**

Healthcare COOP Template**
Excerpted from *Healthcare COOP & Recovery Planning: Concepts, Principles, Templates & Resources* (Jan 2015) <http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hc-coop2-recovery.pdf> **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# Healthcare Continuity of Operations

## Purpose

The Continuity of Operations Plan provides a mechanism to assist with the implementation of coordinated COOP strategies that initiate activation, relocation, and continuity of operations for the Organization. The Organization COOP is an All-Hazards plan that addresses the full spectrum of threats from natural, manmade, and technological sources including national security emergencies.

## Federal Guidance for Continuity of Operations

### Continuity Guidance Circular (CGC) 1 Continuity Guidance Circular 1 (CGC 1) ([PDF](http://www.fema.gov/media-library-data/44876e4a34c9b25086532be26954b1b2/CGC%2B1%2BSigned%2BJuly%2B2013.pdf)), *Continuity Guidance for Non-Federal Entities* provides guidance for developing continuity plans and programs for the sustainment of essential functions and services.

### Continuity Guidance Circular (CGC) 2 Continuity Guidance Circular 2 (CGC 2) ([PDF](http://www.fema.gov/pdf/about/org/ncp/coop/cont_guidance2.pdf) 4.1MB), *Continuity Guidance for Non-Federal Entities: Mission Essential Functions Identification Process*  provides planning guidance to assist in identifying essential functions and describes the use of a systematic Business Process Analysis, Business Impact Analysis, and the development of risk mitigation strategies.

## Pre-Incident Risk Assessment

[NAME] has reviewed the following guidance to identify hazards, risks, and vulnerabilities to SHA, regional and local health departments, HCCs, and HCOs.

* Threat and Hazard Identification & Risk Assessment

 <http://www.fema.gov/media-library/assets/documents/26335>

* Understanding Your Risks: Identifying Hazards and Estimating Losses

 <http://www.fema.gov/media-library/assets/documents/4241?id=1880>

* Hazard Vulnerability Analysis <http://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter5/Pages/hazards.aspx>

**Exhibit 1: Pre-Identified Hazards and Risks Sample**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HAZARD** | **NATURAL****TECHNOLOGICAL****HUMAN** | **RARE MODERATE FREQUENT** | **SHORT VARIES LONG** | **LOW MODERATE HIGH** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**1.4 Continuity Elements**

**ORDERS OF SUCCESSION**

The [NAME] has established and maintained Orders of Succession for key positions in the event leadership is incapable of performing authorized duties. The designation as a successor enables that individual to serve in the same position as the principal in the event of that principal’s death, incapacity, or resignation.

**Exhibit 2: [NAME] Succession Plan Sample**

|  |  |  |  |
| --- | --- | --- | --- |
| **Key Position (Position Title)** | **Successor 1** | **Successor 2** | **Successor 3** |
| [LEADERSHIP] |  |  |  |
| [LEADERSHIP] |  |  |  |
| [LEADERSHIP] |  |  |  |
| [OPERATIONS] |  |  |  |
| [PLANNING] |  |  |  |
| [LOGISTICS] |  |  |  |
| [FINANCE/ADMIN] |  |  |  |

**DELEGATION OF AUTHORITY**

The [NAME] has established Delegations of Authority to provide successors the legal authority to act on behalf of the Organization for specific purposes and to carry out specific duties. Delegations of Authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished.

**Exhibit 3: Delegation of Authority Plan Sample**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authority**  | **Type of** **Authority** | **Position Holding Authority** | **Triggering Conditions** |
| Close Facility | Emergency authority | Senior Leadership | When conditions make coming to/ remaining in the facility unsafe |
| Represent Organization when engaging Govt. Officials | Administrative authority | Senior Leadership | When the pre-identified senior leadership is not available |
|  |  |  |  |

**CONTINUITY FACILITIES**

The [NAME] has identified continuity facilities to conduct business and/or provide clinical care to maintain essential functions when the original property, host facility, or contracted arrangement where the Organization conducts operations is unavailable for the duration of the continuity event. The table below lists the pre-arranged Alternate Sites, Devolution Sites, and Telework Options.

* + - * The [NAME] conducts operations at the [XYZ ].

