CONTINUITY OF OPERATIONS PLAN TEMPLATE

For Long-Term Care Facilities

CALIFORNIA ASSOCIATION
OF HEALTH FACILITIES
DISASTER PREPAREDNESS PROGRAM

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SECTION 1: INTRODUCTION

INTRODUCTION

PURPOSE

This template, written for long-term care facilities, is designed to assist providers in developing an effective continuity of operations (COOP) plan for emergency scenarios that result in an interruption in services and/or operations. Long-term care residents are very vulnerable and rely upon providers to be adequately prepared to safely care for them during emergency events. With appropriate emergency planning, facilities will be able to minimize the loss of life, property and revenue and ensure that essential functions are continued during and after an emergency. A COOP will guide facilities through actions needed to achieve a timely resumption of their normal operations. This COOP template is intended to be used in addition to your Emergency Operations Plan (also known as a Disaster Response or Preparedness Plan) or EOP.

This guide addresses the key elements of a COOP, which often overlap with elements of an EOP. Some key differences between these plans are:

Continuity of Operations Plan

This plan identifies essential personnel, essential functions, key vendors and services needed to ensure that <u>business operations can continue</u>, perhaps in a limited capacity. It also lays the steps for how a facility will recover should the disaster be catastrophic. This plan includes information such as:

- Essential Personnel
- Essential Functions
- Critical Resources
- Vital Records/IT Data Protection
- Alternate Facility Identification and Location
- Financial resources

Emergency Operations Plan

This plan identifies and prioritizes the key hazards that may affect operations, and outlines preparedness and mitigation activities. This plan also includes operational procedures to respond effectively and efficiently to an incident or event. The goal of this plan is to ensure life and safety is protected during a disaster. This plan includes, but not limited to information such as:

- Preparedness/Response
    - Hazard identification and assessment
    - Employee education and training
    - Drills and exercises timelines and plans for your business
    - First aid kits
    - Disaster supply kits
    - Evacuation procedures
    - Fire and other event-specific procedures
    - Shelter-in-place procedures/Staff notification

COLLABORATIVE PLAN DEVELOPMENT

The COOP plan should be shared with key staff as it is developed and revised. The most effective plans are those that are developed collaboratively with input from all leaders in the facility, as well as in consultation with local and state level emergency management professionals. This template is intended to help your facility to develop such a plan.

TEMPLATE INSTRUCTIONS

In each section of the template, there are instructions, sample verbiage and worksheets that should be used in gathering necessary information to develop your COOP plan. Sample verbiage or language is provided to assist in developing the plan. The sample language provided in the template should be expanded, deleted or modified as necessary to fit the needs of the facility using the template.

The worksheets were created to help identify information needed in the development of the COOP plan. They are tools to assist in gathering raw data that should then be summarized for entry into the plan. Providers should customize the template by utilizing appropriate logos or seals. Instructions are included in each section and should not appear in the final plan.

CONTINUITY OF OPERATIONS PLAN DEVELOPMENT CHECKLIST	
INITIAL PLANNING	
☒	Assemble Planning Team (Administrators, Department Directors, Key Staff, etc.)
☐	Establish mission, team responsibilities and time frame for development of plan
☐	Gather existing emergency plans and documents for plan coordination
COOP PLAN DEVELOPMENT	
☐	Complete Facility Profile
☐	Conduct Hazard Vulnerability Assessment
☐	Identify Essential Functions
☐	Identify Essential Personnel
☐	Identify Critical Resources
☐	Identify Key Vendors and Supplies
☐	Identify Alternate Facility Locations
☐	Discuss Emergency Communications Procedures within facility
☐	Outline Alert and Notification Procedures (chain of communication)
☐	Identify Key Contacts Notification Procedures
☐	Discuss Information Technology Protocols within facility
☐	Complete Computer Hardware and Software Inventory (including tablets)
☐	Record the facilities' Information Technology Security methods
☐	Record all facility/organization vital records (legal documents, HR documents, etc.)
ADDITIONAL PLANNING ELEMENTS	
☐	Develop any Standard Operating Procedures that need to be addressed as a result of the COOP Plan (any new HR policies, operations procedures, incident specific guides such as pandemic influenza, etc.)
☐	Develop a training schedule for management and key staff on COOP Plan procedures
☐	Include copies of vendor/supplier continuity of operations plan as an Appendix to your facility COOP Plan
☐	Identify funding mechanisms in the event that billing cycles are interrupted (i.e. lines of credit, emergency petty cash, account receivable plans with key vendors)

SECTION 2: CONTINUITY OF OPERATIONS PLAN CONTENTS

FACILITY PROFILE

The Facility Profile provides a brief description of your facility, the residents you serve and their specific vulnerabilities, and your facility's current level of readiness.

