**Continuity of Operations Plan (COOP)**

**Hospital Lab Instructions**

Action Oriented instructions, checklists, and Additions

## STATEMENT

This instruction guide adds specific information and direction to the **hospital laboratory** Continuity of Operations Plan (COOP). These additions clearly describe the policies, processes, roles and responsibilities that the **hospital laboratory** will carry out before, during and after any emergency.

While the **hospital laboratory** COOP provides overarching information relevant to the continuity plan as a whole, these additions focus on specific responsibilities, tasks and operational actions that pertain to the elements of a viable continuity plan and program according to *Federal Continuity Directives 1 and 2*. These instructions also establish preparedness targets (e.g., training, exercises, equipment checks and maintenance) that facilitate achieving function-related goals and objectives during emergencies and disasters.

## IDENTIFICATION OF ESSENTIAL FUNCTIONS

A fundamental part of the COOP is identification of the **hospital laboratory**’s core essential activities. These are the public health-related activities that must be continued if the laboratory’s operation is disrupted by some unusual incident. Once identified, these essential activities must be prioritized according to their importance and time sensitivity. Time sensitivity refers to how long an activity can be delayed without negatively impacting patient health. The process of identifying and prioritizing these core activities is important for the following reasons. First, if normal laboratory operations are disrupted by an incident and continuation of some or all of its usual activities becomes impossible, it is essential to know in advance which activities can be suspended and which must be continued, perhaps at an alternate laboratory. Second, in considering which core activities to continue, it is critical to know which ones have the highest priority based on time sensitivity. Third, if an alternate laboratory is required to ensure continuation, the requirements for all the activities to be transferred must be clearly defined in terms of tests, methods, volumes, and resources. This requirement-based information is fundamental to the process of pre-identifying potential alternate laboratory facilities within the **hospital laboratory**. Identification of the core activities and selection of these alternative laboratories are directly related in the COOP.

**Categorization of laboratory activities:** To identify the core activities, it is initially helpful to group all of the **hospital laboratory**’s analytical and support functions into overarching categories. Depending on the particular laboratory’s operation, these broad categories may include the following, among others:

* Biological or Chemical Threat/Terrorism
* Infectious Disease
* Environmental Health
* Newborn Screening

* Food Safety
* Patient and Community essential bloodworm
* Laboratory Support
* Other

Your lab will know best the functions that you now offer which are essential to the patient’s immediate health and or public safety. Remember also, depending on the type of disaster you are facing, you may need to add functions that you do not normally perform: ex: While you may not do obstetrics at your hospital in a crisis you may need to be ready with newborn tests if deliveries have to be done at your facility.

**Sub-division of categories:** The next step in identifying core laboratory activities is to create subdivisions within the overarching categories. These subdivisions are used to group the **hospital laboratory**’s activities into those that are essential, and therefore must be continued, and those that are nonessential, which may be suspended. The nature of these subdivisions, or whether they are even necessary, depends upon the particular overarching category. For example, if all of the laboratory activities in the particular screening category are considered essential, then subdividing this overarching category into smaller units to reveal essential and nonessential activities is unnecessary. The same may be true for an overarching category like environmental health. If all the routine testing of environmental samples is essential but readily outsourced to laboratories with comparable analytical capabilities and capacities in the private sector, then subdivision of this broad category may be helpful only to determine which alternate laboratory to use for particular kinds of analytical methods. In contrast, within a broad overarching category such as infectious disease, there may be both essential and nonessential activities that need to be identified. For example, while activities related to the sub-typing of microbial isolates for early detection of infectious disease outbreaks may be essential to public health, some of the routine reference testing done in the public health laboratory may be nonessential. By effectively subdividing an overarching category like infectious disease, the process of differentiating between essential and nonessential activities becomes more manageable.

**Prioritization of essential activities** Once the **hospital laboratory**’s essential activities have been identified, they must be prioritized. Depending on the nature of the incident causing a disruption of the affected laboratory’s operation, it is possible that only some of the essential activities can be continued. It is therefore critical to know which have the highest priority. This prioritization should be based on time sensitivity and the public health impact if the activity is NOT continued during the disruptive event. Each essential laboratory activity should be rated as follows:

* Priority 1 – Highest priority

If the task, service or function is mission priority critical—life, health or safety issue if not restored within one hour (recovery/restoration objective: one hour or less, normally performed on a 24/7 basis)

* Priority 2 – Medium priority

1. If the task, service or function is mission priority urgent —will cause definite, irreparable harm if not restored in less than 24 hours (recovery/restoration objective:1 hour to 24 hours—normally performed on a 24/7 basis)

* Priority 3 – Medium priority

If the task, service or function is a business unit priority — will cause definite irreparable harm if not restored in less than one week(recovery/restoration objective: one to seven days —a function that is routinely monitored on a daily basis)

* Priority 4 –Lower priority

If the task, service or function is important — significant, but not time critical—normal day-to-day functions that would NOT cause irreparable harm if not restored within the first 30 days (recovery/restoration objective: from 1 week plus)

* Priority 5 – Lowest priority

If the task, service or function is not yet ranked, but could be ranked higher based upon the type of COOP event, time of year or other variables

**Description of required tasks and resources:** For each essential laboratory activity identified and prioritized in the COOP, the specific tasks required to conduct the activity and the resources needed to do so must be clearly described. This description should include specific testing protocols, laboratory support, numbers of samples or specimens, and accessioning/reporting requirements. Such information is critical in determining whether or not the laboratory’s core public health activities can be continued within the facility that is being threatened or impacted. This information about specific requirements is also of critical value if an essential activity has to be transferred to an alternate laboratory site. This information defines what requirements have to be met for an alternate site to be considered during the process of COOP activation.

A guide to subdividing the infectious disease category is described in [Table 6.](#_bookmark9)

You may want to use this model to capture information on each of your essential and non-essential activities.

Table 6 Identification of Mission Essential Functions Example

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identification of Essential and Nonessential Laboratory Activities** | | | | |
| **Overarching Category** | **Kind of Agent** | **Pathogenic Condition** | **Specific Test or Method** | **Essential (E) or Nonessential (NE)** |
| Infectious Disease | Bacterial | Tuberculosis | Drug sensitivity testing | E |
| Diagnosis | E |
| Gen-Probe | E |
| Biochemicals | NE |
| HPLC | NE |
| Confirmation | E |
| Enteric Diseases | Diagnosis | NE |
| Outbreak Detection | E |
| Sexually Transmitted Disease | HIV diagnosis | NE |
| HIV molecular sub typing | E |
| Syphilis confirmation | E |
| Viral | Influenza | Routine diagnosis | NE |
| Subtype surveillance | E |
| H5N1 identification | E |
| Encephalitis | West Nile | NE |
| Herpes | NE |
| Rabies | All activities | E |
| Fungus |  | All activities | NE |
| Parasitology |  | All activities | NE |
| Environmental Samples | Drinking water and regulatory/ non regulatory Special project | All activities | E NE |
| Weapons of Mass Destruction |  | LRN Assays | E |

## IDENTIFICATION OF CONTINUITY PERSONNEL

In order to continue its primary Mission Essential Functions, the **hospital laboratory** has determined the staff positions necessary to relocate under COOP activation. A copy of the current roster should be found electronically both through a shared drive and through an intranet SharePoint. Identify by name and position the person responsible for maintaining roster currency and ensuring personnel are matched against needed positions.

