



# **Region 2 Healthcare Coalition**

## **Continuity of Operations Plan Guidance Document**

1. This regional COOP plan has two parts; 1) a guidance document that gives more explanation of continuity of operations planning elements and information and 2) a Continuity of Operations Plan (COOP) annex to add to the Region 2 hospital's Emergency Operations Plan (EOP). This annex, provides a brief, ready-to-go document that can be pulled out and followed when needed.
2. There are sections of the annex where the language states to refer to a section of the EOP, an administrative policy or other plans to find that planning element. This was done to reduce any duplication of work that may have already been completed in the specifics of each hospital's EOP or other plans with in the Region 2 Coalition.

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## ***Checklist of Elements that must be covered in the COOP***

*COOP Element 1 – Essential Functions*

Region 2 Healthcare Coalition has identified the most critical functions that must be continued under all circumstances.

*COOP Element 2 – Orders of Succession*

Region 2 Healthcare Coalition has identified a line of succession for leadership positions.

*COOP Element 3 – Delegations of Authority*

Region 2 Healthcare Coalition has identified positions that have the legal authority to carry out particular duties for the Region. These delegations must be written, signed and included as part of the plan.

*COOP Element 4 – Continuity Facilities*

Region 2 Healthcare Coalition has identified facilities (also called alternate sites) in which to carry out its essential functions.

*COOP Element 5 – Continuity Communications*

Region 2 Healthcare Coalition has identified interoperable communications to be used during an emergency as well as applicable contact lists, call down rosters and logs of trainings and drills.

*COOP Element 6 – Vital Records Management*

Region 2 Healthcare Coalition has identified in our plan what records, databases, systems and equipment are needed to support the hospital's essential functions.

*COOP Element 7 – Human Capital*

Region 2 Healthcare Coalition has a plan that includes how we will train providers, and teams on the Region 2 COOP plan, how we will communicate during a COOP event as well as other programs that are available for home and family preparedness, if applicable.

*COOP Element 8 – Test, Train, Evaluate*

Region 2 Healthcare Coalition has identified how we will test, train and evaluate our COOP.

*COOP Element 9 – Devolution*

Region 2 Healthcare Coalition Emergency Operation Plan (EOP) has a section describing how we will deal with a catastrophic event that renders a hospital within the region inoperable or under duress

*COOP Element 10 – Reconstitution*

Region 2 Healthcare Coalition Has developed a course of action for reconstituting all business functions and to assist those in Region 2 Healthcare Coalition Hospitals after an emergency has concluded.

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## Section 1 – Introduction

### ***Mission Statement***

Region 2 Healthcare Coalition will continue to improve the health of the communities that we service.

### ***1.1 Purpose***

The purpose of the COOP is to establish policy and guidance to ensure the essential business functions of Region 2 Healthcare Coalition Hospitals are continued in the event that a manmade, natural or technological emergency disrupts or threatens to disrupt normal business operations. The COOP enables the hospital to operate with a significantly reduced workforce and diminished availability of resources and conduct business operations from an alternate work site should the primary site become uninhabitable.

This plan also focuses on the healthcare facility's dependence on computer technology. A healthcare organization that suffers an IT or business interruption such as a power failure, hardware failures or data center incidents, can expect to lose much of their productivity and therefore ability to deliver patient care. An IT or business interruption can also have serious consequences for the hospital in terms of public relations. If the hospital cannot respond quickly and effectively to address patient needs the hospital can suffer negative implications. The disruption of critical care systems will have long-standing and far-reaching consequences.

The COOP will ensure Region 2 Healthcare Coalition is prepared to do the following:

- Respond to emergencies, recover from them and mitigate their impacts.
- Provide critical business services in an environment that is threatened, diminished or incapacitated.
- Provide timely direction, control and coordination to staff and other critical partners 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 COOP.
- Facilitate a return to normal operating conditions as soon as practical, based upon the circumstances and the threat.

Region 2 Healthcare Coalition should ensure its COOP is (1) viable and operational; (2) compliant with all guidance documents; (3) fully capable of addressing all types of emergencies; and (4) essential business functions are able to continue with minimal or no disruption during all types of emergencies.

### ***1.2 Applicability & Scope***

The provisions of this document apply to Region 2 Healthcare Coalition Hospitals under the request for Regional assistance to a event of any type. Each Hospital within the Region is ultimately responsible for ensuring a COOP plan is in place for their own Hospital, its business offices and other clinics and facilities that are part of the Individual or Corporate Hospital Business. Support from other organizations as described in this plan will be coordinated OSF Saint Francis Medical Center Disaster Preparedness Office

through the hospital's Safety Officer, the Safety Committee, the Emergency Management Committee and Region 2, as applicable. This document is for use by Region 2 Healthcare Coalition during situations that (1) diminish the availability of hospital staff and resources; (2) require internal reallocation of available resources; or (3) necessitate the relocation or re-establishment of business functions.

The scope of the COOP does not apply to temporary disruptions of service during short-term building evacuations or other situations where services are anticipated to be restored within a short period of time. The hospital's CEO or designee will determine which situations require implementation of the COOP and will oversee responsibilities related to COOP activation. An Activation Scenarios & Decision Making Matrix is located in the EOP.

If required the affected Hospital may ask of assistance during events that are outlined in this Regional Plan.

Region 2 Healthcare Coalition should maintain and update this plan and may provide critical partners with a copy or executive summary of the plan. A copy of this plan should be maintained in the Incident Command Center and backed up electronically on the Region 2 Healthcare Coalition webpage ([www.osfsaintfrancis.org/disaster](http://www.osfsaintfrancis.org/disaster)).

### **1.3 Supersession**

This version of the Region 2 Healthcare Coalition COOP and its supporting documents, as applicable, supersede any previous versions of continuity of operations or business continuity plans developed by the hospital.

### **1.4 Planning Principles**

The following authorities were consulted in development of this COOP:

- Federal Continuity Directives 1 and 2
- CMS, DNV, Joint Commission and IDPH directives on Continuity of Operations Planning

### **1.5 Authorities & References**

- National Response Framework (NRF)
- National Incident Management System (NIMS)
- Hospital Incident Command System (HICS)

### **1.6 Policy**

Region 2 Healthcare Coalition recognizes and acknowledges that the protection of its assets and business operations is a major responsibility to its employees, patients and the public. Therefore, it is the policy of the Region 2 Healthcare Coalition that a viable COOP be established and maintained to ensure high levels of patient care, service quality and availability. Region 2 Healthcare Coalition also maintains the policy to protect life, information and property, in that order. To this end, procedures have been developed to support the resumption of time-sensitive business operations and functions in the event of their disruption at the facilities identified in this plan. Region 2 Healthcare Coalition is committed to supporting service resumption and recovery efforts at alternate work sites and any entity within the Region requesting assistance. Likewise, Each Hospital within the Region must ensure that the Safety Committee, Emergency Management Committee and hospital leadership staff are responsible for developing and maintaining a viable COOP that conforms to acceptable insurance, regulator and ethical practices and is consistent with the provisions and direction of other policies, plans and procedures.

