

Continuity of Operations Plan

Karin Ford, MSPS
Iowa Department of Public Health

Funded through a Centers for Disease Control Grant

Objectives

- Understand the importance of COOP Planning
- Identify essential functions
- Prioritize capability
- Identify personnel, equipment and supplies
- Identify potential partners

COOP Background

- COOP or Continuity of Government Plan
- National Security Act of 1947 - Truman
- Reorganized U.S. Armed Forces, Foreign Policy, and Intelligence community
- Establishing the Department of Defense, Central Intelligence Agency, Joints Chiefs of Staff
- Continue operating after a nuclear attack
- Plans were confidential and censored
- Fall of Berlin Wall
- 9/11, Katrina

COOP Objectives

- Ensure essential functions/operations continue during an emergency
- Protect essential facilities, equipment, records, and other assets
- Reduce or mitigate disruptions in operations
- Reduce loss of life, minimize damage and losses
- Recover and return to operations timely and orderly

Planning Considerations

- Must be maintained at high level of readiness
- Capable of activation both with or without warning
- Operational no later than 12 hours after activation
- Maintain sustained operations for up to 30 days or more
- Developing partnerships
- Maintaining contractual agreements

Viabile COOP Plan

- Interoperable communications
- Vital records and databases
- Sustain functions, supplies and equipment
- Sustain essential workers
- Plan for worker absences
- Plan for workers families needs
- Tests, training and exercises
- Alternate facilities
- Determine what can be out sourced

Staff

- Most important resource
- Need to have emergency plans both at work and at home
- If staff feel that their family is safe increases their capabilities

Access and Functional Needs Support Services-FNSS

- Developed by June Isaacson Kailes
- Currently a model used by FEMA
- Tool used to look at an individuals strengths and needs
- Concept
 - What are my functional needs today
 - What will I need after a disaster considering infrastructure, services or basic routines may be disrupted
 - Work up from there

Access and Functional Needs Support Services-FNSS

- Enable people with disabilities to maintain level of health before the disaster
- Identifying specific needs
- How they can maintain their health when services or infrastructure is compromised or gone

Access and FNSS Planning For Shelter Operations

- Communication assistance within the shelter and emergency related benefits
- Orientation or way-finding for low to no vision
- Durable medical equipment-DME
- Consumable medical equipment-CME
- Personal Assistance Services-PAS
- Medications to maintain health-refrigeration
- Sleeping accommodations
- Dietary restrictions
- Food and support for service animals
- Assistance with post-disaster services

Access and FNSS Planning for Shelter Operations

Assistance with daily living

- Eating
- Taking medication
- Dressing and undressing
- Transferring
- Mobility
- Bathing
- Toileting
- Communicating

Access and FNSS Planning

- Historically, pwd have been turned away from general population shelters
- Inappropriately placed in medical shelters, nursing homes, “special needs shelters”
- 20% of the community has some type of disability
- Only about 2% live in care facilities
- Using medical shelters is costly

Access and FNSS Planning

- Emergency managers attempt to plan for people with disabilities – become overwhelmed
- Fall back on routine
- Infrastructure in place
- Don't believe they have pwd in their community
- Majority lowans with disabilities live in the community

Shelter in Place or Evacuate

- Shelter in place – all essential services must continue without disruption, 24 hour staff, food, water, medical-utilities
- Evacuate – include client evacuation, communication, transportation from triage to definitive care, including non business hours, transfer of client records

Incident Specific

- Think “All Hazard Planning”
- Identify hazards
 - Naturally occurring
 - Terrorist attacks
 - Pandemic flu



Photo courtesy of Leif Skoogfors/FEMA

Identify Potential Partners

- Collaborate with “like” service providers
- Create a MOU- Memorandum of Understanding
- Create a coalition within your community
- Determine strengths and weakness’
- Work with county emergency managers to become an asset

Limitations

- Money
- Man Power
- Communication
- Physical location
- Utilities
- Transportation
- Medical

When to Call it Quits



Photo courtesy of Marvin Nauman/FEMA

Contact Information



Karin Ford, MSPS
Disability Consultant
Iowa Department of
Public Health
515-242-6336
Karin.Ford@idph.iowa.gov