Each continuity member is selected by **[Office]** based upon:

* The predetermined essential functions that must be performed, regardless of the operational status of the **hospital laboratory**’s primary operating facility;
* The member’s knowledge and expertise in performing these essential functions; and
* The member’s ability to rapidly deploy to the alternate laboratory in an emergency situation

The **hospital laboratory** should maintain an Alert and Notification document as well as the monthly updated **hospital laboratory** Emergency Contacts list for each laboratory, and a copy should be found electronically both through a shared drive and through an intranet SharePoint.

The **hospital laboratory** should maintain specific Job Action Sheets, customized as needed based on the type and number of staff at the laboratory performing essential continuity functions. A copy should be found electronically both through a shared drive and through an intranet SharePoint**.** A template Job Action Sheet is described below:

Components of Job Action Sheet

* Position Title (the name of the mission essential functional role)
* Reports To (the supervisor that has direct authority over the staff)
* Mission (the purpose of the role and a brief guiding principle for staff to keep in mind)
* Immediate Tasks (tasks that must be completed first upon assuming the role or coming on duty)
* Intermediate Tasks (tasks to be completed after the immediate tasks are addressed)
* Extended Tasks (tasks to be completed later or on an ongoing basis during the work shift)
* Space for Initials, Comments and Notes Pertaining to Completion of Tasks

## VITAL RECORDS MANAGEMENT

Vital records refers to information systems and applications, electronic and hardcopy documents, references, and records, to include classified or sensitive data, needed to support primary Mission Essential Functions during a continuity event. The **hospital laboratory** has incorporated its vital records program into the overall COOP program, plans and procedures.

The **hospital laboratory**’s vital records program incorporates into the overall COOP with a clear authority to include:

* Policies
* Authorities
* Procedures
* The written designation of the **hospital laboratory**’s vital records manager The **hospital laboratory**’s official vital records program:
* Identifies and protects those records that specify how an organization will operate in an emergency or disaster
* Identifies those records necessary to the organization’s continuing operations
* Identifies those records needed to protect the legal and financial rights of the hospital and citizens

As soon as possible after activation of the COOP, but in all cases within 12 hours of activation, continuity personnel at the alternate laboratory for the **hospital laboratory** must have access to the appropriate media for accessing vital records, including:

* A local area network
* Electronic versions of vital records
* Supporting information systems and data
* Internal and external email and email archives
* Hard copies of vital records

## [Insert any other media here] Identifying Vital Records

The **hospital laboratory** has identified the vital records to its operations, and has assigned responsibility for those records to **[insert personnel or office here]**, which includes a combination of continuity personnel, personnel in the chief information officer’s department, and records management personnel.

The **hospital laboratory** maintains a complete inventory of vital records, along with the locations of and instructions on accessing those records, with a copy found both electronically through a shared drive and through an intranet SharePoint.

This inventory will be maintained at a backup/off-site location located at **[Location(s) here]** by **[Office]** to ensure continuity if the primary site is damaged, destroyed or unavailable.

**[Insert office]** developed and maintains a vital records plan packet or collection located at **[Location/Office]**. The packet or collection includes:

* A hard copy or electronic list of the **hospital laboratory** key organization personnel and continuity personnel with up-to-date telephone numbers;
* A vital records inventory with the precise locations of vital records prepared by

## [Office];

* Updates to the vital records;
* Necessary keys or access codes;
* Listing of the access requirements and sources of equipment necessary to access the records;
* The **hospital laboratory** alternate laboratory facility locations;
* Lists of records recovery experts and vendors provided by **[Office]** and located at

## [Location];

* A copy of the **hospital laboratory** COOP; and

## [Any other documents included in the packet].

For the above items, **[Office]** is responsible for providing access requirements and lists of sources of equipment necessary to access the records (this may include hardware and software, microfilm readers, Internet access and/or dedicated telephone lines). These requirements and lists are found at **[Location/Office]**.

This packet will be annually reviewed by **[Office]** with the date and names of the personnel conducting the review documented in writing to ensure that the information is current. A copy will be securely maintained at the **hospital laboratory** continuity

facilities and electronically both through a shared drive and through an intranet SharePoint at **[any other locations]**, so it is easily accessible to appropriate personnel when needed.

## Protecting Vital Records

The protection of vital records is essential to ensuring the records are available during a continuity event, thus enabling agencies to conduct primary Mission Essential Functions. The **hospital laboratory** has conducted a vital records and database risk assessment to:

* Identify the risks involved if vital records are retained in their current locations and media, and the difficulty of reconstituting those records if they are destroyed
* Identify off-site storage locations and requirements
* Determine if alternative storage media is available
* Determine requirements to duplicate records and provide alternate storage locations to provide readily available vital records under all conditions

The vital records and database risk assessment was performed by **[Office]** and is located at **[Location]**.

Appropriate protections for vital records will be provided by **[Office]** and will include dispersing those records to other agency locations or storing those records offsite. Other protections include **[additional protections here, including multiple redundant media for storage]**.

When determining and selecting protection methods, the **hospital laboratory** takes into account the special protections needed by different kinds of storage media. Microforms, paper photographs, and computer disks, tapes and drives, all require different methods of protection. Some of these media may also require equipment to facilitate access.

## Training and Maintenance

The **hospital laboratory** vital records program includes a training program conducted by **[Office]** for all staff, to include periodic briefings to managers about the vital records program and its relationship to their vital records and business needs. The **hospital laboratory** staff training focuses on identifying, inventorying, protecting, storing, accessing and updating the vital records. Training records for vital records are maintained by **[Office]** and are found at **[Location]**.

The **hospital laboratory** vital records program includes an annual review of the program to address new security issues, identify problem areas, update information, and incorporate any additional vital records generated by new agency programs or functions or by organizational changes to existing programs or functions. The review is conducted by **[Office]**. The review provides an opportunity to familiarize staff with all aspects of the vital records program. It is appropriate to conduct a review of the vital records program in

conjunction with the **hospital laboratory** continuity exercises. Documents confirming review of the vital records program are maintained by **[Office/Title]** and are found at **[Location]**. At a minimum, the **hospital laboratory** vital records are annually reviewed, rotated or cycled so that the latest versions will be available.

The **hospital laboratory** conducts annual testing, documented in the **hospital laboratory** testing records, of the capabilities for protecting classified and unclassified vital records, and for providing access to them from the alternate facility. Testing records for vital records are maintained by **[Office]** and are found at **[Location]**.

## 

## CONTINUITY FACILITIES

The COOP must include a pre-arranged plan to ensure continuation of the **hospital laboratory**’s highest priority, core public health activities. This requires identifying and engaging one of the alternative laboratories where these functions could be carried out if the **hospital laboratory** is unavailable following a major disruptive event.

While the laboratory activities considered nonessential can be suspended in this situation, all of the essential activities must be accommodated. This accommodation involves either outsourcing these essential activities to some other qualified laboratory, or relocating the **hospital laboratory** staff and the essential activities to another alternate laboratory facility. Where to outsource such essential activities, depends on the kind of activity and its associated requirements (Note: for outsourcing of drinking water and regulatory environmental samples, EPA’s *Water Laboratory Alliance Response Plan [WLARP]* should be consulted). If the essential activities involve routine diagnostic testing of specimens for microbial agents or analysis of environmental samples for hazardous chemicals, they may be outsourced to laboratories that already carry out these activities outside of the **hospital laboratory**. Regarding the relocation of both the **hospital laboratory** staff and essential activities to an alternate laboratory facility, this would require the availability of adequate space, in terms of dimension and safety, as well as the availability of usable equipment.