**Exhibit 4: [NAME] Facility Continuity Plan Sample**

|  |  |  |  |
| --- | --- | --- | --- |
| Continuity Facility | Type of Facility | Location of Facility | Accommodations |
|  |  |  |  |
|  |  |  |  |

**Continuity Facility**

**CONTINUITY COMMUNICATIONS**

**Location of**

* + - * The [NAME] maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and state and federal response and recovery partners. The Organization has established communication requirements that address the following factors:
* Organizations possess, operate and maintain, or have dedicated access to communication capabilities at their primary facilities, off-sites and pre-identified alternate care sites
* Organization leadership and members possess mobile, in-transit communications capabilities to ensure continuation of incident specific communications between leadership and partner emergency response points of contact
* Organizations have signed agreements with other pre-identified alternate care sites to ensure they have adequate access to communication resources

Organizations possess interoperable redundant communications that are maintained and operational as soon as possible following a continuity activation, and are readily available for a period of sustained usage for up to 30 days following the event

**ESSENTIAL RECORDS MANAGEMENT**

* + - * The [NAME] keeps all essential hardcopy records in a mobile container that can be relocated to alternate sites. In addition, electronic records, plans, and contact lists are maintained by the organization leadership and can be accessed online and retrieved on system hard drives when applicable and appropriate. Access to and use of these records and systems enables the performance of essential functions and reconstitution to normal operations.

**DEVOLUTION OF CONTROL AND DIRECTION**

* + - * The [NAME] devolution option requires the transition of roles and responsibilities for performance of Organization essential functions through pre- authorized delegations of authority and responsibility. The authorities are delegated from Organization leadership to other representatives in order to sustain essential functions for an extended period. The devolution option will be triggered when one or more
			* Organization leaders are unable to perform the required duties of the position. The responsibilities of the position will be immediately transferred to designated personnel in the delegation of authority matrix. Personnel delegated to conduct Organization activities will do so until termination of devolution option.

## Healthcare Primary Mission Essential Function (PMEF) & Mission Essential Functions (MEF’s)

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

Essential Supporting Activities include**:**

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

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

Essential Supporting Activities include**:**

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

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

Essential Supporting Activities include**:**

* + - * Determine extent of disruption/loss/damage of facility critical infrastructure
* Electrical System
* Water System
* Ventilation
* Fire Protection System
* Fuel Sources
* Medical Gas & Vacuum Systems
* Communication Infrastructure
	+ - * Prioritize restoration efforts to meet the operational goals of health care service delivery
			* Disseminate reports of HCO critical infrastructure disruption/loss/damage to local emergency management and to SHA
			* Advocate for priority service resumption directly to local incident management

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

Essential Supporting Activities include:

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

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

Essential Supporting Activities include:

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

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

Essential Supporting Activities include:

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

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

Essential Supporting Activities include:

* + - * Collect disaster response data to be used in After-Action Reports
			* Modify and maintain healthcare information management practices according to changing program requirements directed by authorizing entities

Coordinate the use of paper systems to track patients, health issues and other critical data in the event electronic systems are compromised

* + - * Explore possible sources of disaster assistance that may be available to an organization; request assistance when appropriate
			* Monitor employee/contractor payment systems; implement alternative payment systems if available
			* Activate disaster recovery contracts
			* Initiate “disaster orders” to increase supply chain availability
			* Monitor and adjust claims submission conditions according to changing federal & state requirements
			* Monitor, document, and address legal issues
			* Monitor document losses for the preparation of insurance claims

## Sample Hospital Mission Essential Functions

* + - * Emergency Services (Emergency Department)
			* Surgical Services (Operating Room)
			* Laboratory Services (Lab)
			* Health Information Technology (HIT)
			* Patient Care Unit (PCU)
			* Central Supply (CS)
			* Human Resources (HR)
			* Obstetrics
			* Pharmacy Services
			* Public Relations
			* Food Services
			* Security
			* Laundry
			* Health Information Management
			* Infusion Chemotherapy

## Continuity Plan Operational Phases & Implementation

* + - * The [NAME] continuity implementation process includes the following four phases:

**Readiness & Preparedness:**

* + - * Develop Continuity of Operations Program (COOP)
			* Review COOP Plans annually
			* Facilitate COOP drills and exercises that activate plans in coordination with regional, state and federal plans
			* Revise COOP plans accordingly

**Activation:**

* + - * Utilizing state and regional information sharing platforms, initiate an alert and notification to all partners executing the transition from immediate emergency response to COOP activation
			* Establish appropriate liaisons between LHD/HCC/HCO and state health disaster response and recovery officials
			* Provide situational updates to response partners, SHA, and local/ regional emergency management through information sharing platforms when applicable
			* If the event disrupts the availability of response leadership to assist response partners in activating continuity operations procedures, delegation of authority and devolution options will be instituted to ensure continuation of essential functions

