

Wellfleet Health Department

Pandemic (COVID-19)

Continuity of Operations Plan (COOP)



Continuity of Operations Plan

for

**Wellfleet Health Department
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Prepared by the
Massachusetts Department of Public Health

Center for Emergency Preparedness

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Section I: Scope of the Plan

Purpose

This Continuity of Operations Plan provides policy and guidance to ensure the execution of essential functions in the event that the Wellfleet Board of Health operations are threatened by a major emergency. Local health departments are responsible for the safety of their employees and have a moral and legal obligation to their employees and the communities they serve to continue to operate in a prudent and efficient manner even during an impending or existing emergency. In the event of an emergency, the Wellfleet Board of Health will make every effort to continue operations subject to limitations on resources, including materials, equipment, and human resources. This plan outlines a comprehensive approach to ensure the continuity of essential services during an emergency while ensuring the safety and well being of employees, the emergency delegation of authority, the safekeeping of vital records, emergency acquisition of resources necessary for resumption of normal work activities, and the capabilities to work at alternative work sites until normal operations can be resumed.

This plan template has been drafted as a stand-alone document, but planners may choose to incorporate its elements into a public health emergency plan. Consolidation of planning documents into a comprehensive emergency plan is advised to enhance simplicity and ease of use.

Applicability and Scope

This plan applies to all personnel and associates of the Wellfleet Board Of Health and the Wellfleet Health & Conservation Department.

Plan Assumptions

Plans to continue operations will need to be flexible to address the effects of an emergency on the Health Department's operations. The following list of assumptions outlines the potential impact of a severe emergency upon the Health Department's organizational capacity to continue operations.

An outbreak of infectious disease such as an influenza pandemic, terrorist attack, outbreak of food-borne illness, or natural or technological disaster may cause serious reductions in the availability of staff available for work and/or their capacity to operate efficiently.

It is expected that a flu pandemic would cause widespread morbidity and mortality and might affect 40% of the workforce or more over a period of many months depending on incidence of disease within a community. Staff reductions may occur due to staff illness or death or due to family responsibilities related to the emergency. Problems may arise from illness in family, closure of schools, lack of caregiver support, or similar instances that prevent employees from coming to work. Such situations could decrease existing staff levels to critically low levels and threaten the capacity of the organization to continue operations.

Contingent assumptions:

- Staff levels may be significantly reduced due to high levels of illness and hospitalization.
- Staff may be lost due to significant mortality associated with disease or injury.
- Remaining workers may be psychologically affected by disease, family concerns, concerns about economic loss, or fear, and require behavioral assistance.
- Staff may be reduced by the need for some workers to attend to family illness or to children remaining at home due to school closures.
- Staff reductions may be temporary or may be long-term depending on the severity and nature of the emergency.
- Emergencies serious enough to require the activation of this plan will almost certainly warrant a Governor's Declaration of a State of Emergency, and all its attendant powers facilitating emergency response.
- A Local Declaration of Emergency will also be warranted.
- In the event that the emergency affects other municipalities, mutual aid may not be available or may be severely limited.
- In the event that the emergency affects other jurisdictions, state and federal assistance may be severely limited.
- An emergency condition may require the reassignment of essential functions to other personnel or worksite relocations.
- Some of the information and communications systems supporting operations during normal non-emergency periods may not be available.

Section II: Operational Concept

Warning Conditions

While some infectious disease emergencies, such as an influenza pandemic, will most likely be preceded by up to several months of warning signs before the disease actually affects staff levels, staff reductions may be sudden and severe when they do occur and will affect all town departments. Other communities, the state work force, and those in other states may be similarly affected.

Other emergencies, such as a natural or technological disaster or a terrorist incident, may occur with little or no warning. Some of these emergencies may be localized but many, such as a severe hurricane, can affect extensive areas.

The Wellfleet Board of Health will maintain routine awareness of the threat environment through normal reporting, and national/local reporting. Developing situations should be noted, with emphasis on worsening situations that could develop into crisis conditions. Sources of information include the MDPH, the CDC, and the World Health Organization. The HHAN should be monitored regularly for information on emerging health threats.

Warning conditions that may lead to activation of the plan may include the following:

- Notification and follow-up information from the Massachusetts Department of Public Health regarding a novel virus alert or pandemic event;
- Extensive or unusual usage of sick/family leave by personnel;
- Notification by the Massachusetts Emergency Management Agency (MEMA);
- Declaration of a State of Emergency by the Governor.