* The **hospital laboratory [does/does not]** maintain Memorandum of Agreement (MOA)/Memorandum of Understanding (MOU) and reviews the MOA/MOU annually, as applicable.

To identify which alternative laboratory facility for relocating, many questions need to be considered. Examples include the following:

* What core functions need to be transferred to the alternate laboratory?

o What specific methods are used, i.e., AOAC, EPA, Standard Methods?

* What are the test volumes that will need to be accommodated?
* Is the alternative laboratory’s capacity for the function sufficient?
* What resources are needed to conduct the core functions transferred?
* Will the alternative laboratory receive specimens/samples directly?
* Will the alternative laboratory retain or return the tested specimens?
* What test methods will the alternative laboratory be using?
* How will the test results be reported; electronically/telephone/paper?
* What will be the expected turn-around times for acquiring laboratory results?
* How will the specimens/samples be transported to the laboratory?
* Does the alternative laboratory have the required certifications?
* Does the alternative laboratory have the necessary security?
* Can chain-of-custody of samples/specimens be maintained?
* Are there liability issues to address?
* Are there any risks to using a particular alternative laboratory?
* What are the advantages/disadvantages of using a particular laboratory?
* What financial arrangements will be necessary?
* Is the availability of the alternative laboratory limited by length of time?

The COOP identifies the alternative laboratories that are both geographically close and distant. While the proximity of alternative laboratories is logistically advantageous, an event causing disruption of the public health laboratory may be community-wide or even regional in scope. Consequently, pre-planning has included the identification and engagement of alternative laboratories distant from the affected laboratory’s location. A list of such alternate laboratory facilities for the **hospital laboratory** may be found at **[Location]**.

***[These instructions should be removed when your document is finalized]*** *For each identified* ***hospital laboratory*** *alternative facility, a robust annex should be developed to include all the information needed to assist the COOP notification team in making emergency contact and beginning the process of transferring essential core* ***hospital laboratory*** *activities. This annex should include frequently updated names, telephone*

*numbers and email addresses of all the key persons to be contacted at each alternative laboratory In addition, the annex should include detailed information regarding each alternative laboratory’s analytical capability and capacity, as well as information regarding all pre-arrangements established for the process of outsourcing or relocation.*

## Continuity Facility Information

The **hospital laboratory** has designated continuity facilities as part of its COOP and has prepared ERG personnel for the possibility of unannounced relocation to these sites to continue essential functions. The **hospital laboratory** reevaluates its continuity facilities at least annually and whenever the continuity plans are reviewed and updated.

The **hospital laboratory** continuity facilities provide the following in sufficient quantities to sustain operations for up to 30 days or until normal business activities can be resumed:

* Sufficient space and equipment, including computer equipment and software. The continuity facility is able to accommodate **[number]** personnel. Facilities floor plans, equipment inventory and **[other applicable documents]** are found at **[Location]**; Capability to perform primary Mission Essential Functions within 12 hours of plan activation or an event, respectively, for up to 30 days, or until normal operations can be resumed; Reliable logistical support, services and infrastructure systems. Details on these infrastructure systems are available at **[Location]** from **[Office/Personnel Name]**;
* Consideration for health, safety, security and emotional well-being of personnel. Considerations available at the alternate site include **[considerations, such as physical security, fitness activities, access to the Employee Assistance Program and presence of security]**;
* Interoperable communications for effective interaction. Additional information on continuity communications is found at **[Location]** ;
* Capabilities to access and use vital records. Additional information on accessing vital records is found at **[Location]** in this plan;
* Systems and configurations that are used in daily activities. IT support at the continuity facility is **[access to IT support]**. Details on the systems and configurations are available at **[Location]** from **[Office/Personnel Name]**;and
* Emergency/backup power capability. Details on the power capability are available at **[Location]** from **[Office/Personnel Name]**;

*Repeat this information for each continuity facility used by your organization.*

## Continuity Facility Logistics

The **hospital laboratory** continuity facilities maintain pre-positioned or detailed site preparation and activation plans in order to achieve full operational capability within 12 hours of notification. These site preparation and activation plans are **[detail below or insert document name and location]**.

The **hospital laboratory** maintains a transportation support plan that describes procedures for warning and no-warning events.

* During a no-warning event, advance team and ERG personnel are transported to the continuity facility via **[means of transportation, rally points, means of notification, backup transportation methods and any other necessary information]**.
* During a with-warning event, advance team and ERG personnel are transported to the continuity facility via **[means of transportation, rally points, means of notification, backup transportation methods and any other necessary information]**.
* The **hospital laboratory** has addressed the need for housing to support continuity personnel at or near the continuity facility sites by **[housing options, such as on-site housing, a list of nearby hotels and MOA/MOUs with nearby lodging]**.

## Continuity Facility Orientation

* The **hospital laboratory** regularly familiarizes its ERG members with its continuity facilities. The **hospital laboratory** accomplishes this orientation through **[means of orientation, such as deployment exercises, orientation sessions at the site and briefings]**.
* Further, the **hospital laboratory** annually trains and prepares its personnel for the possibility of an unannounced relocation to all continuity facilities. This training is reflected in organization training records.
* The **hospital laboratory** Activation Plans can be found electronically both through a shared drive and through an intranet SharePoint**]**.

## 

## CONTINUITY COMMUNICATIONS

The ability of the **hospital laboratory** to execute its essential functions at its alternate facilities depends on the identification, availability and redundancy of critical communications and information technology (IT) systems to support connectivity among key leadership personnel, internal organization elements, other organizations, critical customers and the public during crisis and disaster conditions.

The **hospital laboratory** has identified available and redundant critical communication systems that are located at the alternate facility. Further, the **hospital laboratory** maintains fully capable continuity communications that could support organization needs during all hazards, to include pandemic and other related emergencies, and give full consideration to supporting social distancing operations including telework and other virtual offices. These systems provide the ability to communicate within and outside the **hospital laboratory,** and are found electronically both through a shared drive and through an intranet SharePoint.

Table 7 shows an example of tracking modes of communication systems that support an organization’s essential functions. All of the **hospital laboratory** necessary and required communications and IT capabilities must be operational as soon as possible following continuity activation, and, in all cases, within 12 hours of continuity activation. The **hospital laboratory** has planned accordingly for essential functions that require uninterrupted communications and IT support, as detailed in [Table 7.](#_bookmark12)

Table 7: Communication Systems

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Communication Systems | | | | | |
| **Communication System** | **Support to Essential Function** | **Current Provider** | **Specification** | **Alternate Provider** | **Special Notes** |
| Non-secure Phones |  |  |  |  |  |
| Secure Phones |  |  |  |  |  |
| Fax Lines |  |  |  |  |  |
| Cellular Phones |  |  |  |  |  |
| Satellite |  |  |  |  |  |
| Pagers |  |  |  |  |  |
| Email |  |  |  |  |  |
| Internet Access |  |  |  |  |  |
| Data Lines |  |  |  |  |  |
| Two-way Radios |  |  |  |  |  |
| GETS Cards |  |  |  |  |  |
| Data and Results Messaging |  |  |  |  |  |

The **hospital laboratory** possesses communications capabilities to support the organization’s senior leadership while they are in transit to alternate facilities. These capabilities are maintained by documentation regarding these communications capabilities.

The **hospital laboratory** satisfies the requirement to provide assured and priority access to communications resources. The **hospital laboratory** point-of-contact for these services should be discussed with the Emergency Preparedness Team at your hospital.

