



**Los Angeles County Emergency Medical Services Agency**

## **Business Continuity Plan**

### **FACILITY-WIDE TEMPLATE with EMBEDDED INSTRUCTION MANUAL**

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## About the Template with Embedded Instruction Manual

This Business Continuity Plan (BCP) template and embedded instruction manual is provided by the Los Angeles County Emergency Medical Services (EMS) Agency as a resource to assist healthcare facilities document their business continuity program planning activities, and to meet the US DHHS ASPR Healthcare Preparedness Capability 2: Healthcare System Recovery whose focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community. The Los Angeles County EMS Agency has conducted several business continuity-related webinars and workshops. These resources, including BIA tools, interviewing tips, and more are available at: <http://ems.dhs.lacounty.gov/>.

### Business Continuity Planning Process

Business continuity planning facilitates the performance of essential functions during all-hazards emergencies or other situations that may disrupt normal operations. The formal business continuity planning process includes several steps prior to the creation of a BCP.

- **Create a Business Continuity Planning Team** led by a member of senior leadership. This team should lead and facilitate the activities below.
- **Conduct a Business Impact Analysis (BIA) and Business Process Analysis (BPA)** for the facility and each department. The BIA and BPA can be done concurrently.
  - This template focuses on the completion of the BCP for the entire facility, however in order to better understand these impacts and processes, it may be helpful to understand how each department will be impacted.
  - The purpose of the BIA is to identify essential services, identify impacts if these essential services are interrupted, and determine the priority to bring these services back to full operational status.
  - The purpose of the BPA is to understand how these essential services and functions are performed by identifying their interdependencies and identifying needed resources (staffing, supplies, facilities) to perform the essential services (not necessarily all services).
- **Determine the Continuity Plan** by using the results of the analyses, identify a priority list of services and functions that need to be maintained and restored; and identify if / or create downtime or workaround procedures, staffing, supplies, and/or facilities until all services are restored.
- **Conduct Trainings and Exercises** to educate staff, and practice and improve the BCP. This should be done on an annual schedule.

### Planning Process Tips

The Business Continuity Planning Team may find it useful to complete a draft BCP: Facility-Wide prior to working with departments so that the Business Continuity Planning Team may have a better understanding of the business continuity concepts and may identify some questions that departments may have. As department BCPs are being completed, the Business Continuity Planning Team should re-assess the draft BCP: Facility-Wide to determine if early assumptions on priorities, resources, and solutions need to be updated.

The Business Continuity Planning Team will facilitate the development of departmental BCPs. Senior leadership and support of business continuity planning has proven essential in engaging and receiving cooperation from all facility departments. Below are some tips for working with departments to develop their BCP.

- **Traditional Method:** the most common and most formal method of conducting the business continuity planning process is to have **each department complete a worksheet** that will include both BIA and BPA components, and may reach into some BCP solutions. A member of the Business Continuity Planning Team will then **interview each department individually** to validate the worksheet information, and further develop BCP solutions. The results will then be used to complete the BCP.
- **Optional Method:** The Business Continuity Planning Team should develop at least two (such as one patient care and one non-clinical) BCPs using the Traditional Method to get familiar with the process and the informational content that is created. The **department BCP template can then be used instead of the BIA tool** to serve as a data collection sheet and interview guide. This may save time as it is one less document to work on.
- **Group Method:** This can be done with the Traditional or Optional Methods, but rather than individual interviews, representatives from similar departments (like inpatient services) are **brought together in workshops to complete the worksheet or BCP template**. This may save time, and also might provide more details with the group thinking together. Members of the Business Continuity Planning Team would facilitate these workshops.
- **Combination of Methods:** A combination of approaches may be useful and more effective for your facility to initially develop and/or update BCPs.

### Template is a Resource, but its use is Not Required

This and other BCP templates and resources provided are intended to give healthcare facilities a variety of tools and guidance in order to develop their business continuity program. While there are contractual requirements related to healthcare continuity and recovery (see your facility's Hospital Preparedness Program Scope of Work), the use of these specific templates and resources are not required.