Plan Activation

The plan will be activated upon notification of a public health emergency. The Wellfleet Health Agent or Board of Health may direct full or partial activation of the plan. Staff should be notified by personal contact during office hours if possible or through the use of emergency calldown lists. Activation of the plan may initiate the reassignment of personnel to ensure coverage of essential functions and the deployment of personnel and equipment/supplies as needed. Activation of the plan may also involve significant alteration of work plans and assignments of staff to critical work areas; use of contractors; extension of overtime for well workers, telecommuting, and similar alternatives to offset staff reduction.

Initial Actions Following Plan Activation

Initial actions following plan activation will include:

- Using the list in Appendix A, draft essential functions list.
- Evaluate current staffing levels.
- Using Appendix E chart, assign essential functions.
- Notify employees that the plan has been activated.
- Notify Selectmen, Town Manager, union representatives, and other town department heads that the plan has been activated.

- Implement alternative staff resource options, such as engaging contractors, increasing contractor hours, arranging for staff to work at home (telecommuting), etc.

Succession & Delegation of Authority

The current order for succession in the Wellfleet Board of Health is listed in Appendix B. This may require amendment following each town election, and at various times during a public health emergency depending on availability of Board of health members and staff.

If an emergency results in loss of life, a major consideration becomes reconstitution of key leadership positions using surviving personnel in accordance with the Order of Succession.

The Board of Health may appoint alternative health agents to ensure 24/7 coverage during extended operations, or in the event of the death, illness, or unavailability of the current Health Agent. A Delegation of Authority form is found in Appendix C, and may be edited quickly to use in the event that an emergency appointment is necessary.

Following the incident, the primary effort will be restoring the office with adequate personnel (and/or facilities) to support normal operations.

Essential Functions

Essential functions are those functions that enable the Wellfleet Board of Health to provide vital services, maintain safe and quality operations, maintain the safety of employees and associates, and respond to the public health emergency. Essential functions include those functions that are vital to protecting public health both on a day-to-day basis and during a public health emergency.

A checklist of essential functions is listed in Appendix A. The current list is a sample that needs editing at the time of emergency. Any task not deemed essential should be deferred until additional personnel and resources are available and should be removed from the list. This list should be amended with appropriate additions and deletions as often as needed during the emergency to ensure that changing needs are addressed.

Consider the following in planning contingencies to provide essential functions:

- Identification of mission critical systems;
- Capabilities to perform essential functions given specific losses of staff and expertise;
- Reliable logistical support, services and infrastructure alternatives;

- Consideration of health, safety and emotional well being of personnel;
- Communications between staff;
- Availability of computer/software support.

Staff Resources

Specific objectives of this plan include:

- Ensuring the continuous performance of essential functions during an emergency;
- Protecting the safety and productivity of working staff;
- Reducing or mitigating disruptions to operations;
- Addressing behavioral health issues that may affect the organization;
- Pre-planning for potentially critical losses of staff through scheduling, telecommuting, identification of alternate resources, or the reduction or elimination of non-essential tasks;
- Reducing loss of life and minimizing damage and losses;
- Achieving a timely and orderly recovery from the emergency and resumption of normal activities and services to the community.

The Health Agent/Director will assess staffing needs for each essential function and develop a contingency plan to provide for alternative staffing. The plan will include:

- Identification of essential functions (Appendix A);
- Plan to suspend non-essential functions;
- Evaluation of potential occupational health and safety issues related to emergency operations.
- Identification of contractors or other staff options that may alleviate problems resulting from staff loss.
- Identification of work options available through “telecommuting” or other off-site possibilities.
- Assessment of flexible leave options that would allow employees to address family needs while continuing to support the employing organization through a flexible work plan where feasible.
- Written notification to employees as to proposed contingency plans and compensation provisions, if feasible.

- Assessment of union issues surrounding overtime issues and disaster support/sharing of responsibilities among workers.
- Training of workers on an annual basis with regard to contingency planning and the need for personal back up plans for transportation, family needs including child care, etc.
- Provision of behavioral/psychological assistance through an Employee Assistance Program, local or state resources, or health insurance provisions.

Transition of responsibilities according to job function analysis (see Appendix D) will occur throughout the course of an emergency. Re-deployment of personnel should be evaluated on a regular basis to ensure continuity of critical operations. (See Appendix E: Personnel Responsibilities During Emergency Operations)

Responsibilities of Board of Health Members

The responsibilities of the Board of Health and Health Agent will be to provide direction and control. In the event of a public health emergency, such as a infectious disease outbreak or pandemic, the Incident Commander is most likely to be drawn from this group. Board of Health members are responsible for appointing agent(s) to act on their behalf should the incumbent health agent be unavailable for work.

