Annex D
Regional Coordination Plan
For Continuity of Operations

Region H Healthcare Preparedness Coalition
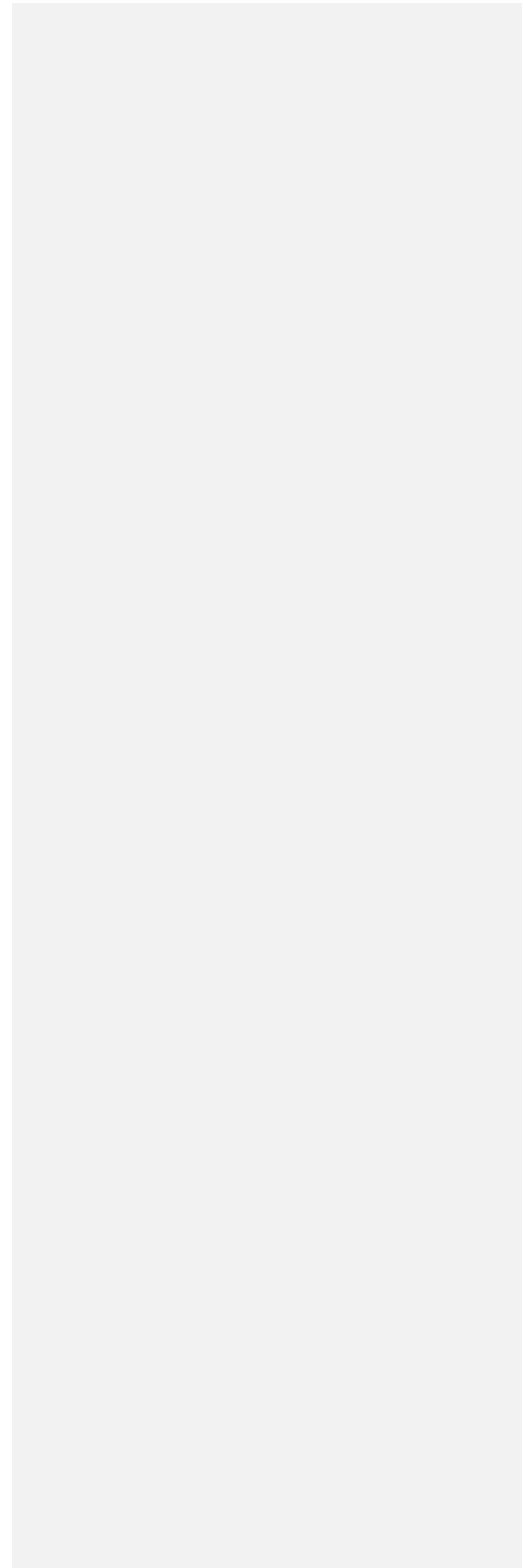
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1. Introduction

1.1. Purpose

This document establishes a Healthcare Coalition Continuity of Operations Coordination Plan for Region H Healthcare Preparedness Coalition, based on the guidance produced by the Resiliency workgroup.

The Coalition must be prepared to coordinate the Continuity of Operations during any type of threat or emergency, and coordinate the resumption of essential operations if they are interrupted. Inherent in this responsibility is the formulation of a common guidance to facilitate interagency coordination, communication, and a common operating picture within the Coalition.

The Continuity of Operations Coordination Plan provides a mechanism to assist with the implementation of coordinated strategies that initiate activation, relocation and continuity of operations for the Coalition.

1.2. Scope

The Coalition Continuity of Operations Coordination Plan is designed to provide Coordination of a region's communications, resources, and situational awareness based on the prioritization of essential services identified by the Coalition.

2. Assumptions

2.1.　This Coalition Continuity of Operation Plan will be used in conjunction with the Region H Healthcare Preparedness Coalition EOP and will operate alongside individual facility plans for medical care surge and other individual facility emergency plans that are activated to respond to the incident.

2.2.　Regardless of the size or location of the affected healthcare facility(s), regional coordination may occur.

2.3.　If the Regional Coordinating Hospital needs outside assistance to handle continuity of operations or a return to normalcy following an interruption of business as usual, an unaffected Regional Coordinating Hospital may coordinate the Coalition regional response.