### **Personalize for Your Facility**

The BCP template is designed to be comprehensive, however it is also designed to be personalized to your facility. If there are sections (such as topics related to research) that are not related to your facility, you should delete that information.

### **Use Your Own Data**

The BCP template includes sample assessments and data. These details are intended to provide examples of the type of information that should be included in the tables and lists. As you are completing the BCP, update these information with the results of your business impact analysis and other assessments.

## **Using this Instruction Manual**

### **Embedded Instructions**

The remaining portion of this document is an exact copy of the Facility-Wide BCP Template with the addition of embedded instructions, tips, and notes.

### **Ways to use the template with embedded instructions:**

- If you are unfamiliar with the concepts of business continuity planning, you can use the Instruction Manual for information, and have the Template open at the same time for you to use to make your facility's edits.
- Or you can complete the Template with Embedded Instructions with your facility's information, and use it as your BCP. If you choose this method, you can delete the embedded instructions, or you may choose to retain the instructions to assist with future regular reviews of the BCP.

### **Bracketed Text**

Brackets are used in this Instruction Manual to identify text and guidance not included in the actual Template document. These are used to identify instructions, tips, and notes.

**TIP:**

Example of what the embedded Instruction Manual brackets look like that contain additional tips and guidance.

### **Highlighted Text**

Text that is highlighted designates a place holder to be personalized by your facility. Highlighted text also indicates example information that should be updated to your facility's information. If the highlighted sample text is not relevant to your facility, you should delete it.

**Example Highlighted Text to be updated and personalized or deleted**

Facility Logo or Photo

**Facility Name**

## **Business Continuity Plan FACILITY-WIDE [Template]**

Version Date: **DRAFT, February 11, 2016**



This template is provided by the Los Angeles County Emergency Medical Services Agency as a resource to assist healthcare facilities document their business continuity program planning activities, and to meet the US DHHS ASPR Healthcare Preparedness Capability 2: Healthcare System Recovery whose focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

## Approval Page

### Policy

It is the policy of **Facility Name** to maintain service delivery or restore services as rapidly as possible following an emergency that disrupts those services. As soon as the safety of patients, visitors, and staff has been assured, the facility will give priority to providing or ensuring patient access to health care.

### Plan Authorization

This Business Continuity Plan (BCP) has been developed for use by **Facility Name**. By affixing the signature indicated below, this BCP is hereby approved for implementation and intended to supersede all previous versions. This BCP was established to promote a system to: save lives; protect the health, ensure the safety of the hospital environment; alleviate damage and hardship; and, reduce future vulnerability within the facility. Further, this document indicates the commitment to ongoing planning, training, and exercise activities in order to ensure the level of preparedness necessary to respond to emergencies or incidents affecting the facility.

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Chief Executive Officer

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Date



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## Business Continuity Program Overview

**Facility Name** recognizes the importance of continuity planning to ensure the continuity of performing essential services across a wide range of emergencies and incidents, and to enable our organization to continue functions on which our customers and community depend.

Overall, internal objectives are to protect life and property (including vital information), and external objectives are to support customers and the community with providing essential services until normal operations can resume.

**TIP:**

The members of your Business Continuity Planning Team must, at a minimum, include the positions identified in the HPP Contract with LA County. You may change the name of the team, but the team make-up should include these positions.

### Business Continuity Planning Team

The Business Continuity Planning Team meets **quarterly [or other timeline]** and includes the following members:

- Chair: Facility Senior Management / Executive (COO, CFO, CIO, CNE/CNO)
- Clinical Operations Manager (Nursing and/or Ancillary Services Manager)
- Business Continuity Coordinator / Healthcare Continuity and Recovery Coordinator
- Emergency Management Coordinator
- Facilities / Safety Manager
- Financial Services Manager
- Human Resources Manager
- IT Manager
- Risk Management

**TIP:**

A sample job description for a Business Continuity Coordinator is located in Appendix C.

**TIP:**

These activities are the basics of the Business Continuity Planning Team. You may choose to add additional duties.

