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Utah Department of Health Continuity of Operations Plan

Executive Summary

Prepared By the Bureau of EMS & Preparedness

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COOP Plan Overview

Introduction

The Utah Department of Health (UDOH) has operations that must be performed, or rapidly and efficiently resumed, in an emergency. While the impact of an emergency cannot be predicted, planning for operations under such conditions can mitigate the impact of the emergency on employees, facilities and mission-critical functions. The UDOH Continuity of Operations (COOP) Plan establishes policy and guidance to ensure the execution of department-wide critical functions, during an emergency at the agency or in its service area, which threatens or incapacitates operations, and/or requires the relocation of selected personnel and functions.

Purpose

The COOP plan describes how UDOH will sustain the capability to perform critical functions, during and after a disruption in internal operations, whether caused by severe weather, other natural or man-made disasters, or malevolent attack. Because of today's changing threat environment, the COOP plan is designed to address "all hazards." Three classes of threats are considered, as outlined below.

1. Class 1: Single Building Event, such as structural damage requiring evacuation and repairs.
2. Class 2: Catastrophic Event, such as a major earthquake or fire that does damage and disruption to multiple agencies.
3. Class 3: Infectious Disease Outbreak / Pandemic, resulting in a major disruption of the workforce lasting from several months to a year.

Authority

COOP Plans are federally mandated plans and procedures to assure that services required by law or considered essential are provided in the event that the current facilities housing those services become inoperable. The obligation of the Department of Health is to provide seamless services, especially those services surrounding public safety and health, in spite of any event. Listed are a few of the many references giving authority to this effort.

1. State of Utah Continuity Directive, August 1, 2012.
2. National Security Presidential Directive NSPD-51
3. Homeland Security Presidential Directive HSPD-20

Plan Maintenance & Storage

The UDOH Continuity Planning Team Members are responsible for maintaining and updating this plan. The UDOH Preparedness Emergency Planner will lead the effort with the assistance of the Continuity Planning Team and various sections/departments, and utilize input from agency executives. The plan will be reviewed and revised on an annual basis by the Continuity Planning Team and Department leadership. Updated Plans are submitted to the Division of Emergency Management annually by July 1. In addition to plan updates, annual training and exercising on the plan by key staff will take place to ensure plans are known, understood and practiced. These activities will be organized by the Emergency Planner, the Preparedness Training & Exercise Coordinator, and members of the Continuity Planning Team.

The UDOH Department Division Plans are securely stored in the following locations:

1. Electronically in the SunGard Software Local Disaster Recovery Planning System (LDRPS), accessible by the Governor's Office, and State Division of Emergency Management
2. Electronically on the Google Drive in a PDF format, with editable sections available in Google Docs format
3. Electronically on the UDOH EMS & Preparedness Bureau shared drive
4. Hard copies at the UDOH Department Operations Center in the Cannon Building, and one with the Emergency Planner in the Preparedness Program (Highland Drive).

Objectives

The objectives of the Utah Department of Health plan are to:

1. ensure the safety of the Utah Department of Health employees;
2. maintain command and control during emergencies;
3. mitigate effects of disruptions to division operations;
4. protect critical facilities, equipment, records, databases, and other assets;
5. assess and minimize damages and losses;
6. achieve an orderly recovery from emergency operations;
7. assist affected employees and their families;
8. provide for the line of succession to critical management and technical positions;
9. provide resources and capabilities to develop plans for restoring or reconstituting regular activities, depending upon the scope, severity, and nature of the incident;
10. fulfill the agency's responsibilities in local, regional and state emergency operations plans and agreements, and
11. comply with the National Security Presidential Directive NSPD-51.

Essential Functions

The Utah Department of Health (UDOH) is committed to ensuring that critical functions will be continued even under the most challenging emergency circumstances. These services, depending on the emergency level, may be implemented within a 12 hour period and should be able to be sustained for a period of up to 30 days. The UDOH COOP plan has identified those critical functions and services that are necessary to provide vital services, exercise civil authority, maintain the safety and well-being of the general populace, or to sustain critical support to the Utah Department of Health. The critical functions are prioritized for the entire Department in the UDOH COOP Plan, and for the Division and Bureau/Office levels in the Division-specific COOP Plans. These are listed in the Appendix.

Essential Functions are categorized into priority levels, as follows:

1. Priority 1: Must be resumed within 12 hours
2. Priority 2: Resumed within 72 hours
3. Priority 3: Resumed within 7 days
4. Priority 4: Resumed as possible.

Protection/Safeguarding/Recovery of Critical Applications and Data

As set forth in Utah Code 63F-1-104, the Department of Technology Services serves as general contractor between the state's information technology users, including the Agency or Division, and private sector providers of information technology products and services. It is responsible for all computerized and auxiliary automated information handling. Specific applications and databases are listed in the Appendix for each of the Department's identified essential functions. These databases include all vital records for which the Department/Division has custodianship. With access to Internet, employees can carry out most essential functions using laptop computers.

Communications Resources

Communications is a critical component of a successful COOP capability. Communication systems must support connectivity to internal organizations, other agencies, critical customers, and the public. To ensure communications during COOP events, the Utah Department of Health (UDOH) has identified alternate modes of communication, and has preventive controls in place for each means of communication. Systems that facilitate communication in the absence of person-to-person contact can be used to minimize workplace risk for essential employees.

Interoperable Communications Resources include:

1. 800 MHz Radios
2. Cell Phones
3. UDOH Information Hotline
4. Gmail Email Groups
5. Ipads/Tablets
6. Phone Bridge/Conference Calls
7. Utah Notification and Information System (UNIS)/ Health Alert Network (HAN)
8. Web Site Postings
9. GoTo Meeting / GoTo Webinar

Recovery Locations

Two recovery locations have been designated by the Department of Facilities Construction and Maintenance (DFCM) for use by the Utah Department of Health. These facilities are:

- Utah Department of Agriculture and Food
350 North Redwood Road, Salt Lake City, UT
- Utah Department of Natural Resources
1594 W North Temple, Salt Lake City, UT

These facilities have been designated for use by the UDOH in the event of an emergency. Space available includes Executive and Support Staff offices only. The Department of Facilities Construction and Maintenance (DFCM) is responsible for assessing and assigning an alternate facility to any state agency affected by a disaster. Following an emergency of any kind requiring evacuation and relocation, DFCM will immediately be notified and consulted for use of an alternate facility.

Continuity of Operations Strategies

Resources are likely to be scarce, communication may be disrupted, frustrations will exist and emotions will be strained. Having a clear strategy will help management work together during the crisis period. The information provided below is a brief step-by step accounting of the immediate response process and order of operations.

1. Occurrence of internal or external hazard

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2. Event situation assessment by Executive Director / Emergency Manager
 3. Decision to respond made by Executive Director
 4. Employee notification and protective information (ie, evacuate) by Preparedness UNIS Administrator, as directed by Executive Director
 5. Establishment of Incident Command System (ICS), emergency response organizational structure
 6. Assembly at evacuation location according to the UDOH Evacuation Plan, if required
 7. Activation of COOP Plan
 8. Appointment of a Reconstitution Manager, if necessary (or duties of resuming critical functions fulfilled by Bureau/Office Directors)
 9. Notification to DFCM of relocation requirements
 10. Assignment of alternate facility by DFCM
 11. Ready of alternate facility
 12. Assemble documents and equipment required, order needed equipment/supplies
 13. Transport documents, equipment, and communications
 14. Secure original facility
 15. Continue Priority 1 essential functions at original facility if possible, until alternate facility is ready
 16. Notify employees, partners, public of services available
 17. Transfer priority functions to alternate facility when possible
 18. Determine when original facility will be repaired/available, and plan for short- or long-term operations at alternate site accordingly
 19. Reconstitution or Devolution: recover functions at original facility when available, or devolve functions to alternate facility and/or personnel indefinitely
 20. Final Report Activity / After Action Report

Key Agency Function Priority List

Contains department-wide essential functions, in priority ranking, with the Division/Office responsible. For Division-specific functions with personnel responsible, please refer to the separate UDOH Division Continuity of Operations Plans for the Division of Disease Control and Prevention, Division of Family Health and Preparedness and Division of Medicaid and Health Financing.

Priority 1 Functions

Functions must be resumed within 12 hours. Life may be dependent upon maintaining these functions.

Bureau/Office	Priority 1 Function
Executive Director's Office	Establish Incident Command
Bureau of EMS & Preparedness	Disaster response
	Emergency communications
Office of Employee Support	Employee safety
	Building & resource security
	Transportation
Office of Public Information	Media relations
	Local health department coordination
	Public communication
	Risk communication
Bureau of Primary Care	Triage and delivery of emergency medical/dental care
	Use Bureau staff to assist with any relocation/ placement needs of affected residents/patients
Public Health Laboratory	Newborn screening
	Sample receiving
	Laboratory operations
	Data Action Team/information management
	Biological/chemical terrorism
Bureau of Epidemiology	Epidemiology operations
	Disease reporting
	Disease surveillance
	Disease investigation
	Utah Statewide Immunization Information System
	Vaccine ordering, distribution and accountability
	Vaccine drug room
	Information management
	Local health department support teams

	Electronic laboratory reporting
	Electronic disease surveillance systems
Office of the Medical Examiner	Investigate any sudden/unexpected death occurring within the borders of Utah as defined in Section 26-4-7 of Utah code.
Bureau of Facility Licensing & Certification	Emergency intake and Federal waiver: prepare required emergency federal waivers relating to providers in the state
Bureau of Children with Special Health Care Needs	Newborn screening
Office of Fiscal Operations	Purchasing
Department of Human Resource Management	Maintain accurate emergency contact information
	Identify resources for temporary staffing
	Identify emergency policies for overtime, leave with pay, leave without pay, flexible work schedules, etc.
	Employee communication
Division of Medicaid & Health Financing	Provider communications, customer relations
	Nursing home member relocation

Priority 2 Functions

Functions must be resumed within 72 hours.

Bureau/Office	Priority 2 Function
Public Health Laboratory	Infectious diseases
Office of Vital Records and Statistics	Registration/certification of all records
	Repair database, share data with partners
	Issue certified copies of vital events
Department of Human Resource Management	Identify employers/employee workplace rights and obligations
Office of Employee Support	Sustain department amenities such as food, water, shelter, shipping/receiving
Department of Technology Services	Communications and connectivity to data and network
Bureau of Facility Licensing and Certification	Establish complaint intake and investigation process

Priority 3 Functions

Functions must be resumed within 7 days.

Bureau/Office	Priority 3 Function
Employee Support	Facilities
Bureau of Epidemiology	TB/refugee case management
	TB/STD drug distribution
	Epi Continuity of Operations
Bureau of Facility Licensing & Certification	Schedule required survey activities/status of affected providers
	Continue to monitor and enforce state and federal rules and guidelines with providers
Division of Medicaid & Health Financing	Eligibility policy
	Coverage and reimbursement policy
	Prior authorizations
	Claims payment
	Eligibility verification by providers
	Claims receipt
	ACO Assignment
	ACO Payment
Office of Vital Records	Death registration (with Medical Examiner, funeral directors)
	Birth registration
	Security of records
Office of Fiscal Operations	Payables
	Federal draw of funds
	WIC daily draw of funds
	Bank deposits (cash receipts)
	Processing of contracts
	Contract documents
Public Health Laboratory	Chemical & environmental services
	Forensic toxicology

Lines Of Succession

Lists in order the successors of key leadership personnel. It is recommended that each individual in leadership have at least two backup personnel identified and aware of their potential job duties.

UDOH Executive Director

Executive Director (Dr. W. David Patton)

Deputy Director (Dr. Robert T. Rolfs)

Deputy Director (Michael Hales, MPA)

Employee Support Director

Director (Jenniel Allen)

General Services (Jason Lowder)

General Services (Michael Jensen)

Public Information Officer

Public Information Officer (Tom Hudachko)

Public Information Specialist (Charla Haley)

Public Information Specialist (Cyndi Bemis)

Fiscal Operations Director

Finance Director (Shari Watkins)

Program Manager (Debbie Headden)

Program Manager (Steve Phillips)

Internal Audit Director

Director (Darin Dennis)

Supervisor (Keith Swenson)

Auditor (Nate Johansen)

Health Data and Informatics Center Director

Center Director (Wu Xu) - CHDI Financial Manager (Darryl Snyder)

Office of Health Care Statistics Director (Norman Thurston)

Office of Public Health Assessment Director (Kathryn Marti)

Survey Center Manager (Lynn Startup)

Office of Vital Records & Statistics Director (Janice Houston)
Privacy and Security Officer (Francesca Lanier)

Disease Control & Prevention Division Director

Division Director (Jennifer Brown)
State Epidemiologist (Allyn Nakashima)

Public Health Laboratory Director (CMS purposes)

Laboratory Director (Robyn Atkinson)
Chief Medical Examiner (Todd Grey)
State Epidemiologist (Allyn Nakashima)
Deputy Director (Robert Rolfs)

State Epidemiology Operations / Bureau Director

State Epidemiologist (Allyn Nakashima)
Bureau Director (Cristie Chesler)
Program Manager (Melissa Dimond)

Medical Examiner

Chief Medical Examiner (Todd Grey)
Deputy Chief Medical Examiner (Edward Leis)
Chief Medical Examiner Investigator (Keith Stephens)

Health Promotion Bureau Director

Bureau Director (Heather Borski)
Program Manager (Linda Abel)
Program Manager (Marie Nagata)

Family Health and Preparedness Division Director

Division Director (Marc Babitz)
Deputy Division Director (Paul Patrick)
Deputy Division Director (Nan Streeter)

EMS & Preparedness Bureau Director

Director (Paul Patrick)
Preparedness Program Director (Dean Penovich)
EMS Program Director (Jolene Whitney)

Primary Care Bureau Director

Bureau Director (Steve Ipsen)

Program Manager (Don Wood)

Facility Licensing and Certification Bureau Director

Bureau Director (Joel Hoffman)

Program Manager (Kelly Criddle)

Program Manager (Carmen Richens)

Child Care Licensing Bureau Director

CCL Bureau Director (Teresa Whiting)

Early Intervention Program Manager & Deputy Bureau Director (Susan Ord)

Child Care Licensing Administrator (Simon Bolivar)

Parent Support Program Manager (Colleen Murphey)

Maternal and Child Health Bureau Director

MCH Bureau Director (Nan Streeter)

MCH Program Manager (Lois Bloebaum)

MCH Program Manager (Chris Furner)

Children with Special Health Care Needs Bureau Director

CSHCN Bureau Director (Noel Taxin)

CSHCN Medical Director (Harper Randall)

Medicaid & Health Financing Director

Division Director (Michael Hales)

Deputy Division Director (Tracy Luoma)

Deputy Division Director (Gail Rapp)

Financial Services Bureau Director

Bureau Director (Rick Platt)

Assistant Bureau Director (Janica Gines)

Financial Manager (Rex Goodman)

Medicaid Operations Bureau Director

Bureau Director (Shandi Adamson Wanlass)

Assistant Bureau Director (Randy Hicks)

Program Manager (Jeanette Little)

Authorization & Community Based Services Bureau Director

Bureau Director (Tonya Hales)

Assistant Bureau Director (Kevin Bagley)

Program Manager (Trecia Carpenter)

Managed Health Care Bureau Director

Bureau Director (Emma Chacon)

Assistant Bureau Director (Julie Ewing)

Assistant Bureau Director (Charlene Frail-McGeever)

Coverage & Reimbursement Policy Bureau Director

Bureau Director (John Curless)

Medical Doctor (Caryn Slack)

Pharmacy Director (Tim Morley)

Bureau of Eligibility Policy

Bureau Director (Jeff Nelson)

Assistant Bureau Director (Michelle Smith)

Program Manager (Gayle Six)

Prioritization and Identification Of Applications and Records

Required to Perform Essential Functions

The section addresses the organization’s mission-critical applications, systems and/or databases necessary to perform essential functions and activities. Organizations must define these systems and address the method of transferring/replicating them at an alternate site. The Utah Department of Health (UDOH) has also identified vital records, equipment and systems that must be available to support performance of critical functions.

Priority 1 Resources

Resources required for Priority 1 Essential Functions to be maintained or resumed.

Bureau/Office	Resource Name	Type
Executive Director’s Office	Wireless Wide Area Network / Internet	Electronic
	Utah Google Accounts	Electronic
Bureau of EMS & Preparedness	Utah Notification & Information System (UNIS)	Electronic
	Handheld radios, satellite phones	Physical
	Utah Healthcare Resource Management System (UHRMS)	Electronic
	Utah Responds	Electronic
	Web EOC	Electronic
	POLARIS	Electronic
Office of Employee Support	Security Card database	Electronic
	Picture database	Electronic
	Security contract with Chapman Security	Hard copy
	Contract with DFCM	Hard copy
Bureau of Primary Care	Patient medical and dental records	Electronic and hard copy
Public Health Laboratory	Laboratory Information System Database	Electronic
Bureau of Epidemiology	Utah National Electronic Disease Surveillance System (UT NEDSS)	Electronic
	Electronic messaging staging area (EMSA/ELR)	Electronic
	Utah Statewide Immunization Information System (USIIS)	Electronic
	Drug room refrigerators	Physical
	TB refrigerators	Physical
	PH Access	Electronic

Office of the Medical Examiner	UMED database	Electronic
	Electronic Death Entry Network (EDEN)	Electronic
Bureau of Children with Special Health Care Needs	Newborn screening database	Electronic
Office of Fiscal Operations	Finet	Electronic
	SAP software	Electronic
	Employee Self-Serve (ESS) Time Entry	Electronic
	Contract system	Electronic
	Contracts	Hard copy

Priority 2 Resources

Resources required for Priority 2 Essential Functions to be resumed (resources required for Priority 1 functions are not duplicated here).

Bureau/Office	Resource Name	Type
Office of Vital Records & Statistics	OLIVER (online record issuance)	Electronic
	Birth Registration System (BRS)	Electronic
	Database of Birth Records Manager (DOBRMAN)	Electronic
	Electronic Death Entry Network (EDEN)	Electronic
	Secure Internet Link for Vital Event Records (SILVER)	Electronic

Priority 3 Resources

Resources required for Priority 3 Essential Functions to be resumed.

Bureau/Office	Resource Name	Type
Bureau of Epidemiology	Call tracking system	Electronic
	Environmental public health tracking	Electronic
	Hospital associated infection reporting system (HAIRS)	Electronic
	HIV Treatment and Care (ADAP)	Electronic
	HIV/AIDS reporting system (EHARS)	Electronic
Bureau of Facility Licensing & Certification	ASPEN/ACTS databases	Electronic
	BCI database	Electronic
Office of Fiscal Operations	BMI – Imaging	Electronic
	Budget prep system	Electronic
Division of Medicaid & Health Financing	eREP	Electronic
	MMIS	Electronic
	MMCS	Electronic

COOP Glossary

- **Alternate Facility** – An alternate work site that provides the capability to perform minimum critical functions until normal operations can be resumed.
- **Continuity of Operations** – An internal effort within government or business entities to assure the capability exists to continue essential functions across a wide range of potential emergencies, including localized acts of nature, accidents, and terrorism.
- **Impact Analysis** – Predicts the consequences of disruption of a business or government function, and gathers information needed to develop recovery strategies.
- **Delegated Authority** – An assignment or official mandate calling on an individual holding a specific position to assume responsibilities and authorities not normally associated with that position when specified conditions are met.
- **Department Operations Center (DOC)** – A location from which the emergency management personnel execute disaster response and recovery.
- **Devolution** – The capability to transfer statutory authority and responsibility for critical functions from a department’s primary staff to other employees and facilities, and sustain that operational capability for an extended period of time.
- **Essential (Mission Critical) Functions** – those functions, stated or implied, that state departments (& local jurisdictions) are required to perform or are otherwise necessary to provide vital services, exercise civil authority, maintain the safety and well-being of the general population, and sustain the industrial and economic base in an emergency.
- **Incident Command System (ICS)** – A set of personnel, policies, procedures, facilities, and equipment, integrated into a common organizational structure designed to improve emergency response operations of all types. The Incident Commander leads this effort.
- **Lines (Orders) of Succession** – Provisions for the assumption of senior department and jurisdictional offices and other positions held by critical COOP personnel when the original holder of those duties and/or authorities is unable or unavailable to execute their duties.
- **Recovery Time Objective / Acceptable Outage** – The period of time that a disaster or disruption may affect a business unit or state agency without causing the unit or agency unacceptable losses.
- **Reconstitution** – The resumption of non-emergency operations at a primary facility following emergency operations at an alternate facility.