Community Clinic and Health Center Continuity of Operations Plan (COOP) Toolkit

California Primary Care
ASSOCIATION

CONTENTS

November 2015

Continuity of Operations Plan Toolkit

Could your community clinic and health center (CCHC) operate without its building? What effect would your CCHCs inability to continue operations have on the rest of the community? Those are among the questions a Continuity of Operations Plan (COOP) is intended to answer. A COOP is a framework for helping to ensure that individual CCHCs or health center systems can continue to conduct essential functions during a wide range of emergencies. COOP activities include policies, plans, and procedures. Tests, trainings, and exercises are essential for ensuring that a CCHCs COOP will be viable when needed.

Not an EOP

A COOP is different than your Emergency Operations Plan (EOP). A COOP's purpose lies with sustaining essential functions in any and all events affecting your ability to provide patient services. It enhances your capability to face long-term situations and bridge the response phase with recovery. The EOP's purpose is to mitigate an immediate and specific situation relating to disasters. The EOP is a short-term response plan for all hazards that contains operations and tactical level planning.

Purpose

Many situations may call for activating COOP. Among these potential situations are fires, flood, information technology malfunctions or prolonged interruptions, severe weather events, earthquakes, or infectious disease outbreaks.

The purpose of COOP is to:

- Continue essential operations
- Ensure survivability of critical equipment, records and other assets
- Minimize business damage and losses
- Ensure continued patient care at the highest level of care without altering the standard of care (if possible)
- Achieve orderly response and recovery from the event
- Ensure succession of key leadership
- Assure survivability of the CCHC in most severe events
- Comply with legal and statutory requirements
- Provide a continuum of care, regardless of the event

The purpose of this toolkit is to aid clinics in developing a Continuity of Operations Plan (COOP) customized to their facilities and business plan. This plan is not intended to be all-encompassing, rather to be a quick start for clinics that do not currently have a COOP Plan, or want to augment their Emergency Operations Plan and is meant to be completed over time.

Plan Distribution List

NO. COPIES	DATE	NAME	LOCATION

COOP Team

Steering Committee

Support from the Executive Team, or Steering Committee is critical to the success of the COOP. The Steering Committee should be a driving force behind the COOP program, with the desire and capabilities to guide the achievement of the program objectives. Without a strong Steering Committee, effort is likely to be misplaced, money misspent, and requested participation / compliance not given.

THE STEERING COMMITTEE WILL OVERSEE THE COOP PROCESS

DATE OF LAST UPDATE: _____UPDATED BY: _____

1. Name

    Phone   _____

    Email   _____

    Title/Department _____

2. Name   _____

    Phone   _____

    Email   _____

    Title/Department _____

3. Name   _____

    Phone   _____

    Email   _____

    Title/Department _____

4. Name   _____

    Phone   _____

    Email   _____

    Title/Department _____

COOP Team Roster

Building a COOP Team is a vital aspect of building a COOP Plan. It will include a Team Leader from every department in the organization, usually the department manager. The Committee Coordinator (CC) will be responsible for coordinating COOP activities with the Department Heads.

COOP TEAM ROSTER

DATE OF LAST UPDATE: _____ UPDATED BY: _____

CC Name _____

Title/Department _____

Phone _____

Email _____

Choose One: ❏ RN   ❏ MD   ❏ Administrative   ❏ IT   ❏ Facilities
❏ Finances   ❏ Human Resources   ❏ Other _____

2. Name _____

Title/Department _____

Phone _____

Email _____

Choose One: ❏ RN   ❏ MD   ❏ Administrative   ❏ IT   ❏ Facilities
❏ Finances   ❏ Human Resources   ❏ Other _____

3. Name _____

Title/Department _____

Phone _____

Email _____

Choose One: ❏ RN   ❏ MD   ❏ Administrative   ❏ IT   ❏ Facilities
❏ Finances   ❏ Human Resources   ❏ Other _____

COOP Team Roster *(continued)*

4. Name _____

Title/Department _____

Phone _____

Email _____

Choose One: ❑ RN   ❑ MD   ❑ Administrative   ❑ IT   ❑ Facilities
❑ Finances   ❑ Human Resources   ❑ Other _____

5. Name _____

Title/Department _____

Phone _____

Email _____

Choose One:: ❑ RN   ❑ MD   ❑ Administrative   ❑ IT   ❑ Facilities
❑ Finances   ❑ Human Resources   ❑ Other _____

6. Name _____

Title/Department _____

Phone _____

Email _____

Choose One: ❑ RN   ❑ MD   ❑ Administrative   ❑ IT   ❑ Facilities
❑ Finances   ❑ Human Resources   ❑ Other _____

Order of Succession and Delegation of Authority

Authority means a right or obligation to act on behalf of an organization or other entity. The overall authority for community clinics and health centers (CCHCs) rests in the hands of the Chief Executive Officer/Executive Director (CEO/ED). This individual is responsible for overseeing all aspects of the CCHC and for responding to emergencies.

The process of granting authority to carry out specific functions or tasks is called delegation of authority. In the event of a business interruption, the line of authority flows from the executive to his or her designees. The CEO/ED and key management staff are responsible for taking immediate action to ensure the safety of patients, visitors, and staff, as well as for the CCHC's continuity of business operations. COOP activities include measures to protect the facility, its equipment, and other resources. Delegation of authority allows the management staff to grant decision-making responsibilities to other personnel, as appropriate and as needed.

The Orders of Succession and Delegations of Authority template will help CCHCs document their order of succession in advance of an event. By capturing the data in advance your facility will ensure decision- making authority is transferred appropriately and without confusion. This tool will help CCHCs identify triggering conditions, procedures for a transfer of authority, and conditions on the limits of authority within a transfer. CCHCs may use this form for daily operations. In addition, general staff should consider using this form to define delegations of authority under normal operating conditions.

Ready access to contact data for your staff will be critical for disseminating information and organizing your COOP. The COOP Safety Team and Employee Contact List is a simplified template that captures pertinent contact data for staff. The CCHC must take steps to protect staff's privacy by safeguarding this information.

Orders of succession provide for the orderly, predetermined assumption of senior agency positions during an emergency in the event that any officials are unavailable or unable to execute their duties.

ORDERS OF SUCCESSION
EXAMPLE

DATE OF LAST UPDATE: _____ UPDATED BY: _____

LEADERSHIP POSITION	SUCCESSOR 1	SUCCESSOR 2	SUCCESSOR 3
CEO	VP	COO	CFO
Director of Nursing			
IT Director			
HR Director			
Operations Director			

Delegations of authority specify the activities that may be performed by those authorized to act on behalf of the agency head or other key officials. They document the legal authority for officials to make key policy decisions during a continuity situation.

DATE OF LAST UPDATE: _____ UPDATED BY: _____

AUTHORITY (FUNCTION)	POSITION HOLDING AUTHORITY	TRIGGERING CONDITIONS	POSITION(S) RECEIVING AUTHORITY	PROCEDURES	LIMITATIONS
Payroll Administration	CFO	CFO unavailable 3 business days before pay date	Billing Manager	1. Enter time and leave using online timesheet system 2. Run payroll reports and ensure appropriate deductions and taxes are taken out 3. Print checks	None

Data Collection

The purpose of gathering data into a plan is to help community clinics and health centers (CCHC) coordinate its activities and operate smoothly during a business interruption. Business interruptions can be as simple as a temporary power outage or as complex as a community-wide disaster. Continuity of Operations is intended to address all response levels of business interruptions, and should not be limited to large events.

Your hazard vulnerability analysis (HVA) identifies the challenges you face. Use your HVA to focus your data collection on the materials your CCHC will need to address those risks. Collecting data for your Continuity of Operations plan should involve minimal research on your part. Moreover, it will help you organize the information you probably already have on hand.

First Steps

The first step in data collection is to identify the essential services the CCHC needs to continue delivering to its patients and the core functions that cannot be interrupted for the CCHC to continue operations. Collecting information from your staff will identify specific needs that should be taken into account when planning for the hazards your CCHC IS likely to face. This step will help all staff understand what your CCHC considers to be priority services. Moreover, it will help your staff understand why a COOP is needed and "buy into" the COOP process.

Tap into Staff Knowledge and Expertise

By collecting data directly from staff, you will lessen any biases regarding perceived operational priorities, and you will focus attention on your CCHC's operational functions. Equally important, input from staff may reveal untraditional sources of support or solutions and successful practices already in place. CCHCs may want to formally adopt some of these solutions and practices as part of their COOPs.

Let your staff know that by completing surveys or toolkit worksheets, they are contributing important information that will enable the CCHC to resume critical functions quickly in the event of a business interruption.

The importance of the COOP team cannot be overstated. The manager of each department knows what their operation entails and what they would need to do to work-around an interruption. The department Manager is the one to complete the Business Impact Analysis forms and the Business Disruption Worksheets.

You cannot do this by yourself.

Business Impact Analysis

Business Impact Analysis (BIA) is essentially the core of the COOP; it is a preemptive plan to identify likely risks to the facility (from a Hazard and Vulnerability Assessment), identify the clinic's most Essential Functions (services provided to the public) and run disaster scenarios against the different Essential Functions.

For each Essential Function, the disaster scenarios are run down to the department level. For example, the Essential Function (service) "Primary Patient Care" involves multiple departments including, Scheduling, Registration, Documentation of Patient Encounters, Patient Records Management, Clinical Documentation, Pharmacy and so on.

For Essential Functions to work, office processes (Essential Functions) must also be functional, such as Human Resources, Information Technology, Accounting and Administration. The BIA identifies the financial impact if the Essential Function were not operational and the resources required for resumption and recovery.