Responsibilities of Professional Personnel

The responsibilities of professional personnel will be to support critical operations as identified by the Board of Health and Health Agent. Professional personnel may be re-deployed to programs requiring assistance outside of their standard functional job definition. In the event of a public health emergency, such as an infectious disease outbreak or pandemic, the ICS Section Chief for Operations is most likely to be drawn from this group.

The Burial Agent will provide information from death certificates to develop mortality data for the community.

Responsibilities of Administrative Personnel

Administrative personnel will be responsible for providing support across the organization for key operations such as personnel timesheets, emergency logs, vital records maintenance including morbidity and mortality data, database management, and similar functions, and may be re-deployed to other programs requiring additional assistance, such as Emergency Dispensing Sites.

Responsibilities of Support Personnel

Support personnel will be responsible for providing services across the organization as necessary, and may be re-deployed to other programs requiring additional assistance.

Responsibilities of Contract Personnel

Contract personnel will be responsible for their assigned job function, but may be re-deployed where feasible across operations.

Operating Hours

During emergency operations, the Health Agent/Director or designated individual will determine the hours of work for personnel.

Communications

All communications systems should be evaluated for interoperability and availability during emergencies. Communications should include at least two independent systems, and at least one of those systems should be independent of the commercial telephone, cell phone, and commercial power systems. It should be assumed that cell phones, land-line phones and faxes, and e-mail (unless within a satellite system on a computer system with back-up emergency power) may not be available during an emergency. More reliable systems to consider for emergency use include radios, GETS (the federal Government Emergency Telephone System), satellite phones and internet service, and the services of RACES (radio amateurs) volunteers.

Cell phone numbers, Push to Talk and Direct Connect numbers, email addresses, and other emergency contact information should be compiled into an emergency communications directory that is readily available to all staff who may be deployed. The directory should include contact information both for BOH and resources outside the BOH necessary to core operations.

Security

Ensure that security provisions are in place for the following:

- personnel
- offices
- dispensing sites
- vital records
- equipment, supplies and materials
- vaccines and medications

Ensure that security provision cover:

- criminal threats, such as assault or theft of medications

- unauthorized entry
- physical damage to premises (flood, fire, tornado, etc.)

Vital Records & Databases

Personnel will be deployed during an emergency to ensure the protection and ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions under the full spectrum of emergencies. Agency personnel must be identified before an emergency in order to have full access to use records and systems to conduct their essential functions. Categories of such records may include:

Emergency Operating Records - Vital records essential to the continued functioning or reconstitution of the BOH during and after an emergency:

- Emergency plans and directives
- Orders of succession
- Delegations of authority
- Staffing assignments
- Records of a policy or procedural nature that provide staff with guidance and Information resources necessary for conducting operations during an emergency and for resuming normal operations at its conclusion
- Contracts for goods and services
- Contracts for support staff
- Official personnel files
- Inventory records
- Morbidity and mortality data
- Emergency time logs
- Emergency logs of actions taken
- Emergency expenditures
- Isolation orders and records
- Quarantine orders and records
- Immunization records
- Prophylaxis records
- Records of other public health directives

Plan Termination

Termination of contingencies will be initiated once staff resources have returned to normal levels and an emergency no longer exists. When sufficient functions have been restored at the original work site or alternative site, (Title/Function) or his/her designated successor can order the termination of contingencies.

Section III: Plan Development, Training, Exercise, and Maintenance

Plan Development and Maintenance

The Health Agent [or Wellfleet Board of Health in the absence of an agent or director] is responsible for the development, annual review, and update of viable contingency plans for continuity of operations for the Wellfleet Board of Health.

Training

All personnel will be trained in the following at least annually:

- this plan
- security protocols (staff, supplies, facilities)
- family emergency planning
- potential emergency re-assignment
- alert and notification of emergencies
- mobilization during emergencies
- maintenance of vital records, including back-ups
- communications
- behavioral health resources
- computer support resources
- volunteer resources
- contract resources

Testing & Exercises

Continuity of operations should be tested at least once a year during the course of an emergency exercise. Elements of the exercise should include:

- Alert and notification of staff
- Mobilization of staff
- Use of all communications systems
- Shift change including briefing and just-in-time training
- Essential functions

Exercises should assume that 40% of the staff is unavailable owing to the emergency. Emergency scenarios should vary from year to year, and should include biological, technological, and natural hazards. Scenario messages indicating which BOH and staff members are unavailable owing to illness, injury, death, family commitments or being out of the area on vacation or professional business must be varied from exercise to exercise and must include all levels of the health department.

