

Continuity of Operations
(COOP) Plan
Arkansas Department of Health

July 8, 2008



“Not subject to FOIA under AR. Code.”

APPROVALS

This Continuity of Operations (COOP) Plan was prepared by the Arkansas Department of Health (ADH) to develop, implement and maintain a viable COOP capability. This COOP plan complies with applicable internal agency policy, local and state regulations, and supports recommendations provided in the Federal Emergency Management Agency's Federal Preparedness Circular 65. This COOP plan has been distributed internally within the ADH.



Approved: _____

Date _____

Director, Arkansas Department of Health

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Ensuring continuity of operations for the Arkansas Department of Health requires a plan, and a continuous planning process, that is detailed in scope, yet clear in its presentation and uncomplicated in its execution. The primary goal is to prevent a disruption from occurring and, secondly, to mitigate potential damages that may occur. An alert, well trained, motivated workforce is the most effective deterrent and best response element in this regard. The third goal is to immediately restore critical services following a disruption. This may involve on-site contingency operations or may require relocation of part or all of the affected operations. The fourth goal is to recover from the disruption and reconstitute or resume normal operations rapidly and efficiently.

Protecting the public's health and environment is the primary mission of ADH. Therefore, COOP design and implementation is based on identifying and prioritizing those functions most critical to performing the ADH mission. The identified essential functions are those on which the immediate response efforts will be focused. Each ADH central office and field operation has identified the process, material and staff resources, logistical considerations, and considered the time factor required in order to resume each essential function at the local level within 12 hours of COOP activation. Furthermore, these essential functions, considered vital to public health and safety, will be sustained for up to 30 days as normal operations are being restored. In addition to the mission critical functions, certain support functions such as Information Technology, Human Resources, and Finance upon which the essential functions depend for viability are given priority consideration and are crucial in the planning and execution of the ADH COOP. The critical support functions and roles are detailed in the Responsibilities and Procedures section. For each essential function, resource requirements are identified and will include:

- Staffing requirements
- Material resource (equipment and supplies) requirements
- Critical data and data systems
- Support activities

Introduction

ADH 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 our people, our facilities and our mission. To that end, ADH has prepared a Continuity of Operations (COOP) plan. The COOP strategy and concept of operations is intended to support the vision of ADH.

This plan establishes policy and guidance to ensure the execution of the essential functions for ADH in the event that an emergency at the agency or in its service area threatens or incapacitates operations and/or requires the relocation of selected personnel and functions.

COOP planning is a good business practice and is part of the fundamental mission of all public agencies as responsible for the public welfare. The changing threat environment and recent emergencies have shifted awareness to the need for COOP capabilities that enable agencies to continue their essential functions across a broad spectrum of emergencies. Also, the potential for terrorist use of weapons of mass destruction (WMD) has emphasized the need to provide a capability that ensures the continuity of essential management and technical functions within the organization.

Purpose

The capability to prepare for, respond to and recover from emergencies affecting the operations of ADH is dependent upon the proficiency and well being of its employees and the clarity of its leadership. To ensure the capability to support employees and contractors, system users, emergency responders, local and regional emergency management agencies, and the general public during emergencies, ADH has adopted this COOP plan.

This COOP plan describes how ADH will sustain the capability to perform essential functions during and after a disruption in internal operations whether caused by severe weather, other natural or man-made disasters, or malevolent attack. This COOP plan ensures that ADH:

- has the capability to implement the COOP plan both with and without warning;
- is able to perform essential functions no later than 12 hours after activation of the COOP plan;
- is able to maintain essential functions for up to 30 days;
- includes regularly scheduled testing, training, and exercising of agency personnel, equipment, systems, processes, and procedures used to support the agency during a COOP event;
- supports the location of alternate facility(ies) in areas where the ability to initiate, maintain, and terminate continuity operations is maximized;
- supports the identification and documentation of temporary operating procedures which enable the performance of essential functions; and
- promotes the development, maintenance, and annual review of agency COOP capabilities.

This COOP plan supports the performance of essential functions from alternate locations (due to the primary facility becoming unusable, for long or short periods of time) and also provides for continuity of management and decision-making at the agency, in the event that senior management or technical personnel are unavailable, inaccessible or lost to the organization.

References

ADH Policy:

Policy #2, Delegation of Emergency Authority, provides emergency tasking authority delegated by the Director of the Department of Health to the Branch Chief for Preparedness and Emergency Response (PERB). The Branch Chief (PERB) is the designated Incident Commander for the ADH.

ADH Mission Statement: **To promote public health policies and practices that assure a healthy quality of life for Arkansans.** The COOP has been developed to implement this mission statement and has the full endorsement of the Director of the ADH and senior management. This COOP plan will also be referenced in the Arkansas State Operations Plan- Emergency Support Function Number 8, Public Health and Medical Services.

Though not required, this COOP addresses requirements identified in the Federal Emergency Management Agency, Continuity of Operations Federal Preparedness Circular 65, issued on June 15, 2004. The updated FPC 65 is available at:

http://www.fema.gov/pdf/library/fpc65_0604.pdf or

http://www.fema.gov/txt/library/fpc65_0604.txt

Scope and Applicability

The COOP plan is applicable to all ADH departments, divisions, units, contractors and personnel. This COOP plan describes the actions that will be taken to activate a viable COOP capability within 12 hours of an emergency event, and to sustain that capability for up to 30 days. The COOP plan can be activated during duty and non-duty hours, both with and without warning.

The COOP plan covers all facilities, systems, vehicles and buildings operated or maintained by ADH. The COOP plan supports the performance of essential functions from alternate locations (due to the primary facility becoming unusable, for long or short periods of time) and also provides for continuity of management and decision-making at the agency, in the event that senior management or technical personnel are unavailable.

The COOP plan has been, or will be, distributed to ADH senior managers and Health Unit Administrators. Training has been provided to ADH personnel with identified responsibilities. This COOP will be shared with local emergency response and management agencies, designated emergency coordination officers, emergency management planners, and other interested parties.

Policy

It is the policy of ADH to respond quickly at all levels in the event of an emergency or threat, to include human, natural, technological, and other emergencies or threats, in order to continue essential internal operations. To provide support to our customers, emergency management and response agencies, and other agencies or services that may be affected by the emergency.

A viable COOP capability identifies essential functions and consists of plans and procedures, alternate facilities, and interoperable communications and data support systems, reinforced by comprehensive training, orientation, and exercise programs. COOP capabilities must be maintained at a high level of readiness, be capable of being activated both with and without warning, achieve operational status no later than 12 hours after activation, and maintain sustained operations for up to 30 days or until termination.

Objectives

The objectives of this plan are as follows:

- maintain command, control and direction during emergencies;
- reduce disruptions to operations;
- protect essential facilities, equipment, records, and other assets;
- assess and minimize damage and losses;
- provide organizational and operational stability;
- facilitate decision-making during an emergency;
- achieve an orderly recovery from emergency operations;
- assist affected employees and their families;
- provide for the line of succession to critical management and technical positions;
- provide resources and capabilities to develop plans for restoring or reconstituting regular activities, depending upon the scope, severity, and nature of the incident; and
- fulfill the agency's responsibilities in local, regional and state emergency operations plans and agreements with local emergency response and management agencies.

Essential Functions

Emergencies may occur both with and without warning which result in the:

- denial of use of facilities or vehicles;
- loss of power;
- loss of telecommunications;
- suddenly unavailable senior management or technical personnel; and/or
- inaccessible information technology systems.

COOP design and implementation is based on identifying and prioritizing those functions most critical to performing the ADH mission. The essential functions identified in Appendix A are those on which the immediate response efforts will be focused. The ADH central office and field operations have identified the process, material and staff resources, and logistical considerations required in order to resume each essential function at the local level within 12 hours of COOP activation. Furthermore, these essential functions, considered vital to public health and safety, will be sustained for up to 30 days as normal operations are being restored. In addition to the mission critical functions, certain support functions such as Information Technology, Human Resources, and Finance upon which the essential functions depend for viability are given priority consideration and are crucial in the planning and execution of the ADH COOP. For each essential function, resource requirements are identified and will include:

- Staffing requirements
- Material resource (equipment and supplies) requirements
- Critical data and data systems
- Support activities

When confronting events that disrupt the normal operations, ADH, is committed to provide essential functions that must be continued even under the most challenging emergency circumstances. During activation of this COOP plan, all other activities will be suspended, to enable the agency to concentrate on providing the essential functions and building the internal capabilities necessary to increase and eventually restore operations. Appropriate communications with regular or expected users of services provided by those suspended services will be a priority.

The ADH has identified the essential functions by area of responsibility within the agency. Essential functions have been prioritized by critical, reduced, or functions that can be postponed. ADH has also identified critical processes, services, systems, and equipment necessary to support each essential function, as well as key personnel required.

Concept of Operations (CONOPS)

The ADH will develop a concept of operations (CONOPS), to describe its approach to implementing the COOP, and how each COOP element will be addressed. In particular, this CONOPS will focus on establishing emergency decision-making authority and defining a decision process for determining appropriate actions in implementing COOP plans and procedures. This CONOPS will also clarify the agency's assumptions regarding its activities to activate and sustain a viable COOP capability. Finally, the CONOPS will identify how the agency will address issues associated with notification and alert, and direction and control.

Planning Scenarios

The COOP plan has been developed around a set of scenarios which reflect the ADH's assessment regarding the types of events which may result in COOP activation. For each type of scenario, activities have been identified to ensure the activation of the COOP and the continuous capability of ADH to make decisions and take action.

Activation of the COOP plan may involve:

- the deliberate and pre-planned movement of selected key personnel and technical personnel to an alternate operating facility;
- the implementation of temporary work procedures;
- the delegation of emergency authorities to successors of senior management and technical personnel who are unavailable during the emergency; and/or

The following four types of scenarios have been identified by ADH as the most likely to trigger COOP activation:

- **Planning Scenario 1: Central Office Alone Affected.** Under this type of scenario, the main operations and administrative facility is closed for normal business activities, but the cause of the disruption has not affected surrounding facilities, utilities, or the transportation network. The most likely causes of such disruption are fire; system/mechanical failure; loss of utilities such as electricity, telephone, water, or steam; or explosion (regardless of cause) that produces no significant damage to any other facilities or systems used by the agency. This type of event could significantly impact communications, monitoring, and information technology capabilities. Vehicles and maintenance facilities, located at or adjacent to the operations and administration facility, may be damaged or destroyed. Senior management, technical and supporting personnel working at the facility may be lost, injured, or not accounted for.
- **Planning Scenario 2: Central Office and Surrounding Area Affected.** Under this scenario, the Central Office as well as supporting facilities are closed for normal business activities as a result of widespread utility failure; massive explosion (whether or not originating in the operations and administrative facility); severe earthquake; civil disturbance; or credible threats of actions that would preclude access or use of the Central Office and surrounding areas. Under this scenario there could be uncertainty regarding whether additional events (such as secondary explosions, aftershocks, or cascading utility

failures) could occur. During this type of event, the primary facilities and the immediate areas surrounding them are inaccessible.

- **Planning Scenario 3: Local Health Units Affected.** Under this scenario, the Central Office operations and administration facility at the Markham Street Building in Little Rock, Arkansas is unharmed, but one or more support facilities or one or more of the Health Units the state is inoperable. These may include the Freeway Building located in the Freeway Medical Building at Freeway Building at 5800 West 10th Street, Little Rock, AR 72204.

This type of event could be the result of a natural disaster, workplace violence, cyber attack or other event.

- **Planning Scenario 4: Local/Regional Area Affected.** Under this scenario, the agency's service area would be inaccessible for normal business activities as a result of a major disaster (hurricane, earthquake) or an actual or threatened use of a weapon of mass destruction such as a chemical, biological, radiological, or nuclear agent (whether or not directed at the operations and administrative facility). ADH's facilities are functional, but cannot be used because of the nature of the emergency.

Planning Assumptions

Assumptions used to support ADH's planning for each of these scenarios include the following elements.

- Emergencies or threatened emergencies can adversely impact the agency's ability to continue to support essential functions and provide support to the operations of clients and external agencies.
- When a COOP event is declared, the ADH will implement a predetermined plan using trained and equipped personnel.
- Agency and non-agency personnel and resources located outside the area affected by the emergency or threat will be available as necessary to continue essential functions.
- The agency will provide operational capability within 12 hours of the event and be able to continue essential operations until termination of the event.
- Recovery for anything less than complete destruction will be achievable by using the COOP plan.
- Normally available staff may be rendered unavailable by a disaster or its aftermath, or may be otherwise unable to participate in the recovery.
- Recovery of a critical subset of the agency's functions and application systems will occur to allow the agency to continue essential functions adequately.
- A disaster may require agency users, clients and local health units to function with limited automated support and some degradation of service, until full recovery is made.

Certain other assumptions apply to the planning and execution of the ADH COOP:

- Partnering agencies, vendors and support organizations have systems and/or resources in place or available to support implementation of a COOP.

- A natural disaster will not impact all physical locations within the ADH scope of operations due to geographic dispersion of the field and support organizations, however, cyber attacks or war operations could impact multiple or all locations simultaneously.
- Operations will be recovered in priority sequence based on several factors including the priority of essential functions impacted and the specified critical timeframes of the essential functions.
- Each Center and local health unit within ADH has applied the guidelines of the COOP to their local plans and procedures.
- This plan generally assumes a worst-case scenario which may require response and recovery at multiple locations involving most, if not all, ADH operations. Relocation of many or all of the ADH central office functions and field operations in order to facilitate immediate resumption of essential functions, as provided for in this COOP, is an assumed possibility within the worst-case scenario outline. Agency-wide, full-scale COOP execution may, however, not be appropriate. Therefore, in event of a disaster that triggers plan activation, it is assumed that there will be sufficient information available to allow for a step-wise or graduated activation of COOP response to minimize unnecessary cost and disruption due to over reacting to actual events.
- Contingency planning and preparedness for disruptive events will have an ongoing budgetary impact throughout the Agency. Pre-staging back-up equipment and supplies and other efforts to build-in redundancy will consume resources. Response to an actual disruptive event may have very significant financial impact due to the costs of response, recovery, restoration and eventual resumption of normal operations.