## LEADERSHIP AND STAFF

The *National Continuity Policy Implementation Plan* lists leadership and staff as two of the four key pillars that enable organizations to perform their essential functions. This section outlines the plans, procedures and policies to safeguard and protect these critical components, including orders of succession, delegations of authority and human capital.

## ORDERS OF SUCCESSION

This section identifies current orders of succession to the organization head and key positions, such as administrators, directors and key managers, within the organization. Revisions should be distributed to agency personnel as changes occur.

Pre-identifying orders of succession is critical to ensuring effective leadership during an emergency. In the event an incumbent is incapable or unavailable to fulfill essential duties, successors have been identified to ensure there is no lapse in essential decision making authority. The **hospital laboratory** needs to identify successors for the positions of **[insert leadership positions requiring orders of succession, including the organization head and other key positions]**. The **hospital laboratory** Orders of Succession and Delegation of Authority can be found electronically both through a shared drive and through an intranet SharePoint.

The **hospital laboratory**’s orders of succession are:

* At least three positions deep, where possible, ensuring sufficient depth to ensure the **hospital laboratory**’s ability to manage and direct its essential functions and operations;
* Inclusive of devolution counterparts, where applicable;
* Geographically dispersed, where feasible;
* Described by positions or titles, rather than by names of individuals holding those offices;
* Reviewed by the organization’s general counsel as changes occur; and
* Included as a vital record, with copies accessible and/or available at both the primary and continuity facilities at **[Locations]**

In addition, each order of succession identifies the rules and procedures designated officials must follow when facing issues of succession to office during continuity events and references applicable laws and agency directives.

In the event of a change in leadership status, the **hospital laboratory** must notify the successors, as well as internal and external stakeholders. In the event the **hospital laboratory** leadership becomes unreachable or incapable of performing their authorized legal duties, roles and responsibilities, **[Office/Title]** will initiate a notification of the next successor in line. **[Insert any additional methods and procedures of notification]**. **Specify what** the procedures would be to notify internal and external stakeholders of the change in leadership.

The **hospital laboratory** training records document the conduct of annual successor training for all personnel who assume the authority and responsibility of the organization’s leadership.

## DELEGATIONS OF AUTHORITY: Fill in the names and titles

This section identifies, by position, the legal authority for individuals to make key policy decisions during a continuity situation. The **hospital laboratory** delegation of authority outlines explicitly in a statement the authority of an official so designated to exercise agency direction.

Generally, the **hospital laboratory** predetermined delegations of authority will take effect when normal channels of direction are disrupted and terminate when these channels have resumed. Predetermined delegations of authority may be particularly important in a devolution scenario.

The **hospital laboratory** Orders of Succession and Delegation of Authority can be found electronically both through a shared drive and through an intranet SharePoint.

The **hospital laboratory** has identified the following delegations of authority:

* Orderly succession of officials to the position of **[Organization Head]** in the case of the **[Organization Head]**’s absence, a vacancy at that office, or the inability of the **[Organization Head]** to act during an emergency or national security emergency.

## [Insert additional delegations of authority]

Are included as vital records;

* Are written in accordance with applicable laws ensuring that the organization’s Mission Essential Functions are performed;
* Outline explicitly in a statement the authority of an official to re-delegate functions and activities, as appropriate;
* Delineate the limits of and any exceptions to the authority and accountability for officials;
* Define the circumstances, to include a devolution situation if applicable, under which delegations of authorities would take effect and would be terminated;

The **hospital laboratory** has informed those officials who might be expected to assume authorities during a continuity situation. Documentation that this has occurred is found **within the hospital and** at the continuity facility. Further, the **hospital laboratory** has trained those officials who might be expected to assume authorities during a continuity situation at least annually for all pre-delegated authorities for making policy determinations and all levels using **selected training methods.**

## HUMAN CAPITAL

This section focuses on the organization continuity personnel and all other special categories of employees who have not been designated as continuity personnel. This section concentrates on three areas: Continuity Personnel, All Staff and Human Capital Considerations.

## Continuity Personnel

People are critical to the operations of any organization. Choosing the right people for an organization’s staff is vitally important, and this is especially true in a crisis situation.

Leaders are needed to set priorities and keep focus. During a continuity event, emergency employees and other special categories of employees will be activated by the **hospital laboratory** to perform assigned response duties. One of these categories is continuity personnel, commonly referred to as Emergency Relocation Group (ERG) members.

In respect to these continuity personnel, the **hospital laboratory** has:

* Identified and designated those positions and personnel they judge to be critical to organization operations in any given emergency situation as continuity personnel. A roster of these positions is maintained by **[Office]** and is found both electronically through a shared drive and through an intranet SharePoint.
* Identified and documented its continuity personnel. These personnel possess the skill sets necessary to perform essential functions and supporting tasks. A roster of these personnel is maintained by **[Office]** and is found electronically both through a shared drive and through an intranet SharePoint.
* Officially informed all continuity personnel of their roles or designations by providing documentation in the form of **[type of documentation]** to ensure that continuity personnel know and accept their roles and responsibilities. Copies of this documentation are maintained by **[Office]** and are found both electronically through a shared drive and through an intranet SharePoint at **[Location]**;
* Ensured continuity personnel participate in their organization’s continuity TT&E program, as reflected in training records. Training records are maintained by **[Office]** and are found both electronically through a shared drive and through an intranet SharePoint at**[Location]**; and
* Provided guidance to continuity personnel on individual preparedness measures they should take to ensure response to a continuity event using **[insert methods of providing guidance here]**. Copies of this guidance are maintained by **[Office]** and are found electronically both through a shared drive and through an intranet SharePoint at **[Location]**.

## All Staff

It is important that the **hospital laboratory** keep all staff, especially individuals not identified as continuity personnel, informed and accounted for during a continuity event. The **hospital laboratory** has established procedures for contacting and accounting for employees in the event of an emergency, including operating status.

* The **hospital laboratory** employees are expected to remain in contact with **[Office, such as supervisors]** during any closure or relocation situation. **[Insert procedures to communicate how, and the extent to which, employees are expected to remain in contact with the agency during any closure or relocation situation]**
* The **hospital laboratory** ensures staff is aware of and familiar with human capital guidance in order to continue essential functions during an emergency. The **hospital laboratory** uses the following methods to increase awareness: **[methods, such as utilizing an intranet website or employee orientation briefing]**.

Accounting for all personnel during a continuity event is of utmost importance. In order to account for all staff, the **hospital laboratory** will **[insert accountability process here, such as call trees, an automated system, a 1-800 number, etc.]**. Accountability information is reported to **[Office]** at **[number]** hour increments. **[Office]** has the responsibility of attempting contact with those individuals who are unaccounted for.

An event that requires the activation of the **hospital laboratory** COOP may personally affect the **hospital laboratory** staff. Therefore, the **[insert office]** has the responsibility to create provisions and procedures to assist all staff, especially those who are disaster victims, with special human capital concerns following a catastrophic disaster. These provisions and procedures are found at **[Location]** and are available electronically both through a shared drive and through an intranet SharePoint

## Human Capital Considerations

The **hospital laboratory** continuity program, plans and procedures incorporate existing hospital-specific guidance and direction for human capital management, including guidance on pay, leave, and work scheduling, benefits, telework, hiring, authorities and flexibilities. The **[insert office]** has the responsibility for the **hospital laboratory** human capital issues. A copy of these policies and guidance is found both electronically through a shared drive and through an intranet SharePoint.