## Section 2 – Concept of Operations

### **2.1 Objectives**

This COOP was developed in an effort to assure Region 2 Healthcare Coalition capability to assist members and corporations of the Region exists to continue essential functions across a variety of emergencies. The objectives of this COOP include:

- To help ensure the continuous performance of the Regions hospital's essential functions/operations during an emergency.
- To help protect essential facilities, equipment, records and other assets.
- To help reduce or mitigate disruptions to operations.
- To help reduce injuries and loss of life.
- To help minimize damage and losses to agency facilities and assets.
- To help identify and designate principals and support staff to carry out essential functions and, if necessary, be relocated.
- To help facilitate decision-making for execution of the COOP and the subsequent conduct of operations.
- To help achieve timely and orderly recovery from an emergency and resume full services.

### **2.2 Planning Assumptions and Considerations**

The COOP should be capable of implementation with and without warning, and it should be operational no later than 12 hours after activation and sustained for up to 30 days with resource support.

This COOP is based on the following assumptions and considerations:

- Emergencies or threats may affect Region 2 Healthcare Coalition Hospital's ability to provide essential departmental services and to provide support to other agencies.
- Personnel and other resources from Region 2 Emergency Medical Response Team will be made available to continue essential departmental services.
- Emergencies and threats will be prioritized based upon their perceived impact on operations and the public.
- An emergency may require the transfer of essential services to other personnel and possibly relocation sites.
- Staff levels may be significantly reduced. The lives of staff may be lost due to significant mortality associated with injury or disease.
- Remaining workers may be psychologically affected by disaster, disease, family concerns, and concerns about economic loss or fear.
- Information and communications systems that support essential functions during normal day to day operations may not be available.
- An effective response to a community-wide event will require a coordinated effort from public and private entities, including public health, emergency management, healthcare and critical infrastructure providers.

### **2.3 Insurance Strategies for Disaster Recovery**

The healthcare coalition will engage its members' executive leadership, finance department officials, legal counsel, and emergency preparedness coordinators in discussions, seminars, and workshops to present hazard and risk assessments prepared in the region to assist member organizations in maintaining relevant insurance products to protect against losses from a disaster.

Topics should cover:

- Consequences of closure by government order
- Cancellation of services due to a lack of staff
- Activation of Crisis Standards of Care plans
- Lack of reimbursement for services provided
- Loss of power, water or communication
- Disruption of electronic payment system
- Disruption/failure of healthcare supply chain

#### **Types of Insurance for Contingencies**

**Business Interruption Insurance:** compensates the HCO for lost income if the HCO has to vacate the premises due to disaster related damage that is covered under its property insurance policy. Policies typically cover profits the HCO would have earned based on financial records had the disaster not occurred. The policy will cover operating expenses that are continuous through the disaster event.

**Civil Authority Insurance (CAI):** is an extension of business interruption coverage, and compensates an HCO for lost income and additional expenses arising out of suspension of the insured's operations necessitated by an order of civil authority ("closure order") which prevents access to the insured's property.

**Ingress/Egress Insurance:** similar to CAI coverage except that closure order from a civil authority is not necessary. To trigger coverage, many ingress/egress policies require, because of the damage to the property, that the property be completely inaccessible.

**Contingent or Dependent Business Interruption Insurance:** protects the earnings of the insured following physical loss or damage to the property of the insured's suppliers or customers, as opposed to its own property.

Dependent property is frequently defined as "property operated by others upon whom you depend to:

1. Deliver materials or services to you or to others for your account (not including utilities)
2. Accept your products or services
3. Manufacture products for delivery to your customers under contract for sale
4. Attract customers to your business"

**Accounts Receivable Insurance:** protects HCOs against their inability to collect their accounts receivable because of the loss of supporting records that have been destroyed by a covered-

### **2.4 Vulnerability and Risk Assessment**

The HVA is an exploratory planning component used to key in on the hospital's vulnerabilities and outline the steps needed to mitigate the impact of the perceived risks.



Every one to two years Region 2 Healthcare Coalition Hospital should collaborate with local officials to put together a Hazard Vulnerability Assessment (HVA). The HVA will help Region 2 Healthcare Coalition Hospital prioritize the likelihood of various emergency events. The HVA is where the hospital will identify their gaps in planning, equipment, training, exercise or other areas. The Regional HVA was completed in January 2015.

The results of the HVA are included in the Region 2 Healthcare Coalition Hospital's Emergency Operations Plan (EOP). The Region 2 Healthcare Coalition Hospital's EOP and supporting documentation are kept on file in the Incident Command Center.

### ***2.5 COOP Teams and Planning Responsibilities***

Region 2 Healthcare Coalition leadership and the HICS, should ensure the mission of the hospital and the essential functions that help carry out that mission are done in a timely and efficient manner. This is even more important during an emergency situation. Essential functions are the services Region 2 Healthcare Coalition Hospital's must provide that cannot be delayed for more than 30 days. Throughout this document, general references to the "COOP Team" will include the Information Technology Unit, Service Continuity Unit, Records Preservation Unit and the Business Function Relocation Unit as referenced in HICS. If the COOP is activated the management structure will roll into the HICS Operations Section .

### ***2.6 Hospital Incident Command System (HICS) and COOP***

Region 2 Healthcare Coalition incorporates the Hospital Incident Command System (HICS) following National Incident Management System (NIMS) requirements. Job Action Sheets for the Incident Commander, Command Staff, and General Staff can be found in Incident Command. Region 2 Healthcare Coalition can provide personnel and volunteers with Just in Time Training for HICS as necessary to ensure continuity of operations. The Incident Command chart, including names, titles, and backup information, is located in Incident Command.

- The standard HICS forms may be used to track and document the COOP activation and agency response.

A business continuity branch has also been added to the HICS structure under Operations.

### ***2.7 Personal and Family Preparedness***

All staff, including individuals actively involved in the COOP process, should be prepared for and aware of COOP activation procedures. To assure that all employees are prepared for COOP contingencies, training and education should be part of the Region 2 Healthcare Coalition Hospital's new employee orientation and should be conducted annually. Information about family and home preparedness is available online at [www.fema.gov](http://www.fema.gov). and sent out annually in September. Education should include Disaster Recovery Assistance Programs that provide assistance to cover disaster related healthcare costs related to the event. Work with Recovery Assistance Subject Matter Experts to explore all available options with finance departments. Education for the patient population should focus on proper medication supply management strategies during a disaster.

### ***2.8 Essential Functions***

Essential functions are duties that the hospital is responsible for that have to happen no matter what; they cannot suffer interruption for more than 12 hours. An essential function may be

something that is required by law or statute, providing vital services, exercising civil authority, maintaining the safety of the public or sustaining industrial or economic base during an emergency.

In this section, the hospital will identify and prioritize its essential functions so the hospital's mission may be carried out during an emergency. The hospital's essential functions also include activities that may only be performed during an emergency, such as functions identified in the Emergency Operations Plan (EOP).

The Incident Commander, HICS and COOP Teams, if applicable, shall ensure that mission-essential functions can continue or resume as rapidly and efficiently as possible, during any applicable disaster activation. Any task not deemed as an essential function will be deferred until additional personnel and resources become available.

