

**State of Louisiana**  
**Department of Health and Hospitals**  
**Office of Public Health**  
**Continuity of Operations Plan**  
**(COOP)**



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**Draft 1**

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# **I. Introduction**

## **Executive Summary**

The State of Louisiana is vulnerable to a variety of hazards that threaten its citizens, communities, businesses, economy, and environment. To assure the Office of Public Health (OPH) can continue to provide its mission essential functions, the Continuity of Operations (COOP) Plan was developed to ensure critical public health supports and services continue during an emergency or disaster in which either personnel or facilities may be compromised, and many employees may have an emergency role.

The OPH oversees essential public health supports and services to Louisiana individuals, families, and businesses. These supports and services must be present to meet community and individual needs. Thus, it is imperative that the delivery of essential public health supports and services experience minimal interruption in all types of emergency situations.

Continuity of Operations Planning provides details on operational guidance in the event a facility is incapacitated and/or a percentage of personnel are unavailable or incapable of performing their essential functions. COOP planning is simply “good business practice” and essential for all reliable and responsible public organizations. Prior to the attacks in the United States of America on September 11, 2001, individual agencies and government departments were responsible for compartmentalized COOP planning, content, and format.

The changing nature of emergencies has highlighted the need for systematic COOP planning that sustains the organization’s ability to implement COOP procedures across a broad range of emergent situations. Louisiana’s historical disaster situations, such as those associated with Hurricanes Katrina and Rita, emphasize the need for planning for continuity of essential public health supports and services. In addition, the ability of OPH to quickly reorganize these essential public health supports and services within the context of a seamless transportable service delivery system that meets changing needs is an expansion of daily services provided to Louisianans.

This document reflects federal recommendations for improving planning for staffing resources, guidance such as that found in preparedness documentation, and the Federal Emergency Management Agency’s COOP Self-Assessment Tool.

## **Plan Content Overview**

Continuity of Operations (COOP) Planning is imperative for all state and local government agencies and mandated by Federal and Presidential directives. COOP Planning is the effort to ensure the continued performance of essential daily government functions while facilities or personnel may be reduced due to involvement in a wide range of potential emergencies. It differs from traditional disaster preparedness by focusing on a plan for continuation of essential agency functions during the disaster. The COOP plan affects all entities under the jurisdiction of the Office of Public Health.

The COOP Plan contains seven basic elements:

1. Essential functions
2. Delegation of Authority
3. Orders of Succession
4. Alternate Facilities (if needed)
5. Interoperable Communications
6. Vital records, systems, and equipment
7. Human Capital Management

Implementation of the COOP Plan occurs in three phases:

1. Activation and relocation
2. Alternate facility operations
3. Reconstitution

According to federal requirements, the COOP Plan should meet the following characteristics:

1. Capable of being maintained at a high level of readiness
2. Capable of implementation with or without warning
3. Able to achieve operational status no later than 12 hours after activation
4. Able to sustain operations for at least 14 days
5. Takes maximum advantage of existing department or jurisdiction field infrastructures

In order to maintain structure as well as parallel functionality required in the continuity of governments, the DHH OPH COOP Plan follows the guidance within the National Response Framework as well as utilizes best practices of other state plans. In addition to the federal requirements surrounding operations, the DHH OPH COOP Plan is compatible with the State of Louisiana Emergency Operations Plan.

## **Purpose**

The OPH COOP Plan establishes policy and guidance to ensure the execution of the State of Louisiana Department of Health and Hospitals Office of Public Health's mission and essential functions in the event that mission services are threatened or incapacitated, and/or the relocation of selected OPH personnel and functions is required. Key components and essential functions have been identified using, in part, the Federal Continuity Directive 1. Specifically, this COOP Plan is designed to address the following, listed in prioritized order:

- Ensure that OPH is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated by identifying prioritized essential functions and a process of transfer to a devolution site, if necessary;
- Ensure that OPH is prepared to respond to emergencies, mitigate against their impacts and recover from them by annually reviewing this plan, inclusive of organization points-of-contact and maintaining appropriate training documentation;

- Provide a means of information coordination to ensure uninterrupted communications to the Regional Offices, Programs, contractors, clients and businesses by listing necessary resources to perform essential functions as well as processes by which communications may occur;
- Establish and enact time-phased implementation procedures to activate various components of the COOP Plan to provide sufficient operational capabilities relative to the event or threat thereof;
- Facilitate the return of the OPH to normal operating conditions as soon as practical based on circumstances and the threat environment; and
- Ensure that this plan and other constituent plans are viable and operational, and compatible with the State of Louisiana's emergency management plans.

### **Applicability and Scope**

The OPH is the entity designated by the Department of Health and Hospitals to provide essential public health services to the community. Additionally, the OPH is a support agency to two (2) emergency support functions (ESF 8 & ESF 1) in Louisiana's emergency management plan. The OPH will support state and federal efforts in the event of a major or catastrophic disaster. As an example, the OPH is the lead agency during a displacement event for establishing and operating Medical Special Medical Needs Shelters (MSNS). While this activity is not part of everyday operations, it does require considerable OPH personnel and resources, potentially complicating OPH's ability to continue those essential public health service operations.

The OPH takes the following action during the three phases of a disaster: **Activation and Relocation, Alternate Facility Operations, and Reconstitution.**

**Activation and Relocation** efforts include:

- The initial 12-hour period following activation of the COOP plan, which begins with the establishment of the COOP team with explicit instructions of where to report and when.
- Activates plans, procedures, and schedules to transfer essential functions, personnel, records and equipment to the alternate facility or to the COOP team at an existing facility (as in the case of a pandemic);
- Notify appropriate offices and agencies of COOP activation;
- Begins the process to provide information concerning essential public health functions and how to access them during a disaster to the public, Regional Offices, and other consumers;
- Coordinating information and instructions to the public.

**Alternate Facility Operations** efforts include maintenance of the above efforts along with:

- The actual movement of essential functions, personnel, records, and equipment to the alternate operating facility

- Usually encompasses the period of 12-hours to 14-days after COOP activation
- COOP activation is facilitated by a prepared and trained COOP team a reception area and processing for COOP team members, coordinated management of scheduling, staffing, assignments, and an accountability system for all personnel;
- Essential public health services are conducted from the alternate facility (or regular facility with the COOP team) following written predetermined procedures;
- Procedures include written instructions for communications, command and control, activation of plans, schedules, activities, personnel, records, and equipment; Tasks include the execution of the COOP plan to restart essential public health services; assignment of responsibilities to key staff, augmentation of staff if inadequate, accountability for staff, and eventual development of plans and schedules for reconstitution (return to normal function);

**Reconstitution** efforts include:

- The process by which personnel resume normal operations from the original or replacement primary facility;
- It is conducted after the emergency or disruption ceases and unlikely to resume;
- Reconstitution involves the actual transfer of materials, personnel, supplies, and equipment to the original facility, a new permanent facility, or the resumption of normal personnel/staffing/management and function at any facility;

The OPH COOP Plan is applicable to a wide range of potential emergencies or threats with the origin being natural, man-made, or accidental. This includes, but is not limited to: natural disasters (hurricane, fire, flood, winter weather event), pandemic influenza, accidents, technological failures, workplace violence, and emergencies related to foreign or domestic acts of aggression. Some of these hazards may produce emergencies that impact a small area or a single agency, while others may result in a more severe and widespread emergency. Nearly any office of OPH could be affected by the following hazards: coastal storms, hurricanes, floods, tornadoes, workplace violence, and various biological, chemical, or nuclear events. Any of these triggers may activate this OPH COOP Plan or parts thereof.

### **Essential Functions and Responsibilities**

The Office of Public Health's mission is to enhance the quality of life in Louisiana by providing the information necessary for individuals to assume responsibility for their own health and by assuring the availability of basic public health care services for those in need.

The Office of Public Health's prioritized essential functions during COOP devolution will continue to support the following:

- Provision of leadership for the prevention and control of disease, injury, and disability in the State;
- Provision of essential public health services;



- Promotion of health through education that emphasizes the importance of individual responsibility for health and wellness;
- Enforcement of regulations that protect the environment and to investigate health hazards in the community; and
- Collection and distribution of information vital to informed decision-making on matters related to individual, community and environmental health.

The mission and essential functions of the OPH are carried out via Five Centers of Excellence:

- **Center for Community Health**
- **Center for Preventive Health**
- **Center for Community Preparedness**
- **Center for Environmental Health**
- **Center for Records and Statistics**

**Essential functions are prioritized** by each OPH Program, and are activated by the COOP team. Appendix A provides the organizational chart for OPH. Appendix B further details and defines the essential functions as defined by public health programs. This Annex also addresses each programmatic routine operation/function that is essential to continue or will or will not be suspended or discontinued as a result of the essential function prioritization during a disaster. These non-essential functions are deferred as authorized in this COOP by the Assistant Secretary of Health or the State Health Officer in order to focus on the imminent emergency health needs of Louisiana. (See section on Reconstitution regarding specifics on the termination process for the COOP and orderly return to normal business.)

As a result of real-world recent events, extensive information is also detailed in this COOP Plan regarding pandemic specific operations. As such, Appendix B also identifies what routine public health functions can be temporarily suspended and what essential functions would be able to continue with considerations of 20-30-50 percent absenteeism.

The OPH COOP will be reviewed and updated annually, reflecting the changes in department and emergency management procedures. This COOP outlines actions to be taken to secure its own facilities and personnel; relocate to an alternate facility, if necessary; and return as quickly as possible to meeting the needs of persons receiving supports and services. The OPH COOP is based on guidelines provided by the Department of Health and Hospitals (DHH) as well as federal guidance previously cited.

## **II. Concept of Operations**

The objective of this Continuity of Operations (COOP) Plan is to ensure a viable capability exists to continue essential agency functions when the Plan is activated, specifically when a facility is either threatened or inaccessible or to provide a flexible and scalable response when disaster strikes.

### **Objectives**

The specific objectives include:

- Ensure the continuous performance of the Agency's essential functions and operations during an emergency;
- Protect essential facilities, equipment, records, and other assets;
- Reduce disruptions to operations;
- Provide for a time-phased implementation of the COOP to mitigate the effects of the emergency and shorten the crisis response time;
- Identify and designate principals and support staff to be assigned or relocated;
- Facilitate decision-making for execution of the COOP and the subsequent conduct of operations; and
- Achieve a timely and orderly recovery from the emergency and resumption of all agency services.

### **Assumptions**

1. Emergencies or threatened emergencies can adversely impact the agency's ability to continue public health essential functions and services, either through disruption of personnel or facilities or both.
2. Emergencies and threatened emergencies differ in priority and impact.
3. Agency and non-agency personnel and resources located outside the area affected by the emergency or threat will be available as necessary to continue essential functions.

### **Order of Succession**

In the event that the person occupying the following key positions is not present or is disabled, the authority and responsibility to activate the *Emergency Operations Plan* shall follow this chain of succession:

*Essential Function: Administrative*

Key Position	Successor 1	Successor 2	Successor 3
Assistant Secretary, OPH	Medical Director, OPH	Asst. Center Director, Center for Preventive Health	Deputy Asst. Secretary, Center for Environmental Health
Medical Director, OPH	Medical Director, Region 1	Medical Director, Region 2	Medical Director, Region 9
Chief Nurse, Nursing Services	Assistant Chief Nurse	Nurse Consultant, Women's Health	Nurse Consultant, Continuing Education
Deputy Asst. Secretary, Center for Community Health	Assistant Center Director	Chief Nurse, Nursing Services	Regional Administrator, Region 1
Deputy Asst. Secretary, Center for Environmental Health	Officer, Sanitarian Services	Manager, Environ Health Sciences	Medical Entomologist, Center for Environs
Deputy Asst., Center for Community Preparedness	Asst. Center Director, Center for Community Preparedness	Program Manager, Logistics	Program Manager, Pandemic Flu
Deputy Asst., Center for Preventive Health	Director, MCH	Director, HIV/ AIDS	Asst. Center Director, Center for Preventive Health
State Registrar, Vital Records	Deputy State Registrar	Program Manager Supervisor, Vital Records	Admin Director 2, Vital Records
Director, Human Resources	Class and Pay/ PPR Mgr, Human Resources	Admin. Coordinator 4, Human Resources	Manager, Employee Administration

*Essential Function: Communications*

Key Position	Successor 1	Successor 2	Successor 3
Director, DHH Communications	Public Information Officer 1	Public Information Officer 2	Program Manager, Communications

*Essential Function: Finance/ Fiscal Management*

Key Position	Successor 1	Successor 2	Successor 3
Budget Director	Administrative Director	Budget Manager	Budget Analyst
Administrator, Fiscal Management	Asst. Administrator, Fiscal Management	Payment, Management, Fiscal Mgmt	Appropriation Control, Fiscal Mgmt

*Essential Function: Logistics*

Key Position	Successor 1	Successor 2	Successor 3
Director, Operations & Support	Property Control/ Surplus Officer	Property Control/ Tagging Officer	Officer, Pool Vehicles

### *Regional Orders of Succession*

Key Position	Successor 1	Successor 2	Successor 3
Regional Administrator	Regional Admin. Mgr	Regional Medical Director	Regional Nurse Manager
Regional Medical Director	Regional Medical Director, Adjacent Region	Medical Consultant, STD/ HIV	Medical Director, OPH
Regional Nurse Manager	Asst. Nurse Manager	CQI Nurse, Region	Nursing Supervisor, Health Unit

In the unlikely emergency circumstance whereby the Assistant Secretary and the designees should all be unable or available to discharge the above mentioned responsibilities, and the Assistant Secretary for OPH cannot be reached within a reasonable period of time to name an acting Assistant Secretary, the remaining Deputy Assistants for the Centers shall convene to elect a person for temporary service to discharge the necessary duties of the Assistant Secretary in the interim period until the return of the Assistant Secretary or the above mentioned designees. Decisions made by the Deputy Assistants shall be in writing and shall be distributed to all Central Office, Program Managers, and Regional Administrators.

### **Delegations of Authority**

It is assumed that all authorities routinely associated with each position remain the same for each OPH position during the emergent situation. OPH has taken into account needed policy and decision making authorities in determining the essential functions and personnel needed in each area. When a succession occurs, the duties and authorities of the position are transferred to the incoming appointee, as the authority rests in the role being assumed.

Some specific needed delegations cannot be anticipated in advance and may change based on the context of each emergent situation. Any modifications or new delegations of authority needed in a given emergent situation will be authorized as needed during the emergency. It is possible that in certain extreme emergent conditions delegation of authority may need to be assumed if communication with the normal point of authority is disrupted for significant amounts of time and waiting would result in direct harm to individuals in need of supports and services (i.e., budgetary approval for purchasing needed food or emergency supplies). In this instance, the authority may be exercised and the appropriate persons notified once communication is re-established.

### **Alternate Facility Locations**

If required by the circumstance, the determination of which ARF is activated will be made by the Assistant Secretary of Health and will be based on the incident or threat. The ARF will be capable of supporting the OPH operations. The pre-approved ARF designations are available in Appendix C.

### **Triggers to Devolution**

Whatever the source of incident or threat, the COOP Plan will be executed by the appropriate authority when necessary in response to a full-range of disasters and emergencies to include natural disasters, terrorist threats and incidents, and technological disruptions and failures.

### **Activation**

Upon receiving notification that a disaster has occurred or is about to occur, the OPH will respond in accordance with the COOP. The Assistant Secretary in consultation with the State Health Officer and advisors will determine whether COOP activation is necessary, and will oversee the activation of any portion of the COOP.

### *Decision Process*

Decisions to implement portions of the COOP will be made using these guidelines.

<b>Class/Level of Emergency</b>	<b>Impact on Agency</b>
I	<ul style="list-style-type: none"><li>• Disruption of up to 12 hours, with little effect on services or impact to essential functions or critical systems and no loss of staff.</li><li>• Limited COOP activation (based on need).</li></ul>
II	<ul style="list-style-type: none"><li>• Disruption of 12-72 hours, with minor impact on essential functions and no loss of staff.</li><li>• Limited COOP activation (based on need).</li></ul>
III	<ul style="list-style-type: none"><li>• Disruption to one to two essential functions or to a vital system and/or loss of small numbers of staff for no more than three days.</li><li>• May require movement of some personnel to an alternate work site or location in the primary facility for less than a week.</li></ul>
IV	<ul style="list-style-type: none"><li>• Disruption to one to two essential functions or to the entire agency (with possible loss of some staff) with potential of lasting for more than three days but less than fourteen days.</li><li>• May require activation of orders of succession for some key personnel.</li><li>• May require movement of some personnel to an alternate work site or location in the primary facility for more than a week.</li></ul>
V	<ul style="list-style-type: none"><li>• Disruption to the entire agency and/or reduction in staff by 40-50% with the potential for lasting at least fourteen days.</li><li>• Requires activation of orders of succession for some key personnel.</li></ul>

	<ul style="list-style-type: none"> <li>Requires movement of many, if not all personnel, to an alternate work site for more than fourteen days.</li> </ul>
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### *COOP Activation Scenarios*

Emergencies or potential emergencies may affect the ability of the OPH to perform its mission essential functions from the Bienville and L&A Offices.

- The OPH is closed to normal business activities as a result of an event (whether or not originating in the Bienville/L&A buildings) or credible threats of action, precluding access to or use of the building and the surrounding area.
- The Baton Rouge and/or New Orleans areas are closed to normal business activities as a result of a widespread utility failure, natural disaster including weather related events, significant hazardous material incident, civil disturbance, or terrorist or military attack(s). Under these scenarios, there could be uncertainty as to whether additional events such as secondary explosions, aftershocks, or cascading utility failures could occur, and OPH will have to activate its COOP.
- The Baton Rouge and/or New Orleans, Louisiana, areas are impacted by a natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military attack(s) such that significant loss of staff is expected for more than three days.
- The State of Louisiana and/or the Country is affected by an infectious disease threat such as pandemic influenza that compromises staff for an extended period of time, along with social disruption significant enough to cause activation of the COOP.

In any of the above scenarios, the Assistant Secretary and/or Successor, in consultation with the DHH, will direct the activation of the COOP with possible relocation to the DHH Emergency Operations Center (EOC) at Bluebonnet in Baton Rouge. The Assistant Secretary or Successor will notify DHH that the OPH is activating its COOP Plan.

### *COOP Activation with Warning*

It is expected that, in most cases, the OPH will receive a warning of at least a few hours prior to an event. This will normally enable the full execution of the COOP with a complete and orderly alert, notification of all OPH staff, and followed by the deployment of the COOP Team to a pre-identified alternate relocation facility.

### *COOP Activation without Warning*

The process becomes less routine and potentially more serious as well as difficult when incidents occur without warning. The ability to execute the COOP following an event that occurs with little or no warning will depend on the severity of the emergency, impact at HQ, and the number of OPH personnel that survive. If deployment of the COOP Team (definition later in this Section) is not feasible as a result of the loss of personnel, temporary leadership of OPH will be passed to DHH.