COOP Execution

The State Health Director or his/her designated successor, may implement this COOP plan. The COOP plan is implemented based on known or anticipated threats and emergencies that may occur with or without warning. ADH will use a time-phased approach for implementation whereby critical resources are deployed early and other resources will follow as needed.

- **Known threats and emergencies (with warning):** There are some threats to operations that may afford advance warning that will permit the orderly alert, notification, evacuation, and if necessary, the relocation of employees. Situations that might provide such warning include a hurricane, a transportation accident resulting in a threat of a release of hazardous material (HAZMAT) or a threat of a terrorist incident.
- **Unanticipated threats and emergencies (no warning) During Non-Duty Hours:** Incidents may not be preceded by warning, e.g., earthquakes, arson, HAZMAT, or terrorist incidents, and may occur while the majority of on-site staff are not at work. In these circumstances, while operations from the primary facilities may be impossible, the majority of our employees will still be able to respond to instructions, including the requirement to relocate following proper notification.
- **Unanticipated threats and emergencies (no warning) during duty hours:** Incidents may also occur with no warning during normal office hours. In these circumstances, execution of the COOP, if indicated by the circumstances of the event, would begin by execution of the

ADH Emergency Response Plan to support notification, evacuation, and situation assessment.

In each of these circumstances, the agency has developed an executive decision process that allows for a review of the emergency situation and determination of the best course of action for response and recovery. This process uses a decision matrix for implementing the COOP plan. Careful review of this matrix should avoid premature or inappropriate activation of the agency COOP plan.

The decision matrix is presented below. Potential disruptions resulting from emergency events are classified in Emergency Levels 1 through 5. Using these emergency levels, the State Health Director, or a duly designated successor will activate or partially activate the COOP plan.

The decision matrix focuses on the way in which the emergency event may impact the capabilities of the agency to provide its essential functions. To remain flexible to the variety of situations that could trigger activation or partial activation of the COOP plan, this matrix provides guidance, and recommended impacts and decisions may be modified based on the actual events.

Executive Leadership COOP Plan Activation Decision Matrix

Level of Emergency	Impact on ADH and COOP Decision
1	<p>Impact: Disruption of up to 12 hours, with little effect on services or impact to essential functions or critical systems. Example: Major accident on highway or transit system. Decision: No COOP activation required.</p>
2	<p>Impact: Disruption of 12 to 72 hours, with minor impact on essential functions. Example: Computer virus, small fire or moderate flooding. Decision: Limited COOP activation, depending on agency requirements.</p>
3	<p>Impact: Disruption to one or two essential functions or vital system for no more than three days. Example: Power outage, heightened Homeland Security Advisory System Threat Level. Decision: May require partial COOP activation to move certain personnel to an alternate facility or location in the primary facility for less than a week.</p>
4	<p>Impact: Disruption to one or two essential functions or to the entire agency with potential of lasting for more than three days but less than two weeks. Example: Snow/ice storm; hurricane, workplace violence, major telecommunications failure or major power outage. Decision: May require partial COOP plan activation. For example, orders of succession for some key personnel may be required; in addition, movement of some personnel to an alternate work site or location in the primary facility for more than a week may be necessary. Personnel not supporting essential functions may be instructed not to report to work, or be re-assigned to other activities.</p>
5	<p>Impact: Disruption to the entire agency with a potential for lasting at least two weeks. Example: Explosion in/contamination of primary facility; major fire or flooding; earthquake Decision: COOP plan activation. May require activation of orders of succession for some key personnel. May require movement of many, if not all, essential personnel to an alternate work site for more than two weeks. Personnel not supporting essential functions may be instructed not to report to work, or be re-assigned to other activities.</p>

NIMS and the Incident Command System

Coordination of the COOP response will follow the organization concepts described by the National Incident Management System (NIMS). The composition of the Incident Command System (ICS) team leadership positions for the Incident Commander and the Command and General Staff are listed in Appendix F. As for any position of responsibility, if the individuals named herein to the primary and secondary ICS Incident Commander, Command and General Staff are unavailable to assume their duties, that position will be assumed in accordance with the Orders of Succession described in Appendix F.

Alternate Facilities

ADH recognizes that normal operations may be disrupted and that there may be a need to perform essential functions at alternate facilities.

In preparing a list of alternate facilities, ADH identified the capabilities of the alternate facility to support essential functions. Details of these alternate facilities are contained in the COOP maintained at each local health unit.

To ensure adequate support for personnel located at alternate facilities, ADH has addressed requirements for food, transportation and lodging. Details are can be found in Appendix D.

Each essential function may need a different level of security and access control. To ensure that appropriate measures are in place, the ADH has identified security requirements for each essential function. Security requirements are found in Appendix H.

Time-Phased Implementation

The agency will use a three-phased approach to the activation, management, and eventual de-escalation of the COOP plan.

Time-Phased Implementation

Phase	Time Frame	Activity
Phase I- Activation and Relocation	0-12 Hours	<ul style="list-style-type: none"> ▪ Notify alternate facility manager of impending activation and relocation requirements. ▪ Notify affected local, regional and state agencies. ▪ Activate plans to transfer to alternate facility. ▪ Give instructions to ready alternate facility. ▪ Notify agency employees and contractors regarding activation of COOP plan and their status. ▪ Assemble documents/equipment required for essential functions at alternate facility. ▪ Order needed equipment/supplies. ▪ Transport documents and designated communications. ▪ Secure original facility. ▪ Continue essential functions at regular facility, if available, until alternate facility is ready. ▪ Advise alternate facility on status. ▪ Where are the operations and support teams? ▪ Activate advance, operations, and support teams as necessary.
Phase II- Alternate Facility/Work Site Operations	12 Hours to Termination of Emergency	<ul style="list-style-type: none"> ▪ Provide guidance to personnel and information to the public. ▪ Identify replacements for missing personnel (delegation of authority and orders of succession). ▪ Commence full execution of operations supporting essential functions at the alternate facility.
Phase III- Reconstitution	Termination of Emergency	<ul style="list-style-type: none"> ▪ Inform all personnel that the threat no longer exists. ▪ Supervise return to normal operating facility. ▪ Conduct a review of COOP plan execution and effectiveness.

A brief description of ADH’s approach to each phase of activation is provided below.

Phase 1: Activation and Relocation

- **Alert and Notification.** The agency has established call down procedures to alert and notify senior management staff, operations, support and contingency personnel that COOP activation is imminent. Alert notification will be made through the alerting feature of the Health Alert Network (HAN). Each colleague responsible for maintaining essential functions will be registered in the HAN and will be notified and provided initial instructions through multiple communication mediums.

Initial Actions: Identify Emergency Operations Center (EOC)

The Director of the ADH will decide if the EOC will be activated.
EOC Located At: The basement of the Markham Street Building

If local conditions require, the EOC may be moved to the alternate site at the Freeway Medical Building. COOP Response and Recovery personnel will report to the EOC. Operations shall follow Incident Command System (ICS) procedures and the guidance contained in EOC Standard Operating Procedure.

The agency has identified specific actions to take to terminate primary operations and activate COOP team, communications links, and the alternate facility. A Response Team will be formed immediately after the disruption occurs. The primary functions of this team, in the order of sequence are:

- The safety of ADH staff and visitors.
- Start the notification process. Contact the Leadership Team.
- Make notes of the damage and the cause of the disaster in the incident management software in the emergency communications center.
- Disruptive events are unpredictable, all central office and district staff should be trained to perform the above roles.

As such, the most senior and able-bodied staff member at the facility will need to:

- Assume leadership role
- Organize the team and make assignments.
- Initiate the recovery plan.

This team will relinquish its leadership role to the EOC Management Team when it arrives. They will brief the EOC Team regarding the initial response and situation.

- **Activation Procedures Duty Hours.** The agency will establish procedures for efficient and complete transition of direction and control from the primary facility to the alternate facility, and include measures for security at both sites. These procedures will complement the agency's evacuation and emergency response plans. Evacuation procedures for the Central Office Markham Street Building are found in Appendix H.
- **Activation Procedures Non-Duty Hours.** Procedures for the notification of key staff when not at primary site have been developed. Key staff to include COOP Team members and all personnel responsible for maintaining essential functions will be notified via the HAN alerting feature. Procedures for HAN activation and response are found in Appendix I and are provided as periodic trainings and exercises to appropriate staff.
- **Transition to Alternate Operations.** The agency will establish minimum standards for communication, direction, and control until the alternate facility is operational.
- **Site-Support Responsibilities.** The agency will develop a checklist to guide activation of the alternate facility.

Phase 2: Alternate Operations

- **Execution of Essential Functions** - The agency will perform any essential functions determined to be critical to operations from the alternate facility or using temporary work orders or procedures. Refer to Appendix A for a prioritized listing of essential functions.
- **Establishment of Communications** - The agency will re-establish normal lines of communication within the agency, to external agencies, and to the public.
- **Support and Contingency Responsibilities** - Responsibilities will be assigned to personnel to perform essential functions. Each Center and Health Unit within ADH maintains a COOP that provides specific responsibilities for the accomplishment of essential functions.
- **Augmentation of Staff** - As the situation comes under control, additional staff will be activated to provide other services and functions, as necessary. Those employees not initially deployed to the alternate site or to field activities, will be assigned where needed by their assigned supervisor.
- **Amplification of Guidance to Support and Contingency** - Additional guidance will be provided to all personnel in regards to duration of alternate operations and include pertinent information on payroll, time and attendance, duty assignments, etc. The method and means of communicating this information to employees will be via e-mail, phone notification, and website posting.
- **Development of Plans and Schedules for Reconstitution and Termination** - As soon as feasible, preparation of communication, vital records and databases, and other activities to transfer operations back to primary facility will begin. Circumstances may dictate that a new primary facility is designated and subsequently occupied.

Phase 3: Reconstitution

- **Reconstitution Process.** The agency will develop general guidance and policy on ending alternate operations and returning to a non-emergency status at the designated primary facility.
- **Reconstitution Procedures.** The agency will establish specific actions to ensure a timely and efficient transition of communications, direction and control, and transfer of vital records and databases to primary facility.
- **After-Action Review and Remedial Action Plans.** The agency will develop a task force to assess all phases and elements of the alternate operations and provide specific solutions to correct any areas of concern. The ADH Preparedness and Emergency Response Branch will lead this action in a manner similar to the planned exercise after-action reporting procedures.

Operational Hours

During activation of the COOP, ADH's operating hours will be as required to ensure that essential functions are resumed within 12 hours. As essential functions are provided and additional services come on line, these hours will be modified.

Notification and Alert

ADH recognizes that the COOP plan should be activated under all conditions:

- **With Warning.** It is expected that, in many cases, ADH will receive a warning of at least a few hours prior to an event. This will normally enable the full execution of the COOP plan with a complete and orderly alert, notification, and deployment of key personnel to an assembly site or a pre-identified deployment location. Notification will occur through email and telephonic methods, using standard procedures developed by the agency. The Health Alert Network (HAN) alerting feature will be utilized for this function.
- **Without Warning.** The ability to execute the COOP plan following an event that occurs with little or no warning will depend on the severity of the emergency and the number of personnel that survive.
 - Non-Duty Hours. The ECC personnel will function to support operations for the duration of the emergency. The HAN will be employed to contact personnel. Notification will occur through cell phone, home phone, and email as established in the HAN.
 - Duty Hours. If possible, the COOP plan will be activated and available personnel will be deployed as directed to support operations for the duration of the emergency. Depending on the status of communications, notification will be made by cell phone, home phone, in-person at facilities, and using designated call down procedures or use of the HAN.
 - Delegations of Authority and Orders of Succession

In the event that executive leadership, senior management or senior technical personnel are unavailable during an emergency, ADH has developed a set of procedures to govern both orders of succession and delegations of authority.

- Authorized successors will be identified for key management and technical positions within the department. Orders of Succession are contained in Appendix F.
- Authorities will be pre-delegated for making policy determinations and decisions. All such pre-delegations specify what the authority covers, what limits may be placed upon exercising it, who (by title) will have the authority, and under what circumstances. Specific information is contained in each ADH Center or Health Unit COOP.

Vital Records and Databases

A successful COOP plan provides for the protection, accessibility, and recovery of the agency's vital records, systems, and equipment. These are the records, systems, and equipment that if irretrievable, lost, or damaged will materially impair the agency's ability to conduct business and carry out essential functions.

ADH has identified vital records as a critical service and a COOP plan for vital records has been written. That plan can be found in Appendix J.

Communications

Communications is a critical component of a successful COOP capability. Communications systems must support connectivity to internal organizations, other agencies, critical customers, and the public. To ensure communications during COOP events, ADH has identified primary and alternate modes of communication, and preventive controls in place for each means of communication. Redundant communications systems including satellite Phones that are deployed to ADH Preparedness and Emergency Response staff and the ADH Director. HAM Radio equipment is available in our emergency communications center (ECC) to re-establish communications with emergency service providers, agency partners and the healthcare provider community at equipped hospitals. The Tactical Communications Coordinator is responsible for coordinating the re-establishment and maintenance of voice and data communications with outside agencies and the public.

Responsibilities and Procedures

Responsibilities

The following lists identify major responsibilities of key and designated officials required to implement ADH's COOP plan.