**Continuity Operations:**

* + - * Prioritize COOP activities to focus on rapid resumption of Mission Essential Functions (MEF) and Essential Supporting Activities (ESA)
			* Develop a Common Operating Picture (COP) to assess and inform key stakeholders of status
			* Communicate needs to SHA and local emergency management officials to establish priority resumption of critical services
			* Inform response partners of available Federal/State/Local resources and the process to access needed infrastructure, supplies, transportation, and human capital
			* Assist response partners in preparing a reconstitution strategy when transitioning from immediate response activity through continuity operations to the recovery phase of the event

**Reconstitution:**

* + - * Assist response partners in implementing reconstitution operations
			* Collect situational assessment data from response partners who are reconstituting healthcare operations and provide updates to SHA and Local/County/State Emergency Management and Recovery personnel
			* Partner through the SHA with State Emergency Management, applicable Federal agencies
			* Essential Support Functions (ESF), and Federal Recovery Support Functions (RSF) to ensure a timely and smooth transition of HCOs to:
1. Re-Enter Healthcare Facilities
2. Re-Open Healthcare Facilities
3. Re-Patriation of Patients
4. Resumption of Normal Healthcare Service Delivery

# Healthcare Disaster Recovery

## Purpose

To establish pre-incident disaster recovery planning and post-incident disaster recovery roles and responsibilities in accordance with the concepts and principles recommended from the National Disaster Recovery Framework (NDRF). Additional guidance was incorporated from the National Guidance for Healthcare System Preparedness, Healthcare System Recovery Capability, and the Public Health Preparedness, Community Recovery Capability.

## Pre-Incident Disaster Recovery Stakeholder Engagement

Healthcare Sector partners should continuously collaborate during pre-disaster recovery planning and mitigation activities to minimize impacts during future events. Below are recommended activities for healthcare sector stakeholder engagement:

**Individual and Household Healthcare Consumer:**

* + - * To minimize the need for the public to take refuge at local member hospitals, become familiar with the locations and available services at established community shelters; periodically update healthcare sector partners when new shelters open
			* Become familiar with Federal/State/Local disaster recovery assistance programs that provide coverage for healthcare costs related to the event; facilitate workshops with recovery assistance subject matter experts for HCO finance departments to explore all available options
* Pre-plan with healthcare sector partners on continuity of special medical needs during the preparedness and mitigation phases of planning; particular attention should focus on the functional needs of at-risk persons
* Support educational awareness campaigns for HCO patient population on proper medication supply management strategies during a disaster

**Private Sector- Healthcare Supply Chain, Healthcare Critical Infrastructure Partners:**

* + - * Build relationships with private sector disaster response and recovery POCs, especially in the healthcare supply chain and healthcare critical infrastructure industries
			* Engage private sector partners in continuity of operations and disaster recovery planning
			* Provide education opportunities to private sector partners on disaster recovery planning efforts
			* Establish access protocols for business sector recovery resources that may be available in a post disaster environment
			* Actively recruit appropriate private-sector partners as members of the HCCs, public health disaster recovery workgroups, and statewide disaster recovery planning committees

**Non-Profit Sector: Professional, Faith Based, Disaster Recovery Organizations**

* + - * Build relationships with local and regional volunteer, professional, faith based, and disaster recovery organization POCs
			* Co-host stakeholder workshops with non-profit sector partners such as hospital associations, American Red Cross, and Voluntary Organizations Active in Disaster chapters to determine recovery priorities in the region
			* Engage statewide, local, and regional mental/behavioral health organizations in developing plans, identifying at-risk populations, and sharing resources during the recovery phase
			* Actively recruit appropriate non-profit sector partners as members of the HCCs, public health disaster recovery workgroups, and statewide disaster recovery planning committees

**Local Government:**

* + - * Encourage HCO disaster response leadership to build relationships with Local Disaster Recovery Managers
			* Pre-identify local government recovery resources available to HCOs
			* Establish Memorandums of Understanding and Agreement (MOU/A) with local governments to share available disaster recovery resources
			* Support planning efforts with local authorities to conduct immediate post-disaster damage assessments for healthcare facilities in the affected area
			* Actively recruit appropriate local government officials as members of the HCCs, public health disaster recovery workgroups, and statewide disaster recovery planning committees