The **hospital laboratory** Continuity Coordinator and Continuity Manager work closely with the **[insert appropriate human capital office/title here]** to resolve human capital issues related to a continuity event. **[Office]** serves as the **hospital laboratory** human capital liaison to work with the Continuity Coordinator or Continuity Manager when developing or updating the organization’s emergency plans.

The **hospital laboratory** has developed organization-specific guidance and direction for continuity personnel on human capital issues. This guidance is integrated with human capital procedures for its facility, geographic region, and the Office of Personnel Management (OPM) or similar organization. This guidance is maintained by **[Office]** and is found electronically both through a shared drive and through an intranet SharePoint. The **hospital laboratory** has issued continuity guidance for human capital on the following issues:

* Additional Staffing: **[guidance or location of guidance]**
* Work Schedules and Leave: **[guidance or location of guidance]**
* Employee Assistance Program: **[guidance or location of guidance]**
* Special Needs Employees: **[guidance or location of guidance]**
* Telework: **[guidance or location of guidance]**
* Benefits: **[guidance or location of guidance]**

## [Additional topics here]

Further, **[Office/Title]** communicates human capital guidance for emergencies (pay, leave, staffing, work scheduling, benefits, telework, hiring authorities and other human resources flexibilities) to managers in an effort to help continue essential functions during an emergency. The process for communicating this information is as follows:

## [communication methods and processes]

## TEST, TRAINING AND EXERCISE PROGRAM

Testing, Training and Exercising (TT&E) of the public health laboratory COOP is an essential part of its development. It is critically important to familiarize staff with the roles and responsibilities they have been assigned in activating and implementing the COOP. This will enable them to act quickly and efficiently during any unexpected disruption of normal laboratory operations. To ensure that laboratory personnel are familiar with and prepared for implementation of the laboratory COOP, as an integral part of the agency COOP, an appropriate laboratory education and training component should be incorporated into the existing agency-wide COOP training program.

Employees of the laboratory, as well as those in other parts of the agency, should receive training about agency COOP implementation as part of their new employee orientation, and then, at a minimum, annually, or as needed if significant changes are made in policies or procedures.

Exercise plans for the laboratory COOP should include drills that focus on specific aspects of the plan, such as assessment, activation and notification. Real events serve as real exercises. When real events or exercises are over, complete After Action Reports should be developed and analyzed to identify procedural gaps and problems that need to be addressed to improve the COOP. Because the laboratory and agency COOP should be integrated, exercising of both should also be integrated.

Check with your Emergency Preparation team leaders for involving the laboratory in the planned exercises.

Table 8: Testing, Training and Exercise Capabilities

|  |  |
| --- | --- |
| Testing, Training and Exercise Capabilities | |
| **Continuity TT&E Requirements** | **Monthly, Quarterly, Annually, As Required** |
| Test and validate equipment to ensure internal and external interoperability and viability of communications systems |  |
| Test alert, notification and activation procedures for all continuity personnel |  |
| Test primary and backup infrastructure systems and services at continuity facilities |  |
| Test capabilities to perform Mission Essential Functions (MEFs) |  |
| Test plans for recovering vital records, critical information systems, services and data |  |
| Test and exercise of required physical security capabilities at continuity facilities |  |
| Test internal and external interdependencies with respect to performance of MEFs |  |
| Train continuity personnel on roles and responsibilities |  |
| Conduct continuity awareness briefings or orientation for the entire workforce |  |
| Train organization’s leadership MEFs |  |
| Train personnel on all reconstitution plans and procedures |  |
| Allow opportunity for continuity personnel to demonstrate familiarity with continuity plans and procedures and demonstrate organization’s capability to continue essential functions |  |
| Conduct exercise that incorporates the deliberate and preplanned movement of continuity personnel to continuity facilities |  |
| Conduct assessment of organization’s continuity TT&E programs and continuity plans and programs |  |
| Report findings of all annual assessments as directed to FEMA |  |
| Conduct successor training for all organization personnel who assume the authority and responsibility of the organization’s leadership if that leadership is |  |

|  |  |
| --- | --- |
| incapacitated or becomes otherwise unavailable during a continuity situation |  |
| Train on the identification, protection, and ready availability of electronic and hardcopy documents, references, records, information systems and data management software and equipment needed to support essential functions during a continuity situation for all staff involved in the vital records program |  |
| Test capabilities for protecting classified and unclassified vital records and for providing access to them from the continuity facility |  |
| Train on an organization’s devolution option for continuity, addressing how the organization will identify and conduct its essential functions during an increased threat situation or in the aftermath of a catastrophic emergency |  |
| Conduct personnel briefings on continuity plans that involve using or relocating to continuity facilities, existing facilities or virtual offices |  |
| Allow opportunity to demonstrate intra- and interagency continuity communications capability |  |
| Allow opportunity to demonstrate that backup data and records required for supporting essential functions at continuity facilities are sufficient, complete and current |  |
| Allow opportunity for continuity personnel to demonstrate their familiarity with the reconstitution procedures to transition from a continuity environment to normal activities |  |
| Allow opportunity for continuity personnel to demonstrate their familiarity with agency devolution procedures |  |

## HAZARD-SPECIFIC APPENDICES

The contents of hazard-specific appendices focus on the special planning needs generated by a particular hazard. These appendices contain unique response details that apply to a single hazard. A key hazard-specific appendix is continuity operations during a pandemic influenza. Organizations should determine other specific hazards to address, if needed, based upon the results of the organization risk analysis.

## Equipment Specifications

The COOP should prepare for the possibility that the public health laboratory facility may be unavailable for any work-related use during the incident. If that occurs, there needs to be an assessment of the space requirements to potentially house necessary equipment for continuity operations at an alternate location. An example of an equipment specification inventory is shown in [Table 9](#_bookmark15).

Table 9: Equipment Specification Inventory

|  |  |  |  |
| --- | --- | --- | --- |
| Equipment Specification Inventory | | | |
| **Equipment Description** | **Quantity** | **Power Supply Required** | **Footprint** |
| Supplies for Accessioning (Sample Receiving) |  |  |  |
| Supplies for Sample Processing (Testing) |  |  |  |
| Supplies for Sample Analysis |  |  |  |
| Supplies for Results Reporting |  |  |  |

## Pre-Positioned Supplies and Workstations

The COOP should prepare for the possibility that the laboratory facility may be unavailable for any work-related use during an incident. If that occurs, there needs to be a predetermined, off-site location from which the response teams can assess the situation, make notifications and conduct other business related to the laboratory’s displacement.

Such a predetermined workstation should have on hand all the necessary basic office supplies and equipment to conduct the work that may be required. In addition, since it may be necessary to send laboratory samples and specimens out to alternative laboratories from this location, the workstation should include an inventory of all the materials needed for their proper packaging and shipping. An example of supplies is shown in table 1.

Please note that shipment of supplies may involve coolers, freeze packs, sample manifest documents, pre-printed barcode sets, gloves, etc.

