



CONTINUITY OF OPERATIONS PLAN (COOP)

Approved by CFDMC Board
June 16, 2020

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NOTICE: This document contains information pertaining to the deployment, mobilization, and tactical operations of Central Florida Disaster Medical Coalition in response to emergencies. It is exempt from public disclosure under Florida state law.

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Promulgation Letter

According to the Office of the Assistant Secretary for Preparedness and Response (ASPR) Health Care Preparedness and Response Capabilities (Capability 3, Continuity of Health Care Service Delivery, Objective 2, Plan for Continuity of Operations, Activity 1, Healthcare Coalition Continuity of Operations), “HCC COOP plans may be an annex to the HCC’s response plan or may take another form. In addition to the topics covered in [Capability 3, Objective 2, Activity 1 – Develop a Health Care Organization Continuity of Operations Plan](#), the HCC COOP plan should include strategies for communications and leadership continuity. The HCC, in coordination with the ESF-8 lead agency, should ensure that communication and coordination systems that are used for incident management are adequately secured, backed up, and have redundant power and server protections. In addition, redundant or backup systems should be identified in case the usual means of coordination (e.g., internet software platform) is unavailable. Backup plans for communications should be understood prior to an emergency and documented in the HCC response plan. HCC leadership may not be available to assist with coordination during an emergency due to illness, injury, or commitments external to the HCC. The HCC COOP plan should detail orders of succession and delegations of authority, and a suitable number of personnel (ideally not from the same organization) should be trained to carry out HCC coordination activities.”

The CFDMC developed its COOP using the BOLDPlanning software.

The Board approved the CFDMC Preparedness Plan update on June 16, 2020

Attestation:

A handwritten signature in black ink, appearing to read 'Eric Alberts', with a long horizontal flourish extending to the right.

Eric Alberts,
CFDMC 2020 Board Chair

Record of Changes & Distribution

Changes	Distribution
Plan Created December 2015	
Draft Update May 2020	Submitted to Members for Input on May 15, 2020 Submitted to Board for Approval on June 16, 2020 Posted to Website on June 30, 2020

1.. INTRODUCTION

Mission Statement:

The mission of the CFDMC is to develop and promote healthcare emergency preparedness and response capabilities in the East Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5), including the following nine counties: Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia Counties. The CFDMC will facilitate healthcare organizations and other partners in working together collaboratively to build, strengthen, and sustain a healthcare preparedness and response system within Central Florida and to assist Emergency Management and Emergency Support Function (ESF)-8 (Health and Medical) with the National Preparedness Goal identified five mission areas: Prevention, Protection, Mitigation, Response, and Recovery as related to healthcare disaster operations. The major goals of the CFDMC are:

- 1) Facilitate information sharing among participating CFDMC Members and jurisdictional authorities to promote common situational awareness;
- 2) facilitate resource support by expediting the mutual aid process or other resource sharing arrangements among CFDMC Members and support the request and receipt of assistance from local, state, and federal authorities;
- 3) facilitate the interface between the CFDMC and appropriate jurisdictional authorities to establish effective support for healthcare system resiliency and medical surge; and
- 4) build and/or strengthen local health capacity and capabilities prior to, during, and after a disaster or emergency.

A. Purpose

This Continuity of Operations Plan (COOP) has been created for the Central Florida Disaster Medical Coalition, also referred to as CFDMC. The Continuity of Operations Plan establishes policy and guidance to ensure the execution of the mission-essential functions for the CFDMC in the event that an emergency threatens or incapacitates operations, or is in anyway a threat to the welfare of patients or staff; and/or the relocation of selected patients, personnel and functions of any critical facilities of the CFDMC are required. Specifically, this COOP is designed to:

- Ensure that the CFDMC is prepared to respond to emergencies, recover from them, and mitigate against their impacts.
- Ensure that the CFDMC is prepared to provide core services in an environment that is threatened, diminished, or incapacitated.
- Provide timely direction, control, and coordination to the CFDMC leadership, patients or staff before, during, and after an event or upon notification of a credible threat.
- Establish and enact time-phased implementation procedures to activate various components of the "Plan".
- Facilitate the return to normal operating conditions as soon as practical, based on circumstances and the threat environment.
- Ensure that the CFDMC COOP is viable and operational, and is compliant with all guidance documents.

- Ensure that the CFDMC COOP is fully capable of addressing all types of emergencies, or "all hazards" and that mission-essential functions are able to continue with minimal or no disruption during all types of emergencies.

B. Applicability and Scope

The provisions of this document apply to the CFDMC and its facilities, clinics, labs and associated institutions. Support from other organizations as described herein will be coordinated with the Executive Director as applicable. This document applies to situations that require relocation of mission-essential functions of the CFDMC as determined by the Executive Director. The scope does not apply to temporary disruptions of service during short-term building evacuations or other situations where services are anticipated to be restored in the primary facility within a short period. The Executive Director will determine situations that require implementation of the COOP.

C. Supersession

These supersession orders are intended at all times to facilitate and prioritize patient care by whatever means necessary. In the event that life threatening emergencies preclude the activation of supersession orders, such orders will be revisited as time permits or addressed in After Action Reports.

This updates the 2015 CFDMC COOP.

D. Authorities

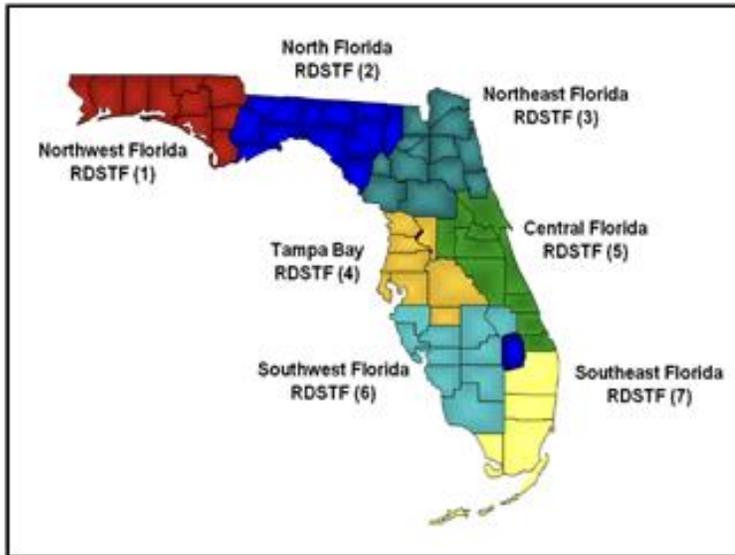
- ADA Title II and III, including, but not limited to, US Code Title 42, Chapter 126:
 - *Title II: State and Local Government Activities* All activities of state and local governments, regardless of the entity's size or receipt of federal funding, are covered. Additionally, state and local governments are required to allow people with disabilities an equal opportunity to benefit from all programs, services, and activities (e.g. public education, employment, transportation, recreation, health care, social services, courts, voting, and town meetings). This includes relocating programs or otherwise providing access in inaccessible older buildings, and communicating effectively with people who have hearing, vision, or speech disabilities.
 - *Title III: Public Accommodations* This title covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are defined as private entities that own, lease, lease to, or operate facilities. This includes restaurants, retail stores, hotels, private schools, convention centers, doctors' offices, homeless shelters, transportation depots, day care centers, and recreation facilities (e.g., sports stadiums and fitness clubs). Transportation provided by private entities is also covered.
- The Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness; Department of Health and Human Services - July 2012. This capabilities guidance helps state, local, HCC, and ESF #8 planners identify gaps in preparedness, determine specific priorities, and develop plans for building, sustaining and reconstituting specific capabilities.

- SaVE Amendment to Clery Act, including Violence Against Women Act (VAWA) Amendments: Title IV, Section 304
- Public Law 104-191: HIPAA: Health Insurance Portability and Accountability Act of (HIPAA) 2009 - Regulates the dissemination of confidential health and personal information as defined by Federal statute and public law. Last updated January 2013.
- OSHA 29CFR1910-120 - Occupational Safety and Health Standards - Subpart H - 1910.120(a)(1)(i) Operations required by a governmental body, whether Federal, state, local or other involving hazardous substances during an emergency or COOP enactment.
- Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, reauthorizes certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness
- Homeland Security Act of 2002, as amended (6 U.S.C. § 101 et seq.).
- Americans with Disabilities Act of 1990 (ADA), Title II and Title III, as amended (42 U.S.C. §§12131-12165, 12181-12189).
- Executive Order 13347, Individuals with Disabilities in Emergency Preparedness, July 22, 2004.
- Presidential Policy Directive 40, National Continuity Policy, July 15, 2016.
- Presidential Policy Directive 8, National Preparedness, March 30, 2011.
- Presidential Policy Directive 21, Critical Infrastructure Security and Resilience, February 12, 2013.

- **F.S. 943.03**

(14) The department, with respect to counter-terrorism efforts, responses to acts of terrorism within or affecting this state, and other matters related to the domestic security of Florida as it relates to terrorism, shall coordinate and direct the law enforcement, initial emergency, and other initial responses. The department shall work closely with the Division of Emergency Management, other federal, state, and local law enforcement agencies, fire and rescue agencies, first-responder agencies, and others involved in preparation against acts of terrorism in or affecting this state and in the response to such acts. The executive director of the department, or another member of the department designated by the director, shall serve as Chief of Domestic Security for the purpose of directing and coordinating such efforts. The department and Chief of Domestic Security shall use the regional domestic security task forces as established in this chapter to assist in such efforts.

Pursuant to Section 943.0312, F.S., there are seven RDSTFs. These task forces serve as the foundation of the state's domestic security structure. RDSTFs are co-chaired by the regional FDLE special agent in charge and one sheriff or police chief from within the region. Each RDSTF consists of local, multi-disciplinary representatives who collectively support the mission. The RDSTFs form the critical link between policy makers at the state level and regional partners faced with the daily challenges of protecting Florida's communities.



In 2015 RDSTF recognized the Central Florida Disaster Medical Coalition as the region's health and medical committee and lead Emergency Support Function Health and Medical (Regional ESF 8 lead).

E. References

- ASPR 2017-2022 Healthcare Preparedness and Response Capabilities
- Department of Homeland Security (DHS) Comprehensive Preparedness Guide 201: Threat and Hazard Identification and Risk Assessment Guide - August 29, 2013 - provides a four-step process for conducting a Threat and Hazard Identification and Risk Assessment. Developing an understanding of its risks from natural, technological, and human-caused threats and hazards, allows a community to make informed decisions about how to manage risk and develop needed capabilities.
- National Disaster Recovery Framework: Strengthening Disaster Recovery for the Nation - September 2011 - provides guidance that enables effective recovery support to disaster-impacted States, Tribes and local jurisdictions.
- National Health Security Strategy and Implementation Plan of 2015-2018
- Comprehensive Preparedness Guidance (CPG) 101, Developing and Maintaining Emergency Operations Plans, Version 2, November 2010.
- Comprehensive Preparedness Guidance (CPG) 201, Threat and Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR) Guide, Third Edition, May 2018.
- Continuity Guidance Circular (CGC), February 2018.
- Federal Continuity Directive 1 (FCD-1), Federal Executive Branch National Continuity Program and Requirements, January 2017.

- Federal Continuity Directive 2 (FCD-2), Federal Executive Branch Mission Essential Functions and Candidate Primary Mission Essential Functions Identification and Submission Process, June 2017.
- National Disaster Recovery Framework (NDRF), Second Edition, June 2016.
- National Fire Protection Association (NFPA) 1600: Standard on Continuity, Emergency, and Crisis Management, 2019 Edition.
- National Incident Management System (NIMS), Third Edition, October 2017.
- National Planning System, February 2016.
- National Preparedness Goal, Second Edition, September 2015.
- National Response Framework (NRF), Third Edition, June 2016.
- Florida Emergency Operations Plan.
- The 2019 Florida Statutes 943.03 Department of Law Enforcement.

F. Policy

The CFDMC recognizes and acknowledges that the protection of its assets and business operations is a major responsibility to its staff, patients the region it serves. Therefore, it is the policy of the CFDMC that a viable COOP be established and maintained to ensure high levels of service quality and availability. It is also a policy of the CFDMC to protect life, information, and property, in that order. To this end, procedures have been developed to support the resumption of time-sensitive operations and functions in the event of their disruption at the facilities identified in this plan. The CFDMC is committed to supporting service resumption and recovery efforts at alternate facilities, if required. Likewise, the CFDMC and its management are responsible for developing and maintaining a viable COOP that conforms to acceptable insurance, regulatory, and ethical practices and is consistent with the provisions and direction of other CFDMC policy, plans, and procedures. It is the responsibility of healthcare sector partners to continuously collaborate during recovery planning to minimize the impact of future events. A lean forward doctrine ensures both stakeholder engagement and that the best practices are employed in a useful way.

II. CONCEPT OF OPERATIONS

A. Objectives

The objective of this COOP is to ensure that a viable capability exists for CFDMC to continue essential functions across a wide range of potential emergencies, specifically when the primary facility is either threatened or inaccessible. The objectives of this COOP include:

- To ensure the continuous performance of essential functions/operations during an emergency.
- To protect essential facilities, equipment, health records, and other assets.
- To reduce or mitigate disruptions to operations.
- To minimize the public's need to seek refuge or burden local providers when avoidable, and assist local shelters, agencies and other providers in serving the region.

- To reduce loss of life, minimize damage and losses.
- To identify and designate principals and support staff to be relocated.
- To facilitate decision-making for execution of the COOP and the subsequent conduct of operations.
- To achieve a timely and orderly recovery from the emergency and resumption of full service to all patients, clients, or residents.

B. Planning Considerations and Assumptions

In accordance with continuity guidelines and emergency management principles/best practices, a viable COOP capability for any healthcare industry:

- Must be maintained at a high-level of readiness.
- Must be capable of implementation, both with and without warning.
- Must be operational no later than 12 hours after activation.
- Must maintain sustained operations for up to 30 days.
- Should take maximum advantage of existing local, private sector, Florida or federal government infrastructures.

C. COOP Execution

This section outlines situations that can potentially lead to activation of the COOP due to emergencies or potential emergencies that may affect the ability of the CFDMC to perform its mission-essential functions from its primary and other essential facilities. This section also provides a general description of actions that will be taken by the CFDMC to transition from normal operations to COOP activation.

COOP Activation Scenarios

The CFDMC is primarily a virtual organization. Staff members primarily work from home. In the loss of power or Internet, the CFDMC has designated alternate locations for staff and would not require activation of the COOP.