The essential functions are prioritized in the HICS Job Action Sheets. Functions are prioritized using the parameters of immediate, intermediate and extended. Region 2 Healthcare Coalition Hospital has specified which functions shall be carried out in order of priority during a disaster event.

### **2.8.1 Healthcare Primary Mission Essential Function (PMEF) & Mission Essential Functions (MEF's)**

**2.8.1.1 Health Care Service Delivery (PMEF)** *The provision of health care continuity provided in all inpatient and outpatient environments.*

Essential Supporting Activities include:

- Determine the extent of disruption to health care service delivery
- Determine if event caused a complete or partial disruption of health care service delivery
- Determine if relocation of health care service delivery to alternate care sites is an option for short-term continuation of service
- Work with local emergency management and regional HCC(s) to obtain assistance in returning to normal health care delivery operations

**2.8.1.2 Access to Health Workforce (MEF)** *The ability to deploy a credentialed health workforce to provide patient care to support healthcare service delivery in all environments.*

Essential Supporting Activities include:

- Identify medical and nonmedical staffing shortages during response and continuity operations
- Recall additional staff incrementally to assist in disaster continuity operations
- Coordinate with contracted staffing agencies to increase availability of critical medical staff
- Integrate credentialed, licensed, independent practitioners into continuity medical operations
- Coordinate with volunteer groups to supplement medical & non-medical personnel
- Disseminate reports of HCO staffing shortages to local incident management

**2.8.1.3 Community/Facility Critical Infrastructure (MEF)** *Fully operational critical community/facility infrastructure including power, water, and sanitation etc., to support patient care environments*

Essential Supporting Activities include:

Determine extent of disruption/loss/damage of facility critical infrastructure

- Electrical System
- Water System
- Ventilation
- Fire Protection System
- Fuel Sources
- Medical Gas & Vacuum Systems
- Communication Infrastructure

Prioritize restoration efforts to meet the operational goals of health care service delivery

Disseminate reports of HCO critical infrastructure disruption/loss/damage to local emergency management and to SHA

Advocate for priority service resumption directly to local incident management

**2.8.2 Access to Healthcare Supply Chain (MEF)** *Full access to the healthcare supply chain including medical & non-medical supplies, pharmaceuticals, blood products, industrial fuels, and medical gases etc.*

Essential Supporting Activities include:

- Determine estimated shortfalls identified during the continuity event of needed supplies for the HCO
- Prioritize medical and non-medical supply items needed by HCO through medical/surgical supply formularies
- Redirect supplies already within the hospitals supply chain to areas first impacted
- Activate pre-event supply orders with vendors
- Coordinate with SHA for supply requests
- Disseminate HCO supply chain disruption Sitreps to SHA

**2.8.3 Access to Medical/Non-Medical Transportation System (MEF)** *Fully functional medical & non-medical transportation system that can meet the operational needs of the healthcare sector during the response & continuity phases of an event*

Essential Supporting Activities include:

- Determine additional medical/non-medical transportation needs to support response and continuity operations
- Identify an EMS Coordinator and a Transportation Coordinator to manage patient transport
- Coordinate with regional EMS/Air Ambulance Providers to close gaps in system transportation needs
- Provide transportation assistance to staff that may need transportation to facility
- Disseminate requests for transportation assistance to local emergency management and

**2.8.4 Healthcare Information Systems (MEF)** *Fully functional information technology and communications infrastructure that support high availability of the healthcare sector's data management and information sharing capability.*

Essential Supporting Activities include:

- Determine extent of disruption of communication/information technology capabilities at facilities
- Activate redundant communication capabilities if necessary
- Coordinate with local/state emergency management to secure priority service restoration to communication/information technology capabilities
- Coordinate with SHA to disseminate critical response and continuity operations information

**2.8.5 Healthcare Administration/Finance (MEF)** *Fully operational administrative and financial capability including maintaining & updating patient records, adapting to disaster recovery program requirements, payroll continuity, supply chain financing, claims submission, and losses covered by insurance and legal issues.*

Essential Supporting Activities include:

- Collect disaster response data to be used in After-Action Reports
- Modify and maintain healthcare information management practices according to changing program requirements directed by authorizing entities
- Coordinate the use of paper systems to track patients, health issues and other critical data in the event electronic systems are compromised
- Explore possible sources of disaster assistance that may be available to an organization; request assistance when appropriate
- Monitor employee/contractor payment systems; implement alternative payment systems if available
- Activate disaster recovery contracts
- Initiate "disaster orders" to increase supply chain availability
- Monitor and adjust claims submission conditions according to changing federal & state requirements
- Monitor, document, and address legal issues
- Monitor document losses for the preparation of insurance claims

## 2.8.6 Sample Hospital Mission Essential Function

Emergency Services (Emergency Department)  
Surgical Services (Operating Room)  
Laboratory Services (Lab)  
Information Technology (IT)  
Materials Management / Central Supply  
Human Resources (HR)  
Obstetrics  
Pharmacy Services  
Public Relations / Communications  
Food Services  
Security  
Laundry / Linen  
Health Information Management / Medical Records  
Respiratory  
Trauma Services  
Sterile Process  
Environmental Services  
Critical Care Units  
Intermediate care Unit  
General Medical  
Pediatrics  
Inpatient Psych  
Interventional Radiology  
Medical Imaging  
Administration  
Finance  
Social Services / Pastoral Care  
Facilities / Maintenance  
Bio-Medical Engineering

Type	ESSENTIAL FACILITY SERVICES	Hospital
RHCC	Regional Hospital Coordinating Center Level 1 Trauma Center Comprehensive Stroke Center Pediatic level PCCC	OSF Saint Francis Medical Center
Trauma Center	Level II Trauma Center Primary Stroke Center Pediatic level EDAP	Advocate BroMenn Medical Center
Trauma Center	Level II Trauma Center Primary Stroke Center Pediatic Level EDAP	Galesburg Cottage Hospital
Trauma Center	Level II Trauma Center Acute Stroke Ready Pediatic Level EDAP	Genesis Medical Center
Trauma Center	Level II Trauma Center Acute Stroke Ready Pediatic Level EDAP	OSF Saint Elizabeth Medical Center
Trauma Center	Level II Trauma Center Primary Stroke Center Pediatic Level EDAP	OSF Saint Joseph Medical Center
Trauma Center	Level II Trauma Center Acute Stroke Ready Pediatic Level EDAP	OSF Saint Mary Medical Center
Trauma Center	Level II Trauma Center Primary Stroke Center Pediatic Level EDAP	UnityPoint Health Methodist Hospital
Trauma Center	Level II Trauma Center Primary Stroke Center Pediatic Level EDAP	UnityPoint Health Trinity – Rock Island Campus

- After immediate emergency operations are completed, functions from the next time frame shall be resumed as personnel and resources allow.
- After intermediate and/or extended emergency operations, either normal operations must be reinstated or functions from the last time frame shall be resumed as personnel and resources allow.
- After recovery operations, all functions shall be resumed at normal operation levels.