Table 10: Workstation Inventory

|  |  |  |  |
| --- | --- | --- | --- |
| Workstation Inventory | | | |
| **Description** | **Quantity** | **Type** | **Time Needed** |
| **SUPPLIES FOR LABORATORY RECOVERY TEAM MEMBERS** |  |  |  |
| Computer |  |  |  |
| Printer |  |  |  |
| 8-1/2‖ x 11‖ paper |  |  |  |
| Fax machine |  |  |  |
| Photocopier |  |  |  |
|  |  |  |  |
| **SUPPLIES FOR CLINICAL ACCESSIONING (SAMPLE RECEIVING)** |  |  |  |
| Computer |  |  |  |
| Internet |  |  |  |
| Barcode reader |  |  |  |
| UN 3373 boxes |  |  |  |

In developing the COOP, the number, type and location of the workstations needed should be determined. An inventory of equipment and supplies for each location and workstation should be readily accessible at any time. An example of an inventory sheet is shown in Table 10 (Workstation Inventory). Once the inventory is complete, the indicated supplies and equipment should be pre-positioned, when feasible. If this cannot be done, a plan should be in place to rapidly deploy whatever items are necessary. The Standard Office Equipment list should be found both electronically through a shared drive and through an intranet SharePoint**.**

If the laboratory has another site location within its jurisdiction, which can be used as an alternative laboratory, it will be necessary to pre-deploy all the required equipment, supplies and reagents to that location as well.

## Preparation and Storage of “Go-Kits”

In the event of an emergency that requires the implementation of the COOP, access to the public health laboratory building may be impossible. Important data located on the laboratory’s servers may not be available for hours or days. Therefore, it is essential that any critical data needed for activation of the COOP be stored at an off-site location for ready access. To store these data, a ―go-kit should be prepared and kept in an easily accessible location. This kit should contain all of the necessary documents to activate and implement the COOP. In addition to a hard copy of the COOP, it should contain an electronic copy on a jump drive. In addition to the plan, the kit should contain the necessary contact information for all of the staff, clients, couriers, alternate laboratories, vendors and emergency management personnel, among others. It should also have key contact information for APHL and CDC, as well as any relevant standard operating procedures needed to carry out COOP activities.

## Incident Assessment

As soon as possible following an event that either does or has the potential to significantly disrupt all or part of the public health laboratory’s normal operation, the situation must be assessed and a decision made whether or not to activate the COOP. Timeliness is critical in this process to prevent any compromise of the laboratory’s essential activities. The timeliness of this assessment and decision process is particularly critical if the disruption is, or will be, caused by a local threat or disaster that requires the public health laboratory to provide a robust emergency response.

To assess the incident’s impact on laboratory operations, a specific ―incident assessment team‖ should be pre-identified in the COOP. This team should include senior personnel that represent the laboratory operation, personnel safety, and facilities management. It should be made up of persons with the knowledge to make an appropriate assessment and the authority to make necessary decisions. Because the laboratory itself may not be available as a place for this team to meet, a pre-determined, alternate meeting site should be identified as part of the planning. The charge of this team should be to assess the nature of the disruption and estimate the expected time that normal laboratory operations will be disrupted. This assessment should include input from members of the laboratory’s managers regarding the areas of the operation for which they are responsible.

To facilitate assessment of the laboratory’s operational capability following an incident, it is helpful to have a preformed list of items to consider. Such a list can be used to guide and document the assessment process. Because the assessment team may have to conduct their work at an alternate site, it is essential that the list of items be readily available to them at that alternate location. As a guide, a partial list of assessment questions to consider is shown in [Table 11](#_bookmark17).

Table 11 Laboratory Assessment Report

|  |  |  |
| --- | --- | --- |
| **Laboratory Assessment Report**  Date Time Nature of Incident | | |
| **Assessment** | **Response** | **Comment** |
| What laboratory functions have been affected? |  |  |
| Have the local fire and/or police departments been contacted (if appropriate)? | Yes No Unknown |  |
| Has the agency declared an emergency? | Yes No Unknown |  |
| Has the alternate location been activated? | Yes No Unknown |  |
| Has the emergency management department been notified for the activation of the emergency operation center? | Yes No Unknown |  |
| Has the agency real estate management been notified? | Yes No Unknown |  |
| Other |  |  |

## Arrangements for Assistance

An effective COOP requires that clearly defined, well-documented arrangements be made with each alternative laboratory agreeing to assist if the public health laboratory becomes threatened or disrupted. Such arrangements may include different types of formal agreements. The agreement used will depend on the nature and duration of the assistance requested and the legal and policy issues that must be considered by the institutions involved. While such formal agreements are difficult to construct because they have to accommodate the statutory and policy requirements of differing jurisdictions and institutions, they are nevertheless essential to ensure the timeliness of assistance in the face of an unexpected emergency. The following are examples of assistance agreements:

## Memoranda of Understanding (MOU)

This may be used for short term assistance for defined services. No funds may be involved in this type of assistance;

## Memoranda of Agreement (MOA)

This may be used for long term assistance for defined services and set funding.

## Contracts

These often involve routine assistance for long term timeframes. Funding is established;

## Purchase Orders (PO)

These documents constitute a legal offer to buy products or services with agreed-upon prices. POs are issued by a buyer to a seller and constitute a once-off contract once accepted by the seller; and

## Emergency Management Assistance Compact (EMAC)

This is an interstate mutual aid agreement for use during emergencies provides a mechanism for sharing personnel, resources, equipment and assets.

For more information on this, talk to your Emergency Preparedness Team for the hospital.

**Glossary**

The following are definitions of key terms used in the COOP

**Activation –** Once a continuity of operations plan has been implemented, whether in whole or in part, it is considered activated.

**Agencies –** Federal departments and agencies means those executive departments enumerated in 5 U.S.C. 101, together with the Department of Homeland Security (DHS), independent establishments as defined by 5 U.S.C. 104(1), government corporations as defined by 5 U.S.C. 103(1), and the United States Postal Service. The departments, agencies, and independent organizations are referred to in this document as

―organizations

**Agency head –** The highest-ranking official of the primary occupant agency, or a successor or designee who has been selected by that official.

**All-hazards –** The spectrum of all types of hazards, including accidents, technological events, natural disasters, terrorist attacks, warfare, and chemical, biological (including pandemic influenza), radiological, nuclear or explosive events

**Alternate facilities –** Locations, other than the primary facility, used to carry out essential functions, particularly in a continuity event. Alternate facilities refers to not only other locations, but also nontraditional options such as working at home tele-working, telecommuting and mobile-office concepts.

**Business impact analysis (BIA) –** A method of identifying the effects of failing to perform a function or requirement

**Business process analysis (BPA) –** A method of examining, identifying and mapping the functional processes, workflows, activities, personnel expertise, systems, data and facilities inherent in the execution of a function or requirement

**Catastrophic emergency –** Any incident, regardless of location, that results in extraordinary levels of mass casualties, damage or disruption severely affecting the U.S. population, infrastructure, environment, and economy or government functions.

**Category –** This term refers to the categories of agencies listed in Annex A to NSPD- 51/HSPD-20.

**Communications –** Voice, video and data capabilities that enable the leadership and staff to conduct the mission essential functions of the organization. Robust communications help ensure that the leadership receives coordinated, integrated policy and operational advice and recommendations, and will provide the ability for governments and the private sector to communicate internally and with other entities (including with other federal agencies, state, local, territorial and tribal governments, and the private sector) as necessary to perform their Mission Essential Functions (MEFs).

**Continuity –** An uninterrupted ability to provide services and support, while maintaining organizational viability, before, during and after an event.

**Continuity capability –** The ability of an organization to continue to perform its essential functions, using continuity of operations, continuity of government programs, and continuity requirements that have been integrated into the organization’s daily operations with the primary goal of ensuring the preservation of our form of government under the Constitution and the continuing performance of National Essential Functions

(NEFs) under all conditions; Building upon a foundation of continuity planning and continuity program management, the pillars of a continuity capability are leadership, staff, communications and facilities.