Components of a Business Impact Analysis

1. Conduct a Hazard and Vulnerability assessment to determine the possible hazards existing at that location.

2. Conduct a review of current operations, identify and prioritize the Essential Functions (Services) needed to perform patient care services, maintain operations and the Critical Processes which support those services.

3. Create a Business Impact Analysis Form and a Business Disruption Worksheet to prepare for various disaster scenarios. The BIA and BDW determine the resources needed and potential cost for each scenario in each department. For example, a scenario would be run by the office manager for scheduling and registration, then the same scenario would be run by the medical department, then by the pharmacy and so on. The staff who run each department are the ones who know what they would need to continue functioning under different disaster scenarios.

4. Create a Business Impact Analysis Report to capture the BIA documentation

Hazard and Vulnerability Assessment

The purpose of this assessment is to evaluate all hazards, their risk of actual occurrence, and the impact on life, property, and business should the hazard occur. This is performed with both a Facility Safety Inspection and a Hazard and Vulnerability Assessment, both examples are provided.

Facility Safety Inspection Checklist

FACILITY EXTERIOR	YES	NO	N/A
Is the building address or identification clearly visible?			
Are exterior lights in working order?			
Are the exits onto public streets free from visibility obstructions?			
Are all building sides accessible to emergency equipment?			
Does the building appear to be in good repair?			
Are exterior walls free from cracks or other damages?			
Are windows free from cracks or broken panes?			
Are paved surfaces inspected and repaired (i.e., lifts, cracks, etc.)?			
Are stairs, landings and handrails in good repair and fastened securely? (inspect the bottom of each step)			
Are facilities periodically inspected and documented?			
Are all sewer clean out caps in place?			
Are all irrigation covers in place?			
Do entrance doors close slowly to avoid hazards to fingers?			
FACILITY INTERIOR			
ELECTRICAL SYSTEMS			
Are all electrical panels secured?			
Have all electrical circuits been identified?			
Are all electrical switches and receptacles in good repair?			
Have Ground Fault Interrupter's been provided on circuits in proximity to water?			
Is there a "lock-out" procedure in place?			

Facility Safety Inspection Checklist *(continued)*

FACILITY INTERIOR	YES	NO	N/A
HEATING SYSTEM			
Is a 3' clearance provided around all heating equipment?			
Are furnace/boiler rooms kept locked?			
Are furnace/boiler rooms free from combustible storage?			
PM Schedule updated			
Has the unit been serviced regularly			
Has the filter been changed and clean?			
Has the unit been cleaned?			
Are the thermostats in good working order?			
Are vents clean?			
Check pipes or lines for leakage of fluids. Repair if needed.			
Check electrical supply for damage. Repair if needed.			
Are residents reminded to keep combustibles away from heaters?			
AIR CONDITIONING			
PM Schedule updated			
Has the unit been serviced regularly?			
Has the filter been changed and clean?			
Has the unit been cleaned?			
Are the thermostats in good working order?			
Are vents clean?			
Check pipes or lines for leakage of fluids. Repair if needed.			
Check electrical supply for damage. Repair if needed.			

Facility Safety Inspection Checklist *(continued)*

PRIVATE PROTECTION	YES	NO	N/A
Is building equipped with an automatic sprinkler system? If so, continue.			
Is the main sprinkler control valve accessible?			
Are all valves supplying water or air to the system open?			
Is system operation monitored by an alarm company?			
Is valve operation monitored by an alarm company?			
Is the sprinkler system tested on a quarterly basis and documented?			
Is the building equipped with a fire detection system? If so, continue.			
Does the system protect the entire building?			
Does the system provide an alarm signal in the building?			
Is system tested on a monthly basis and documented?			
Is the main alarm panel in normal operating condition?			
Are portable fire extinguishers provided?			
Are all extinguishers inspected on a monthly basis and documented?			
Do all extinguishers have a current inspection tag?			
EMERGENCY EVACUATION			
Are all exits and travel paths identified with illuminated "EXIT" signs?			
Are travel paths leading to exits free of obstructions?			
Are exits unlocked and operational?			
Are working emergency lights provided in the building?			
Are emergency lights tested periodically and documented?			
Are evacuation diagrams posted throughout the building?			

Facility Safety Inspection Checklist *(continued)*

Visual Roof Inspection   COMMENTS

Visually inspect the roof for the following conditions:

- Debris
_____

- Drainage (no evidence of standing water)
_____

- Physical damage
_____

- Structural Deformation
_____

FOR FLAT/MEMBRANE ROOF

- Condition of coating
_____

- Granular loss
_____

- Punctures
_____

- Cracks (Alligatoring)
_____

- Blisters (Fishmouths)
_____

- Ponding
_____

FOR SLOPED ROOF

- Roof Material
_____

- Surface Condition
_____

- Deformed edges
_____

- Shingle Condition
_____

  - Buckled
_____

  - Curled
_____

  - Missing
_____

  - Granular loss
_____

  - Corrosion (metal)
_____

  - Fasteners
_____

Facility Safety Inspection Checklist *(continued)*

Visual Roof Inspection   COMMENTS

*Visually inspect the following common roof features
(if applicable) for visible signs of damage or repair:*

- Fascia   _____

- Soffit   _____

- Flashing   _____

- Gutters / Drains, etc.   _____

- Skylights   _____

- Chimneys / Vents   _____

- Fall Arrest Anchors   _____

- Control Zone Access   _____

- Drains / Vents   _____

Facility Safety Inspection Checklist *(continued)*

Annual Plumbing Inspection

- Look for signs of leaks in all exposed pipes, and in areas where pipes run through the walls or foundation.
- Look for signs of corrosion, which could indicate a problem with the water, or with the pipe itself. Watch for green stains around brass and copper fittings and on shutoff valves, a sign of either corrosion or electrolysis caused by mismatched metals. This will cause leaks and bad connections if left uncorrected.
- Check the water pressure. Low pressure could mean a problem with the line or just sediment buildup in the faucet aerator.
- Check drains for speed of drainage - a slow drain may have a clog or a blocked vent pipe. Look for a full swirling drain; bubbling drains are a sign of a problem.
- Flush the toilets to make sure they operate properly. Open their tanks and look for worn or missing parts. Then wait around for a few minutes to see if the toilet runs after a pause, a sign of a slow leak.
- Look inside the burner chamber of the water heater for rust flakes. Check the flame; it should be an even blue, with no yellow. A yellow flame indicates soot or a problem with the gas-air mixture, meaning the jets need cleaning.
- Drain the water heater to remove sediment that has settled to the bottom. Sometimes leaks in faucets are caused by hard water wearing out the washers.
- Watch out for cracked tiles / sinks. Tap on tiles looking for loose or hollow ones, which could be masking rotted backer-board behind them.
- Check on the state of caulking to see if it's time to replace it.
- Look for evidence of mildew where water has a chance to stand for longer periods.
- Manipulate the toilet base to be sure it doesn't rock, which might mean a leak has damaged the floor around it.
- Look for cracks on the toilet tank or bowl or on sinks.
- Turn on faucets and check for leaks around handles and valves. Are they easy to use, or harder to turn on and off?

COMMENTS

_____

_____

_____

_____

_____

_____

Sample Hazard and Vulnerability Analysis Data Collection

This document is a sample hazard vulnerability analysis data collection tool. This tool was originally developed for use by small to medium size organizations, but is applicable for use by CCHCs. It is not a substitute for a comprehensive emergency preparedness program. Individuals or organizations that use this tool are solely responsible for any hazard assessment and compliance with applicable laws and regulations.

The Sample Hazard and Vulnerability Analysis Data Collection Tool is a simple chart to help CCHCs:

- Identify the hazards they may face
- Rate the probability (likelihood) a specific hazard may occur
- Rate the impact (extent of potential damage) a specific hazard would have on their staff and the people in their communities, businesses, and both internal and external resources

This form is a good starting point for identifying the natural or man-made hazards that are most likely to directly or indirectly have an adverse effect on their facilities and their surrounding communities. It is best suited as a data collection tool, and not as a basis for the structural response of your COOP.

How to Use this Tool

Use the chart on the followIng page to identify your CCHC's areas of greatest vulnerability.

1. Rate the probability of each type of emergency occurring in or near your facility. The probability rating ranges 1-5 (1 being the lowest and 5 being the highest). Put the probability value for each type of emergency in the Probability column.

2. Rate the impact (extent of potential damage) of each type of emergency on humans, business, and both internal and external resources. The rating range 1-5 (1 being the lowest and 5 being the highest) for impact on humans and businesses. The range of 1-5 (1 being the most secure and 5 being the weakest) for impact on Internal and external resources. Put the value for each impact in the appropriate column.

3. Add the probability and impact rates for each row (the specific emergency situation) and place this sum in the total column to determine the area of highest vulnerability.

Sample Hazard and Vulnerability Analysis Data Collection Tool

TYPE OF EMERGENCY	PROBABILITY	IMPACT	IMPACT	IMPACT	IMPACT	TOTAL
		Human Impact	Business Impact	Internal Resources	External Resources	
		1 = low 5 = high		1 = secure 5 = weak		
Fire						
Hazardous Materials						
Earthquake						
Tornado						
Flood						
Flash Flood						
Winter Storm						
Volcanic Eruption						
Communications Failure						
Radiological Incident						
Civil Disturbance						
Loss of Supplier						
Explosion						
External Disaster with Incoming Wounded						
Terrorism						
Loss of Utilities						

Kaiser Permanente Hazard and Vulnerability Assessment Tool

How to Use this Tool

1. A Hazard and Vulnerability Assessment (HVA) will be conducted on:
   - A yearly basis;
   - After an emergency event; and/or
   - As warranted by changes in either the community or staffing

2. The Hazard and Vulnerability Assessment Tool developed by Kaiser Permanente is an interactive worksheet which calculates the probability and severity of events.
   - www.calhospitalprepare.org/post/hazard-vulnerability-analysis-tool
   - The tool contains an instruction tab in the file for guidance.