## Section 3 – COOP Activation

### 3.1 Response to COOP to Recovery Snapshot



### 3.2 Decision Process

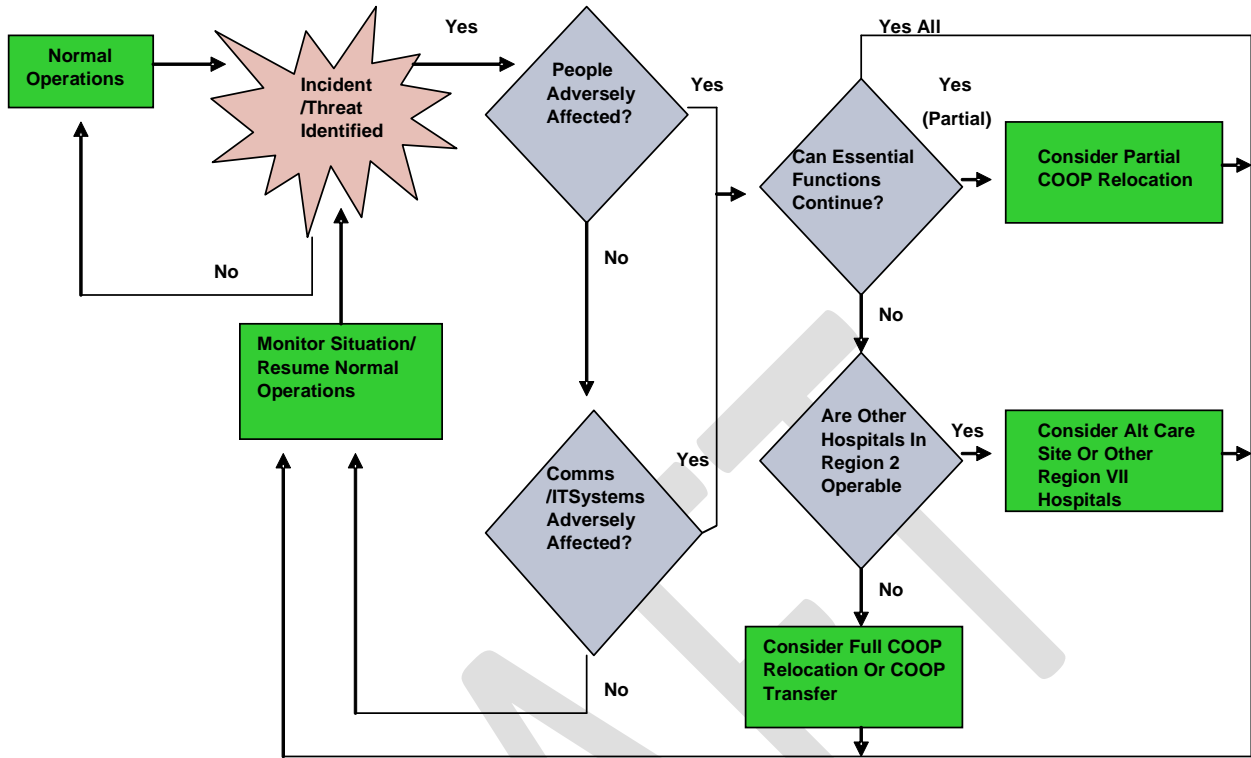
The EOP relates to who will determine full or partial COOP. This determination will be based on the severity of the event and the level of threat.

Continuity Plan activation is a scenario-driven process that allows flexible and scalable responses to the full spectrum of emergencies and other events that could disrupt operations with or without warning during duty and non-duty hours. Continuity Plan activation is not required for all emergencies and disruptive situations since other actions may be deemed appropriate. The decision to activate the Region 2 Healthcare Coalition Continuity Plan and corresponding actions to be taken are tailored for the situation, based upon projected or actual impact and severity that may occur with or without warning. Decision-makers may use the below decision matrix to assist in the decision to activate the Continuity Plan.

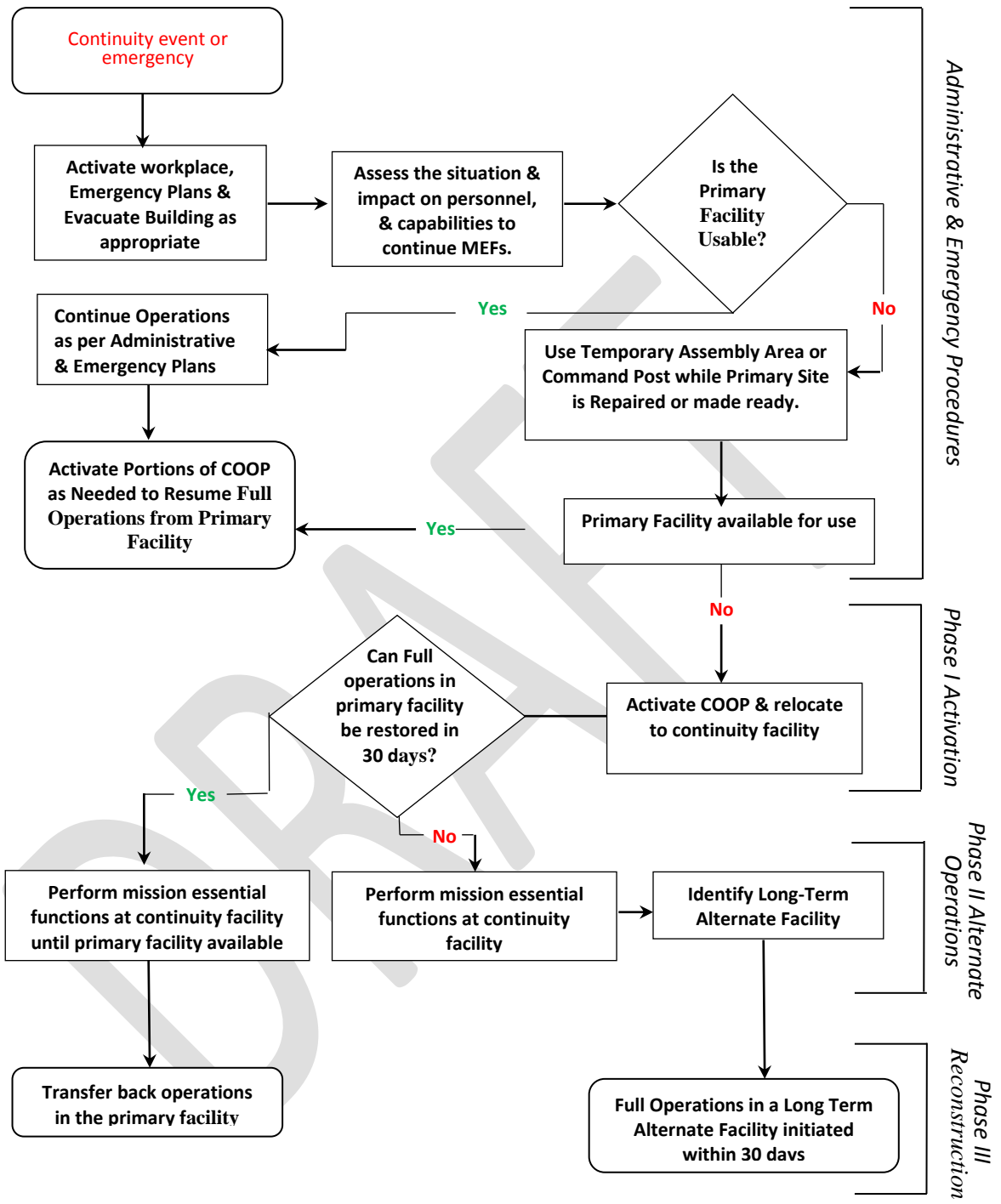
	Business Hours	Non-business Hours
Event With Warning	<ul style="list-style-type: none"> <li>• Is the threat aimed at the hospital or surrounding area?</li> <li>• Is the threat aimed at organization personnel?</li> <li>• Are employees unsafe remaining in the hospital and/or area?</li> </ul>	<ul style="list-style-type: none"> <li>• Is the threat aimed at the hospital or surrounding area?</li> <li>• Is the threat aimed at organization personnel?</li> <li>• Who should be notified of the threat?</li> <li>• Is it safe for employees to return to work the next day?</li> </ul>
Event Without Warning	<ul style="list-style-type: none"> <li>• Is the hospital affected?</li> <li>• Are personnel affected? Have personnel safely evacuated or are they sheltering-in-place?</li> <li>• What are instructions from first responders?</li> <li>• How soon must the organization be operational?</li> </ul>	<ul style="list-style-type: none"> <li>• Is the hospital affected?</li> <li>• What are instructions from first responders?</li> <li>• How soon must the organization be operational?</li> </ul>