**Continuity coordinators –** Representatives of executive-branch departments and agencies at the assistant secretary (or equivalent) level

**Continuity facilities –** Locations, other than the primary facility, used to carry out essential functions, particularly in a continuity situation. ―Continuity facilities‖ refers to not only other locations, but also nontraditional options such as working at home teleworking, telecommuting and mobile-office concepts.

**Continuity of Government –** A coordinated effort within the federal government’s executive branch to ensure that NEFs continue to be performed during a catastrophic emergency.

**Continuity of Government Readiness Condition (COGCON) –** A system for establishing, measuring, and reporting the readiness of executive branch continuity programs, which is independent of other federal government readiness systems.

**Continuity of Operations–** An effort within individual agencies to ensure they can continue to perform their Mission Essential Functions (MEFs) and Primary Mission Essential Functions (PMEFs) during a wide range of emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies.

**Continuity event** – Any event that causes an agency to relocate its operations to an alternate or other continuity site to assure continuance of its essential functions.

**Continuity personnel** - Those personnel, both senior and core, who provide the leadership advice, recommendations and functional support necessary to continue essential operations

**Continuity program management cycle –** An ongoing, cyclical model of planning, training, evaluating and implementing corrective actions for continuity capabilities. **Corrective action program (CAP) –** An organized method to document and track improvement actions for a program. The CAP System is a web-based tool that enables federal, state and local emergency response and homeland security officials to develop, prioritize, track and analyze corrective actions following exercises or real-world incidents. Users may enter data from a finalized After Action Report/Improvement Plan, track the progress of corrective action implementation, and analyze and report on trends in improvement plans.

**Delegation of authority –** Identification, by position, of the authorities for making policy determinations and decisions at headquarters, field levels and all other organizational locations. Generally, pre-determined delegations of authority will take effect when normal channels of direction have been disrupted and will lapse when these channels have been reestablished.

**Devolution –** The capability to transfer statutory authority and responsibility for essential functions from an agency’s primary operating staff and facilities to other agency employees and facilities, and to sustain that operational capability for an extended period. **Drive-away kit –** A kit prepared by, and for, an individual who expects to deploy to an alternate location during an emergency. The kit contains items needed to minimally satisfy an individual’s personal and professional needs during deployment.

**Emergency operating records –** Records that support the execution of an agency’s essential functions

**Emergency relocation group (ERG) –** Pre-designated staff who move to an alternate facility to continue essential functions in the event that their normal work locations are threatened or have been incapacitated by an incident.

**ERG member –** A person who has been assigned responsibility to report to an alternate facility, as required to perform agency essential functions or other tasks related to continuity operations.

**Essential functions –** The critical activities performed by organizations, especially after a disruption of normal activities. There are three categories of essential functions: National Essential Functions (NEFs), Primary Mission Essential Functions (PMEFs), and Mission Essential Functions (MEFs).

**Executive departments and agencies –** Executive departments enumerated in 5 U.S.C. 101, along with DHS, independent establishments as defined by 5 U.S.C. 104(1), Government corporations as defined by 5 U.S.C. 103(1) and the U.S. Postal Service.

**Facilities –** Locations where an organization’s leadership and staff operate. Leadership and staff may be co-located in one facility or dispersed across many locations and connected by communications systems. Facilities must be able to provide staff with survivable protection, and must enable continued and endurable operations.

**Federal Continuity Directive (FCD) –** A document developed and promulgated by DHS, in coordination with the Continuity Advisory Group and in consultation with the Continuity Policy Coordination Committee, which directs executive branch departments and agencies to carry out identified continuity planning requirements and assessment criteria.

**FEMA Operations Center (FOC) –** A continuously operating entity of DHS, which is responsible for monitoring emergency operations and promulgating notification of changes to COGCON status.

**Government Functions –** Government functions include both the collective functions of the heads of agencies as defined by statute, regulations, presidential direction or other legal authority, and the functions of the legislative and judicial branches.

**Homeland Security Advisory System –** A series of tools used by DHS that provide the public with guidance on the status of the nation’s homeland security. The system combines threat information with vulnerability assessments, and communicates this information to public safety officials and the public. The system includes Homeland Security Threat Advisories, Homeland Security Information Bulletins and the Threat Level System *(Note: The National Terrorism Advisory System (NTAS) replaces the color codes of the Homeland Security Advisory System (HSAS). The new alert system is currently in a 90-day implementation period that began January 27, 2011; until the end of the implementation period, the existing HSAS will remain in effect).*

**Homeland Security Exercise and Evaluation Program (HSEEP) –** A capabilities- based and performance-based program that furnishes standardized policies, doctrines and terminologies for the design, development, performance and evaluation of homeland security exercises. The National Exercise Program (NEP) uses the HSEEP as a common methodology for exercises. The HSEEP also provides tools and resources to facilitate the management of self-sustaining homeland security exercise programs.

**Interoperability –** ―Interoperability‖ has two meanings: (1) The ability of systems, personnel or agencies to provide services to and accept services from other systems, personnel or agencies, and to use the services so exchanged so that these organizations

can operate together effectively; (2) A condition that is realized among electronic communications operating systems or grids and/or among individual electronic communications devices, when those systems and/or devices allow the direct, seamless, and satisfactory exchange of information and services between the users of those systems and devices.

**Interoperable communications –** Communications that provide the capability to perform essential functions, in conjunction with other agencies, under all conditions. **Leadership –** The senior decision-makers who have been elected (e.g., the President, state governors) or designated (e.g., cabinet secretaries, chief executive officers) to head a branch of government or other organization.

**Memorandum of Agreement/Memorandum of Understanding (MOA/MOU) –** Written agreements between departments/agencies that require specific goods or services to be furnished or tasks to be accomplished by one agency in support of the other.

**Mission Essential Functions (MEFs)** – The limited set of hospital functions that must be continued throughout or resumed rapidly after a disruption of normal activities

**Multiyear strategy and program management plan –** A process that ensures the maintenance and continued viability of continuity plans.

**National Communications System (NCS) –** A system governed by Executive Order 12472 and comprised of the telecommunications assets of 24 Departments and Agencies. DHS serves as the Executive Agent for the NCS, which is responsible for assisting the President, the National Security Council, the Director of OSTP, and the Director of OMB in (1) the exercise of telecommunications functions and their associated responsibilities and (2) the coordination of planning for providing the federal government, under all circumstances (including crises and emergencies, attacks, and recovery and reconstitution from those events), with the requisite national security and emergency preparedness communications resources.

**National Continuity Policy** – It is the policy of the United States to maintain a comprehensive and effective continuity capability composed of Continuity of Operations and Continuity of Government programs in order to ensure the preservation of our form of government under the Constitution and the continuing performance of National Essential Functions under all conditions.

**National Essential Functions (NEFs)** – The eight functions the President and the Nation’s leadership will focus on to lead and sustain the Nation during a catastrophic emergency; NEFs, therefore, must be supported by COOP and COG capabilities.

**National Exercise Program –** The NEP is the Nation’s overarching exercise program formulated by the National Security Council / Homeland Security Council and executed by the Federal Interagency. All interagency partners have adopted HSEEP as the methodology for all exercises that will be conducted as part of the National Exercise Program.

**Normal operations –** Generally and collectively, ―normal operations‖ refers to the broad functions undertaken by an organization when it is assigned responsibility for a given functional area; these functions include day-to-day tasks, planning and execution of tasks. **Orders of succession –** Provisions for the assumption by individuals of senior agency office leadership positions during an emergency; in the event that any of those officials are unavailable to execute their legal duties

**Plan –** A proposed or intended method of getting from one set of circumstances to another. A plan is often used to move from the present situation towards the achievement of one or more objectives or goals.