### Business Continuity Planning Team Key Activities include:

- Conduct a business impact analysis and business process analysis for each department

- Identify mission-essential services or departments
- Develop the facility-wide business continuity plan (BCP)
- In partnership with facility departments, develop department-specific BCPs
- Conduct trainings and exercises to evaluate the plans

See Appendix A for the BCP Update Schedule, and Appendix B for the BCP Training and Exercise Schedule.

### **Regulations**

The **Facility Name** Business Continuity Program and BCP help to satisfy the following regulations and guidance:

- Hospital Preparedness Program Agreement with the Los Angeles County Emergency Medical Services Agency, Section 4.3.3
- US DHHS ASPR Healthcare Preparedness Capability 2: Healthcare System Recovery
- NFPA 1600: Standard on Disaster/Emergency Management and Business Continuity Programs
- National Security Presidential Directive-51/Homeland Security Presidential Directive-20 (NSPD-51/HSPD-20), National Continuity Policy

## Business Continuity Plan Purpose and Overview

### Purpose

The Business Continuity Plan (BCP) describes the implementation of coordinated strategies that initiate activation, relocation, and/or continuity of operations and recovery for the facility. The BCP is an all-hazards plan that addresses the full spectrum and scale of threats from natural, manmade, and technological sources.

**NOTE:**

This purpose is adapted from the 2015 ASPR Healthcare COOP & Recovery Planning Guidance: Concepts, Principles, Templates & Resources.

Department-specific BCPs focus have the same purpose with additional details on the interdependencies that the department has on others in order to perform its essential functions, as well as the departments and functions that are dependent on the department in order for others to do their essential functions.

### Objectives

- Facilitate immediate, accurate and measured service continuity activities after emergency conditions are stabilized.
- Reduce the time it takes to make some critical decisions that personnel will need to make when a disaster occurs.
- Minimize the incident's effect on daily operations by ensuring a smooth transition from emergency response operations back to normal operations.
- Expedite restoration of normal services.

**TIP:**

Insert the results of your HVA here. You may include more than 5 threats. The HVA is not a crucial element of the BCP, but it serves to identify the type of incidents that may require the activation of the BCP.

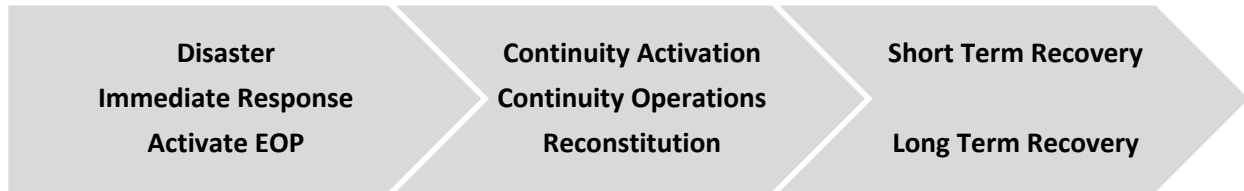
### Pre-Incident Risk Assessment

A hazard vulnerability analysis (HVA) is conducted annually, and these top five threats have been identified. For detailed results, see the HVA document.

Rank	Hazard	Type	Risk %	Comments
1				
2				

Rank	Hazard	Type	Risk %	Comments
3				
4				
5				

**BCP Activation: The BCP is activated after emergency conditions are stabilized.**



Facility-wide and department BCPs are secondary to the EOP and department Emergency Response Plans. This BCP will be implemented only after the facility has implemented emergency response procedures outlined in the EOP which are directed by the Hospital Command Center (HCC) using the Hospital Incident Command System (HICS).

The HICS Business Continuity Branch Director will coordinate continuity activities, including:

- Facilitate the acquisition of and access to essential recovery resources, including business records (e.g., patient medical records, personnel records, purchasing contracts)
- Support the Infrastructure and Security Branches with needed movement or relocation to alternate business operation sites
- Coordinate with the Logistics Section Communications Unit Leader, IT/IS Unit Leader, and the impacted area to restore business functions and review technology requirements
- Assist other branches and impacted areas with restoring and resuming normal operations

The HICS Business Continuity Branch Director Job Action Sheet can be found in Appendix D as well as in the Hospital Command Center, Operations Section materials.

