



# **Continuity of Operations Plan (COOP)**

**Revised March 2020**

## Executive Summary/Purpose

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The COOP is to ensure that vital services provided by Northeast Delta Human Services Authority (NEDHSA) continue seamlessly as possible in the event of serious events or disasters. In any event, NEDHSA shall incorporate guidance from Louisiana Department of Health (LDH) Office of Public Health (OPH) as the OPH carries out the public health emergency response when the State Emergency Operation Plan (EOP) is activated. This document will address the continuity of vital operations of this agency in response to a variety of hazard threats.

## Applicability and Scope

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While this plan is for NEDHSA facilities specifically, it is designed to dovetail with the continuity of operations/emergency preparedness plans of other regions and the State Office.

### I. Essential Functions

The prioritized essential functions of NEDHSA Clinics in times of emergency or disaster are:

- A. Provide consumer Mental Health, Addictive Disorders and Developmental Disability services to adults/children with serious emotional-behavioral disorders substance abuse disorders and/or developmental disabilities.
- B. Provide staff for Medical Special Needs Shelters in response to State Office Directives.
- C. Provide specialized services and/or consultation in communities as requested by local Office(s) of Emergency Preparedness and/or community leaders.

### II. CONTINUITY PLANNING ROLES AND RESPONSIBILITIES

#### A. Executive Management Team

The Executive Management Team is directly responsible for ensuring that continuity plans and programs are developed, coordinated, exercised, and capable of being implemented when required. These responsibilities include:

- Designating a Continuity Coordinator.
- Approving all required continuity plans and programs.
- Notifying appropriate offices and organizations upon execution of continuity plans.
- Supporting the work of the Continuity Manager and Continuity Coordinator, including providing the necessary budgetary and other resources to support the continuity program, as required.

## **B. Continuity Coordinator**

The Continuity Coordinator will coordinate the overall activities of the Continuity Planning Team. The responsibilities of the Continuity Coordinator include:

1. Coordinating continuity planning activities with policies, plans, and incentives related to critical infrastructure protection.
2. Leading the creation and coordination of the continuity planning process.
3. Directing and participating in periodic cross-jurisdictional continuity exercises.
4. Coordinating the input of the organization and ensuring those inputs reflect, support, and sustain the continuation of essential functions.
5. Developing and maintaining the continuity plan.
6. Serving as an advocate for the continuity plan and program.

## **C. Continuity Planning Team**

The Continuity Planning Team coordinates continuity planning and duties for the entire organization. These duties include:

1. Overall continuity coordination for the organization.
2. Guiding and supporting the development of the organization's continuity plan.
3. Coordinating continuity exercises, documenting of post-exercise lessons learned, and conducting periodic evaluations of organizational continuity capabilities.
4. Understanding the role that adjacent jurisdictions and organizations might be expected to play in certain types of emergency conditions and what support those adjacent organizations might provide.
5. Understanding the limits of other jurisdictions continuity resources and support capabilities.
6. Anticipating the point at which adjacent organizational or mutual aid resources will be required.

## **D. Individual Employees**

Each employee is responsible for:

- Understanding their continuity roles and responsibilities within the organization.
- Knowing and being committed to their duties in a continuity environment.
- Understanding and being willing to perform in continuity situations to ensure the organization can continue its essential functions.
- Ensuring that family members are prepared for and taken care of in an emergency situation.

## **E. Continuity Planning Team Organization**

- Continuity Coordinator, as designated by the Executive Director
- Regional Health and Safety Coordinator

- Clinical Services Representative
- Developmental Disability Services Representative
- Fiscal and Operations Representative
- Human Resources Representative

### III. Potential Threats to Continuity of Operations

- A. Severe Weather Incidents
  - Tornado
  - Major storms/Hurricane
  - Ice storms
  - Flooding
- B. Fire
- C. Toxic Spills or other incidents
  - Industrial plant disasters
  - Barge, railway, trucking accidents
- D. Man-made disasters
  - Terrorist/criminal attacks
- E. Pandemic Illnesses
  - Influenza
  - Coronavirus COVID-19
  - Other Severe or Life Threatening Pathogens
- F. Technology Problems
  - Loss of Power
  - Loss of Communications (telephone, internet)
  - Cyber Attack

### IV. Continuity of Operations

Many of the events listed above may result in the temporary (i.e., three days or less) or long term (more than three days) disruption of a facility.

#### **Applies to All Hazards EXCEPT Pandemic Influenza**

- NEDHSA will be operational during an emergency.
- NEDHSA has defined Critical Essential Function capabilities and is prepared to sustain Critical Essential Functions or restore Critical Essential Functions within 12 hours after a disruption.
- NEDHSA may suspend Short-Term Essential Functions (STEF) for a period of 3 days or less and Long-Term Essential Functions (LTEF) for more than 3 days. Suspensions will be based on Short-Term Essential Function/Long-

Term Essential Function priority with lowest priority Short-Term Essential Function/Long-Term Essential Functions suspended first.