Hazard and Vulnerability Assessment Results

The Hazard and Vulnerability Assessment identified the following relative threats based on hazard type to the facility, whether natural, technological, human error or hazardous materials (hazmat). It also identified the relative impacts based on probability and severity of hazards to the facility.

The Business Impact Analysis (BIA) is based on the hazards identified in the HVA for a particular location.

EXAMPLE

HAZARD	RISK RANKING CATEGORY
NATURAL HAZARDS	
Earthquake	High
Epidemic	High
TECHNOLOGICAL HAZARDS	
Electrical Failure	High
Communications Failure	High
Information Systems Failure	High
HUMAN HAZARDS	
No Human Hazards scored above low risk	
HAZARDOUS MATERIALS	
No Hazardous Materials scored above low risk	

This tool is more comprehensive than the Hazard and Vulnerability Analysis Data Collection Tool.

Hazard and Vulnerability Assessment Results *(continued)*

Hazards and Vulnerability Assessments (HVA) can be simple or complex and should take into account historical data from the area. The purpose of an HVA is to streamline identification of the number and type of hazards to plan for, which are likely to affect the clinic facilities.

To simplify this process, Kaiser Permanente has developed a HVA software tool that performs the necessary calculations, including:

- Severity = (Magnitude – Mitigation)
- Risk = (Probability – Severity)

The calculations are made in four different categories:

- Natural Hazards
- Technological Hazards
- Human Hazards
- Hazardous Materials

Essential Functions and Critical Processes

Essential Functions are services the clinic provides to the public, which must be sustained in an emergency in order to achieve the organization's mission. A priority is assigned to each Essential Function largely based on the dollars lost to the organization if that function is not operating.

Characteristics which help identify an Essential Function:

- The function directly helps achieve to organization's mission
- It provides a significant portion of the company's revenue
- It provides a vital service to clients
- It provides vital support to another Essential Function
- It has political ramifications or legal liabilities

Essential Function Example: Adult Health: preventative, acute and chronic care

Non- Essential Function Example: Yearly Work & School Physicals

Critical Processes

Processes and activities that support Essential Functions, which if interrupted, will cause an organization to sustain a severe economic loss, or jeopardize the continued existence of the organization, or cause adverse effects to their clients.

- Processes are the steps needed to accomplish a function
- Each Essential Function consists of multiple Critical Processes

For example, the Function – Provide Meals for Residents of University Housing is accomplished through the Processes of; Buying Food, Storage, Cooking, Serving, and Cleanup.

Identifying the COOP Services and COOP Team for each department

1. List all of the General Functions (Services) categories your clinic provides to the public. This can be done by listing your clinic services from your web site.
2. Identify the manager from each department who will be the COOP Team Leader.

COOP SERVICES AND COOP TEAM
EXAMPLE

SERVICES (GENERAL)	TEAM LEADER
Medical	Dr. John Doe
Dental	Mary Jones
Mental Health Counseling	Olive Oil
Community Wellness & Outreach	Nancy Bean
WIC	Tom Mabe
Pharmacy	Dr. Janice Drew

Essential Function Identifying and Ranking

1. List the Functions (Services) within each general category
2. Rank the Functions as to which are Essential Functions

FUNCTION	RANK
MEDICAL	
Pregnancy Testing	
Comprehensive Prenatal Care	
Postpartum Care	
Women's Health: pap smears and clinical breast exams	
Pediatric and Adolescent Medicine	
Immunizations	
Adult Health: preventative, acute and chronic care	
Chronic disease prevention and treatment for asthma, hypertension, diabetes and obesity	
STD Testing and Treatment	
Comprehensive geriatric/elder care	
Yearly Work & School Physicals	
Podiatry	
Psychiatry	
On-site Lab	
Help accessing Free or Low Cost Insurance for Children and Adults	
DENTAL	
Preventative Dentistry	
Restorative Dentistry	
Prosthetics	
Oral Surgery	
Endodontic Therapy	
Periodontic Care	

Essential Functions / Critical Processes

1. For each Essential Function, list every process that would be administered to a patient from the time that they entered the facility until the time they left.

2. Add processes that keep the clinic functioning, Essential Functions can't work if the clinic isn't functioning.

3. Below is a sample list of Clinic Processes for reference.

FUNCTION	RANK
MENTAL HEALTH COUNSELING	
Substance Abuse Outpatient Counseling	
Case Management	
Psychiatry	
Outreach Support for CalWORKS Recipients	
Referrals and Information	
COMMUNITY WELLNESS & OUTREACH	
Diabetes, Heart Diseases and Cholesterol	
Injury Prevention	
Smoking Cessation	
Nutrition	
Fitness	
Breast Health Education for Native American Women	
Medication Management to Elders/Seniors in Underserved Communities Throughout Santa Clara County	
Resources/Referrals	
WIC	
Administer WIC Program	

Critical Processes

Following is an example of possible clinic Critical Processes which support the Essential Functions.

EXAMPLE

MEDICAL FUNCTION	PROCESSES
Adult Health: Preventative, Acute and Chronic Care Pediatric and Adolescent Medicine	Scheduling
	Registration
	Triage
	Documentation of Patient Encounters
	Patient Records Management
	Clinical Documentation
	Staffing
	Payroll

Health Care Processes Sample List

LEGAL AND REGULATORY REQUIREMENTS

CLINICAL

- Patient Care
- Customer / Patient Service
- Clinical Orders
- Protocols
- Treatment Plans
- Clinical Decision Support

MEDICAL AND CLINICAL DOCUMENTATION

FINANCIAL ACCOUNTING

- Insurance Claims Processing
- Accounts Receivable
- Accounts Payable
- Health Care Center Insurance

ADMINISTRATION

- Scheduling
- Registration
- Documentation of Patient Encounters
- Patient Records Management
- Procurement
- Inventory

HUMAN RESOURCES

- Payroll
- Staffing

INFORMATION TECHNOLOGY

- Hardware
- Software
- Back ups
- Communications: online, wireless, POTS, PBX

FACILITY MAINTENANCE

- HVAC
- Utilities
- Housekeeping

DATA WAREHOUSING

- Medical Treatment Results
- Lab Data
- Billing Data
- Patient Files

Combine Essential Functions with Critical Processes

ESSENTIAL FUNCTIONS, CRITICAL PROCESSES, PHYSICAL REQUIREMENTS AND ESSENTIAL PERSONNEL

1. For the top Essential Function, choose a disruption scenario, such as power outage.

2. Enter the processes critical to keeping the Essential Function operational.

3. Identify new or changed physical requirements needed to perform the Critical Processes after the disruption. In the case of a power outage, the computer system will be down, so registration, patient records, treatment plans, and so on, will need to be converted to paper records.

4. Identify Essential Personnel responsible for each process.

POWER OUTAGE
EXAMPLE

ESSENTIAL FUNCTION	CRITICAL PROCESSES	PHYSICAL REQUIREMENTS	ESSENTIAL PERSONNEL
ADULT HEALTH: Preventative, Acute and Chronic Care	Continue to see patients during /shortly after disruption	Reprioritize services, staff and use of space	Director of Operations
	Scheduling	Cancel schedules and serve walk-in patients only	Office Manager
	Registration	Switch to paper records	Office Manager
	Triage	Assign staff to front door for triage	Office Manager
	Documentation of Patient Encounters	Use paper, enter into EHR later	Provider
	Patient Records Management	Use paper, enter into EHR later	Provider
	Clinical Documentation	Use paper, enter into EHR later	Provider
	Staffing	Ensure sufficient staff are present to make the Essential Function is operational	Department Managers
	Payroll	Use paper checks	Accounts Payable

Business Impact Analysis Form

The Business Impact Analysis Form identifies and prioritizes Essential Functions that are required to conduct business during a disruption, the resources required for resumption and recovery and the cost associated with down time.

For example, in the event of a power outage and the IT system is down, what are the dependencies that the clinic needs to maintain functioning in order to continue to register, care for and bill patients?

One aspect could be transitioning to paper records. Focusing only on paper records, the clinic needs to already have plans in place for procedures including:

- Is each department procedurally prepared to make the transition to paper records?
- Are procedures in place to re-assign staff that does not have direct patient contact?
- Are key contact lists available e.g. Personnel List and Patient Registry?

Elements of the Business Impact Analysis Form

Identify:

- Event
- Risk
- Department
- Essential Function
- Supporting Critical Process

For each identified Critical Process, identify:

- Type – Critical or Non Critical Process
- Priority – High, Medium or Low
- New or Changed physical requirements needed to perform the Critical Process
- Clinic Impact
- Who is ultimately in charge of that Process (name)

Process Information:

- Recovery Time Objective (RTO)
- IT Recovery Point Objective (RPO)
- Service Level (for IT)
- Whether the Function is a grant deliverable
- Whether the Function is required by Law or Regulation

Identify Resources Required for Resumption and Recovery

Identify a plan for dealing with disruption – short term and long term. RTO / RPO is included in the Business Impact Analysis Form and is a key element of COOP. RTO / RPO define planning priorities, identify expenses of implementing high priority objectives and identify cost savings through mitigation planning.

Recovery Time Objective (RTO) is the maximum time that a service can be out of commission before the effect imposes risks or outcomes that are unacceptable.

• RTO is also known as MAD, Maximum Allowable Downtime, or the maximum downtime before loss of customers / staff / revenue.

Recovery Point Objective (RPO) is the planned time, or target, to restore an acceptable level of service delivery for Information Technologies (IT).

• In the case of an IT malfunction, "xxx Bandwidth" could be the lowest service level to accomplish the goal of continuing to see patients in an emergency.