The State Health Director and his/her leadership team will manage the COOP efforts. They are responsible for:

- Approving the objectives, scope, and assumptions upon which the COOP Plan is based.
- Directing support of the contingency planning process by all functional areas of the organization.
- Arranging for a shell site to serve as a temporary support center for all operations.
- Arranging for an Emergency Operations Center to serve as a command post from which the emergency plan is coordinated until the temporary support center is operational.
- Assure that conversion to the back-up operation is under sufficient audit control to provide reliability and consistency for the accounting records.
- Assure that necessary controls are in place during recovery operations.
- Review the financial impact of equipment replacement costs and operations interruption expenses.
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The Preparedness and Emergency Response branch is responsible for:

- Auditing the initial and periodic later tests of the workability and costs associated with the COOP plan.
- Direct periodic revisions of the plan after deriving information from the testing program

- Monitoring developments in COOP design concepts promulgated by the Arkansas Department of Emergency Management (ADEM) and initiating actions to revise and update the COOP accordingly.
- Contacting additional response personnel with assistance from the Administrative support staff
- Assist with the recovery process, including transition to the alternate site if necessary.
- Control the recovery process by managing the various recovery teams as they build.
- Facilitate interaction with emergency response personnel (fire, police) and coordinate staff needs.
- The Public Information Officer will prepare appropriate press releases and other necessary information to communicate the potential impact of the incident and the actions taken to mitigate adverse impact on service to the public.
- Oversee the transition to the alternate site if necessary.
- Assists in keep essential functions operational.

Disaster Assessment and Recovery

This step is activated by a call from the EOC Incident Commander (IC) to his/her designated team lead to guide the initial phases of the facility recovery process. The primary functions of this effort, in the general order of sequence are:

- Contact members of the Information Systems Leadership Team
- Perform both the preliminary and detailed damage assessment of ADH equipment
- Provide a written recommendation to the IC on the condition of the agency and its ability to perform its essential functions
- Work directly with ADH maintenance and repair contractors
- Ensure any required replacement equipment is ordered and installed
- Coordinate work with maintenance providers through the Facilities Engineer
- If decision is to temporarily relocate operations to the alternate site, the Facilities Engineer will provide coordination and advice in alternate facility start-up operations.

This process provides the strategic evaluation and necessary planning information, coordination and implementation of all the hardware and facility related tasks key to repair of the facility and restoring the work units' environment.

Essential Functions Recovery

Purpose: The Center Directors are individuals knowledgeable in particular essential functions of the ADH. The Center Directors are responsible for ensuring that the essential functions of their respective office or field activities are restored within 12 hours of a disruptive event and that these essential functions can be continued for up to 30 days during the restoration to normal operations. Each of the Centers within ADH as well as each of the Local Health Units (LHU) will work

together to ensure this goal is achieved. Each Local Health Unit Administrator wrote a continuity of operations plan (COOP) adapted and with specific information, processes and procedures unique to the function and location of that particular LHU.

All others exist to provide support during the recovery. The LHU recovery effort is activated by communication from the HAN via the LHU Administrator or ADH Regional Emergency Coordinator.

The primary functions in the general order of sequence are:

- Phone additional recovery personnel
- Re-establish or secure a work area to conduct business.
- Obtain the required resources needed to provide services
- Work with other recovery teams as needed
- Contact suppliers to discuss the office situation and secure their commitment.
- Issue press release (s) to discuss the current situation and reassure the community of the ability to continue or quickly resume services
- Re-start essential functions.
- Prioritize operations if resources are limited

Institutional Support Leadership

Functions included:

- Purchasing and General Services
- Human Resources
- Accounting
 - Appropriation from federal grants
 - Payroll
 - Petty Cash

The leadership personnel are pre-identified via COOP plans and works together to provide essential support functions during the recovery phase. In a disaster the department leads will work together as a team to assess the situation, provide assistance in the restoration of normal operations, and continue to support the essential functions of ADH.

The primary functions of this group, in the general order of sequence are:

- Phone additional essential support function employees
- Re-establish or secure a work area to conduct business
- Obtain the required resources needed to support the ADH
- Work with other recovery teams to assist in their efforts
- Contact suppliers to discuss the situation and secure their commitment
- Initiate office level COOP and resume support functions
- Prioritize efforts if resources are limited

Go-Kits

All key personnel encouraged to create a “go-kit” to enhance his or her preparedness for responding to any incident. A go-kit should contain those items a team member considers essential to supporting operations at an alternate site. Each kit may be somewhat unique, but most should include such items as COOP checklists, key contact lists (names, phones, addresses, etc.), small disks or files specific to the member’s position that will be important to an effective response capability, any small specialized tools routinely used by the member, and maps to alternate sites.

Procedures

ADH has will develop specialized lists of responsibilities based on its unique organizational structure to the unit-level. Responsibilities will be composed in checklist format for those key personnel that will:

- manage the activation of the COOP plan;
- oversee implementation of emergency response procedures to ensure the safety of employees, contractors, customers and the general public;
- activate alternate facilities and supporting communications and information technology systems;
- coordinate with local responders;
- support legal activities on behalf of the agency;
- provide public information;
- perform situation assessment for the agency infrastructure;
- perform inspection and repair;
- develop temporary service plans; and
- lead the recovery transition.

COOP Plan Maintenance

ADH has developed an approach to maintaining a viable COOP capability. This approach ensures the review and update of the COOP plans and its supporting documents; the orientation of training of both existing and newly hired/appointed personnel; and the testing of the COOP capability through internal, local, regional and state exercises.

Testing, Evaluation and Maintenance

This COOP will be reviewed and updated in accordance with the table below. This review will include an assessment of existing financial and administrative support for the COOP with remedial budgetary measures taken as appropriate. In addition, the following test methods will be employed to test the plan for accuracy, completeness, and understanding by all ADH staff and interoperability with supporting elements.

- **Paper Test:** A review process, including review and feedback among offices and support function offices to identify plan elements which are unclear, inaccurate or out of date.
- **Tabletop Test:** May involve all centers or selected essential function offices and support function offices to test communications, accuracy, and plan comprehensiveness. This type of

test is considered a Structured-Walkthrough Exercise. Tabletop tests will be scheduled by the ADH Exercise Coordinator through the Emergency Preparedness and Response Branch.

- **Live Test:** Normally conducted in conjunction with emergency preparedness exercises.
- **Review and Verification:** The Preparedness and Emergency Response Branch will lead the review and verification efforts yearly to ensure plans are updated as need be.

Training: This plan relies on a awareness and well trained workforce in order to be effective.

- **Initial Training:** Central Office and LHU Administrators will train each employee on the contents of the ADH COOP and the detailed information and processes described in each branch and LHU COOP. We plan to incorporate COOP indoctrination is a required part of each employee’s orientation training.
- **Periodic Training:** Training will be offered both through individual LHU’s as well as ADH wide training opportunities. These training events will likely coincide with scheduled emergency preparedness exercises.

COOP Plan Maintenance

Activity	Tasks	Frequency
Plan update and certification	<ul style="list-style-type: none"> ▪ Review entire plan for accuracy ▪ Incorporate lessons learned and changes in policy and philosophy ▪ Manage distribution of plan updates 	Annually
Maintain and update Orders of Succession	<ul style="list-style-type: none"> ▪ Obtain names of current incumbents and designated successors ▪ Update Delegation of Authorities 	As-needed
Checklists	<ul style="list-style-type: none"> ▪ Update and revise checklists ▪ Ensure annual update/validation 	As needed Annually
Maintain alternate work site readiness	<ul style="list-style-type: none"> ▪ Check all systems ▪ Verify access codes and systems ▪ Cycle supplies and equipment as needed 	Quarterly
Monitor and maintain equipment at alternate sites	<ul style="list-style-type: none"> ▪ Train users and provide technical assistance ▪ Monitor volume/age of materials and assist users with cycling/ removing files 	Ongoing
Orient new policy managers and senior management	<ul style="list-style-type: none"> ▪ Brief policy managers on COOP ▪ Brief each new senior management official on his/her responsibilities under the COOP 	Within 30 days of start date
Plan and conduct exercises	<ul style="list-style-type: none"> ▪ Conduct internal exercises ▪ Conduct joint exercises with local, regional, and/or state agencies ▪ Support and participate in interagency exercises 	Annually Annually Annually or as needed
Maintain security clearances	<ul style="list-style-type: none"> ▪ Obtain, maintain and update appropriate security clearances 	Ongoing

Coordination

Internal: Response to a disruptive event will require close coordination among the ADH central office and LHUs for effective implementation. Coordinating a team effort is a function of leadership and all levels of management. In response to a disruptive event, we will make every effort in partnering with our ADH colleagues. The support function provided to the essential functions personnel will require clear communications at the personal level and follow-through to ensure that the essential functions are quickly restored. ADH can do this via our redundant means of communications.

External: Coordination with outside agencies, vendors, emergency response units and other technical support elements are pre-established. Contractual agreements and memorandums of understanding are periodically reviewed and updated to accurately reflect the logistical and technical support that may be required should the COOP be implemented.

Distribution of Plan

This COOP will be available online at the ADH Intranet website. It will also be distributed to each ADH Local Health Unit for reference. Each staff member with COOP leadership and management responsibilities will have access to this document at all times and, if appropriate, the detailed information contained in the LHU plans. Therefore, each individual with a need to know should have access to an electronic and/or hard copy of the most recent annual update of the COOP at all times.

CONTINUITY OF OPERATIONS (COOP GLOSSARY)

This glossary was created to provide stakeholders, users, and associates with differing backgrounds, clarification and definitions for significant terms and all acronyms used throughout the COOP Planning process, while maintaining a level of standards.

COOP ACRONYMS

24/7	24 hours a day, 7 days a week
A/V	Audio/Visual
ADM	Administration
ARC	American Red Cross
ARES	Amateur Radio Emergency Services
BIA	Business Impact Analysis
CD	Compact Disc
COG	Continuity of Government
COOP	Continuity of Operations
DHS	Department of Homeland Security
DRP	Disaster Recovery Plan
EBS	Emergency Broadcast System
EM	Emergency Management
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
FAQ	Frequently Asked Questions
FEMA	Federal Emergency Management Agency
HAZMAT	Hazardous Materials
IC	Incident Commander
ICS	Incident Command System
NAWAS	National Warning System
NIMS	National Incident Management System
NOAA	National Oceanic and Atmospheric Administration
NRP	National Response Plan
NWS	National Weather Service
RFI	Request for Information
RFP	Request for Proposal
SOP	Standard Operating Procedure
WMD	Weapon of Mass Destruction

COOP DEFINITIONS

ABC Fire Extinguisher: Chemically based devices used to eliminate ordinary combustible, flammable liquid and electrical fires.

Activity: A function performed by an organizational unit.

Activation: When all or a portion of the recovery plan has been put into motion.

After-Action Report (AAR): A narrative report that presents issues found during an incident and recommendations on how those issues can be resolved.

Alert: Advanced notification that an emergency or disaster situation may occur.

Alternate Database/Records Access: The safekeeping of vital resources, facilities and records and the ability to access such resources in the event the COOP plan is activated.

Alternate Facility/Work Site: A location, other than the normal facility, used to conduct critical functions and/or process data in the event that access to the primary facility is denied or the primary facility is damaged. The alternate site provides the capability to perform essential functions until normal operations can be resumed.

Alternative Communications: A communication method that provides the capability to perform minimum essential department or office functions until normal operations can be resumed.

Applicability: Capable of or suitable for being applied.

Assessment: The evaluation and interpretation of measurements and other information to provide a basis for decision-making.

Assumptions: A basic understanding about unknown disaster situations that the disaster recovery plan is based upon.

Authority: A citation used in defense or support or the source from which the citation is drawn. A conclusive statement or set of statements.

Back Office Location: An office or building, used by the organization to conduct support activities that is not located within an organization's headquarters or main location.

Backup: The practice of copying information, regardless of the media to provide a duplicate copy.

Backup Position: A list of alternative personnel who can fill a recovery team position when the primary person is not available.

Backup Strategies (Recovery Strategies): Alternative operating method (i.e., platform, location, etc.) for facilities and system operations in the event of a disaster.

Baseline: A reviewed and approved release of artifacts that constitutes and agreed-on basis for further evolution or development and that can be changed only through a formal procedure, such as configuration and change management.

Biological Weapons: Weapons using organic (plant or animal) material designed to injure or kill by use of illness producing bacteria, virus, rickettsia or toxin.

Business Continuity: The ability of an organization to ensure continuity of service and support for its customers and to maintain its viability before, after and during an event.

Business Impact Analysis (BIA): The process of analyzing all business functions and the effect that a specific disaster may have upon them. In addition, a BIA identifies the resources required to support these functions.

Business Interruption: Any event, whether anticipated (i.e., public service strike) or unanticipated (i.e., blackout) which disrupts the normal course of business operations.

Business Interruption Cost: The costs or lost revenue associated with an interruption in normal business operations.

Business Process: A business process defines a set of business actions, where each action is a sequence of actions that a business performs that yields an observable result of value to a particular business resource. A business process can include manual and automated processes as well as physical entities such as physical forms and software.

Building Alert System: A system that alerts employees there is an emergency that requires them to leave the building. Examples of alert systems include fire alarms and building PA systems.

Certified Business Continuity Planner (CBCP): CBCP's are certified by the Disaster Recovery Institute, a not-for-profit corporation, which promotes the credibility and professionalism in the Disaster Recovery industry.

Chain of Communication: A list of names of agency personnel in the order that they will be notified in the event of an emergency; persons on the list may be responsible for communicating information to their subordinates in the agency and to those lower on the list.

Chained Processes: Chained processes are Business Processes that rely on other Business Process in order for them to properly function.

Checklist Test: A method used to test a completed disaster recovery plan. This test is used to determine if the information such as phone numbers, manuals, equipment, etc. in the plan is accurate and current.

Citizen Emergency Response Team (CERT): The program helps train people to be better prepared to respond to emergency situations in their communities. When emergencies occur, CERT members can give critical support to first responders, provide immediate assistance to victims, and organize spontaneous volunteers at a disaster site. CERT members can also help with non-emergency projects that help improve the safety of the community.

Class/Level of Emergency: A decision matrix or flowchart that ties the organization's reaction to the type or intensity of an emergency.