### **COOP Team**

OPH personnel who are relocated under this Plan to the DHH EOC and/or Alternate Relocation Facility (ARF) are known as the COOP Team. This team could also be sent to a regular location as a group if personnel during an emergency were severely impacted rather than physical locations. This group must be able to continue operations and the performance of mission essential functions for up to 30 days with resource support. The COOP Team is listed in Appendix D.

Since the relocation facility space and support capabilities will be limited, the membership of the COOP Team must be restricted to only those personnel who possess the skills and experience needed for the execution of mission essential functions. All other OPH personnel who are not designated COOP Team members may be directed to remain at or return home pending further instructions, to report to a location to perform emergency functions, or to report to the COOP facility to assist with essential functions. A COOP Plan activation will not, in most circumstances, result in a change of duty location affecting the pay and benefits of either the COOP Team members or other OPH personnel. The COOP Team members will deploy and relocate to a previously identified ARF and establish an operational capability within 12 to 24 hours of activation, and earlier in a “warning” scenario. As noted above, the Advance Team of the COOP Team may deploy to the DHH EOC and/or the Alternate Relocation Facility prior to the full COOP Team, if determined necessary by the Director of the CCP, in consultation with the Assistant Secretary. Advance COOP Team and COOP personnel will utilize the devolution site check-in procedure mentioned later in this Section. This Advance Team is listed as a subset of Appendix D.

Only personnel who are needed for the continuous execution of mission essential functions will be included on individual Division/Section COOP Team rosters.

### *Augmentation Staff*

Any OPH personnel not assigned to the COOP Team or performing emergency management functions are identified as Augmentation Staff. To ensure the continuous performance of mission essential functions, it is imperative to ensure an available augmentation staff roster that can be called upon by the Assistant Secretary when needed. As listed in the Confidential OPH Personnel attachment, anyone not previously designated as a COOP Team member is subject to activation as Augmentation Staff.

### *COOP Team Responsibilities*

Advance Team Responsibilities: In the event that the Advance Team is deployed prior to the rest of the COOP Team members, upon their arrival at the DHH EOC and/or the designated ARF, they will begin providing support for the following functions:

1. Maintain communications the arrival status of team members to the Director of the CCP or ARF Incident Commander who will alert the Assistant Secretary;

2. Prepare the facility for the arrival of the remaining members of the COOP Team to the relocation facility within 12 hours, and; ensuring check-in procedures for the facility/ARF are followed.

COOP Team Responsibilities: As soon as possible, following their arrival at the relocation facility or designated OPH COOP office, the COOP Team will be responsible to:

1. Monitor and assess the status of the situation that required the relocation;
2. Monitor the status of division/section personnel (call down updates and resources needed) and note whether on emergency, COOP, or augmentation status;
3. Continue OPH mission essential functions as established in the COOP;
4. Establish and maintain contact with the DHH and OPH EOC;
5. Plan and schedule relocation site daily operations;
6. Prepare and disseminate daily reports (on situation) as required;
7. Support the Assistant Secretary; and
8. Prepare to report to the restored Bienville (Bossier) and/or L&A (New Orleans) building if necessitated by the emergency situation.

#### *Drive-Away Kits*

Each departmental supervisor is responsible for providing guidance to staff on the requirement for and the contents of these kits, which may contain such items as software, databases, publications, laptop computers, etc. Any special resource requirements for the Division/Section will need to be addressed. It is strongly encouraged that essential items and data be pre-positioned at the ARF instead of being carried in drive-away kits if possible, because COOP Team members may be at home when the order is given for relocation to ARF and access to the kit may be difficult or impossible.

#### *Personal Preparedness*

- a. Personal Items – COOP Team members will bring appropriate personal items and changes of clothing. Casual dress will be appropriate at the Alternate Relocation Facility. All employees should bring identification.
- b. Medical Support – An adequate supply of medicines, hearing-aid batteries, and eyeglasses should be part of the items included in the “personal go-kits.” COOP Team members should ensure that refrigerators are at the ARF for medication needing refrigeration and COOP members remember to bring their health insurance cards.
- c. Special Needs – Each ARF is equipped to provide for special needs in terms of accessibility. Other special needs will be addressed as needed for individual employees.

### **Alert, Notification, and Implementation**

#### *Alert and Notification Procedures*



If the situation allows for warning, staff may be alerted prior to a notification of COOP activation either at an existing facility (such as with pandemic influenza) and/or the possibility of having to relocate to an alternate facility via call-down rosters (land-line and cellular telephones) as well as email communications. The GOHSEP Emergency Operations Plan<sup>i</sup> and the DHH Emergency Preparedness Policy outline the notification procedures to be followed during a health emergency. According to these procedures, the GOHSEP Director (or designee) will notify designated DHH personnel in the event of an emergency, who will (in turn) relay the information to the Regional OPH PIO and IC. These personnel will then notify designated OPH personnel to begin call down procedure and activation of response teams as needed.

Most employees, unless otherwise identified, are trained at new-hire orientation and quarterly safety briefings to await specific instructions and understand emergency response is a core component of job responsibilities. Those employees previously identified to be on the COOP Team should be prepared to start relocation procedures, including where to assemble before relocating to the alternate facility, if necessary. Each department issues specific policies pertaining to their unit of business regarding standby procedures. The Department of Administration Office of Human Resources has issued a policy for general guidance<sup>ii</sup>.

After consultation with DHH, the Assistant Secretary or the designated successors listed in Orders of Succession, will direct the activation of the COOP. The following process will be used for notification of COOP Team staff and key staff.

- During Duty Hours – The direction to activate the COOP will be made by the Assistant Secretary in consultation with DHH. Per the previously cited GOHSEP Emergency Operations Plan, the Director of GOHSEP (or designee) will contact the Secretary of Health or the Assistant Secretary, providing verbal notification to activate the COOP Plan and to initiate the notification procedures as outlined in the communication section of the agency's emergency preparedness procedures. Primary notification will be via email to Department Heads and Program Managers. Secondary notification includes telephone notification (by landline as well as Blackberry device/mobile phone).
- During Non-Duty Hours – The activation process during non-duty hours is the same as above. This includes notification of subordinate staff occurring via the established call back process.

In accordance with the Risk Communication Plan from DHH Bureau of Media and Communications, additional notifications occur to employees as well as the public. This may include information about the activation (impending) of the EOC in Baton Rouge. All well (and not home care giving) employees should report to work in accordance with the Department/Program COOP at the location directed to them by their supervisor.

#### *Deployment and Departure Procedures / Administrative Procedures*

Allowances for partial pre-deployment of any mission essential functions which are critical to operations will be determined by the Assistant Secretary in coordination with the Director of the CCP at the time activation is directed. This determination will be based on the event or the level

of threat. The following actions establish general administrative procedures to allow for travel and transportation to the Alternate Relocation Facility (ARF). Note that these exact same procedures will be followed to direct an Advance COOP team and COOP team to an existing (normal) facility in a situation (such as pandemic influenza) where the COOP has been activated but an ARF is not indicated. Specific instructions will be provided at the time a deployment is ordered.

- a. The Assistant Secretary or designee will direct the deployment of the COOP Team (including the subset Advance Team) to the ARF.
- b. Advance Team members should ensure that they have their official drive-away kits and personal preparedness bags.
- c. The remainder of the COOP Team members will immediately begin deployment to the ARF taking with them their division/section office drive-away kits, if applicable. COOP Team members will use privately owned vehicles for transportation to the designated facility.
- d. During duty-hours, non-essential OPH personnel working from the Bienville and/or L&A buildings at the time of an emergency notification will be directed to await further instructions. At the time of notification, information will be provided on safe routes that should be used to depart the Bienville and/or L&A buildings as well as other appropriate safety precautions. During non-duty hours, non-essential non-COOP Team personnel will remain at their homes pending further instructions.

#### *Transition to Alternate Operations*

After consultation with DHH, the Assistant Secretary will direct the closure of the OPH. Upon decision, the Assistant Secretary will order the cessation of operations for OPH.

- a. The Director of the CCP will notify the Assistant Secretary that the emergency relocation of COOP Advance Team is complete and will provide contact numbers for the group.
- b. The Assistant Secretary will notify DHH of activation of the COOP, relocation and status of activity.
- c. The DHH Bureau of Media and Communications will notify the press, outside customers, vendors, and other critical customers that the OPH has been temporarily relocated.

#### *Site Support Responsibilities*

The Director of the CCP will notify the Regional Administrator and/or the appropriate facility manager of the selected ARF(s). Following notification that relocation has been ordered or is in progress, the facility manager at the ARF will prepare to receive the relocation group(s). This procedure would also be used at a regular facility in the event that the COOP is activated under the circumstance of reduced personnel (such as in a pandemic). The facility manager may direct site personnel to some other duty station in the facility, or may direct site personnel to remain or return home pending further instructions.

#### *Check-in Process at ARF*

All staff that have been designated as COOP personnel will wear their state-issued DHH OPH photo identification badges at all times. The ARF facility manager will have received notification of every person expected to report for devolution duty at the location. These COOP members must present their employee photo identification to the facility manager at the entrance to the devolution site/area. COOP staff may receive an updated Job Action Sheet according to their assigned position for reference and review, which again will not be assigned beyond the scope of abilities. Any materials necessary for this role that were/are pre-positioned, as listed as essential to the critical function, will be distributed at that time.

Each shift will maintain a separate log for work, both on an individual basis (which corresponds to daily situation reports, discussed later in this Section) as well as a team/shift basis. The highest-level authority at the site will designate a member of the COOP team to maintain these logs until the Finance/Administration representative arrives to assume these duties.

#### *Personnel Coordination*

If necessary, the COOP Team will continue transition management of the OPH mission essential functions for up to 90 days at the ARF. When the OPH facility(ies) is(are) restored or a new office building is identified and available, the COOP Team will transition management of mission essential functions from the ARF to the OPH office.

Following activation and deployment of the COOP Team, the Team may request additional augmentation staff at the ARF, if space is available. All requests for augmentation of the COOP Team must be coordinated through the Director of the CCP. During COOP operations, personnel not activated as members of the COOP Team or augmentation staff, will be provided information on their status by receiving a call from their supervisor or by calling in on an information line provided by the OPH (as previously established by Human Resource Processes).

#### *OPH Operations*

Operations of OPH should continue as normally as possible; however, employees will be asked to focus on essential functions and services and not take on special assignments outside of the emergency activation. This constitutes deferring non-essential functions which are already determined by and attached to this COOP Plan. An employee may be asked to work in a different location, for a different supervisor, and doing different tasks associated with the maintenance of essential OPH functions. These duties may be assigned for an extended period, but will not be outside the employees' skill level.

During activation, OPH operations will not be normal and employees will engage in essential OPH operations, performing critical functions and services only and only adding in other functions as directed by their supervisor and as resources and time permit.

Employees will review the various threat level operational procedures for their specific area/Department/Program in order to become aware of and understand devolution procedures.

Employees will also be asked to prepare and maintain a work status report – called a situation report or SITREP – so that at any point in time, should another employee need to step into their work function to perform their duties (such as EOC 24-hour coverage), employees will have an standardized situation report for transitioning duties.

The primary impact of a disaster will be that in which affects those OPH employees who perform critical and essential operations of OPH. It is assumed that absenteeism in a disaster, including chemical incidents or pandemic influenza as well as other events, will increase due to:

- Employee personal illness or incapacitation;
- Employees caring for sick family members;
- Employees under home quarantine or isolation;
- Employees caring for children dismissed from schools; or
- Employees self-quarantining out of safety concerns.

The additional following considerations were included in the development of this plan:

- Impact on the services provided by the OPH;
- Impact on the health and safety of the OPH employees and their families;
- Impact on the health and safety of the residents of Louisiana;
- Impact on the communications and public education necessary for the organizations doing business with the OPH, as well as the citizens of Louisiana, employees of the State of Louisiana and others.

### **Memorandums for OPH Employees**

The Office of Human Resources will develop informative memorandums for dissemination to all OPH employees regarding the duration of alternate operations, payroll issues, time and attendance, duty assignments, and travel authorizations and reimbursements. The Assistant Secretary will approve these memorandums and the Office of Human Resources will then distribute the document to the relocated personnel and non-essential staff through appropriate media and other available sources.

### **Devolution**

The identification of essential functions and needed staff should address any significant depletion of OPH staff. In the event that an emergent situation renders all leadership staff (noted in the orders of succession) unavailable or incapacitated in some other manner, administration of the OPH supports and services will need to be divided between public residential services and community services. It is assumed that if all leadership is affected in this manner that the crisis has had a significantly broad impact as to have affected adjacent regions of the State and possibly other states.

Given this assumption, a focus was on the central and northern portions of the state to establish a “safe” command center. If the Northern part of the State was affected, the current locations in Baton Rouge and New Orleans could be used.

- Administrative duties will shift to the DHH EOC at Bluebonnet, Baton Rouge, Louisiana.
- The DHH EOC Incident Commander will be the point of contact for all support and operation functions for public health services.
- The unaffected Regional Administrators/Regional Medical Directors will need to be a point of contact for all support and operation functions for other regional offices.
- Current staff at each region and health unit will have the knowledge needed to perform essential functions for the operations at the local level, supports, and services. Each region and health unit is equipped with the needed equipment and resources to maintain operations for the duration of the emergency.
- The Director of Bureau of Media and Communications/OPH PIO at Bluebonnet will assume oversight of the public relations duties and the Planning Chief will assume the planning duties. The DHH EOC and the public health regions will be in contact throughout the emergency (at least daily) to ensure that planning activities are addressing issues identified across all areas of service, communications are being maintained to support knowledge to all stakeholders regarding status of all services, and incident management issues are being addressed and managed effectively across all services.
- The Assistant Secretary and/or designee will report directly to the DHH Secretary or designee.
- In the event that these individuals are not available or these areas are similarly affected by the crisis, administration will shift in the same fashion to the Region 1 Medical Director (& Staff) and the Region 9 Regional Administrator.
- A roster of trained staff is maintained by the Center for Community Preparedness.

The Assistant Secretary (or designee by DHH) will begin reconstituting the normal chain of command as operations permit during the reconstitution phase. This process will begin once the Assistant Secretary is again available, no longer incapacitated, or a newly appointed Assistant Secretary is named by DHH.

### **Mission Critical Systems**

OPH has identified mission critical communication systems as well as staff and resources needed to perform these functions in the event of a disaster. These functions and associated systems are listed in a table in Section V, Interoperable Communications. During alternate facility operations, staff will be deployed to perform all noted mission essential communication functions using the mission critical systems and processes identified and non-essential tasks will be deferred.

### *Vital Files, Records, and Databases*

The OPH shall identify, protect, and ensure the ready availability of vital records, databases, and hardcopy documents, references, records as well as information systems needed to support essential functions for up to several months. Records management not only ensures that essential documents are readily available to support a response to a pandemic or other emergency, but also preserves the bases for OPH decisions and licensing actions made during a pandemic situation.

This plan also addresses other records that may not meet traditionally accepted criteria for “vital records” but that would be, nevertheless, important during a public health emergency such as a pandemic.

The responsibility of each division is to identify emergency operating records, legal, and financial documents essential to the continued functioning of the department in the event the OPH has to relocate to an ARF. Back up of vital documents on disks or CDs should be a daily routine. One of the OPH COOP objectives is to ensure the protection of vital records that are needed to support essential functions of the department at the ARF. Categories of these types of vital records and databases may include:

- a. Emergency Operating Records. Vital records are essential to the continued function or reconstitution of OPH during and after an emergency. Included are the emergency plans and directives; orders of succession; delegations of authority, and; staffing assignments; and related records of a policy or procedural nature that provide agency staff with guidance and information resources necessary for conducting operations and for resuming formal operations at its conclusion.
- b. Legal and Financial Rights Records. Vital records are critical to carrying out the essential legal and financial functions and activities, and protecting the legal and financial rights of individuals directly affected by its activities. Included are records having such value that their loss would significantly impair the conduct of essential agency functions, to the detriment of the legal or financial rights or entitlements of the organization or of the affected individual(s). Examples: accounts receivable; contracting and acquisition files; official personnel files; Social Security, payroll, retirement, and insurance records, and property management and inventory records. Each Division/Section is responsible for identifying and having in their drive-away kits the vital records and databases.

#### Examples of departmental vital records

Vital Records	Description	Associated critical service or process	Form of record	Off Site storage location/ Back-up	Maintenance frequency
ISIS	Human Resources time and attendance system	1. Time and attendance entry for payroll	Client Servers (HR; Purchasing;	Server and backup located in ISB	On-going

		2. Location and accounting of staff	SAP)		
OPH Apps	OPH database of clients and critical data elements & applications	1. Location of consumers 3. Monitoring critical systems within OPH	Web based data system	Bienville Building (server is located in the ISB)	On-going
Orders of Succession	Official documentation from Assistant Secretary of staff by position who will assume duties in the absence of key personnel.	Administration functions (listed in Section II, Orders of Succession)	Original documents; Hardcopies; Scanned copies	Copy kept at regional offices and at the DHH EOC.	Annual (or more frequently if needed)

Appropriate Offices shall submit their Vital Records Plan to OPH Center for Community Preparedness and identify the legal as well as financial rights records they require to continue operating during an emergency, as well as how these vital records will be transported or accessed at the ARF. Plans must ensure backup copies on an annual basis or more frequently as indicated through regulation and guidance or best-practice adopted by the particular department. Staff in each department shall be trained on the identification and maintenance of vital records. Because of the continual move toward electronic recordkeeping, backup copies of required records may be provided to Division of Administration Office of Information Systems for safe storage and emergency access or stored at some other offsite facility by the responsible office.

As soon as possible after COOP activation, but in all cases within 12 hours of COOP plan activation, COOP personnel at the ARF will have access to: A local area network (LAN); vital electronic records; Critical information systems and data; Internal and external email and archives; and, vital hard-copy records. Utilizing lessons learned from historical Louisiana disasters, DHH OPH shall also maintain these records electronically because of the ease of updating the records and copying them at an offsite location. The OPH shall consider multiple redundant media for storage of vital records as per the direction of the Division of Administration Office of Information Systems. The Office of Information Systems also directs the OPH in risk assessment for storage and recommends alternative storage media, if appropriate.

Maintenance of a complete inventory of records identified under 'Emergency Operating Records' as well as 'Legal and Financial Records', along with location and access information. This inventory shall be maintained at two different sites. As per federal recommendation, this inventory is attached as Appendix E.

At the direction of the Office of Information Systems, vital records (as previously defined) will follow the policy and procedure set forth regarding frequency of transfer/backup.

### *Important Records*

Unlike the classification of emergency operating records, and legal and financial rights records, “important records” is a concept intended to provide for identification of documents that are not absolutely essential but that could greatly aid the performance of emergency functions. Examples might be historical documents that describe precedents, or complete file copies of incoming directives that have already been recognized in essential procedures, or licensee correspondence. Offices should identify and protect these records as they deem appropriate.