2.4.　Release of any information will be governed by existing legal obligations and internal policies of each facility.

2.5.　In a large event requiring federal or mutual aid assistance, Georgia Department of Public Health will work with counterparts from such entities to seek, plan, and direct use of those assets.

3. Continuity of Operations Roles & Responsibilities

3.1. Coalition Continuity of Operations Roles/Responsibilities:

- ❑ Advocate for full healthcare service delivery restoration for member facilities and organizations within coalition boundaries
- ❑ Continue to interface with member organizations to monitor and assess their workforce during the response and recovery phases
- ❑ Advocate for members to receive priority critical infrastructure restoration and reconstruction, i.e., utilities, information technology, and communication systems
- ❑ Demobilize and replenish regional supply caches maintained by the coalition
- ❑ Coordinate the preparation of After-Action Reports, Corrective Action and Improvement Plans.

3.2. Facility/Organization Continuity of Operations Roles/Responsibilities:

- ❑ Prioritize essential functions for healthcare service delivery objectives
- ❑ Maintain appropriate staffing levels according to the needs of the facility throughout the response and recovery
- ❑ Work with local emergency management, service providers and contractors to ensure priority restoration and reconstruction of critical building systems, i.e., utilities, information technology, and communication systems
- ❑ Maintain and replenish pre-incident levels of medical and non-medical supplies

❑ Work with local, regional and state healthcare transportation providers to restore pre- incident transportation capability and capacity

❑ Prepare After-Action Reports, Corrective Action and Improvement Plans.

4. Triggers

Activation triggers vary based on the event or agency involved. While a facility's plan may be triggered solely by it being affected, a regional trigger would include the activation of multiple facilities' plans or the inability of an entire agency to continue its normal operations. The Loss/Reduction of Essential Services (ex., multiple agencies/facilities have lost services or functions and need assistance with resource coordination) would be an example of a regional trigger.

Refer to Regional HVA (See Appendix 1, page 8).

Loss/Reduction of:

- Information Technology
- Communications
- Operational
- Security
- Utilities
- Facilities
- Personnel
- Vendors

5. Communications

Communication devices and flow need to be established pre-event. Capabilities and procedures should be identified on both the local and regional levels. The interruption of communications flow at the regional and local level is a trigger for continuity of operations implementation. Only by establishing capabilities, procedures, and flowcharts pre-event, can operations be maintained throughout the duration of response and recovery.

Refer to Region H Communication Plan (Appendix 2, page 9).

6. Resource Coordination:

Regional resources and assets need to be identified pre-event in order to enhance a coalition's ability to respond to resource requests throughout response and recovery. Vendor lists, contact numbers, and resource locations need to be reviewed and updated annually. It is recommended that coalition members work together to create a more accurate picture of the resources available throughout the region. This includes identifying Memorandums of Understanding (MOUs) and Mutual Aid Agreements (MAAs) on both the local and regional levels.

Commented [MP1]: Need list of Vendor contacts. Include list of vendor contacts, ie generators, gases, blood, etc.

Update Annually.

Include MOU / MAA Table

Vendor Lists (See Appendix 3, page 11-12).

MOU / MAA Table (See Appendix 4, page 13).

7. Training and Exercises:

The regional plan should be exercised per the Coalition's Emergency Operations Plan (EOP) and in accordance with HSEEP guidelines. It is recommended that regional exercises extend into the recovery phase in order to test the coalition's Continuity of Operations Plan. Essential personnel need to participate in each exercise in order to identify gaps accurately.

Training should be conducted regularly, prior to and as a result of exercising the plan, to insure a coalition's ability to respond and recover. Essential personnel need to be included in training appropriate to their positions within their facilities' and the coalition.

ASPR Training Calendar

Regional Exercise Road Map 2016-2017 (See Appendix 5, page 14).

Plan Maintenance:

The Executive Committee should review the Plan annually, and changes made to the plan should be approved by the coalition and communicated to all essential personnel.