Cold Site: An alternate site that is reserved for emergency use, but which requires the installation of equipment before it can support operations. Equipment and resources must be installed in such a facility to duplicate the essential business functions of an organization. Cold-sites have many variations depending on their communication facilities, UPS systems, or mobility.

Command and/or Control Center: A centrally located facility having adequate phone lines to begin recovery operations. Typically it is a temporary facility used by management to begin coordinating the recovery process and used until the alternate sites are functional.

Communications Failure: An unplanned interruption in electronic communication between a terminal and a computer processor, or between processors, as a result of a failure of any of the hardware, software, or telecommunications components comprising the link.

Communications Recovery: The component of Disaster Recovery which deals with the restoration or rerouting of an organization's telecommunication network, or its components, in the event of loss.

Communications Systems: Those telecommunications systems generally supporting the business of the entire organization and are not specific to a particular function. Nevertheless, some functions have communication methods that are peculiar to that function. Intra-organization communication systems link various divisions and functions within an organization. There may also be inter-organization systems — integrated systems tying the communication systems of two or more organizations together.

Concept of Operations: Explains how the organization will implement its COOP Plan, and specifically, how it plans to address each critical COOP element.

Continuity of Government (COG): The effort to ensure continued leadership, authorities, direction and control and preservation of records, thereby maintaining a viable system of government.

Continuity of Operations (COOP): An internal effort within individual components of the government to assure that capability exists to continue essential functions across a wide range of potential emergencies through a planning document.

Continuity of Operations Plan: A set of documented procedures to resume or restore critical business processes following a disruption.

COOP Plan Maintenance: Steps taken to ensure the COOP plan is reviewed and updated at some predetermined time period and whenever major changes occur.

COOP Planning: A team responsible for COOP planning for an agency. This team requires a good mix of organization professionals and includes members from all levels of management and staff. It also consists of members from various divisions of the organization, including those not directly related to the mission, such as human resources. Team members should act as COOP coordinators for their respective functions, elements or divisions.

Cooperative Hot Sites: A hot site owned by a group of organizations available to a group member should a disaster strike.

Coordinate: To advance systematically an exchange of information among principals who have or may have a need to know certain information in order to carry out their role in a response.

Core: The heart, or central part, of something.

Counterterrorism: The full range of activities directed against terrorism, including preventive, deterrent, and response and crisis management efforts.

Crisis: A critical event, which, if not handled in an appropriate manner, may dramatically impact

an organization's profitability, reputation, or ability to operate.

Crisis Management: The overall coordination of an organization's response to a crisis, in an effective, timely manner, with the goal of avoiding or minimizing damage to the organization's profitability, reputation, or ability to operate.

Crisis Management Team: Composed of senior management, this team controls and directs the COOP recovery process.

Damage Assessment: The process of assessing damage, following a disaster, to computer hardware, vital records, office facilities, etc. and determining what can be salvaged or restored and what must be replaced.

Declaration Fee: A one-time fee, charged by an Alternate Facility provider, to a customer who declares a disaster. Some recovery vendors apply the declaration fee against the first few days of recovery.

Dedicated Line: A reestablished point-to-point communication link between computer terminals and a computer processor, or between distributed processors that does not require dial-up access.

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

Deliverable: An output from a process that has a value, material or otherwise, to a customer.

Designated Assembly Area: a predetermined area for employees to report in the event the building needs to be evacuated as a result of an emergency or disaster.

Devolution: Transfer of rights, powers, property, or responsibility to another.

Dial Backup: The use of dial-up communication lines as a backup to dedicated lines.

Dial-Up Line: A communication link between computer terminals and a computer processor,

which is established on demand by dialing a specific telephone number.

Disaster: Any event that creates an inability on an organization's part to provide essential business functions for some predetermined period of time.

Disaster Recovery: The methodical restoration and reconstitution of facilities, data, records, systems and equipment after a disruption to operations that has caused damage and/or destruction of these resources. The process used once a disaster has occurred to quickly regain business continuity.

Disaster Recovery Plan: The advance planning and preparations, which are necessary to minimize loss and ensure continuity of the essential business functions of an organization in the event of disaster. The document defines the resources, actions, tasks and data required to manage the business recovery process in the event of a business interruption.

Downloading: Connecting to another computer and copying a program or file from that system.

Electronic Vaulting: Transfer of data to an offsite storage facility via a communication link rather than via portable media. Typically used for batch/journal updates to critical files to supplement full backups taken periodically.

Emergency: A sudden, unexpected event requiring immediate action due to potential threat to health and safety, the environment, or property.

Emergency Operating Records: Records (plans and directives, orders of succession and delegation of authority) essential to the continued functioning of an agency during and after an emergency.

Emergency Operations Center (EOC): The site from which civil government officials (municipal, county, State and Federal) exercise direction and control in an emergency.

Emergency Operations Plan (EOP): A plan that provides facility-wide procedures for emergency situations that generally includes personnel safety and evacuation procedures.

Emergency Preparedness: The discipline, which ensures an organization, or community's readiness to respond to an emergency in a coordinated, timely, and effective manner.

Emergency Procedures: A plan of action to commence immediately to prevent the loss of life and minimize injury and property damage.

Emergency Public Information: Information, which is disseminated primarily in anticipation of an emergency or at the actual time of an emergency and in addition to providing information, frequently directs actions, instructs, and transmits direct orders.

Employee Relief Center: A predetermined location for employees and their families to obtain food, supplies, financial assistance, etc., in the event of a catastrophic disaster.

Evacuation: Organized, phased, and supervised dispersal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Evacuation Route/Exit: The means by which employees can depart the building during an emergency or disaster.

Event: The specification of a significant occurrence that has a location in time and space.

Execution: The act or mode or result of performance.

Executive Summary: Briefly outlines the organization and content of the COOP plan and describes what it is, whom it affects and the circumstances under which it should be executed.

Exercise: An event that allows participants to apply their skills and knowledge to improve operational readiness. Exercises allow planners to evaluate the effectiveness of previously conducted tests and training activities.

Extended Outage: A lengthy, unplanned interruption in system availability due to computer hardware or software problems, or communication failures.

Facilities: A location containing the equipment, supplies, voice and data communication lines, to conduct transactions required to conduct business under normal conditions.

Family Planning: Information an agency should provide to employees that they could share with their families about preparing for an emergency in advance.

File Backup: The practice of dumping (copying) a file stored on disk or tape to another disk or tape. This is done for protection in the event the active file gets damaged.

File Recovery: The restoration of computer files using backup copies.

File Server: The central repository of shared files and applications in a computer network (LAN).

First Responder: Local police, fire, and emergency medical personnel who first arrive on the scene of an incident and take action to save lives, protect property, and meet basic human needs.

Full Scale Exercise: Tests the agency's total response capability for COOP situations. These exercises are as close to reality as possible, with personnel being deployed and systems and equipment being implemented.

Functional Exercise: Simulate a function within a real incident. Functional exercises test a part of COOP activation to be tested independently of other responders.

Generator: An independent source of power usually fueled by diesel or natural gas.

Glossary: A collection of specialized terms with their meanings. Contains a listing of all the terms and acronyms that are contained in the various project deliverables and in conjunction with continuity of operations/disaster readiness planning.

Go-Kits: Organizational - Packages of records, information, communication and computer equipment and other items related to emergency operations. They should contain items that are

essential to supporting the team member's operations at the alternate facility. **Family** – A container that contains the basic necessities for survival, such as food and water.

Halon: A gas used to extinguish fires effective only in closed areas.

Hands-On Training: Provides practice in specialized skills, allows for practice of newly acquired skills and helps maintain proficiency at infrequently used skills.

Hazard: A source of danger.

Hot Site: An alternate facility that has the equipment and resources to recover the business functions affected by the occurrence of a disaster. Hot-sites may vary in type of facilities offered (such as data processing, communication, or any other essential business functions needing duplication). Location and size of the hot-site will be proportional to the equipment and resources needed. A fully equipped facility, which includes stand-by computer equipment, environmental systems, communications capabilities and other equipment necessary to fully support an organization's immediate work and data processing requirements in the event of an emergency or a disaster.

Human Capital Management: The process of acquiring, optimizing and retaining the best talent by implementing processes and systems matched to the organization's underlying mission.

Human Threats: Possible disruptions in operations resulting from human actions (i.e., disgruntled employee, terrorism, etc.).

Implementation: To give practical effect to and ensure of actual fulfillment by concrete measures.

Internal Call List: Standard format for an emergency-call tree for employees.

Internal Hot Sites: A fully equipped alternate processing site owned and operated by the organization.

Interoperability: The ability of a system or a product to work with other systems or products without special effort on the part of the user.

Interoperable Communication: Communication that provides the capability to perform essential functions, in conjunction with other agencies and organizations, until normal operations can resume.

Interruption: An outage caused by the failure of one or more communications links with entities outside of the local facility.

Introduction: Explains the importance of COOP planning to the organization. It may also discuss the background for planning, referencing recent events that have led to the increased emphasis on the importance of a COOP capability for the organization.

IT Recovery Plan: A plan developed in support of the COOP Plan. This plan provides the steps required to recover the IT infrastructure that supports essential functions and applications.

IT Recovery Process: Defines a specific set of actions that a business must take to recover IT functions that support business processes.

Key Personnel: Those positions required to be filled by the local government or deemed essential by the State or individuals whose absence would jeopardize the continuation of an organization's essential functions.

Legal and Financial Records: Records essential to the protection of the legal and financial rights of an agency and of the individuals directly affected by the agency's activities.

Liaison: A department official sent to another agency to facilitate interagency communications and coordination.

Line Rerouting: A service offered by many regional telephone companies allowing the computer center to quickly reroute the network of dedicated lines to a backup site.

Line Voltage Regulators: Also known as surge protectors. These protectors/regulators distribute electricity evenly.

Local Area Network (LAN): A short distance data communications network used to link computers and peripheral devices (such as

printers) under some form of standard control. A LAN can be extended with point-to-point wireless access points, thereby extending the coverage area inside large buildings or to nearby buildings within the campus.

Loss: The unrecoverable business resources that are redirected or removed as a result of a disaster. Such losses may be loss of life, revenue, market share, competitive stature, public image, facilities, or operational capability.

Magnetic Ink Character Reader (Mirc) Equipment: Equipment used to imprint machine-readable code. Generally, financial institutions use this equipment to prepare paper data for processing, encoding (imprinting) items such as routing and transit numbers, account numbers and dollar amounts.

Mainframe Computer: A high-end computer processor, with related peripheral devices, capable of supporting large volumes of batch processing, high performance on-line transaction processing systems, and extensive data storage and retrieval.

Media Relations: Cultivating and maintaining two-way communications with the public through various media outlets.

Memorandum of Agreement/Understanding (MOA/MOU): A contract to provide a service, which includes the method of performance, the fees, the duration, the services provided and the extent of security and confidentiality maintained. An agreement made by a group of organizations to share processing facilities and/or office facilities, if one member of the group suffers a disaster.

Method: A regular and systematic way of accomplishing something; the detailed, logically ordered plans or procedures followed to accomplish a task or attain a goal. The implementation of an operation, the algorithm or procedure that affects the results of an operation.

Milestone: The point at which iteration formally ends; corresponds to a release point.

Mission Critical Function: An essential function with a RTO of zero.

Mitigation: Long-term, proactive projects and strategies to help reduce the loss of life and property resulting from natural hazards. Measures employed to prevent, detect or contain incidents, which if unchecked, could result in disaster. The technique of instituting mechanisms to lessen the exposure to a particular risk.

Mobile Hot Site: Large trailer containing backup equipment and peripheral devices delivered to the scene of the disaster. It is then hooked up to existing communication lines.

Multiyear Strategy and Program Management Plan: This plan is critical to developing and managing a viable agency COOP capability. It will assist COOP planners in defining short and long-term COOP goals and objectives. The plan should develop requirements, identify tasks and milestones, and outline a plan of action to accomplish the tasks within an established schedule. Additionally, it will provide a common basis and informational format for developing and defending COOP budget submissions.

Mutual Aid Agreement: As between two or more entities, public and/or private, the pre-arranged rendering of services in terms of human and material resources when essential resources of one party are not adequate to meet the needs of a disaster or other emergency. Financial aspects for post-disaster or post-emergency reimbursements may be incorporated into the agreement.

Natural Threats: Events caused by nature causing disruptions to an organization.

Network Outage: An interruption in system availability as a result of a communication failure affecting a network of computer terminals, processors, or workstations.

Node: The name used to designate a part of a network. This may be used to describe one of the links in the network, or a type of link in the network (for example, Host Node or Intercept Node).

Non-Vital Records: Records or documents, which, if irretrievably lost or damaged, will not materially, impair the organization's ability to conduct business.

Off-Line Processing: A backup mode of operation in which processing can continue manually or in batch mode if the on-line systems are unavailable.

Off-Site Processing: A backup mode of operation in which processing can continue throughout a network despite loss of communication with the mainframe computer.

Off-Site Storage Facility: A secure location, remote from the primary location, at which backup hardware, software, data files, documents, equipment, or supplies are stored.

On-Line Systems: An interactive computer system supporting users over a network of computer terminals.

Operating Software: A type of system software supervising and directing all of the other software components plus the computer hardware.

Orders of Succession: A formula that specifies by position who will automatically fill a position once it is vacated.

Orientation Training: Usually the first type of training conducted, it is typically presented as a briefing.

Organization Chart: A diagram representative of the hierarchy of an organization's personnel.

Organization-Wide: A policy or function applicable to the entire organization and not just one single department.

Outsourcing: The transfer of data processing functions to an independent third party.

Parallel Test: A test of recovery procedures in which the objective is to parallel an actual business cycle.

Peripheral Equipment: Devices connected to a computer processor, which perform such auxiliary functions as communications, data storage, printing, etc.

Personnel Accountability: Ensures that all personnel are safe, essential employees have arrived at the site and replacement personnel and augmentees can be identified quickly, when necessary.

Plan: A systematic arrangement of elements or important parts.