### **III. Reconstitution**

Within 24 hours of an emergency relocation, an OPH designee – as listed in the essential functions list, with support from appropriate departments – will initiate an assessment of, and operations to salvage, restore, and recover OPH headquarters after the approval of the local and Federal law enforcement and emergency services has been granted. Reconstitution procedures will commence when the Assistant Secretary ascertains that the emergency situation has ended and is unlikely to recur.

Once this determination has been made, and coordination with other state authorities has taken place, one or a combination of the following options may be implemented, depending on the situation:

- a. Continue to operate from the Alternate Relocation Facility (ARF) with support from other state agencies, if necessary.
- b. Begin an orderly return to the Bienville (Bossier) building (or to whatever facility(ies) were abandoned, and reconstitute from remaining OPH or other resources.
- c. Begin to establish a reconstituted OPH office in some other facility in the Baton Rouge vicinity or other non-affected area.

It is important to organize personnel for an orderly return to normal operations. Timeframes for terminating devolution are dependent on the nature and intensity of events/incidents that activated this COOP Plan.

#### **Development of Plans and Schedules**

The Assistant Secretary will coordinate and develop Reconstitution and Termination Plans for the orderly transition of all OPH functions, personnel, equipment, and records from the ARF to a new or restored DHH Office facility. Each organizational element will designate a reconstitution staff person to assist in the development of the appropriate plans and schedules. The Assistant Secretary will approve the plans and schedules prior to the demobilization of disaster operations.

#### *Procedures to Reoccupy buildings/or New HQ's*

After consultation with DHH, the Assistant Secretary will notify staff that the Bienville building (or other abandoned DHH/OPH facility) can be re-occupied, or that a different facility will be established as a new OPH office:

- a. The Assistant Secretary will oversee the orderly transition of all OPH functions, personnel, equipment, and records from the ARF to a new or restored OPH office facility;
- b. Each organizational element, in turn, will designate a reconstitution point-of-contact (POC) to work with the Assistant Secretary and inform office personnel of developments regarding reconstitution; and

- c. Prior to relocating to the current OPH facility or another building, the DHH will conduct appropriate security, safety, and health assessments for suitability. When the necessary equipment and documents are in place at the new or restored headquarters facility, the staff remaining at the ARF will transfer mission essential functions and resume normal operations.

#### *Location and Relocation Procedures*

As needed, determined by the ARF Incident Commander in consultation with the Assistant Secretary, there may be the need for special staff teams with specific COOP functions relevant to the type of emergency or disaster, such as the following:

- Location: Locating people who have been displaced and their families. These efforts will be coordinated with other agencies.
- Relocation: Handling requests and questions regarding relocation of people will include anyone who has been displaced and who is currently receiving services or is in need of support. Requests for services will be handled by an identified team. This team will also obtain information on all available resources within and outside the state, looking at both public and private providers.
- Employee location/relocation: Locating employees who have been displaced. This team will work on the details of relocating offices and staff if necessary and resuming services for the affected areas.
- Donations of time, staff, or money: Handling offers of donation of funds, staff and/or volunteers desiring to assist in the delivery of essential public health services (not emergency goods and services) will be coordinated with other agencies on the receipt and dissemination of these resources.

Procedures for each Department or Program are included in the OPH Emergency Preparedness Plan and maintained by each team leader. If needed these teams may be implemented during alternate facility operations.

#### **Demobilization**

According to NIMS and ICS, demobilization planning begins at the onset of devolution plan activation. Key public health staff involved during an outbreak will perform an evaluation of emergency communications activities after an event has ended. This may include processes such as Critical Incident Stress Debriefings, hot washes, or other situational analysis meetings. These processes, in addition to the generation of an After Action Report, must be coordinated in order to supply appropriate information to the Central office and Assistant Secretary.

While some plans have designated the DHH Communications Director to run this process (in the State Strategic National Stockpile Plan, for instance), the nature of the incident or event that triggered the activation of the COOP influences the selection of the appropriate Information Officer to coordinate and lead various aspects of demobilization. Considerations on operations

dominance (such as during Pandemic Influenza, when it might be most appropriate to have the Immunization Medical Director lead appropriate discussion) versus an accidental chemical spill (when perhaps another State department is most appropriate to lead the majority of the demobilization activity).

### **After-Action Review and Remedial Action Plan**

An After-Action Review will be initiated prior to the cessation of operations at the ARF. Information will be gathered from all participating employees as well as each Section Head on the COOP process and operations. This review process leads to the completion of an After Action Report, or AAR, as well as an Improvement Plan, called an IP. Federal guidance complements AARs with IPs in order to produce measurable, actionable, and timely steps to improve performance.

The OPH Center for Community Preparedness will collect comments from any employee working during the activation regarding an action, strength, or weakness observed at the ARF. The process will begin once the OPH headquarters resumes normal operations. These comments are solicited/gathered in the spirit of improving operations as well as to identify training opportunities in order to reduce risk and improve future OPH activities.

Each Section Head will provide a summary of what the section identifies as the three things that worked best and the three things that require additional work or training. The Planning Section of the Center for Community Preparedness will gather these summaries from all departments and programs and take action to supply appropriate training within six months to meet the identified weaknesses. This will provide mitigation steps for future COOP activities.

The input from individuals as well as Section Heads will be incorporated into a COOP Improvement Plan. Recommendations and results from the COOP AAR/IP will be incorporated into the COOP Annual Review Process. The recommendations in these areas will immediately be addressed at the next COOP Workgroup meeting, and changes will be implemented on a short timeframe by the Assistant Secretary.

## **IV. Planning**

### **Responsibilities**

The Assistant Secretary is responsible for the following COOP Planning activities (these may be delegated to the Medical Director):

- Appointing the COOP Team including identifying the Advance COOP Team;
- Regularly monitoring the plan on an at-least annual basis;
- Remaining apprised of the COOP Team activities;
- Approving departmental/agency COOPs; and
- Notifying DHH and other appropriate divisions of state government upon activation of the COOPs.

The Assistant State Health Officer/Director of the Center for Community Health is responsible for the following COOP Planning activities:

- Developing and maintaining the OPH COOP Plan;
- Adhering to the federally requested annual review schedule and encouraging Departmental and Program compliance; and
- Ensuring OPH Centers have ongoing interagency interactions and coordination of planning activities.

The Director of the CCP is responsible for the following COOP Planning activities:

- Developing and implementing a COOP Multi-Year Training Plan (with COOP Team);
- Maintaining copies of Departmental and Programmatic COOP Plans for OPH; and
- Coordinating intra-agency COOP training and exercise efforts and initiatives with policies, plans, and activities.

All OPH staff are responsible for participating in the following COOP Planning activities:

- Providing needed information for COOP Planning when requested by the COOP leadership;
- Participating in required agency training; and
- Participating in required COOP exercises.

### **Testing, Training, and Exercise**

The tables listed below provide the information about training and exercise requirements within this COOP. COOP-specific exercises will be incorporated into the training as recommended by the United States Department of Homeland Security. There will be no external costs to the OPH to complete training. Costs relative to employee time for emergency preparedness training will be calculated after training is completed for reimbursement purposes, if appropriate.

COOP Training and Exercise Plan			
Program	Method	Audience	Frequency
Annual Review	Classroom; Study Materials	Executive Management	At-least annually
Transfer of Authority and termination of devolution	Workshop	Successors	At-least annually
Orientation	Workshop	Special Teams	Upon completion of the plan and when necessary to replace key personnel
Orientation	Intranet	All Employees	Within 30 days of hiring
Refresher	Intranet	All Employees	Annual
Intense COOP Training and Exercises (to include relocation to ARF and access of backup data and communication systems)	Workshop; Exercise and Relocation	COOP Team	Annual

The COOP communications systems, including the ability to communicate with the Governor's Office of Homeland Security and Emergency Preparedness and critical customers, will be tested on a quarterly basis orchestrated by the Center for Community Preparedness. Partners are advised that they should also validate their internal and external communications capabilities at their alternate operating facilities quarterly or more frequently as directed.

The following items provide guidance that managers and employees should consider for conducting effective and useful training in preparation for devolution of operations. When this training is completed, the Center for Community Preparedness houses the documentation for all OPH Departments and compiles such documentation for "inspection" or review of progress by internal or external entities.

- Conduct quarterly agency Radio Tests during duty and non-duty hours - tests the ability of the agency to contact all employees. Results are recorded regarding the number of personnel contacted, by what method, and time it took to contact them.
- Train employees to update their contact information with their supervisors – as per the procedure established through the Office of Human Resources.
- Plan for the activation of telework and shift work for facility and office staff as appropriate.
- Incorporate use of the Telework Policy<sup>iii</sup> into the way the agency does business by allowing authorized employees to telework from their homes or telecommuting facilities, if authorized.
- Ensure employees have correct telework log-in user IDs and password credentials to access agency systems. Work with the Division of Administration Office of Information Systems' Data Center to publish easy to use telework user instructions.

- Work with the Division of Administration Office of Information Systems' Data Center to ensure "teleworkers" have the proper hardware and software home PC system configurations to use telework.
- Ensure that the Division of Administration Office of Information Systems' Data Center has planned for the correct system capacity to accept numerous telework logons.
- Start education of staff in social distancing practices<sup>iv</sup> (appropriate for bioterrorism events as well as pandemic).
- Conduct quarterly "all-hands" training on new technology classes that will teach employees how to stay in touch with management and provide employee awareness training on human pandemic planning and information.

### **Multi-Year Training Strategy**

As a responsibility of the OPH Center for Community Preparedness, the OPH has developed a comprehensive multi-year strategy that further details and outlines implementation of the following activities:

- Development of training for the COOP;
- Initial and reoccurring training of all staff;
- Prioritization and purchase of equipment and other acquisitions needed for COOP activities; and
- Identification of other needed actions to implement or maintain COOP readiness.

The Multi-Year Strategy and Program Management Plan will be maintained as a separate document from this Plan as it is updated on a near-weekly basis when trainings have been completed. It will be monitored and modified as appropriate upon direction from the Assistant Secretary.

### **Annual Review Process**

The COOP planning group shall review this Plan prior to and after each threat level change. This includes the implementation of additional threat level activities and may require adjustments to the Plan as necessary.

Individual Departments and Programs are mandated by DHH policy to have a two-deep chain of command in place, and are encouraged to plan for a deeper chain of command as the situation dictates (Order of Succession earlier in the previous Section). The chain of command should be conspicuously posted so that all members of a department know the chain of command during a COOP activation event.

This COOP Plan is reviewed and updated annually. Capabilities for protecting classified and unclassified vital records and databases and providing access to them from the alternate

operating facility shall be tested semi-annually, as recommended by the United States Department of Homeland Security.

The OPH will follow the maintenance schedule listed below for COOP Plan activities.

### **COOP Plan Maintenance Schedule**

<b>Activity</b>	<b>Tasks</b>	<b>Frequency</b>
Plan update and certification	<ul style="list-style-type: none"> <li>▪ Review entire plan for accuracy</li> <li>▪ Incorporate lessons learned and changes in policy and philosophy</li> <li>▪ Manage distribution of plan updates</li> </ul>	Annually (January of each calendar year or as needed)
Maintain and update Orders of Succession	<ul style="list-style-type: none"> <li>▪ Obtain names of current incumbents and designated successors</li> <li>▪ Update Delegation of authorities</li> </ul>	Annually
Maintain checklists	<ul style="list-style-type: none"> <li>▪ Update and revise checklists</li> <li>▪ Ensure annual update/validation</li> </ul>	As needed Annually
Update rostering all positions	<ul style="list-style-type: none"> <li>▪ Confirm/update information on rostered members of Emergency teams</li> </ul>	Annually
Appoint new members of the COOP Team	<ul style="list-style-type: none"> <li>▪ Utilize qualifications determined by A/RAs COOP Leaders</li> <li>▪ Issue appointment letter and schedule member for orientation</li> </ul>	As needed
Maintain alternate work site readiness	<ul style="list-style-type: none"> <li>▪ Check all systems</li> <li>▪ Verify access codes and systems</li> <li>▪ Cycle supplies and equipment as needed</li> </ul>	Annually
Review and update supporting Memoranda of Understanding/Agreements	<ul style="list-style-type: none"> <li>▪ Review for currency and new needs</li> <li>▪ Incorporate changes, if required</li> <li>▪ Obtain signature renewing agreement or confirming validity</li> </ul>	Annually
Monitor and maintain equipment at alternate sites	<ul style="list-style-type: none"> <li>▪ Train users and provide technical assistance</li> <li>▪ Monitor volume/age of materials and assist users with cycling/ removing files</li> </ul>	Ongoing
Train new members	<ul style="list-style-type: none"> <li>▪ Provide an orientation and training class</li> <li>▪ Schedule participation in all training and exercise events</li> </ul>	Annually
Orient new policy officials and senior management	<ul style="list-style-type: none"> <li>▪ Brief officials on COOP</li> <li>▪ Brief each official on his/her responsibilities under the COOP</li> </ul>	Within 30 days of appointment

Plan and conduct exercises	<ul style="list-style-type: none"> <li>▪ Conduct internal exercises</li> <li>▪ Conduct joint exercises with Regions</li> <li>▪ Support and participate in interagency exercises</li> </ul>	<p>Annually</p> <p>Annually</p> <p>Annually or as needed</p>
Maintain security clearances	<ul style="list-style-type: none"> <li>▪ Obtain, maintain and update appropriate security clearances</li> </ul>	<p>Ongoing</p>



## **V. Logistics**

### **Alternate Location**

#### *HQ Alternate Relocation Facilities – In-Town/Out-of-Town*

As previously mentioned, Appendix C includes a list of alternate facilities. The list of facilities has been evaluated based on existing capabilities and the capacity to perform the mission essential functions and risk assessments are complete. Assessment areas included available space, site transportation and parking, interoperable communications, security, life support, and logistical support. It is recognized and was used in devolution planning that: the facility should be in an area that is accessible to lodging; the facility must be able to sustain operations for 90 days and accommodate approximately 25 individuals, depending on the location; the site must be able to support operations for up to 15 personnel (Advance Team) within three (3) to twelve (12) hours, if necessary, and approximately 25 individuals within twenty-four (24) to forty-eight (48) hours; and, telephones, computers, facsimiles, copiers and furniture will be available to support the augmented staff including the COOP Team.

#### *Operational Hours*

During COOP devolution, the Assistant Secretary will determine the hours of work for the COOP Team. However, it is expected that the COOP Team will operate Monday through Friday, 8:00 am to 4:30 pm. The OPH should not need to operate more than normal work hours; however, in the event of expanded coverage, a schedule including augmentation staff will be established for this purpose, if necessary.

#### *Pre-Positioned Resources*

Essential data currently maintained via the Office of Information Systems protocol may not be available to deployed COOP Team members unless the OPH Programs plan for this contingency. Divisions/sections will ensure that databases and other resources supporting OPH mission essential functions are pre-positioned at the in-town ARF, carried with deploying personnel, or are made available through an automated data backup process. Procedures and checklists for pre-positioning resources should be included in the division/section COOP Implementation Plans.

#### *Establishment of Communications*

After the relocation of the COOP Team to a designated ARF, the ARF Facility Manager will disseminate information regarding that facility's administrative and logistical operation to COOP Team members upon arrival at check-in. This information should cover a period of up to seven days. COOP Team members will begin to retrieve pre-positioned information and data, activate specialized systems, or equipment needed. The OPH owns as well as routinely utilizes a variety of communication modalities, including facsimile, telephone, cellular phone, and 800 MHz radios

#### *Transportation, Lodging, and Food*

The COOP Team Finance Liaison will disseminate information related to local travel and temporary duty stations when the COOP is activated. Specifics may need to be provided at the time of an event, but general information about transportation, lodging, and food is provided below:

- a. Transportation - To the extent possible, COOP Team and OPH personnel activated as augmentation staff are encouraged to use their privately owned vehicles to commute to a pre-identified ARF.
- b. Lodging – On-site billets will not be available at out of town ARF facilities. Reasonable accommodations will be available. A memorandum of understanding (MOU) will be established with a lodging facility in the event of out of town ARF location.
- c. Dining – Restaurants are available in the local communities. Use standard meal allowances for reimbursement as found in the applicable Office of Human Resources travel policy.

### Interoperable Communications

Louisiana requires interoperable communications. Technical components of communications with respect to computers, data security, and electronic communications come under the purview of the Office of Information Systems. The OPH current interoperable communications providers are listed below. Alternative providers are not noted because they are not available in most instances and the ARF will be able to provide these services with local providers.

Service	Current Provider	Special Notes
Voice Lines	Office of Telecommunications Management (OTM)	Services are Bell South but thru state office of OTM
Fax Lines	Office of Telecommunications	
Data Lines	Office of Telecommunications	
Cellular Phones/ Blackberry	Verizon	OPH and each DRC will have a satellite phone as backup.
Page	N/A	
E-mail	Microsoft Outlook	
Internet	LaNet	
National Public Health Radio Network	HF station at DHH EOC in Baton Rouge. Does not require licensed operators.	DHH Call Sign is WGN960. Provides infrastructure-less two-way communications with CDC and other federal agencies.
Ham Radio	Licensed operators, both employees and external volunteers. HF (long distance) stations at DHH EOC BR and Region 9 EOC in Hammond. VHF (local area) stations at EOC BR, Hammond, Lafayette and Thibodeaux.	Provides infrastructure-less local and distance two-way emergency communications
INMARSAT BGAN	Stratos Government Services, Inc. (Under state contract through OTM)	One terminal issued to OPH DRCs at each Regional HQ. Two terminals at DHH EOC.

		Each terminal is capable of providing one voice line and one moderate-speed data connection.
Trunked radios (700/800 MHz)	Network operator is Dept. of Public Safety	700MHz (digital) radios operate in the corridor below I-10. 800MHz (analog) radios operate north of I-10. Radios assigned to key departmental personnel.
Mobile Satellite Earth Station	Orbital Data Net (Under state contract through DPS) System is ordered and under construction. Will be deployed by end of July 2007.	High-speed data via satellite link. Capable of providing DHH Network Services to devastated or remote sites.
Voice Over IP telephones	Cisco Systems/AT&T.  Purchasing in progress. Expected deployment by end of August 2007.	Closed-network telephone system that operates over the DHH data network. Phones will be deployed at EOC, DHH Regional HQS, PHUs and labs. IP phones will be deployed with the Mobile Satellite Earth Station

### **Responsibility**

The DHH Office of the Secretary will maintain capabilities, procedures, and contacts for reliable emergency communications with law enforcement and public safety organizations.

The Division of Administration Office of Information Systems (OIS) has the lead for working with DHH OPH Offices and Regions to provide the infrastructure needed to support normal and emergency communications capability during a COOP event, including natural disasters and a pandemic situation. The OPH Regions will establish procedures for accomplishing essential functions and job tasks using the available separate, redundant, and diverse communications media. Regional OPH Offices will coordinate with OIS to maintain the Emergency Telecommunications System (ETS) for communications with DHH OPH critical customers, including the capability to divert calls when functions are transferred or diverted. ETS, including satellite telephones, is considered a mission-essential system.

This COOP Plan takes advantage of improving communications technology, redundant systems, and extensive capabilities in DHH OPH Central and Regional Offices to continue functions remotely without having to move large numbers of people. When the decision is made to implement the Continuity of Operations Plan, Offices and Regions will implement their pre-planned procedures for shedding non-essential work and working remotely.

### **Telework Logistics**

In most cases, many employees will need to rely on their home computers, Internet access, and telephones to perform telework during a disaster or pandemic. Teleworking arrangements must be established by the COOP team or supervisor, and approved as part of the COOP activation and operations. Employees should not assume that a teleworking arrangement will be

appropriate for their situation until approved by their supervisor and given appropriate COOP activities and duties to perform. As appropriate, the agency may supply software, telephone cards, copies of files or references, or other support for telework efforts. During normal operations, the HR telecommunications policy applies; however, the COOP Plan's telework processes take precedence when this Plan is activated.

The following are the logistical elements for the Telework Staff to operate from their remote locations:

1. A computer (either a desktop or laptop with at least the capability to perform dial-up networking).
2. Access to the Internet (dial-up or broadband).
3. Telephone service (either wired or cellular are required). The OPH should provide automated answering and message forwarding capability that can be modified by OPH users to provide for the continuation of communications in the absence of OPH telephone operators.
4. Depending on the work that needs to be performed, a CITRIX account (or VeriSign certificate for broadband) may be required for remote access to programs, files, and data necessary to perform work.
5. Ability to participate in a teleconference or videoconference.
6. Guidelines for use of CITRIX (covering topics such as making efficient use of access, security, software installation).
7. Remote access to files, necessary to do their work, must be stored on a network drive.

OPH Department heads will determine which essential functions can be accomplished via telework. Further, job titles will be paired with essential functions and a master list maintained at Regional Offices regarding COOP assignments that includes salaried and hourly employees require teleworking connections. This should be detailed in each Department or Program COOP BEFORE activation prompted by a COOP trigger.

Regional Offices, Departments, and Programs will work with OIS to ensure that any computers and/or connections are in place, and those resources will meet appropriate IT security requirements, such as the following criteria:

- Current and up-to-date anti-virus protection
- Current and up-to-date firewall protection

The Division of Administration Office of Information Systems will require that certain pre-identified personnel be on-site at the computer center to maintain the critical operations of the center. This staff member is identified in each regional staff listing for essential functions.

## **VI. Finance and Administration**

### **Overview**

The purpose of this Section is to ensure that financial, administrative, and personnel issues are coordinated and have appropriate representation in the COOP. During devolution of operations, the biggest obstacle faced by organizations is identifying enough personnel at the devolution site(s) to assume the essential functions for each office and division<sup>v</sup>.

The COOP Plan has been created in coordination with the DHH Information Technology (IT) group as well as the Office of Human Resources. Human Resources issues personnel policies for the OPH such as the Disaster Overtime Policy<sup>vi</sup> and the procedures for responding to disasters<sup>vii</sup>. The IT plan is to increase the capacity of simultaneous access to DHH OPH networks, through the high-speed Internet-based Remote Access System, that will enable DHH OPH staff to access records and databases to perform priority functions from a remote location.

The immediate goal is to enable approximately 1,000 OPH employees to have simultaneous remote access to the DHH and OPH electronic resources as soon as possible, and COOP Team members to have this support at the ARF within 12 hours. This number is based on the planning assumption of experiencing about 40 percent absenteeism during a disaster, such as the peak periods of a pandemic wave. The Division of Administration Office of Information Systems estimates that about (?) simultaneous access capacity will be available in an emergency devolution operation. The long-term goal continues to expand this capacity even further for additional accommodation as allowed by increased budget and continued improvement in technology and equipment.

The COOP Plan provides for greater flexibility than DHH OPH flexi-place policies applicable during normal operations in order to allow DHH OPH to make the fullest possible use of resources available for accomplishing priority functions during a pandemic. The plan also provides that staff members who are expected (or wish to be able) to telework during a disaster or pandemic, will participate in pandemic preparedness orientation/training.

### **Applicability and Scope of Telework**

The implementation of a robust telework program during a pandemic or other COOP enactment will allow the OPH to continue priority functions while accommodating employees' personal needs or geographic travel restrictions. In addition to contributing to social distancing and infection control, teleworking during a pandemic will enable a larger number of DHH OPH employees to continue to work productively on priority functions than would otherwise be impossible.

Expanded telework capability will allow DHH OPH to rely on staff who would otherwise be unavailable, and allow staff to continue to work rather than use leave or, possibly, excused

absences. Employees who are not incapacitated may be able to continue working through telework when, for example, they:

- Need to remain home to care for family members who are ill or children when schools close;
- May be contagious;
- Need to take extra precautions to avoid exposure to infection for reasons such as compromised immune systems; or
- Are unable to reach work because public transportation or roads and travel in general is severely restricted.

During a disaster, managers will have broad discretion to authorize employees to perform priority functions through telework to the extent the manager deems accomplishment of the work in this manner feasible. This includes the ability to permit telework essentially full-time, implement informal approval processes, and implement more flexible work schedule options in order, for example, to enable employees to telework during periods when they need to care for dependent children at home. However, time actually spent in non-work activities such as caring for a child or for a family member who is ill may not, of course, be considered work time.

#### **Telework Plan Activation**

Upon activation of the COOP Plan, managers may authorize DHH/OPH staff members to deploy to their homes or other telework locations to perform tasks necessary to continue essential functions. Notifications occur using the same mechanisms previously mentioned in the Alert description in the Concept of Operations Section. If the number of authorized potential teleworkers exceeds DHH system capacity, Offices and Regions should work with the COOP Team to assign priorities for telework.

After activation of the telework plan, Offices and Regions will continue to monitor telework to ensure that essential functions are being accomplished effectively, that staff is using time productively, to revise assignments in order to respond to changes in specific work needs, and to adjust to fluctuating employee needs, availability, or requests for telework.

#### **OPH Work Schedules and Hours of Operation**

It is possible that OPH may need to close various central, regional, or parish workplaces due to the lack of employees to conduct critical OPH functions and services at that physical location. This could be as a result of sick employees, lack of patrons, travel restrictions, or because it presents an unacceptable level of risk to employees and/or patrons.

All OPH workplaces should also evaluate their existing work schedules, possible shift changes, and required delivery of services with expected employee attendance due to an influenza

pandemic event and include these contingencies in their COOP. This will assist in determining if alternative work hours are necessary or if closing specific workplaces is appropriate.

Any change in operating hours or worksite schedules will be communicated openly and frequently to both OPH employees and the general public as described in the Communications Section of this Plan and in the DHH Bureau of Media and Communications Risk Communications Plan.

### **Leave and Return to Work Policy**

OPH understands the importance of compensation and understanding leave policies to employees and their families. Policies have been established to provide a fair and liberal benefit to employees and their families during an emergency such as an influenza pandemic<sup>viii</sup>. Any time an employee is absent from the workplace (or a telework arrangement) and has used his/her designated sick leave, the employee may use annual leave or leave without pay, with the approval of his/her department head. This includes appropriate and qualified Family and Medical Leave Act<sup>ix</sup> requests.

Employees who become sick or are caring for a sick family member and who do not have sick leave or annual leave, are eligible for leave without pay, with the approval of his/her department head.

Special incident restrictions may apply. For example, an employee returning to work following an influenza illness should wait two days following the resolution of symptoms (fever, body aches, and headache) before returning to work. A general rule is that following an influenza illness, a person must be fever-free for 24 hours without the use of fever-reducing medications in order to not be considered “contagious”. Employees and supervisors should use this general guidance issued by the State Health Officer for a pandemic event, but more specific guidance may be released at the time. OPH will not require a medical clearance from a physician or health center to return to work when the COOP is activated unless there is reasonable suspicion of abuse of this COOP procedure.

### *Scenarios for bioterrorism event, natural disaster, or pandemic*

#### **Employee Sick**

- Employee exposed and/or sick and sent home from work –
  - If an employee is showing signs and symptoms of illness or has been exposed to a suspected/confirmed case of the bio/chem agent or pandemic strain of influenza, whether through travel, other contact, or family illness, the employee will be sent home. The employee would stay home at least 24 hours following the resolution of “flu-like” symptoms such as fever, headache, and body aches without the use of fever-reducing medications. The employee will be allowed to return to work only after following the SHO’s guidance. In this case, the

employee will be eligible to use his/her available sick leave, annual leave, K-leave, and/or leave without pay.

- Employee sick and unable to report to work –
  - If an employee is personally sick, the employee will be eligible to use his/her available sick leave, annual leave, K-leave, and/or leave without pay.
- Employee family member sick and employee stays home –
  - If an employee is caring for a family member who is sick, the employee will be eligible to use his/her available sick leave, annual leave, K-leave, and/or leave without pay.
- Employee family member death –
  - An employee will be allowed normal provisions of the existing OPH personnel policy in the case of death of a family member.

#### Employee Working

- A working employee shall be compensated pursuant to the DHH/OPH personnel policy and the Fair Labor Standards Act (FLSA).
- Employee Home Quarantine –
  - Employee OPH – directed home quarantine
    - An employee directed to home-quarantine by OPH will be eligible to use his/her available sick leave, annual leave, K-leave, and/or leave without pay.
  - Employees caring for Children
    - If an employee stays at home to care for his/her own child/children who have been dismissed from school due to the pandemic, the employee will be eligible to use his/her available sick leave, annual leave, K-leave, and/or leave without pay.
  - Employee self quarantine
    - If an employee decides to self-quarantine but he/she is not sick nor has any family members who are sick, he/she will not be allowed to use sick leave. The employee may request the use of annual leave or leave without pay from his/her department head. If the department head does not approve the annual leave or leave without pay request, the employee is required to report to work. If he/she does not report to work, it may result in disciplinary action up to and including termination.

#### Guidance for Returning to Work

Government, businesses, and other employers need guidance about when workers who have been ill with influenza should return to the workplace. The Office of Human Resources policy (previously cited) provides an overview of criteria for employee return, and important qualifications for use of this information. The DHH Human Resource Department in conjunction



with the Governor's Division of Administration has created the Leave and Return to Work Policy in conjunction with a disaster (as previously cited).

### **Workplace Hygiene Policy**

In cases of disaster and devolution of operations (typically considered for pandemic events though also appropriate for natural disasters), additional hygiene controls may be required in the workplace – alternate or primary worksite. OPH recognizes the importance of precautionary measures and will follow national guidance for the prevention and reduction of the spread of disease. OPH subject matter experts will develop guidance and institute activities for disease control interventions in the workplace setting for specific incidents.

### **OPH Travel**

OPH frequently has employees that travel to conferences, training, and other events throughout Louisiana and the United States. The following identifies the anticipated restriction necessary should a bioterrorism, natural disaster, or pandemic event occur.

If any OPH employee is outside their domicile when a DHH or GOHSEP Threat Level is triggered, it is possible that airports may be closed and/or ground travel restricted. It is even anticipated that quarantine measures could be implemented for those employees outside their domicile before travel will be allowed to resume.

In the case of an OPH employee traveling on official OPH business who is unable to return due to a quarantine and/or transportation restrictions, OPH shall cover reasonable lodging, per diem and travel expenses for the duration of the quarantine and/or until the transportation restriction is lifted.

If an employee is now home, but has recently traveled (within the past 4-5 days) to locations now known to be affected by the pandemic or bioterrorism event, the following should occur:

- The employee should not report to the workplace until the incubation period for the specific influenza pandemic strain has expired and the employee shows no symptoms of the influenza.
- The employee should document all the people he or she has come into contact with since returning from travel.
- Supervisors should check frequently with the employee during his/her absence from the workplace.
- Supervisors should ensure that the employee has cleared the incubation period (as indicated by the SHO and State Epidemiologist) and shows no signs or symptoms of the influenza before allowing him/her to return to work.

In general, during Threat Level One and Two, all non-essential business travel outside Louisiana will be suspended. Further, during Threat Level Three, all in-state and out-of-state business

travel will be suspended, unless specifically directed by the employees' immediate (or emergency) supervisor in the maintenance of essential OPH functions.

Additional employee recommendations for communicable diseases (such as Pandemic Influenza) are included in the Community Mitigation and Response Plans, which are updated annually.

### **Employee Mental/Behavioral Health**

The response to a disaster will pose substantial physical, person, social and emotional challenges to healthcare providers, public health officials, and other emergency responders and essential service workers. Based on experience with disaster relief efforts, enhanced workforce support activities can help responders remain effective during emergencies.

The occupational stresses experienced by healthcare providers and other responders are likely to differ from those faced by relief workers. For example, globally and nationally, a pandemic might last for more than a year, while pandemic waves in local communities may last five to ten weeks and recur in two or three waves.

During any devolution of operations, medical and public health responders and their families will be at personal risk for as long as the threat continues in their community as well as during the recovery phase of a devolution incident. Special planning is, therefore, needed to ensure that hospitals, public health agencies, first responder organizations, and employers of essential service workers are prepared to help employees maximize personal resilience and professional performance. An essential part of this planning effort involves the creation of alliances with community based organizations and nongovernmental organizations with expertise in and resources for psychosocial support services for training.

The recommendations for workforce support focus on the establishment of psychosocial support services that will assist workers to manage emotional stress during response efforts to an influenza pandemic, and resolve related personal, professional and family issues. Additionally, informational materials for employees and their families will be prepared. The OPH will collaborate with the DHH Office of Mental Health/Office of Addictive Disorders (OMH/OAD) in the development of resilience programs to assist families of deployed workers. Examples of these practices and recommendations are listed here, but the current policies and procedures are housed with OMH/OAD.

Recognizing that staff may be overwhelmed during a disaster, and that staff exposed to the virus or agent are likely to be infected, the agency has prepared to deal with absenteeism and shortages of staff through the following actions. It is anticipated that some or much of the OPH workforce would become ill, and existing policies regarding use of leave and the Family and Medical Leave Act will apply.

## Preparedness

- Prepare educational and training materials on psychosocial issues for distribution to employees during an influenza pandemic including materials on:
  - Stressors related to pandemic influenza;
  - Signs of distress;
  - Traumatic grief
  - Psychosocial aspects related to management of mass fatalities;
  - Stress management and coping strategies
  - Strategies for building and sustaining personal resilience;
  - Behavioral and psychological support services;
  - Strategies for helping children and families in times of crisis;
  - Strategies for working with highly agitated patients;
  - Developing “family communication plans”;
  - Services available during an emergency; and
  - Measures that persons can take to protect themselves and their families.
- Initiate development and implementation of a model workforce resilience program with the following goals:
  - Maximize responders’ performance during a public health emergency.
  - Maximize responders’ personal resilience during a public health emergency.
- Prepare educational and training materials on psychosocial issues for distribution to employees during an influenza pandemic.  
Include materials on:
  - Stressors related to pandemic influenza;
  - Signs of distress;
  - Traumatic grief;
  - Psychological aspects related to management of mass fatalities;
  - Stress management and coping strategies;
  - Strategies for building and sustaining personal resilience;
  - Behavioral and psychological support services;
  - Strategies for working with highly agitated patients;
  - Developing “family communication plans”
  - Services available during an emergency; and
  - Measures that persons can take to protect themselves and their families.
- DHH Policy 0011-83 (previously cited) provides for employees to request an exemption from being called upon during an event. The OPH also maintains a volunteer database containing the names of thousands of nurses, EMT’s, pharmacists, support staff, and related health care professionals who participate in drills and education activities.
- Louisiana plans have been tested in drills as well as real-world events.
- Ongoing workforce needs assessments are conducted annually, and training is developed accordingly. Through this process, training needs are identified and appropriate tabletop drills and after action activities from real life events are scheduled to review lessons learned.

- Specific training on Special Needs Shelters and Strategic National Stockpile operations is required of all new-hires, and refresher classes have been delivered to staff and volunteers. Volunteers and community partners are also offered the opportunity to participate in events such as health fairs, simulations, and functional exercises.
- Through streamlining of services and cross-training, the agency is prepared to keep going in times of staff shortages and high rates of absenteeism. The agency is prepared to set up clinics in communities on short notice and as needed in mobile units.
- There are Designated Regional Coordinators (DRC's) throughout the state to work to resolve problems. Partners have been developed with the hospitals and the Louisiana Hospital Association (LHA) to work with hospital bed capacities. Additional DRCs are assigned for Emergency Medical Services, nursing homes, home health, and coroner's offices.
- Office of Public Health regional offices has developed a resource manual of services, locations, phone numbers, contact information for staff, etc. This information can be accessed by a staff member or a "commissioned" volunteer.
- Immunization Strike Teams have also been established throughout the state. With standard policies and procedures, the teams are ready to respond immediately. Backpacks containing necessary equipment are ready and can be deployed as needed for a variety of immunization activities.

#### *Response*

- Implement psychosocial support services for healthcare and public health employees who participate in or provide support for the COOP response to public health emergencies such as a pandemic influenza outbreak.
- Deliver psychosocial support services, including:
  - Deployment of stress control/resilience teams;
  - Identified rest and recuperation sites;
  - Confidential telephone support lines staffed by behavioral health professionals;
  - Information for commuters;
  - Services provided by community and faith based organizations.
- Provide information to responders on:
  - Progress of the pandemic;
  - Work issues related to illness, sick pay, staff rotation, shift coverage, overtime pay, use of benefit time, etc;
  - Family issues related to:
    - availability of vaccines,
    - antiviral drugs, and PPE,
    - infection control practices as conditions change,
    - approaches to ensure patient adherence to medical/public health measures,
    - dealing with the "worried well," guidance on distinguishing
    - between psychiatric disorders and common stress reactions;

- Behavioral reactions to movement restrictions (especially for police, firefighters, and community outreach workers); and
- Information on methods to deal with stigmatization or discrimination because of role in a disaster or pandemic influenza response.

## **VII. Communications**

### **Introduction**

Communications are essential to maintaining and continuing normal and emergency operations capability during a disaster. Communications are needed to communicate with the staff, Federal, State and local governments, critical customers, the media and members of the public on the status of the OPH emergency and also the status of essential functions. Communications are vital to disaster relief and recovery efforts at all levels of operations.

The OPH has a comprehensive communication plan in place under the DHH Bureau of Media and Communications Risk Communications Plan mentioned throughout this Plan. It specifically addresses the Pandemic Priority Functions (PPFs for influenza) as well as essential functions required during COOP implementation as a result of bioterrorism, natural disaster, or pandemic. Although this plan details COOP functions, this section will present an overview of the role of BMAC, which will have an integrated emergency/COOP role.

