Continuity of Operations Plan (COOP): Preparing for the Unknown

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Why COOP?
Because we have specialized functions.....

CORE FUNCTIONS AND CAPABILITIES OF STATE PUBLIC HEALTH LABORATORIES

A white paper for use in understanding the role and value of public health laboratories in protecting our nation's health

Association of Public Health Laboratories
... on the front line in protecting our nation's health
SPHL Core Functions

SPHLs should accomplish the following 11 core functions as part of their organizational capacity:

- disease prevention, control, surv.;
- integrated data management;
- reference and specialized testing;
- environmental health and protection;
- food safety;
- laboratory improvement and regulation;
- policy development;
- emergency response;
- public health-related research;
- training and education; and
- partnerships and communication.
The primary objective of the COOP is to establish policies and procedures to be used in the event of an interruption of service to a SPHL. Allows a SPHL to respond or react to an event or emergency, restoring the most time-sensitive operations, and eventually, recovering to full functional capacity are goals that are encompassed in the plan.
Continuity of Operations Plan - Concepts

- A COOP is not a one-time project with an established start and end date. Rather, it is a living document whereby it is essential that information and action plans in the COOP remain viable and current. It should be tested, at a minimum, of once a year, or at a greater frequency as determined by management.

- These plans contain the critical information needed to respond and recover from a disruption.
Why is a COOP needed?

- The primary objective of the COOP is to establish policies and procedures to be used in the event of an interruption of service to a SPHL caused by...
California Earthquake, 1989
Missouri Flooding, 1993
North Carolina Ice Storm, 2002
Nebraska Tornado, 2005
Louisiana Hurricane - Katrina, 2005
1918 Flu Epidemic Emergency
Hospital, Camp Funston, Kansas

Photo Courtesy of National Museum of Health and Medicine, Armed Forces Institute of Pathology

Up to a 40% reduction in workforce?
Laboratory testing needs – will increased capacity be needed?
Every Business Should Have A Plan.

Be Informed.
Do you know what kind of emergencies might affect your company?
Do you know what you will do in an emergency?

Develop a Business Continuity Plan.
Do you review your business continuity plan?
Do you have backup plans for these situations?
Do you know what you will do if your building or plant is not accessible?
Do you know what you will do if your suppliers are impacted by a disaster?
Are you ready for utility disruptions?

Prepare your Emergency Plan.
Do you have an evacuation and shelter-in-place plan?
Do you have a plan to communicate with employees before, during, and after an incident?
Do you have copies of building and site maps with utilities and emergency routes marked?
Are your employees trained for medical emergencies?

Practice the Emergency Plan.
Have you practiced your plan recently?
Do you practice and coordinate with other businesses in your building or industrial complex?
Have you reviewed your plans in the last 12 months?

Review Insurance Coverage.
Have you reviewed your insurance coverage recently to see if you’re covered in a disaster?

Secure Your Facility and Equipment.
Have you secured all the ways people, products and supplies get into your building?
Have you conducted a month-by-month walkthrough to determine what can be stripped down?

Improve Cyber Security.
Do you regularly install patches to your software?
Have you installed a firewall on your computer?
Do you regularly update your antivirus software?

Promote Family and Individual Preparedness.
Do you encourage employees to have a personal emergency supply kit and a family communication plan?

If you answered “No” to any of these questions, visit www.ready.gov and learn how to better prepare your business.
PLAN TO STAY IN BUSINESS

Continuity Of Operations Planning

How quickly your company can get back to business after a terrorist attack or tornado, fire or flood often depends on emergency planning done today. Start planning now to improve the likelihood that your company will survive and recover.

1. Carefully assess how your company functions, both internally and externally, to determine which staff, materials, procedures and equipment are absolutely necessary to keep the business operating.
   - Review your business process flow chart if one exists.
   - Identify operations critical to survival and recovery.
   - Include emergency payroll, expedited financial decision-making and accounting systems to track and document costs in the event of a disaster.
   - Establish procedures for succession of management. Include at least one person who is not at the company headquarters, if applicable.

Click here to view a Sample Emergency Plan
Considerations for COOP

1. MOU’s or MUA’s with local laboratories
2. MOU’s or MUA’s with state partners
3. MOU’S or MUA’S with regional partners
4. Timelines-
   • First 24 to 72 hours
   • 72 hours to ???
   • Long term- weeks to months
Considerations for COOP

1. MOU’s or MUA’s with local laboratories

- Hospital laboratories that do same or similar diagnostic testing
  - Specimen ID and work-up
  - Susceptibility testing
  - Special Chemistry
Considerations for COOP

2. MOU’s or MUA’s with state partners

- In Nebraska for BT/CT-
  - NDA Food Laboratory
  - NHHSS Water Testing Laboratory
    - Soon to have a BSL-3
  - UNL Veterinary Science Laboratory
    - Sentinel Laboratory procedures
Considerations for COOP