The following scenarios would likely require the activation of the CFDMC COOP:

- The primary facility or any other essential facility of the CFDMC is closed for normal operations as a result of an event or credible threat of an event that would preclude access or use of the facility and the surrounding area.
- The area in which the primary facility or any other essential CFDMC facility is located is closed for normal operations as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military threat or attack. Under this scenario, there could be uncertainty regarding whether additional events such as secondary explosions or cascading utility failures could occur.

The following scenario would NOT require the activation of the CFDMC COOP:

- The primary facility or any other essential facility is temporarily unavailable due to a sudden emergency such as a fire, bomb threat, or hazardous materials emergency that

requires the evacuation of the facility, but only for a short duration that does not impact normal operations, typically deemed less than 12 hours with the ability to relocate critical patients or access them in a manner that does not endanger staff.

COOP Activation

The following measures may be taken in an event that interrupts normal operations, or if such an incident appears imminent and it would be prudent to evacuate the primary facility or any other essential facility as a precaution:

- The Executive Director may activate the COOP to include activation of the alternate facility.
- The Executive Director will direct some or all of the COOP Teams to initiate the process of relocation to the alternate facility (see Sections II-D and II-F). The COOP Teams will be notified using the notification procedures outlined in Section IV of this document.
- The COOP Teams will initiate relocation to the alternate facility site and will ensure that the mission-essential functions of the closed primary or other impacted facility are maintained and capable of being performed using the alternate facility and available resources, until full operations are re-established at the primary/impacted facility.
- CFDMC staff members who do not have specific COOP assignments may be called upon to supplement the COOP Team operations.
- Representatives from other government or private organizations may also be called upon to support COOP operations.
- The COOP Teams and their members will be responsible for ensuring the continuation of the mission-essential functions of the CFDMC within 12 hours and for a period up to 30 days pending regaining access to the affected facility or the occupation of the alternate facility.

**** Section IV of this document provides additional detail on the procedures that will be used for COOP activation and implementation.*

Incidents could occur with or without warning and during duty or non-duty hours. Whatever the incident or threat, the CFDMC COOP will be executed in response to a full range of disasters and emergencies, to include natural disasters, terrorist threats and incidents, and technological disruptions and failures. In most cases, it is likely there will be a warning of at least a few hours prior to an incident. Under these circumstances, the process of activation would normally enable the partial, limited, or full activation of the COOP with a complete and orderly alert, notification of all personnel, and activation of the COOP Teams.

Without warning, the process becomes less routine and potentially more serious and difficult. The ability to execute the COOP following an incident that occurs with little or no warning will depend on the severity of the incident's impact on the physical facilities, and whether personnel are present in the affected facility or in the surrounding area. Positive personnel accountability throughout all phases of emergencies, including COOP activation, is of utmost concern, especially if the emergency occurs without warning, during duty hours.

**** Section II-I of this document provides additional information on warning conditions and related procedures.*

D. Time-Phased Implementation

In order to maximize the preservation of life and property in the event of any natural or man-made disaster or threat, time-phased implementation may be applied. Time-phased implementation is used to prepare and respond to current threat levels, to anticipate escalation of those threat levels and, accordingly, plan for increased response efforts and ultimately full COOP activation and facility relocation. The extent to which time-phased implementation will be applied will depend upon the emergency, the amount of warning received, whether personnel are on duty or off-duty at home or elsewhere, and, possibly, the extent of damage to essential facilities and their occupants. The Disaster Magnitude Classification definitions may be used to determine the execution level of the COOP. These levels of disaster are defined as:

- **Minor Disaster** - Any disaster that is likely to be within the response capabilities of local government and results in only minimal need for state or federal assistance.
- **Major Disaster** - Any disaster that will likely exceed local capabilities and require a broad range of outside resource support including state or federal assistance. The State of Florida Emergency Management Agency and the Federal Emergency Management Agency (FEMA) will be notified and potential state and federal assistance will likely be predominantly recovery-oriented.
- **Catastrophic Disaster** - Any disaster that will require massive state and federal assistance. State and federal assistance will involve response and recovery needs.

As described in Section II-C of this document, COOP activation applies to events or incidents impacting a facility where mission-essential functions are performed to the point that the facility is unable to continue to perform those functions for a duration that will affect normal operations. Using the Disaster Magnitude Classification above, it is possible that a minor disaster would not render a facility unusable. However, minor disasters can escalate into major disasters, and even into catastrophic disasters. Conversely, events that are of short duration and do not impact normal operations (e.g., require a building evacuation only) must also be handled as though they could escalate into a more serious situation. Time-phased implementation of the COOP is a way to be prepared for all levels of emergency/potential emergency scenarios that may or may not require relocation of the primary or other essential facility. This implementation method allows the individual(s) responsible for making decisions to be prepared to fully activate the COOP on very short notice, if necessary, but not prematurely activate the COOP for situations such as the building evacuation-only scenario described above. Listed below is a general summary of the sequence of events that can be followed using time-phased implementation of the COOP:

Phase I – Activation (0 to 12 hours)

During this phase, alert and notification of all employees, COOP Teams, and other organizations identified as “critical customers” (e.g., vendors or public/private entities that may provide resource support) will take place. The decision will be made at this point whether to shelter in place or consider alternate facilities. This choice will be based on the operational risk, liability considerations, patient safety, and access and functional need population resources. It is during this phase that the transition to alternate operations at the alternate facility begins if deemed necessary. However, if events turn out to be less severe than initially anticipated, the time-phased COOP activation may terminate during this phase and a return to normal operations will take place.

Phase II – Alternate Operations (12 hours to Termination)

During this phase, the transition to the alternate facility is complete and the performance of mission-essential functions should be underway. Also during this phase, plans should begin for

transitioning back to normal operations at the primary facility or other designated facility.

Phase III – Reconstitution and Termination

During this phase, all personnel, including those that are not involved in the COOP activation, will be informed that the threat or actual emergency no longer exists and instructions will be provided for resumption of normal operations.

**** Section IV of this document covers more detailed, specific time-phased implementation procedures that will be followed during COOP activation and execution.*

E. Key Staff and Accelerated Compensation for Critical COOP Services

The CFDMC administration and staff that relocate to the alternate facility must be able to continue operations and perform mission-essential functions for up to 30 days with adequate resource support. Specific CFDMC management and staff will be appointed to serve on COOP Teams to support COOP activations and relocation. It is important that COOP Teams and corresponding responsibilities are established prior to COOP activations so team members can be trained on their team roles and responsibilities. Depending upon the nature and severity of the event requiring COOP activation, the roster and size of the COOP Teams may be adjusted by the Executive Director (Lynne Drawdy) as necessary.

**** Annex A provides a description of each COOP Team developed for the CFDMC COOP including each team member's role and contact information. Annex O provides a complete list of contact information of CFDMC staff and vendors of those that are designated "Key Staff" in the Contacts portion of this planning tool. ****

Because alternate facility space and support capabilities may be limited, staff and providers may need to be restricted to those specific personnel who possess the skills and experience needed for the execution of mission-essential functions. Staff may be directed to move to other facilities or duty stations, or may be advised to remain at or return home, pending further instructions. Individuals may be used to replace unavailable staff or to augment the overall COOP response. COOP activation will not, in most circumstances, affect the pay and benefits of the CFDMC management and staff.

The Medicare accelerated payment provisions for all of Part A healthcare providers, will ensure payment is received as soon as possible after services have been provided, but before a provider submits a claim to CMS. There are three situations that may justify accelerated payment:

1. A delay in payment from the Fiscal Intermediary for covered services rendered to beneficiaries whereby the delay causes financial difficulties for the healthcare provider;
2. Highly exceptional situations where a healthcare provider has incurred a temporary delay in its bill processing beyond the healthcare providers normal billing cycle; or
3. Highly exceptional situations where CHS deems an accelerated payment is appropriate.

Medicare/Medicaid Waivers may also be instituted as deemed appropriate under Section 1135 Waiver standards relevant to the Stafford Act or National Emergencies Act.

**** Section IV of this document covers more detailed, specific time-phased implementation procedures that will be followed during COOP activation and execution.*

F. Alternate Facility

The determination of 1) the appropriate alternate facility for relocation, and 2) whether to relocate the CFDMC to the alternate facility will be made at the time of activation by the Executive Director; the decision will be based on the incident, threat, risk assessments, and execution timeframe. Arrangements should be made with the directors and management of all pre-identified alternate facilities to appoint an Alternate Facility Manager who will be responsible for developing site support procedures that establish the requirements for receiving and supporting the patients, faculty, administration and staff of the CFDMC.

To ensure the adequacy of assigned space and other resources, all locations currently identified as alternate facilities and those being considered for alternate facility locations should be reviewed by the CFDMC management on an annual basis. The Executive Director and associated COOP Team Chiefs will be advised of the findings of this review and made aware of any updates made to the alternate facility details.

In conducting a review of an existing alternate facility to determine its adequacy for supporting the operation of mission-essential functions, the following should be considered:

- Ensure that the facility has sufficient space to maintain and support the CFDMC.
- Ensure that the facility, along with acquired resources, are capable of sustaining operations for performing mission-essential functions for up to 30 days.
- Ensure that the facility meets building standards for healthcare facilities (wheelchair access, door width, hallway width), when applicable, according to your facility's requirements.
- Ensure that the facility has reliable logistical support, services, and infrastructure systems (e.g., electrical power, fiber optic cable, security, heating/ventilation/air conditioning (HVAC), water/plumbing), food, kitchen or demographic and religious dietary requirement facilities.
- Ensure that personal convenience and comfort considerations (including toilet facilities) are given to provide for the overall emotional well-being of staff.
- Ensure that adequate physical security, credentialing and access controls are in place including medication storage areas under the control of a registered nurse or regional equivalent.
- Ensure that the alternate facility is not in the same immediate geographical area as the primary facility, thereby reducing the likelihood that the alternate facility could be impacted by the same incident that impacts the primary facility. At least one facility should be no closer than 50 miles away.
- Ensure evacuation routes and alternative routes have been identified and proper authorities are notified and agreed. Ensure these are access and functional needs compliant.
- Consider cooperative agreements such as Memoranda of Understanding (MOUs)/Mutual Aid Agreements with other healthcare providers or contract agreements with vendors who provide services such as virtual office technologies.

**** Annex B provides the location of the CFDMC alternate facility sites and additional information on alternate facility requirements.*

G. Mission-Essential Functions

In planning for COOP activation, it is important to establish operational priorities prior to an emergency to ensure that the CFDMC can complete the mission-essential functions that are critical to its overall operation. The Executive Director and associated COOP Teams shall ensure that mission-essential functions can continue or resume as rapidly and efficiently as possible during an emergency relocation. Any task not deemed mission-essential must be deferred until additional personnel, time, or resources become available. CFDMC has identified a comprehensive list of mission-essential functions.

**** Annex C provides a complete list of prioritized mission-essential functions identified for CFDMC.*

H. Delineation of Mission-Essential Functions

To ensure that mission-essential functions referenced in Section II-G are effectively transferred to the alternate facility and continued with minimal interruption, it is imperative that each function have qualified staff and resources assigned to it. The CFDMC COOP should be formed with mission-essential functions in mind. As the COOP is developed, specific staff should be matched up to each of the mission-essential function(s) within the plan. Alternate or cross trained providers and staff should be made available in succession lists, or tiered priority so that potential staff shortages are addressed in advance. These staff will be assigned to perform these specific mission-essential functions at the alternate facility during COOP activations. The staff working at the alternate facility must be able to ensure that mission-essential functions are carried out. In some cases, the number of staff assigned to the alternate facility may be limited due to lack of facility resources and/or reduced capacity. State and federal guidelines for staff to patient ratios must be taken into account during the development of alternate facilities and staffing.

**** Annex C provides a complete prioritized list of mission-essential functions for CFDMC. Each mission-essential function includes a breakdown of estimated personnel requirements and estimated equipment requirements needed to ensure the continuation of that specific mission-essential function during COOP activations.*

I. Warning Conditions

When planning and preparing for emergencies that may require activation of the COOP, a wide range of scenarios must be considered. Impending events such as hurricanes or winter storms may provide ample warning for notification of staff and identification and pre-positioning of resources in preparing for possible COOP activation; other types of events such as earthquakes or terrorist events, may provide no warning.

- **With Warning** - It is expected that, in most cases, the CFDMC will receive a warning of at least a few hours prior to an event. This will normally enable the full execution of the COOP with a complete and orderly alert, notification, and/or deployment of the COOP Teams to an assembly site or the alternate facility.
- **Without Warning** - The ability to execute the COOP following an event that occurs with little or no warning will depend on the severity of the emergency and the number of personnel impacted. If the deployment of the COOP Teams is not feasible because of the unavailability or loss of personnel, including the Executive Director (Lynne Drawdy), temporary leadership of the CFDMC will be passed to the CFDMC Executive Leadership RDSTF Co-Chair-Executive Committee, as identified in Section II-J of this document.
- **Duty Hours** - If an event or incident occurs during work hours, which requires relocation of the primary facility, the COOP will be activated and available members of the COOP

Teams will be deployed as directed to support operations for the duration of the emergency. Those individuals who do not have assigned roles in the COOP, will either be sent home or possibly used to provide support to the COOP Teams, if additional assistance is required.

- **Non-Duty Hours** - The ability to contact members of the COOP Teams at all times during duty hours or non-duty hours is critical for ensuring that the COOP can be activated quickly if needed. Procedures must be in place that account for notifying and mobilizing (if necessary) the COOP Teams on extremely short notice.

**** Section II-L of this document provides additional information and procedures to be followed based on warning conditions. Section IV-C of this document provides staff activation procedures for duty hours and non-duty hours. Annex F provides detailed instructions regarding Alert Notification Procedures for the CFDMC.*

J. Direction and Control

Lines of succession should be maintained by all leadership elements contained within the CFDMC to ensure continuity of mission-essential functions. Lines of succession are to be provided to a minimum depth of three positions at any point where policy and directional functions are carried out.

Authorized successors to the Executive Director are specified as follows:

1. RDSTF Co-Chair-Executive Committee - CFDMC Executive Leadership
2. Board chair - CFDMC Executive Leadership
3. Project Manager - CFDMC staff - Project Management

Each organizational element should pre-delegate authorities for making policy determinations and decisions. All such pre-delegations will specify what the authority covers, what limits may be placed upon exercising it, who (by title) will have the authority, and under what circumstances, if any, the authority may be delegated.

