an order of civil authority ("closure order") which prevents access to the insured's property.

Ingress/Egress Insurance: similar to CAI coverage except that closure order from a civil authority is not necessary. To trigger coverage, many ingress/egress polices require, because of the damage to the property, that the property be completely inaccessible.

Contingent or Dependent Business Interruption Insurance: protects the earnings of the insured following physical loss or damage to the property of the insured's suppliers or customers, as opposed to its own property.

Dependent property is frequently defined as "property operated by others upon whom you depend to:

1. Deliver materials or services to you or to others for your account (not including utilities)

2. Accept your products or services

3. Manufacture products for delivery to your customers under contact for sale

4. Attract customers to your business"

Accounts Receivable Insurance: protects HCOs against their inability to collect their accounts receivable because of the loss of supporting records that have been destroyed by a covered-

cost cause of loss. This type of insurance also covers "the extra collection expenses that are incurred because of such loss or damage and other reasonable expenses incurred to re-establish records of accounts receivable after loss or damage."

B.9   Small Business Administration (SBA)

SBA provides low-interest disaster loans to businesses of all sizes, private non-profit organizations, homeowners, and renters. SBA disaster loans can be used to repair or replace the following items damaged or destroyed in a declared disaster: real estate, personal property, machinery and equipment, and inventory and business assets.

Business Physical Disaster Loans
If you are in a declared disaster area and have experienced damage to your business, you may be eligible for financial assistance from the SBA. Businesses of any size and most private nonprofit organizations may apply to the SBA for a loan to recover after a disaster.

Loan Amounts and Use

SBA makes physical disaster loans of up to $2 million to qualified businesses or most private nonprofit organizations. These loan proceeds may be used for the repair or replacement of the following:

- Real property
- Machinery
- Equipment
- Fixtures
- Inventory
- Leasehold improvements

The SBA Business Physical Disaster Loan covers disaster losses not fully covered by insurance. If you are required to apply insurance proceeds to an outstanding mortgage on the damaged property, you can include that amount in your disaster loan application.

If you make improvements that help reduce the risk of future property damage caused by a similar disaster, you may be eligible for up to a 20 percent loan amount increase above the real estate damage, as verified by the SBA.

You may not use the disaster loan to upgrade or expand a business, except as required by building codes.

Eligibility and Terms

A business of any size or most private nonprofit organizations that are located in a declared disaster area and have incurred damage during the disaster, may apply for a loan to help replace damaged property or restore its pre-disaster condition.

The interest rate will not exceed 4 percent if you cannot obtain credit elsewhere. For businesses and nonprofit organizations with credit available elsewhere, the interest rate will not exceed 8 percent. SBA determines whether the applicant has credit available elsewhere. Repayment terms can be up to 30 years, depending on your ability to repay the loan.

Economic Injury Disaster Loans

If you have suffered substantial economic injury and are one of the following types of businesses located in a [declared disaster area](), you may be eligible for an SBA Economic Injury Disaster Loan (EIDL):

- Small business
- Small agricultural cooperative
- Most private nonprofit organizations

Loan Amounts and Use

Substantial economic injury means the business is unable to meet its obligations and to pay its ordinary and necessary operating expenses. EIDLs provide the necessary working capital to help small businesses survive until normal operations resume after a disaster.

The SBA can provide up to $2 million to help meet financial obligations and operating expenses that could have been met had the disaster not occurred. Your loan amount will be based on your actual economic injury and your company's financial needs, regardless of whether the business suffered any property damage.

Eligibility and Terms

The interest rate on EIDLs will not exceed 4 percent per year. The term of these loans will not exceed 30 years. The repayment term will be determined by your ability to repay the loan.

EIDL assistance is available only to small businesses when SBA determines they are unable to obtain credit elsewhere.

A business may qualify for both an EIDL and a physical disaster loan. The maximum combined loan amount is $2 million.

SBA Disaster Loan Application

https://disasterloan.sba.gov/ela/

SBA Disaster Loan Fact Sheets for Businesses of all Sizes

https://www.sba.gov/content/fact-sheet-businesses-all-sizes

Appendix C: Business Continuity & Recovery Training & Exercises

The table below lists Recovery/COOP training courses available online through the FEMA Independent Study Program.