## Executive Decision Process Matrix for Continuity



# COOP Decision Matrix



### **3.2 Notification**

Starcom Radio EMS Region 2 B will be used to communicate a Hospitals request for assistance from the Healthcare Coalition...

### **3.3 Leadership**

#### **DELEGATION OF AUTHORITY\***

The positions of Chief Executive Officer, Chief Financial Officer, and General Counsel have legal authority to carry out all required duties of the Hospital. These three positions serve as:

- officers of the Corporation;
- signatories on all bank and trust accounts; and,
- Authorized signers of all contracts and other legal instruments of a value less than \$1 million. The Board of Directors holds signature authority of amounts in excess of \$1 million.
- The Region 2 Coalition is here to act as an adjunct to serve in any format to assist in the affected hospitals recovery.
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#### **EXECUTIVE AUTHORITY POLICY\***

The Board of Directors delegates to the President and Chief Executive Officer the supervision and control of the business and affairs of the Hospital. In the case of an unanticipated absence beyond two (2) weeks, during which the President cannot reasonably fulfill his duties, or due to sudden incapacity that is reasonably determined to last more than two weeks, the following positions shall assume the responsibilities of the President, in the designated order: (1) Senior Vice President and Chief Operating Officer; (2) Vice President for Patient Care Services; and (3) Vice President Corporate Affairs and General Counsel. For Executive Authority to shift temporarily to the designated positions, the Chairman of the Board should direct the implementation of this policy.

The Board of Directors may modify this policy at any time.

### **3.4 Section 1135 Waiver**

The Social Security Act authorizes Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and social services programs of the Department. It authorizes the Secretary, among other things, to temporarily modify or waive certain Medicare, Medicaid, CHIP, and HIPAA requirements when the Secretary has declared a public health emergency and the President has declared an emergency or a major disaster under the Stafford Act, or a national emergency under the National Emergencies Act.

Sanctions may be waived under Section 1135 for the following requirements:

- **Conditions of Participation and Preapproval**—Conditions of participation or other certification requirements, program participation and similar requirements for providers, and preapproval requirements for service providers and items.
- **Licensure Requirements**—Reimbursement requirements that physicians and other healthcare professionals be licensed in the state in which they are providing services are waived if they have a license from another state and have not been barred from practice in that state or any state in the emergency area. This does not affect state licensure requirements.
- **EMTALA**—Sanctions under the Emergency Medical Treatment and Active Labor Act (EMTALA) for transfer of an individual who has not been stabilized if the transfer arises out of an emergency or redirection to another location to receive a medical screening exam under a state emergency preparedness or pandemic plan. A waiver of EMTALA sanctions is effective only if actions under the waiver do not discriminate as to source of payment or ability to pay.
- **Physician Self-Referral**—Sanctions related to self-referral prohibitions, which could apply when a physician refers a patient for services to a provider in which the physician has a financial interest.

- **Time for Performance**—Deadlines and timetables for performance of required activities to be modified but not waived.
- **Out-of-Network Payments**—Limitations on payments to permit Medicare+Choice enrollees to use out-of-network providers in an emergency situation.
- **HIPAA**—Sanctions arising from noncompliance with HIPAA privacy regulations relating to: 1) obtaining a patient's agreement to speak with family or friends or honoring a patient's request to opt out of the facility directory; 2) distributing a notice of privacy practices; or 3) the patient's right to request confidential communications. The waiver is effective only if actions under the waiver do not discriminate as to source of payment or ability to pay.

Request for rule(s) to be waived can be made by sending an email to the CMS Regional Office in the effected service area. Copy sent to State Survey Agency.

**ROCHISC@cms.hhs.gov** (Midwest Consortium): Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska

Submit a justification of need for a waiver; information to support the request for waiver should be clear and concise.

A section 1135 waiver only applies to Federal requirements, not state laws or regulations.

### ***3.5 Relocation***

The EOP has reference to relocation using the Region 2 RHCC, Region 2 Medical Disaster Plan and the IDPH ESF-8 planning elements

### ***3.6 Augmentation of Staff***

During a COOP event it may become evident that the COOP and or HICS teams cannot adequately ensure the continuation of essential functions. If this happens, the Incident Commander may do a number of things such as determining whether additional positions and volunteers are necessary to maintain these functions, consider implementing agreements with outside resource support such as the Region 2 RHCC and/or use of Regional Medical Emergency Response Team (RMERT).

### ***3.7 Interoperable Communications***

- Region 2 Healthcare Coalition addresses this in the Region 2 TICP.

### ***3.8 Vital Records and Databases***

Vital Records & Databases refer to documentation, such as staff rosters, patient records, employee records, and preparedness plans. Vital records and databases identified as critical to supporting the essential functions, both paper and electronic, should be included in the table provided in this section.

Vital records essential to COOP may include but are not limited to the following:

- Emergency plans, directives, and policies
- Staff roster (EOP location)
- Staffing assignments
- Records of policies or procedures that provide staff with guidance and information or resources necessary during an emergency

Vital records essential to the COOP include legal and financial functions and activities:

- Accounts receivable
- Contracts and acquisition files
- Official personnel files
- Social Security files
- Payroll files
- Retirement files
- Insurance records
- Property management and inventory records

### **3.9 Vital Systems and Equipment**

The Hospitals in Region 2 will need to provide the following information and criteria in the scope of the COOP Plan.