- Alternate work locations and work methods will have been established and exercised, to the extent possible. Alternate facilities may be activated for use during an emergency.
- Each director has identified a complete order of succession for his/her leadership position and key position for each Critical Essential Function. This order of succession will ensure adequate personnel for all Critical Essential Functions.
- Personnel will be re-assigned to assist with the response.

### **Applies to Pandemic Influenza**

- NEDHSA will be operational during a pandemic influenza outbreak and is prepared to sustain Critical Essential Function capabilities during an outbreak of pandemic influenza.
- NEDHSA has defined Critical Essential Function capabilities.
- NEDHSA may suspend Short-Term Essential Functions (STEF) for a period of 3 days or less and Long-Term Essential Functions (LTEF) for more than 3 days. Suspensions will be based on Short-Term Essential Function/Long-Term Essential Function priority with lowest priority Short-Term Essential Function/Long-Term Essential Functions suspended first.
- Alternate work locations and work methods will have been established and exercised, to the extent possible. Alternate facilities may be activated for use during an emergency.
- Each manager has identified a complete order of succession for his/her leadership position and key position for each Critical Essential Function. This order of succession will ensure adequate personnel for all Critical Essential Functions.
- Personnel will be re-assigned to assist with the response.

#### **A. Temporary Disruptions**

- Examples
  - Inaccessibility of facilities due to travel conditions; e.g., ice on roads, roads flooded.
  - Wide range power/communication outages as a result of ice or windstorm.
- Temporary evacuation due to toxic spillage as a result of industrial, traffic, or rail accident.
- Responses
  - Facility Manager will contact the Executive Director and advise of the current situation. The Executive Director will confer, as necessary, with State Office staff.
  - Until the time a decision has been made to close a facility either temporarily or longer, it is the expectation that staff will report for duty. If staff cannot report for work, they are to call either their supervisor and/or an emergency number.

- If possible, a skeleton crew should be maintained in the facility to handle phone calls.
- If necessary, arrangements for a public service announcement on local media should be made to apprise the local population of the situation along with social media.
- Operations will resume as usual once conditions normalize and/or public safety officials authorize re-entry.

#### B. Long Term Disruptions

- Examples
  - Significant building damage due to fire, storm, or flood
- Responses
  - Refer to the following sections.

### V. Activation of Continuity of Operations Plan and Relocation

#### A. Decision Process

1. Authority – the Executive Director, in consultation with State Office personnel, has the authority to initiate the COOP.
2. Alert, Notification, and Implementation Process  
If an event necessitates the closure/disruption of a facility for an anticipated long term (in excess of three days):
  - The facility manager shall notify the Department Director of the type of incident and the reasons why it would be necessary for the facility to have its operations moved. This information will be relayed to the Executive Director to initiate a decision.
  - The facility manager shall notify staff members, via the calling tree mechanism, and apprise them of the current situation and contingency plans being considered.
  - The Department Director shall muster needed additional staff from other offices to assure that steps to ensure continuity of operations occur.
3. Leadership  
The chain of command for NEDHSA can be found in the agency Organizational Chart.

Decisions regarding the COOP rest with the Executive Director, in consultation with State Office. In the absence of the Executive Director, the Executive Director will appoint an EMT member to assume decision-making authority.

#### B. Alternate Facility Operations

1. Mission Critical Systems

- a. Physician Services (including medication management services)
- b. Pharmacy Services
- c. Therapy Services (including addictive disorders group services)
- d. Access Services
- e. Information Services

The above services, with the exception of Pharmacy Services, which is in the Monroe Clinic, are located in each of the various facilities.

## 2. Alternate Sites

The decision to provide services at an alternative site will involve many considerations including, but not limited to:

- Extent of damage to existing facility(s).
- Length of time to get facility(s) back on-line.
- Accessibility of alternate site to consumers.

In the event that a facility building would not be usable for a long term, the following plan will be implemented until more permanent plans are developed:

- Tallulah Clinic has made arrangements with the school board, sheriff's office, and/or police jury to allow NEDHSA use of vacant offices to provide vital services on a temporary basis.
- Winnsboro consumers will go to Columbia Behavioral Health Clinic.
- Bastrop consumers will go to Monroe.
- Columbia consumers will go to Winnsboro Clinic.
- Ruston consumers will go to Monroe Behavioral Health Clinic for, although the Peer Center will be used as the first alternative.
- The Administrative Office will be handled from home and/or alternate sites as space and resources permit.

In consideration of resources available, the most expedient plan if the Monroe Clinic is inoperable is:

1. Pharmacy Services will operate as described in this document
2. Should the MBHC building unusable for a significant period of time, the following would provide short term relief for service provision:
  - The Office of Public Health has agreed to provide "two or three offices" for NEDHSA use in the event of a disaster. These would be used for medication management services.
  - The provision of addictive disorder groups, access and high priority mental health therapy would be conducted out of the NEDHSA Administrative office or Women and Children's Office.

Because of its number of employees and other needs, it may be necessary to "split up" the MBHC into two or

three sub-units between alternative sites, to redistribute staff and other resources until more satisfactory arrangements can be made. Efforts will be made to secure appropriate space as quickly as possible.

