

Building a Continuity of Operations Plan (COOP)

Identifying and Prioritizing Critical Health Services



The Background

A MONTGOMERY COUNTY PERSPECTIVE

Building a Continuity of Operations Plan (COOP) is an important process in emergency preparedness and response planning. A COOP offers guidance for local health departments on practices that will continue critical services with a limited number of staff, as well as the shifting of staff from non-critical services to other job functions. Overall, a COOP facilitates the performance of a health department’s functions during an emergency or other situation which may interrupt normal services.

During the spring of 2007 the Communicable Disease & Epidemiology Program of Public Health Services of the Montgomery County, Maryland Department of Health and Human Services undertook the development of a segment of a COOP. Communicable Disease & Epidemiology was the first section in Public Health Services to assume the task of identifying and prioritizing critical services. The Montgomery County Maryland Advanced Practice Center for Public Health Emergency Preparedness and Response developed this tip sheet to share experiences with other local health departments as they develop their own plans.

Continuity of Operations Plan (COOP) Chart

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Phase 8
Create plans & procedures that address all-hazards assumptions	Identify critical functions and services	Identify key personnel and orders of succession	Provide data support systems/vital records	Identify alternate facilities	Identify communication systems and emergency contact information	Reinforce by education, training and exercise programs	REVIEW COOP ANNUALLY

**Chart A: Montgomery County, Maryland
Communicable Disease & Epidemiology • Tuberculosis Control Program (Example)**

Essential Services	Reinforce	Run	Reduce	Remove	Priority	Staffing Requirements*	Notes
TREATMENT: ROUTINE/ LONG-TERM			<u>X</u>		1	2 (RN)	Non-direct observation/ monitor by phone/ packs given for supply needs. Run-medication distribution for patients.
DIAGNOSIS			<u>X</u>		2	1 (RN)	
CONTACT INVESTIGATIONS			<u>X</u>		3	2 (RN)	
REFUGEE CARE			<u>X</u>		4	1 (RN)	High risk, symptomatic services only.
PREVENTION			<u>X</u>		5	1 (RN)	Treat for latent TB infection.
MIGRANT HEALTH			<u>X</u>		6	1 (RN)	High risk, symptomatic services only.
PPD SKIN TESTING				<u>X</u>	–	–	Cancel Tues./Thurs. Services

STEP 1
STEP 2
STEP 3
STEP 4

The Four-Step Process of Identifying and Prioritizing Critical Health Services

Goal: Identify critical day-to-day services of the local health department that will need to continue to ensure uninterrupted performance during a wide spectrum of emergency events or disasters. (See Chart A, *Tuberculosis Control Program*, as an example.)

Step 1: Identify the services each public health program provides in a specific department or agency within the health department on a regular basis (e.g., Montgomery County used the program of Communicable Disease & Epidemiology as a pilot).¹

Step 2: Categorize each public health program’s service, under one of the “4Rs” (Reinforce, Run, Reduce, and Remove) listed below. Montgomery County utilized a pandemic influenza scenario as an

example to work with; however, it should be remembered that a COOP is an all-hazards plan. The purpose is to reduce or to remove as many services as possible.

- **Reinforce** – services that must continue in the local health department and may even be expanded during an emergency event (e.g., public health preparedness program services such as response and surveillance activities, vital records).

* Total staff needed are 2 to 3 Registered Nurses, which assumes cross-functional and multi-functional support, administrative staff will float between programs.

- **Run** – health services that must run and have high priority within the local health department in relation to the community, regulations, and health outcomes (e.g., medication administration services provided to clients with TB who need assistance maintaining or adhering to medications).
- **Reduce** – local health department services that may have some critical functions, recognizing that the majority can be reduced or removed (e.g., diagnosis of recent TB infections, which at best may have to be managed via telephone, e-mail, or mail).
- **Remove** – health services that can be removed completely in order to shift resources to more critical functions or programs of the local health department during an emergency event (e.g., PPD skin testing services, only emergency cases would be followed up).

Step 3: Rank and prioritize the order of importance of the health services in each program during an emergency.

Step 4: Select the minimal number of local health department staff needed to perform services necessary to continue in an emergency. (This step moves into part of Phase 3 of COOP).

¹ Local Health Departments may want to use NACCHO's publication, *Operational Definition of a Functional Local Health Department*, November 2005, www.naccho.org as a resource on core public health services.

Resources

This tip sheet complements NACCHO's ThreatPREP, a CD-ROM developed in conjunction with SYA Group, Inc. ThreatPREP is a resource designed to help local departments update their response plans by organizing the process of building, revising, and maintaining a plan over time; it includes a section on COOP as well. To obtain this resource, visit NACCHO's website: www.naccho.org.

10 Tips for Local Health Departments to Simplify the COOP Process

- Have public health leadership make COOP a priority for the department.
- Designate a facilitator to initiate and lead the COOP process. This person must be given the authority and responsibility to move people through the process, assure feedback, and compile the COOP into one document.
- Predetermine meeting times and place(s) until the plan is completed. Be vigilant and stick to a schedule.
- Bring to the table staff members who make critical program decisions to identify services.
- Utilize a group process to identify program services. This may allow for discussion and input from others, and foster agreement as well.
- Identify and prioritize services. COOP planning is selecting the essential normal everyday program services that need to continue during a specific emergency event. COOP is not an emergency response plan.
- Categorize and group services together as much as possible. This will help to simplify and streamline program services.
- Reduce or remove as many services as possible. This is extremely important and necessary in order to increase personnel in services that will need to be reinforced, and to determine how many staff may be available to be re-directed to other activities to mitigate the emergency.
- Identify employees in the succession plan who have the knowledge base and skills to move into a leadership position. This may or may not be based on job title or seniority.
- Assure staff that what everyone does day-to-day is **important!** During an emergency staff may have to “let go” of some tasks, and their jobs may be different during an emergency event.



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