**TIP:**

If you have not yet practiced the activation of the HICS Business Continuity Branch Director, you should consider doing so in your next exercise.

**TIP:**

The following series of tables identify service interruptions that will have the most impact.

It is a good activity for the Business Continuity Planning Team to complete these tables during a draft version of the facility-wide BCP, and then revisit the tables after the departmental BCPs are complete to validate the early assumptions.

**Most Impact on Overall Operations**

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on overall operations. Each disaster will have different impacts on the facility, however focusing initial response and recovery actions on the following areas may expedite overall continuity activities.

Rank	Service	Department	Comments
1			
2			
3			
4			
5			

**Most Impact on Patient Care**

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on patient care.

Rank	Service	Department	Comments
1			
2			
3			
4			
5			

**Most Impact on Financial Functions that Drive Revenue**

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on financial functions that drive revenue.

Rank	Service	Department	Comments
1			
2			
3			
4			
5			

**TIP:**

The following tables are optional based your facility’s functions or topics that are important to your facility. You may delete or add more Impact areas.

**Most Impact on Education / Residency / Research**

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on our ability to continue to conduct education and residency programs, and perform ongoing research.

Rank	Service	Department	Comments
1			
2			
3			
4			
5			

**Most Impact on Patient Satisfaction**

A BIA and essential function analysis have been conducted, and interruption of these services may have the most impact on our ability to ensure patient satisfaction.

Rank	Service	Department	Comments
1			
2			
3			
4			
5			



## Orders of Succession

Continuity of leadership during an emergency situation is critical to ensure continuity of essential functions.

**Facility Name** has established and maintains Orders of Succession for key positions in the event leadership is incapable of performing authorized duties. The designation as a successor enables that individual to serve in the same position as the principal in the event of that principal's death, incapacity, or resignation.

**TIP:**

Review all facility policies and existing plans to identify orders of succession, and ensure that the existing documents do not contradict. There should be clear delineation for normal operations and emergency / recovery operations.

All persons (by position) listed will have full, unlimited authority to operate in the position they are assuming to the fullest extent possible until such person is relieved by the next highest-ranking individual or as identified in the Delegations of Authority.

### Business Operations Succession Plan

Key Position	Successor 1	Successor 2	Successor 3
Chief Executive Officer			
Chief Operating Officer			
Chief Finance Officer			
Chief Information Officer			

### Clinical Operations Succession Plan

Key Position	Successor 1	Successor 2	Successor 3
Chief Medical Officer			
Chief Nursing Officer			

## Delegations of Authority

In Orders of Succession, a successor will typically take on all of the duties of the person they are replacing. Delegations of Authority allows certain duties of one individual/position to be divvied up and assigned / delegated to multiple individuals if the designated Successor is not available or based on expertise of other facility personnel.

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

**TIP:**

For policy and facility-wide decisions, it is likely that your facility will follow all Orders of Succession for the Delegated Authority.

This table allows the identification of another position to take on the authority for specific decisions if the Succession positions are not available or based on the expertise and experience of other staff members.

Delegation of authorities for making policy determinations and for taking necessary actions at all levels of an organization ensures a rapid and effective response to any emergency requiring the activation of a continuity plan.

Authority	Triggering Conditions	Position Holding Authority	Delegated Authority
Close and evacuate the facility	When conditions make coming to or remaining in the facility unsafe	Chief Executive Officer	1. Chief Operating Officer 2. Safety Officer 3. Engineering Director
Represent facility when engaging government officials	When the pre-identified senior leadership is not available	Chief Executive Officer	1. Orders of Succession 2. Public Information Officer 3. Risk Management Director
Activate facility MOUs	When the pre-identified senior leadership is not available	Chief Executive Officer	1. Orders of Succession 2. Finance Director

Authority	Triggering Conditions	Position Holding Authority	Delegated Authority

## Mission-Essential Services Assessment

Mission-essential services and functions are important and urgent. Essential functions are the activities that cannot be deferred during an emergency. These activities must be performed continuously or resumed quickly following a disruption.

The recovery timeframe of all services, departments and functions are assessed and prioritized to assist in planning and recovery implementation. They serve as key continuity planning factors necessary to determine appropriate staffing, communications, essential records, facilities, training, and other requirements.

Each department maintains a plan that identifies their essential functions, staffing, vital records, and key applications, equipment, and supplies. Implementation of a department's continuity plan will be based on the needs and considerations of the actual incident and resources available, and may be implemented in a different schedule than identified below.

Any function which does not need to be performed for 3 days is not considered essential.

The reason the organization defers activities until later is to free up resources that allow it to focus on those things that cannot be deferred. Thus, it is just as important to identify non-essential functions (which can be deferred) as it is to identify essential functions (which cannot be deferred).

The Maximum Tolerable Downtime is the maximum length of time (in hours or days) that the service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations.

<b>Tier 0</b>	<b><u>Recovery Time Objective</u> Immediate</b>	<b><u>Criticality</u> Immediately needed; presents life threatening or catastrophic impact if interrupted</b>	<b>Maximum Tolerable Downtime</b>
<b>Tier 0</b>	<b>Department</b>	<b>Essential Service / Function</b>	
Tier 0	Engineering	Facility Safety and Life Safety: fire suppression	
Tier 0	Security	Security, especially during Active Threat situation	

<b>Tier 1</b>	<b><u>Recovery Time Objective</u></b> 4 hours or less	<b><u>Criticality</u></b> Needed in less than 4 hrs, or it may present threat to life safety if downtime extends beyond	<b>Maximum Tolerable Downtime</b>
<b>Tier 1</b>	<b>Department</b>	<b>Essential Service / Function</b>	
Tier 1	Emergency	Casualty patient care	
Tier 1	Information Tech	Operations support for all services	

<b>Tier 2</b>	<b><u>Recovery Time Objective</u></b> 12 hours or less	<b><u>Criticality</u></b> Needed in same shift or < 12 hrs, or likely to impact operations and/or patient satisfaction	<b>Maximum Tolerable Downtime</b>
<b>Tier 2</b>	<b>Department</b>	<b>Essential Service / Function</b>	
Tier 2	Food & Nutrition	Foodservice for patients and staff	
Tier 2	Human Resources	Get staff needed for response; Staff notification	

<b>Tier 3</b>	<b><u>Recovery Time Objective</u></b> 3 days or less	<b><u>Criticality</u></b> Minimal impact or risk; needed in 1 to 3 days	<b>Maximum Tolerable Downtime</b>
<b>Tier 3</b>	<b>Department</b>	<b>Essential Service / Function</b>	

<b>Tier 3</b>	<b><u>Recovery Time Objective</u> 3 days or less</b>	<b><u>Criticality</u> Minimal impact or risk; needed in 1 to 3 days</b>	<b>Maximum Tolerable Downtime</b>
<b>Tier 3</b>	<b>Department</b>	<b>Essential Service / Function</b>	
Tier 3	Administration	Regulatory compliance & reporting	
Tier 3	Outpatient Clinics	Referrals to decrease patient load on hospital	

<b>Tier 4</b>	<b><u>Recovery Time Objective</u> 3 days or more</b>	<b><u>Criticality</u> Need in long term, beyond 3 days</b>	<b>Maximum Tolerable Downtime</b>
<b>Tier 4</b>	<b>Department</b>	<b>Essential Service / Function</b>	
Tier 4	HIM	Transcription	
Tier 4	Education	Health education	

## Staffing

**Facility Name** employs # full-time-equivalent staff and # additional contract vendors who provide a variety of clinical and non-clinical services. Details of the number, type of staff and functions is maintained by the Human Resources Department.

### Essential Staff to Maintain Operations

In order to maintain the viability and overall operation of the facility, the following personnel are identified that have been deemed essential to their specific role in maintaining mission critical services and operations. Essential staff positions or classifications include:

- Chief Executive Officer
- Chief Medical or Nursing Officer
- Safety Officer
- 
- 
- 

### Incident Response Staffing

According to existing policies and procedures found in the **Emergency Operations Plan, Emergency Staffing Procedures, and Human Resources Policies**, following an incident that may impact staffing levels, the HICS Logistics Section / Support Branch / Labor Pool & Credentialing Unit Leader will be activated to:

- Tabulate and categorize on-duty staff that can be reassigned
- Coordinate staff call back and provide instruction on where they are to report
- Coordinate the registration, orientation, and supervision of community members volunteering to assist during the incident; and
- Verify credentials, including licensure of all volunteer personnel.