In this way the company can determine the budget for backup capability. If it is a function which can be down for a length of time, the backup capability can be low. If it is a function which is critical and cannot be down for any length of time, the backup must be robust, therefore more expensive.

In the BIA, scenarios are run against Hazards from the HVA and can get very specific, to the level of Critical Processes. In each of the examples below, the COOP team member in charge of the medical practice completes the BIA form.

EXAMPLE 1

EVENT:	Loss of Power
RISK:	Computer Loss
DEPARTMENT:	Medical
ESSENTIAL FUNCTION:	Adult Health: Preventative, Acute and Chronic Care
SUPPORTING CRITICAL PROCESS:	Scheduling

EXAMPLE 2

EVENT:	Loss of Power
RISK:	Computer Loss
DEPARTMENT:	Medical
ESSENTIAL FUNCTION:	Adult Health: Preventative, Acute and Chronic Care
SUPPORTING CRITICAL PROCESS:	Patient Registration and Documentation

EXAMPLE 3

EVENT:	Loss of Power
RISK:	Computer Loss
DEPARTMENT:	Medical
ESSENTIAL FUNCTION:	Adult Health: Preventative, Acute and Chronic Care
SUPPORTING CRITICAL PROCESS:	Triage

Business Impact Analysis Form

EVENT: _____

RISK: _____

DEPARTMENT: _____

ESSENTIAL FUNCTION: _____

SUPPORTING CRITICAL PROCESS:

Type: ❏ Critical Process ❏ Non Critical Process

Priority: ❏ High ❏ Medium ❏ Low

NEW OR CHANGED PHYSICAL REQUIREMENTS NEEDED TO PERFORM THE CRITICAL PROCESS

CLINIC IMPACT: _____

EMPLOYEE(S) IN CHARGE: _____

Process Information

Recovery Time Objective: Time: ❏ ____Hours ❏ ____Day(s) ❏ ____Week(s) ❏ ____Month(s)

IT Recovery Point Objective: Time: ❏ ____Hours ❏ ____Day(s) ❏ ____Week(s) ❏ ____Month(s)

SERVICE LEVEL (IT) _____

IS THIS FUNCTION A GRANT DELIVERABLE? ❏ No ❏ Yes – Which grant(s)?

IS THIS FUNCTION REQUIRED BY LAW/REGULATION? ❏ No ❏ Yes – Which governmental agency?

Resources Required for Resumption and Recovery

❏ PERSONNEL: _____

❏ VENDOR(S)/OUTSIDE
  PROVIDER(S)/MOU(S): _____

❏ KEY CONTACT(S): _____

❏ IT HARDWARE AND SOFTWARE: _____

❏ RECORDS (ELECTRONIC OR PAPER): _____

❏ MEDICAL EQUIPMENT: _____

  ❏ MEDICAL SUPPLIES: _____

❏ FACILITY/OFFICE SPACE: _____

PLAN FOR LONG-TERM (> 3 DAYS) DISRUPTION:

_____

PLAN FOR SHORT-TERM (< 3 DAYS) DISRUPTION:

_____

BUSINESS IMPACT ANALYSIS FORM
EXAMPLE

EVENT: Loss of Power

RISK: Computer Loss

DEPARTMENT: Medical

ESSENTIAL FUNCTION: Adult Health: Preventative, Acute and Chronic Care

SUPPORTING CRITICAL PROCESS: Patient Registration and Documentation

Type: X Critical Process   ❏ Non Critical Process

Priority: X High   ❏ Medium   ❏ Low

NEW OR CHANGED PHYSICAL REQUIREMENTS NEEDED TO PERFORM THE CRITICAL PROCESS

• Transition to paper forms in order to continue seeing patients during an emergency

CLINIC IMPACT:

• Lost revenue, $$ for each patient or day not admitting patients

• FTE × salary × days that the clinic is closed

EMPLOYEE(S) IN CHARGE: Office Manager

MANAGER (NAME):   Jane Doe

Process Information

Recovery Time Objective: Time: ❏ ____Hours ❏ _2_Day(s) ❏ ____Week(s) ❏ ____Month(s)

IT Recovery Point Objective: Time: ❏ _12_Hours ❏ ____Day(s) ❏ ____Week(s) ❏ ____Month(s)

SERVICE LEVEL (IT) _____

IS THIS FUNCTION A GRANT DELIVERABLE?   X No ❏ Yes – Which grant(s)?

IS THIS FUNCTION REQUIRED BY LAW/REGULATION? X No ❏ Yes – Which governmental agency?

Resources Required for Resumption and Recovery

❏ PERSONNEL: Some personnel who do not have direct patient contacted will
                                   assist in registration

❏ VENDOR(S)/OUTSIDE
   PROVIDER(S)/MOU(S):   Printing company to replenish stocks of forms

❏ KEY CONTACT(S):   Personnel list, patient registry

❏ IT HARDWARE AND SOFTWARE: N/A

❏ RECORDS (ELECTRONIC OR PAPER):   Paper records

❏ MEDICAL EQUIPMENT: N/A

❏ MEDICAL SUPPLIES: N/A

❏ FACILITY/OFFICE SPACE: Functioning lobby with emergency lighting or ambient light

PLAN FOR SHORT-TERM (< 3 DAYS) DISRUPTION:

Focusing only on paper records

- Understand that all processes will take longer and adjust time expectations.
- Implement plan to preserve vaccines within 5 to 6 hours, depending on clinic power backup. Registration is affected if no vaccinations are available.
- Patient appointment schedule adjusted to all walk-in/triage.
- Employees not directly involved with patient care reassigned to assist with patient registration or assist with other Essential Functions.
- If possible, ask patients to bring in medications, since on line records will not be available.
- Review of patient history and data will not be available on line, so will be done in person, focusing on immediate issues and not prescribing new medication until history is available.
- Patient status recorded manually.

PLAN FOR LONG-TERM (> 3 DAYS) DISRUPTION:

- Utilizing paper records can continue much longer than the clinic can function without power.
- Restoring utilities is not under the clinic's control, so the clinic should monitor their current capabilities such as supplies, employee availability and physical environment to determine what services they can supply and for how long.
- This means that the clinic may need to restructure their personnel and physical layout depending which services they can provide at a given time. In an extended disruption, the clinic will probably need to close at some point.

Business Disruption Worksheet

While the function of the Business Impact Analysis Form is to identify and prioritize Critical Processes needed to keep the clinic operating during, or soon after a disruption, the Business Disruption Worksheet identifies risks from the HVA and builds multiple scenarios of recovering from an emergency if that risk becomes a reality.

The Business Disruption Worksheet targets the results of a disruption, rather than the disruption itself, to ensure that the clinic has procedures in place to resolve the disruption

The Business Disruption Worksheet serves as a pre-planned Action Plan at the time of an emergency event and compliments the Business Impact Analysis Form

Business Disruption Worksheet

DATE: _____ REVISION: _____

RISK _____

PROBABILITY _____

IMPACT _____

LIKELY SCENARIO(S) _____

CRITICAL PROCESSES AFFECTED _____

ACTION

1. _____

2. _____

3. _____

RESPONSIBILITIES

1. _____

2. _____

3. _____

RESOURCES REQUIRED _____

_____

DATE: _____REVISION: _____

RISK   Information Systems Failure

PROBABILITY   Low

IMPACT   High

LIKELY SCENARIO(S):   Power Failure, Flood, Corrupt Software

CRITICAL PROCESSES AFFECTED   Patient Registration, Pt Documentation, Pt Scheduling, Pt Billing, Insurance Billing, Payroll, Accounts Receivable, Accounts Payable

ACTION

1. Assess damage: equipment, location, serial numbers
2. Contact vendor
3. Computer back-up readied
4. Alternate processes in place by each department (see Individual BIA forms)

RESPONSIBILITIES

1. Senior Staff notified of disruption
2. IT Manager:
   - Contact vendor, and alternate vendor, for diagnosis, service appointment and estimated time of repair
   - Oversee repair, prioritized by critical function
3. IT Manager to communicate with each department

RESOURCES REQUIRED

- Telephone
- Staff Contact List
- Vendor Contact List
- Equipment Serial Numbers
- Computer Maintenance Plan information
- Prioritized Critical Processes
- Individualized BIA forms

Business Impact Analysis Report

The result of Business Impact Analysis is a Business Impact Analysis Report, which describes the potential risks specific to the organization. The data collected from both the Business Impact Analysis Form and the Business Disruption Worksheet are entered in the Business Impact Analysis Report, which summarizes in one place the progress made and information gathered in the Business Impact Analysis process.

The Business Impact Analysis Report is a summary report of the steps taken in the Business Impact Analysis and is an easy to read snapshot assessment of the clinic's COOP Plan Progress. This serves as a reference for staff and executive management as to the clinic's COOP Plan Progress.

As the clinic continues to perform Individual Business Impact Analyses and Business Disruption Worksheets, the information will be updated in the Business Impact Analysis Report, including the Summary of Resources Required and Key Contacts Vendors and Suppliers.