**State Government:**

* + - * Through appropriate organizational channels develop relationships with state level recovery personnel, especially those who have authority to act in the health and social services sectors
			* Become familiar with statewide disaster recovery plans and identify opportunities where healthcare sector members can benefit from statewide resources and capabilities
			* Develop recovery operations coordination plans and information sharing protocols with state health recovery support functions
			* Actively recruit appropriate state government officials as members of the healthcare sector planning committees

**Federal Government:**

* + - * In collaboration with SHA become familiar with the Federal Disaster Recovery Framework and the Recovery Support Function (RSF) Health and Social Services annex
			* Determine which HCOs would be eligible for federal post-disaster recovery aid
			* Encourage healthcare sector members to attend educational and outreach opportunities that are offered through the state from federal recovery planning officials
			* Whenever possible, conduct drills and exercises that include federal roles and responsibilities as they relate to statewide disaster recovery operations

## Post-Incident Disaster Recovery Roles & Responsibilities

Disaster Recovery Roles/Responsibilities include**:**

* + - * Prioritize health care service delivery recovery objectives by organizational essential functions
			* Maintain, modify, and demobilize healthcare workforce according to the needs of the
			* facility
			* Work with local emergency management, service providers, and contractors to ensure priority restoration and reconstruction of critical building systems
			* Maintain and replenish pre-incident levels of medical and non-medical supplies
			* Work with local, regional, and state Emergency Medical System providers, patient transportation providers, and non-medical transportation providers to restore pre-incident transportation capability and capacity
			* Work with local emergency management, service providers, and contractors to restore information technology and communications systems
			* Prepare After-Action Reports, Corrective Action and Improvement Plans

**Appendix D: Continuity Operations Planning Tools**

* 1. **Interoperable Communications Capabilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SHA/LHD/ HCC/HCO** | **Primary Contact** | **Secondary Contact** | **700/800****MHz** | **Satellite Phone** | **Ham Radio** |
| HCC | Bob Smith | Jane Johnson | Yes | 8816-763- | Joe Thatcher |
| Headquarters |  1-800-000-7777Email: | 1-555-222-0000Email: | AWIN Channel 6 | 27031 | General Class |
| Hospital A |  |  |  |  |  |
| Hospital B |  |  |  |  |  |
| Nursing Home |  |  |  |  |  |

* 1. **Alternative Care/Surge Site Locations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SHA/LHD/ HCC/HCO** |  **Admin Facility** | **Emergency Care** | **Acute Care** | **Low Acuity** | **Long Term Care** |
| HCC HQ | Training Room | N/A | N/A | N/A | N/A |
| Hospital A | Contracted Hot Site | Deployable Shelter | Hospital A Sister Facility |  Reopen Closed Wards | Affiliated LTC |
| Hospital B | No Admin Location | Mobile Trailer | No Acute Care  |  CollegeGym | No LTC Capability |
| Hospital C |  Contracted Warm Site | Diversion | Sister Facility | Network Urgent Care | System LTC |
| Nursing Home | Affiliated System | Affiliated System | Affiliated System | Affiliated System | Affiliated System |
| Nursing Home | No Admin Location | Closest ER | Closest Hospital | Network Urgent Care | Other LTC w/ beds |
| Dialysis Center | No Admin Location | Closest ER | Closest Hospital | Closes Hospital | Closest LTC |

* **Disaster Alternate Care Facilities Tools** <http://archive.ahrq.gov/prep/acfselection/dacfrep.htm>
* **Adapting Community Call Centers for Crisis Support** <http://archive.ahrq.gov/prep/callcenters/>
* **Reopening Shuttered Hospitals to Expand Surge Capacity** <http://archive.ahrq.gov/research/shuttered/>
	1. **Critical Infrastructure Emergency POCs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Critical Infrastructure** | **Service Area(s)** | **SHA/LHD****HCC/HCO Liaison** | **Contact Information** |
| **Water** |
| Municipal Water | Frankfurt County | Jane Doe | 1-469-111-0000 |
| **Energy** |
| Electric & Gas Company |  |  |  |
| **Information Technology** |
| Internet Provider |  |  |  |
| Telephone Company |  |  |  |
| VOIP Vendor |  |  |  |
| **Transportation** |
| Allied Bus Company |  |  |  |
| EMS Provider |  |  |  |
| Airport |  |  |  |