The primary objective of risk communications is to provide the strategy and framework for communications during a pandemic of influenza, which would involve degraded staffing conditions and may require innovative means of confirming safety and security of license activities and materials. The Order of Succession helps ensure the chain of command has depth and redundancy regarding personnel. Redundant communications pathways and service mechanisms for tactical communications help ensure efficient operations.

The mechanisms for identification and preservation of vital records are detailed in the Concept of Operations section of this COOP Plan. The details of uniform communications messaging is outlined in the DHH Bureau of Media Communications Risk Communications Plan, along with specifics regarding communications with Federal departments and agencies as well as Native American Tribal agencies (both Federally recognized and State).

### **Roles and Responsibilities**

Communications with the Governor's Office, the Governor's Office of Homeland Security and Emergency Preparedness, other departments/agencies, State and local officials, and other appropriate stakeholders are critical to minimizing immediate threats to public health and safety and common defense and security.

The Assistant State Health Officer (or his/her designee) has the primary responsibility of coordinating and implementing this COOP Plan as well as coordinating situational reports for the benefit of the State Health Officer and the Secretary of Health and Hospitals. The DHH Communications Director, or designee, will be responsible for relaying operational information within the overall Risk Communication Plan of the OPH. S/he will direct public information

activities from the DHH JIC or GOHSEP JIC and coordinate with Unified Command for the duration of devolution.

All reports and press releases will be approved through DHH OPH before distribution. Mechanisms for distribution include the media contact list, which is maintained in the Regional PIOs office. This listing is utilized on a near-weekly basis, and routine utilization accounts for ongoing testing procedures and updates. It should be noted that this media contact list has a subset of those personnel who would be invited to or involved with a Regional Joint Information Center, and as such, the information is updated simultaneously.

Other notifications and communications (such as approved messaging generated by the Bureau of Media and Communications for staff and other OPH employees) will be disseminated by the OPH Center for Community Preparedness. This Center maintains a database of contact information that includes multiple means of reaching staff. Senior Management contact information is monitored on a weekly basis while members of the COOP Team or essential staff are updated on a quarterly basis.

These notifications occur through an Automatic Notification System (or ANS). In backup to the ANS, individuals can be contacted through normal means; contact information is maintained in the database for all DHH/OPH personnel. The database also provides information on response team membership, thus replacing a missing response team member will be handled expeditiously. Emergency information for State employees is also posted on the State website at [www.la.gov](http://www.la.gov).

### **Public Information Activities**

All Office of Public Health activities must respect that the Bureau of Media and Communications develops and approves communications for internal and external distribution. All requests for information should be directed through the State Health Officer and/or the Assistant State Health Officer and should be approved for distribution by BMAC.

Press conferences, media briefings, radio, and news outreach specific to an event will be utilized early during an event, the entire time an event occurs and following an event as well and will all be coordinated through the DHH Bureau of Media Communications.

Public information template materials for multiple health threats have been developed by the DHH in order to hasten response to a biological incident or a natural disaster. General information has been provided for pre-event preparedness in the Family Readiness Guide<sup>x</sup>.

“Shelf Kits” are tools utilized for consistent messaging, and are pre-developed dissemination vehicles for SNS-sensitive topics. There are Shelf Kits for the following threats:

- Anthrax Shelf Kit

- Botulism Shelf Kit
- Plague Shelf Kit
- Tularemia Shelf Kit
- Smallpox Shelf Kit
- Viral Hemorrhagic Fever Shelf Kit
- Hurricane Preparedness Shelf Kit
- Pandemic Influenza Shelf Kit
- Additional shelf kits for chemical and radiological/nuclear threats are in development.

To illustrate the components of risk communications, the following contents of the Anthrax Shelf Kit are listed here.

- Two dispensing site video tapes provide on-site information for dispensing sites to be played on-location.
- Two CDs contain ready-to-print materials for dispensing site – Medications Available Here, What You Need to Have, take home flyers, Fact Sheets designed to reassure the public and a detailed brochures for the public.
- Television and radio PSAs that can be copied and hand-delivered to area stations or sent electronically. The PSAs give health info, direct people to sites, tell them what to bring, and offer reassurances.
- Pre-scripted print advertisements/posters that direct people to regional sites.
- Sample letterhead for news releases and advisories are included as incident situations change and progress.

The DHH Bureau of Media and Communications will work with the COOP Team as well as operational Regional OPH Offices. The Bureau is responsible for directing the following response activities:

- Evaluating the need to communicate risk information to the public
- Preparing and issuing press releases
- Additional tailoring of Shelf Kit materials to be distributed to the public and posted on <http://www.dhh.louisiana.gov/> and <http://www.emergencynews.dhh.louisiana.gov>
- Identifying appropriate message outlets for specific communications
- Directing general public to appropriate locations for medications, if needed
- Advising on the activation of communications systems (e.g., Emergency Alert System)
- Monitoring media reports
- Providing specific information on the agent, signs and symptoms of exposure or illness, and the mechanisms/methods to receive evaluation and treatment
- Initiating rumor control activities
- Activating the statewide public call center
- Disseminating information on the state's call center for medical professionals



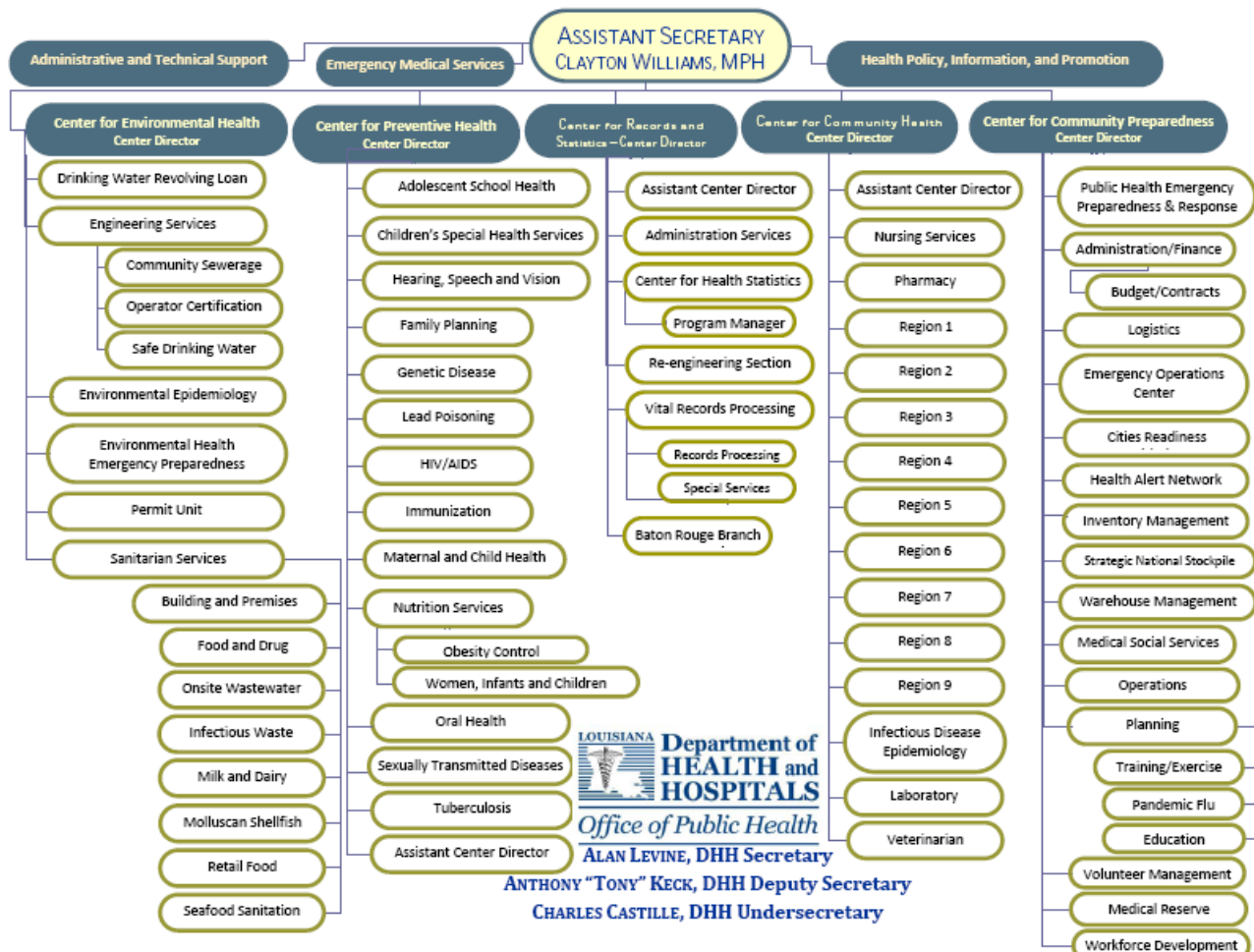
- Mass reproduction of printed materials
- Establishing routine press conferences at a specific and easy-to-access location, as frequent as the demand and situation needed

Additional resources that could be used during a health emergency:

- CDC Bioterrorism web site [www.bt.cdc.gov](http://www.bt.cdc.gov)
- Post-exposure Prophylaxis for Anthrax, Plague, and Tularemia CDC CD-ROM: Contains drug information sheets in 48 languages
- CDC Call Center
- OPH Epidemiology Hot-Line 1-800-256-2748
- Pre-produced PSAs (supplied by DHH)

There is also a state employee website (password protected) that may contain additional work-related instruction for staff. Updated communications, leave/return to work policies, specific event (threat) information, and other pertinent work information may be disseminated through this mechanism as redundancy to the primary and secondary modes of communication (email and telephone).

## **Appendix A: OPH Organizational Chart**



## **Appendix B: Essential Functions, By Department**

(Pages returned by each department will be inserted after this cover sheet and before the Unique Skills chart, which also needs updated – then this explanation will be deleted)





### Employees with Unique Credentials

Discipline	# of Employees	# of Available Employees	# Available if 40% Reduction
Physicians	16*	13	9-10
APRNs	21	21	12-13
RNs (public health)	354	354	212-213
Disease Intervention Specialists (TB & STD)	40	40	24
Regional Epidemiologists	9	9	5
Environmental Health Experts	338	338	203
Budget & Contracts	15	15	6
Clerical	400	400	240
Pharmacists & Pharmacy Techs	11	11	6-7
Public Health Laboratory Personnel	80	80	48
Public Health Social Worker	19	19	11-13

**\*3 physicians have primary responsibilities outside of OPH**

## Appendix C: Alternate Location Information

Alternate Facility (address)	Points of Contact	Available Resources
1010 Common Street New Orleans, LA 70112  <i>Primary In-town AF</i>	Avis Gray Administrator 504-599-0091	Office Space Computers/Printers Phones Internet Access
OPH EOC – Bluebonnet 8919 World Ministry Blvd. Baton Rouge, LA 70810  <i>Primary Out of Town AF</i>	Doris Brown Director 225-763-3965	Office Space Computers/Printers Phones Internet Access
Bienville Building 628 North 4 <sup>th</sup> Street Baton Rouge, LA 70802  <i>Back-up Out of Town AF</i>	Clair Millet Chief Public Health Nurse 225-342-7867	Office Space Computers/Printers Phones Internet Access



## From: L & A Building to Bienville Building (Bossier City)

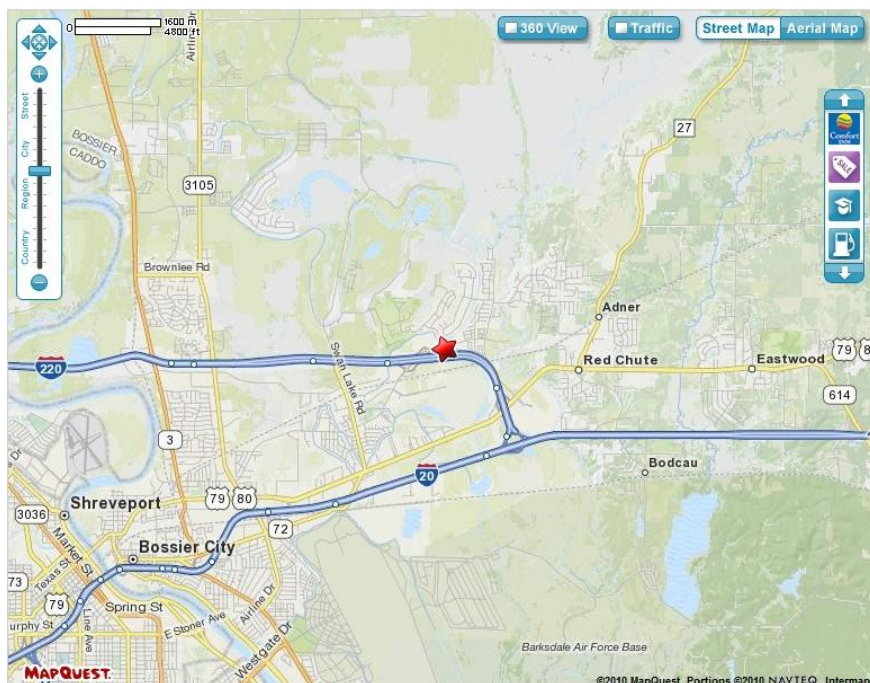
### Driving Directions

1. Start out going SOUTH on N 4TH ST toward NORTH ST. (0.39 miles)
2. Turn SLIGHT LEFT onto ST FERDINAND ST. (0.40 miles)
3. Merge onto I-10 W toward PORT ALLEN/LAFAYETTE. (51.62 miles)
4. Merge onto I-49 N via EXIT 103B toward OPELOUSAS. (206.80 miles)
5. Merge onto I-20 E via EXIT 206 toward MONROE. (8.53 miles)
6. Merge onto I-220 W via EXIT 26. (2.63 miles)
7. Take the SHED RD exit- EXIT 15. (0.37 miles)
8. Merge onto SHED RD. (0.25 miles)
9. End at 5401 Shed Rd Bossier City, LA 71111-5420 US

Total Estimated Time: 4 hours, 6 minutes

Total Distance: 270.98 miles

“Bienville Building” 5401 Shed Road – Bossier City



## From: L & A Building to 1010 Common Street (New Orleans)

### Driving Directions

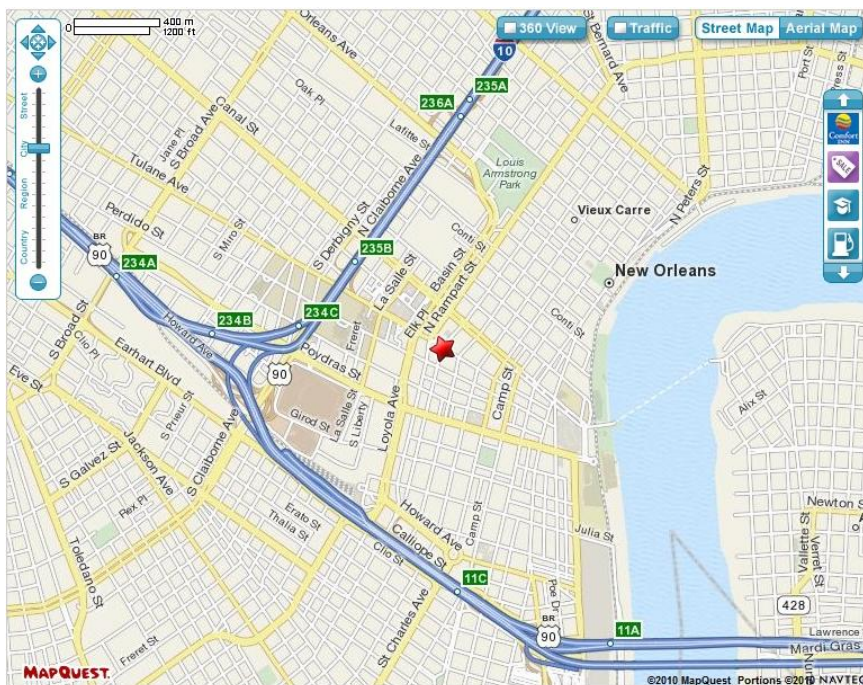
1. Start out going East on L AND A RD toward MCDERMOTT RD. (0.9 miles)
2. Turn SLIGHT RIGHT onto AIRLINE HWY/US-61-S (0.9 miles)
3. Merge onto I-10 E toward US-90-BR/ WESTBANK. (1.8 miles)
4. Take EXIT 234B on the LEFT toward POYDRAS ST/SUPERDOME (0.2 miles)
5. Stay STRAIGHT to go onto POYDRAS ST. (0.7 miles)
6. Turn LEFT onto CARONDELET ST. (0.2miles)
7. Turn LEFT onto COMMON ST. (0.1miles)
8. END at 1010 Common St.

9. New Orleans, LA 70112-2401, US

Total Estimated Time: 13 minutes

Total Estimated Distance: 5.18 miles

### “New Orleans” 1010 Common Street, New Orleans



## From: L & A Building to Bluebonnet (Baton Rouge EOC)

### Driving Directions

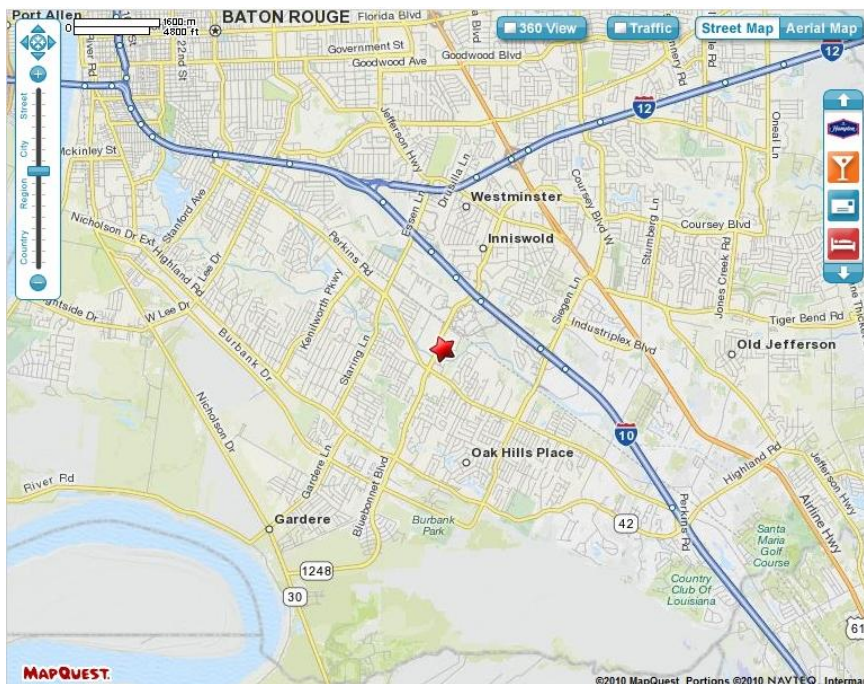
1. Start out going WEST on L AND A RD toward K AND B RD. (0.5miles)
2. Turn RIGHT onto S LABARRE RD/LA-611 4. Continue to follow LA-611 4 (0.1miles)
3. Turn LEFT onto AIRLINE HWY/US-61 N. (<0.1miles)
4. Take the ramp toward CAUSEWAY. (0.2miles)
5. Enter next roundabout and take 1<sup>st</sup> exit. (0.2miles)
6. Take N CAUSEWAY BLVD. (1.4miles)
7. Merge onto I-10 W toward BATON ROUGE (66.5 miles)
8. Take the BLUEBONNET RD/ LA-1248 exit – EXIT 162. (0.3miles)
9. Tune LEFT onto LA-1248 S/BUEBONNET BLVD. (1.0miles)
10. Tune LEFT onto WORLD MINISTRY AVE. (<0.1miles)
11. End at 8919 WORLD MNISTRY AVE

Baton Rouge, LA 70810-9000, US

Total Estimated Time: 1 hour, 13 minutes

Total Estimated Distance: 70.50 miles

“Bluebonnet” 8919 World Ministry Avenue, Baton Rouge



## **Appendix D: COOP Team Members**

(The COOP team needs re-identified as several are no longer employed; in addition, the Advance Team needs identified as well. It may be easiest to take the HR OPH staff list, create a copy of it and delete all personnel not associated with COOP (recommendation) and then insert into following page – then this explanation will be deleted)

## **Appendix E: Inventory of Vital Records**

(Pages returned by OIS will be inserted after this cover sheet, starting on the following blank page – then this explanation will be deleted)



## **Appendix F: Operational Checklists**

This Appendix contains operational checklists for use during a COOP event.