- FEMA Continuity of Operations Awareness Course
  http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-546.a
- FEMA Introduction to Continuity of Operations
  http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-547.a
- FEMA Mission Essential Functions
  http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-526
- FEMA Continuity of Operations Planners Workshop
  http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-524

- FEMA Continuity of Operations Program Manager
  http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-548

- FEMA Intro to COOP Planning for Pandemic Influenzas
  http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-520
- FEMA IS 634 Intro to Public Assistance Program
  http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-634

C.1   Healthcare COOP & Recovery Exercise Opportunities

ASPR encourages all healthcare sector partners to exercise Hospital Preparedness Program Capability 2 Healthcare System Recovery within the 5-year project period. Demonstrations for Recovery and COOP exercises may be achieved through allowable drills or functional/full-scale exercises.

Types of high quality exercises that test Healthcare COOP & Recovery Strategies

Seminar: A discussion-based exercise designed to orient participants to COOP and Recovery planning and operations. An awareness-level PowerPoint Presentation to key response and recovery stakeholders would serve as a strong foundation to recovery planning efforts.

Workshop: A type of discussion-based exercise focused on increased participant interaction and focusing on developing a COOP to Recovery strategy for your organization. A workshop is typically conducted to test new ideas, processes, or procedures; train groups in coordinated activities; and obtain consensus. Workshops often use breakout sessions to explore parts of an issue with smaller groups.

Tabletop Exercise (TTX): A discussion-based exercise intended to stimulate discussion of various issues regarding your organization's COOP to Recovery strategy. Tabletop exercises can be used to assess Hospital COOP Plans, business continuity policies, and emergency operations procedures; or to assess types of systems needed to guide the prevention of, response to, or recovery from a defined incident.

Functional Exercise (FE): An operations-based exercise designed to evaluate a COOP to Recovery strategy using a simulated response. Characteristics of a functional exercise include simulated deployment of organizational resources and personnel, rapid problem solving, and a highly stressful environment.

Full-Scale Exercise (FSE): An operations-based exercise involves actual deployment of organizational resources in a coordinated response as if a real incident had occurred. A full-scale exercise tests many components of one or more healthcare system capabilities and is typically used to assess plans and procedures under crisis conditions and assess coordinated response under crisis conditions.

FEMA Online Training for Exercise Development:

IS-120.a	An Introduction to Exercises
IS-130	Exercise Evaluation and Improvement Planning
IS-139	Exercise Design
IS-522	Exercising Continuity Plans for Pandemics

Appendix D: Continuity Operations Planning Tools

This Appendix provides samples of supplementary reference material that may be useful to the healthcare sector when conducting continuity operations.

D.1   Interoperable Communications Capabilities

SHA/LHD/ HCC/HCO	Primary Contact	Secondary Contact	700/800 MHz	Satellite Phone	Ham Radio
HCC Headquarters	Bob Smith 1-800-000-7777 Email:	Jane Johnson 1-555-222-0000 Email:	Yes AWIN Channel 6	8816-763-27031	Joe Thatcher General Class
Hospital A					
Hospital B					
Nursing Home					
Dialysis Center					

D.2   Alternative Care/Surge Site Locations

SHA/LHD/ HCC/HCO	Admin Facility	Emergency Care	Acute Care	Low Acuity	Long Term Care
HCC Headquarters	St. Joseph's Training Room	N/A	N/A	N/A	N/A
Hospital A	Contracted Hot Site	Deployable Shelter	Hospital A Sister Facility	Reopen Closed Wards	Affiliated LTC
Hospital B	No Admin Location	Mobile Trailer	No Acute Care Capability	College Gymnasium	No Long Term Care Capability
Hospital C	Contracted Warm Site	Diversion	Sister Facility	Network Urgent Care	System LTC
Nursing Home	Affiliated System	Affiliated System	Affiliated System	Affiliated System	Affiliated System
Nursing Home	No Admin Location	Closest ER	Closest Hospital	Network Urgent Care	Other LTC w/ beds
Dialysis Center	No Admin Location	Closest ER	Closest Hospital	Closest Hospital	Closest LTC

Disaster Alternate Care Facilities, Report and Interactive Tools
http://archive.ahrq.gov/prep/acfselection/dacfrep.htm

Adapting Community Call Centers for Crisis Support
http://archive.ahrq.gov/prep/callcenters/

Reopening Shuttered Hospitals to Expand Surge Capacity
http://archive.ahrq.gov/research/shuttered/

D.3   Critical Infrastructure Emergency POCs

Critical Infrastructure	Service Area(s)	SHA/LHD HCC/HCO Liaison	Contact Information
Water			
Municipal Water	Frankfurt County	Jane Doe	1-469-111-0000
Energy			
Electric & Gas Company			
Information Technology			
Internet Provider			
Telephone Company			
VOIP Vendor			
LMR Vendor			
Transportation			
Allied Bus Company			
EMS Provider			
AMTRAK			
Airport			