Platform: Hardware or software architecture of a particular model or family of computers (i.e., IBM, Tandem, HP, etc.)

Preventive Controls: Measures in place to prevent loss of function of systems and of data critical to an agency's essential functions.

Primary Essential Functions: Those functions that enable State agencies to provide vital services, exercise civil authority, maintain the safety and well being of the citizens, sustain the industrial/economic base in an emergency. Business activities or information, which could not be interrupted or unavailable for several business days without significantly jeopardizing operation of the organization.

Primary Facility: The site of normal, day-to-day operations.

Project Initiation: The first phase of the COOP Planning Process. This phase serves as the foundation for the entire project and should focus on creating a single point from which to start.

Public Communication: Communication with various sectors of the public to influence their attitudes and opinions in the interest of promoting a person, product, or idea.

Public Information Officer (PIO): Official at headquarters or in the field responsible for preparing and coordinating the dissemination of public information in cooperation with other responding Federal, State, and local agencies.

Purpose: The project purpose outlines the goals for the COOP Planning Process as detailed during the Project Initiation Phase.

Rapid Recall List: Cascading list of key agency personnel and outside emergency personnel in order of notification.

Record Retention: Storage of historical documentation for a set period of time, usually mandated by state and federal law or the Internal Revenue Service.

Reconstitution: The process by which surviving and/or replacement personnel resume normal operations from the original or replacement primary operation facility.

Reconstitution Manager: The individual who will coordinate and oversee the reconstitution process and who will develop the reconstitution plan.

Reconstitution Plan: Plan outlining the process by which agency personnel resume normal agency operations from the original or a replacement primary 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 Action Plan: The comprehensive set of documented tasks to be carried out during recovery operations.

Recovery and Restoration Resources: Contractors with the ability to restore damaged records, systems and/or equipment.

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

References: A sign or indication that refers a reader or consulter to another source of information.

Relocation: Establish in a new place.

Repository: A storage place for object models, interfaces, documents, files, and implementations.

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

Risk: An ongoing or impending concern that has a significant probability of adversely affecting business continuity.

Risk Assessment/Analysis: An evaluation of the probability that certain disruptions will occur and the controls to reduce organizational exposure to such risk.

Salvage and Restoration: The process of reclaiming or refurbishing computer hardware, vital records, office facilities, etc. following a disaster.

Satellite Communication: Data communications via satellite. For geographically dispersed organizations, may be viable alternative to ground-based communications in the event of a disaster.

Scope: Predefined areas of operation for which a disaster recovery plan is developed.

Scribe: An individual who is responsible for documenting information discuss during COOP Planning Team Meetings.

Senior Management: A team of individuals at the highest level of organizational management who have the day-to-day responsibilities of managing an agency.

Server: An information resource or a set of processes on an information resource providing services to clients across a network.

Shelter-In Place: This is a precaution aimed to keep you safe while remaining indoors. Shelter-in-place means selecting a small, interior room, with no or few windows, and taking refuge there.

Simulation Test: A test of recovery procedures under conditions approximating a specific disaster scenario. This may involve designated units of the organization actually ceasing normal operations while exercising their procedures.

Stakeholder: Any person or representative of an organization who has a stake – a vested interest – in the outcome of a project or whose opinion must be accommodated. A stakeholder can be an end user, a purchaser, a contractor, a developer, or a Project Manager.

Standard Operation Procedures (SOP): Protocol for the conduct of regular operations.

Structured Walk-Through Test: Team members walk through the plan to identify and correct weaknesses.

Supportive Essential Function: Any secondary functions on which a primary essential function depends. These functions can operate both within and outside the agency.

Supportive Function: Business activities or information, which could be interrupted or unavailable indefinitely without significantly jeopardizing critical functions of an organization.

System Outage: An unplanned interruption in system availability as a result of computer hardware or software problems, or operational problems.

Tabletop Exercise: A simulation activity in which a scenario is presented and participants in the exercise respond as if the scenario was really happening.

Technical Threats: A disaster-causing event that may occur regardless of any human elements.

Terrorism: Terrorism includes the unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Test: An evaluation of a capability against an established and measurable standard. Tests are conducted to evaluate capabilities, not personnel.

Tier: a rank of articles; *especially*, one of two or more ranks arranged one above another.

Training: Instruction in core competencies and skills and is the principal means by which individuals achieve a level of proficiency.

Uninterruptible Power Supply: A backup power supply with enough power to allow a safe and orderly shutdown of the central processing unit should there be a disruption or shutdown of electricity.

Uploading: Connecting to another computer and sending a copy of program or file to that computer.

Usability: The practice of taking the physical and psychological requirements of human beings into account when designing programs and writing documents.

User Contingency Procedures: Manual procedures to be implemented during a computer system outage.

Vital Records, Systems and Equipment: A document, regardless of media, system or piece of equipment, which, if damaged or destroyed, would disrupt business operations and information flows and result in considerable inconvenience and expense in order to recreate the record.

Voice Recovery: The restoration of an organization's voice communications system.

Warm Site: An alternate processing site which is only partially equipped.

Weapon of Mass Destruction (WMD): A WMD is any device, material, or substance used in a manner, in a quantity or type, or under circumstances evidencing intent to cause death or serious injury to persons or significant damage to property.

Wide Area Network (WAN): A data telecommunications network typically extending a LAN outside a building, over common carrier lines, to link to other LANs that are geographically dispersed. In some situations, point-to-point wireless access points can be used to replace the common carrier lines.

Workaround: A temporary solution when dealing with a bug or other unresolved problem that enables users to “work around” it until it’s fixed.

Workflow: The sequence of activities performed in a business that produces a result of observable value to an individual actor of the business.

The following resources were used in the development of this glossary:

- Online Webster dictionary
- Federal Emergency Management Agency
- Maryland Emergency Management Agency
- Virginia Department of Health
- Arkansas Department of Emergency Management
- Department of Information Systems
- American Red Cross

Appendix A: Essential Functions

Listed below and are those functions considered essential in order for ADH to accomplish the mission of protecting the public health and environment and effectively respond to any emergency impacting public health through preparation, collaboration, education and rapid intervention.

Service	Consensus
	<i>C=Critical R = Reduced P = Postpone</i>
Health Communications & Marketing	C
Information Technology Services	C
Communicable Disease	C
Coordinate Arkansas EMS resources in time of state or national disaster.	C
Coordination of volunteers local disaster plans for sites	C
HIV Medical Care	C
Immunization Registry-flu	C
Immunization-flu	C
Response to Mass dispensing plans and local exercises	C
Responsible for EOC Management, Health Alert Network, Strategic National Stockpile, Risk Communication	C
VR birth/death certification	C
DOH Central Supply	C
DOH Courier Service	C
Home Care	C
Home Health	C
Public Water System Supervision Program – Non-Community Systems	C
Women, Infants and Children (WIC)	C

Appendix B: Essential Personnel Contact List

The Personnel Contact List is a document with a call list and other critical phone numbers. The list includes COOP leadership members, key personnel, management and emergency personnel, both inside and outside the organization. The POC will activate the list via the ADH ECC and initiate the first contact with the Director of the Department and essential COOP colleagues.

Employee List	Email Address	Work #	Home #	Cellular or Pager #
COOP Essential Contacts				
•				
•				
•				
•				
Key Personnel & Management				
•				
•				
•				
•				
Emergency Personnel	Phone Number(s)			
Fire Department	911			
Police Department	911			
Ambulance/Emergency Medical Services	911			
Arkansas Emergency Operating Center	501.661.2186			
Employee Emergency Hotline				
Alternate Facility Contacts				

Appendix C-1: Resource Requirements (Central Office)

Essential Function	Resource Requirement	Networks or Servers that Must be Operational in Order to Support the Critical System or Equipment	Priority
Communications	___ desktop or laptop computers ___ networked printers ___ land-line telephone units 1 fax machines ___ high volume copier Printer/copier paper (5 reams per day)	ADH Server with LAN and hi-speed internet connection	High
Communicable Disease	___ desktop or laptop computers ___ networked printers ___ land-line telephone units 1 fax machine 1 high volume copier Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High
Emergency Medical Services	___ desktop or laptop computers ___ networked printers ___ land-line telephone units 1 fax machine 1 high volume copier Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High
Vital Records	___ desktop or laptop computers ___ networked printers ___ land-line telephone units 1 fax machine 1 high volume copier Printer/copier paper (5 reams per day)	ADH Server with LAN and hi-speed internet connection	High
Volunteer Services	___ desktop or laptop computers ___ networked printers ___ land-line telephone units 1 fax machine Printer/copier paper	ADH Server with LAN and hi-speed internet connection	
HIV	___ desktop or laptop computers ___ networked printers ___ land-line telephone units 1 fax machine 1 high volume copier Printer/copier paper	ADH Server with LAN and hi-speed internet connection	

Essential Function	Resource Requirement	Networks or Servers that Must be Operational in Order to Support the Critical System or Equipment	Priority		
Immunization – Registry – Flu Flu	_ desktop or laptop computers __ networked printers __ land-line telephone units 1 fax machines 1 high volume copier Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High		
Mass Dispensing	__ desktop or laptop computers __ 2 networked printers __ 5 land-line telephone units 1 fax machine 1 high volume copier Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High		
Preparedness and Emergency Response	__ desktop or laptop computers __ networked printers __ land-line telephone units 1 fax machines 1 high volume copier Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High		
Vital Records	__ desktop or laptop computers __ networked printers __ land-line telephone units 1 fax machine Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High		
Central Supply	__ desktop or laptop computers __ networked printers __ land-line telephone units 1 fax machines Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High		
Courier Service	__ desktop or laptop computers __ networked printers __ land-line telephone units 1 fax machines Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High		
Home Health	__ desktop or laptop computers __ networked printers __ land-line telephone units 1 fax machines Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High		

Water System Supervision	__ desktop or laptop computers __ networked printers __ land-line telephone units 1 fax machines Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High		
WIC	__ desktop or laptop computers __ networked printers __ land-line telephone units 1 fax machines Printer/copier paper	ADH Server with LAN and hi-speed internet connection	High		

APPENDIX D: ALTERNATE WORKSITE FACILITY

Alternate Site Location

In view of the secure location, backup power source and redundancies in communications capability, the anticipated alternate site for management and oversight is the Emergency Operations Center (EOC) located on the Basement level of the Markham Street Building. If the Markham Street Building is inaccessible or services therein unavailable, the alternate site for Command and Control is in the Freeway Building at 5800 West 10th Street, Little Rock, AR 72204

_____.

Points of Contact for Information about the Alternate Site:

The building manager is Vickie Brown 501.666.6133

Alternate site locations for ADH Central Office and Local Health Units are designated within their respective Continuity of Operations Plan. Relocation to these designated areas will be directed by the LHU Administrator or her/his designee.








APPENDIX E: TRANSPORTATION, FOOD, LODGING AND ACCESS SECURITY

Freeway Building at 5800 West 10th Street, Little Rock, AR 72204

Directions to the alternate facility are as follows:







From: I-30 Little Rock, AR

Drive:

1. Head **east** on **I-30 E**  0.2 mi
2. Take exit **133** toward **Geyer Springs Rd**  0.2 mi
3. Merge onto **I-30 E**  0.1 mi
4. Turn **left** at **Geyer Springs Rd**  0.8 mi
5. Turn **left** at **W 65th St**  0.2 mi
6. Turn **right** at **US-67 N/US-70 E**  0.5 mi
7. Slight **left** at **S University Ave/US-67 N/US-70 E**  3.2 mi
Continue to follow S University Ave
8. Turn **right** at **W 10th St**  0.2 mi

From: I-430 Little Rock, AR

Drive:

1. Head **northeast** on **I-430 N**  0.5 mi
2. Take the **I-630 E** exit toward **Markham St/Kanis Rd/Shackleford Rd**  0.2 mi
3. Keep **right** at the fork, follow signs for **Baptist Med. Center/Downtown/I-630/University Ave** and merge onto **I-630 E**  2.7 mi
4. Take exit **5** toward **University Ave**  0.3 mi
5. Turn **right** at **S University Ave**  108 ft
6. Turn **left** at **W 10th St**  0.2 mi

Security and Access Control: As a state facility operated by the Arkansas Department of Health, physical security is provided at the site entrance. Access to the facility requires display of ADH employee badges.

Transportation: Private vehicle access to the alternate site is authorized. Transportation is available using state owned vehicles assigned to designated offices or from the transport vehicle pool.

Food and Lodging: Meals and lodging are available at the Hilton Hotel next door to the Freeway building. Staff deployed to the alternate site will, if possible, commute between home and the alternate site. If the situation makes normal commuting unsafe or impractical, surrounding commercial lodging will be arranged for essential staff.

