Continuity of Operations Planning: Responding to Emergencies While Continuing to Provide Critical Services

Ali Jaffe-Doty
Public Health - Seattle & King County
Session Objectives

Recognize how business continuity (BC) planning improves the continuity of essential agency functions during disasters

Describe Advanced Practice Center tools to support agencies in developing procedures to implement BC plans and integrate BC operations into the ICS framework

Discuss how to enhance leadership decision-making regarding allocation of resources across continuity and response operations
Introductions

• Name, Title, Agency
• Please share one of the following
  – The top challenge you faced last time you activated your Continuity of Operations plan
  – Where you go for research/resources to assist you with COOP planning
Case Study: Fall 2009 H1N1 Outbreak in Seattle & King County
Emergency Response
Capabilities Activated

- ICS & Emergency Operations Center
- Epidemiology and Surveillance
- Laboratory Services
- Health System Surveillance
- Medical Resource Management
- Risk Communications
- Public Information Call Center
- Mass Vaccination
- Business Continuity
- Planning for Concurrent Flood Hazard
Factors Stressing Continuity of Operations

- Emergency response resource needs
- Staff absenteeism
- Elevated demand for PH services
- Supply chain challenges
- Stress / uncertainty
- Non H1N1 factors
- Length of response
Business Continuity Operations Section

• Second operations section within incident command

• Objectives when activated:
  – Assess and report on impacts of event on mission-critical services
  – Facilitate communication between operating divisions and Area Command around the response
  – Coordinate with workforce deployment team to minimize the impact of deployment on mission-critical services
## Selected Priority 1 - 4 Services at Public Health - Seattle & King County

<table>
<thead>
<tr>
<th>Priority 1 (8 hr max outage)</th>
<th>Priority 2 (24 hr)</th>
<th>Priority 3 (72 hr)</th>
<th>Priority 4 (72+)</th>
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</thead>
<tbody>
<tr>
<td>• Leadership &amp; Policy Direction</td>
<td>• WIC Checks</td>
<td>• Primary Care – Non Acute</td>
<td>• Chronic Disease and Injury Prevention</td>
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<td>• Emergency Response Operations</td>
<td>• Urgent &amp; Acute Primary Care</td>
<td>• Refugee Health Screening</td>
<td>• Birth Certificates</td>
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<td>• Risk Communications</td>
<td>• Phone Triage, Consultation, Referral</td>
<td>• MSS Initial Assessment</td>
<td>• HIV/AIDS Services</td>
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<td>• Emergency Medical Services</td>
<td>• Disease Investigations</td>
<td>• Food Worker Education</td>
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<td>• Medical Examiner</td>
<td>• Human Resources &amp; Payroll</td>
<td>• Food Inspections – High Risk</td>
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<td>• Jail Health Clinical Services</td>
<td>• Death Certificates</td>
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<td>• Disease Reporting</td>
<td>• Food Inspection – High Risk</td>
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<td>• Medical Consultation with Patients &amp; Providers</td>
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## Problem: Factors Stressing Continuity of Operations

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## Solution: BC Tools

**BC Operations Section SOP**

- Prioritized List of Services
- Resource Allocation Protocol
- Line of Succession
- Program Functional Status Report
- Workforce Deployment System
- Mission Critical Vendor Tools
- Staff Communication
Business Continuity Tools
How They Helped

**ICS Business Continuity Operations Section: SOP**

- Shared expectations of how the department operates when BC plan is activated
- Supported workforce deployment
- Enabled good communication between operating divisions and emergency response
Business Continuity Tools

*How They Helped*

**Prioritized List of Services**

- Priority 4 services reduced or suspended to free resources for response
- Department would allocate resources to sustain continuity of Priority 1 & 2 services
  - Staff supporting Priority 1 & 2 services = ineligible for redeployment to response
  - Staff supporting Priority 3 & 4 services = eligible for redeployment
Business Continuity Tools

How They Helped

**Resource allocation protocol**

- Balanced resource needs of response against continuity of critical services
- Enables agency to forecast when higher order support / activation of MOUs may be needed
- Enables agency to fulfill resource request at the lowest level (least cost)
Questions?
Hands on Activity

Balancing Emergency Response Resource Needs With Continuity of Critical Services
Activity Overview

• Introduce PHSKC resource allocation decision-making model
• Develop a decision-making model for your jurisdiction
• Discussion
Decision making model for balancing emergency response resource needs with continuity of critical services
(Public Health – Seattle & KC)

Continued…
Decision Making Model

"Can my agency continue to deliver mission-critical services in an emergency? What resources support mission-critical services? Can resources be re-directed to the response?"

Work through the flow chart below to begin to consider if resources (i.e. staff, volunteers, existing services) can be put toward an emergency response or need to remain assigned to critical services.

**START:** Emergency response resource need identified

- **Decision:** Can resource need be met without interrupting continuity of agency services (Priority 1 – 4)?
  - Yes: Allocate resource to the response **END**
  - No: Can resource need be met by... (See gray box at right for suggestions on how resource need could be met, and fill in next decision point here)

- **Decision:** Can resource need be met by...
  - Yes: Complete action at left and allocate resource to the response **END**
  - No: Can resource need be met by...

Instructions:
- Fill in the gray shaded boxes based on the decision making model at your agency.

Decision points to consider:
- Activation of COOP plan
- Regular or emergency procurement
- Leveraging partnerships
- Activation of MOUs
- Mobilization of volunteers
- Suspension of lower priority services
- Reduction of service levels
- Consolidation of operations at fewer...
Take 5-10 minutes

- Reflect on how your agency decides to put resources (i.e. staff, volunteers, existing services) toward an emergency response or leave them assigned to critical services.
- Complete the blank decision making model, based on current patterns of decision making at your agency.
- Draw from the sample steps listed in gray box at right or add your own.
- When form is complete, prepare to share thoughts on:
  - The balance your agency strikes between holding resources to provide critical services or putting them towards a response.
  - Is there a point where you stop allocating resources to the emergency response? When does that occur?
  - What pre-work should an agency complete before examining this process?
  - Is diagramming this decision process a useful exercise?
  - What would make the worksheet and sample protocol more useful tools?
Points for Discussion

- How do different agencies strike a balance between holding resources to provide critical services or putting them towards a response?
- Do agencies have different tipping points where they stop allocating resources to the emergency response to maintain critical services? When does that occur?
- What pre-work should an agency complete before they can analyze & improve this decision process?
- Is diagramming this decision process a useful exercise?
- What would make the blank form and sample protocol more useful tools?
Wrap Up/Conclusion

• What could you do in your community based on what you heard today?
Questions?

Alison.jaffe-doty@kingcounty.gov, (206) 263-8726