Elements of a Business Impact Analysis Report

BUSINESS IMPACT ANALYSIS REPORTS SUMMARY

- Documents the completed Business Impact Analysis Reports
- Prioritizes the reports by High (H), Medium (M), Low (L)

BUSINESS DISRUPTIONS SUMMARY

- Documents the completed Business Disruptions Worksheets
- Prioritizes the reports by High (H), Medium (M), Low (L)

SUMMARY OF RESOURCES REQUIRED

- Documents the Resources Required from the Business Impact Analysis Forms and the Business Disruption Worksheets

KEY CONTACTS, VENDORS AND SUPPLIERS

- Documents Contacts, Vendors and Suppliers from the Resources Required sections in the Business Impact Analysis Forms and the Business Disruption Worksheets

EQUIPMENT LIST

- Documents Equipment from the Resources Required sections in the Business Impact Analysis Forms and the Business Disruption Worksheets

Business Impact Analysis Report

BUSINESS IMPACT ANALYSIS REPORTS SUMMARY

PROCESSES	PRIORITY HIGH (H) MEDIUM (M) / LOW (L)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

BUSINESS DISRUPTIONS SUMMARY

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Summary of Resources Required from Business Impact Analysis Form and from Business Disruption Worksheet

RESOURCES REQUIRED	# NEEDED	BACK-UP EXISTING?	NOTES	LOCATION
COMMUNICATIONS				
Fax Line (POTS)				
Telephone System				
Cell Phones				
2-way Radios				
Ham Radios				
ADMINISTRATIVE EQUIPMENT				
Computer				
Computer Back-up				
Software #1:				
Software #2:				
Software #3:				
Network Server				
Printer				
Copier				
Postage Machine				
Security System				
UTILITIES				
Electric				
Gas				
HVAC				
Water				
CRITICAL DATA				
Pt. Records				
Staff Records				
Business Records				
Corporate Governance				
Financial				
Business Directives				
COOP Plan				
EM Plan				

Summary of Resources Required *(continued)*

RESOURCES REQUIRED	# NEEDED	BACK-UP EXISTING?	NOTES	LOCATION
FACILITY / OFFICES				
Desks				
Chairs				
Lighting				
Office Space				
Parking				
MEDICAL OFFICES				
Exam Table				
Chair				
MEDICAL EQUIPMENT / SUPPLIES				
Paper Towels / Soap				
Stethoscope				
Blood Pressure Cuff				

Key Contacts, Vendors and Suppliers

CONTACT	PHONE NUMBER	EMAIL
LOCAL CONTACTS		
Affiliate / Alternate Health Center		
Affiliate Hospitals		
Facility Security		
Facility Maintenance		
Local Fire Department		
Local Police/ Department		
LOCAL GOVERNMENT AGENCIES		
Local Department of Health		
Mental Health Services		
Terrorism Hotline		
Dept. of Environmental Protection – Water & Sewer		
Office of Emergency Management		
Department of Sanitation		
Poison Control Center		
STATE GOVERNMENT AGENCIES		
State Department of Health		
Emergency Management Office		
Office of Homeland Security		
State Police		
State Terrorism Hotline		

Key Contacts, Vendors and Suppliers *(continued)*

CONTACT	PHONE NUMBER	EMAIL
SITE CONTACTS		
Electric Company		
Elevator Service		
Fire Equipment Maintenance		
Food Vendor		
Gas Company		
Heating, Ventilation, & Air Conditioning (HVAC)		
IT / Computer Services – Hardware		
IT / Computer Services – Software		
Janitorial Service		
Lab Services		
Locksmith		
Medical Equipment Maintenance		
Medical Waste Service		
Medications / Pharmacy		
Oil Company		
Plumbing		
Security Vendor		
Supply Vendor		
Telephone Company		
Telephone Hardware Service		
Waste Management Services		
Water Service		

Equipment List

EQUIPMENT	SERIAL NUMBER/ KEY/ LICENSE	COMPANY	WARRANTY EXPIRATION DATE	SERVICE CONTRACT – VENDOR INFORMATION	LOCATION
IT / COMPUTER EQUIPMENT					
Network Server	123-445-123AB	Dell	12/05/15	Dell 800-555-1234	Server room 123
Computer 1	T32754	Toshiba		ABC Comp 408-356-1234	Office A
Computer 2	T17908	Toshiba		ABC Comp 408-356-1234	Office B
Computer 3		Dell		ABC Comp 408-356-1234	
Computer 4		Dell		ABC Comp 408-356-1234	
Computer 5		Dell		ABC Comp 408-356-1234	
Phone System		Avaya			
Uninterruptible Power Supply		APS			
MEDICAL EQUIPMENT					
EMERGENCY EQUIPMENT					
FACILITIES EQUIPMENT					

Communications

Each clinic needs to have a method of contacting all staff during an emergency. Often it is a callback list or telephone tree. Irrespective of the method, this must be included in the Coop Plan.

Staff Call Back List

DATE OF LAST UPDATE: _____ UPDATED BY: _____

*Indicate with an asterisk the preferred number to call

NAME / POSITION	WORK PHONE / EXTENSION	HOME PHONE	CELL PHONE

Redundant Communications

During community catastrophes, regular and cell phone service may be disrupted. Without availability of these services, alternate forms of communication must be relied upon. It is critical to develop communication strategies which include redundant forms of communication in advance of these events.

REDUNDANT COMMUNICATIONS CAN INCLUDE

DATE OF LAST UPDATE: _____ UPDATED BY: _____

COMMUNICATION METHOD	YES	NO	STATUS TO ACHIEVE	PROJECTED DATE TO ACHIEVE	DATE ACHIEVED
Emergency Handheld Programmed Radios					
Text Messaging					
Blackberries or Similar Devices					
Voice Over Internet Protocol (VoIP)					
Walkie Talkies					
Ham Radio System					
CAHAN					
Satellite Communications System					
Pagers					
Fax Machines					
Email					
In-Building Wireless Phone System					
Overhead Paging System					
Intranet Message Posting					
Electronic Bulletin Boards					
Mass Notification Systems					
Other:					

Emergency Contacts

American Red Cross .... http://chapters.redcross.org/ca/scv

American Red Cross/National .... www.prepare.org

Centers for Disease Control (CDC).. www.cdc.gov

Citizen Corps .... www.citizencorps.gov

Emergency Management Institute.. www.training.fema.gov/emiweb/

Environmental Protection Agency.. www.epa.gov

Federal Emergency Management Agency (FEMA)................................ www.fema.gov

FEMA Publication "Are You Ready?
   A Guide to Citizen Preparedness" .... www.fema.gov/areyouready

Governor's Office of Emergency Services .... www.oes.ca.gov

National Fire Protection Association (NFPA) .... www.nfpa.org

National Organization on Disability .... www.nod.org/emergency

National Safety Council .... www.nsc.org

Pacific Gas & Electric... www.pge.com

Pandemic Flu (by Dept. of Health and Human Services)...................... www.pandemicflu.gov

Prepare Now... www.preparenow.org

Supporting special needs and vulnerable populations in disaster

    County Fire Department.. www. _____

    County Public Health Dept... www. _____

    Water District... www. _____

US Department of Homeland Security .... www.ready.gov

US Geological Survey .... www.usgs.gov

To locate CPR and/or first aid courses, contact your local community center for a schedule of classes or go to:

American Heart Association.. www.americanheart.org

                                                (xxx) _____

American Red Cross.. www.redcross.org

                                                (xxx) _____

Mitigation Strategy

The intent of the mitigation strategy is to provide CCHCs with a process of maintenance and inspection to safeguard against the failure of equipment or systems, which could cause a crisis event. Additionally, the failure of equipment or systems during a crisis could serve to compound the severity of the crisis.

This is a two-step approach, the first is mitigation checklists for structural and nonstructural hazards. The second is a process to create a list of all necessary equipment and systems, assign to a person the responsibility of regular maintenance of systems / regular inspections / regular updates for each item on the list, and assign a timeframe for the task to be performed. In this way the CCHC will have a current record of maintenance, inspections and updates.

PREPAREDNESS = PLANS AND PREPARATIONS TO FACILITATE A RESPONSE

MITIGATION   **=** PRE-DISASTER STEPS TO REDUCE THE IMPACT OF AN EVENT

Mitigation Checklists for Structural and Nonstructural Hazards

Structural Mitigation

Structural mitigation is reinforcing, bracing, anchoring, bolting, strengthening, or replacing any portion of the Building that may become damaged, such as:

- Exterior Walls (e.g., use a wind-resistant design for windstorms)
- Exterior Doors (e.g., install non-combustible materials for wildfires or urban fires)
- Exterior Windows (e.g., use shutters on windows for windstorms)
- Foundation (e.g., brace, anchor, or bolt the facility for earthquakes)
- Exterior Columns/Pilasters/Corbels (e.g., construct with steel or concrete columns)
- Roof (e.g., use non-combustible materials for wildfires or urban fires)

Use the following checklists as a starting point to identify steps to mitigate structural and nonstructural hazards. The goals of mitigations are to reduce property damage and prevent injury.

STRUCTURAL

Earthquakes

- Anchor/brace (mobile home) or bolt the facility to its foundation and reinforce any portion of the facility's exterior that may cause injury.

Floods and Flash Floods

- Elevate and reinforce the facility. (Ideally, avoid locating the facility in a floodplain.)

Landslide and Mudflow

- Build retaining walls on slopes. Build masonry walls to direct the mudflow around the facility. Bolt the foundation and reinforce the facility's walls.

Mitigation is different than preparedness in that it consists of pre-disaster steps to reduce the impact of an event, while Preparedness consists of plans and preparations to facilitate a response.

Structural Mitigation Checklist *(continued)*

Tsunami

- Elevate facilities located in coastal areas at risk for tsunami. Keep in mind that even the strongest building can be damaged by a powerful tsunami.

Wildfire and Urban Fire

- Use fire resistant materials (e.g., non-combustible roofing material) on the facility's exterior.

Tornado

- Follow local building codes to ensure a wind-resistant design for your facility.

Dam Failure

- Reinforce and flood-proof the facility.

Nonstructural Hazard Mitigation

Nonstructural mitigation reduces the threat to safety posed by the effects of earthquakes on nonstructural elements, such as building contents, internal utility systems, interior glass and decorative equipment, architectural walls, and ceilings. These mitigation activities identify nonstructural fixtures and equipment, which are vulnerable to an earthquake, and are either essential to continue operations or are a threat to public safety. Nonstructural mitigation involves retrofitting, securing, and protecting items and equipment.

RETROFITTING

Use various methods to secure nonstructural items. Retrofitting methods include bracing, securing, tying down (tethers or leashes), bolting, anchoring, and so on.

Replace

- Replace the item with a new one that is resistant to the hazard.

Relocate

- Move items from a hazardous location to a non-hazardous one.

Backup Plan

- If there is concern that essential services will be disrupted, have a plan for providing backup service (i.e., plan for the consequences of failure).

Nonstructural Hazard Mitigation Checklist *(continued)*

SECURING AND PROTECTING

- Nonstructural mitigation includes securing and protecting all contents of the structure that do not contribute to its structural integrity such as:
- Systems and elements that are essential to the electric operations
- Emergency power generating equipment (e.g., plumbing, HVAC)
- Fire protection system (e.g., fire sprinklers and distribution lines, emergency water tank, reservoir)
- Medical equipment (e.g., X-ray equipment, respirators and life support, refrigeration units for strong pharmaceuticals and blood)
- Hazardous materials (e.g., gas tanks, containers with chemicals)
- Nonessential Elements or items whose failure could compromise clinic operations, such as:
- Suspended light fixtures and ceilings
- Partitions
- Interior doors
- Furniture and contents (e.g., book shelves, file cabinet, etc.)

Light Fixtures

- Brace these and other items that could fall or shake loose.

Gas Cylinders

- Secure the top and bottom of compressed gas cylinders with a safety chain.

Hazardous Materials

- Store containers of hazardous materials on a braced storage rack or tall stack, and secure the containers with a restraining device, such as metal or wire guardrails.

Desktop Equipment

- Secure equipment such as computers, TV monitors, typewriters, printers, etc.

Windows

- Install shatter-resistant protective film or blinds on windows to prevent glass from shattering onto people, or install safety glass.

Equipment with Piping

- Ensure that any equipment with piping (e.g., gas pipes, water tanks, sprinkler piping, water heaters) has a flexible connection.

Unsecured Furniture

- Anchor tall, unsecured furniture to the wall and/or to each other.

Cabinets

- Ensure that cabinets have positive catching latches.

Nonstructural Hazard Mitigation Checklist *(continued)*

Suspended Ceilings

- Secure suspended ceilings with diagonal bracing wires.

Heavy Objects

- Hang heavy objects away from workstations.

Large Equipment

- Secure large equipment (e.g., copiers or heavy machinery) to the floor or use tethers and attach to the wall.

Storage Racks

- Cross-brace tall storage racks in both directions, or for racks that are significantly taller than wide, secure with anchor bolts connected to the concrete slab.

Main Breaker and Utility Meters

- Ensure that the main breaker or fuse box and the utility meters are elevated above the anticipated flood level of your facility to prevent damage.

High-Value Equipment

- Secure one-of-a-kind, high-value equipment, so it will not over turn or slide.
- Chemicals on shelves should have wire or metal guardrails. Store containers on braced storage racks or tall stacks. Ensure gas tanks have flexible connections, and anchor gas tank legs to a concrete footing or slab.

Equipment and System Inspection and Update Tracking

List of equipment and systems, assigned to a person with the responsibility of regular maintenance of systems / regular Inspections / regular updates

POLICY DATE: _____ POLICY REVISION: _____

The following individuals have been assigned responsibility for either maintenance of a system, performing regular inspections or providing updates, and have committed to a schedule of accomplishing those tasks. The COOP Planning Team will meet on a regular basis as agreed upon and ensure that the milestones have been met.

Mitigation Measures

MAINTENANCE OF SYSTEMS/ REGULAR INSPECTIONS / UPDATES	RESPONSIBILITY	TIMEFRAME SCHEDULE
PHYSICAL SITE		
Keys		
Lock Combinations		
Codes		
Alarm System		
Anti-Theft Systems		
Fire Detection System		
Fire Suppression Systems		
HVAC		
External Grounds		
Roadways		
Alternate Location		
CRITICAL PERSONNEL		
Contact information		
Training on job roles		
Cross-training on job roles		
Training COOP Plan		
Test COOP Plan		
CRITICAL EQUIPMENT INVENTORY		
Lists: Serial Numbers, Passwords, Software Keys, Licenses, Permits, Server Root Passwords and any other security information		
Primary Computer System		

Mitigation Measures *(continued)*

MAINTENANCE OF SYSTEMS/ REGULAR INSPECTIONS / UPDATES	RESPONSIBILITY	TIME FRAME SCHEDULE
CRITICAL EQUIPMENT INVENTORY		
Alternate Equipment / Location		
Backup ISP and Servers		
Copier(s)		
Fax		
Printer(s)		
Software		
Programs		
Anti-virus and Malware		
COMMUNICATIONS		
Primary (Telephone, text etc.)		
Secondary (redundant systems e.g. Ham Radio)		
DATA BACK-UP		
On-site		
Off-site		
DATA RECOVERY		
Off-site Vendor		
MAINTAINING ADEQUATE RESERVES		
Cash for Business		
Food		
Water		
Batteries		
Medical supplies		
POWER SOURCES – ALTERNATES		
Uninterruptible Power Supplies		
Generator		

Mitigation Measures *(continued)*

MAINTENANCE OF SYSTEMS/ REGULAR INSPECTIONS / UPDATES	RESPONSIBILITY	TIME FRAME SCHEDULE
UTILITIES		
Electric		
Gas		
Oil		
Water		
VENDOR SUPPORT		
Primary Vendors		
Secondary (back-up) Vendors		
Vital Records		
Electronic		
Paper		
VITAL RECORDS		
Electronic		
Paper		

Training and Exercises

Staff Training Policy

The clinic should input current staff training policies.

Exercise and Drills Policy

The clinic should input current staff exercise and drill policies. The planning process is continuous and consists of:

PLAN → TRAIN → EXERCISE → REVISE PLAN → REPEAT

Sample Exercise Evaluation Questions

1. To Evaluate the COOP Plan

Did the plan anticipate all key needs, such as space, communication equipment, and supplies?

_____

Did the plan anticipate all needed roles?

_____

Did the plan match the expectations set forth by the surrounding community?

_____

2. To Evaluate What Happened When the Plan Was Put into Actual Use

Did people go where they were supposed to?

_____

Were functional role assignments followed?

_____

Was the desired outcome achieved?

_____

How did your communication systems function? Were there any problems; if yes, what were they?

_____

Sample Exercise Evaluation Questions *(continued)*

3. To Evaluate the Speed with Which the Plan Was Put into Place

How much time did it take to notify staff of the emergency?

_____

How much time did it take for staff to take their places?

_____

How much time did it take to complete other actions that were detailed in the plan?

_____

4. To Evaluate the Efficiency of Plan Execution

Were there repeated messages?

_____

Any conflicting instructions?

_____

Were supplies wasted?

_____

5. To Evaluate Staff Competency in Specific Functional Roles

Were all of the functional roles executed? (The functional roles to be assessed must be identified in advance.)

_____

Recovery and Improvement Planning

Although community clinics and health centers (CCHCs) may not be able to avoid disasters, careful planning can minimize the effects of one. The process of recovery will begin the moment a disaster strikes. That is why recovery and improvement planning is so important. Recovery and improvement planning minimizes disruption to the CCHC's operations, ensures some level of organizational stability, and promotes an orderly recovery after a disaster.

This planning process also provides the opportunity to:

- Begin immediate steps to recovery
- Learn systematically from each step in the process
- Improve preparedness by identifying and mitigating problems

Written Documentation

A recovery and improvement plan is a written document that identifies steps and procedures CCHCs should follow in the event of a disaster.

This plan takes into consideration all aspects of the health center, including the:

- Physical plant
- Equipment
- Staff
- Communications links
- Medical records
- Computer hardware and software
- Data files and databases
- Patient care
- Overall management information and financial systems

The plan evaluates all departments and addresses the allocation of resources. As recovery begins, thorough documentation of each activity will help CCHCs recover from the event financially, as well as identify problems and performance issues as they occur. This information will help CCHCs determ1ne what worked- and what did not- as they improve the plan for the future.

REMEMBER

PREPAREDNESS = > RESPONSE = > RECOVERY = > MITIGATION = > PREPAREDNESS

Recovery and improvement planning are just two steps in the emergency preparedness process and important tools to improve your COOP. As stated earlier, recovery begins the moment disaster strikes. A single emergency event can create a fantastic learning opportunity that will identify, mitigate and improve procedures found in the best written emergency operations plan (EOP). Recovery and improvement planning will strengthen CCHC's EOP and COOP toward better preparedness for any event that may occur.

The goals of recovery and improvement planning are to:

- Document! Document! Document!
- Assess the damage.
- Protect the health center in the event that all, or part, of its operations are rendered unusable and/or unsafe.
- Provide for the safety of staff and patients.
- Minimize downtime.
- Limit loss of property, equipment, and data.
- Put identified alternate care site(s) into operation (if applicable).
- Return to normal operation as quickly as possible.
- Identify and mitigate procedural problems.
- Review procedures annually and update, as needed.

Clinic Surge Plan Checklist

The Clinic Surge Plan Checklist will help CCHC staff follow and monitor the steps necessary for providing the best care possible under circumstances in which both staff and resources may be in short supply.