Facility Name:	
Facility Type:	
Mailing Address:	
Physical Address (if different from above):	

Phone:		Fax:	

Primary contact person able to discuss emergency plans:	

Name:			
Phone:		Email:	

Backup contact person #1 able to discuss emergency plans:	

Name:			
Phone:		Email:	

Does the facility care for OR have the ability to care for special populations, for example, residents on ventilators, dialysis, with dementia, mobility impairments, etc.?	☐ Yes ☐ No
If YES, please list the special populations:	
Average Daily Census:	
Licensed Capacity: *Please indicate the capacity of your facility based upon licensing.*	
Surge Capacity: *Please indicate the maximum number of residents which could be accommodated by your facility with appropriate waivers or flexes.*	
Number of staff (full time equivalents):	
Does your facility have a back-up generator?	☐ Yes ☐ No
If NO, is your facility wired to receive a back-up generator?	☐ Yes ☐ No

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FACILITY PROFILE (continued)

FACILITY'S FOOD SUPPLIES VENDOR/CONTRACTOR(S):			
Name:		Name	
Address:		Address	
Phone:		Phone	

FACILITY'S PHARMACY/MEDICAL SUPPLIES VENDOR/CONTRACTOR(S):			
Name:		Name	
Address:		Address	
Phone:		Phone	

FACILITY'S EMERGENCY TRANSPORTATION CONTRACTOR(S):			
Name:		Name	
Address:		Address:	
Phone:		Phone:	

BRIEF DESCRIPTION OF VEHICLES OWNED BY THE FACILITY: PLEASE INDICATE WHICH VEHICLES ARE EQUIPPED TO TRANSPORT RESIDENTS

PLEASE INDICATE THE TYPES OF EMERGENCY PLANNING YOUR FACILITY HAS COMPLETED (CHECK ALL THAT APPLY):

☐ Establishing Chain of Command and Roles for Emergencies
☐ Setting Up Redundant Communications Systems
☐ Back-up Staffing Plan for Emergencies
☐ Planning for Sheltering in Place
☐ Planning for Evacuation
☐ Incorporating Nursing Home Incident Command System into your Emergency planning

HAZARD VULNERABILITY ASSESSMENT

For each hazard listed in column 1, rate the probability of the event occurring, and the severity of the possible impact. Sum the scores from columns 2-5 and list the result in column 6. This will help you consider which hazards to use as "most likely scenarios" during the planning process to help you flesh out strategies and details.

EVENT 1	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK 6
	PROBABILITY 2 Likelihood this will occur	HUMAN IMPACT 3 Possibility of death or injury	PROPERTY IMPACT 4 Physical losses and damages	BUSINESS IMPACT 5 Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
National Hazards					
Flood					
Earthquake					
Fire					
Wildland/ Urban Fire					
Severe Weather					
Other (specify)					

HAZARD VULNERABILITY ASSESSMENT (continued)

EVENT	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
1	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	6
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Technological Hazards					
Electrical Failure					
Dam Failure					
Heating and Cooling Failure					
Transportation Failure and/or Incidents					
Biological (Epidemic)					
Hazardous Materials					
Explosions					
Utility Loss					
Other (specify)					

HAZARD VULNERABILITY ASSESSMENT (continued)

EVENT	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK
	PROBABILITY 2	HUMAN IMPACT 3	PROPERTY IMPACT 4	BUSINESS IMPACT 5	
1	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	6
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Human Caused Hazards					
Bomb Threat					
Active Shooter					
Other (specify)					

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ESSENTIAL FUNCTIONS

By definition, the essential functions are those that must be maintained in order to fulfill the mission statement of the organization and the specific operations of each program. Essential functions are those that provide vital services and sustain your organization's economic base. The Federal Emergency Management Agency defines essential functions as "those functions that cannot be interrupted for more than 12 hours/must be resumed within 30 days"; however, given the health status of residents in long term care facilities, many of your essential services may have a lower threshold.