APPENDIX F: ORDERS OF SUCCESSION AND ICS INCIDENT COMMANDER, COMMAND AND GENERAL STAFF ASSIGNMENTS

Orders of Succession: The ADH COOP establishes a line of succession for key leadership positions with limitations on delegate authority, rosters of trained personnel with the authority to perform the essential functions and activities, and procedures for implementing the order of succession. The ADH COOP requires that officials expected to assume authority in an emergency are trained in that role and that a roster of those trained personnel be maintained. Rules and procedures for implementing an order of leadership succession are also contained in the COOP at each level of operational responsibility. The ADH intention is to promulgate succession orders of sufficient depth to ensure the Agency's ability to perform essential functions while remaining a viable part of State Government through any emergency. Geographic dispersion of successors is incorporated where appropriate to ensure response in a catastrophic, wide-spread event. The line of succession for agency leadership with regard to continuity of operations including the immediate restoration of essential functions is as follows:

Arkansas Department of Health Director
Arkansas Department of Health Deputy Director/COO
Arkansas Department of Health Deputy Director Administration

Primary, secondary, and tertiary individuals for core functional roles per the Incident Command System

- Incident Commander: Dr. William Mason
Secondary Incident Commander: Dr. Sandra Snow
Tertiary Incident Commander: Dr. Phillips
- Command Staff: Public Information Officer – Ann Wright
Command Staff: Secondary Public Information Officer – Ed Barham
- Operations Section Chief: Renee Patrick
Secondary Operations Section Chief: Jennie Kyle
Tertiary Operations Section Chief: Cathy Flanagan
- Logistics Section Chief: Don Morrow
Secondary Logistics Section Chief: Don Greene
Tertiary Section Chief: Emergency Management Section Chief
- Finance/Administration Section Chief: Bob Bennett
Secondary Finance/Administration Section Chief: Diane Smithson
Tertiary Finance/Administration Section Chief: Tim Smith
- EMS Section Chief: David Taylor
Secondary EMS Section Chief: Larry New
Tertiary EMS Section Chief: Norajean Miles

- Local Public Health Coordination: Randy Lee
Secondary Local Public Health Coordination: Rick Sanders
Tertiary Local Public Health Coordination: Aurian Zoldessy
- Public Health Service Coordination: Maria Jones
Secondary Public Health Service Coordination : Ron Stark
Tertiary Public Health Service Coordination: Mischelle Priebe
- Public Health Laboratory Coordination: Dr. Glen Baker
Secondary Public Health Laboratory Coordination: Dr. Randy Owens
Tertiary Public Health Laboratory Coordination: Dr. Jeff Moran
- Volunteer Management Coordination: Sterling Moore MRC
Secondary Volunteer Management Coordination: Greg Hogue
Tertiary Volunteer Management Coordination: Jeanne Mitchell
- Medical Coordination: Healthcare Coordinator
Secondary Medical Coordination: Renee Mallory
Tertiary Medical Coordination: Chris White
- Planning Section: Dr. Joe Bates, Donnie Smith, SNS Coordinator, Linda Gladden, Pan Flu Coordinator

APPENDIX G: EMERGENCY DELEGATIONS OF AUTHORITY

Delegation of Authority: Individual and team initiative is an important element in the success of normal as well as emergency operations. Clarity in the line of succession of key leadership in the event of an unpredictable disruptive event is, however, mandatory for assuring that good decisions are made, unambiguous guidance is provided to the response teams, clear communications are provided to the media, partnering agencies, and the Governor, and that accountability for performance is appropriately placed. Specific line of succession for each office or essential function is established by position title or responsibility, not by individual, and is contained within the detailed plans of each center and LHU as appropriate. This COOP requires that officials expected to assume authority in an emergency are trained in that role and that a roster of those trained personnel be maintained. Rules and procedures for implementing an order of leadership succession are also contained in the COOP at each level of operational responsibility. The ADH intention is to promulgate succession orders of sufficient depth to ensure the Agency's ability to perform essential functions while remaining a viable part of State Government through any emergency. Geographic dispersion of successors is incorporated where appropriate to ensure response in a catastrophic, wide-spread event.

Limits and Extent of Delegation of Authority: Delegation of Authority specifies the limits and types of authority that can be assumed by successors. The Director of the Department of Health's order of succession and each ADH Center and LHU line of succession carries with it delegate authority to perform the essential function.

APPENDIX H: EVACUATION PLAN FOR CENTRAL OFFICE (MARKHAM BUILDING)

ARKANSAS DEPARTMENT OF HEALTH CENTRAL OFFICE SAFETY & SECURITY PLAN

I. PURPOSE

This plan provides instructions to be used during emergency evacuations in the Markham Street Building for the protection and safety of all employees.

II. SCOPE

This plan is prepared for emergency evacuation arising from:

- A. Fire
- B. Bomb Threats
- C. Severe Inclement Weather
- D. Other threats to the safety of life and property.

Table of Contents

Security Issues

- ADH Security Desk
- Visitors
- Surveillance Cameras
- Communication & Equipment

Safety Issues

- Alarms
- Elevators
- Stairways
- Evacuations
- Assembly Areas
- Employee Responsibilities
- Safety Officer Responsibilities
- Area Assembly Coordinator Responsibilities

Bomb Threat Response

Severe Weather or Chemical Event Response

Earthquake Response

Appendix I (Assembly Area Maps)

Appendix II (Freeway Medical Building Emergency Procedures)

Security Issues

ADH Security Desk

ADH is under contract with UAMS for security officers at the main campus Monday through Friday 6:30 a.m. to 8:30 p.m. These uniformed UAMS officers, which are stationed at the front desk (main entrance, second floor), are armed and have police authority.

Visitors

All visitors (with the exception of Vital Records) must enter the ADH 4815 West Markham Street facility through the main entrance, sign the log-in register and receive a “Visitor” badge from the security officer.

Visitors will tell the security officer which ADH employee they wish to see and the security officer will notify that employee. Employees will escort visitors to and from the security desk.

Vendors visiting the building regularly will be issued a “Vendor” badge. If the vendor is new to the facility, the security officers will call their company to verify employment before granting access to the facility.

All visitor badges should be returned to the security desk by the end of the work day. Vendor badges will be issued and returned on an individual basis. Security officers will inventory badges on a daily basis to determine status of visitors.

Surveillance Cameras

- Parking Lot- ADH has 24/7 camera coverage over all parking areas on the main campus (between Monroe and Palm Street)
- Camera surveillance is also inside the main building and the PHL.
- Cameras have the ability to store information up to three weeks.

Communications & Equipment

ADH employees should contact the Security Desk (661-2461) with concerns regarding any unusual activity in the parking lot or within the building.

Security and Physical Plant should be notified if employees are planning an event that involves a large number of visitors. This will allow for preparation of an adequate amount of visitor badges and parking.

Four defibrillators are located throughout the main building:

- 1st floor by Snack Shop
- 2nd floor by Guard Desk
- 5th floor by Receptionist
- Basement in Emergency Operations Center

Simple audio instructions and pictures are provided with each machine which make operating the device safe for any employee.

If a fire is suspected, employees should call the Emergency Communications Center (ECC) at 661-2136. ECC will notify the Physical Plant, which will immediately respond and investigate. If the Fire Department is required, Physical Plant staff will contact them and the ADH Security Desk with the location of the fire and an alarm will be sounded.

In the event of medical emergency, employees should dial 911 which will connect to LRPD 911 Emergency Service. After calling 911, employees should then call the ADH Security Desk (661-2461) and inform them of the nature and location of the emergency so they can assist emergency personnel responding to the call.

The Building Manager will notify the Director's Office of any fire or medical emergency reported.

In an emergency evacuation of the building, the ADH Director, Chief Executive Officer and all Center Directors will relocate to a safe area where a communications center will be set up. All information shared with the press or families should come through the ADH Communications Director or the authorities. Team Leaders (made up of ___ Executive Staff & Physical Plant staff) will don orange vests and will utilize bullhorns and walkie-talkies to facilitate communication.

Safety Officers will don green vests and will utilize walkie-talkies. Alternates will don green vests to assist the Safety Officers.

Safety Issues

Alarms:

All buildings are equipped with fire alarm systems that include alarm boxes on each floor. The system may be activated from any floor. When activated, the alarm will be heard on all floors and is a signal to begin an orderly evacuation. Magnetic locks on doors will be deactivated when an alarm is sounded.

An alarm indicates whether to vacate the building or relocate within the building. When the following alarms are activated:

- Short on – Short off buzzing signals a fire, utility accident, explosion or chemical spill – Exit the building immediately and proceed to the designated assembly area for your work group
- Long on – Long off buzzing signals a bomb threat – Exit the building immediately and proceed to the designated assembly area for your work group
- Continuous buzzing signals a natural or man-made disaster – Proceed to the designated secure area for your work group within the building

Elevators:

When an alarm sounds, elevators in all buildings will return to the first floor. If the problem is on first floor, elevators will stop on second floor. Elevators will then run only with a Fireman's Key.

If you are on an elevator and an alarm goes off, please get off as soon as it stops and proceed to the closest stairwell or exit. Elevators are not to be used during fire or earthquake evacuations.

Employees on an elevator at the time of an earthquake should get off immediately, move to an interior wall, assume the drop position with back to wall.

Stairways:

If a stairway is filled with smoke, flame or debris, the opposite stairway should be used. When both stairways are impassable, employees should:

- Remain calm.
- Move to the exterior wall areas.
- Open exterior windows, if possible.
- Draw attention of rescue personnel.

Evacuation Procedure:

When an alarm is sounded to evacuate the building, employees should immediately turn their cell phones and pagers off and gather personal belongings such as purse, car keys, briefcase, which might be needed if the building could not be occupied for a long period of time. Coffee pots, fans, and radios should be turned off as employees exit. Cell phones and pagers may be turned back on once employees reach the assembly area.

Safety Officers will direct the evacuation of the building. All employees are to follow their designated evacuation routes and proceed to their respective assembly areas. Employees are to remain in their assembly areas until instructions are given by the Assembly Coordinator. Smoking is not allowed in assembly areas.

Employees who are away from their office when an alarm is sounded should not attempt to return to their office. They should leave the building by the designated evacuation route and proceed to their assembly area.

Assembly Areas:

Little Rock Fire Department, Little Rock Police Bomb Squad and Hazardous Materials Team will arrive via Monroe Street to deal with emergencies. Staging will take place on Monroe Street. Employees should not attempt to cross Monroe Street during any emergency as this could endanger them and impede the arrival of LRFD, LRPD Bomb Squad or Hazardous Materials Team to the scene. Assembly areas have been carefully selected to adequately separate employees from emergencies that could arise.

For Fire, Utility Incident, Explosion, Air Pollution or Chemical Spill

- Employees and visitors from the main building should travel via the sidewalk on Markham and assemble on the vacant lot at the corner of Markham and Palm Street in front of the State Hospital (see Appendix I).
- Public Health Laboratory employees should assemble in the paved parking lot for Behavioral Health/Arkansas State Hospital south of Monroe (see Appendix I).

For Bomb Threat

- Employees and visitors from the main building and the Lab should walk to the parking lot at Ray Winder field. The route taken should be along Monroe Street. Do not cross Monroe Street.
- Employees who utilize “Handicapped” parking, should exit to their vehicles and drive to the parking lot at Ray Winder field. Employees driving should leave via the parking lot to Palm Street taking 7th Street to I-630. These employees should gather in the parking lot at Ray Winder field to receive further direction from Assembly Coordinators.
- The only employees authorized to drive in the event of a bomb threat are those who are mobility impaired and could not walk to the assembly area.

For Severe Weather or Chemical Event

- Employees in the basement should remain in the basement. Employees should not enter the Physical Plant area.
- Employees on the first floor of the main building should remain on the first floor and move to interior hallways.
- Employees on the second, third, fourth and fifth floors of the main building should take stairs to first floor interior hallways.
- Employees on second floor of the annex should take stairs to first floor interior hallways in the annex.
- Employees on first floor of the annex should remain on the first floor and move to interior hallways.
- Employees in Central Supply and the Garage should go to the first floor interior hallways.
- Employees in the Public Health Lab should take back stairs to first floor. Employees should not use the main stairway in the lobby to exit or take shelter in the lobby. The potential for injury from broken glass is high due to the number of windows in the lobby.

Employee Responsibilities:

- Become familiar with this plan and where your assembly area is for various types of emergencies.
- Participate in all scheduled drills. Employees who refuse to leave the building are subject to disciplinary action under the policy covering gross negligence.
- Make Safety Officer in your area aware of your need for assistance in the event of a building evacuation. This includes permanent as well as temporary conditions that could impede your exit or others.

Safety Officer & Alternate Responsibilities:

- Direct orderly evacuation of building
- Provide assistance to employees indicating a need for assistance.
- Safety Officers can request backup from Alternate Safety Officers, Physical Plant personnel or UAMS Security Officers.
- Safety Officers will remain near the stairway on their floor until all employees have evacuated for which they are responsible.
- After evacuation is complete, designated Key Safety Officers will report status of their area via walkie-talkie.
- A designated Assembly Area Coordinator will direct traffic on Palm Street to insure the safety of employees walking to assembly areas.

Assembly Area Coordinators Responsibilities:

- Assure that employees are accounted for
- Await instructions via walkie-talkie regarding all-clear
- Communicate instructions and/or all-clear to employees via bullhorn

BOMB THREAT RESPONSE

The Call:

Employees receiving a bomb threat call shall:

- Record time and date of call
- Keep the caller on the line as long as possible
- Have caller repeat the message as many times as possible
- Listen attentively to the message for specific details such as voice quality, dialect, background noise, etc.
- Take notes of specifics of the call such as; when is bomb going to explode, where is the bomb now, what kind of bomb is it, what does the bomb look like, why did you place the bomb.
- Advise Emergency Communication Center 661-2136 and supervisor immediately following the call
- Avoid alarming other employees

Supervisors:

- Immediately advise Director's office, who will determine if further action is necessary.
- Assure that employee receiving the call is available for a follow up interview by the responding police agency

The Search:

- If Emergency 911 is called, the responding police agency, along with the highest member of management and the Building Manager will determine if a search is necessary and to what extent. The actual search will be conducted by the responding police agency with assistance of the Building Manager.

Prior to Evacuation:

- Before evacuation of the building, the responding police agency will verify that all evacuation routes are clear and report to the Building Manager. Building Manager reports information to Department Director or Designee if decision is made to evacuate Department. Director/Designee notifies ECC to activate the bomb threat signal.

SEVERE WEATHER OR CHEMICAL EVENT RESPONSE

Tornado Watch:

This means conditions are favorable for tornado development. There is no cause for immediate action, but employees should keep alert for further weather developments and listen for alarms and instructions from Safety Officers.

Tornado Warning:

This means a tornado has been sighted or indicated by radar. Employees in the path of the storm should take immediate action and proceed via stairs to their designated area.

Chemical Event:

In case of the release of a dangerous chemical, the Emergency Communications Center would be notified and appropriate action would be taken based on the decision of the Director.

Earthquake Response:

Following an earthquake, offices and hallways may be cluttered with debris from ceilings, fallen light fixtures, broken glass and toppled storage units. The noise that accompanies an earthquake can also be a danger because it is likely to cause considerable emotional stress.