Vital Systems and Equipment is very similar to the Vital Records & Databases. Vital Equipment refers to the equipment needed to support essential functions, such as radios, computers, cell phones, pagers, etc. Examples of Vital Systems include EDSS, HAN, WebEOC, etc. In the table provided in the annex, hospitals will list the following:

- List the vital system or equipment necessary to perform the essential functions. Examples are provided in red. Modify the examples as needed to fit your hospital.
- Describe the equipment or system.
- Identify where the equipment is stored.
- Identify the staff member or vendor that supports the vital system or equipment. Ensure contact information for the staff member and/or vendor is located in the Resource Directory in Annex F of the EOP or HICS 258 Hospital Resource Directory
- Identify the Recovery Point Objective (RPO) when it must be operational again following a disruption of service. For example, 1 day, 1 week, or 1 month.
- Prioritize the vital systems and equipment. The shorter the Recovery Point Objective, the higher the priority.
- Identify any unique risks to which the vital system or equipment may be susceptible to flaws, outdated information, or damage.
- List the current protection method(s) in place for the system or equipment.
- List how frequently the vital system or equipment is maintained.
- Provide any recommendations for additional protection methods for the vital system or equipment. These are recommendations to consider for future protection and may not reflect the hospital's current capabilities.

### **3.10 Reconstitution**

Reconstitution is the process by which surviving and/or replacement hospital personnel resume normal operations at Region 2 Healthcare Coalition or the alternative site in use. There are three tasks associated with reconstitution: transitioning, coordinating and planning and outlining the procedures. The decision to reconstitute should be based on:

- The availability of personnel
- The safety of the Region 2 Healthcare Coalition Teams or the availability of a new site
- IT capabilities of the facility
- Fiscal concerns
- And any other issues that may arise

Partner with IDPH, State Emergency Management Agency (IEMA), local Emergency Management Officials, local response agencies, and Federal Recovery Support Functions (RSF) to ensure a timely and smooth transition of Healthcare Operations to:

- Re-Enter Healthcare Facilities
- Re-Open Healthcare Facilities
- Re-Patriate Patients into Healthcare Facilities
- Resumption of normal Healthcare Service Delivery

Operations may be resumed in phases with the essential functions being first priority followed by other functions as resources and personnel allow. Information that should be made available would be:

- The address of the new site, if applicable
- A list of available resources for moving equipment and personnel
- And parking or commuter information for people returning to work

### **3.11 Devolution**

Devolution is the capability to transfer statutory authority and responsibility for the hospital's functions from the primary operating staff and facilities to another organization's employees and facilities. Devolution may occur if catastrophic or other disasters render the hospital's leadership and staff unavailable or incapable of performing its COOP and/or HICS functions. Devolution may occur only in worst-case scenario events, such as total destruction of the hospital and all its supporting facilities and clinics.

#### *Pre-Devolution Assessment*

Pre-devolution preparation begins when staffing levels in one or more critical areas are reduced by 40 percent. Critical areas are defined as: 1) leadership; 2) communication capabilities; 3) administrative support; and 4) prioritized essential functions. 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 essential functions necessary to provide continuity during the devolution process
- Ensuring devolution site leadership is included in your delegations of authority

### *Devolution Initiation*

The COOP Team and/or HICS is responsible for identifying devolution triggers. The Incident Commander will be informed of staffing levels in the critical areas and will initiate the pre-devolution assessment. Should sufficient staff be unavailable to conduct the mission-essential functions of Region 2 Healthcare Coalition Hospital, the Incident Commander should initiate activation of pre-arranged devolution agreements. Devolution will be triggered when the Incident Commander determines that available staff and resources are insufficient to carry out and maintain the hospital's prioritized COOP and/or HICS functions. The intended devolution organization should be notified that devolution is likely and transfer of knowledge and resources necessary for devolution should begin. At that point, the Incident Commander should begin procedures to draft devolution agreements in consultation with the Legal Counsel and the hospital's Board of Directors. The key staff members of the devolution organization also should be informed on how to access Region 2 Healthcare Coalition COOP plan and related information.

### *Transfer during Devolution*

Prioritized essential functions are transferred to a pre-identified devolution organization. Agency direction and control of mission-essential functions are transferred to the devolution organization site and/or identified personnel. Devolution plans will involve the following:

- Personnel at the devolution organization should be capable to perform the COOP functions to the same level of proficiency as Region 2 Healthcare Coalition Hospital personnel.
- Vital records, documents, and databases are up to date and available to the devolution organization.
- Communications and information management systems are able to be transferred or are accessible to the devolution organization.
- Delegation of authority planning includes senior personnel at the devolution organization.
- The estimated duration of devolution and a process to return functions and equipment to the hospital.

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.

Region 2 Coalition will help assist Hospitals with the following during an event:

- Devolution sites and respective contact information
- Training provided to devolution staff
- Essential functions to be devolved
- Resource requirements
- Communications requirements
- Devolution activation and termination

### 3.12 After Action Review and Remedial Action Plan

Region 2 Coalition will ensure all real time or exercise event will be properly formatted in HSEEP OUTLINES and that proper COOP/HICS has taken place or after an actual event has happened, the hospital will complete an After Action Review and Corrective Action Plan. Recommendations for improvement from those documents will be included in the COOP annual review process.

## Section 4 – COOP Maintenance

### 4.1 Test, Training and Exercise

This section states that the hospital will participate in training, exercises and evaluations of the COOP as required.

Following is a list of activities necessary to monitor the dynamic elements of the Region’s COOP Plan and the frequency of their occurrence.

Activity	Tasks	Frequency
Plan update and certification	<ul style="list-style-type: none"> <li>Review entire plan for accuracy.</li> <li>Incorporate lessons learned and changes in policy and philosophy.</li> <li>Manage distribution.</li> </ul>	Annually
Maintain orders of succession and delegations of authority	<ul style="list-style-type: none"> <li>Identify current incumbents.</li> <li>Update rosters and contact information.</li> </ul>	Semiannually
Maintain emergency relocation site readiness	<ul style="list-style-type: none"> <li>Check all systems.</li> <li>Verify accessibility.</li> <li>Cycle supplies and equipment, as necessary.</li> </ul>	Monthly
Monitor and maintain vital records management	<ul style="list-style-type: none"> <li>Monitor volume of materials.</li> <li>Update/remove files.</li> </ul>	Ongoing
Maintain alternate worksite readiness	<ul style="list-style-type: none"> <li>Test all systems, IT and communications</li> <li>Verify access codes, systems and contacts.</li> <li>Cycle supplies and equipment if on site.</li> </ul>	Semiannually
Review/update supporting MOUs/MOAs	<ul style="list-style-type: none"> <li>Review MOUs/MOAs for currency and new needs.</li> <li>Incorporate revisions, as required</li> <li>Obtain signatures of reviewing authorities to confirm validity.</li> </ul>	Annually
Monitor and maintain equipment at alternate sites	<ul style="list-style-type: none"> <li>Train users and provide technical assistance as needed.</li> <li>Monitor volume/age of materials and assist users with cycling/updating/removing files.</li> </ul>	On-going



Activity	Tasks	Frequency
Train new key personnel	<ul style="list-style-type: none"> <li>• Provide orientation.</li> <li>• Schedule participation in training and exercises.</li> </ul>	Within 30 days of appointment
Orient new leadership and senior management	<ul style="list-style-type: none"> <li>• Brief officials on COOP philosophy.</li> <li>• Brief each position on his/her COOP responsibilities.</li> </ul>	Within 30 days of appointment
Plan and conduct exercises	<ul style="list-style-type: none"> <li>• Conduct internal exercises.</li> <li>• Conduct joint exercises with support agencies.</li> <li>• Support and participate in interagency exercises.</li> </ul>	Semiannually Annually Annually or as needed
Maintain security clearances	<ul style="list-style-type: none"> <li>• Obtain, maintain, and update appropriate security clearances for key personnel and COOP Team members.</li> </ul>	On-going
Review and Approve COOP Plan	<ul style="list-style-type: none"> <li>• Review COOP Plan changes</li> </ul>	As needed

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## Appendix A: Disaster Declaration Processes

### A.1 – Local Disaster Declaration

Pursuant to (20 ILCS 3305/11) (from Ch. 127, par. 1061)

Sec. 11. Local Disaster Declarations.