IN PROCESS	FINALIZED	IMMEDIATE RELEASE
COMMAND AND MANAGEMENT		
		Plan identifies triggers and decision making processes for activating the Emergency Operations Plan (EOP) and surge plan in response to a surge .event.
		Initial assessment of the event type, scope and magnitude, estimated influx of patients, real or potential impact on the clinic, and special response needs (e.g., infectious disease, hazardous materials).
		Activation of the Incident Command System (ICS) and determination of appropriate positions to be activated.
		Activation of the Command Center.
		Notification to appropriate local governmental point of contact (e.g., local health department, local emergency medical services agency, Medical and Health Operational Area Coordinator) of the surge status and activation of the EOP and surge plan.
		Internal notification/communications and staff call-back protocols (call trees, contact information, etc.).
		Processes, procedures and paperwork for contacting local or regional licensing authority (e.g., California Department of Public Health Licensing and Certification) for potential or actual request for temporary permission to exceed staffing ratios or utilize non-traditional patient care delivery areas (e.g. tents).
		Memoranda of Agreement (MOA) with local government, area hospitals, long term care facilities and other health providers to accept or receive patients and share resources as appropriate and possible.
		Establish ongoing communications with local governmental point of contact to report.
		Clinic status, critical issues and resource requests.
		Activation of resource management system including inventory, tracking, prioritizing, procuring and allocating of resources.

Clinic Surge Plan Checklist *(continued)*

IN PROCESS	FINALIZED	IMMEDIATE RELEASE
CREATING SURGE CAPACITY		
		TRIAGE Plan to activate and operate additional/alternate triage area(s) during a surge event.
		Activation triggers for establishing alternate/additional triage areas are defined.
		Set-up checklists and operations plan.
		Identify primary and alternate triage areas.
		Responsibility for and processes for set-up and operation of triage area(s) are defined.
		Communications plan for communications between triage areas, and other departments.
		Staffing of the alternate triage site.

Glossary of Terms

COOP

The capability to continue essential business processes under all circumstances.

COOP Plan

Well researched, all-hazards efforts to ensure capabilities are developed to maintain business operations before, during and after a disaster. Consists of a business impact analysis (BIA), threat analysis (HVA), and impact scenarios.

Business Impact Analysis (BIA)

The process of identifying and quantifying the impacts of an emergency or disaster in both financial and non-financial terms on an organization. It considers essential critical processes that are required to conduct business during an emergency event.

Critical Process

Essential functions that are important to the mission of the organization and must be maintained during an emergency event.

Emergency

A condition of disaster or of extreme peril to the safety of persons and property caused by natural, technological or man-made events that may have a quick or slow onset.

Emergency Management Plan (EMP) The plan that each organization has and maintains for responding to hazards. Also called Emergency Operations Plan (EOP).

Executive Summary

Demonstrates the COOP Plan is an ongoing process supported by senior management and is funded by the organization. It is usually the introduction to the plan.

Hazard

A potential or actual force with the ability to cause loss or harm to humans or property.

Hazard Vulnerability Analysis (HVA) An event-focused, systematic approach to identify, assess and prioritize each hazard that may affect a community, to show vulnerabilities. The vulnerability is related to both the impact on the organizational function and the likely service demands created by the hazard impact.

Memorandum of Understanding (MOU)

An agreement entered into between two organizations to fulfill resource needs and coordinate response and recovery activities.

Mitigation

Attempts to prevent hazards from developing into disasters altogether or to reduce the effects of disasters. Mitigation is the effort to reduce loss of life and property by lessening the impact of disasters.

Mutual Aid Agreement

An agreement entered into between multiple organizations and agencies to provide mutual assistance in responding to a surge in health care demand due to injuries, illness, or other medical needs of a community following a disaster.

Process

A systematic series of activities or tasks that produce a specific end.

Risk

The effect of hazard combined with vulnerability.

Vulnerability

How susceptible resources are to the negative effects of hazards including the likelihood of a hazard occurring and mitigation measures taken to lessen the effects of hazards

References

- National Association of Community Health Centers (NACHC), www.nachc.org, 2012. Virtual Business Continuity Institute, Mollie Melbourne, Director, Emergency Management, NACHC.
- Primary Care Development Corporation (PCDC), www.pcdc.org, 2012. Virtual Business Continuity Institute, Brian Silva, Director, PCDC.
- Collaborating Agencies' Disaster Relief Effort (CADRE), www.cadresv.org, Annamaria Swardenski.
- California Hospital Association (CHA), www.calhospital.org.

Appendices

Appendix 1. Memorandum of Understanding Template

Not a legal document

The adoption of this **protocol/MOU/understanding/agreement/statement of participation** between **XXX city/county and (clinic)** summarizes and documents each entity's role and *agreement to participate in disaster or emergency response activities*. This **protocol/MOU/understanding/agreement/statement of participation** has been adopted for the following purposes:

- Documents local partnership between **(clinic)** and **XXX city/county**;
- Demonstrates **(clinic)** coordination and integration with the County's Incident Command Structure;
- Establishes documentation of relationships for FEMA or Cal EMA reimbursement during a declared emergency;
- Provides a tool for expanding and enhancing Disaster Medical System participation.

Whereas, **(clinic)** *provides essential community services* to **XXX county/city** by;

- Contributing to overall county-wide medical care surge capacity;
- Providing services to underserved and limited-English proficient communities;
- Serving as a conduit for communicating risk information to communities with limited access to mainstream media;
- Providing community level intelligence to County response agencies; and

Whereas, **(Clinic)** is a not for profit organization compliant with 44 CFR Section 206.221(f);

Therefore, when the Governor proclaims a state of emergency, **(Clinic)** is eligible to receive state assistance pursuant to Government Code Section 8692, as reimbursement for the performance of essential community services, provided that such expenditures meet the requirements described in 19 CCR § 2992 – 2993.

This **agreement/statement of participation/MOA** makes **(clinic)** eligible for state and/or federal financial assistance for disaster response activities, provided the **(clinic)** meets the following criteria:

The Appendices are intended to serve as working templates and guidance for the following subjects. Once the templates have been completed, they are intended to be included in the plan as the Appendices.

APPENDIX 1.
Memorandum of Understanding Template

APPENDIX 2.
Mutual Aid Agreement Template

APPENDIX 3.
Press Release Template

APPENDIX 4.
Business Insurance

Appendix 1. Memorandum of Understanding Template

Activities must be requested by the State of California or one of the following local agencies:

- Agency XXX
- Agency XXX
- Activities must be completed within a timeframe established by the requesting agency. If, *during a major disaster, circumstances have delayed or prevented direct communication between the state agency, and/or a local agency, and (clinic), (clinic) may self-deploy to perform eligible essential community activities provided one or more of the following conditions are met:*
  - 20% increase, over and above the average daily census
  - Inability to transfer patients to hospitals
  - EMS notification of a system wide surge
- To be eligible for disaster reimbursement, activities must relate directly to a state of emergency as proclaimed by the Governor and be in support of the community affected by the emergency or disaster.
- All activities must meet the eligibility requirements set forth in 19 CCR § 2994 – 2995.
- **(Clinic)** and/or their representatives are responsible for the submission of necessary applications and documentation to FEMA or Cal EMA regarding reimbursable activities.

Eligible essential community services include providing medical care to event survivors, regardless of any prior relationship to the clinic and/or insurance status. Eligible services must be within the scope of practice of the participating practitioner, must be related to sustaining life, stabilizing patients, or treating urgent medical needs that cannot be delayed without further injury to the patient.

This is a **standing protocol/MOU/understanding/agreement/statement of participation** between **(clinic)** and **XXX city/county**, and will be superseded by instructions from **XXX city/county** during an emergency event.

SIGNED _____

SIGNED _____

Appendix 2. Mutual Aid Agreement Template

Not a legal document

(Health Care Organization) _____

(City, State) _____

MUTUAL AID AGREEMENT

In an Emergency
Between the following health agencies (*Health Care Organization Names)*

Purpose: This Mutual Aid Agreement (MAA) is entered this **XXth day of XXXX, 20XX** between the following: **(Health Care Organization Names)**.

Authority: This MAA is voluntarily entered into by the agencies with the approval of the Board of Directors.

GENERAL

Scope

This MAA provides guidance and documents agreements between each party to provide assistance to one another in the event of an emergency that overwhelms the capabilities of any party. This agreement covers response to all emergency situations to include natural disasters, technological accidents and terrorist attacks involving weapons of mass destruction and communicable disease outbreaks.

Assumptions

- Any major emergency may affect all parties in this agreement. Each party will prioritize its needs, capabilities and the utilization of available resources. The level of assistance provided to each party will be determined by resources available and to the extent which the supplier is affected by the disaster.
- The parties may commit to providing maximum assistance to the other but each party's primary mission may take precedence over the other.
- When any party responds to a request for assistance, the party of whom assistance is requested may petition reimbursement for funds expended.

Types of Aid or Support

The following types of aid may be exchanged between parties, depending upon the conditions of need, availability, and in consideration of malpractice / FTCA guidelines and shall include but not be limited to:

- Provide Health Care and Administrative Staff
- Provide Emergency Supplies
- Dispensing of Pharmaceuticals
- Decontamination Assistance
- Environmental Sampling
- Epidemiological Investigations

Appendix 2. Mutual Aid Agreement Template *(continued)*

RESPONSIBILITIES

- Each party will provide assistance within existing capabilities in accordance with current guidance and directives;
- Parties agree to seek indemnification from each other from any settlement, verdict or judgment resulting from any claim or lawsuit arising out of each other's performance under this MAA;
- Parties will maintain records of all expenditures for reimbursement purpose in accordance with current applicable directives.

Requesting Support

When requesting assistance, the following information will be provided:

- Name, title, agency and phone number of requestor.
- Brief assessment of the situation.
- Description of the type and amount of aid needed.
- Name, title, location and phone number of the person from your agency that assisting personnel will report to.
- Initial request for mutual aid may be by telephone, in person or fax but must be followed by a written request.

ACCOUNTING AND REIMBURSEMENT

The responding agency will be entitled to reimbursement of expenses incurred as a result of their response and participation.

Billing: Each agency will keep detailed records of all expenditures incurred.

Period of Agreement: This agreement if effective upon date of signature and will remain in effect until all parties agree to amend with mutual consent.

Review and Revision: This agreement will be reviewed every three (3) years or sooner if requested by a participating agency and revised as needed. Amendments may be submitted for consideration at any time. All changes to this agreement will be circulated among the agencies for review. Agreed changes will be in writing and will then be incorporated into the document and circulated for approval/implementation by obtaining signatures of all participating agencies.

Cancellation: This agreement may be rescinded by mutual consent between the parties. Any party may cancel their part of the agreement by giving at least ninety (90) days written notice.

(Name) / (Title)_____Date_____

(Name) / (Title)_____Date_____

Appendix 3. Press Release Template

News Release   Your name

For Immediate Release (insert date)   Your organization

  Phone number

  FAX number

  Email address

(Insert Headline)

(Insert city, Calif.) – This is the leading paragraph. It should contain the most basic, important information: Who, what, where, when, why and how.

The following paragraphs should flesh out additional/supporting information, in order of importance (greatest-to-least).

A quote from a credible source within your organization will usually be included in the third paragraph, or thereafter. Format quotes should be as follows:

"Quote," said [insert name and title]. "Finish quote, if needed."

-more-
(Signals a continuance of your news release onto the next page. Do not split paragraphs.)

The last paragraph of every news release is called the boilerplate. It should include general information about the purpose and history of your organization (3-4 sentences, maximum) and should be the same for all news releases.

# # #
(Signals the end of your news release)

Appendix 4. Business Insurance

Business Insurance

Business Insurance can help protect community clinics and health centers (CCHC) against several different kinds of losses. Business Insurance typically covers, but is not limited to, property loss, general liability, and worker's compensation. Many business insurance policies also include umbrella coverage. CCHCs need to know what types of insurance are required to replace property, resume operations, and restore the organization to the condition that would have existed if no loss or damage had occurred. Many CCHCs are either under-insured or over-insured.

TIPS FOR GETTING THE INSURANCE YOU NEED

1. **Talk with your insurance representative** – Talking with an insurance representative can help clarify what kind - and how much- business insurance your CCHC needs. A good insurance representative can present several different scenarios that will help identify appropriate insurance protection for your CCHC. Make sure your insurance company has a complete history of your business. This may help lower the insurance premiums.

2. It is also very important to check the Insurance information periodically to ensure that everything is accurate. Anytime you make changes to your organization, it is extremely important that you recheck your insurance policy for changes that may be needed. Otherwise, your CCHC may not be covered as completely as you had thought.

3. **Conduct a Risk Analysis** – Completing a risk analysis of your assets and liabilities will also help you decide which assets are Important enough to be insured, or which might cost you too much money to replace if they were to remain uninsured. When you do a risk analysis, think about all aspects of your organization, including:

   • Property
   • Building(s)
   • Equipment
   • Personnel

   Each facility needs to determine where it is vulnerable. You will want to insure your property, including the building where you provide services and conduct administrative activities (if different), and all the contents of the building(s).

4. **Check State & Federal Laws** – CCHCs must check with the state insurance department to find out what is required by state law. You can then decide what kind of insurance coverage you want to carry. It is important to understand local, state, and federal business laws when looking into buying business insurance. This can be difficult, because state and local laws constantly change. The best way to ensure you are following all state and local laws – and therefore protected -is to buy from a company with a well-respected history of conducting business in your state.

5. **Develop a Risk Management Plan** – Your CCHC will need a good risk management plan to help reduce your business and liability insurance premiums. Most insurance companies require a risk management plan, both to protect their interests and to provide lower insurance premiums to the business. A good risk management plan will help remove the risks involving personnel, products, equipment, or property, and the plan will help lessen the frequency of specific risks. The findings from your risk analysis will help you develop a good risk management plan.

Appendix 4. Business Insurance

6. **Risk Management is a Four-step Process –**

- Identify sources of potential losses. Examples would include casualty and theft losses, fraud and embezzlement, injury claims, etc.

- Evaluate the financial risk posed by each exposure. How frequently might the event occur? How severely would it affect your organization?

- Determine how to treat the risk. Can it be eliminated or controlled? Can you transfer the risk to your insurance company?

- Monitor the results of your analysis. You may need to review steps 1-3 annually.

7. **Shop Around** – Shop around for a package deal. For example, some insurance companies offer small or medium-sized organizations a combination of coverage under one policy that offers basic protection. It can be cheaper to purchase this kind of policy instead of purchasing separate policies to cover each area.

Typically, these policies include:

- Property Insurance
- Business Interruption Insurance
- Liability Protection
- Cnme Insurance
- Car Insurance (for company cars)

CCHCs will want to protect their organization against natural disasters as well as other tragedies. Income loss protection in a business insurance policy is vital, because it protects the organization when it is forced to close. Business closure as a result of power outages, structural failures, gas leaks, and other reasons will cause your organization to lose money.

Additional Coverage

HOW DO I PROTECT MY BUSINESS IN THE EVENT OFA DISASTER?

When a hurricane or earthquake puts your CCHC out of commission for days- or months- your property insurance pays for the cost of repairs or rebuilding. But who pays for all the income you're losing while your business is unable to function? For that, you'll need business interruption coverage. Many nonprofits neglect to consider this important type of coverage, which can provide enough to meet your overhead and other expenses during the time your organization is out of commission. Premiums for these policies are based on your organization's income.

Most people are familiar with homeowner's property insurance or fire insurance. These policies are designed to cover your property in the event of loss resulting from "covered perils." The causes of loss covered by the policy are specifically addressed in the insurance contract. Your insurance representative can explain what is covered, and how the payments are to be issued when a claim is made against the policy. You also have the option of purchasing additional coverage to address specific risks – such as fire, earthquake, and business interruption – that are not covered in your basic policy.

The following information offers an overview of other types of insurance coverage available to protect organizations. The information is intended as a starting point only: It does not constitute a plan for developing your business insurance decisions.

FIRE INSURANCE

Fire insurance is a form of property insurance that protects people from the costs incurred by fires. When a structure is covered by fire insurance, the insurance policy will pay out in the event the structure is damaged or destroyed by fire. Some standard property insurance policies include fire insurance in their coverage. In other cases, CCHCs may need to purchase fire insurance separately. If your CCHC owns the property for its facility you should check with your insurance company if you are not sure whether fire insurance is part of your policy. If fire insurance is not included, you need to purchase it.

EARTHQUAKE INSURANCE

Coverage for earthquake damage is excluded in most property insurance policies, including homeowner's and business owner's package policies. If your CCHC is in an earthquake-prone area, you'll need a special earthquake insurance policy or commercial property earthquake endorsement.

The deductible for earthquake policies is different than for other insurance policies. With earthquake policies, the deductible is a percentage of coverage, rather than a straight dollar amount. For example, if the building is insured for $100,000.00 with a 5 percent deductible, your CCHC would be responsible for the first $5,000.00 in damage from an earthquake.

Keep in mind that business interruption insurance, which reimburses you for lost income during a shut-down, applies only to causes of damage covered under your business property insurance policy. If your CCHC must shut down as a result of earthquake damage, you'll need to have earthquake coverage to make a claim under a business interruption policy.

BUSINESS INTERRUPTION INSURANCE

Business interruption insurance can be as vital as fire insurance for ensuring the survival of your business. Most people would never consider opening a business without buying insurance to cover damage due to fire and windstorms. But too many nonprofit organizations fail to think about how they would manage if a fire or other disaster were to make their premises temporarily unusable. A business that must close down completely while the premises are being repaired may see its patient base erode. A quick resumption of business after a disaster is essential. This is especially true for CCHCs, whose clients rely on them for health care and may be among the most vulnerable in a disaster.

Business interruption insurance coverage is not sold separately. It is added to a property insurance policy or included in a package policy. Business interruption insurance compensates your for lost income if your organization must vacate its premises due to disaster-related damage, such as a fire, that covered under your property insurance policy. Business interruption insurance covers the profits you would have earned, based on your financial records, had the disaster not occurred. The policy also covers operating expenses, such as electricity, that continue even though business activities and services have temporarily come to a halt. Make sure the policy limits are sufficient to cover your organization for more than a few days. After a major disaster, it can take more time to get back on track than most people anticipate. Generally, business interruption insurance kicks in after a 48 hour waiting period. The price of the policy is related to the risk of a fire or other disaster for damaging your premises. Consider two very different businesses: a real estate business and a restaurant. The cost of business interruption insurance is likely to be much less for the real estate bus mess than the restaurant. That's because a fire is far less likely in an office setting than a restaurant, and it's much easier to conduct real estate transactions from a temporary office.

EXTRA EXPENSE INSURANCE

Extra expense insurance reimburses your organization for a reasonable sum of money that it spends, over and above normal operating expenses, to avoid having to shut down during the restoration period. Usually, extra expenses will be paid if they help to decrease business interruption costs. In some instances, extra expense insurance alone may provide sufficient coverage, without the purchase of business interruption insurance.

REJECTED CLAIM

My CCHC Has An Insurance Claim That The Insurer Rejected. What Do We Do?

Start with the written explanation from the insurer. Insurance companies normally provide this automatically. But if they don't provide a written explanation, insist on it. Your CCHC can also ask that a supervisor review the claim decision. Take the denial letter to your CCHC's insurance agent and see whether he or she agrees with the carrier's decision. Sometimes, a knowledgeable agent will know if the claims adjuster made a mistake. If the agent agrees with the denial, and your CCHC is satisfied with your agent's explanation, the case is closed. If your agent doesn't agree, he or she may contact the carrier on your CCHC's behalf, or your CCHC may decide to consult an attorney. If your CCHC's claim was denied because it didn't have the coverage you thought it did, your CCHC should review its policies, and it should examine its relationship with the insurance agent.

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