D.4   Supply Chain Matrix

Vendor Item	Hospital A	Hospital B	LTC Facility	LHD
Food & Water				
Potable Water	Wal-Mart	Crystal Geyser	Nestle	Poland Springs
Food Item 1				
Meds/Supplies				
Oxygen Portable Blood Supplier				
Medicine 1				
Medicine 2				
Medicine 3				
Utility Needs				
Bulk Oxygen				

Vendor Item	Hospital A	Hospital B	LTC Facility	LHD
Generator Fuel				
Industrial Water				
Portable Restrooms				
Back-up Generator				
Heating Fuel				
Plumbing Services				
Electrical Services				
Ops Support				
Laundry Services				
Staffing (Medical)				
Staffing (Non-Med)				
Morgue Services				
Medical Waste				
Hazardous Waste				
Alternate Care Sites				
Ham Radio Operators				
Child/Dependent Care				
Pet Care				
Transportation				
Ambulance 1				
Ambulance 2				
Air Ambulance 1				
Air Ambulance 2				
Non-Medical Transportation				

D.4.1   Supply Chain Points of Contact

Vendor Name	Primary Contact	Secondary Contact	Supplies	Satellite Phone
Cardinal Health	John Smith 1-800-000-7777 Email: John.Smith@cardinal	Jane Johnson 1-555-222-0000 Email: JJ@cardinal.com	Medical Supplies	
3M			PPE	
McKesson			Medical Supplies Plasma & Biologics	

Vendor Name	Primary Contact	Secondary Contact	Supplies	Satellite Phone
Owens & Minor			Medical Supplies	
United Health Products			Medical Supplies	
Grainger			Hospital Engineering	
AirGas			Bulk Oxygen	
Sysco			Food	
Aramark			Food	
Premier Purchasing Group			General Supplies	

D.5   MOU's/MAA's with Partners

Agreement	Format	Function	Tier	Parties to Agreement
Assistance with sheltering of pets owned by healthcare workers who are responding to a disaster	Mutual Aid Agreement	Animals Veterinary Services	Mutual Aid	All Coalition Members State Dept. of Agriculture
Equipment for Hospital Decontamination Operations	Memorandum of Understanding	Decontamination	Automatic Aid Agreement	All Coalition Members Hazmat Contractor
Access to Alternate Care Site(s)	Memorandum of Understanding	Mass Care Shelter	Automatic Aid Agreement	All Coalition Members ABC Community Center(s)
Off-Site Descendent Storage	Authorizing Resolution	Fatality Management	Automatic Aid Agreement	All Coalition Members State Office of Medical Investigation
Priority Post Disaster Structural Inspection	Authorizing Resolution	Damage Assessment	Statewide Mutual Aid	All Coalition Members State OEM Critical Infrastructure

Appendix E: Glossary and Common Terminology

Item/Acronym	Definition
ARF	Action Request Forms
AAR	After Action Report
ASPR	Assistant Secretary for Preparedness and Response
CGC	Continuity Guidance Circular
CONOPS	Concept of Operations
COOP	Continuity of Operations Program
COP	Common Operating Picture
CS	Central Supply
DHS	Department of Homeland Security
DOC	Department of Commerce
DOD	Department of Defense
DOI	Department of the Interior
EMS	Emergency Medical Services
ESA	Essential Supporting Activities (ESA).
ESF	Emergency Support Function
FDRC	Federal Disaster Recovery Coordinator
FEMA	Federal Emergency Management Agency
HCC	Healthcare Coalition
HCO	Healthcare Organization
HHS	Department of Health and Human Services
HIT	Health Information Technology
HPP	Hospital Preparedness Program
HR	Human Resources
HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
HUD	Department of Housing and Urban Development
IRCT	Incident Response Coordination Team
LDRM	Local Disaster Recovery Manager
LHD	Local Health Department
L/RHD	Local/Regional Health Departments
MAA	Mutual Aid Agreement
MEF	Mission Essential Functions
MOU	Memorandum of Understanding
NDRF	National Disaster Recovery Framework
NSPD	National Security Presidential Directive
PCU	Patient Care Unit
PMEF	Primary Mission Essential Function
POC	Point of Contact
RSF	Recovery Support Functions
SDRC	State Disaster Recovery Coordinator

SHA	State Health Authority
SitReps	Situation Reports
TDRC	Tribal Disaster Recovery Coordinator
USACE	United States Army Corps of Engineers
VOAD	Voluntary Organizations Active in Disaster

Notes Page: