

NORTHEAST FLORIDA HEALTHCARE COALITION  
**CONTINUITY OF HEALTHCARE  
OPERATIONS PLAN**



Northeast Florida  
**Healthcare**  
C O A L I T I O N  
**For Disaster Preparedness**

*Achieve a health and medical system that  
is efficient and resilient in an emergency.*

2015

**Plan Adoption and Distribution**

The Continuity of Healthcare Operations Plan (CONHOP) is developed by the Northeast Florida Healthcare Coalition (NEFLHCC) in accordance with the *Healthcare Preparedness Capabilities, National Guidance for Healthcare System Preparedness*, (HPC), January 2012; U.S. Department of Health and Human Services, Assistance Secretary for Preparedness and Response, Hospital Preparedness Program. Specific elements associated with this plan are described in the HPC under Capability 1, Functions 2 and 3, and Capability 2, Function 1.

Approval and adoption of this plan by the Executive Board of the Northeast Florida Healthcare Coalition is indicated by the signature documented below. Upon adoption, this plan shall be distributed and/or made available to the Executive Board and member organizations of the NEFLHCC. The Record of Changes table provides the plan maintenance history of all reviews, revisions, and updates to this plan.

**APPROVED AND ADOPTED:**

December 16, 2015  
(Date)

Leigh Wilsey, Chair, NEFLHCC Executive Board  
Printed Name and Title

[Signature on file]  
Signature

**Record of Changes**

Initiated by	Action(s) Taken (Review, revision, and/or update)	Date Approved

## I. Purpose

The Northeast Florida Healthcare Coalition (NEFLHCC) Continuity of Healthcare Operations Plan (CONHOP) is consistent with the overarching Strategic Plan, and is an annex to the Coalition's operational coordination plans developed by the Coalition. The CONHOP addresses short- and long-term support of essential and prioritized healthcare assets in the six-county region of Baker, Clay, Duval, Flagler, Nassau and St. Johns counties, and outlines the general processes to support the continuation of healthcare Mission Essential Functions in this region.

## II. Applicability and Scope

This plan applies to the member agencies of the Northeast Florida Healthcare Coalition, as notified during a public health event or other emergency, threat, or impact to the health and medical system in the NEFLHCC region. Business continuity, as it relates to the administrative and financial management of the NEFLHCC, is not included within the scope of this plan, but is ensured through the Continuity of Operations Plan (COOP) of the Coalition's fiscal agent, Northeast Florida Regional Council.

## III. Authorities and References

Legal authorities and references for various aspects of this plan include:

- Federal
  - National Security Presidential Directive 51
  - Homeland Security Presidential Directive 20
  - National Continuity Policy Implementation Plan
  - Federal Continuity Documents 1 and 2
  - Continuity Guidance Circular (CGC)s 1 and 2
  - Title 42 Code of Federal Regulations (CFR), Chapter IV, Subchapter G, Part 494.100 (c)(vii) - Requirements for Dialysis Centers
- State
  - Chapter 252, Florida Statutes – Emergency Management Act
  - Chapter 395.1055, F.S. – Hospital Licensing and Regulation
  - Chapter 381, F.S. - Florida Community Health Protection Act
  - Chapter 400, F.S. – Health Care Clinic Act
  - Chapter 401, F.S. – Medical Telecommunications and Transportation Act (Emergency Medical Services)
  - Chapter 406 – Medical Examiners Act
  - Chapter 408, F.S. – Health Care Administration Act
  - Florida Administrative Code - Emergency Planning Criteria for health and medical facilities and providers
    - Chapter 58A-6, F.A.C. - Adult Day Care Centers

- Chapter 59A-5, F.A.C. - Ambulatory Surgery Centers
  - Chapter 58A-5, F.A.C. - Assisted Living Facilities
  - Chapter 59A-8, F.A.C. - Home Health Agencies
  - Chapter 59A-25, F.A.C. - Home Medical Equipment Providers
  - Chapter 58A-2, F.A.C. – Home Hospice
  - Chapter 59A-3, F.A.C. - Hospitals
  - Chapter 59A-18, F.A.C. - Nurse Registries
  - Chapter 59A-4, F.A.C. - Nursing Homes
- Florida Agency for Health Care Administration - responsible for the licensure and regulation of Florida's health facilities. The Bureau of Health Facility Regulation oversees compliance with emergency planning requirements. The Office of Plans and Construction is the bureau responsible for reviewing the plans and surveying the construction of all hospitals, nursing homes and licensed ambulatory surgery centers in Florida to ensure the continuity of care required for the state's citizens.

#### IV. Situation and Assumptions

1. The CONHOP may be activated to coordinate impacts or potential impacts to the healthcare system in the NEFLHCC region.
2. The plan is applicable to all hazards, addressing the full spectrum of threats from natural, technological, and human-caused sources, including national security emergencies.
2. The NEFLHCC mission is to support healthcare system pre-disaster activities such as preparedness and resilience measures with community partners, which may include planning, training and exercises related to continuity planning for essential healthcare functions.
3. A regional Community Vulnerability (risk) Assessment (CVA) has been performed for the NEFLHCC. Hazard priorities, and capability and resource proficiencies and gaps identified in the CVA are applicable to continuity planning.
4. Capability planning targets for continuity of healthcare operations include healthcare system preparedness, and disaster planning, resources, and recovery. *Recovery of the healthcare system is a continuity planning priority, and will be addressed in additional detail with future development of a Coalition Recovery Coordination Plan.*
5. Continuity of healthcare delivery addresses coordination of all services and facilities that provide for active medical care/treatment to patients, in

addition to individuals identified with special medical needs, or other at-risk conditions.

6. In all Coalition member counties, the Florida Department of Health county-level agencies are the lead agency for health and medical functions (Emergency Support Function- 8) and are required to develop, maintain and test continuity of operations plans for critical response and recovery actions related to essential health and medical functions. In addition, emergency management, emergency medical services and hospitals are all required to either develop stand-alone continuity of operations plans, or are participants in continuity planning as integrated into other response and recovery plans. Florida law also requires nine different types of healthcare agencies/providers to maintain emergency plans that address continuity issues (see **Section III: Authorities and References**).
7. Agency-specific continuity of operations plans address roles and responsibilities, concept of operations, orders of succession, delegations of authorities, alternate facilities, essential functions, vital records and data, communications, logistics and resources, and processes to maintain operations for up to 30 days.

## V. NEFLHCC Roles and Responsibilities

The NEFLHCC member organizations' continuity of operations plans describe specific roles and responsibilities for each organization to maintain mission essential functions during an incident that potentially compromises its ability to provide health and medical services without disruption.

**Participating disciplines** in the initial NEFLHCC continuity planning process include:

- Public health
- Emergency management
- Emergency medical services
- Hospitals
- Laboratories
- Long-term healthcare facilities

Health and medical executives and clinical and business leaders were engaged in the planning process through their designated representatives.

The collaborative planning process identified the NEFLCC roles and responsibilities in relation to continuity of healthcare operations, as described in **Table 1**.

**Table 1: NEFLHCC Roles and Responsibilities, by Emergency Phase**

<b>Emergency Phase</b>	<b>NEFLHCC Continuity Roles/Responsibilities</b>
<b>Preparedness/Prevention</b>	<ul style="list-style-type: none"> <li>• Planning coordination with member organizations (communications, patient tracking, resource coordination, etc.)</li> <li>• NEFLHCC CONHOP development</li> <li>• Continuity Training Provider</li> <li>• Continuity Exercise Provider</li> <li>• Healthcare System Risk Assessment for potential threats and hazards</li> <li>• Resource planning (health and medical providers, vendors for medical equipment and supplies)</li> <li>• Monitoring Healthcare System status (epidemiology)</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Coordination</li> <li>• Information Sharing</li> <li>• Resource Support</li> </ul>
<b>Recovery</b>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Coordination</li> <li>• Information Sharing</li> <li>• Resource Support</li> <li>• Post-Disaster Needs Assessment of Healthcare System (continuity of care, critical infrastructure restoration, and short- and long-term recovery issues)</li> </ul>
<b>Mitigation</b>	<ul style="list-style-type: none"> <li>• Collaboration with member jurisdictions for health and medical risk assessment and mitigation planning</li> <li>• Collaboration with member jurisdictions to identify potential mitigation projects and funding sources related to the healthcare system</li> </ul>

In the event of a disaster having major impact in a NEFLHCC county, back-up roles and responsibilities for HCC multiagency coordination will be considered. The Executive Board may identify a situation in which NEFLHCC responsibilities for response (communication, coordination, information sharing and resource support) will be handed-off to the Coalition’s Fiscal Agent, Northeast Florida Regional Council (NEFRC). In such an event, NEFRC personnel or designated staff may perform these tasks as directed by the NEFLHCC Executive Board.

**Hand-off protocols** include:

1. A health or medical situation, emergency or threat has been identified in one or more NEFLHCC counties.
2. The majority of officers of the NEFLHCC Executive Board vote to transfer NEFLHCC responsibilities to the NEFRC for a designated period of time. Responsibilities (i.e. communications, information sharing, coordination, etc.) to be transferred will be specified in writing.
3. A written *Transfer of Responsibilities* notification will be submitted to the NEFRC and disseminated to all NEFLHCC member organizations.

4. Upon determination by the majority of the NEFLHCC Executive Board that responsibilities may be resumed, a written *Rescinding of Transfer of Responsibilities* notification will be submitted by the NEFLHCC to the NEFRC and disseminated to all NEFLHCC member organizations.

**VI. Concept of Operations**

For the purpose of operational planning, response and recovery **priorities** established by NEFLHCC are:

1. Life, safety and health
2. Property protection
3. Environmental protection
4. Restoration of essential utilities
5. Restoration of essential program functions
6. Coordination among stakeholders

**A. Mission Essential Functions**

Mission essential functions (MEFs) have been determined for each County Public Health Agency having the lead responsibility for ESF 8 and are described in the agency Continuity of Operations Plans (COOPs). For the purpose of coordination of continuity of the healthcare system in the Coalition’s region, the NEFLHCC has identified the MEFs described below as critical to support the regional healthcare system. **Table 2** describes each MEF and links the public health special resources that are vital to the delivery of essential healthcare services. All resources are requested, acquired, managed and demobilized through the County Public Health Agency or ESF 8 at the County Emergency Operations Center (if activated). All resources are coordinated by the requesting agency or jurisdiction. Specific information related to the resource request process is described in the *NEFLHCC Resource Coordination Plan*.

**Table 2: NEFLHCC Mission Essential Functions and Supporting Resources**

<i>Mission Essential Function (MEF)</i>	<i>MEF Description</i>	<i>Resource Type</i>	<i>Source</i>
<u>Healthcare Service Delivery</u>	Support the provision of health care continuity provided in all inpatient and outpatient environments	Credentialed Personnel and Volunteers; equipment; supplies; self-contained healthcare delivery systems	Multi-agency and multi-jurisdiction agreements; Nurse Registries; MRC;* SMAA**; EMAC***; National assets

<u>Access to Healthcare Workforce</u>	Maintain the ability to deploy a credentialed health workforce to provide patient care to support healthcare service delivery in all environments.	Credentialed personnel	Multi-agency and multi-jurisdiction agreements; Nurse registries; MRC; SMAA; EMAC; National assets
<u>Community/Facility Critical Infrastructure</u>	<i>Support fully operational critical community/facility infrastructure including power, water, security, and sanitation, etc., to support patient care environments</i>	<i>[NEFLHCC role is information sharing only - All resources for this MEF are coordinated by jurisdictions' Emergency Operations Centers]</i>	<i>County-level ESF 8</i>
<u>Access to Healthcare Supply Chain</u>	<i>Enhance full access to the healthcare supply chain including medical and non-medical supplies, pharmaceuticals, blood products, industrial fuels, and medical gases, etc.</i>	<i>[NEFLHCC role is information sharing only - All resources for this MEF are coordinated by jurisdictions' Emergency Operations Centers]</i>	<i>County-level ESF 8</i>
<u>Access to Medical/Non-Medical Transportation System</u>	<i>Support a fully functional medical and non-medical transportation system that can meet the operational needs of the healthcare sector during the response and continuity phases of an event</i>	<i>[NEFLHCC role is information sharing only - All resources for this MEF are coordinated by jurisdictions' Emergency Operations Centers]</i>	<i>County-level ESF 8</i>
<u>Healthcare Information Systems/Communications</u>	<i>Support fully functional information technology and communication infrastructure that supports high availability of the healthcare sector's data management and information sharing capability</i>	<i>[NEFLHCC role is coordination and information sharing only - All resources for this MEF are coordinated by jurisdictions' Emergency Operations Centers]</i>	<i>County-level ESF 8</i>

<p><u>Healthcare Administration/Finance</u></p>	<p>Assist healthcare facilities implement fully operational administrative and financial capability include maintain and updating patient records, adapting to disaster recovery program requirements, payroll continuity, supply chain financing, claims submission, and losses covered by insurance and legal issues</p>	<p>Qualified trainers for continuity planning; <i>[Additional NEFLHCC role is information sharing - All resources for this MEF are coordinated by jurisdictions' Emergency Operations Centers]</i></p>	<p>Trainers - Emergency management, public health, hospitals and other agencies and organizations; <i>County-level ESF 8</i></p>
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\* Medical Reserve Corps

\*\* Statewide Mutual Aid Agreement and other Florida discipline-specific agreements

\*\*\*Emergency Management Assistance Compact

**B. NEFLHCC Assistance to Healthcare Facilities**

The jurisdiction in which a healthcare facility resides is the responsible entity to assess, review and/or approve facility-based emergency plans, including continuity of operations. The responsible agency for plan review/approval determines at the time of plan review whether a facility plan is viable and if it might require additional assistance or support to implement the emergency plan. All healthcare facility emergency plans are required to address adequate resources (including communications, equipment/supplies, transportation and personnel) to support the plan; however, assistance from the jurisdiction, including moving operations or evacuation, might be required if region-wide operations are underway. If any healthcare facility continuity of operations plan (COOP) is activated, the jurisdiction in which the facility resides is the responsible entity to assess the capability to carry out the plan and consider essential functions and resources that might be required for support to the facility. Coordination with healthcare facilities is conducted through Public Health or ESF 8, if activated.

The NEFLHCC role in this type of event is to coordinate with the Florida Department of Health Regional Emergency Response Advisor (RERA) to support communications, information sharing, and coordination of resources, if requested.

### C. Post-Disaster Needs Assessment

All NEFLHCC member jurisdictions have plans and procedures in place to perform initial impact and preliminary damage assessment to determine the immediate needs of the healthcare system. Jurisdictional plans establish priorities for restoration of essential services and facilities. The needs identified for the healthcare system assessment process are compiled by the jurisdiction and submitted by the County ESF 8 to ESF 8 at the State of Florida Emergency Operations Center. The RERA is the point of coordination for the fourteen-county Region 3 geographical area and may request that the NEFLHCC assist with disseminating information related to resource status and needs. The NEFLHCC designated representative will assist as requested by the RERA

The NEFLHCC roles in **post-disaster needs assessments** is to coordinate with the Florida Department of Health Regional Emergency Response Advisor (RERA) to assist with information sharing to support continuity, and coordination of resources, if requested.

### VII. Resource Coordination for Healthcare Continuity

All Public Health services and resources, including epidemiology services, laboratory support, surveillance guidance, special needs shelter support, and others, are coordinated by each jurisdiction within the county-level Public Health Agency or ESF 8, if the County EOC is activated.

All NEFLHCC coordination for healthcare system support and resources will be carried out through the RERA or the individual county-level Public Health Agency or ESF 8, if activated. Resource coordination may include personnel, equipment, medical and non-medical supplies, facilities, and data and information technology. Communications systems and information sharing assistance may also be requested. All information disseminated by the NEFLHCC during an emergency or disaster will be distributed to all member organizations, as well as the Public Health Agency and ESF 8 unit in all member counties, if activated.

### VIII. Plan Activation

In the event of a health and medical situation, emergency or threat having impacted one or more the NEFLHCC counties, or by request from any member county, the Coalition's CONHOP may be activated.

When activating the NEFLHCC CONHOP, the Coalition's Executive Board may designate an individual(s) to represent NEFLHCC in carrying out the functions described in this plan.

**Activation protocols** include:

1. A public health and medical situation, emergency or threat has occurred in at least one (1) of the NEFLHCC member counties.
2. The majority of officers of the NEFLHCC Executive Board vote to activate the NEFLHCC CONHOP for a designated period of time. Mission Essential Functions and priorities to be performed will be identified at the time of activation.
3. A written *Activation of NEFLHCC Continuity of Healthcare Operations Plan* notification will be disseminated to all NEFLHCC member organizations.
4. Upon determination by the majority of the NEFLHCC Executive Board that healthcare system continuity measures are no longer required, a written *Deactivation of the NEFLHCC Continuity of Healthcare Operations Plan* notification will be submitted by the NEFLHCC to all NEFLHCC member organizations.

**IX. Plan Maintenance**

The NEFLHCC Continuity of Healthcare Operations Plan will be reviewed, at a minimum, bi-annually on a schedule determined by the Executive Board. The NEFLHCC Strategic Plan provides additional details of the Coalition's plan development and maintenance process, which includes periodic review, update and revision of all planning documents.