### 3. Pharmacy Services

In the event of a flood or prolonged power outage or any event that requires the relocation of the pharmacy or movement of medications to maintain integrity, the pharmacy medication inventory may be moved to the most convenient unaffected location with facilities to accommodate pharmacy services under the supervision of the Pharmacy Director/ designee. Efforts will be given to move medication as quickly and efficiently as possible to maintain normal temperatures and avoid contamination. Further considerations regarding the movement of medication include:

- A minimum list of supplies will be maintained for transport.
- Regional staff and/or other assigned NEDHSA staff will assist with the packing the medications into boxes.
- Medications will be transported in a state vehicle to the alternative site under the supervision of the Pharmacy Director.
- A laptop computer is available to the pharmacy in order to continue dispensing services

### 4. Information Systems

- a. Most electronic information is web-based – consumer data (EHR), financial (ARAMIS and SOARS), payroll (ISIS), Comcast will provide backup internet service in the event that there is an outage with our AT&T designated circuit in the event of an emergency.
- b. Portions of consumer records are hard copy only. Should these records be damaged and/or otherwise lost, these records would have to be reconstructed from the limited electronic record.
- c. If consumer records are available, they should be relocated to an alternate site, with provisions for appropriate security.
- d. Pharmacy records are maintained in hard copy and electronic formats. Data is backed up to a server located within Monroe BHC and is restored every 15 minutes. Data is also backed up off-site by Pioneer Rx in the event of damage to the on-site server. This data is also restored every 15 minutes. An inventory of all computer hardware and software licenses are kept by the fiscal department that is located off-site from the pharmacy.

## 5. Communications

- a. Immediately after the crisis event, communication with staff and state office personnel may be maintained by personal landline or cellular telephones, especially if communication systems in facilities are damaged. Additionally, 800 mhz telephones/walkie-talkie units may be used for statewide communications as they are distributed to the regions by State Office.
- b. If it is necessary to set up operations in a new or temporary setting, one of the first priorities will be to establish telecommunication services as they become available.
- c. As much as practicable, communication with staff shall be maintained via the calling tree mechanism until such time as a “normal” communications system can be established.

## 6. Provider Contacts

In the event a situation occurs in which NEDHSA facility(s) are required to shut down and/or relocate, many of the agencies that this organization and its consumers use will also have similar situations. In order that referrals and other transactions can take place appropriately:

- a. All NEDHSA staff are included in the calling tree
- b. All contract providers (e.g., Rayville Recovery, Easter Seals) shall provide an administrative contact to be included on the NEDHSA calling tree.
  - c. Administrative contacts with agencies with which NEDHSA typically “partner” (e.g., Ochsner LSU Health Shreveport – Monroe Medical Center, will be included in the calling tree.

## VI. **Pandemic Illnesses** (e.g., Influenza and Coronavirus COVID-19)

A pandemic outbreak is differentiated from periodic “epidemics” by the length and severity of an illness and the numbers of individuals effected by an illness. While “routine” influenza epidemics may require restructuring of resources on a temporary basis due to employee illness, a pandemic situation would involve large numbers of human resources being absent for lengthy periods of time due to their and/or their families’ illness.

- A. It is most likely that the influenza pandemic would start in another part of the nation; along one of the coastal major metropolitan area. Therefore, it is likely that NEDHSA staff will have time to prepare and plan.
- B. NEDHSA will respond to the recommendations from the Centers for Disease Control and the LA Office of Public Health. This would include taking preventative measures such as:
  1. Having employees mask/glove during the workday.

2. If vaccines are available for the particular illness, staff will be provided these, if possible; otherwise staff will be encouraged to get vaccinated.
  3. Additional hand washing and the use of hand sanitizers will be encouraged.
  4. During the term of the pandemic, the practice of “social distancing” – using only minimal close contact between individuals – will be practiced.
- C. Should the infection spread to NEDHSA facilities and large numbers of employees and/or families of employees become infected:
1. Employees will continue preventative measures.
  2. Staff will be redistributed in accordance to the needs of the various locations. Every attempt will be made to staff each full time behavioral health clinic/development disability unit with at least a “skeleton” crew, consisting of at least one staff member (preferably clinician for the behavioral health clinics). It may be necessary for the clinician to pick up medications at the Regional Pharmacy; therefore, different hours of operation may to be posted or otherwise made available to the public.
  3. Because of the crisis situation and the lower numbers of staff, only the most critical services will be provided during the term of the pandemic. These services will include: medication distribution, telephone triage, crisis intervention (by telephone, if possible), and providing accurate information to consumers and others about the pandemic situation. Because there will more than likely be a shortage of physicians, orders will be renewed by telephone and the use of telemedicine may be implemented.
- D. NEDHSA Office operations will become normalized whenever public health officials indicate that the pandemic is no longer a threat to public health.
- E. Prior to any pandemic event, staff will receive training in:
1. General infection control issues, e.g., hand-washing and general sanitation.
  2. Educational information regarding infectious and their control/prevention through resources such as Relias, local hospitals, Centers for Disease Control, Red Cross, and the Office of Public Health.