In considering your most essential and time sensitive functions take into account what is required to care for your residents and to run your facility. The essential functions you list should encompass the key activities which your organization fulfills on a day-to-day basis.

RESTORATION TIMEFRAMES

Every essential function below is provided a priority, listed from "A" priority through "D". The higher priority is simply a function of the time in which it must be completed, and does not reflect a level of its importance. A sample table is provided below. Note that you can change the timeframe to suit your organization (e. Priority "A" can be changed to *restore within 12-24 hours*).

ESSENTIAL PROGRAMS/SERVICES RESTORATION PRIORITIES		
Priority	Description	Restoration Timeframe
A	Critical Impact on Health and Safety, Business Operations or Client Services	These programs or services must be restored within 0-5 hours
B	High Impact on Health and Safety, Business Operations or Client Services	These programs or services must be restored within 5-24 hours
C	Moderate Impact on Health and Safety, Business Operations or Client Services	These programs and services must be restored within 24- 72 hours
D	Low Impact on Health and Safety, Business Operations or Client Services	These programs or services can be restored within 72 hours to 2 weeks

ESSENTIAL FUNCTIONS (continued)

LIST YOUR FACILITY'S ESSENTIAL FUNCTIONS IN THE ESSENTIAL FUNCTIONS WORKSHEET

ESSENTIAL FUNCTIONS WORKSHEET PRIORITY PROGRAMS AND SERVICES	Priority A, B, C, or D
ADMINISTRATION	
MEDICAL SERVICES	
CLIENT/RESIDENT SERVICES	
FACILITY OPERATIONS	
DIETARY SERVICES	
BUSINESS OPERATIONS	
(INSERT DEPARTMENT)	

ESSENTIAL PERSONNEL

Essential personnel are staff members that are designated by the Administration, Directors and/or the Emergency Response Team to be critical to the continuation of key operations (essential function) and services in the event of a COOP activation.

ESSENTIAL PERSONNEL			
ESSENTIAL FUNCTION	**PRIORITY A, B, C, or, D**	**KEY POSITION** (Job Title)	**BEST ALTERNATE(S)** (Job Title)
ADMINISTRATION			
Ex. Oversee Facility Operations	A	Director/Administrator	1. Assistant Director/Assistant Administrator 2. Director of Nursing 3.
			1. 2. 3.
MEDICAL SERVICES			
			1. 2. 3.
			1. 2. 3.
CLIENT / RESIDENT SERVICES			
			1. 2. 3.
			1. 2. 3.

ESSENTIAL PERSONNEL (continued)

DIETARY SERVICES			
			1. 2. 3.
			1. 2. 3.

DIETARY SERVICES			
			1. 2. 3.
			1. 2. 3.

BUSINESS OPERATIONS			
			1. 2. 3.
			1. 2. 3.

(INSERT DEPARTMENT)			
			1. 2. 3.
			1. 2. 3.

CRITICAL RESOURCES

Critical Resources are the inputs needed so your facility can carry out its essential functions.

There are two main categories of critical resources which long term and residential care facilities should be the most concerned about when developing continuity of operations plan:

1) Human resources, including prepared, safe trained employees and facility and unit leaders.
2) Physical Resources, including vital records, essential equipment, supply chains, and financial resources to procure them (sources and delivery of food, medicine and medical supplies.)*

Essential Functions	CRITICAL RESOURCES			
	Human Resources	Vital Records	Equipment	Supplies
	Number of Staff who are prepared and trained to perform function	Vital records necessary for this function	Equipment necessary for this function	Supplies necessary for this function
Administration				
Medical Services				
Client/Resident Services				
Facility Operations				
Dietary Services				
Business Operations				
				CASH for emergency supply and equipment procurement and payroll

CRITICAL RESOURCES (continued)

Essential Functions	CRITICAL RESOURCES			
	Human Resources	**Vital Records**	**Equipment**	**Supplies**
	Number of Staff who are prepared and trained to perform function	Vital records necessary for this function	Equipment necessary for this function	Supplies necessary for this function
Administration				
Medical Services				
Client/Resident Services				
Facility Operations				
Dietary Services				
Business Operations				
				CASH for emergency supply and equipment procurement and payroll

CRITICAL RESOURCES (continued)

ESSENTIAL FUNCTIONS	CRITICAL RESOURCES			
	HUMAN RESOURCES	VITAL RECORDS	EQUIPMENT	SUPPLIES
	Number of staff who are prepared and trained to perform function	Vital records necessary for this function	Equipment necessary for this function	Supplies necessary for this function
INSERT DEPARTMENT				

NOTE: Based upon incident, some critical resources may not be available.