The Executive Director and/or their designee are responsible for ordering activation of the COOP. Members of the COOP Teams may be requested by the Executive Director to disseminate COOP guidance and direction during the activation and relocation phases. Pending the activation of the COOP, the COOP Teams Chiefs will monitor the situation and assist in the notification process, as necessary.

Once the COOP is activated, the appropriate officials should be notified and requested to provide any previously agreed upon assistance to the CFDMC.

**** Annex D provides information regarding Lines of Succession. Annex E provides information regarding Delegations of Authority.*

K. Operational Hours

During COOP contingencies, the Executive Director will determine the hours of operation for the COOP Teams and staff. Members of the COOP Teams must be prepared to support a 24-hour-per-day, 7-day-per-week operations as dictated by healthcare needs.

L. Alert Notification Procedures

If the situation allows for warning, staff may be alerted prior to activation of the COOP. In all situations allowing for an advanced alert, procedures should be in place and trained upon for effective notification to the CFDMC key staff members and appropriate officials.

The COOP Teams should be prepared for rapid deployment upon activation via special prearranged notification procedures. These instructions will denote explicit actions to be taken, including the location of the assembly site and/or the designated alternate facility location.

The Executive Director will direct the activation of the COOP. Upon activation of or notification to activate the CFDMC COOP, telephone, email, and other methods of communication designated by the CFDMC may be used to notify its key staff and personnel.

**** Annex F provides complete details for Alert Notification procedures for the CFDMC.*

III. PROCEDURES

A. Personnel Coordination

Procedures should be in place to address any personnel issues that may arise among those individuals who will be responsible for implementing the COOP, as well as, those who do not have specific COOP roles; but may be called upon during COOP activation. Listed below are personnel resources and capabilities in place at the CFDMC to ensure that emergency and non-emergency staffs are prepared when disasters strike, either with or without warning:

- Communications Plan for emergency and non-emergency staff
- Health, safety, and emotional well-being of all employees and their families
- Pay status and administrative leave issues
- Medical, special needs, and travel issues

Issues will be managed by the Executive Director and based on the Policies and Procedures of the CFDMC.

B. Vital Records and Resources

Vital records and resources identified as critical to supporting mission-essential functions have been identified within the COOP and will be maintained, updated, and stored in secure offsite locations. In addition, procedures will be developed to ensure that records are maintained and updated regularly. Procedures will also identify how these vital records and resources will be made available to personnel for use in completing mission-essential functions. Identified below are different categories of vital records and resources.

Vital records essential to the continued operation or reconstitution of the CFDMC during and after a continuity disruption may include:

- Emergency plans and directives
- Orders of succession (Annex D)
- Delegations of authority (Annex E)

- Staff roster (Annex O)
- Staffing assignments
- Records of a policy or procedural nature that provide staff with guidance and information or resources necessary for conducting operations during any emergency and for resuming formal operations at its conclusion

Vital records critical to carrying out the CFDMC legal and/or financial mission-essential functions and activities may include:

- Accounts receivables / Accounts payable documentation
- Contracting and secured vendor files
- Personnel files / Human Resource Records
- Payroll documentation / Social Security documentation
- Imaging assets and patient record access
- Insurance records
- Property management and medical supply records

**** Annex G provides additional information on vital records and provides identification, location, and backup capabilities of CFDMC vital records necessary for performing mission-essential functions.*

C. Pre-Positioned Resources

It is strongly encouraged that essential items, such as medical office supplies, PPE, EMR accessible devices, vital records, and other critical resources be pre-positioned at the alternate facility or other off-site location to facilitate relocation during COOP events. The pre-positioned resources should be carefully inventoried and regularly maintained by the Alternate Facility Manager or his/her designee to ensure that there is a clear understanding of what resources are identified as pre-positioned at the alternate facility and what additional resources need to be acquired during COOP events. Security of any resources that may contain patient sensitive information at the alternate facility must be adequately secured.

D. Go Kits

The Executive Director is responsible for providing guidance to staff on the necessity of Go Kits and the contents of these kits. Go Kits may contain items such as internal mobile phones, tablets, forms, publications, and other necessary resources that can be stored in a manageable manner. Checklists need to be developed for the various Go Kits developed for CFDMC to help ensure the inclusion of all necessary contents.

It is strongly encouraged that essential items and data be pre-positioned at the alternate facility or other off-site location instead of being carried within Go Kits, because COOP Team personnel and staff may be at home when the order to relocate is given. Access to the Go Kits may be difficult or impossible. Items to consider including in these kits:

- State/local regulations; statutes and administrative codes
- Emergency plans/procedures

- List of positions to be filled and procedures needed to continue mission-essential functions
- Laptop(s)/tablets with necessary forms/plans/procedures installed
- Office supplies to support operations for the initial period of relocation.

In addition to “official” items carried in the Go Kits, each staff member relocating to the alternate facility should consider bringing appropriate personal items and changes of clothing, uniforms or scrubs for situations of relocation of significant distances. In addition, staff should relocate with their CFDMC identification badge for entry into the alternate facility.

**** Annex H provides additional information on specific Go Kits that have been developed for CFDMC and their contents.*

E. Telecommunications and Information Systems Support

Interoperable communications or the ability for the CFDMC staff to communicate with individuals internal and external to the organization is critical during COOP events. Internal and external communications that will be used within the CFDMC and its alternate facilities to communicate with officials, emergency response organizations, the media, and/or the public are identified in detail in Annex I. These devices or mechanisms should remain HIPAA compliant whenever the communication of sensitive information is possible; the protection of patient privacy and security during an event is given priority to expediency except in cases of life threatening emergencies.

Access to critical information systems that are used to accomplish mission-essential functions during normal operations from the primary facility should also be arranged for accessibility at the alternate facility. In order for these systems to be accessible, connectivity must be in place at the alternate facility and system servers should be backed up on a daily basis at more than one location. For the CFDMC, the Executive Director maintains the information systems and ensures that the systems are backed up on a daily basis. In addition, the Executive Director ensures that connectivity exists at the alternate facility. The Executive Director will also provide systems technical support during COOP activations.

The telecommunications and information systems capabilities at the CFDMC alternate facility are sufficient for the performance of mission-essential functions under the COOP.

The following is a checklist that may be used for planning telecommunications and information systems requirements:

- Plans should address all three types of communication (internal, external, and mobile).
- Plans should include the development of telephone trees.
- Plans should consider use of a hotline number.
- Plans should consider radio communications using available staff with radios.
- Plans should recognize different needs ranging from a one-hour emergency to an extended emergency.
- Plans should consider the use of a communication center to serve as a hub for communication needs of all local users.

- Plans should strategize for situations in which all communications systems are unavailable.

At a minimum, all COOP Team Members should have cell phones and/or pagers.

**** Annex I provides additional information on telecommunications and information systems.*

F. Transportation, Lodging, and Food

Policies and procedures should be developed that consider transportation, lodging, and feeding of staff working from the alternate facility. During COOP activations, staff members will likely prefer to use their individual vehicles for transportation to the alternate facility; however, in the event that they are not able to do so, an alternate transportation plan should be in place. Procedures for lodging and feeding arrangements should also be developed. All of the items mentioned above can be accomplished by arranging agreements with other agencies or non-profit organizations. Also, it is a good practice to have agreements with pre-identified private vendors to provide support on very short notice during COOP events.

Food requirements for patients, if applicable, are discussed in mission essential functions as well. These should take into account dietary restrictions and medical guidelines (diabetic, food allergies, etc.), as well as religious or demographic concerns (halal, kosher, vegetarian).

The CFDMC has procedures that address food, lodging, and purchasing for COOP events.

G. Security and Access Controls

The Executive Director will ensure that all four types of security are addressed and in place at the alternate facility: operational, information systems/cyber, physical, and access controls. Due to the sensitive information contained in the COOP, the Executive Director will also ensure that distribution of the COOP is limited and that an account of those who have access to the plan is maintained.

The Executive Director will ensure the following:

- Plans and procedures shall establish a goal of duplicating the level of security established at the vacated primary facility to the alternate facility.
- Alternate technologies, including video technology, may be considered for security.
- Augmentation of security will be addressed, based on the emergency or threat, to include considerations for using local law enforcement, private vendors, or other resources.

**** Annex J identifies security measures currently in place for CFDMC and provides guidelines for arrangements of security measures at alternate facilities.*

H. Personal and Family Preparedness

All staff, including those individuals actively involved in COOP events or not officially assigned a role during COOP activations should be prepared for and aware of COOP activation procedures. To assure that all employees are prepared for COOP events, training should be a part of the CFDMC orientation for new staff and should be regularly conducted (at least annually) for all existing staff. The training should focus on preparing employees for situations in which they will not be able to work from their primary facility. The training should advise staff on how to be personally prepared by developing “personal go-kits” as well as emphasize the need for Family Disaster Planning to ensure families are prepared for all types of emergencies,

including COOP activations.

**** Annex K provides a Family Disaster Plan developed by the Federal Emergency Management Agency (FEMA) that can be used as a guideline for families to prepare for COOP events. It is suggested that these Family Disaster Plan guidelines be distributed to all CFDMC staff on an annual basis.*

I. Site Support Procedures

Site support responsibilities are those tasks that must be conducted to ensure the readiness of the alternate facility and the continued functional operation of the facility during the entire duration of COOP activation. These responsibilities include ensuring that an alternate Facility Manager is appointed and that procedures are in place and are followed to ensure a smooth transition to alternate facility operations. These responsibilities also include a planned transition back to normal operations once the emergency situation has passed.

IV. ACTIVATION - PHASE I

The following procedures are suggested as guidelines to follow for COOP activations. They may be adopted or modified as needed to fit with internal requirements. In general, the following procedures are to be followed in the execution of the COOP. The extent to which this will be possible will depend on the event, the amount of warning received, whether personnel are on duty or off-duty, and the extent of damage to the impacted facilities and their occupants. This COOP is designed to provide a flexible response to multiple events occurring within a broad spectrum of prevailing conditions. The degree to which this COOP is implemented depends on the type and magnitude of the events or threats.

A. Alert and Notification Procedures

The CFDMC notification process related to COOP activation should allow for a smooth transition of the COOP Teams to an alternate facility in order to continue the execution of mission-essential functions across a wide range of potential events. Notification may be in the form of one of the following:

- A COOP alert to the COOP Team members that relocation is anticipated or is imminent.
- An announcement of a COOP activation that 1) directs the COOP Team members to report immediately to an assembly site or a designated alternate facility, and 2) provides instructions regarding movement, reporting, and transportation details to an assembly site or a designated alternate facility.
- Instructions to COOP Team members to prepare for departure and relocation to a designated alternate facility and instructions to staff.
- Upon receipt of a COOP alert from the Executive Director or a designated successor, staff alert and notification procedures (see Annex F) are initiated.

B. Initial Actions

Based on the situation and circumstances of the event, the Executive Director will evaluate the capability and capacity levels required to support the current mission-essential functions of the impacted facility(ies) and, if selected, initiate actions for relocation to the appropriate alternate facility. These actions include measures to be taken in anticipation of COOP activation and actions to be taken upon COOP activation. Once COOP activation is initiated, procedures must be considered for both duty hours and non-duty hours.

In cases where COOP activation is anticipated, the Executive Director:

- Notifies the designated alternate Facility Manager to prepare for the relocation of the impacted facility and to prepare the appropriate alternate facility for operations.
- Issues a COOP alert to the COOP Team Chiefs that relocation is anticipated. COOP Team Chiefs instruct their team members and personnel to prepare for COOP activation.
- Notifies emergency officials, if appropriate, that relocation of the facility is anticipated.

In cases where COOP activation is ordered:

- The Executive Director coordinates the immediate deployment of the COOP Teams to an assembly site or the designated alternate facility.
- The Executive Director notifies the designated alternate Facility Manager to immediately initiate relocation efforts of the impacted facility and to prepare the appropriate alternate facility for operations.
- The Executive Director provides instructions and guidance on operations and the location of the alternate facility.
- The Alternate Facility Manager provides regular updates to the Executive Director regarding the status of alternate facility activation/readiness.

The following notification procedures are initiated:

- The Executive Director notifies emergency officials, if appropriate, that relocation of the facility has been ordered and is in progress.
- All designated staff members (see Annex F – Notification Procedures) initiate their respective COOP notification cascades.
- Designated COOP Team members report to an assembly site or deploy to the designated alternate facility to assume mission-essential functions.
- All staff members who have established Go Kits ensure that they are complete, with current documents and equipment, and commence movement of the resources.
- As delegated in Annex A, COOP Team members assemble the remaining documents and other assets as required for the performance of mission-essential functions and begin preparations for the movement of these resources.
- All personnel and sections of the impacted facility or facilities should implement normal security procedures for areas being vacated.
- Security and other designated personnel of the impacted facility should take appropriate measures to ensure security of the facilities and equipment or records remaining in the building.

C. Activation Procedures During Duty Hours

- The Executive Director notifies the COOP Team Chiefs of the event requiring activation of the CFDMC COOP.

- The Executive Director activates the COOP and notifies the appropriate alternate Facility Manager(s).
- Notification procedures identified in Annex F are conducted.
- The Executive Director directs members of the COOP Teams to begin movement to an assembly site or to the designated alternate facility immediately.
- The COOP Teams immediately deploy to an assembly site or a designated alternate facility to assume mission-essential functions.
- Personnel who do not have active COOP response roles may be instructed to go home or relocate to another specified location pending further guidance.
- Additional tasks identified above in Section IV-B that are not yet completed are completed in their entirety.

D. Activation Procedures During Non-Duty Hours

- The Executive Director is notified that an event requiring COOP activation is anticipated or underway.
- The Executive Director then notifies the COOP Team Chiefs of the event requiring activation of the CFDMC COOP.
- The Executive Director activates the COOP and notifies the appropriate alternate Facility Manager.
- Notification procedures identified in Annex F are conducted.
- The Executive Director directs members of the COOP Teams to begin immediate movement to an assembly site or to the designated alternate facility.
- The COOP Teams immediately deploy to an assembly site or a designated alternate facility to assume mission-essential functions.
- Personnel who do not have active COOP response roles are directed to remain at home pending further guidance.
- Additional tasks identified above in Section IV-B that are not yet completed are completed in their entirety.

E. Deployment and Departure Procedures

The Executive Director will determine full or partial deployment to the designated alternate facility of any mission-essential functions that are critical to operations at the time the CFDMC COOP activation is ordered. This determination will be based on the severity of the event and the level of threat. The following actions establish general administrative procedures to allow for travel and transportation to the alternate facility. Specific instructions will be provided at the time a deployment is ordered.

COOP Team members will immediately begin deployment, taking with them all office Go Kits, if applicable, and their personal go-kits. Team members will most likely use privately-owned vehicles for transportation to the designated facility. Specific instructions will be provided at the time of activation.

All other personnel not designated to serve on COOP Teams at the impacted facility at the time of an emergency notification will be directed to proceed to their homes to await further instructions. At the time of notification, any available information will be provided regarding routes that should be used to depart the facility or other appropriate safety precautions. During non-duty hours, these personnel will remain at their homes pending further guidance.

F. Transition to Alternate Operations

Following the activation of the COOP and establishment of communications links with the Executive Director and COOP Teams at an assembly site or the designated alternate facility, the Executive Director orders the cessation of operations at the primary facility.

The Executive Director will then notify emergency officials, as appropriate, that an emergency relocation of the CFDMC facility is complete. The Executive Director will then provide information on the alternate facility location, including contact numbers.

As appropriate, government officials, media, outside customers, vendors, and other service providers are notified by the CFDMC Public Information Officer or other designated person(s) that the CFDMC primary facility has been temporarily relocated.

G. Site Support Responsibilities

Following notification that a relocation of the CFDMC facility has been ordered or is in progress, the appropriate alternate Facility Manager will implement the COOP Site support procedures and prepare to receive the COOP Teams within 12 hours.

V. ALTERNATE OPERATIONS - PHASE II

A. Execution of Mission-Essential Functions

Upon activation, the COOP Teams will begin providing support for the following functions:

- Ensure that mission-essential functions (see Annex C) are reestablished as soon as possible.
- Monitor and assess the situation that required the relocation.
- Monitor the status of personnel and resources.
- Establish and maintain contact with emergency officials, as appropriate, or other designated personnel.
- Plan and prepare for the restoration of operations at the impacted facility or other long-term facility.

B. Establishment of Communications

The ability to communicate with internal and external resources during COOP events will be vital to the operations of the CFDMC. Internal and external resources could include CFDMC providers, patient families, partner organizations, emergency responders, vendors, the media, and/or the public.

The Executive Director in coordination with the Executive Director will ensure all necessary and preplanned communications and information systems are established, adequate, and functioning properly. The Executive Director will service and correct any faulty or inadequate

communications systems. The Executive Director personnel will ensure connectivity of information systems and will service any faulty or inadequate information systems.

**** Annex I provides additional information on communications capabilities of the CFDMC.*

C. COOP Team Responsibilities

A critical planning component within the CFDMC COOP is the development of COOP Teams and team member responsibilities. The COOP Teams can consist of internal staff to the CFDMC, as well as external staff, vendors, and/or other organizations that may assist during COOP events. For each COOP Team, team members are appointed and given specific instructions regarding their roles on the team. It's important that COOP Teams are developed prior to a COOP event so COOP Team members have awareness of their roles on these teams and can be trained on their responsibilities in preparation of potential COOP events.

The following is a list of COOP Teams and their team descriptions for the CFDMC COOP:

Continuity Team - In preparation for potential continuity events, Continuity Team members are responsible for attending continuity meetings as scheduled, reviewing and updating the organization's or departments essential functions, developing notification cascades for key staff, faculty, providers and personnel, participating in continuity training and exercises, and developing a system and methodology for off-site storage of data to include vital records and databases that is HIPAA compliant. During a continuity event, members of the Continuity Team are responsible for executing the necessary procedures and responsibilities for re-establishing and recovering the operations of the organization's essential functions as identified in Annex C, while maintaining communication with providers and staff directly involved in patient care.

Planning Team - In preparation of potential continuity events, Planning Team members are responsible for scheduling and conducting continuity meetings (minimum of one meeting per year), establishing a framework for the organization's continuity plan design and strategy, reviewing the accuracy of the personnel information contained within the plan, developing an ongoing process for reviewing and updating the plan, and scheduling and participating in continuity trainings and exercises.

**** Annex A provides a complete list of COOP Teams, team descriptions, team members, contact information, and team member roles.*

D. Augmentation and Surge Staffing

If it becomes evident that the COOP Teams cannot adequately ensure the continuation of mission-essential functions, the Executive Director will determine the additional positions necessary to maintain these functions. To this end the Executive Director will:

- Identify additional providers and staff, as available, who may be able to provide support.
- Ensure that the identified positions are staffed with individuals who have the requisite skills and current credentials to perform the tasks. These will be verified with appropriate medical and credentialing boards in the most expedient way possible.
- Insurance and liability coverage extensions will be confirmed and coordinated with malpractice and re-insurance providers.

- Consider implementing agreements with outside resource support including Memoranda of Understanding/Mutual Aid Agreements with other organizations and contractual agreements with private vendors.

E. Development of Devolution Plans

Devolution is the capability to transfer statutory authority and responsibility for mission-essential functions from an organization's primary operating staff and facilities to another organization's employees and facilities. Devolution planning supports overall COOP planning and addresses catastrophic or other disasters that render an organization's leadership and staff unavailable or incapable of performing its mission-essential functions from either its primary or alternate facilities.

If devolution is necessary, prioritized mission-essential functions are transferred to a pre-identified devolution organization. Direction and control of mission-essential functions is transferred to the devolution organization site and/or identified personnel.

Devolution planning involves several special issues:

- Personnel at the devolution site must be trained to perform the mission-essential functions to the same level of proficiency as the CFDMC personnel.
- Vital records, documents, and databases must be up to date and available at the devolution site.
- Communications and information management systems must be able to be transferred or accessible at devolution site.
- Delegations of authority planning must include senior personnel at the devolution site.

Should sufficient staff be unavailable to conduct the mission-essential functions of CFDMC, all of the affected operations will initiate the activation of pre-arranged devolution agreements. Devolution will be triggered when available staff determines that there are insufficient resources to maintain and carry out the CFDMC's prioritized mission-essential functions. At that point, the Executive Director or highest ranking CFDMC official available will institute devolution through the issuance of the Devolution Activation Memo, provided in Annex L. Available CFDMC staff will notify the devolution organization(s) that devolution is being initiated.

The following are pre-identified devolution organization(s) for the CFDMC:

Executive Director

**** Annex C provides mission-essential functions identified for CFDMC. Annex E provides COOP Delegations of Authority. Annex L provides the pre-established Devolution Activation memo and specific guidelines for initiation of devolution of mission-essential functions.*

F. Development of Plans for Reconstitution and Termination

The Executive Director or designee will develop Reconstitution and Termination Plans that will direct an orderly transition of all mission-essential functions, personnel, equipment, and records from the devolution organization to a new or restored facility. Plans and Schedules will include:

- Whether the original primary facility is re-inhabitable. If not, the plans will include recommendations of primary facility options.

- Construction needs for the primary facility re-occupancy, including remediation of safety issues.
- Estimated costs associated with construction and occupancy. Plans to include options for funding.
- Notification plans for COOP Teams and staff.
- Timeframe for construction completion and move-in.

The Executive Director will review and formally approve all plans and schedules. Upon approval, the Executive Director will issue a COOP Termination memo to the devolution organization(s) identifying the point of formal COOP Termination. The COOP Teams, as assigned, will oversee the Reconstitution and Termination process.

VI. RECONSTITUTION AND TERMINATION - PHASE III

As soon as possible (within 24 hours) following a COOP relocation, the COOP Teams will initiate operations to salvage, restore, and recover the impacted facility, pending approval from any applicable local, state, and/or federal law enforcement organizations or emergency service authorities.

Reconstitution procedures will commence when the Executive Director determines that the emergency situation has ended and is unlikely to reoccur. Once this determination has been made, one or a combination of the following options may be implemented, depending on the situation:

- Continue to perform mission-essential functions at the alternate facility for up to 30 days.
- Begin an orderly return to the impacted facility and reconstitute full normal operations.
- Begin to establish reconstitution of normal operations at a different primary facility location.

A. Procedures

Upon a decision by the Executive Director that the impacted facility can be reoccupied, or that a different location will be established as a new facility to resume normal operations, the following procedures will be followed:

- The Executive Director or designee will create and submit resumption plans for review and approval.
- Upon approval, the COOP Teams will initiate and oversee the orderly transition of all mission-essential functions, personnel, equipment, and records from the alternate facility to a new or restored facility.
- Non-assigned COOP Team personnel will be notified using the Alert Notification Procedures provided in Annex F that normal operations of the CFDMC are resuming and that they should report back to work.

B. After-Action Review and Remedial Action Plan

An After-Action Review information collection process will be initiated by each COOP Team prior to the cessation of operations at the alternate facility. The information to be collected will,

at a minimum, include information from personnel working during the COOP activation and a review of lessons learned to include processes that were effective and less than effective. The After-Action Review should provide recommended actions to improve areas identified as deficient or requiring improvement.

The information should be incorporated into a COOP Remedial Action Plan. Recommendations for changes to the CFDMC COOP and any accompanying documents will be developed and brought forth to the Executive Director and COOP Teams for review. The Executive Director and designated COOP planners for the CFDMC will review and implement changes to the COOP as required.

ANNEX A
COOP TEAMS AND RESPONSIBILITIES

Continuity Team

In preparation for potential continuity events, Continuity Team members are responsible for attending continuity meetings as scheduled, reviewing and updating the organization's or departments essential functions, developing notification cascades for key staff, faculty, providers and personnel, participating in continuity training and exercises, and developing a system and methodology for off-site storage of data to include vital records and databases that is HIPAA compliant. During a continuity event, members of the Continuity Team are responsible for executing the necessary procedures and responsibilities for re-establishing and recovering the operations of the organization's essential functions as identified in Annex C, while maintaining communication with providers and staff directly involved in patient care.

Continuity Team Members - Central Florida Disaster Medical Coalition

Team Member	Team Responsibility/Role
<p>Lynne B Drawdy - Executive Director CFDMC Executive Leadership Work: 407-928-1288 Home: 407-678-5567 Cell: 407-928-1288 Work Email: info@centralfladisaster.org Personal Email: ldrawdy@centurylink.net</p>	<p>Responsible for communicating with external vendors and partners during a continuity event where relocation to an alternate facility is required, and/or changes are made in standard operating hours.</p> <p>Responsible for coordinating and managing financial related issues during continuity events including purchases, petty cash and reimbursements.</p> <p>Responsible for managing human resource related requirements during a continuity event.</p> <p>Serves as the Continuity Team Chief and is responsible for deciding if and when to relocate operations to an alternate facility.</p> <p>Serves as the primary point of contact for Facility Management; duties could include assistance in selecting alternate facilities and coordinating relocation efforts of furniture, office equipment, and IT related requirements.</p>
<p>Matt Meyers - Project Manager CFDMC staff Project Management Home: 407-908-0142 Cell: 407-908-0142</p>	<p>Serves as the Public Information Officer (PIO) and is responsible for creating and disseminating official statements on behalf of the organization to the media, external partners, and the general public.</p> <p>Serves as the primary point of contact for Information Technology;</p>

Team Member	Team Responsibility/Role
<p>Work Email: projects@centralfladisaster.org Personal Email: mmeyers2@cfl.rr.com</p>	<p>duties include managing IT resources and coordinating IT related requirements such as acquiring and installing: computers, telephones, internet/intranet connectivity, etc.</p> <p>Responsible for managing human resource related requirements during a continuity event.</p> <p>Responsible for communicating with external vendors and partners during a continuity event where relocation to an alternate facility is required, and/or changes are made in standard operating hours.</p>
<p>Dan Niederman - Logistician/Team Deputy Commander Division leadership RMAT Cell: 407-394-4831 Work Email: Dan.Niederman@ocfl.net Personal Email: dan.niederman.ocfl@gmail.com</p>	<p>Serves as the primary point of contact for Facility Management; duties could include assistance in selecting alternate facilities and coordinating relocation efforts of furniture, office equipment, and IT related requirements.</p>

Planning Team

In preparation of potential continuity events, Planning Team members are responsible for scheduling and conducting continuity meetings (minimum of one meeting per year), establishing a framework for the organization’s continuity plan design and strategy, reviewing the accuracy of the personnel information contained within the plan, developing an ongoing process for reviewing and updating the plan, and scheduling and participating in continuity trainings and exercises.

Planning Team Members - Central Florida Disaster Medical Coalition

Team Member	Team Responsibility/Role
<p>Lynne B Drawdy - Executive Director CFDMC Executive Leadership Work: 407-928-1288 Home: 407-678-5567 Cell: 407-928-1288 Work Email: info@centralfladisaster.org Personal Email: ldrawdy@centurylink.net</p>	<p>Responsible for developing the draft version of the plan and participating in the on-going maintenance of the plan over time.</p> <p>Serves as the Planning Team Chief and is the primary point of contact for the development and overall maintenance of the continuity plan. Duties include identifying and managing Planning Team members, scheduling/conducting Planning Team meetings on a regular basis (recommended every 6 months), and scheduling/conducting trainings and exercises on an annual basis.</p> <p>Responsible for officially reviewing and formally approving the finalized continuity plan on an annual basis.</p> <p>Serves as the Planning Team Chief and is the primary point of contact for the development and overall maintenance of the continuity plan. Duties include identifying and managing Planning Team members, scheduling/conducting Planning Team meetings on a regular basis (recommended every 6 months), and scheduling/conducting trainings and exercises on an annual basis.</p>
<p>Matt Meyers - Project Manager CFDMC staff Project Management Home: 407-908-0142 Cell: 407-908-0142 Work Email: projects@centralfladisaster.org Personal Email: mmeyers2@cfl.rr.com</p>	<p>Responsible for developing the draft version of the plan and participating in the on-going maintenance of the plan over time.</p> <p>Serves as the Planning Team Deputy Chief and is the primary point of contact for the development and overall maintenance of the continuity plan. Duties include identifying and managing Planning Team members, scheduling/conducting Planning Team meetings on a</p>

Team Member	Team Responsibility/Role
	regular basis (recommended every 6 months), and scheduling/conducting trainings and exercises on an annual basis.
Carmen Weatherford - Administrative Assistant CFDMC staff Directors Adm Asst. Cell: 407-865-1269 Work Email: Adminasst@centralfladisaster.org Personal Email: cweatherford1@att.net	Responsible for developing the draft version of the plan and participating in the on-going maintenance of the plan over time.

**ANNEX B
FACILITIES**

The following are Primary Facilities identified for the CFDMC:

Name / Location (Physical Address)	Resources Located at Primary Facility
<p>Primary Facility</p> <p>Warehouse 101 Suddath Street Orlando, FL 32806</p> <p>Number of Staff: 1</p> <p><u>Facility Manager:</u> Dan Niederman</p> <p>c: 407-394-4831 Comments: Warehouse houses RMAT and special needs shelter equipment. CFDMC staff generally work in a virtual environment but this location also provides two offices for CFDMC staff.</p> <p>1st Alternate - Virtual Sites USA Staff Relocating: -</p> <p>Comments: Coalition staff work virtually during blue skies, and will work virtually during grey skies unless the coalition presence if needed at an EM/ESF8 location or unless working virtually is not possible due to power/Internet outages.</p> <p>2nd Alternate - Orange County Office of the Medical Director 2002A East Michigan Street Orlando, FL 32806 USA Staff Relocating: 2</p>	

Name / Location (Physical Address)	Resources Located at Primary Facility
<p>Comments: This is the COOP location for CFDMC employees. Employees will bring laptops.</p>	

The following are Alternate Facilities identified for the CFDMC:

Name / Location (Physical Address)	Resources Required at Alternate Facility
<p>Alternate Facility</p> <p>Orange County Office of the Medical Director 2002A East Michigan Street Orlando, FL 32806</p> <p>Comments: This is the COOP location for CFDMC employees. Employees will bring laptops.</p>	
<p>Alternate Facility</p> <p>Other EM/ESF8 Locations</p> <p>Comments: Other alternate locations include County EM / ESF8 locations throughout the region.</p>	
<p>Alternate Facility</p> <p>Virtual Sites</p> <p>Comments: Coalition staff work virtually during blue skies, and will work virtually during grey skies unless the coalition presence is needed at an EM/ESF8 location or unless working virtually is not possible due to power/Internet outages.</p>	

* Identify resources needed to continue the operation of mission-essential functions that have been pre-positioned at the alternate facility and those that will need to be transported to the facility. Examples of resources include office equipment/supplies, computers, chairs, tables, telephones, printers, and copiers.

Alternate Facility Operations

The alternate facility should have pre-positioned resources to sustain operations for three days without resource support. The alternate facility will require installation of:

- Telephones
- Computers/LAN
- Fax machines
- Copiers
- Furniture

Setup of the alternate facility may require vendor and resource support to provide the labor and equipment to outfit the facility.

Memorandum of Understanding (MOU) Considerations

The Executive Director will establish MOU(s) or pre-arranged contracts with Facility Managers and other organizations to provide basic support to the Central Florida Disaster Medical Coalition during COOP events, including exercises, if needed.

Joint Facility Support Requirements

The Executive Director or designee will be responsible for developing a coordinated support plan with the Facility Manager of the primary alternate facility. At a minimum, the plan will address the following items:

- Receiving, supporting, and relocating personnel at the alternate facility,
- Repositioning supplies and equipment at the alternate facility;
- Adequate logistical support;
- Adequate infrastructure;
- Adequate services;
- Capability of the facility to accept the COOP Teams and operations; and
- Capability of the facility to sustain COOP operations for a minimum of 30 days.

The details of the coordinated support plan will be incorporated as part of this annex.

Review and Update

The Executive Director will conduct an annual review of space allocations at the alternate facility to ensure the adequacy of assigned space and other resources.

Alternate Facility Selection Process

The alternate facilities should be fixed facilities identified from existing city, state, or county facilities, or from leased facilities. The alternate facilities must be capable of supporting emergency operations in a safe environment, as determined by the geographical location of the facility, an assessment of the local threat, and the collective protection characteristics of the facility. The facility requirements, selection, and occupancy planning should be based on a worst-case scenario.

A list cataloging each facility and its capability and capacity will be used to assist in the selection process. The Executive Director is responsible for maintaining the facility list and ensuring the accuracy of the data. The facilities should be located in areas where the ability to initiate, maintain, and terminate operations will not be disrupted. The following considerations will be used in the selection of the alternate facilities:

- The ability to be operational not later than 12 hours after deployment and to sustain operations for up to 30 days.
- Number of personnel per shift required for accomplishing these functions for 30 days or until the emergency ends.
- Minimum amount of space needed to accomplish CFDMC functions under emergency conditions.
- Space Allocation Considerations - The following are Primary Facilities for CFDMC and their associated staff levels:

Warehouse - Staff Level: 1

- As a guideline, Alternate facility locations should allow an average of 100 Square Feet of space per persons relocated. (Number of relocated people X 100 s.f. = total s.f. recommended at Alternate Facility).
- The distance from the threat area to any other facilities/locations (e.g., hazardous materials/nuclear power plants, areas subject to natural disasters or civil unrest).
- Facility construction must be such that it is uniquely resistant to natural disaster risk factors (e.g., tornadoes, hurricanes, floods).
- Access to essential resources such as food, water, fuel, medical facilities, lodging, and municipal services (e.g., fire, police).
- The availability of transportation and parking.
- Power requirements to support the Alternate Facility.
- Interoperable communications in sufficient quantity, mode, and media to effectively interface with critical customers, and organizations.
- Availability of existing equipment and furniture in the facility that can be used by CFDMC staff and COOP Teams.

Alternate Facility Acquisition

It is suggested that a MOU should be established with the owner and/or Facility Manager of each potential alternate facility. Each MOU should include:

- Time period from notification of requirement to availability of facility for occupancy.
- Space and services to be provided.
- Provision for sole use of allocated space during the period of occupancy.

Alternate Facility Reevaluation

Any Alternate Facility identified and rated by the CFDMC will be reevaluated annually for suitability and functionality. The annual review of the CFDMC COOP will include a review of the Alternate Facilities to ensure that the facilities still meet the current needs. Recommendations will become part of the remedial action process and any shortfalls in the equipment, maintenance, or improvement and modernization of the facilities will be incorporated into COOP revisions.

Provided below is additional information that can be used to determine alternate relocation capabilities during the planning phase:

- **HOT SITE** - A hot site is a building already equipped with processing capability and other services. Operational standby facilities require a subscription contract and charge various fees. Normally, a three- or five-year contract is negotiated and includes specific hardware configurations with detailed communications requirements, which must be updated when changes occur.
- **COLD SITE** - A cold site is a building for housing processors that can be easily adapted for use. Vendor contracts should be in place to make the facility operational in a short period of time.
- **REDUNDANT SITE** - A redundant site is a site equipped and configured exactly like the primary site.
- **RECIPROCAL AGREEMENT** - A reciprocal agreement is a formal agreement that allows for two organizations to back-up each other. The agreement is usually with an external organization. Although low development and maintenance cost are the principal advantage to this alternative, consideration must be given to establishing an agreement with an organization that will not be affected by the same disaster.
- **HYBRIDS**- Any combination of the above, such as having a hot site as a back-up in case a redundant or reciprocal agreement site is damaged by the same or a separate event.

ANNEX C
MISSION-ESSENTIAL FUNCTIONS

Mission-Essential Functions

Mission-Essential functions for the CFDMC have been identified and prioritized below. In addition to identifying each mission-essential function, the CFDMC has associated the personnel resources and vital record resources required to carry out each specific function. The performance of the highest priority mission-essential functions will need to be resumed as quickly as possible.

Essential Functions for Central Florida Disaster Medical Coalition

1. Functions to be performed, given a *One Day* disruption. (Highest priority to lowest):
 - Maintaining Revenue Streams- Primarily funded through Federal/State grants that require the completion and submission of contract deliverables. Alternative funding must be constantly researched and considered.
 - Fiduciary Responsibilities- CFDMC must maintain the ability to perform financial responsibilities including expenditures and revenue in compliance with contractual, regulatory and audit requirements
 - Activate redundant communications and information technology capabilities if necessary to provide situational awareness to members.
 - Determine regional disruption of healthcare supply chain.
 - Coordinate with local, regional and state ESF8 to support resource coordination.
 - Keep coalition members informed about any available disaster assistance from federal, state and local authorities.
 - Maintain a Trauma Advisory Board to provide a collaborative forum for communication among trauma system stakeholders within the RDSTF of Region Five with emphasis on trauma system quality, injury prevention, and disaster preparedness. Crisis Standards of Care: Develop a regional crisis standards of care (CSC) plan where usual delivery of health care services is not possible due to disaster conditions throughout the service area
 - Emerging Infectious Disease Collaborative will assist partner agencies build and maintain capabilities to take care of patient with highly infectious disease. These capabilities include being able to identify, isolate, inform and potentially transfer a patient suspected of having an infectious disease.
 - Hospital Preparedness- CFDMC will promote hospital readiness to respond and recovery from disasters and other emergencies. This includes information sharing, equipment minimums and standardization, shared resources, training and exercises.
 - CFDMC Regional Medical Assistance Team exists to provide medical surge capacity to the region and it's partners. RMAT: Coordinate the regional medical

assistance team (assistance team) that consists of medical personnel who will respond to natural or man-made disasters throughout the contract term, to ensure their response readiness during a disaster.

2. Functions to be performed, given a *One Day - One Week* disruption. (Highest priority to lowest):

- Continuation of functions listed under previous Tier(s) identified above
- Determine specific medical and non-medical needs of members.
- Determine local and regional disruption of critical infrastructure that affects public health sector.
- Disseminate reports to state health authorities.
- Keep coalition members informed of changing program requirements.
- Collect disaster response data to be used in After-Action Reports (AAR).
- Assist coalition members in returning to full operational status.
- Governance: Maintain governance board and membership rosters by agencies and individuals
- Meetings: Conduct a minimum of one meeting with HCC members each quarter
- TEPW: Participate in a two-day Planning and Training Workshop (TEPW) each year. Training Plan: Develop an HCC training plan each year to address identified training needs of HCC members
- Coalition Surge Tool exercise required under the Federal grant and tests the regions ability to manage medical surge.
- Inventory Management- maintain and inventory of all CFDMC equipment and equipment purchased by or for partner agencies through grant funds.
- HVA- Conduct an annual Hazard Vulnerability Analysis to determine risks, vulnerabilities, and probabilities.
- Mission Ready Packages- Identify MRPs that could be coordinated and shared by HCC members during an emergency response
- Website: Update the HCC's website located at www.centralfloridadisaster.org, a minimum of one-time each quarter.
- Marketing Plan- Develop a strategic marketing plan each year to increase HCC members and engagement of current members
- FAC Response Team: Develop a regional family assistance center response team (response team) that can quickly set-up and operate a family assistance center

- ACS Plan: Update and exercise the regional Provider's alternate care site plan
- Mass Fatality Response:
Increase the ability to respond to a mass fatality
- DBH Plan: Increase the ability to respond to behavioral health needs of the service area after a disaster with in the service area

**TIER: 1: Functions to be performed, given a *One Day* disruption.
(Highest priority to lowest)**

FUNCTION: Maintaining Revenue Streams- Primarily funded through Federal/State grants that require the completion and submission of contract deliverables. Alternative funding must be constantly researched and considered.

PRIORITY: # 1

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Fiduciary Responsibilities- CFDMC must maintain the ability to perform financial responsibilities including expenditure and revenue in compliance with contractual, regulatory and audit requirements

PRIORITY: # 2

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Activate redundant communications and information technology capabilities if necessary to provide situational awareness to members.

PRIORITY: # 3

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Determine regional disruption of healthcare supply chain.

PRIORITY: # 4

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Coordinate with local, regional and state ESF8 to support resource coordination.

PRIORITY: # 5

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Keep coalition members informed about any available disaster assistance from federal, state and local authorities.

PRIORITY: # 6

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION:

Maintain a Trauma Advisory Board to provide a collaborative forum for communication among trauma system stakeholders within the RDSTF of Region Five with emphasis on trauma system quality, injury prevention, and disaster preparedness. Crisis Standards of Care: Develop a regional crisis standards of care (CSC) plan where usual delivery of health care services is not possible due to disaster conditions throughout the service area

PRIORITY: # 7

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

PUBLIC FACING: Yes

FUNCTION: Emerging Infectious Disease Collaborative will assist partner agencies build and maintain capabilities to take care of patient with highly infectious disease. These capabilities include being able to identify, isolate, inform and potentially transfer a patient suspected of having an infectious disease.

PRIORITY: # 8

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

PUBLIC FACING: No

FUNCTION: Hospital Preparedness- CFDMC will promote hospital readiness to respond and recovery from disasters and other emergencies. This includes information sharing, equipment minimums and standardization, shared resources, training and exercises.

PRIORITY: # 9

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

PUBLIC FACING: Yes

FUNCTION:

CFDMC Regional Medical Assistance Team exists to provide medical surge capacity to the region and it's partners. RMAT: Coordinate the regional medical assistance team (assistance team) that consists of medical personnel who will respond to natural or man-made disasters throughout the contract term, to ensure their response readiness during a disaster.

PRIORITY: # 10

PMEF: No

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

TIER: 2: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

FUNCTION: Determine specific medical and non-medical needs of members.

PRIORITY: # 1

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Determine local and regional disruption of critical infrastructure that affects public health sector.

PRIORITY: # 2

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Disseminate reports to state health authorities.

PRIORITY: # 3

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Keep coalition members informed of changing program requirements.

PRIORITY: # 4

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Collect disaster response data to be used in After-Action Reports (AAR).

PRIORITY: # 5

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Assist coalition members in returning to full operational status.

PRIORITY: # 6

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Governance: Maintain governance board and membership rosters by agencies and individuals

PRIORITY: # 7

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Meetings: Conduct a minimum of one meeting with HCC members each quarter

PRIORITY: # 8

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: TEPW: Participate in a two-day Planning and Training Workshop (TEPW) each year. Training Plan: Develop an HCC training plan each year to address identified training needs of HCC members

PRIORITY: # 9

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Coalition Surge Tool exercise required under the Federal grant and tests the regions ability to manage medical surge.

PRIORITY: # 10

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Inventory Management- maintain and inventory of all CFDMC equipment and equipment purchased by or for partner agencies through grant funds.

PRIORITY: # 11

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: HVA- Conduct an annual Hazard Vulnerability Analysis to determine risks, vulnerabilities, and probabilities.

PRIORITY: # 12

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Mission Ready Packages- Identify MRPs that could be coordinated and shared by HCC members during an emergency response

PRIORITY: # 13

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Website: Update the HCC's website located at www.centralfloridadisaster.org, a minimum of one-time each quarter.

PRIORITY: # 14

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: Marketing Plan- Develop a strategic marketing plan each year to increase HCC members and engagement of current members

PRIORITY: # 15

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: FAC Response Team: Develop a regional family assistance center response team (response team) that can quickly set-up and operate a family assistance center

PRIORITY: # 16

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: ACS Plan: Update and exercise the regional Provider's alternate care site plan

PRIORITY: # 17

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

**FUNCTION: Mass Fatality Response:
Increase the ability to respond to a mass fatality**

PRIORITY: # 18

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

FUNCTION: DBH Plan: Increase the ability to respond to behavioral health needs of the service area after a disaster with in the service area

PRIORITY: # 19

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: Central Florida Disaster Medical Coalition

ANNEX D
ORDERS OF SUCCESSION

Orders of Succession for Central Florida Disaster Medical Coalition

The CFDMC has developed an Orders of Succession for all key positions held within the organization. Provided below is the title and name of each primary person currently holding each key position, followed by a list of designated successors. The successors are listed by title in order of precedence.

Executive Director (Lynne Drawdy) - Order of Succession

Primary: Executive Director - Lynne B Drawdy - CFDMC Executive Leadership

1. RDSTF Co-Chair-Executive Committee - Clint Sperber - CFDMC Executive Leadership
2. Board chair - Eric Alberts - CFDMC Executive Leadership
3. Project Manager - Matt Meyers - CFDMC staff - Project Management

Primary Continuity Planner - Order of Succession:

Primary: Project Manager - Matt Meyers - CFDMC staff - Project Management

1. Logistician/Team Deputy Commander - Dan Niederman - division leadership - RMAT
2. Carmen Weatherford, Administrative Specialist

ANNEX E
DELEGATIONS OF AUTHORITY

MEMORANDUM

TO:

FROM:

DATE:

SUBJECT: Delegation of Authority

ALL AUTHORITY HEREBY DELEGATED SHALL BE EXERCISED IN ACCORDANCE WITH APPLICABLE LAWS, RULES, BUDGET ALLOCATIONS AND ADMINISTRATIVE DIRECTIVES. THIS AUTHORITY CANNOT BE RE-DELEGATED.

To ensure continuity of operations for the CFDMC during continuity events, the following personnel are hereby delegated the authority to conduct the following assignments provided below.

Travel Authorization

Triggering Conditions: Upon incapacity/unavailability of Executive Director

Limitations: The State of Florida travel guidelines must be followed

Acting Agents:

Lynne Drawdy / Executive Director

Delegated Agents:

Clint Sperber / RDSTF Co-Chair-Executive Committee
Dave Freeman / RDSTF Co-Chair - Executive Committee

Leave Authorization

Triggering Conditions: Upon incapacity/unavailability of Executive Director

Limitations: In compliance with CFDMC leave policies.

Acting Agents:

Lynne Drawdy / Executive Director

Delegated Agents:

Clint Sperber / RDSTF Co-Chair-Executive Committee
Dave Freeman / RDSTF Co-Chair - Executive Committee

Purchase Requisitions/Spending Authority

Triggering Conditions: Upon incapacity/unavailability of Executive Director

Limitations: See limitations in Governance policies.

Acting Agents:

Lynne Drawdy / Executive Director

Delegated Agents:

Clint Sperber / RDSTF Co-Chair-Executive Committee
Dave Freeman / RDSTF Co-Chair - Executive Committee

Execution of Contractual Agreements

Triggering Conditions: Upon incapacity/unavailability of Executive Director.

Limitations: In compliance with Governance policies.

Acting Agents:

Lynne Drawdy / Executive Director

Delegated Agents:

Clint Sperber / RDSTF Co-Chair-Executive Committee
Dave Freeman / RDSTF Co-Chair - Executive Committee

Authorized Signature:

Central Florida Disaster Medical Coalition

ANNEX F
ALERT NOTIFICATION PROCEDURES

Alert Notification Procedures

The Continuity Team Chief (Executive Director) will activate the continuity plan.

Upon notification to activate the continuity plan, the Continuity Team Chief will perform the following duties:

- Contact all contacts identified within this annex, informing them of the current situation and that the continuity plan is being activated.
 - For facility related activations, notify the Alternate Facility Manager of the appropriate alternate facility regarding the activation of the continuity plan.
 - As needed, notify the CFDMC Board, local and/or state Emergency Operations Center that an emergency activation or anticipated activation of the continuity plan is expected or in progress.
 - Provide progress reports to all contacts, Board, local and/or State Emergency Operations Center and notify all when the continuity plan is demobilized.
-

KEY STAFF NOTIFICATION LIST

NAME / DEPARTMENT	PHONE NUMBERS	EMAIL ADDRESS
Eric Alberts CFDMC Executive Leadership	407-304-6283	Eric.Alberts@orlandohealth.com
Lynne B Drawdy CFDMC Executive Leadership	Work: 407-928-1288 Home: 407-678-5567 Cell Number: 407-928-1288	info@centralfladisaster.org ldrawdy@centurylink.net
Dave Freeman Health & Medical Co-Chair	Cell Number: 321-231-9880	Dave.Freeman1@att.net
Matt Meyers CFDMC Project Manager	Home: 407-908-0142 Cell Number: 407-908-0142	projects@centralfladisaster.org mmeyers2@cfl.rr.com
Clint Sperber Health & Medical Co-Chair	Work: 772-873-4949 Cell Number: 772-924-6697 Additional Number: 7725192963	Clint.Sperber@flhealth.gov
Dan Niederman Deputy Team Commander	407/394-4831	dan.niederman.ocfl@gmail.com
Carmen Weatherford Administrative Specialist	407-865-1269	adminasst@centralfladisaster.org

**ANNEX G
VITAL RECORDS**

Vital Records

The following checklist can be used when determining which vital records are critical to ensure continuation of mission-essential functions.

- Storage of duplicate records off-site.
- Back-up off-site of electronic records and databases.
- Pre-position vital records and databases at the alternate facility prior to deployment.
- The COOP should describe a maintenance program to assure the records are accurate, current, and frequently updated.
- Identifying vital records, systems, and data (hard copy and electronic) critical to performing functions.
- Assuring availability of emergency operating records.
- Ensuring back-up for legal and financial records.

Additional Recommendations

Ensure backup copies of vital records and databases, both paper and electronic, are maintained, updated, and stored in a secure off-site location. The COOP identifies vital records, systems, and data (hard copy and electronic) critical to performing mission-essential functions. The COOP provides for ensuring availability of emergency operating records and ensuring back-up for legal and financial records. The CFDMC will maintain current copies of vital records essential to the continued functioning or reconstitution in a secure off-site location.

Included within the COOP are records having such value that their loss would significantly impair the CFDMC of conducting mission-essential functions, to the detriment of the legal or financial rights or entitlements of the organization or of the affected individuals. Examples of this category of vital records are:

- Patient EMR/PACS system access
- Contracting and acquisition files
- Official personnel files
- Board/Credential Data/Proof
- Payroll/Benefits/FMLA
- Insurance/Liability/Medical Malpractice Coverage Information
- Drug/Dispensing Database/Inventory/Access Records

The following identifies Vital Records required by CFDMC to complete mission-essential functions:

Vital Record:

Description:

SurveyMonkey: Electronic software that captures member and team information
Constant Contact: electronic email distribution list
Everbridge: electronic health alert network
Coalition Computer: Contains all coalition historical files and working documents
OneDrive: Electronic back-up files
SharePoint: State electronic file of contract deliverables
Accountant (payroll, finance)

Location and Accessibility of Vital Records:

Primary Location: Virtual Sites as described above

Format: Electronic - Wide Area Network

Backup Location: N/A

Remote Accessible: Yes

Accuracy and Currency of Records

Review/Update Date: 01-01-2021

Legend

Vital records, systems, and data - Information, records, databases, procedures, and other information necessary to support mission-essential functions and sustain operations.

Protection, duplication, and movement - Identify policies in place to restrict how the information is guarded, procedures for duplication, how the information is backed-up and stored, and how the material is distributed.

Location - Where are the vital records/systems/data currently located? Where are the back-up records/systems/data located? Are records in electronic or hard copy format? Can records be accessed from an alternate site if the primary site is inaccessible?

Accuracy and currency of records - Are records up to date? On what date was the records/systems/data last reviewed/updated?

**ANNEX H
GO KITS**

<i>Continuity Kit</i>	<i>Quantities</i>
Equipment:	
1. Laptop Computer	
<i>Installed with vital records, software, systems, electronic files</i>	
Forms:	
1. List of Contact Information for Critical Vendors	
2. List of Contact Information for Employees	
3. List of Contact Information for Key Personnel (Home and Cell)	
4. List of Contact Information for Legal Staff	
Other:	
1. Copy of Continuity Plan (Printed and Electronic)	

**ANNEX I
COMMUNICATIONS**

Communications

The ability to communicate with internal and external resources during COOP events will be vital to the operations of the CFDMC. Internal and external resources could include CFDMC staff, partner organizations, emergency responders, vendors, the media, and/or the public.

The CFDMC has identified below the various modes of communication that currently exist and/or communications that must be arranged at an Alternate Facility. The communications are listed in order of priority and include a written description for each. Also, each communication item identifies whether the communication is for internal/external use, mobile, or if it requires any level of security measures.

Communications		
Communication: Constant Contact (via email)		
Priority: High	Type: Data	Quantity:
Description: Internal Use, External Use, Mobile, Secure - This is the primary communication mechanism during blue skies and a redundant communication mechanism during grey skies. Multiple lists exists (all members, hospitals, RMAT, trauma, etc.).		
Communication: Everbridge		
Priority: High	Type: Data	Quantity:
Description: Internal Use, External Use, Mobile, Secure - This is the primary communication mechanism during grey skies. There are several groups, one for all members and one for the regional medical assistance team.		

ANNEX J
SECURITY AND ACCESS CONTROLS

Security and Access Controls for Central Florida Disaster Medical Coalition

SECURITY & ACCESS CONTROLS

The following security and access control measures are in place to restrict access to the facility to employees and critical customers:

- Primary Facility
 - Warehouse - Key and alarm access required.
- Alternate Facility
 - Orange County Office of the Medical Director - Must enter through the front door, must have identification, and sign-in with security guard.
 - Other EM/ESF8 Locations - Dependent on site (information to be provided by facility POC).
 - Virtual Sites - Not applicable

COMMUNICATIONS AND INFORMATION SYSTEMS / CYBER SECURITY

The following measures are in place to send and receive secure communications from the facility, as well as information systems and cyber security measures:

- Primary Facility
 - Warehouse - Limited protection is available at this location.
- Alternate Facility
 - Orange County Office of the Medical Director - This is an Orange County government location which has robust communications and information security systems.
 - Other EM/ESF8 Locations - These are government organizations with robust communications/information systems security.
 - Virtual Sites - Not applicable

**ANNEX K
FAMILY DISASTER PLAN**

Family Disaster Planning for Central Florida Disaster Medical Coalition

The CFDMC understands the importance of personnel preparing their families for disaster events. The information below provides assistance to CFDMC personnel for developing Family Disaster Plans and encourages them to learn more about how to be prepared.

Disaster can strike quickly and without warning. It can force you to evacuate your neighborhood or confine you to your home. What would you do if basic services -- water, gas, electricity or telephones -- were cut off? Local officials and relief workers will be on the scene after a disaster, but they cannot reach everyone right away. Families can -- and do -- cope with disasters by preparing in advance and working together as a team. Follow the steps listed below to create your family's disaster plan. Knowing what to do is your responsibility for your best protection.

FOUR STEPS TO SAFETY

1. Know Your Risks

- Contact local American Red Cross chapter, emergency response agencies, or emergency management office -- be prepared to take notes.
- Ask what types of disasters are most likely to happen. Request information on how to prepare for each.
- Learn about your community's warning signals: what they sound like and what you should do when you hear them.
- Ask about animal care after disaster. Animals may not be allowed inside emergency shelters due to health regulations.
- Find out how to help elderly or disabled persons, if needed.
- Find out about the disaster plans at your workplace, your children's school or day-care center, and other places where your family spends time.

2. Create a Disaster Plan

- Meet with your family and discuss why you need to prepare for disasters. Explain the dangers of fire, severe weather, and earthquakes to children. Plan to share responsibilities and work together as a team.
- Discuss the types of disasters that are most likely to happen. Explain what to do in each case.
- Pick two places to meet: 1. Right outside your home in case of a sudden emergency, like a fire. 2. Outside your neighborhood in case you can't return home. Everyone must know the locations address and phone number.
- Ask an out-of-state friend to be your "family contact." After a disaster, it's often easier to call long distance. Other family members should call this person and tell them where they are. Everyone must know your contact's phone number.

- Discuss what to do in an evacuation. Plan how to take care of your pets.

3. Complete this Checklist

- Post emergency telephone numbers by phones (fire, police, ambulance, etc.).
- Teach children how and when to call 9-1-1 or your local Emergency Medical Services number for emergency help.
- Show each family member how and when to turn off the water, gas, and electricity at the main switches.
- Check if you have adequate insurance coverage.
- Teach each family member how to use the fire extinguisher and show them where it's kept.
- Install smoke detectors on each level of your home, especially near bedrooms.
- Conduct a home hazard hunt.
- Stock emergency supplies and assemble a Disaster Supplies Kit.
- Take an accredited first aid and CPR class.
- Determine the best escape routes from your home. Find two ways out of each room.
- Find the safe spots in your home for each type of disaster.

4. Practice and Maintain Your Plan

- Quiz your children every six months so they remember what to do.
- Conduct fire and emergency evacuation.
- Replace stored water every three months and stored food every six months.
- Test and recharge your fire extinguisher(s) according to manufacturer's instructions.
- Test your smoke detectors monthly and change the batteries at least once a year.

For more information on Family Disaster Planning, visit the Federal Emergency Management Agency's (FEMA) website for family disaster planning at www.ready.gov

**ANNEX L
DEVOLUTION**

Devolution for Central Florida Disaster Medical Coalition

Devolution is the capability to transfer statutory authority and responsibility for mission-essential functions from an organization's primary operating staff and facilities to another organization's employees and facilities. Devolution planning supports overall COOP planning and addresses catastrophic or other disasters that render an organization's leadership and staff unavailable or incapable of performing its mission-essential functions from either its primary or alternate facilities.

If devolution is necessary, prioritized mission-essential functions are transferred to a pre-identified devolution organization. Direction and control of mission-essential functions is transferred to the devolution organization site and/or identified personnel.

Devolution planning involves several special issues:

- Personnel at the devolution site must be trained to perform the essential functions to the same level of proficiency as the CFDMC personnel.
- Vital records, documents, and databases must be up to date and available at the devolution site.
- Communications and information management systems must be able to be transferred to the devolution site.
- Delegations of authority planning must include senior personnel at the devolution site.

CFDMC's prioritized mission-essential functions which must be carried out in its devolution of authority are identified in Annex C of the CFDMC COOP.

Devolution Triggers, Process, Resources and their Availability, and Restoration guidelines are noted below. The pre-identified Devolution Memorandum is also included within this Annex.

Devolution Triggers

Pre-devolution preparation begins when staffing levels in one or more critical areas are reduced by 40%. Critical areas are defined as: 1) leadership, 2) communication capabilities, 3) administrative support, and 4) prioritized MEFs. Pre-devolution preparation includes assessment of:

- Available devolution organizations
- Location and availability of resources and information needed to transfer critical operations to the devolution organization
- Approach to notify and train (as needed) devolution organization staff
- Prioritization of mission-essential functions necessary to provide continuity of operations during the devolution process

Once this assessment is complete, the intended devolution organization should be notified that devolution is likely and transfer of knowledge/resources necessary for devolution should begin.

The key staff members of the devolution organization should also be informed on how to access the CFDMC COOP information contained within CFDMCprepared.com.

Devolution is initiated through the issuance of the Devolution Memorandum. Organizational devolution is triggered when staffing levels are reduced by 60% in one or more critical areas.

Devolution Process

The Executive Director (Lynne Drawdy) is responsible for identifying devolution triggers and is responsible for deciding when devolution is necessary. The Executive Director (Lynne Drawdy) is responsible for issuing the Devolution Memorandum and begin actually transferring responsibilities to the devolution organization.

Every attempt will be made to retain expertise and authority through all COOP Teams. All available COOP Teams will continue to work with and for the new devolution organization in carrying out COOP, devolution, and restoration/reconstitution duties.

Resources and Availability

All resources necessary for devolution will be retained in CFDMC's on-line COOP and be made available via CFDMCprepared.com. The executives and support staff working on devolution will be given access to these resources, and will be trained in the use of available communication tools in advance of COOP activations.

Restoration (Pre-Event)

Because the nature of a catastrophic event that would create the need for devolution is so difficult to predict and may have a wide array of circumstances to respond to, we cannot specify exact measures needed to recover and restore pre-event operations in advance. However, the devolution organization will work with the existing CFDMC staff to identify all actions needed to provide restoration to pre-event conditions. Reconstitution and termination plans as identified in the COOP are available and should be used by the devolution organization.

MEMORANDUM

TO: Highest Ranking Official(s)/Executive Director

FROM: Executive Director (Lynne Drawdy)

Central Florida Disaster Medical Coalition

DATE:

SUBJECT: Devolution of Central Florida Disaster Medical Coalition

As of Date/Time, an emergency occurred that required the activation of the Central Florida Disaster Medical Coalition Continuity of Operations Plan (COOP). As of Date/Time, the emergency has affected staffing to levels such that we can no longer carry out our prioritized mission-essential functions and maintain our mandated operations. In order to provide continuity of government operations within CFDMC, as of Time today I am hereby transferring mission-essential function responsibilities as identified in the CFDMC COOP to the Executive Director. In addition, I am extending all delegations of authority of key actions and responsibilities to the Executive Director. This delegation is effective as of Date/Time.

Thank you in advance for your assistance as we continue to provide critical services during this challenging time and work to restore full CFDMC operations. Access to all critical CFDMC COOP information, including mission-essential functions, delegation responsibilities, and personnel contact lists can be found at: CFDMCprepared.com. Username and password access to the COOP information within CFDMCprepared.com will be provided under separate cover.

Executive Director (Lynne Drawdy)

ANNEX M
TESTING, TRAINING, AND EXERCISING /
PLAN MAINTENANCE

Testing, Training, and Exercising / Plan Maintenance

- This plan will be reviewed annually or as required by statute by all CONTINUITY OF OPERATIONS PLAN Team members and approved by the Executive Director (Lynne Drawdy).
- The Executive Director (Lynne Drawdy) will ensure training of all CFDMC employees on the key aspects of this plan. This training will be conducted at new employee orientation and quarterly staff meetings.
- This CONTINUITY OF OPERATIONS PLAN will be assessed annually through tabletop or field exercises as required by law.
- Support plans and communications equipment will be tested annually as part of the Test, Training, and Exercises (TT&E).
- Equipment pre-positioned at Alternate Facilities will be tested annually as part of the TT&E program.
- The exercise will include a test of the alert and notification procedures within this CONTINUITY OF OPERATIONS PLAN, with and without warning, during duty and non-duty hours.
- The Executive Director (Lynne Drawdy) or designee will identify and incorporate lessons learned and remedial actions from exercises or actual events into annual revisions of this CONTINUITY OF OPERATIONS PLAN
- Copies of AAR (After Action Review) reports will be placed in the File Archive of this system.

The CFDMC documents the past, present, and future events that support their Test, Training, and Exercise program for their CONTINUITY OF OPERATIONS PLAN. These events are documented below in chronological order starting with the most recent:

Event Title: COOP Training

Event Date: 12/11/2019

Event Type: Training

Event Status: Completed

Description:

Introductory training re COOP provided by BOLDPlanning. Walked through the plan software and began building the CFDMC COOP plan.

ANNEX N
FACILITY EVACUATION

Facility Evacuation

The purpose of this section is to provide specific directions to all staff in the event of an emergency requiring the evacuation of the following facilities.

Responsibilities

The Executive Director (Lynne Drawdy) shall identify a line of succession, and recognize a "Safe Room" for sheltering in place in the event that this becomes necessary.

The Executive Director (Lynne Drawdy) shall be responsible for the following:

- Monitor the evacuation procedures and ensure that all employees are participating.
- Identify themselves to responding emergency personnel and provide any information or assistance, as requested.
- Station themselves outside the facility to receive employee check-off lists from Division Heads/Delegates and to coordinate with emergency personnel as necessary.

The Division Heads/Delegates shall be responsible for monitoring their sections as follows:

- Know the status of all assigned staff, (e.g. are they on site, in the field, or on annual leave).
- Ensure staff are trained in the evacuation procedures and in dealing with clients and staff who may become confused or panic in an emergency situation.
- Assign at least two alternate Division Head delegates and keep this assignment list current.
- Ensure all delegates are properly trained in their duties.
- Obtain checklists of staff accounted for and unaccounted for and report status to the Executive Director (Lynne Drawdy) after evacuation.

Staff are responsible for the following:

- Ensuring handicapped employees and visitors are assisted from the facility.
- Staff with public visitors should exit the facility with the visitors.
- Staff must search for and insure that any clients who are in private rooms, restrooms, etc. evacuate with the staff immediately.

Evacuation Procedures

Specific evacuation procedures for each of the facilities identified within this COOP are as follows:

- Primary Facility
 - Warehouse - Follow county directions.
- Alternate Facility
 - Orange County Office of the Medical Director - Follow Office of the Medical Director evacuation plan.
 - Other EM/ESF8 Locations - Follow site-specific evacuation guidelines
 - Virtual Sites - Follow site-specific evacuation directions.

**ANNEX O
CONTACTS ROSTER**

Central Florida Disaster Medical Coalition Contacts

KEY STAFF	ADDRESS	PHONE NUMBERS / EMAIL	TEAM ROLES / COMMENTS
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ANNEX P
PANDEMIC PLANNING

EXECUTIVE SUMMARY

1 TRANSMISSION OF DISEASE

2 PANDEMIC INFLUENZA

- 2.1 Pandemic Assumptions
- 2.2 Potential Impacts
- 2.3 Information Sources for Current Status
- 2.4 The Pandemic Risk Assessment

3 ORGANIZATION CONSIDERATIONS

- 3.1 Implications for the Organization

4 PANDEMIC STRATEGIES

- 4.1 Short-Term Strategy
- 4.2 Long-Term Strategy
- 4.3 Post-Event Recovery
- 4.4 Mission Essential Functions
- 4.5 Workforce Planning
- 4.6 Pandemic Action Items

5 PANDEMIC PLANNING RESPONSIBILITIES

- 5.1 State, Local, Private Sector Relationships
- 5.2 Legal Preparedness
- 5.3 Communications
- 5.4 Human Resources Issues
- 5.5 Employee Education and Safety
- 5.6 Facility Maintenance
- 5.7 Technology Preparedness

6 PANDEMIC TEAM

7 PLAN MAINTENANCE AND TESTING

8 APPENDIX

EXECUTIVE SUMMARY

Epidemics, which are outbreaks of a disease that occur within a short period of time and in a defined region, have the potential to significantly affect an organization's operations and the health and safety of personnel and the general public. While many diseases could result in an epidemic, and could lead to a pandemic (an epidemic that occurs on a worldwide scale), this report places particular emphasis on preparedness for

outbreaks of influenza that could arise from avian influenza.

This Epidemic/Pandemic Annex has been created to identify key information that organizations should know when confronted with an epidemic. It also describes how an organization may be affected, and what measures can be taken to mitigate those effects. In addition to education, this annex provides guidance on preparing and developing a course of action should an outbreak occur.

Organizations should take the time and opportunity now to develop and implement strategies essential to maintaining functions in times of a pandemic. Organizations should also inform employees and other stakeholders that the organization is actively involved in planning for pandemic preparedness.

Short-term and long-term strategies for maintaining functions during an epidemic, when absenteeism among employees could be as high as 50 percent, will require enhanced continuity of operations plans that include extensive workforce planning to perform mission-essential functions with reduced staff levels. Seven planning elements are provided in Chapter 6 to assist organizations in accomplishing their short-term and long-term strategies, which will require continuous monitoring of recent developments as well as flexibility in implementation and response.

Unlike other disasters in which the period of disruption may last from weeks to months, an epidemic has the potential to disrupt operations from months to several years. The public health response to an epidemic will directly affect an organization's personnel and will require strong relationships with other partners, the cooperation of the public, and the leadership of the organization.

1 Transmission of Disease

From time to time, a pathogen for which the population has little or no immunity evolves or is introduced. If that pathogen is highly communicable or easily transmitted from person to person, and virulent, causing severe illness or death in a significant percentage of persons, a pandemic can infect millions of people and potentially causing destabilizing social disruption.

The United States has not experienced an extensive epidemic since 1918, when the "Spanish flu" pandemic swept the nation and the world. The Spanish flu of 1918 was not a highly virulent pathogen in terms of mortality - only 2.5 percent of those infected died - but it was highly communicable. As a result, a large percentage of the U.S. population fell ill; approximately one-half million Americans died, and during the waves of the pandemic essential public services were threatened.

Communicable diseases can be transmitted to humans in several ways however the ones that carry the potential to affect organizations and their personnel are listed below:

- Droplet transmission occurs when the pathogen is suspended in aerosolized droplets or mist expelled when an infected person coughs or sneezes. These tiny droplets can travel 3 to 6 feet and be inhaled by other persons, or can deposit themselves on mucous membranes around the eyes or mouth of uninfected persons.
- Airborne transmission occurs when a pathogen is suspended in the air in inhalable-sized particles that remain infectious and are subsequently inhaled through the nose or mouth. Such pathogens can also be transmitted by droplet transmission or contact transmission.
- Contact transmission occurs when an infected person has physical contact (e.g., shakes hands) with an uninfected person.
- Infectious respiratory droplets can be deposited on objects that other persons would likely touch with their hands (e.g., arms of chairs, door handles, documents, exhibits, restroom fixtures, desks, countertops, stair rails, elevator buttons, money, documents, receipts). When uninfected persons touch the contaminated surfaces or items and then rub their nose, mouth, or eyes, transmission may occur.

2 Pandemic Influenza

Influenza, also known as the flu, is a disease that attacks the respiratory tract in humans and differs from a viral "cold" in that it usually comes on suddenly and includes fever, headache, tiredness, dry cough, sore throat, nasal congestion, and body aches.

2.1 Pandemic Assumptions

The U.S. Department of Health and Human Services has created plans based on the following assumptions about pandemic disease:

- Susceptibility to the pandemic influenza will be universal.
- The clinical disease attack rate will be 30 percent in the overall population. Illness rates will be highest among school-aged children (about 40 percent) and the elderly. Among working adults, an average of 20 percent could become ill during a community outbreak.
- Risk groups for severe and fatal infections cannot be predicted with certainty. During annual fall and winter influenza season, infants and the elderly, persons with chronic illness, and pregnant women are usually at higher risk of complications from influenza infections.

- The typical incubation period for influenza averages two to three days. It is assumed this would be the same for a novel strain transmitted between people by respiratory secretions.
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first two days of illness. Children will shed the greatest amount of virus, therefore are likely to pose the greatest risk for transmission.
- In an affected community, an outbreak will typically last about 6 to 8 weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.
- The seasonality of a pandemic cannot be predicted with certainty. The largest waves in the United States during 20th-century pandemics occurred in fall and winter.

2.2 Potential Impacts

The impact of an actual pandemic cannot be accurately predicted, as it depends on multiple factors, including virulence of the virus, rate of transmission, availability of vaccines and antivirals, and effectiveness of containment measures.

An influenza pandemic could last from months to several years, with at least two peak waves of activity. According to the U.S. Department of Health and Human Services, the characteristics of an influenza pandemic that must be considered in strategic planning include the following:

- The fact that people may be asymptomatic while infectious.
- Simultaneous or near-simultaneous outbreaks in neighboring communities thereby limiting the ability of any jurisdiction to provide support, assistance, and mutual aid.
- Enormous demands on the health-care system.
- Delays and shortages in the availability of vaccines and antiviral drugs.
- Potential disruption of national and community infrastructure, including transportation, commerce, utilities, and public safety, due to widespread illness and death among workers and their families, as well as concern about ongoing exposure to the virus.
- Absenteeism across multiple sectors related to personal and family illness, fear of contagion, or public health measures to limit contact with others could all threaten the functioning of critical infrastructure, the movement of goods and services, and operation of organizations.

2.3 Information Sources for Current Status

WHO - The World Health Organization (WHO) describes six phases of increasing public health risk associated with the emergence of a new influenza virus that could pose a pandemic threat. Each phase recommends actions for national authorities and outlines measures to be implemented by the WHO, allowing for greater predictability of actions to be taken during the various phases of a pandemic.