Appendix A

Checklist of Essential Functions

Check all the essential functions that apply during the current emergency. Some functions are the permanent responsibility of the Board of Health and others pertain to present emergency conditions. Print new copies of this page and revise as often as needed as the situation changes.

- Epi investigations and reporting
- Implementing isolation and quarantine
- Operation of emergency dispensing site(s)
- Vaccination and prophylaxis for staff and their families
- Small-scale immunization and prophylaxis operations
- Guidance to other local departments (especially police, fire, EMS, building inspectors) on personal protection from infectious disease and environmental hazards
- Guidance to the community on protective actions to be taken against public health hazards
- Risk communication and guidance to the community on protective actions to be taken against public health hazards
- Food inspections
- Environmental sampling

Maintain vital records including:

- Emergency plans and directives
- Orders of succession
- Delegations of authority
- Staffing assignments
- Records of a policy or procedural nature that provide staff with guidance and Information resources necessary for conducting operations during an emergency and for resuming normal operations at its conclusion
- Contracts for goods and services
- Contracts for support staff
- Official personnel files
- Inventory records
- Morbidity and mortality data
- Emergency time logs
- Emergency logs of actions taken
- Emergency expenditures
- Isolation orders and records
- Quarantine orders and records
- Immunization records
- Prophylaxis records
- Records of other public health directives

Staff and office support:

- Computer support
- Behavioral health support
- Meals/coffee during extended operations
- Child care for emergency workers
- Building security
- Vaccine/medication security

Appendix B Order of Succession

The following is an order of succession for Wellfleet Board of Health.

Health & Conservation Agent: Hillary Greenberg
Assistant Health & Conservation Agent: Douglas Guey-Lee
Board of Health Chairman: Kenneth Granlund, Jr
Board of Health Vice Chairman: Janet Drohan
Board of Health member: Gary Locke
Board of Health member: Nick Picarello
Board of Health member: Jed Foley

Also in place are regional MOA's with Truro, Provincetown, and Eastham to share services. The Town of Truro will be contacted first.

Appendix C
Delegation of Authority Form

The Wellfleet Board of Health hereby appoints _____ as Health Agent or Interim Health Agent Or Deputy Health Agent for the Town of Wellfleet effective _____. This appointment is made in response to the current _____ emergency and shall remain in effect for the duration of the emergency and recovery or until Hillary Greenberg, Health Agent, may assume his/her work duties.

Signature

Print Name

Appendix D
Job Function Analysis -- Normal (Non-Emergency) Conditions

This section should include a brief description of job functions for each position listed in Appendix B as well as any other staff. This list should be a brief summary of key functions listed in the employee job descriptions. Job functions should include essential functions under normal (non-emergency) conditions as well as emergency preparedness functions.

Appendix E
Personnel Responsibilities During Emergency Operations

(This section should include all the essential functions that are listed in Appendix A, along with name(s) to whom they have been assigned. Contractors, volunteers, or personnel from other departments may be listed if appropriate. As with Appendix A, this list should be amended at the time of emergency to drop any items that are not essential and to add additional essential tasks)

(Date / Shift)	
Essential Function	Assigned to:
Epi investigations and reporting	
Implementing isolation and quarantine	
Operation of emergency dispensing site(s)	
Vaccination and prophylaxis for staff and their families	
Small-scale immunization and prophylaxis operations	
Guidance to other local departments (especially police, fire, EMS, building inspectors) on personal protection from infectious disease and environmental hazards	
Guidance to the community on protective actions to be taken against public health hazards	
Risk communication and guidance to the community on protective actions to be taken against public health hazards	
Food inspections	

(Date / Shift)	
Essential Function	Assigned to:
Environmental sampling	
Maintaining vital operational records (emergency plans and directives, Orders of Succession, Delegations of Authority, staffing assignments, records of a policy or procedural nature, contracts for goods and services, contracts for support staff, personnel files, Inventory records, emergency time logs, emergency logs of actions taken, emergency expenditures)	
Maintaining vital health records (morbidity and mortality data, isolation orders and records, quarantine orders and records, immunization and prophylaxis records, records of other public health directives)	
Computer support	
Behavioral health support	
Building security	
Vaccine/medication security	
Child care for emergency workers	
Meals/coffee during extended operations	