KEY VENDOR AND SUPPLIERS

Key (essential) vendors and suppliers and suppliers that provide the organizations vital resources (suppliers, equipment and services) that maintain the safety and well-being of the clients and overall operation of the organization in an emergency or in the event of an interruption.

KEY VENDORS						
Name of Vendor	Description of Product or Service	What Activity or Task Does this Vendor Support?	Restoration Time Frame? Priority A, B, C, or D?	Are there multiple vendor supporting this service?	Have you identified a back-up vendor for this service?	Can this vendor satisfy your restoration timeframe?
ESSENTIAL FUNCTION:						
ESSENTIAL FUNCTION:						
ESSENTIAL FUNCTION:						

KEY VENDOR AND SUPPLIERS (continued)

KEY VENDORS						
Name of Vendor	Description of Product or Service	What Activity or Task Does this Vendor Support?	Restoration Time Frame? Priority A, B, C, or D?	Are there multiple vendor supporting this service?	Have you identified a back-up vendor for this service?	Can this vendor satisfy your restoration timeframe?
ESSENTIAL FUNCTION:						
ESSENTIAL FUNCTION:						
ESSENTIAL FUNCTION:						

ALTERNATE FACILITIES AND LOCATIONS

Determine if it is possible to set up an alternate or temporary location of your primary site is unavailable. Do you have multiple locations in which you can condense work operations? How much work can be done virtually? Does your facility have near and far as addressed in your relocations policy? What pre-agreements do you have for these options? Use the form below to outline alternate facilities within the COOP plan. A form(s) should be developed for both client/resident care and business operations.

ALTERNATE FACILITY AND LOCATION				
ALTERNATE LOCATION				
NAME:				
STREET ADDRESS:				
CITY:		STATE:	ZIP	
TELEPHONE NUMBER		IS THERE A PRE-AGREEMENT IN PLACE?	☐ YES ☐ NO	
POINT OF CONTACT				
CONTACT NAME:				
EMAIL ADDRESS:				
TELEPHONE NUMBER:		ALTERNATE NUMBER:		
SITE ASSESSMENT				
HOW MANY RESIDENTS CAN THIS FACILITY ACCOMMODATE?		SUPPLIES THAT WOULD BE NEEDED?		
NUMBER AND TYPE OF STAFF TO WORK HERE:		SUPPLIES ALREADY IN PLACE?		
REQUIRED TIME TO SET UP OPERATIONS:				
OTHER CONSIDERATIONS:				
▪ POSSIBLE HAZARDS IN THE AREA				
▪ POTENTIAL PERSONNEL ISSUES				
▪ POTENTIAL TRANSPORTATION ISSUES				

ALTERNATE FACILITIES AND LOCATIONS (continued)

SECONDARY ALTERNATE FACILITY AND LOCATION				
SECONDARY ALTERNATE LOCATION				
NAME:				
STREET ADDRESS:				
CITY:		STATE:		ZIP	
TELEPHONE NUMBER		IS THERE A PRE-AGREEMENT IN PLACE?	☐ YES ☐ NO	
POINT OF CONTACT				
CONTACT NAME:				
EMAIL ADDRESS:				
TELEPHONE NUMBER:		ALTERNATE NUMBER:		

SITE ASSESSMENT	
HOW MANY RESIDENTS CAN THIS FACILITY ACCOMMODATE?	SUPPLIES THAT WOULD BE NEEDED?
NUMBER AND TYPE OF STAFF TO WORK HERE:	SUPPLIES ALREADY IN PLACE?
REQUIRED TIME TO SET UP OPERATIONS:	
OTHER CONSIDERATIONS:	
▪ POSSIBLE HAZARDS IN THE AREA	
▪ POTENTIAL PERSONNEL ISSUES	
▪ POTENTIAL TRANSPORTATION ISSUES	

EMERGENCY COMMUNICATIONS

A strong communications system is imperative to continuity of operations of planning and implementation. The ability to send and receive vital information to coordinate actions with personnel, partners and emergency responders is critical during an emergency. Long-term care facilities' COOP plans must include strategies for communication with:

- Local emergency management authorities
- Local emergency responders (police, fire, EMTs)
- Facility staff/residents
- Residents' families
- Other local health care facilities
- Regulatory/licensing agencies
- Suppliers/vendors
- Others (parent company, media, etc.)