## Checklist for COOP Team Deployment Planning

Has your department or jurisdiction procured or prepared, and stored the following items to support COOP team deployment:

### 1. Personal Items for Each Team Member

- |  |           |          |
|--|-----------|----------|
| a. Hygiene                                   | _____ YES | _____ NO |
| b. Medication, prescriptions                 | _____ YES | _____ NO |
| c. Immunization information                  | _____ YES | _____ NO |
| d. Clothing                                  | _____ YES | _____ NO |
| e. Telephone contact list                    | _____ YES | _____ NO |
| f. Transportation                            | _____ YES | _____ NO |
| g. Cash/credit cards                         | _____ YES | _____ NO |
| h. Communications                            | _____ YES | _____ NO |
| i. ID (driver's license, organization, etc.) | _____ YES | _____ NO |
| j. Facility access information               | _____ YES | _____ NO |
| k. Legal/power of attorney                   | _____ YES | _____ NO |

### 2. Personnel/Staff Items

- |                                |           |          |
|--------------------------------|-----------|----------|
| a. Bedding, sleeping bags      | _____ YES | _____ NO |
| b. Telephones                  | _____ YES | _____ NO |
| c. Extra disks                 | _____ YES | _____ NO |
| d. Facility access information | _____ YES | _____ NO |



- |                           |           |          |
|---------------------------|-----------|----------|
| e. Water                  | _____ YES | _____ NO |
| f. Soap                   | _____ YES | _____ NO |
| g. Hygiene supplies       | _____ YES | _____ NO |
| h. First aid kit and book | _____ YES | _____ NO |
| i. Stamps                 | _____ YES | _____ NO |
| j. Light sticks           | _____ YES | _____ NO |
| k. Gloves                 | _____ YES | _____ NO |

### 3. Organizational Items

- |  |           |          |
|--|-----------|----------|
| a. Drive-away kit                      | _____ YES | _____ NO |
| b. COOP Plan                           | _____ YES | _____ NO |
| c. Telephone list                      | _____ YES | _____ NO |
| d. Directory for support organizations | _____ YES | _____ NO |
| e. Radio, extra batteries              | _____ YES | _____ NO |
| f. Mail handling/distribution          | _____ YES | _____ NO |

### 4. Operational Items

- |                                  |           |          |
|----------------------------------|-----------|----------|
| a. Office Supplies               | _____ YES | _____ NO |
| b. Personnel contact information | _____ YES | _____ NO |
| c. Extension cords               | _____ YES | _____ NO |
| d. Cooking equipment             | _____ YES | _____ NO |
| e. Tools                         | _____ YES | _____ NO |



**Example Chart**

**Drive-Away Kits Contents and Maintenance**

Item	For Organizational Unit	Location	Quantity	Maintenance Performed By	Maintenance Date
Communications Equipment					
Computer Equipment					
State/local Statutes and Executive Orders					
COOP Checklists					
Contact Lists					
Memoranda of Agreement					
Vendor Numbers/ Contract Numbers					
Maps to Alternate Facility					

### **Checklist for Identifying and Protecting Vital Records**

- |   |          |         |
|---|----------|---------|
| 1. Have personnel been assigned responsibility for identifying and protecting vital records?  | _____YES | _____NO |
| 2. Have vital records been evaluated on the basis of their necessity in carrying out emergency operations or in protecting the rights and interests of citizens and the government and not on their value as permanent records?   | _____YES | _____NO |
| 3. Have measures been taken to ensure that emergency operating records vital to the continuity of essential activities during an emergency will be available at alternate facilities in the event those facilities are activated? | _____YES | _____NO |
| 4. Have measures been implemented to safeguard legal and financial records essential to the preservation of the legal rights and interests of individual citizens and the government?   | _____YES | _____NO |
| 5. Are vital records easily retrievable and maintained in proper condition?   | _____YES | _____NO |
| 6. Is a current inventory of vital records easily accessible?   | _____YES | _____NO |
| 7. Have priorities and procedures been outlined for the recovery of vital records during an emergency?  | _____YES | _____NO |
| 8. Have measures been identified to minimize damage to vital records during an emergency?   | _____YES | _____NO |
| 9. Has a capability been provided to recover vital records that are damaged during an emergency?  | _____YES | _____NO |

## FORM FOR RECORDING CRITICAL ALTERNATE FACILITY INFORMATION

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

### Basic Facility Specifications

Number of private offices: \_\_\_\_\_

Number of parking stalls: \_\_\_\_\_

Number of cubicles: \_\_\_\_\_

Loading dock? ☐ Yes ☐ No

Number of conference rooms: \_\_\_\_\_

Handicapped accessible? ☐ Yes ☐ No

### Communications

Number of commercial telephone lines available: \_\_\_\_\_ Secure lines? \_\_\_\_\_ Number? \_\_\_\_\_

Two-way radio support infrastructure? ☐ Yes ☐ No

### Office Equipment Available

Number of desks: \_\_\_\_\_

Computers \_\_\_\_\_ Fax machines: \_\_\_\_\_

Number of chairs: \_\_\_\_\_

Number with internet access: \_\_\_\_\_

Number of telephones: \_\_\_\_\_

TV/VCRs? ☐ Yes ☐ No

Number of copiers: \_\_\_\_\_

Office supplies? ☐ Yes ☐ No

### Utilities

Contact Name

Telephone

Water

\_\_\_\_\_

\_\_\_\_\_

Electricity

\_\_\_\_\_

\_\_\_\_\_

Natural Gas

\_\_\_\_\_

\_\_\_\_\_

Telephone

\_\_\_\_\_

\_\_\_\_\_

Cable TV

\_\_\_\_\_

\_\_\_\_\_

Security

\_\_\_\_\_

\_\_\_\_\_

Maintenance

\_\_\_\_\_

\_\_\_\_\_

Housekeeping

\_\_\_\_\_

\_\_\_\_\_

Local Post Office

\_\_\_\_\_

\_\_\_\_\_

# **CHECKLIST FOR CONSIDERATION OF METHODS TO DISTRIBUTE INFORMATION TO MEDIA AND THE PUBLIC**

## **Electronic Media (radio and TV)**

- \_\_\_\_\_ 1. News or public affairs programs
- \_\_\_\_\_ 2. Public service announcements
- \_\_\_\_\_ 3. Video news releases
- \_\_\_\_\_ 4. TV specials

## **Visual Media**

- \_\_\_\_\_ 1. Films/videos
- \_\_\_\_\_ 2. Slide shows

## **Auditory Media**

- \_\_\_\_\_ 1. Recordings
- \_\_\_\_\_ 2. Live broadcasts

## **Print Media**

- \_\_\_\_\_ 1. Ads
- \_\_\_\_\_ 2. Feature stories

## **Special Publications**

- \_\_\_\_\_ 1. Pamphlets
- \_\_\_\_\_ 2. Comic books
- \_\_\_\_\_ 3. Instructional books
- \_\_\_\_\_ 4. Flyers
- \_\_\_\_\_ 5. Phone book inserts
- \_\_\_\_\_ 6. Newsletters
- \_\_\_\_\_ 7. Coloring books

## **Specialized Media**

- \_\_\_\_\_ 1. Signs and bulletin boards in
  - parks
  - highway rest areas
  - other public places
- \_\_\_\_\_ 2. Stickers
- \_\_\_\_\_ 3. Magnets
- \_\_\_\_\_ 4. Calendars
- \_\_\_\_\_ 5. Phone book covers
- \_\_\_\_\_ 6. Electronic message boards
- \_\_\_\_\_ 7. Key chains
- \_\_\_\_\_ 8. Pens/pencils

## **Community Outreach**

- \_\_\_\_\_ 1. Presentations at civic meetings, business and professional group meetings, and other assemblies (including public and private school staff and students)
- \_\_\_\_\_ 2. Door-to-door canvassing
- \_\_\_\_\_ 3. Information center
- \_\_\_\_\_ 4. Displays in public buildings (e.g., city hall, hospitals, schools)
- \_\_\_\_\_ 5. Hotlines
- \_\_\_\_\_ 6. Agricultural Extension Service (USDA)

## **School Children Outreach**

- \_\_\_\_\_ 1. Field trips and/or orientations
- \_\_\_\_\_ 2. Incorporation of educational materials or additions to science class syllabus for grades 6-12

## Acquisition of Alternate Facilities for Continuity of Operations (COOP) Checklist

**I. Can the organization's essential operations and functions be performed at the alternate facility under consideration?**

Question	Yes	No	Comments
Did you select a facility where the ability to initiate, maintain, and terminate operations will not be disrupted under all significant threat conditions?			
Did you consider using existing field infrastructures, telecommuting centers, virtual environments, or joint or shared space?			
Have you thought about who needs to work at the facility, who can work from home and who should be on standby?			
Does the facility support an immediate capability to perform essential functions under various threat conditions (e.g. threats involving weapons of mass destruction)?			
Does the facility have the ability to be operational within 12 hours after activation?			
Can the facility support sustained operations for 30 days or longer?			

**II. Are the facility requirements and risks associated with the alternate facility within acceptable limits?**

Question	Yes	No	Comments
Did you perform a vulnerability analysis of current alternate facility?			
Did you consider all possible scenarios for COOP relocation, e.g. fire flooding potential threats of terrorism?			
Did you consider the distance from the threat area of			

any other facilities/locations such as hazardous materials/area subject to natural disasters or civil unrest?			
What are the minimum essential functions necessary to keep the agency operational for 30 days or until the emergency ends?			
How many associates per shift will be required to accomplish these functions for 30 days or until the event is terminated?			
What is the minimum amount of space these associates need to accomplish their functions under emergency conditions?			
Are you planning to time-phase the arrival of your Phase I & II associates?			
Do you have sufficient space for your Phase I personnel and Phase II personnel?			
Do you have reliable logistical support, services and infrastructure system, include water, electric power, heating and air conditioning etc?			
Do you have access to essential resources such as food, water, fuel, and medical facilities?			
Does the facility support the health, safety, and emotional well-being of relocated employees?			
If the alternate facility is located at a distance from the primary site, did you develop plans to address housing for emergency staff (billeting within facility or local motels)?			
How will you handle housekeeping requirements including supplies?			
Have you thought about your transportation and parking requirements?			
<b>Question</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Do you need government vehicles at the facility?			

What about the availability of rental vehicles? Have you identified a source?			
What about the availability of surface and/or air transportation?			
What mode of transportation will your associates use?			
Does cellular phone coverage limit the facility from consideration?			
What are the equipment and furniture requirements for the facility?			
Have you determined the power requirements for the facility?			
Have you identified backup power to the facility?			
Have you identified your communications requirements?			
Does the facility support interoperable communications with all essential organizations, customers, and the public?			
Is the alternate facility outside the communications and data grid of the primary facility?			
Do you have sufficient telecommunication lines and data lines?			
Do you need a secure phone or fax machine?			
Do you have a requirement for secure storage containers?			
What type of computers and software do you need?			
Can the facility be secured quickly?			
Can security capabilities be increased commensurate with higher threat levels?			
Do you need security personnel to provide perimeter access control and internal security functions?			



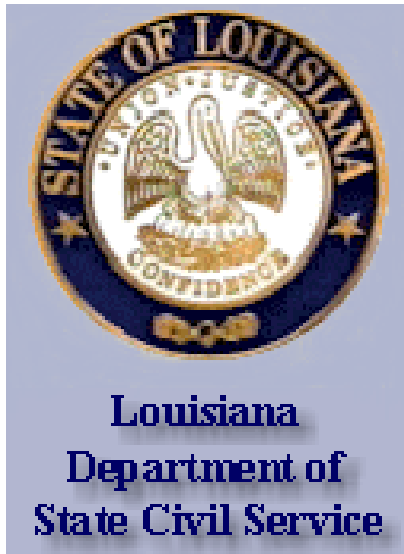
**III. Has your agency selected and acquired an alternate facility?**

Question	Yes	No	Comments
Have you identified a facility?			
Did you consider using existing agency space (e.g. remote/offsite training facility; regional or field office; remote headquarters operations)			
Did you consider virtual offices such as work at home, telecommuting facilities, and mobile office concept?			
If you decide to co-locate with another agency did you establish a memorandum of agreement (MOA)/memorandum of understanding (MOU) with the owner?			
Do you have the authority to procure your own space?			
Will you require another agency to assist you in the selection and acquisition process?			

**IV. Have you periodically reevaluated the alternate facility to assure that it satisfies the agency's operational and functional criteria and continues to meet the facility and risk requirements?**

Question	Yes	No	Comments
Did you include the alternate facility reevaluation as a part of the annual COOP review and update process (Plan Maintenance)?			
Does your facility still meet the needs as determined by the agency's plan?			
Have you supplied appropriate agencies with the necessary data concerning the facility?			
Did you notify appropriate agencies when the facility was relinquished?			

## **Appendix G: Civil Service Pandemic Policy**



**STATE OF LOUISIANA**

**DEPARTMENT OF STATE CIVIL SERVICE**

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**Summary of**  
**State Civil Service**  
**Rule Flexibilities**  
**for Pandemic Planning**

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**Prepared by:**

**Laura D. Holmes**

**Civil Service Special Counsel**

**DEPARTMENT OF STATE CIVIL SERVICE**

Anne S. Soileau

Civil Service Director

**STATE CIVIL SERVICE COMMISSIONERS**

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~

[www.yourfuture.louisiana.gov](http://www.yourfuture.louisiana.gov)

## **Civil Service Rule Flexibilities for Pandemic Planning**

The State Civil Service Commission has full rule-making authority. If the need arose, the Commission could adopt, amend, suspend, or repeal any rule on an emergency basis on short notice. Many human resource matters are governed by policies issued by the Civil Service Director. These policies could be changed as quickly as the need arose.

### **Teleworking**

Rule 8.16(c) allows an appointing authority to change an employee's work location. This rule can be used to allow or require an employee to work virtually anywhere – at home or some place other than his regular office (such as an office with a lower population density), or in a different part of the state (such as in an office/facility where staff shortages are acute). DEQ's telecommuting policy is attached as a sample.

### **Hiring and Staffing Flexibilities**

Rule 7.20 allows an appointing authority to probationally appoint any applicant who meets the minimum qualifications for unskilled and shortage jobs. Pre-approved special hiring rates exist for these jobs. All medical jobs are on the shortage list.

Rule 8.10 allows an appointing authority to hire any applicant who meets the minimum qualifications on a restricted appointment for up to six months. The employee may be paid any amount in the pay range.

Rule 8.10.01 allows an appointing authority to use the state's contract with Westaff Temporary Staffing Services to hire office/clerical, trades/maintenance, custodial, and food service employees to work up to 680 hours in a twelve-month period. The contract sets the pay rates.

Rule 4.1(d)1 allows the Director of Civil Service to place temporary positions in the unclassified service. Unclassified positions do not have to be posted and have no minimum qualifications. An employee hired into an unclassified position may be paid any amount.

Rule 4.1(d)2 allows the State Civil Service Commission to add positions to the unclassified service. Under this rule, the Commission has established unclassified health care professional pools for all the LSU HSC medical centers. These employees may be paid any amount. They do not earn leave or participate in the state retirement system or the group benefits program. The number of unclassified pool positions cannot exceed 10% FTE in any category, but this percent can be increased with the approval of the Civil Service Director and AFSCME No. 17.

Rule 8.16(a) allows an appointing authority to (temporarily or permanently) assign an employee to any position in the department with the same pay range maximum as long as the employee meets the minimum qualifications.

Rule 8.16(d) allows an appointing authority to detail an employee to a different position for up to a month without changing the employee's classification or pay and for up to a year with a change in the employee's classification. Rules 8.16(d) and 6.11 allow an appointing authority to detail an employee to a lower position without reducing the employee's pay.

Rule 8.15.1 allows an employee to be assigned to a position in another department for up to one year upon agreement of the two departments as long as the employee meets the minimum qualifications and has the required test score.

Duty assignment is an inherent appointing authority function. An appointing authority may change an employee's duties so long as the remaining duties support the employee's classification. In the past, Civil Service has allowed employees to be worked out of class for extended periods of time during emergencies.

Rule 6.5 allows the Director of Civil Service to grant special hiring and retention rates within the pay range for positions where employment conditions are unusual. Pre-approved special hiring rates exist for all jobs.

Rule 6.16 allows the State Civil Service Commission to authorize special pay rates either within or above the pay range for positions where employment conditions are unusual. This rule also allows the State Civil Service Commission to authorize special pay rates within the pay range for individuals.

Rule 6.16.2 allows an appointing authority to establish an optional pay policy under which it could increase an employee's pay by up to 10% for performing additional duties.

## **Work Schedules**

Rule 11.1(c) allows an appointing authority to schedule an employee's work week and Rule 8.16(b) allows the appointing authority to change an employee's work hours. Under these rules, an appointing authority could divide the workforce into shifts to reduce population density or could close an office one day a week and work the available staff 4 ten-hour days or could establish any 40-hour per week combination that meets the agency's needs. For FLSA-exempt employees, an appointing authority could establish any 80-hour per two week combination that meets the agency's needs.