A local disaster may be declared only by the principal executive officer of a political subdivision, or his or her interim emergency successor, as provided in Section 7 of the "Emergency Interim Executive Succession Act". It shall not be continued or renewed for a period in excess of 7 days except by or with the consent of the governing board of the political subdivision. Any order or proclamation declaring, continuing, or terminating a local disaster shall be given prompt and general publicity and shall be filed promptly with the county clerk, township clerk, or the municipal clerk, as the case may be, in the area to which it applies.

The effect of a declaration of a local disaster is to activate the emergency operations plan of that political subdivision and to authorize the furnishing of aid and assistance thereunder. (Source: P.A. 92-73, eff. 1-1-02.)

### A.2 - Regional Requests for Assistance

Requests for Assistance or supplies from the Regional Stockpile must be made through the RHCC (Regional Hospital Coordination Center) OSF Saint Francis Medical Center.

### A.3 – Illinois Disaster Declaration

The Governor's request is made through the regional FEMA/EPR office. State and Federal officials conduct a preliminary damage assessment (PDA) to estimate the extent of the disaster and its impact on individuals and public facilities. This information is included in the Governor's request to show that the disaster is of such severity and magnitude that effective response is beyond the capabilities of the State and the local governments and that Federal assistance is necessary. Normally, the PDA is completed prior to the submission of the Governor's request. However, when an obviously severe or catastrophic event occurs, the Governor's request may be submitted prior to the PDA. Nonetheless, the Governor must still make the request.

As part of the request, the Governor must take appropriate action under State law and direct execution of the State's emergency plan. The Governor shall furnish information on the nature and amount of State and local resources that have been or will be committed to alleviating the results of the disaster, provide an estimate of the amount and severity of damage and the

### A.4 – Federal Disaster Declaration

The Stafford Act (§401) requires that: "All requests for a declaration by the President that a major disaster exists shall be made by the Governor of the affected State  
Based on the Governor's request, the President may declare that a major disaster or emergency exists, thus activating an array of Federal programs to assist in the response and recovery effort.

## OPERATIONAL CHECKLISTS

Item	Task	Task Assigned To	Date and Time Completed
<b>Activation and Relocation</b>			
1	Receive notification of emergency		
2	If necessary, conduct evacuation		
3	Account for all staff		
4	If necessary, contact Emergency Responders (Fire, Police, EMS)		
5	Ensure that safety measures are put into effect		
6	Contact Building Maintenance for shutting down utilities to limit further damage		
7	Direct and assist emergency personnel as required		
8	Notify Division and activate COOP Plan as necessary		
9	If necessary, invoke Orders of Succession		
10	Initiate notification of all staff including continuity personnel		
11	Convene Divisional meeting at assembly area or other pre-determined site.		
12	Assemble supporting elements required for re-establishing and performing essential functions at continuity facility location: <ul style="list-style-type: none"> <li>■ Vital files, records and databases</li> <li>■ Critical equipment</li> </ul>		
13	Assemble remaining documents required for performance of all other essential functions to be performed at the alternate facility location		
14	Notify all support agencies and critical contacts of COOP activation.		
15	Prepare designated communications and other equipment for relocation		
16	Take appropriate preventive measures to protect other communications and equipment that will not be relocated		

Item	Task	Task Assigned To	Date and Time Completed
17	Make computer connectivity and phone line transfers to designated alternate facility		
18	Ensure go-kits are complete and ready for transfer		
19	Continuity personnel begin movement to continuity facility		
20	Evaluate the safety of the selected continuity facility prior to deployment		
21	Develop and deliver status report		
22	Notify remaining staff and appropriate agencies of movement to continuity location		
<b>Continuity Operations</b>			
23	Notify other State and Federal agencies, and surrounding jurisdictions as appropriate that operations have shifted to a continuity facility.		
24	Organize staff and account for non-continuity personnel		
25	Develop shift rotations as required		
26	Determine which mission essential functions have been affected		
27	Develop and deliver status report		
28	Prioritize remaining essential functions for restoration		
29	Track status and restoration efforts of all essential functions		
30	Administrative actions to assemble: <ul style="list-style-type: none"> <li>■ Onsite telephone</li> <li>■ E-mail and telephone directory</li> <li>■ Workforce office plan</li> </ul>		
31	Occupy workspace: <ul style="list-style-type: none"> <li>■ Stow gear and equipment</li> <li>■ Vital files, records and databases</li> <li>■ Test telephone, fax, e-mail, radio and other communications</li> <li>■ Establish communications with essential support and office elements</li> </ul>		
32	Ensure all vital records, systems and equipment are available at alternate facility location		

Item	Task	Task Assigned To	Date and Time Completed
33	Coordinate procurement of additional equipment, as required		
<b>Reconstitution</b>			
34	Appoint reconstitution team		
35	Survey condition of original facility and determine feasibility of salvaging, restoring or returning to original facility when emergency subsides or is terminated		
36	Develop long term reconstitution and recovery plans should original facility cannot be re-occupied.		
37	Inventory and salvage useable equipment, materials, records and supplies from damaged facility, if possible		
38	Evaluate original or new facility to assure that all critical services and support is available and operational.		
39	Conduct transition of mission essential functions, personnel and equipment from continuity facility back to designated facility		
40	Conduct transition of remaining essential function, personnel and equipment from continuity facility back to designated facility		
41	Schedule and conduct initial debrief with staff		

## ACRONYMS

<b>AAR</b>	After Action Report
<b>CAP</b>	Corrective Action Program
<b>COOP</b>	Continuity of Operations Plan
<b>DHS</b>	Department of Homeland Security
<b>DHS&amp;EM</b>	Division of Homeland Security and Emergency Management
<b>EAS</b>	Emergency Alert System
<b>EMAP</b>	Emergency Management Accreditation Program
<b>ERS</b>	Emergency Relocation Site
<b>FCD</b>	Federal Continuity Directive
<b>FEMA</b>	Federal Emergency Management Agency
<b>FNARS</b>	FEMA National Radio System
<b>HSEEP</b>	Homeland Security Exercise and Evaluation Program
<b>HSPD</b>	Homeland Security Presidential Directive
<b>GETS</b>	Government Emergency Telecommunications Service
<b>ICS</b>	Incident Command System
<b>IP</b>	Improvement Plan
<b>IT</b>	Information Technology
<b>MEF</b>	Mission Essential Functions
<b>NFPA</b>	National Fire Protection Association
<b>NIMS</b>	National Incident Management System
<b>RSF</b>	Recovery Support Functions
<b>RTO</b>	Recovery Time Objectives
<b>SEOC</b>	State of Alaska, Emergency Operations Center
<b>TCL</b>	Target Capabilities List
<b>TSP</b>	Telecommunications Service Priority
<b>TT&amp;E</b>	Testing, Training and Exercises
<b>UTL</b>	Universal Task List

## Glossary

**Activation** – When all or a portion of the COOP Plan has been put into motion.

**All-hazards** – The spectrum of all types of hazards including accidents, technological events, natural disasters, terrorist attacks, warfare, and chemical, biological including pandemic influenza, radiological, nuclear, or explosive events.