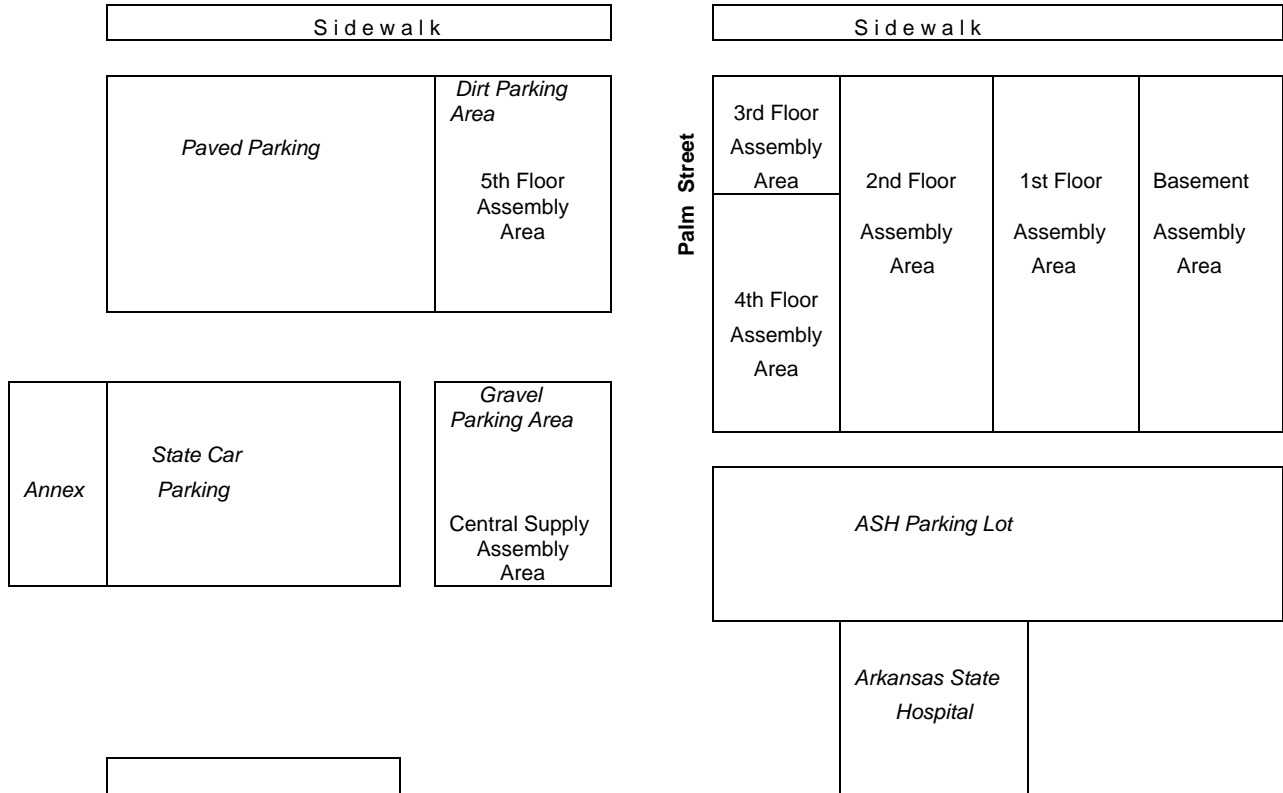
A. Employees located inside the building should:

- Stay inside
- Move away from windows, bookcases, cabinets and other items that could fall
- Drop to knees with head down, hands clasp behind neck, arms against ears, and eyes closed. If possible seek shelter under a desk or table. If the shelter moves hold on to the shelter and move with it. Stay under the shelter. If shelter is not available, assume the drop position with back to an inside wall.
- Remain silent so directions can be heard above the noise of the earthquake.

B. Employees outside the building:

- Move as far away from buildings, trees, exposed wires and other fallen objects. The safest place is in the open.
- Assume drop position, after initial shock move to designated assembly area.
- Do not attempt to re-enter the building

Markham Street



Public Health Lab

XXXXXROCKSXXXXXX
XXXXXROCKSXXXXXX

Div of Mental Health &
ASH Parking Lot
Lab Assembly Area

# Employees	
Basement	42
1st Floor	226
2nd Floor	186
3rd Floor	52
4th Floor	66
5th Floor	15
Central	
Supply	16
Lab	139
	<hr/> 742

APPENDIX I: HEALTH ALERT NETWORK (HAN) OPERATION POLICIES

Communication activities originating within the Arkansas Department of Health Preparedness and Response Branch are essential to the success of all phases of public health preparedness. The content of various messages will be dictated by the particular circumstances and will be developed by the subject matter experts. This policy addresses how to determine the most effective means of transmission once a specific message has been determined. The key factors for selecting the means of transmission are the Message, Urgency, Sensitivity, and Audience Delivering information to the proper individuals or groups of people must take place efficiently; allowing subject-matter experts to remain focused on the situation and message content rather than developing contact lists or other communication logistics. To accomplish this goal, contact lists, contact methodology, channels of communication and designation of authority must be clearly defined before communication efforts are initiated. To that end this establishes procedures and guidelines relating to:

- Creation and maintenance of contact lists.
- Authority to issue communiqués.
- Selection of specific communication channels.

Contact Lists

The creation and maintenance of contact lists is the responsibility of the Health Alert Network (HAN). Such lists include, but are not limited to, public health agencies, hospitals, county health departments, physicians, nurses, and other external partners. Information within the lists will include radio frequencies, e-mail and traditional mail addresses, and all pertinent telephone numbers (facsimile, pager, home, office, and mobile) possible. Regional call down information is to be updated quarterly and each area is to be tested for accuracy on a regular basis. The HAN will maintain e-mail group and call down listings on their servers.

Authorizing Agent

Upon activation of the Public Health Emergency Operations Center (EOC), all decisions related to the dissemination of information reside with the senior most person receiving the EOC briefings. This will usually be the Incident Commander. Such decisions are expected to be made in consultation with the PHP Public Information Officer Command Center staff and departmental advisors based upon up to the minute situation reports. No information shall be issued to the public (or to outside entities that might discuss information with the public or the media) without first consulting with the DHHS Public Information Office and/or the Governor's Press Office.

Use of Communication Channels

There are three major aspects that must be considered when deciding how information will be disseminated – Audience, Urgency, and Sensitivity. Once it is determined that information should be disseminated, these three elements should be taken into consideration to select the best means of transmission. Though no set action can be pre-scripted for every possible situation, limitations and practicalities of the channels listed below should guide the final decision. Once the Urgency, Sensitivity, and Audience, issues have been addressed, the information should be communicated through a channel(s) appropriate to the situation. Note: Although the amount of

detail given may vary depending upon the status of the issue and the targeted audience(s), the essence of any given message should be constant. Under no circumstances should contradictory messages be given to different audiences.

1. Determine Message Urgency

Message urgency should fall only into one of three categories.

- **Routine** messages are those that take place as part of day to day work activities or occur on a regular basis.
- **Priority** messages are those that fall outside of routine communications but do not require immediate action. The information to be communicated is considered very important and time sensitive.
- **Emergency** messages contain information that is considered critical and must be conveyed to the appropriate audiences with no delay so that an action can take place immediately. The message itself can be an order to take a specific action.

2. Determine Message Sensitivity

A message's degree of sensitivity will determine how the information will be disseminated. In most circumstances, only one of the sensitivity categories will be selected, but there may be special circumstances when messages need to be transmitted through both Confidential and Controlled/Targeted channels.

- **Unrestricted** messages - do not contain sensitive information and do not compromise the mission if seen by individuals or entities outside of the audiences for which they are intended.
- **Controlled/Targeted** messages - somewhat sensitive in nature, containing information meant for specific individuals or groups of people. Such information is not meant for public scrutiny but will not compromise the mission if it does become public.
- **Confidential** messages - essential to the mission and contain highly sensitive information. Public release of such information could compromise response efforts.

3. Determine Audience

Message distribution may include one, two, or all three of the audience categories depending on message content. Careful consideration must be given to concerns such as patient confidentiality, the public's right to know, and the need for cross-departmental communications. Messages targeted to the media will automatically be considered "Unrestricted" in terms of sensitivity.

- **Priority** - time sensitive information essential to disease surveillance and containment.
- **Confidential** - use of secured communication channels, sent on "need to know" basis.
- **Professional/Governmental** - information limited to HAN users.

APPENDIX J: PANDEMIC INFLUENZA PREPAREDNESS AND RESPONSE

Planning Assumptions

- Susceptibility to the pandemic influenza subtype will be universal.
- In an affected community, a pandemic outbreak will last about six to eight weeks. At least two pandemic disease waves are likely. Many geographic areas within Arkansas and its neighboring jurisdictions may be affected simultaneously, thereby affecting many if not all of the local health district operations
- Public Health workers may be at higher risk of exposure and illness than the general population.
- Widespread illness in the community could increase the likelihood of sudden and potentially significant shortages of public health personnel
- Employee absenteeism will reach 40 percent (40%) for periods of about 2 weeks at the height of a pandemic wave, with lower levels of staff absent for a few weeks on either side of the peak.
- For planning purposes, assume that absent employees include leaders and personnel with primary responsibility for essential functions.
- Fifty percent of office supplies will not be available during the periods of contagion

Summary: The Arkansas Department of Health (ADH) Continuity of Operations Plan (COOP) is constructed in compliance with a directive from the Governor. While a pandemic will not directly damage facilities or equipment, it will ultimately threaten all critical infrastructures by removing essential personnel from the workplace for weeks or months.

The COOP pandemic influenza planning elements will support the sustainment of operations until normal business activity can be reconstituted, which may be longer than 30 days. ADH Office and local health units will continue operations indefinitely until the situation returns to normal. Because absenteeism may reach a peak of 40 percent at the height of a pandemic wave, delegations of authority are critical. Planning for delegations of authority for at least three levels for each essential function or responsibility is required in order to take into account the expected rate of absenteeism. Because a pandemic presents essentially simultaneous risk everywhere, the use of alternate operating facilities must be considered in a nontraditional way. COOP planning for pandemic influenza will involve alternatives to staff relocation/co-location such as “social distancing” in the workplace through telecommuting or other means.

Tests, Training, and Exercises: The Pandemic influenza segment of the ADH COOP will test, train, and exercise sustainable social distancing techniques that reduce person-to-person interactions within the workplace. Testing, training, and exercising includes the evaluation of impacts of a reduced staff on facilities and essential functions and services.

Devolution of Control and Direction: Because local outbreaks will occur at different times, have variable durations, and may vary in their severity, devolution planning may rotate operations between the LHU’s as the pandemic wave moves throughout the state. The plan addresses how the ADH will conduct essential functions and services if pandemic influenza renders leadership and

essential staff incapable or unavailable to execute those functions. Full or partial devolution of essential functions or services may be necessary to ensure continuation.

Reconstitution: Because a pandemic will not harm the physical infrastructure or facilities of an organization, and because long-term contamination of facilities is not a concern, the primary challenge for organizations after a pandemic will be the return to normal and bringing their systems back to full capacity. The plan addresses the development of contingency plans for replacing employees unable to return to work.

Essential Functions: Essential Services and Functions: Those functions most critical to performing the public health mission are as follows:

- Health Communications & Marketing
- Information Technology Services
- Communicable Disease
- Coordinate Arkansas EMS resources in time of state or national disaster.
- Coordination of volunteers local disaster plans for sites
- HIV Medical Care
- Immunization Registry-flu
- Immunization-flu
- Response to Mass dispensing plans and local exercises
- Preparedness and Emergency Response
- VR birth/death certification
- DOH Central Supply
- DOH Courier Service
- Home Care
- Home Health
- Public Water System Supervision Program – Non Community Systems
- Women, Infants and Children (WIC)

Workforce Reduction: ADH will limit the extent and mitigate the effects of workforce reduction caused by a pandemic flu event as follows:

- Absenteeism Policy—in concert with the Arkansas Department of Finance and Administration the ADH Human Resources will define in policy when sick, paid leave time, and non-pay status would be appropriate;
- Telecommuting Policy—To be developed to enhance communications and information technology infrastructures as needed to support employee telecommuting and remote access to essential data.
- Development of an adjunct emergency workforce coordinated by the ADH Center Directors consisting of ADH employees from sections not directly related to emergency response. These workers will be available to augment and/or replace public health workers lost to illness. We will communicate with ADH employees via an “employees only” section on the public website, an automated telephone call-in service for employees to access information and report personal status

Staffing Support/Coordination: Provision of staffing support and coordination during a pandemic flu event is as follows:

1. Data Privacy Policies—the conditions under which staff information can/should be made available and to whom.
2. Wherever possible, policies will be consistently applied but will allow the latitude for executive management to alter as needed as the pandemic event evolves.
3. During the early stages of a pandemic, the ADH will notify and familiarize staff members of management expectations and potential alternative job duties.
4. Ensuring an adequate stock of PPE and supplies such as gloves, N-95 masks, cleaning products as well as office supplies.
5. Limiting points of entry into ADH buildings and providing regular health screening as personnel enter the building to identify potentially infectious individuals. Anyone with illness consistent with influenza will be sent home or to an appropriate source for medical treatment.

Identification of positions, skills, and personnel:

- Emergency Preparedness and Response: Branch Chief, Hospital Preparedness Coordinator
- Laboratory and Pharmacy Services:

Back-Up personnel: Back-up personnel for those positions supporting essential functions identified above are named in each center and health unit response plan. The plan provides for cross-training staff to assume duties outside the normal range of work responsibility. The plan also provides for access to information, guidance and links to assistance for the back-up personnel.

Delegations of authority: Ultimate authority, responsibility, and certain legal authority rest with the Director of the Department of Health. Delegation of Authority specifies the limits and types of authority that can be assumed by successors. The Director of the Department of Health's order of succession and each ADH Local Health Unit line of succession carries with it delegate authority to perform the essential function.