3. MOU’S or MUA’s with regional partners
   - Specialized testing done only by SPHLs
     - Newborn screening
     - Salmonella spp. serotyping
   - Specialized BT/CT testing done only by SPHLs
     - C. botulinum toxin testing
     - Variola major virus (smallpox) testing
Mid America Alliance (MAA)

Mutual assistance for public health emergency preparedness
What is the Mid America Alliance:

Purpose:

• Develop a framework for providing mutual assistance between states during a public health crisis that does not initiate a governor declaration of emergency
• Augment EMAC regionally
The work of the MAA:

**PLANNING for regional PH assistance & RESPONSE.**

- Identify and plan for sharing of public health “resources” that can be offered by one or more states for the benefit of their neighbors.... Regional COOP planning.
Examples of need for assistance from neighboring states:

- **Laboratory**
  - Anthrax in regional US mail
  - West Nile virus in adjacent states 2003
  - Pertussis in North Dakota 2005

- **Epidemiology**
  - Mumps Outbreak 2006
  - North Dakota - Anhydrous ammonia spill 2003
  - Nebraska - Outbreak of vaccine preventable disease in rural area 1999
  - Hepatits A in Pennsylvania 2004

- **Cross border events**
  (metropolitan areas)
Considerations for COOP

4. Timelines-
   - First 24 to 48 to 72 hours
   - 72 hours to ???
   - Long term- weeks to months
     - Specimen shipments
     - Personnel issues
     - Results reporting- data exchange
     - Differences in state regulations
Building Sound Public Health Infrastructure and COOP Planning IS Good Domestic Preparedness

- Investing in Resources
- Developing Capacity
- Developing Policy & Procedure COOP Planning
- Training
- Exercising
Planning for Challenges to Clinical Laboratory Operations During a Disaster; A Report

This document provides guidance on steps to be taken by the clinical laboratory to be prepared in the event of an emergency.

An NCCLS report for national application.
Planning for Challenges to Clinical Laboratory Operations During a Disaster; A Report

1 Scope

This guide provides direction for assessing nonanalytic (operational) system components of both clinical and public health testing that may be impaired or at risk of failure in various natural and man-made disasters. Although certain aspects of the report focus upon emergency operational challenges confronting hospital-based laboratories, guidance for clinical laboratories residing in physicians’ offices, medical centers, and reference (independent) laboratories is also provided. With this document, these institutions have a framework to implement a team responsible for reviewing the infrastructures that support both clinical and public health laboratory testing and result reporting. System components that may be affected include:

- test ordering and receipt by the laboratory/phlebotomy team
- patient specimen acquisition and identification
- computer functions
- specimen transportation to the laboratory
- staffing
- analysis
- test result reporting
- reagents and supplies
- usual internal institutional partners for testing support
- test referral, specimen packaging and transportation, and communication to external reference laboratories
- reporting tests of public health importance
- transportation of isolates for public health testing
- communication with the public health laboratory for epidemiologic surveillance
- morgue operations

2 Introduction

Recent events have emphasized an urgent need to expand laboratory, facility, community, state, and national preparedness to include realistic considerations of the types and magnitudes of emergency incidents heretofore thought impossible. Although beneficial, intense planning is proceeding within the government, law enforcement, public health, and medical sectors, this document seeks to recognize and address those preparedness and operational challenges unique to the clinical laboratory. Both detrimental and beneficial potential effects related to the clinical laboratory’s relationship with selected aspects of local community disaster planning are also explored.

Disaster planning and preparedness requires dedicated people, time, and money. Of those three, the first is by far of greatest importance. It is important to understand that much can be accomplished collaboratively and/or voluntarily without direct resource expenditures. For example, virtually expense-free backup emergency communications systems are possible in cooperation with local volunteer communicators using their own equipment. Networking among the participants and potential stakeholders (to be described in this document) during plan development ensures a robust and flexible plan, and also enhances aspects of routine clinical laboratory practice, such as relationships with local public health personnel.

Funding will be required at most facilities to achieve suitable preparedness. While the situation is evolving, funding for hospital and laboratory preparedness may be available through state health...
Continuity of Operations Plan:

- 19 of 50 respondents (38%) indicated that they have a COOP in place.
- 14 (28%) have no COOP but are included in their state’s COOP.
- 17 (34%) of SPHLs do not have a COOP in place and their overall state plan does not address COOP for laboratory operations.
APHL Emergency Planning & Response Committee

- **COOP Subcommittee**
  - Drafting of a COOP Guideline for SPHL based on 11 eleven core functions. It is intended to be a guideline and not a plan because the plans have to be laboratory specific.