Long-term care facilities should also include strategies for staff recall alert and notification.

DEVISE BACK-UP PLANS FOR COMMUNICATIONS

A communications system with back-up communications channels built into it is known as a "redundant communications system". In a widespread disaster, cell phone and landline circuits may be overloaded and fax and Internet may go down. Think about your fallback options for these situations. Long-term care facilities have effectively utilized:

- Two-way radios for internal communications
- Satellite phones for the facility
- Connecting with a local amateur radio (ham radio) operator (refer to your local emergency management agency for information on local ham operators)

With the prevalence of social media within emergency management operations, a facility should also consider including a social media component to their communications strategies. Some issues to consider would be to:

- Develop a social media policy for your organization
- Determine who has the authority to use social media outlets such as Facebook and Twitter.
- If you have a company Facebook or Twitter account, how are they monitored for information and rumor control during an emergency situation?

EMERGENCY COMMUNICATIONS (continued)

ALERT AND NOTIFICATION

During an event, staff should be regularly updated on business operational status including whether or not they should report to work, what work conditions are like, alternate work sites and plans, plan triggers, etc. "Notifying Staff" below refers to the individuals responsible for activating the notification system. This may be more than one individual or alternates if one person is all that is needed to manage the notifications in your facility. Attach a copy of your staff contact roster in this section and update regularly.

STAFF NOTIFICATION		
STAFF WILL BE NOTIFIED BY:	**STAFF MEMBER RESPONSIBLE FOR NOTIFICATION :**	
☐ PHONE TREE ☐ AUTOMATIC NOTIFICATION SYSTEM ☐ EMAIL BLAST ☐ OTHER:		
	BACK-UP STAFF MEMBER RESPONSIBLE FOR NOTIFICATION:	
STAFF WILL RESPOND BY:	**TELEPHONE NUMBER:**	**EMAIL:**
☐ CALLING IN TO LIVE PERSON ☐ CALLING AUTOMATIC RESPONSE SYSTEM ☐ EMAIL IN ☐ OTHER:		
	CALL-IN NUMBER:	**AUTO-RESPONSE NUMBER:**
	PLAN TRIGGER/INCIDENT:	

NOTIFYING STAFF NAME:			
STREET ADDRESS:		**EMERGENCY CONTACT NAME:**	
CITY, STATE, ZIP CODE:		**RELATIONSHIP TO EMPLOYEE:**	
TELEPHONE NUMBER:	**ALTERNATE NUMBER:**	**CONTACT TELEPHONE:**	**ALTERNATE TELEPHONE:**
EMAIL:		**CONTACT EMAIL:**	

EMERGENCY COMMUNICATIONS (continued)

STAFF TO BE NOTIFIED (CAN INSERT YOUR FACILITY CONTACT LIST HERE)

STAFF NAME:	

STREET ADDRESS:	EMERGENCY CONTACT NAME:

CITY, STATE, ZIP CODE:	RELATIONSHIP TO EMPLOYEE:

TELEPHONE NUMBER:	ALTERNATE NUMBER:	CONTACT TELEPHONE:	ALTERNATE TELEPHONE:

EMAIL:	CONTACT EMAIL:

STAFF NAME:	

STREET ADDRESS:	EMERGENCY CONTACT NAME:

CITY, STATE, ZIP CODE:	RELATIONSHIP TO EMPLOYEE:

TELEPHONE NUMBER:	ALTERNATE NUMBER:	CONTACT TELEPHONE:	ALTERNATE TELEPHONE:

EMAIL:	CONTACT EMAIL:

STAFF NAME:	

STREET ADDRESS:	EMERGENCY CONTACT NAME:

CITY, STATE, ZIP CODE:	RELATIONSHIP TO EMPLOYEE:

TELEPHONE NUMBER:	ALTERNATE NUMBER:	CONTACT TELEPHONE:	ALTERNATE TELEPHONE:

EMAIL:	CONTACT EMAIL:

EMERGENCY COMMUNICATIONS (continued)

STAFF TO BE NOTIFIED (Can insert your facility contact list here)

STAFF NAME:	

STREET ADDRESS:	EMERGENCY CONTACT NAME:

CITY, STATE, ZIP CODE:	RELATIONSHIP TO EMPLOYEE:

TELEPHONE NUMBER:	ALTERNATE NUMBER:	CONTACT TELEPHONE:	ALTERNATE TELEPHONE:

EMAIL:	CONTACT EMAIL:

STAFF NAME:	

STREET ADDRESS:	EMERGENCY CONTACT NAME:

CITY, STATE, ZIP CODE:	RELATIONSHIP TO EMPLOYEE:

TELEPHONE NUMBER:	ALTERNATE NUMBER:	CONTACT TELEPHONE:	ALTERNATE TELEPHONE:

EMAIL:	CONTACT EMAIL:

STAFF NAME:	

STREET ADDRESS:	EMERGENCY CONTACT NAME:

CITY, STATE, ZIP CODE:	RELATIONSHIP TO EMPLOYEE:

TELEPHONE NUMBER:	ALTERNATE NUMBER:	CONTACT TELEPHONE:	ALTERNATE TELEPHONE:

EMAIL:	CONTACT EMAIL:

KEY CONTACTS

During an event and recovery, key vendors, resident relatives, stakeholders, and other key contacts should be regularly updated on operational status such as open hours, orders in progress, etc. This may be done via your website, posting at your organization, or contacting them individually. Add additional boxes as necessary.

KEY CONTACT NOTIFICATION	
KEY CONTACTS WILL BE NOTIFIED BY:	**STAFF MEMBER RESPONSIBLE FOR NOTIFICATION :**
☐ WEBSITE ☐ AUTOMATIC NOTIFICATION SYSTEM ☐ EMAIL BLAST ☐ SIGNAGE ☐ OTHER:	
	TELEPHONE NUMBER:
	EMAIL:

KEY VENDORS (Can insert your facility contact list here)

ORGANIZATION NAME:		
STREET ADDRESS:		**CONTACT NAME:**
CITY, STATE, ZIP CODE:		**CONTACT TELEPHONE NUMBER:**
TELEPHONE NUMBER:	**FAX NUMBER:**	**CONTACT EMAIL**
EMERGENCY TELEPHONE:	**WEBSITE:**	**RELATIONSHIP TO OUR ORGANIZATION:**

ORGANIZATION NAME:		
STREET ADDRESS:		**CONTACT NAME:**
CITY, STATE, ZIP CODE:		**CONTACT TELEPHONE NUMBER:**
TELEPHONE NUMBER:	**FAX NUMBER:**	**CONTACT EMAIL**
EMERGENCY TELEPHONE:	**WEBSITE:**	**RELATIONSHIP TO OUR ORGANIZATION:**

KEY CONTACTS (continued)

RESIDENT RELATIVES/CONTACT PERSON (S):

CONTACT PERSON NAME:		
STREET ADDRESS:		CONTACT NAME:
CITY, STATE, ZIP CODE:		CONTACT TELEPHONE NUMBER:
TELEPHONE NUMBER:	FAX NUMBER:	CONTACT EMAIL
EMERGENCY TELEPHONE:	WEBSITE:	RELATIONSHIP TO OUR ORGANIZATION:

CONTACT PERSON NAME:		
STREET ADDRESS:		CONTACT NAME:
CITY, STATE, ZIP CODE:		CONTACT TELEPHONE NUMBER:
TELEPHONE NUMBER:	FAX NUMBER:	CONTACT EMAIL
EMERGENCY TELEPHONE:	WEBSITE:	RELATIONSHIP TO OUR ORGANIZATION:

KEY STAKEHOLDERS:

KEY STAKEHOLDER NAME:		
STREET ADDRESS:		CONTACT NAME:
CITY, STATE, ZIP CODE:		CONTACT TELEPHONE NUMBER:
TELEPHONE NUMBER:	FAX NUMBER:	CONTACT EMAIL
EMERGENCY TELEPHONE:	WEBSITE:	RELATIONSHIP TO OUR ORGANIZATION:

SECTION 3: INFORMATION TECHNOLOGY

COMPUTER INVENTORY

Use this form to:

- Log your computer hardware serial and model numbers. Attach a copy of your vendor documentation to this document.
- Record the name of the company from which you purchased or leased this equipment and the contact name to notify for your computer repairs.

Make additional copies as needed. Keep one copy of this list in a secure place on your premises and another in an off-site location.