Orders of Succession: The ADH COOP establishes a line of succession for key leadership positions with limitations on delegate authority, rosters of trained personnel with the authority to perform the essential functions and activities, and procedures for implementing the order of succession. Rules and procedures for implementing an order of leadership succession is contained in the COOP at each level of operational responsibility. The ADH intention is to promulgate succession orders of sufficient depth to ensure the Agency's ability to perform essential functions while remaining a viable part of State Government through any emergency. Geographic dispersion of successors is incorporated where appropriate to ensure response in a catastrophic, wide-spread event. The line of succession for agency leadership with regard to continuity of operations including the immediate restoration of essential functions is as follows:

Director of the Arkansas Department of Health
Deputy Director of the Arkansas Department of Health
Deputy Director Administration of the Arkansas Department of Health

Alternate Worksites: Due to the size and scope of the ADH, multiple alternate facilities are required in the event relocation is necessary. In addition to the ADH Central Office, the Local Health Unit (LHU) Offices located throughout the state have each identified an alternative site or site(s). The Central Office alternative site is located at the Freeway Medical Building 5800 West 10th Street, Little Rock, AR 72204

Primary and secondary individuals for core functional roles per the Incident Command System.

- Incident Commander: Dr. William Mason
Secondary Incident Commander: Dr. Sandra Snow
Tertiary Incident Commander: Dr. Phillips
- Command Staff: Public Information Officer – Ann Wright
Command Staff: Secondary Public Information Officer – Ed Barham
- Operations Section Chief: Renee Patrick
Secondary Operations Section Chief: Jennie Kyle
Tertiary Operations Section Chief: Cathy Flanagin
- Logistics Section Chief: Don Morrow
Secondary Logistics Section Chief: Don Greene
Tertiary Section Chief: Emergency Management Section Chief
- Finance/Administration Section Chief: Bob Bennett
Secondary Finance/Administration Section Chief: Diane Smithson
Tertiary Finance/Administration Section Chief: Tim Smith
- EMS Section Chief: David Taylor
Secondary EMS Section Chief: Larry New
Tertiary EMS Section Chief: Norajean Miles
- Local Public Health Coordination: Randy Lee
Secondary Local Public Health Coordination: Rick Sanders
Tertiary Local Public Health Coordination: Aurian Zoldessy
- Public Health Service Coordination: Maria Jones
Secondary Public Health Service Coordination : Ron Stark
Tertiary Public Health Service Coordination: Mischelle Priebe
- Public Health Laboratory Coordination: Dr. Glen Baker
Secondary Public Health Laboratory Coordination: Dr. Randy Owens
Tertiary Public Health Laboratory Coordination: Dr. Jeff Moran
- Volunteer Management Coordination: Sterling Moore MRC
Secondary Volunteer Management Coordination: Greg Hogue
Tertiary Volunteer Management Coordination: Jeanne Mitchell

- Medical Coordination: Healthcare Coordinator
Secondary Medical Coordination: Renee Mallory
Tertiary Medical Coordination: Chris White
- Planning Section: Dr. Joe Bates, Donnie Smith, SNS Coordinator, Linda Gladden, Pan Flu Coordinator

The ADH will work with local public health units and with the Arkansas Department of Emergency Management (ADEM) and other public safety partners to mitigate and respond to the impact of pandemic influenza. The command structure and operations as described throughout all ADH emergency plans and responses will comply with standards established in the National Incident Management System (NIMS).

The Director of the Department of Health shall have authority over all public health issues and the Department's command and control structure throughout the course of a pandemic. The ADH, as lead agency for Emergency Support Function 8, will work with the Arkansas Department of Emergency Management (ADEM) and public safety partners to assist with the coordinating the healthcare infrastructure and local public health response efforts. The Department shall carry out the following functions:

- Ongoing assessment of the public health and medical scope and impact of the event
- Disease surveillance
- Timely reporting of information to appropriate staff , partners and the public
- Management of public health and healthcare system standards
- Promotion of continuity of operations within all public health entities
- Assistance with surge response, to include health and medical personnel, material, and establishment of alternate care sites in support of local jurisdiction emergency management and the healthcare provider community, and the management of the medical volunteer workforce
- Assessment of drinking water and environmental health concerns
- Assistance with community health system recovery
- Advise the Governor, Department of Emergency Management and other state agencies on key public health issues impacting government decisions

The plans, procedures and pre-identified elements provided above relate to a COOP that will allow the ADH to continue its mission. If this priority also applies to the ADH responsibility within the unified command structure for planning and coordination of sustained health and medical operations during a pandemic phase, the following provisions apply:

Personnel: Nine (9) Medical Reserve Corps (MRC) units across the state have been engaged in volunteer recruitment, screening, registration and training. Volunteers are recruited at the local level and directed to the ESAR-VHP system website where they register, provide licensure and other credentialing information, provide contact information and indicate their areas of interest. Recruitment of volunteer health professionals is done on a local basis with the goal of forming regional medical response teams from licensed staff. Currently over 100 MRC volunteers including over 75 with medical skills are identified and available for response.

Equipment Caches: Pre-positioned caches of equipment and supplies for use in response to a medical surge. Individual hospitals have increased PPE supplies in addition to regional caches of PPE that include N-95 masks, gowns and gloves for healthcare worker protection.

Anti-Viral Caches: State and regional caches of 5-day anti-viral treatment courses are in place in quantity to provide treatment courses to hospital staff. This is in addition to the state purchased cache of anti-viral medication to treat members of the public who develop influenza.

APPENDIX K: VITAL RECORDS ESSENTIAL FUNCTIONS AND SYSTEMS

Vital Records and Data Bases: Certain information, essential to the effective performance of ADH mission during a disruptive event, is stored, identified and available to COOP staff on a need-to-know basis. Essential emergency operating plans, including line-of-succession, delegations of authority, staffing assignments, policy and procedural guidance, as contained in this COOP and the detailed directives maintained at field operation sites, are available in multiple media (hard copy and electronic) for immediate access. Essential financial, logistical and human resource support functions such as accounting and reimbursement services, budget management, purchasing and general services, training, and personnel pay and benefit data rely on access to data files. Details of this data storage and retrieval procedures on-site and through alternate site locations is provided by each support functional office. Recovery and retrieval of vital records contain in electronic form are, for the most part, a responsibility of the Arkansas Department of Information Systems (DIS). The ADH Office of Information Technology will coordinate with DIS to recover data and restore data base systems as soon as possible.

See ADH IT COOP Plan

VITAL RECORDS

Input:

Birth Certificates: entered at the facility through Genesis EBC. Data file sent to Vital Records to be uploaded into Wang System.

Death Certificates: Demographic information reported on paper certificate and entered into Wang System.

Divorce Records: Information reported on paper certificate and keyed into Wang System.

Marriage Records: Information reported on paper certificate and keyed into Wang System.

Interfaces

The section relies on applications written for the Wang legacy system, as well as Paper View, a program used to scan older birth certificated into an electronic file and stored on a NAS device.

Dependencies:

The section is dependent on OST for maintenance of the Wang System.

Risk Analysis:

This section describes those risks of a critical IT outage and the associated impacts on the Division's mission. Risk(s) associated with this mission critical function are listed below.

Risk	Wang failure
Reason	Loss of facility or loss of data system
Likelihood of Occurrence	Moderate – State Health Building is susceptible to weather related events
Impact on Mission	Data System Loss
Window of Vulnerability	Daily
Sufficient Risk to Require Action?	Yes – Facility Loss - An alternate site with equipment capable of accurately restoring data and software backups should be designated ahead of time.
Risk Mitigation	Designate alternate site and assure access to data. Identify alternate means of restoring data.
Recommended By	Section Chief, Center for Health Statistics
Contingency	Facility Loss - Proceed to alternate facility and establish operations. Data System Loss – Utilize alternate means to restore access to data
Recommended By	Section Chief, Center for Health Statistics
Decided By	Director, Center for Public Health Practice
Criteria	Loss of Facility, Loss of Wang System
Trigger	Loss of facility, Loss of IT Capability
Plan Invoked By	Center for Public Health Practice Director or designee
Plan Executed By	Director, Vital Records Section
Returning to Normal	Return to Health Department location is deemed safe or data system access returns to normal status
Recovering Lost Data	All data storage systems must be backed up nightly.

APPENDIX L: - RISK ANALYSIS

Below are listed some of the potential threats or risks that may require activation of the COOP.

1. **Risk:** Disruption of local power source

Analysis: The probability is low, based upon historical data of outages and countermeasures employed.

Mitigation: At the ADH Central Office an alternate power source for the BSL3 lab is a generator beside the building. It provides enough power for the entire lab building. The EOC alternate power is located on the main generator for our ADH Central Office. This generator is powered by natural gas and can operate emergency power circuits.

2. **Risk:** Disruption or discontinuance of service due to water damage, fire, or other natural disaster.

Analysis: With regard to disruption caused by water damage, or fire, the risk is low based on historical patterns and the control/response systems in place. With regard to weather related natural disasters, the probability is variable based upon geographical location and historical pattern of natural disaster damage. Furthermore, building and other infrastructure design and location varies throughout the Department, and the risk, therefore, varies by site.

Mitigation: Continue to practice vigilance in maintenance of fire suppression systems and associated alarm systems. Provide periodic training to staff with regard to minimizing the threat of fire and the exposure to damage and loss of information due to fire, flooding or other damage caused by natural disaster.

3. **Risk:** Natural disaster damage could force the operation to relocate to an alternate geographic location. This may create operational backlogs.

Analysis: The probability is low, due to dispersed locations and identification of backup sites.

Mitigation: Alternate facility location has been identified for each LHU.

4. **Risk:** Disruption of communication services through internal and external tampering. (System corruption from viruses and criminal “hacking”.)

Analysis: This has a medium probability of occurring. Information can be obtained by intercepting non-encrypted data communication. Viruses are capable of wide-spread disruption of normal business.

Mitigation: Data can be encrypted prior to communication transmission. Continually improving techniques and virus detection and protection technologies can reduce this risk.

5. Risk: Unauthorized persons gaining facility access for sabotage or to vandalize equipment.

Analysis: This has a low probability of occurring. Unauthorized access to the facility may result in damaged or stolen equipment.

Mitigation: Access to facility is controlled.

6. Risk: Unauthorized persons gaining system access for sabotage, obtaining, altering, or destroying information.

Analysis: This has a medium probability of occurring. Unauthorized access could cause damage to the effectiveness of the accounting support operation, vital records, and other sensitive information.

Mitigation: Continue to review system security and ensure security countermeasures are in place and effectively operating.

APPENDIX M: PLAN REVIEW CHECKLIST AND CERTIFICATION OF COMPLETION

**ARKANSAS DEPARTMENT OF HEALTH
CONTINUITY OF OPERATIONS (COOP)
PLAN REVIEW CHECKLIST AND
CERTIFICATION OF COMPLETION**

Center/Branch/LHU

Name: _____

(Note: Some planning elements may not be applicable to your specific COOP operations. Please denote if that is the case.)

<i>Planning Element</i>	<i>Plan Reference</i>
Essential Functions	
1. Essential functions are listed and prioritized.	
2. Staffing requirements for each essential function are identified.	
3. Resource requirements for each essential function are identified.	
4. Critical data and data systems for each essential function are identified.	
5. Support activities are addressed as part of essential functions.	
6. Plans exist for attaining operational capability within 12 hours.	
7. Processes and procedures exist to acquire resources necessary to continue essential functions and sustain operations for up to 30 days.	
Line of Succession	
1. Line of succession is established for key leadership positions.	
2. Limitations on delegate authority are listed.	
3. Rosters of trained personnel with the authority to perform essential functions and activities are maintained.	
4. Rules and procedures for implementing order of succession are established.	
Alternate Facilities	

1. Immediate capability exists to operate under potential threat conditions including WMD threats.	
2. Sufficient space, equipment, and logistical support to sustain the relocating organization are identified.	
3. Pre-positioned resources are identified or contingency contracts are established with appropriate resource providers.	
4. Plan includes provisions for establishing interoperable communications with all identified essential internal and external organizations, critical customers and the public.	
5. Plan contains provisions to sustain operations for a period of up to 30 days.	
6. Plan addresses considerations for the health and safety of relocated employees.	
7. Plan addresses physical security and access controls.	
Interoperable Communications	
1. Procedures/plans exist for communications with COOP contingency staffs, management and other organizational components.	
2. Procedures/plans exist for communications with other agencies and emergency personnel.	
3. Procedures/plans exist for access to data and systems necessary to conduct essential activities and functions.	
Vital Records and Databases	
1. Essential emergency operating plans, including line of succession; delegations of authority; staffing assignments; policy or procedural records, are identified.	
2. Essential legal / financial records, such as accounts receivable; contracting and acquisition files; official personnel files; Social Security, payroll, retirement, and insurance records and property management and inventory records, are identified.	
3. Provisions for classified or sensitive data are included.	
4. Procedures for data backup and restoration are included.	
5. Location and accessibility to vital records are identified.	

Tests, Training and Exercises	
1. Plans include annual testing and exercising of plans and procedures.	
4. Plans and Procedures	
1. Procedures for employee advisories, alerts and plan activation are included.	
2. Provisions for personnel safety and accountability throughout the duration of the emergency are included.	
3. Procedures exist for an annual review of the plan and the ability to make any needed revisions.	

**ARKANSAS DEPARTMENT OF HEALTH
CONTINUITY OF OPERATIONS (COOP)
CERTIFICATION OF COMPLETION**

Center/Branch/LHU

Name: _____

I/We certify that a Continuity of Operations (COOP) Plan exists at our Center/Branch/LHU and that this plan contains the elements as listed in the above checklist, or that checklist elements not available locally are provided for by management and support activities within ADH.

**Preparedness and Emergency Response
Branch Chief**

Date: _____

Director – AR Department of Health

Date: _____