Rule 21.1 allows an appointing authority to require an employee to work overtime. Rules 21.3 and 21.8 require an appointing authority to compensate (in cash or compensatory leave) non-exempt employees at the time and one-half rate for FLSA overtime (hours worked in excess of 40 in week) and at the straight-time rate for "state" overtime (hours worked in excess of the employee's scheduled work day or work period or on a holiday).

Rules 21.3 and 21.9 allow an appointing authority to compensate (in cash or compensatory leave) FLSA-exempt employees at the straight-time rate for "state" overtime. With State Civil Service Commission approval, any "state" overtime can be compensated at the time and one-half rate. NOTE: An appointing authority cannot change the amount of overtime compensation retroactively – *i.e.*, after the hours have already been worked.

## **Leave and Benefits**

Rule 11.13 allows an employee to use sick leave when his own illness or injury prevents him from performing his duties or for his own medical, dental or optical consultation or treatment. If the absence is for one of these reasons, an appointing authority cannot deny sick leave unless the employee fails to follow department policy for obtaining approved sick leave. Rule 11.13 does not allow an employee to use sick leave to care for others who are sick or to accompany others while seeking medical consultation or treatment.

Rule 11.14 allows an appointing authority to require an employee to provide medical certification that he was ill and unable to report to work. However, appointing authorities should consider that during a pandemic, healthcare resources may be overwhelmed and it may be difficult for employees to get appointments with health care providers.

Rules 11.7 (a) and 21.6(a) allow an appointing authority to grant annual and compensatory leave, respectively, to an employee for any reason including to substitute for sick leave if the employee has run out, to care for others who are ill, to accompany others while seeking medical treatment, or to care for children whose schools or day care facilities are closed.

Rule 11.34 allows an appointing authority to establish a crisis leave pool, under which a permanent employee who lacks the appropriate leave can receive 75% of his pay for up to 240 work hours from a pool of annual leave donated by employees.

Rule 11.27(a) allows an appointing authority to grant an employee leave without pay.

Rule 11.23(g) allows an appointing authority to close an office when local conditions make it impracticable for the employees to work in that office. Rule 21.8 requires non-exempt employees who work during office closures to be compensated at the straight- time rate and allows these employees to be compensated at the time and one-half rate. Rule 21.9 allows FLSA-exempt employees who work during office closures to be compensated at the straight-time rate or the time and one-half rate.

Rule 11.23(d) allows an appointing authority to grant special leave to an employee when an act of God prevents him from performing his duties.

### **Anticipated Questions**



***Q: What if an employee appears for work exhibiting flu-like symptoms?***

A: Rule 11.9 allows an appointing authority to place an employee on enforced annual leave. The employee's annual leave balance cannot be reduced below 240 hours unless the absence is for a FMLA-qualifying condition. Rule 21.6(b) allows an appointing authority to place an employee on enforced compensatory leave. These rules can be used to send an obviously ill employee home. Rule 11.13.1 allows an appointing authority to place an employee on enforced sick leave when the employee asserts the need to be absent from the work place due to illness or injury. This rule can also be used to send an employee home when he reports to work with a medical release that has so many restrictions that he cannot perform his essential functions or when the employee asserts that he cannot perform an essential function due to a medical reason. Rules 11.13.1 and 12.10 might provide additional solutions. Whether these rules need to be amended to allow an agency to send a contagious employee home is currently under discussion.

***Q: What if an employee who is capable of working refuses to come to work for fear of being exposed?***

A: An appointing authority can order/direct an employee to do anything that is job-related as long as it is not illegal, immoral, unethical, or in dereliction of duty and may discipline an employee who does not comply. However, additional optional pay might minimize the need for such drastic action.

***Q: Can an employee who runs out of sick leave and cannot return to work be terminated?***

A: Rule 12.6(a)1 allows the non-disciplinary removal of employees in this situation (after they have exhausted any FMLA entitlement). However, depending on the severity of the pandemic, an employee may be work-ready before an agency can hire a replacement. Therefore, an appointing authority may be better served by waiting for the employee to return to work.

***Q: What about FMLA?***

A: Ordinarily, unless complications arise, the common cold, the flu, ear aches, upset stomach, and headaches other than migraine are examples of conditions that do not meet the definition of a serious

health condition and do not qualify for FMLA leave. For FMLA, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or continuing treatment by a health care provider. Treatment does not include routine physical examinations. A regimen of continuing treatment that includes the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider, is not, by itself, sufficient to constitute a regimen of continuing treatment for purposes of FMLA leave. If the pandemic is moderate, only 1% of the people who become population are expected to require hospitalization; if the pandemic is severe, the projection increases to 10%. Therefore, most flu cases will not be FMLA-qualifying.

***Q: What about appointing authority?***

A: Rule 1.4 allows appointing authority to be delegated. Because it is impossible during a pandemic or any other emergency to predict who will and who will not be able to work, an appointing authority should develop an order of succession plan. A sample delegation is attached.

***Q: If an employee is on leave without pay as a result of a pandemic, can the State pay both the employer and the employee share of retirement and benefits?***

Retirement and benefits are not governed by Civil Service. The decision would likely be one jointly made by the Division of Administration and the legislature.

# **SAMPLE**

## **PARISH OF EAST BATON ROUGE STATE OF LOUISIANA DELEGATION OF APPOINTING AUTHORITY**

BEFORE ME, the undersigned Notary, personally came and appeared Anne Smith Soileau, who, after being duly sworn by me, did depose and say:

That she is the Director of the Department of State Civil Service.

That, as such, and pursuant to La. Const. Art. X, Sec. 6, she is the appointing authority for all employees in the Department except those in the office of the State Examiner of Municipal Fire and Police Civil Service, the Board of Ethics, the Advisory Board on In-service Training and Education, the State Police Service, and the Division of Administrative Law.

That, in the event of her absence or inability to perform her duties, she delegates appointing authority in the following order of succession:

Deputy Director

General Counsel

Appeals Division Administrator

MIS Division Administrator

Program Assistance Division Administrator

Program Accountability Division Administrator

Compensation Division Administrator

Staffing Division Administrator

Administrative Officer

Thus done and passed in my office in Baton Rouge, Louisiana, in quadruplicate originals, before the witnesses whose signatures appear below, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness #1

\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Witness #2

\_\_\_\_\_  
Notary Public

## **SAMPLE – Telecommuting policy**

**I. Purpose** - This policy permits management to allow employees to work at alternate work locations in order to promote general work efficiencies. The purpose of this policy is to define the telecommuting program and the rules under which it will operate. This policy should:

- Assist management and employees to understand the telecommuting environment.
- Provide a general framework for the telecommuter.

## **II. Definitions**

**Telecommuting** – A management tool that provides flexibility in meeting customer and business needs through a work arrangement that allows employees to perform their usual job duties away from their primary work place, in accordance with work agreements. Telecommuting is limited to two (2) work days per week/ four (4) work days per pay period.

**Employee** – An employee who works away from his/her primary work location either at home or at another approved work location

**Work Schedule** – The employee's approved work hours schedule regardless of the work location.

**Primary Work Location** – An employer's place of work where the employee is normally located.

**Alternate Work Location** – Approved work site, other than the employee's primary work location, where official state business is performed.

**Work Agreement** – The written agreement between the employer and the employee that details the terms and conditions of an employee's work away from his/her primary work location. The Work Agreement shall be maintained in the Supervisory file and must be readily available for audit purposes.

### III. Eligibility

Telecommuting is a management option and not an employee option. Telecommuting may not be suitable for all employees or for all positions. To the extent possible, management and the employee should agree mutually to telecommuting arrangements via the work agreement signed by all parties.

To be eligible to participate in telecommuting, an employee must have completed a minimum of six months of satisfactory employment with the DEQ. Requests for participation prior to six months of satisfactory employment may be approved on a case-by-case basis by the Appointing Authority.

### IV. General Provisions

Management is responsible for managing the affairs and operations of their Offices/Divisions; thus they will have discretion to;

- Designate employees/positions for telecommuting; and
- Approve employees to telecommute.

**Limitations** – Telecommuting will be limited to a maximum of two (2) work days per week/ four (4) work days per pay period. The work days may be designated on the Work Agreement form for a set recurring period, or, if the day(s) are floating or on an ‘as requested/needed basis’, a new Work Agreement must be completed for each day(s).

**Conditions of Employment** – Telecommuting does not change the conditions of employment or required compliance with DEQ policies and procedures. The employee will continue to comply with federal, state, and agency laws, policies, and regulations while working at the alternate work location.

**Compensation & Benefits** – An employee’s compensation and benefits will not change as a result of telecommuting.

**Hours of Work** – The work hours of telecommuting employees will not change from their approved work hour schedule regardless of work location. Time sheets shall be completed upon the return of the telecommuter; indicating “Telecommuting” with the correct work times and leave usage if applicable. Management must ensure proper compliance and documentation of work hours, in particular ensuring compliance with the

**Fair Labor Standards Act.** Telecommuting is not intended to serve as a substitute for child or adult care nor to perform other personal business during work hours.

**Office Closures** – The telecommuter shall have the same leave coding as employees at their primary location. Should circumstances arise whereby the telecommuter cannot work at the alternate work location, i.e., loss of electricity, home emergencies, etc., the telecommuter must contact his/her supervisor and he/she may be required to report to their primary work location or applicable leave may be granted.

**Attendance at Meetings** – Unless other arrangement are made, telecommuters will be expected to attend all assigned office meetings related to the performance of their job, including those which would be held on a telecommuting day. Business meetings with agency customers or regularly scheduled meetings with co-workers shall not be held at the alternate work location.

**Use of Leave** – Telecommuting is not intended to be used in place of annual, sick, Family & Medical, or other types of leave. Requests to work overtime or to use sick, annual or other leave must be approved in advance by your immediate supervisor in the same manner, and in accordance with, the time and attendance procedures as when working at the primary work location.

**Workers Compensation Liability** – DEQ may be liable for job-related injuries that may occur during an employees established work hours in their alternate work locations. Accidents that occur at an employees alternate work location may be subject to drug testing (See PPM 1017-98, Illegal Use of Drugs and Alcohol Misuse, D. Drug Tests/Screens, 1. Post-Accident/Incident). Any work related injuries must be reported to the employee's supervisor immediately. The employee shall agree to allow supervisors and/or a DEQ representative to visit the alternate work location after any accident or injury occurs while working. The employee understands that he/she remains liable for injuries or damage to the person or property of third parties or members of his family on the premises, and agrees to indemnify and hold the DEQ harmless from any and all claims for losses, costs, or expenses asserted against the DEQ by third parties or members of the employee's family.

**Alternate Work Location Safety** – The alternate work location must be safe and free from hazards and other dangers to the employee.

**State-Owned Equipment** – Prior approval must be received for the use of any state-owned equipment. A justification must be provided on the work agreement as to the reasons state-owned equipment is being utilized. For authorized use/users, state owned equipment shall be used only for state purposes by authorized personnel. Employees are responsible for protecting state-owned equipment from theft, damage and unauthorized use.

**Employee-Owned Equipment** – When employees are authorized to use their own equipment, DEQ will not assume responsibility for cost of equipment, repair, or service.



**Costs Associated with Telecommuting** – The DEQ is not obligated to assume responsibility for operating costs, home maintenance, or other costs incurred by employees in the use of their homes as telecommuting alternate work locations.

**Agency Information/Records** – Employees must safeguard department information used or accessed while telecommuting. All department records, files, and documents must be protected from unauthorized disclosure or damage and returned safely to the primary workplace.

**Termination of Work Agreement** – The DEQ may terminate the telecommuting agreement at its discretion.

## TELECOMMUTING WORK AGREEMENT

**Office/Division:** \_\_\_\_\_

This constitutes an agreement on the terms and conditions of telecommuting between:

\_\_\_\_\_

Supervisor/Manager

\_\_\_\_\_

Employee

**Alternate Work Location:** Home Address: \_\_\_\_\_

Other Address: \_\_\_\_\_

**Communication:** Phone # where you can be reached: \_\_\_\_\_

How will incoming calls be addressed?

\_\_\_\_ Call forwarding to the above phone #

\_\_\_\_ Retrieving messages through Voice mail

\_\_\_\_ Designation of co-worker to take and route calls to you

**Network Access:** Do you have the following available at the Alternate Work Location?

Computer \_\_\_\_ High speed network with Internet access \_\_\_\_

**State-owned Equipment:** (List and justify) \_\_\_\_\_

**Schedule:** Telecommuting Day(s): Mon Tues Wed Thurs Fri (Week 1)

Mon    Tues    Wed    Thurs    Fri (Week 2)

Duration: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

**Work Results and Performance Expectations on Telecommuting Days**

(Attachment may be used) Other Terms/Agreements:

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand both the telecommuting policy and this agreement and agree to abide by these terms and conditions. I agree that the sole purpose of this agreement is to define the telecommuting rules and that it does not constitute an employment contract.

\_\_\_\_\_

Employee (Signature and Date)

\_\_\_\_\_

Supervisor/Manager (Signature and Date)

\_\_\_\_\_ Administrator (Signature and Date)

# # #

## **Appendix H: State DOA/HR Policies**



# DEPARTMENT OF HEALTH and HOSPITALS- DISASTER OPERATIONS INDIVIDUAL TIME SHEET (HR-48)

<b>Employee Name/ Title: (Please Print)</b>					<b>Event:</b>									
<b>Personnel Number:</b>			<b>Cost Center Name:</b>			<b>Site Parish:</b>								
<b>Office: (Check one)</b> <input type="checkbox"/> OS/OMF <input type="checkbox"/> MVA <input type="checkbox"/> OAAS <input type="checkbox"/> OMH  <input type="checkbox"/> OCDD <input type="checkbox"/> OAD <input type="checkbox"/> OPH <input type="checkbox"/> DD <input type="checkbox"/> (Other-Specify)						<b>Site Name &amp; Address:</b>								
<b>Place of Work:</b>  (Check one)	<input type="checkbox"/>	<b>GOHSE P</b>  ESF-8:	<input type="checkbox"/>	<b>DHH EOC</b>	<input type="checkbox"/>	<b>Med SNS</b>	<input type="checkbox"/>	<b>REG EOC</b>	<input type="checkbox"/>	<b>TMOS A</b>	<input type="checkbox"/>	<b>POD S</b>	<input type="checkbox"/>	<b>Other (Specify):</b>
<b>Primary Task(s) at Place of Work:</b>  (Check all that apply)	<input type="checkbox"/> Command  <input type="checkbox"/> HmSvc Br Mgr  <input type="checkbox"/> Hm Svc Br Tasker  <input type="checkbox"/> Support Staff  <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Exec Staff  <input type="checkbox"/> Command  <input type="checkbox"/> Adm/Finance  <input type="checkbox"/> Logistics  <input type="checkbox"/> Operations	<input type="checkbox"/> DHH Emp Reg  <input type="checkbox"/> Patient Care  <input type="checkbox"/> Cred/Reg Prof Vol  <input type="checkbox"/> Inventory  <input type="checkbox"/> Non-Prof Vol Reg  <input type="checkbox"/> Shelter Phones	Briefly state primary task(s):	Briefly state primary task(s):	Briefly state primary task(s):	Briefly state primary task(s):	Briefly state primary task(s):	Briefly state primary task(s):	Briefly state primary task(s):	Briefly state primary task(s):	Briefly state primary task(s):	Briefly state primary task(s):	Briefly state primary task(s):

		<input type="checkbox"/> Planning  <input type="checkbox"/> Other-specify		<input type="checkbox"/> Triage Phones  <input type="checkbox"/> Other (specify)							
<b>NOTE: DAYS BEGIN AND END AT MIDNIGHT</b>						<b>OFFICIAL TIME ADMINISTRATION - OFFICE</b>					
Day / Date	*Travel Time (Hr, Min) See note below	Site Arrival Time	Time for Meals/Sleep/Off Duty Total for each (Hr, Min)	Site Departure Time	*Travel Time (Hr, Min) See note below	Total Hours	Meals/Sleep/Off Duty	Travel Hours	Regular Hours	Overtime Hours	Exempt / Non-exempt
Mon. /		( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.							
Tues. /		( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.							
Wed. /		( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.							
Thurs. /		( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.							
Fri. /		( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.							
Sat. /		( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.							
Sun. /		( ) a.m. ( ) p.m.		( ) a.m. ( ) p.m.							
					<b>TOTAL</b>						

<i>I certify that I have worked the hours and times as indicated above.</i>	<b>Employee Signature/Date</b>	
<b>Signature of EOC/Shelter/Other disaster oper. mgr or appt. authority /   Date   /   Job Title</b>		
<b>*Travel Time is for those employees traveling outside of their official work parish/domicile and/or for work-related travel while on work time.</b>	HR- 48 (Replaces HR 45, 46, & 47) Rev. 7/23/07	



## **Appendix I: Regional OPH Location Addresses**

<b>1010 Common Street</b> <b>Suite 700</b> <b>New Orleans, LA 70112</b>  <b>Phone: (504) 599-0100</b> <b>Fax: (504) 599-0200</b>	<p style="text-align: center;"><i>Region 1</i></p> <p style="text-align: center;"><i>Parishes: Jefferson, St. Bernard, Orleans,</i> <i>Plaquemines</i></p>
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FACILITY	UNIT/CLINIC ADDRESS	CITY/ZIP	PHONE	FAX
Metropolitan <b>CSHS</b> Office	200 Henry Clay Ave., Rm. 214	New Orleans, 70118	(504) 896-1340	(504) 896-1360
Metropolitan <b>STD</b> Clinic	517 N. Rampart St.	New Orleans, 70112	(504) 565-2540	(504) 599-1057
Metropolitan <b>TB</b> Clinic	1532 Tulane Ave., 6th floor, Center	New Orleans, 70112	(504) 568-8839	(504) 568-8890
<b>Jefferson</b>	111 N. Causeway Blvd.	Metairie, 70001	(504) 838-5100	(504) 838-5104
	1855 Ames Blvd. P.O. Box 458	Marrero, 70072	(504) 349-8802	(504) 349-8817
<b>Orleans Family Planning</b>	3306 Tulane Ave. 1st Floor	New Orleans, 70119	(504) 826-2571	(504) 826-2570
<b>Orleans Sanitarian</b>	1440 Canal St., Ste. 1700	New Orleans, 70112	(504) 568-7970	(504) 568-7974
<b>Orleans (City Health Dept.)</b>	Room 8E18 City Hall, Civic Ctr. 1300 Perdido St.	New Orleans, 70112	(504) 565-6900	
<b>Plaquemines</b>	3706 Main St.	Belle Chasse, 70037	(504) 394-3510	(504) 393-0437
<b>St. Bernard</b>	2712 Palmisano Blvd. Bldg. C	Chalmette, 70043	(504) 278-7410 Dial "211" to reach the	(504) 278-7324

			sanitarian.	
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<b>Capitol Regional Office</b> <b>7173-A Florida Blvd .</b> <b>Baton Rouge, LA 70806</b>  <b>Phone: (225) 925-7200</b> <b>Fax: (225) 925-7245</b>	<i>Region 2</i>  <i>Parishes: Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana</i>
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FACILITY	UNIT/CLINIC ADDRESS	CITY/ZIP	PHONE	FAX
STD Clinic	1427 Main St.	Baton Rouge, 70802	(225) 342-1799	(225) 342-9886
Ascension	Personal Health 901 Catalpa St.	Donaldsonville, 70346	(225) 474-2004	(225) 474-2060
	Environmental and Sanitarian Services 1024 S. E. Ascension Complex Ave.	Gonzales, 70737	(225) 644-4582	(225) 644-8487
East Baton Rouge	353 N. 12th St.	Baton Rouge, 70802	<b>Administration:</b> (225) 242-4928 <b>Appointments:</b> (225) 242-4861 <b>CSHS:</b> (225) 242-4890 <b>Immunizations:</b> (225) 242-4862 <b>Nursing:</b> (225) 242-4924 <b>Sanitation:</b> (225) 242-4870 <b>TB:</b> (225) 242-4916 <b>Vital Records:</b> (225)	<b>Administration:</b> (225) 342-5821 <b>CSHS:</b> (225) 342-4707 <b>Nursing:</b> (225) 342-5193 <b>Sanitation:</b> (225) 342-5157 <b>TB:</b> (225) 342-8948