* 1. **Supply Chain Matrix**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vendor Item** | **Hospital A** | **Hospital B** | **LTC Facility** | **LHD** |
| **Food & Water** |
| Potable Water | Wal-Mart | Crystal Geyser | Nestle | PolandSprings |
| Food Item 1 |  |  |  |  |
| **Meds/Supplies** |
| Oxygen Portable |  |  |  |  |
| Blood Supplier |  |  |  |  |
| Medicine 1 |  |  |  |  |
| Medicine 2 |  |  |  |  |
| Medicine 3 |  |  |  |  |
| **Utility Needs** |
| Bulk Oxygen |  |  |  |  |
|  **Vendor Item** | **Hospital A Hospital B** | **LTC Facility LHD** |
| Generator Fuel |  |  |  |  |
| Industrial Water |  |  |  |  |
| Portable Restrooms |  |  |  |  |
| Back-up Generator |  |  |  |  |
| Heating Fuel |  |  |  |  |
| Plumbing Services |  |  |  |  |
| Electrical Services |  |  |  |  |
| **Ops Support** |
| Laundry Services |  |  |  |  |
| Staffing (Medical) |  |  |  |  |
| Staffing (Non-Med) |  |  |  |  |
| Morgue Services |  |  |  |  |
| Medical Waste |  |  |  |  |
| Hazardous Waste |  |  |  |  |
| Alternate Care Sites |  |  |  |  |
| Ham RadioOperators |  |  |  |  |
| Child/Dependent Care |  |  |  |  |
| Pet Care |  |  |  |  |
| **Transportation** |
| Ambulance 1 |  |  |  |  |
| Ambulance 2 |  |  |  |  |
| Air Ambulance 1 |  |  |  |  |
| Non-Med Transportation |  |  |  |  |

**D.4.1 Supply Chain Points of Contact**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vendor Name** | **Primary Contact** | **Secondary Contact** | **Supplies** | **SatellitePhone** |
| Cardinal Health | John Smith Ph/Email | Jane Johnson Ph/Email | Medical Supplies |  |
|  |  |  |  |  |

* 1. **MOU’s/MAA’s with Partners**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agreement** | **Format** | **Function** | **Tier** | **Parties to****Agreement** |
|  |  |  |  |  |
|  |  |  |  |  |

**Appendix E: Glossary and Common Terminology**

|  |
| --- |
| **Item/Acronym Definition** |
| ARF | Action Request Forms |
| AAR | After Action Report |
| ASPR | Assistant Secretary for Preparedness and Response |
| CGC | Continuity Guidance Circular |
| CONOPS | Concept of Operations |
| COOP | Continuity of Operations Program |
| COP | Common Operating Picture |
| CS | Central Supply |
| DHS | Department of Homeland Security |
| DOC | Department of Commerce |
| DOD | Department of Defense |
| DOI | Department of the Interior |
| EMS | Emergency Medical Services |
| ESA | Essential Supporting Activities (ESA). |
| ESF | Emergency Support Function |
| FDRC | Federal Disaster Recovery Coordinator |
| FEMA | Federal Emergency Management Agency |
| HCC | Healthcare Coalition |
| HCO | Healthcare Organization |
| HHS | Department of Health and Human Services |
| HIT | Health Information Technology |
| HPP | Hospital Preparedness Program |
| HR | Human Resources |
| HSEEP | Homeland Security Exercise and Evaluation Program |
| HSPD | Homeland Security Presidential Directive |
| HUD | Department of Housing and Urban Development |
| IRCT | Incident Response Coordination Team |
| LDRM | Local Disaster Recovery Manager |
| LHD | Local Health Department |
| L/RHD | Local/Regional Health Departments |
| MAA | Mutual Aid Agreement |
| MEF | Mission Essential Functions |
| MOU | Memorandum of Understanding |
| NDRF | National Disaster Recovery Framework |
| NSPD | National Security Presidential Directive |
| PCU | Patient Care Unit |
| PMEF | Primary Mission Essential Function |
| POC | Point of Contact |
| RSF | Recovery Support Functions |
| SDRC | State Disaster Recovery Coordinator |
| SHA | State Health Authority |
| SitReps | Situation Reports |
| TDRC | Tribal Disaster Recovery Coordinator |
| USACE | United States Army Corps of Engineers |
| VOAD | Voluntary Organizations Active in Disaster |