**After Action Report** – a formal document intended to serve as an aid to performance evaluation and improvement, by registering situation-response interactions, analyzing critical procedures, determining their effectiveness and efficiency, and proposing adjustments and recommendations

**Continuity of Operations (COOP)** – An effort within individual agencies to ensure they can continue to perform their MEFs during a wide range of emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies.

**Continuity Facility**– A location, other than the original facility, used to process data and/or conduct essential functions in the event of a disaster, loss of facility use, or personnel shortages. Similar Term: Emergency Relocation Site (ERS)

**Continuity of Operations (COOP) Plan** – A set of documented procedures developed to provide for the continuance of essential business functions during an emergency.

**COOP Event** – Any event or action which renders the primary worksite incapacitated and requires a full or partial activation of the COOP Plan.

**Delegations of Authority** – Pre-delegated authorities for making policy determinations and decisions at headquarters, field levels and other organizational locations, as appropriate.

**Essential Functions** – The critical activities performed by organizations especially after a disruption of normal activities. Mission Essential Functions (MEF) is one category of Essential Functions.

**Essential resources** – Resources that support the organization’s ability to provide vital services, exercise civil authority, maintain the safety and well-being of the general populace, and sustain the Nation’s industrial and economic bases during an emergency.

**Emergency Relocation Site (ERS).** A remote continuity facility to which the agency moves to continue mission essential functions and identified essential functions in the event that traditional work site is incapacitated.

**Facilities** – Locations where an organization’s leadership and staff operate. Leadership and staff may be co-located in one facility or dispersed across many locations and connected by communications systems. Facilities should be able to provide staff with survivable protection and should enable continued and endurable operations.

**Government Emergency Telecommunications Service** – GETS is a Federal program that prioritizes calls over wireline networks.

**Homeland Security Exercise and Evaluation Program (HSEEP)** – A threat and performance-based exercise program developed by the Department of Homeland Security that provides doctrine and policy for planning, conducting, and evaluating exercises. It was developed to enhance and assess terrorism prevention, response, and recovery capabilities at the federal, state and local levels.

**Implementation Procedure Checklist** – A list of the immediate actions to take once the COOP Plan is implemented.

**Information Technology (IT)** - Applied computer systems - both hardware and software, and often including networking and telecommunications, usually in the context of a business or other enterprise.

**Interoperability** - The ability of systems, personnel, or agencies to provide services to and accept services from other systems, personnel, or agencies and to use the services so exchanged to enable them to operate effectively together. This word can also be used to describe the condition achieved among communications-electronic systems or items of communications-electronics equipment when information or services can be exchanged directly and satisfactorily between them and/or their users.

**Interoperable Communications** - Alternate communications that provide the capability to perform essential functions, in conjunction with other agencies, until normal operations can be resumed.



**Improvement Plan** – A plan developed as a result of an exercise After Action Report which identifies specific correction actions, assigns them to responsible parties, and establishes target dates for their completion.

**Key Personnel** – Personnel designated by their division as critical to the resumption of essential functions and services.

**Legal and financial records** - Records that are needed to protect the legal and financial rights of the transportation agency and of the persons affected by its actions.

**Mission Essential Functions (MEFs)** – The limited set of organization level functions that should be continued throughout, or resumed rapidly after, a disruption of normal activities.

**National Continuity Policy** – Establishes a comprehensive national course of action for the continuity of Government and supporting private sector structures and operations.

**National Exercise Program (NEP)** – The NEP is the Nation’s overarching exercise program formulated by the National Security Council / Homeland Security Council (NSC/HSC), and executed by the Federal Interagency. All interagency partners have adopted HSEEP as the methodology for all exercises that will be conducted as part of the NEP.

**Normal operations** – Generally and collectively, “normal operations” refer to the broad functions undertaken by an organization when it is assigned responsibility for a given functional area; these functions include planning and execution of tasks throughout the range of operations.

**Orders of Succession** - Provisions for the assumption of senior agency offices during an emergency in the event that any of those officials are unavailable to execute their legal duties.

**Plan** – A proposed or intended method of getting from one set of circumstances to another. A plan is often used to move from the present situation towards the achievement of one or more objectives or goals.

**Reconstitution** – The process by which agency personnel resume normal business operations from the original or replacement primary operating facility.

**Recovery** – Recovery, in this document, includes all types of emergency actions dedicated to the continued protection of the public or to promoting the resumption of normal activities in the affected area.

**Recovery Time Objective (RTO)** – The period of time in which systems, applications or functions must be recovered after an outage.

**Response** – Those activities and programs designed to address the immediate and short-term effects of the onset of an emergency or disaster.

**Risk Analysis** – The evaluation of the probability that certain disruptions will occur and the identification of controls to reduce organizational exposure to such risks.

**Target Capabilities List (TCL)** – The TCL is a list of capabilities that provides guidance on the specific capabilities that Federal, State, tribal and local entities are expected to develop and maintain to prevent, protect against, respond to, and recover from incidents of significance, including terrorism or natural disaster in order to maintain the level of preparedness as set forth in the National Preparedness Goals as published by the Department of Homeland Security.

**Test, Training, and Exercises (TT&E)** - Measures to ensure that an agency's COOP program is capable of supporting the continued execution of its essential functions throughout the duration of a COOP situation.

**Telecommunications Service Priority (TSP)** – TSP is a FCC program that directs telecommunications providers (wireline or wireless phone companies) to give preferential treatment when they need to add new lines or restore systems following a disruption of services regardless of cause.

**Universal Task List (UTL)** – The UTL is a comprehensive menu of tasks derived from all tasks that may be performed in major incidents as illustrated by the National Preparedness Scenarios as published by the Department of Homeland Security.

**Vital Databases** - Information systems needed to support essential functions during a COOP situation.

**Vital Records** - Electronic and/or hardcopy documents, references, and records needed to support essential functions during a COOP situation. The two basic categories of vital records are emergency operating records and legal and financial records.

**Vulnerability analysis** – A process that defines, identifies, and classifies the susceptibility of a facility, computer, network, or communications infrastructure, to damage or destruction.

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