For information about pandemics, the WHO phases, and the current worldwide status, please review the WHO website - <http://www.who.int>.

CDC - The Center for Disease Control and Prevention is the lead Federal government agency for pandemic planning. Up-to-date information about national planning as well as vaccines and antivirals can be found on the CDC website - <http://www.cdc.gov>.

2.4 The Pandemic Risk Assessment

Based on the Central Florida Disaster Medical Coalition COOP, the following information has been detailed specifically related to the risks and impacts of pandemic.

3 Organization Considerations

Although the circumstances described above paint a dark picture, an organization, to the best of its ability, must strive to continue its functions and to provide services to its populations.

3.1 Implications for the Organization

A challenge for the organizations will be to assist appropriate public health officials in protecting an organization's personnel and the public from transmission within the organization's facilities. However, given the large numbers of individuals who enter an organization's facilities each day, those facilities - like all other public facilities in which large numbers of persons interact and congregate - could themselves become a spreading center for the disease.

This raises a number of considerations for organizations, including:

- Significant numbers of persons who are necessary to the organization's mission-essential functions (e.g., organization staff, security personnel, IT staff, etc.) may be unavailable because of illness or death, possibly reaching from 30 to 50 percent of the workforce;
- Face-to-face contact between an organization's administrators and staff necessary for performing mission-essential functions may be dramatically limited or unavailable; and
- Facilities, infrastructure, utilities, and services may all be affected by a lack of adequate staffing caused by isolation, quarantine, illness, or death of those persons necessary for maintaining operations.
- Depending on the severity of the epidemic, an organization's administration may come under pressure as the disease causes attrition among employees, security personnel, IT, and maintenance personnel. To the extent that an organization relies on local law enforcement for security services, an additional concern is the possibility that, during an outbreak, law enforcement officers and security personnel may be reassigned to other critical law enforcement duties, thus resulting in a shortage of officers available to serve the organizations. In addition, state or local public health officers could close an organization's facility, or could quarantine or isolate an organization's personnel.

4 Pandemic Strategies

Unlike other emergency situations, an influenza epidemic could seriously disrupt an organization's operations for an extended period, lasting approximately from months to several years. Therefore, both short-term and long-term strategies are necessary to manage the potential extent and duration of the impact.

Each organization's continuity of operations plan (COOP) should address the basic response to any disaster or emergency situation. Organizations lacking a continuity of operations plan or having an incomplete continuity of operations plan are encouraged to begin the plan development process immediately.

Given the unique challenges posed by an epidemic, the information and strategies discussed below are not exclusive, but rather are designed to enhance organizations' current emergency protocol.

4.1 Short -Term Strategy

In the first 90 days of COOP activation, each organization should have the capacity to perform all mission-

essential functions as defined in the organization's COOP.

The organization's functions may need to be performed with limited staff, and when little to no face-to face contact is possible for an extended period. It is likely that an organization and its staff will be significantly affected by illness or even death.

As soon as possible, organizations should transition to full operations. If full operations cannot be initiated within 90 days of COOP activation, organizations should implement the long-term strategies described below.

4.2 Long-Term Strategy

Within 90 days of COOP activation, organizations should have the capacity to perform all mission-essential functions when little to no face-to-face contact is possible for an extended period. An organization and its staff will be significantly affected by illness or even death.

When developing its specific response to an epidemic, an organization should consider these issues:

- Operations may be significantly impacted for months to several years.
- All organizations and their personnel should be prepared to cooperate with appropriate public health personnel on response and recovery efforts. Because state and federal resources may be stressed during an epidemic, organizations should be prepared to operate with only minimal support from state and federal agencies.
- Each organization should ensure that it has the capacity to perform its mission-essential functions, for the first 90 days of COOP activation.
- If full operations cannot be restored within 90 days, an organization should ensure that it has the capacity to perform other mission-essential functions as best it can.

4.3 Post -Event Recovery

Recovery from an epidemic begins when an organization determines that it has adequate staff and resources to resume normal business functions. Once normal operations resume, the impact of the epidemic on organization's operations, staff, and other stakeholders should be assessed and an after action evaluation of the organization's response should be drafted. Such an evaluation can assist organizations in updating their continuity of operations plans as well as other emergency response plans, as appropriate.

4.4 Mission-Essential Functions

The Central Florida Disaster Medical Coalition's COOP has already identified its own detailed list of mission essential functions. With the unique impact that a pandemic presents, the Central Florida Disaster Medical Coalition is continuing to further identify those key processes and identify those specific functions that pose significant risk for infection (e.g., extensive public interaction, cash management).

All of the Mission Essential Functions for the Central Florida Disaster Medical Coalition are detailed and prioritized in the on-line CFDMCprepared.com planning system. Please refer to Annex C for the complete report.

4.5 Workforce Planning

Because a pandemic may not spread evenly through the employee population, the Central Florida Disaster Medical Coalition is working to create a skills inventory for those positions that are essential to continuing their mission-critical functions. The Central Florida Disaster Medical Coalition is considering cross-training and skill development for employees who can assume responsibility for carrying out those functions, which may lie beyond their normal scope of responsibility. With this strategy, should key personnel fall ill, it is perceived

critical functions would then continue with minimal impact to operations. Employees should also be informed that they may be asked to exercise authority or perform duties outside their typical job responsibilities.

While developing this skills inventory, the Central Florida Disaster Medical Coalition is paying particular attention to those positions for which cross-training is not feasible, such as those that require specialized training or qualifications. The Central Florida Disaster Medical Coalition is considering contingency plans should the personnel in those positions be unavailable. This includes identifying, in advance, possible sources for temporary replacement personnel.

Aspects of workforce planning are detailed in the Central Florida Disaster Medical Coalition COOP. Please refer to Annex A for COOP Teams and Responsibilities, Annex D for Orders of Succession, Annex E for Delegations of Authority, and Annex O for the complete Staff Roster.

4.6 Pandemic Action Items

The Central Florida Disaster Medical Coalition has identified a set of action items that must be performed before, during and after a pandemic event. This list is constantly maintained as part of the overall COOP. The following list details these pandemic action items.

5 Pandemic Planning Responsibilities

Effective advance planning by the Central Florida Disaster Medical Coalition is essential for the ability to respond quickly to the outbreak of a pandemic. Below are planning elements that are being addressed by the Central Florida Disaster Medical Coalition. The individuals responsible for these roles and responsibilities constitute the Pandemic Team which will coordinate and overlap with the organization's COOP teams.

The HHS Pandemic Influenza Plan advises that the first step in planning should be establishing a coordinating committee to oversee pandemic preparedness planning and ensure integration with other emergency planning efforts. This Pandemic Team includes a cross-section of employees, rather than executive leadership exclusively. In the event that some or all of the executive team falls ill, the Pandemic Team can still function, providing critical leadership and real-time decision making.

In addition to a cross-section of employees, including those responsible for employee health and safety, the Central Florida Disaster Medical Coalition is working to include other partners, as a way of alerting them to organization's plan and soliciting their input. Assuming the organization remain operational, it is essential that key partners be fully aware of the organization's efforts to ensure that all parties work together in accomplishing the organization's mission-critical functions.

It is recommended that the following roles and responsibilities are filled by the appropriate staff members.

5.1 State, Local, Private Sector Relationships

- Establish contact with local public health officials for coordination with local pandemic planning efforts.
- Ensure that the organization is aware of and possibly involved in current local preparedness and planning efforts.
- Ensure that the organization is kept informed of current local conditions and response efforts concerning a pandemic event.
- Develop mutual aid programs with neighboring organizations at the city, county, state, and/or private sector level.

5.2 Legal Preparedness

- Ensure that the organization's leadership is aware of any existing laws, ordinances, and/or authorities of health officials.

5.3 Communications

- Review the organization's internal and external communications plans to ensure that it is prepared to successfully communicate with leadership, personnel, and the general public under pandemic circumstances.
- Communicate regularly with employees regarding current status and expectations.
- Communicate regularly with any operational partners that factor into the organization's mission-essential operations for the distribution of event information and current status.
- Develop multiple channels and methods for disseminating information.
- Develop a Public Information Officer (PIO) capability for disseminating information to the public in an official manner.
- Communicate with Emergency Management regarding any incidents or developments related to pandemics.

5.4 Human Resource Issues

- Review the organization's policies and guidance regarding Injury/Illness as it might pertain to pandemics.
- Review Sick leave policies and train staff regarding appropriate sections and changes.
- Review organization's insurance policies, including health, disability, salary continuance, business travel, and life insurance.
- Review current travel policies and consider modifications related to pandemic issues.
- Develop a policy for vaccines and antivirals for staff including priorities and distribution methods.
- Develop crisis support or employee assistance programs
- Develop plans for alternate work schedules where applicable.
- Develop policies for social distancing.
- Determine the effects of union contracts on emergency Human Resource policy development.

5.5 Employee Education and Safety

- Assure staff that their health, safety, and well-being are a top priority during a pandemic.
- Develop an employee education and safety program and ensure that training is available to all appropriate staff.
- Instruct staff about Human Resource policies related to the pandemic or similar illnesses.
- Instruct staff about proper health and hygiene habits for minimize transmission including covering coughs, washing hands, and using hand sanitizer.

- Encourage staff to prepare at home with plans and emergency items including a two-week supply of food.

5.6 Facility Maintenance

- Oversee heightened cleaning efforts in offices and common areas, such as frequently wiping doorknobs, railings, telephones, restrooms.
- Place hand sanitizer in communal locations for staff and visitors to use.
- Develop emergency kits of equipment and supplies for preventing the transmission of the disease including cleaning supplies, respirators, masks, and disposable gloves, etc.
- Use damp rather than dry dusting to avoid spreading dust particles.
- Move restroom wastebaskets next to restroom doors so that employees can use towels to open the doors.

5.7 Technology Preparedness

- Identify technologies required for performing mission-essential functions and review the associated disaster recovery plans.
- Identify the supporting agency for each system (in-house, city/county, third party, etc.) and contact them to discuss continuity of operations planning efforts.
- Review IT staffing levels and develop clear succession lines for key technical skills.
- Research options for telecommuting for key staff including hardware, software and security requirements.
- Research options for videoconferencing and teleconferencing.
- Research options for the increased use of Internet and telephone communications.

6 Pandemic Team

The following person has been designated as the Pandemic Team Chief:

The following personnel are members of the Central Florida Disaster Medical Coalition Pandemic Team. These personnel have specific roles and responsibilities for pandemic response and recovery.

7 Plan Maintenance and Testing

The Central Florida Disaster Medical Coalition is committed to this overall COOP process and has an on-going program for maintaining and improving this plan and the related strategies. This overall plan maintenance process includes a variety of testing, training and exercising. Please refer to Annex M for the complete report of these scheduled and completed events. All events specifically related to pandemic planning are highlighted below.

8 Appendix

The CFDMCprepared.com has an on-line file archive for storing and accessing vital records related to the COOP. All files specifically related to pandemic planning are listed below. To access these files, log into CFDMCprepared.com and navigate to the File Archive section.

**FILE ARCHIVE
APPENDIX**

File Archive

The CFDMC has access to a file archiving feature within the Central Florida Disaster Medical Coalition - Continuity of Operations Plan system. The File Archive feature allows the CFDMC to upload files to the system and provides the CFDMC with access to these files from remote locations, as needed, during continuity events or disruptions. Provided below is a list of files that have been uploaded by the CFDMC to the Central Florida Disaster Medical Coalition - Continuity of Operations Plan system. Each file listed below includes the name of the file, a description of the file, and the most recent date the file was uploaded.

General Documents/Other

2018-04-01 COOP Beginner Workshop Presentation.pptx - 2018-04-01 COOP Beginner Workshop Presentation.pptx - Date Uploaded: 12/03/2018

2018-12-10 CFDMC_Dec Workshops.pdf - 2018-12-10 CFDMC Dec Workshops Sign-in Sheets - Date Uploaded: 12/10/2018

2019-03-06 CFDMCprepared Workshop Signin Sheets.pdf - 2019-03-06 CFDMCprepared Workshop Signin Sheets - Date Uploaded: 3/08/2019

2019-10-22 BOLDplanning Cheat Sheet - Plan Approval Signatures.pdf - Approving Plans Cheat Sheet - Date Uploaded: 12/11/2019

2019-10-22 BOLDplanning Cheat Sheet - TTE.pdf - TTE / Plan Maintenance Cheat Sheet - Date Uploaded: 12/11/2019

2019-10-22 BOLDplanning Cheat Sheet - User Manager.pdf - User Manager Cheat Sheet - Date Uploaded: 12/11/2019

2019-11-21 BOLDplanning Cheat Sheet - Adding Contacts and Vendors.pdf - Adding Contacts / Vendors Cheat Sheet - Date Uploaded: 12/11/2019

2019-CMS Emer Rule Update.pdf - 2019 CMS Emergency Preparedness Rule Update - Date Uploaded: 12/11/2019

aspr-tracie-cms-ep-rule-rhc-fqhc-requirements.pdf - RHC/FQHC CMS Emergency Preparedness Requirements Overview - Date Uploaded: 12/12/2019

Central_Florida_Disaster_Medical_Coalition_COOP.docx - CFDMC COOP 2015 - Date Uploaded: 12/11/2019

CMS Emergency Rule Interpretive Guidance.pdf - CMS Emergency Preparedness Final Rule Guidance - Date Uploaded: 12/03/2018

NEW - BOLDplanning Data Import Templates - Contacts.xls - Contacts Data Import Template - Date Uploaded: 12/08/2018

NEW - BOLDplanning Data Import Templates - Facilities.xls - Facilities Data Import Template - Date Uploaded: 12/08/2018

NEW - BOLDplanning Data Import Templates - Vendors.xls - Vendors Data Import Template - Date Uploaded: 12/08/2018

NEW - BOLDplanning Data Import Templates - Vital Records.xls - Vital Records Data Import Template - Date Uploaded: 12/08/2018

Test, Training, and Exercise

2019-12-10 CFDMC COOP Workshop Sign-in Sheet.pdf - 2019-12-10 CFDMC COOP Workshop Sign-in Sheet - Date Uploaded: 12/12/2019

2019-12-11 CFDMC COOP Workshop Sign-in Sheet.pdf - 2019-12-11 CFDMC COOP Workshop Sign-in Sheet - Date Uploaded: 12/12/2019