

Disaster Continuity of Operations (COOP) Planning

S. Weikel
BIDMC Emergency Management

TAP TO GO
BACK TO
KIOSK MENU

History of COOP Planning

Emergency Management at BIDMC is always looking for ways to improve its response capabilities for disasters that may impact the institution. One such way is our development of department-specific Continuity of Operations plans.

Continuity of Operations planning is a federal initiative that is designed to encourage, federal, state, and local assets to plan on how to continue or augment critical functions during a disaster. Emergency Management takes “local” asset to the micro-level by initiating plan development at the hospital-department level.

BIDMC began developing COOPs after a major flood event impacted the East Campus ORs (Right Pictures). The event concluded with minimal after-actions due to enhanced coordination and planning with the “right” people.

Although we hope to always have the “right people” for every disaster, a popular saying in Emergency Management goes, “Hope is not a strategy.” With this in mind, we set out to determine essential elements of all mission critical areas. A list of essential elements may be found in the “FEMA-Guided Continuity of Operations list.



BIDMC COOPs

The goal in developing the Continuity of Operations plans was to identify critical staff, resources, and equipment to aid in decision making during a disaster.

COOPs are not guides on how to evacuate, shelter-in-place, or determine what type of “fire alarm” you have. Rather, they detail the information that is necessary for emergency management and leadership to make the best, most informed decisions on how to continue the various critical functions throughout the hospital.

FEMA–Guided Continuity of Operations

➤ Each COOP outlines the following elements:

- Essential functions
- Orders of succession
- Delegation of authority
- Facilities continuity
- Communications continuity
- Vital records management
- Human capital management
- Training
- Memoranda of Understanding
- Reconstitution
- Quick-reference disaster list

Results and Looking Forward

Since January of 2018, the Emergency Management program has developed 47 Continuity of Operations plans, which effectively covers all in-patient areas within the hospital.

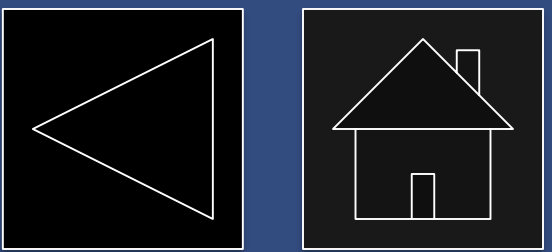
Planning has involved sitting down with nurse managers and / or their floor-knowledge equivalent peers for about an hour to thoroughly discuss the functionalities of their department.

The end of each COOP briefly discusses how the unit would react during a pre-set list of the most likely hospital disasters.

By having each department’s most critical details available at a moment’s notice, Emergency Management is able to offer more focused response strategies to either continue operations for that floor, or to recover that floor to as normal of operating procedures as possible. Even if Emergency Management’s role is to contact a critical equipment vendor for the floor, it’s just one less task required of the floor supervisor or other entity.

The main goal for FY-2019 is to complete COOPs for all clinical support areas within the hospital. We would also like to start rolling out COOPs to some of the more critical ambulatory clinics.

If you believe your department should have a Continuity of Operations plan, please contact Sage Weikel at sgweikel@bidmc.harvard.edu, or by phone at 617-667-1318.



Disaster Continuity of Operations (COOP) Planning

S. Weikel

Leadership Succession

Department/Unit				
Plan Development	Developer		Date Plan Updated	
Department Head	Name	Office Phone	Pager	Cell Phone
Email Address				
First Successor	Name	Office Phone	Pager	Cell Phone
Email Address				
Second Successor	Name	Office Phone	Pager	Cell Phone
Email Address				

Sample of COOP leadership succession. Leadership succession is pivotal to the successful utilization of COOPs, as this gives Emergency Management multiple avenues to reach leadership on any affected unit.

L: Mitigation Strategies

Considering your objectives, dependencies and essential functions, describe below the steps you can take now to minimize the impact of various types of crises on your operations. For example, you may wish to **develop triggers for changes to practice, develop contingency work-at-home procedures, contingency plans for staffing and decanting non-essential services.** This may be the most important step of your emergency planning process. Formulation of your mitigation strategies may require reevaluation of your objectives and functions.

In knowing the mitigation strategies that the department may have already implemented, Emergency Management and unit leadership can make better informed decisions on the effects of specific disasters.

Departmental Snapshot

Patient Population	Number of Beds	Number of Headwall Gases
Critical Equipment for Providing Dept. Essential Services:		

This section of the COOP is often the lengthiest, as it looks to enumerate all the pieces of critical equipment that the floor might have. For instance, Emergency Management could utilize a list such as this to get in touch with Clinical Engineering or another appropriate vendor to make sure all critical pieces of equipment go through rigorous quality assurance. This is **not** to say that this wouldn't have occurred before the existence of the COOPs. Simply put, these COOPs expedite the process towards recovery and allow for an easier transition back to "normal," or "new normal" operations.

Conclusion

While the pictures represent some key components of the Continuity of Operations plans, it is important to note that these plans can often go over 14-pages. By improving our pre-disaster coordination with each mission critical department in the Medical Center we are creating a more well-prepared staff. With a more well-prepared staff comes a greater ability to respond to disasters as they occur.

We "hope" that localized disasters never occur on these units, but, realistically, we know that they will occur. These plans will better prepare us to keep the hospital up and running in order to strive to provide the best care possible to all of its patients.

For more information, contact:
Sage Weikel, Project Manager, Emergency Management