HARDWARE INVENTORY					
HARDWARE (CPU, MONITOR, PRINTER, KEYBOARD, MOUSE, PLUS DESCRIPTION)	**MODEL PURCHASED**	**SERIAL NUMBER**	**DATE PURCHASED**	**COMPANY PURCHASED OR LEASED FROM**	**COST**
SOFTWARE INVENTORY					
NAME OF SOFTWARE	**VERSION**	**SERIAL / KEY NUMBER**	**DISC OR DOWNLOAD**	**DATE PURCHASED**	**COST**

INFORMATION TECHNOLOGY SECURITY

Data security and backup should be an ongoing process; however, it is crucial that backup is done before a business interruption. If you use a contractor for your IT support, they should be included in this continuity of operations planning process. Identify the records that are essential to perform your critical functions. Vital records may include employee data, payroll, financial and insurance records, customer data, legal and lease documents. Are any impossible to re-create? Are copies stored offsite?

DATA SECURITY AND BACK-UP	
LEAD STAFF OR CONTRACTOR	**EMERGENCY CONTACT TELEPHONE**
EMAIL	**ALTERNATE CONTACT TELEPHONE**
BACK-UP RECORDS ARE STORED ONSITE HERE: (ROOM # OR DATA DRIVE)	**BACK-UP RECORDS ARE STORED OFFSITE HERE:** (LOCATION)
VIRTUAL RECORDS ARE STORED HERE:	**VIRTUAL BACK-UP CONTACT:**
IF OUR VIRTUAL RECORDS ARE INACCESSIBLE, WE WILL PROVIDE FOR CONTINUITY IN THE FOLLOWING WAYS:	

INFORMATION TECHNOLOGY ASSET SECURITY	
LEAD STAFF OR CONTRACTOR	**EMERGENCY CONTACT TELEPHONE**
EMAIL	**ALTERNATE CONTACT TELEPHONE**
KEY COMPUTER HARDWARE	**TO PROTECT OUR COMPUTER HARDWARE, WE WILL:**
KEY COMPUTER SOFTWARE	**TO PROTECT OUR COMPUTER SOFTWARE, WE WILL:**
IF OUR COMPUTERS ARE DESTROYED, WE WILL USE BACK-UP COMPUTERS AT THE FOLLOWING LOCATIONS:	

VITAL RECORDS

Vital records are those records that the facility will need in order to continue operations and specify how each program will function during an emergency or interruption in business operations. Vital records can include client information, government and legal documents, financial documents, vendor information, databases and personnel contact lists. Identify individual vital records in the form below.

Make additional copies as needed. *Keep one copy of this list in a secure place on your premises and another in an off-site location.*

VITAL RECORDS				
DATABASE OR RECORD	**FORM OF RECORD** (PAPER, ELECTRONIC, DATABASE)	**CURRENT LOCATION**	**CURRENT PROTECTION METHODS** (BACKUP, OFF-SITE, MANUAL RECORDS)	**CONTACT TO RESTORE DATA** (IT DEPARTMENT OR VENDOR)
USE ADDITIONAL SHEETS, IF NEEDED.				

APPENDICES

AUTHORITIES AND REFERENCES

AUTHORITIES

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- Continuity Guidance Circular 2, Continuity Guidance for Non-Federal Entities: Mission Essential Functions Identification Process (States, Territories, Tribes, and Local Government Jurisdictions), July 22, 2010.
- National Fire Protection Agency, Standard 1600, Standard of Disaster/Emergency Management and Business Continuity Programs, 2010.

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- Vermont Agency of Human Services, Dept. of Disabilities, Aging & Independent Living, Emergency Preparedness Planning for Nursing Homes and Residential Care Settings, 2010.

NURSING HOME INCIDENT COMMAND SYSTEM

The Incident Command System (ICS) is part of the emergency management system in many levels (federal, state, and local). It is the basis for the National Incident Management System and California's State Emergency Management System. Every significant incident or event, whether large or small, and whether it is even defined as an emergency, requires certain management functions to be performed.

Building on previous ICS work, the California Association of Health Facilities (CAHF) has developed the Nursing Home Incident Command System (NHICS) Manual and Train-the-Trainer Program as a method of organizing and coordinating emergency efforts in the Long-Term Care community. Refer to the California Association of Health Facilities' website for detailed information on NHICS and how this system should be incorporated into your continuity of operations plan and overall emergency operations.

CAHF's Nursing Home Incident Command System (NHICS) can be found at: http://cahfdisasterprep.com/NHICS.aspx