**Primary Mission Essential Functions (PMEFs)** – Those department and agency Mission Essential Functions, validated by the NCC, which must be performed in order to support the performance of NEFs before, during and in the aftermath of an emergency.

PMEFs need to be continuous or resumed within 12 hours after an event and maintained for up to 30 days, or until normal operations can be resumed.

**Primary operating facility –** The site of an organization’s normal, day-to-day operations; the location where the employee usually goes to work.

**Program –** A group of related initiatives managed in a coordinated way so as to obtain a level of control and benefits that would not be possible from the individual management of the initiatives. Programs may include elements of related work outside the scope of the discrete initiatives in the program.

**Readiness Reporting System (RRS)** – Department of Homeland Security program to collect and manage continuity capability data and assessments of executive branch departments and agencies, and monitor their status to perform their Priority Mission Essential Functions (PMEFs) in support of the National Essential Functions (NEFs). The RRS will be used to conduct assessments and track capabilities at all times, under all conditions, to include natural disasters, manmade incidents, terrorism and war.

**Reconstitution –** The process by which surviving and/or replacement agency personnel resume normal agency operations from the original or replacement primary operating facility.

**Recovery** – The implementation of prioritized actions required to return an organization’s processes and support functions to operational stability following an interruption or disaster.

**Rights and interests records –** Records that are necessary to protect the legal and financial rights of both the Federal Government and the persons who are affected by its actions.

**Risk analysis –** The process by which risks are identified and evaluated.

**Risk assessment –** The identification and assessment of hazards.

**Risk management –** The process of identifying, controlling and minimizing the impact of events whose consequences are or may be unknown or events that are themselves fraught with uncertainty.

**Telework** – The ability to work at a location other than the official duty station to perform work or emergency duties. This may include, but is not limited to, using portable computers, personal computers, high-speed telecommunications links and mobile communications devices.

**Testing, training, and exercise (TT&E) –** Measures to ensure that an agency’s continuity plan is capable of supporting the continued execution of the agency’s essential functions throughout the duration of a continuity situation.

**Virtual offices –** An environment where employees are not collocated and rely exclusively on information technologies to interact and conduct their work across distance from multiple geographic locations.

**Vital records –** Electronic and hard copy documents, references and records that are needed to support essential functions during a continuity situation. The two basic

categories of vital records are (1) emergency operating records and (2) rights and interests records.

**Vulnerability analysis –** A process that defines, identifies and classifies the susceptibility of a facility, computer, network or communications infrastructure to damage or destruction. In addition, a vulnerability analysis can forecast the effectiveness of proposed countermeasures and can evaluate their actual effectiveness after they are implemented.

## AUTHORITIES AND REFERENCES

The following are the authorities and references for the COOP and Functional Annexes.

## AUTHORITIES:

1. The National Security Act of 1947, dated July 26, 1947, as amended.
2. Executive Order 12148, *Federal Emergency Management*, dated July 20, 1979, as amended.
3. Executive Order 12472, *Assignment of National Security and Emergency Preparedness Telecommunications Functions*, dated April 3, 1984, as amended.
4. Executive Order 12656, *Assignment of Emergency Preparedness Respons*ibilities, dated November 18, 1988, as amended.
5. The Homeland Security Act of 2002 (Public Law 107-296), dated November 25, 2002.
6. Executive Order 13286, *Establishing the Office of Homeland Security*, dated February 28, 2003.
7. Homeland Security Presidential Directive 5, *Management of Domestic Incidents*, dated February 28, 2003.
8. Homeland Security Presidential Directive 7, *Critical Infrastructure Identification*, dated December 17, 2003.
9. Homeland Security Presidential Directive 8, *National Preparedness*, dated December 17, 2003.
10. National Security Presidential Directive 51/Homeland Security Presidential Directive 20, *National Continuity Policy*, dated May 9, 2007.
11. National Communications System Directive 3-10, *Minimum Requirements for Continuity Communications Capabilities*, dated July 25, 2007.
12. National Continuity Policy Implementation Plan, dated August 2007.
13. Federal Continuity Directive 1 (FCD 1), *Federal Executive Branch National Continuity Program and Requirements*, dated February 2008.
14. Federal Continuity Directive 2 (FCD 2), *Federal Executive Branch Mission Essential Function and Primary Mission Essential Function Identification and Submission Process*, dated February 2008.

## REFERENCES:

1. Presidential Decision Directive 62, *Protection Against Unconventional Threats to the Homeland and Americans Overseas*, dated May 22, 1998.
2. 36 Code of Federal Regulations, Part 1236, *Management of Vital Records*, revised as of July 1, 2000.
3. 41 Code of Federal Regulations 101.20.103-4, *Occupant Emergency Program*, revised as of July 1, 2000.
4. Homeland Security Presidential Directive 1, *Organization and Operation of the Homeland Security Council*, dated October 29, 2001.
5. Homeland Security Presidential Directive 3, *Homeland Security Advisory System*, dated March 11, 2002.
6. NIST Special Publication 800-34, *Contingency Planning Guide for Information Technology Systems*, dated June 2002.
7. Homeland Security Presidential Directive 5, *Management of Domestic Incidents*, dated February 28, 2003.
8. National Incident Management System (NIMS), dated March 1, 2004.
9. Homeland Security Presidential Directive 12, *Policy for a Common Identification Standard for Federal Employees and Contractors*, dated August 27, 2004.
10. National Strategy for Pandemic Influenza, dated November 1, 2005.
11. National Infrastructure Protection Plan, dated 2006.
12. National Strategy for Pandemic Influenza Implementation Plan, dated May 2006.
13. NIST Special Publication 800-53, *Recommended Security Controls for Federal Information Systems*, dated December 2006.
14. National Exercise Program Implementation Plan, April 2007.
15. NFPA 1600 Standard on Disaster/Emergency Management and Business Continuity Programs, 2007 Edition.
16. FEMA Continuity of Operations Plan Template Instructions.
17. FEMA Continuity of Operations Plan Template.
18. Comprehensive Preparedness Guide 101, *Producing Emergency Plans*, – Interim, FEMA, dated August 2008.
19. EPA Water Laboratory Alliance- Response Plan, November 2010

## ACRONYMS

This list should include acronyms used throughout the Continuity Plan and within the continuity of operations community. The following are acronyms used in this FCD.

|  |  |
| --- | --- |
| AAR | After Action Report |
| BIA | Business Impact Analysis |
| BPA | Business Process Analysis |
| CAP | Corrective Action Program |
| COGCON | Continuity of Government Conditions |
| DHS | Department of Homeland Security |
| ERG | Emergency Relocation Group |
| FCD | Federal Continuity Directive |
| FEMA | Federal Emergency Management Agency |
| FOC | FEMA Operations Center |
| GAO | Government Accountability Office |
| GETS | Government Emergency Telephone Service |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| HSPD | Homeland Security Presidential Directive |
| IT | Information Technology |
| MEF | Mission Essential Function |
| MOA | Memorandum of Agreement |
| MOU | Memorandum of Understanding |
| NCC | National Continuity Coordinator |
| NEF | National Essential Function |
| NSPD | National Security Presidential Directive |
| OPM | Office of Personnel Management |
| PMEF | Primary Mission Essential Function |
| RRS | Readiness Reporting System |
| TT&E | Test, Training and Exercise |