			242-4864	
<b>East Feliciana</b>	12080 Marston St.; P. O. Box 227	Clinton, 70722	(225) 683-8551	(225) 683-3788
<b>Iberville</b>	24705 Plaza Drive	Plaquemine, 70764	(225) 687-9021	(225) 687-1892
<b>Pointe Coupee</b>	282 B Hospital Rd.	New Roads, 70760	(225) 638-7320	(225) 638-3022
<b>West Baton Rouge</b>	685 Louisiana Ave.	Port Allen, 70767	(225) 342-7525	(225) 383-3552
<b>West Feliciana</b>	5154 Burnett Rd. P. O. Box 1928	St. Francisville, 70775	(225) 635-3644	(225) 635-2167

<b>Region III Office</b> <b>1434 Tiger Dr.</b> <b>Thibodaux, LA 70301</b>  <b>Phone: (985) 447-0916</b> <b>Fax: (985) 447-0920</b>  <b>TB Fax: (985) 447-0820</b> <b>Sanitarian Services Fax:</b> <b>(985) 449-5011</b>			<p style="text-align: center;"><i>Region 3</i></p> <p style="text-align: center;"><i>Parishes: Assumption, Lafourche, St. James, St. John the Baptist, St. Mary, Terrebonne</i></p>	
<b>FACILITY</b>	<b>UNIT/CLINIC ADDRESS</b>	<b>CITY/ZIP</b>	<b>PHONE</b>	<b>FAX</b>
<b>Assumption</b>	158 Highway 1008	Napoleonville, 70390	(985) 369-6031	(985) 369-2326
<b>Lafourche</b>	2535 Veterans Blvd.	Thibodaux, 70301	<b>Health Unit:</b> (985) 447-0921 <b>CSHS:</b>	<b>Health Unit:</b> (985) 447-0897 <b>CSHS:</b>

			(985) 447-0896	(985) 447-0973
	133 W. 112th St.	Cut Off, 70345	(985) 632-5567	(985) 632-5573
<b>St. James</b>	29170 Health Unit St.	Vacherie, 70090	(225) 265-2181	(225) 265-7247
<b>St. John</b>	473 Central Ave.	Reserve, 70084	(985) 536-2172	(985) 536-2571
<b>St. Mary</b>	1200 David Drive	Morgan City, 70380	(985) 380-2441	(985) 380-2489
<b>Terrebonne</b>	600 Polk St.	Houma, 70360	(985) 857-3601	(985) 857-3607

<b>Acadian Regional Office</b> <b>Brandywine III, Suite 100</b> <b>825 Kaliste Saloom Rd.</b> <b>Lafayette, LA 70508</b>  <b>Phone: (337) 262-5311</b> <b>Fax: (337) 262-5237</b>	<i>Region 4</i>  <i>Parishes: Acadia, Evangeline, Iberia,</i> <i>Lafayette, St. Landry, St. Martin,</i> <i>Vermilion</i>
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FACILITY	UNIT/CLINIC ADDRESS	CITY/ZIP	PHONE	FAX
<b>Acadia</b>	530 W. Mill St.	Crowley, 70526	(337) 788-7507	(337) 788-7577
<b>Evangeline</b>	1010 West Lasalle Street	Ville Platte, 70586	(337) 363-1135	(337) 363-3899
<b>Iberia</b>	121 W. Pershing St.	New Iberia, 70560	(337) 373-0021	(337) 373-0094
<b>Lafayette</b>	220 Willow St. Bldg. A <b>CSHS:</b> Bldg. C, Ste. 302 <b>STD:</b> Bldg. C, Ste. 213	Lafayette, 70501	<b>Administration:</b> (337) 262-5616 Press "2" to reach Env Hlth to report dead	<b>Administration:</b> (337) 262-5399 <b>CSHS:</b> (337) 262-1058 <b>STD:</b>

	<b>TB:</b> Bldg. B		birds. <b>CSHS:</b> (337) 262-5816 <b>STD:</b> (337) 262-1262 <b>TB:</b> (337) 262-1292	(337) 262-1264 <b>TB:</b> (337) 262-1326
<b>St. Landry</b>	308 W. Bloch St. P.O. Box 1557	Opelousas, 70750	(337) 948-0220	(337) 948-0324
	131 City Ave. P. O. Box 1167	Eunice, 70535	(337) 457-2767	(337) 457-9767
	P. O. Box 404	Melville, 71353	(337) 623-4941	
<b>St. Martin</b>	303 W. Port St.	St. Martinville, 70582	(337) 394-3097	(337) 394-1279
<b>Vermilion</b>	401 S. St. Charles St.	Abbeville, 70510	(337) 893-1443	(337) 893-6680

<b>Southwest Regional Office</b> <b>707 A. East Prien Lake Rd.</b> <b>Lake Charles, LA 70601</b>  <b>Phone: (337) 475-3200</b> <b>Fax: (337) 475-3222</b>		<i>Region 5</i>  <i>Parishes: Allen, Beauregard, Calcasieu,</i> <i>Cameron, Jefferson Davis</i>		
<b>FACILITY</b>	<b>UNIT/CLINIC ADDRESS</b>	<b>CITY/ZIP</b>	<b>PHONE</b>	<b>FAX</b>
<b>Allen</b>	616 Court St. P.O. Drawer 160	Oberlin, La 70655	(337) 639-4186	(337) 639-4080
<b>Beauregard</b>	216 Evangeline St. P.O. Box 327	Deridder, 70634	(337) 463-4486	(337) 462-2486

<b>Calcasieu</b>	3236 Kirkman St.  P.O. Box 3170	Lake Charles, 70601  Lake Charles, 70602	<b>Main:</b> (337) 478-6020 <b>CSHS:</b> (337) 480-2561 <b>Environmental:</b> (337) 480-2550 <b>Regional TB:</b> (337) 480-2591	<b>Main:</b> (337) 475-8613 <b>Main:</b> (337) 475-8613 <b>Environmental:</b> (337) 457-8892 <b>Regional TB:</b> (337) 480-2596
<b>Cameron</b>	107 Recreation Lane P.O. Box 1430	Cameron, 70631	(337) 775-5368	(337) 775-5078
<b>Jefferson Davis</b>	403 Baker St. P. O. Box 317	Jennings 70546	(337) 824-2193	(337) 824-0794

<b>Central Regional Office</b> 5604 "B" Coliseum Blvd. Alexandria, LA 71303  <b>Phone: (318) 487-5262</b> <b>Fax: (318) 487-5338</b>		<i>Region 6</i>  <i>Parishes: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn</i>		
<b>FACILITY</b>	<b>UNIT/CLINIC ADDRESS</b>	<b>CITY/ZIP</b>	<b>PHONE</b>	<b>FAX</b>
<b>Avoyelles</b>	657 Government St.	Marksville, 71351	(318) 253-4528	(318) 253-0862
	220 Southwest Main St.	Bunkie, 71322 (1st & 3rd Fri. only)	(318) 346-2586	
<b>Catahoula</b>	109 Pine St Sanitarian only	Harrisonburg, 71340	(318) 744-5261	(318) 744-9344
	200 Third St.	Jonesville, 71343	(318) 339-8352	(318) 339-7601

<b>Concordia</b>	905 Mickey Gilley	Ferriday, 71334	(318) 757-8632	(318) 757-7654
<b>Grant</b>	513 Eighth St.	Colfax 71417	(318) 627-3133	(318) 627-2981
<b>LaSalle</b>	1673 N. 2nd St.	Jena 71343	(318) 992-4842	(318) 992-6593
<b>Rapides</b>	5604 "A" Coliseum Blvd.	Alexandria, 71303	<b>Administration:</b> (318) 487-5282 <b>CSHS:</b> (318) 487-5282 <b>STD:</b> (318) 487-5282 <b>TB:</b> (318) 487-5282	<b>Administration:</b> (318) 487-5557 <b>CSHS:</b> (318) 487-5481 <b>STD:</b> (318) 487-5557 <b>TB:</b> (318) 487-5557
<b>Vernon</b>	406 W. Fertitta Blvd.	Leesville 71496	(337) 238-6410	(337) 238-6447
<b>Winn</b>	301 W. Main St., Ste. 101	Winnfield 71483	(318) 628-2148	(318) 628-6822

<b>Northwest Regional Office</b> <b>1525 Fairfield Ave., Rm. 569</b> <b>Shreveport, LA 71101-4388</b>  <b>Phone: (318) 676-7489</b> <b>Fax: (318) 676-7560</b>		<i>Region 7</i>  <i>Parishes: Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster</i>		
<b>FACILITY</b>	<b>UNIT/CLINIC ADDRESS</b>	<b>CITY/ZIP</b>	<b>PHONE</b>	<b>FAX</b>
<b>Bienville</b>	1285 Pine St., Ste. 102	Arcadia, 71001	(318) 263-2125	(318) 263-2009
<b>Bossier</b>	3022 Old Minden Rd.	Bossier City, 71112	(318) 741-7314	(318) 741-7441
<b>Caddo</b>	1035 Creswell Ave.	Shreveport, 71101	<b>Administration:</b> (318) 676-5222 <b>CSHS:</b>	<b>Administration:</b> (318) 676-5221 <b>CSHS:</b>



			(318) 676-7488 <b>STD:</b> (318) 676-5403 <b>TB:</b> (318) 676-5226	(318) 676-7783 <b>STD:</b> (318) 676-5410 <b>TB:</b> (318) 676-5607
	Caddo Sanitarian Serv. 1033 Creswell Ave.	Shreveport, 71101	(318) 676-5265	(318) 676-5033
<b>Claiborne</b>	624 W. Main St.	Homer, 71040	(318) 927-6127	(318) 927-6362
<b>DeSoto</b>	120 McEnery St.	Mansfield, 71052	(318) 872-0472	(318) 872-2220
<b>Natchitoches</b>	625 Bienville St.	Natchitoches, 71457	(318) 357-3132	(318) 357-3136
<b>Red River</b>	2015 Red Oak Rd.	Coushatta, 71019	(318) 932-4087	(318) 932-5415
<b>Sabine</b>	1230 W. Louisiana Ave.	Many, 71449	(318) 256-4105	(318) 256-4144
<b>Webster</b>	1200 Homer Rd.	Minden, 71055	(318) 371-3044	(318) 371-3073
	218 First St. N.E.	Springhill, 71075	(318) 539-4314	(318) 539-2589

<b>Northeast Regional Office</b> <b>1650 DeSiard Street</b> <b>Second Floor</b> <b>Monroe, LA 71201</b>  <b>Phone: (318) 361-7201</b> <b>Fax: (318) 362-3163</b>	<p align="center"><i>Region 8</i></p> <p align="center"><i>Parishes: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll</i></p>
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FACILITY	UNIT/CLINIC ADDRESS	CITY/ZIP	PHONE	FAX
Caldwell	501 Collins Rd. P.O. Box 720	Columbia, 71418	(318) 649-2393	(318) 649-0969
East Carroll	407 Second St.	Lake Providence, 71254	(318) 559-2012	(318) 559-3553
Franklin	6614 Main St.	Winnsboro, 71295	(318) 435-2143	(318) 435-2136
Jackson	228 Bond St. P. O. Box 87	Jonesboro, 71251-0087	(318) 259-6601	(318) 259-1146
Lincoln	405 E. Georgia Ave.	Ruston, 71270	(318) 251-4120	(318) 251-4181
Madison	606 Depot St.	Tallulah, 71282-3884	(318) 574-3311	(318) 574-1396
Morehouse	650 School Rd.	Bastrop, 71220	(318) 283-0806	(318) 283-0860
Ouachita	1650 DeSiard St	Monroe, LA 71201	<b>Administration:</b> (318) 361-7281 <b>CSHS:</b> (318) 362-5486 <b>TB:</b> (318) 362-5211	<b>Administration:</b> (318) 362-5319 <b>CSHS:</b> (318) 362-3016 <b>TB:</b> (318) 362-3097
	1416 Natchitoches St.	West Monroe, 71292	(318) 362-3428	(318) 362-3217
Richland	21 Lynn Gayle Robertson Road	Rayville, 71269	(318) 728-4441	(318) 728-6291
Tensas	1115 Levee St. P.O. Box 77	St. Joseph, 71366	(318) 766-3515	(318) 766-9090

<b>Union</b>	1002 Marion Hwy. P. O. Box 516	Farmerville, 71241	(318) 368-3156	(318) 368-3831
<b>West Carroll</b>	402 Beale St.; PO Bx 306	Oak Grove, 71263	(318) 428-9361	(318) 428-7200

<b>Southeast Regional Office</b> <b>21454 Koop Dr., Ste 1C</b> <b>Mandeville, LA 70471</b>  <b>Phone: (985) 871-1300</b> <b>Fax: (985) 871-1334</b>	<i>Region 9</i>  <i>Parishes: Livingston, St. Helena, St. Tammany, Tangipahoa, Washington</i>
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<b>FACILITY</b>	<b>UNIT/CLINIC ADDRESS</b>	<b>CITY/ZIP</b>	<b>PHONE</b>	<b>FAX</b>
<b>Livingston</b>	20140 Iowa St. P. O. Box 365	Livingston, 70754	(225) 686-7017	(225) 686-1782
<b>St. Helena</b>	N. Second St. P. O. Box 428	Greensburg, 70441	(225) 222-6178	(225) 222-6466
<b>St. Tammany</b>	Environmental Health 21454 Koop Dr., Ste. 2C	Mandeville, 70471	(985) 893-6296	(985) 893-6295
	Slidell Health Unit 105 Medical Center Drive, Suite 101	Slidell, 70461	(985) 646-6445	
<b>Tangipahoa</b>	330 West Oak St. P. O. Box 278	Amite, 70422	(985) 748-2020	(985) 748-2029
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**Confidential Appendix J: OPH Vehicle Listing**

**Confidential Appendix K: Staff Listing, All OPH Staff**

**Confidential Appendix L: Vital Records Locations, IT Listing**

## Definitions and Acronyms

**advance team**—a group of people assigned responsibility for preparing the alternate facility for operations once the activation decision has been made.

**after-action rDCCPr**—a narrative rDCCPr that presents issues found during an incident or exercise along with recommendations on how those issues can be resolved.

**alternate relocation facility (ARF)** —an alternate work site that provides the capability to perform minimum essential departmental or jurisdictional functions until normal operations can be resumed.

**alternate facility manager(s)**—the individual(s) responsible for the alternate facility during periods of normalcy and who, upon activation of the COOP, may be required to take actions to ensure that the alternate facility is prepared for occupancy by the COOP contingency staff.

**catastrophic event**—an emergency event that renders a department's or jurisdiction's primary facility unusable for a sustained period of up to or exceeding 30 days.

**continuity of government (COG)**—a coordinated effort within each branch of government (e.g., the Federal Government's executive branch) to ensure that the National Essential Functions (NEFs) continue to be performed during a catastrophic emergency. Note, this term may also be applied to non-Federal governments.

**continuity of operations (COOP) planning**—an internal effort within individual components of a government to ensure the capability exists to continue essential component functions across a wide range of potential emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies.

**COOP Team**—the individuals, identified by position, within the state department or local jurisdiction who are responsible for ensuring that essential functions are performed in an emergency and for taking action to facilitate that performance.

**delegated authority**—an official mandate calling on the individual holding a specific position to assume responsibilities and authorities not normally associated with that position when specified conditions are met.

**DHH** – Department of Health and Hospitals

**drive-away kit**—and easily transportable package of materials, technology, and vital records that can be taken by personnel departing for the alternate facility to ensure their ability to establish and maintain essential operations.

**emergency**—a sudden, usually unexpected event that does or could do harm to people, resources, property, or the environment. Emergencies can range from localized events that affect a single office in a building, to human, natural, or technological events that damage, or threaten to damage, local operations. An emergency could cause the temporary evacuation of personnel or the permanent displacement of personnel and equipment from the site to a new operating location environment.

**ESF** – Emergency Support Function

**essential functions**—those functions, stated or implied, that state departments and local jurisdictions are required to perform by statute or executive order or are otherwise necessary to provide vital services, exercise civil authority, maintain the safety and well being of the general populace, and sustain the industrial/economic base in an emergency.

**essential personnel**—staff of the department or jurisdiction that are needed for the performance of the organization’s mission-essential functions.

**interoperable communications**—alternate communications that provide the capability to perform minimum essential departmental or jurisdictional functions, in conjunction with other agencies, until normal operations can be resumed.

**management plan**—an operational guide that ensures the implementation, maintenance, and continued viability of the COOP plan.

**mitigation**— any sustained action taken to reduce or eliminate the long-term risk to life and property from a hazard event.

**OPH** – Office of Public Health

**order of succession**—the order in which and conditions under which the responsibilities and authorities of a public official are passed to another official when the original holder of the responsibilities and authorities is unable or unavailable to exercise them.

**plan maintenance**—steps taken to ensure the COOP plan is reviewed regularly and updated whenever major changes occur.

**reconstitution**—the resumption of non-emergency operations at a primary facility following emergency operations at an alternate facility.

**termination**—actions taken to end operations at an alternate facility and prepare for returning to non-emergency operations at a primary facility.

**vital records and databases**—records necessary to maintain the continuity of operations during an emergency, to recover full operations following an emergency, and to protect the legal rights and interest of citizens and the government. Two basic categories of vital records are emergency operating records and rights and interests records.

**weapon of mass destruction**—(1) any explosive, incendiary, poison gas, bomb, grenade, or rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge of more than one-quarter ounce, or mine or device similar to the above; (2) poison gas; (3) any weapon involving a disease organism;(4) any weapon designed to release radiation at a level dangerous to human life.

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