**TIP:**

The staffing-related plans listed are examples of plans that your facility should have in place. Update the BCP with the actual names of your plans.

Staff support activities (e.g., foodservice, employee health, sheltering, etc.) will be implemented by the appropriate HICS position.

### Department Business Continuity Staffing

Each Department Manager (or designee, or successor) will work with the HCC to minimize the impact to departmental operations by maintaining, resuming and recovering critical functions to the service levels identified in the department's Emergency Response Plan, and the Recovery Time Objectives defined in the department's BCP.

Each departmental BCP identifies staff that have been deemed essential to their specific role in maintaining mission critical services and operations. Staff who will be assigned to the HCC and unavailable to perform departmental duties are also identified.

### **Staffing Considerations**

As the emergency response phase winds down, facility leadership will determine whether to maintain the activation of the HICS Logistics Section / Support Branch / Labor Pool & Credentialing Unit Leader or transition duties directly to the Human Resources Department.

- Evaluation of current staffing levels and resource deployment.
- Notification of human resources, managers, union representatives and other key personnel as to status and plan implementation.
- Notification of employees regarding plan activation and process.
- Implementation of alternative staff resource options.
- Evaluation of immediate and ongoing staff needs based on existing and predicted levels of human resources available.
- Identification of contractors or other staff options that may alleviate problems resulting from staff loss.
- Identification of work options available through “telecommuting” or other off-site possibilities.
- Assessment of flexible leave options that would allow employees to address family needs while continuing to support the employing organization through a flexible work plan where feasible.
- Assessment of union issues surrounding overtime issues and disaster support/sharing of responsibilities among workers.
- Evaluation of potential health and safety issues that may arise through diversion of staff to new job roles and loss of critical staff in various operational positions.
- Liability assessment by general counsel.



## Continuity Communications

**Facility Name** maintains a robust and effective communications system to provide connectivity to internal response players, key leadership, and community response and recovery partners.

### Contact Information

The **Facility Name** Emergency Communications Plan is an annex to the EOP, and includes:

- Staff emergency notification system
- Redundant communications list
- Regional points of contact (*this may be from your DRC Regional Point of Contact List*)
- Critical infrastructure emergency contacts
- Vendor / supply chain emergency contacts
- MOU emergency contacts

#### TIP:

Include high level details from your Emergency Communications Plan, not the whole plan. Specific details like the name of the 'Staff emergency notification system' should be identified by name and function.

If the 'Critical infrastructure' and 'Vendor/supply chain emergency contacts' are not in your Emergency Communications Plan, identify where this contact information is located and who maintains it.

### Communication Tools

**Facility Name** has established communication systems that address the following factors:

- Dedicated access to communication capabilities at our primary and off-site facilities
- Interoperable redundant communications that are maintained and operational as soon as possible following an activation, and are readily available for a period of sustained usage for up to 30 days following the incident

#### TIP:

Provide an overview description of communication devices and systems that are in place. This can be a simple description like the above, or more detailed with the brand, device type, and purpose.

## Vital Records Management

Another critical element of a viable continuity plan and program is the identification, protection, and ready availability of electronic and hardcopy documents, references, records, information systems, and data management software and equipment (including HIPAA-protected and other sensitive data) needed to support essential functions during a emergency response, service continuity, and recovery.

**Facility Name** personnel, vital records, and storage locations have been pre-identified. Staff will be deployed during an emergency to ensure the protection and ready availability of these essential records to support essential functions under the full spectrum of emergencies.

In addition to departmental records identified in their respective BCPs, the following records are deemed critical to **Facility Name**. Records are categorized into two general categories:

- Emergency Operating Records: essential to the continued functioning or reconstitution of the organization
- Rights and Interests Records: essential to carrying out the organization’s essential legal and financial activities

### Vital Records: Emergency Operating Records

Essential to the continued functioning or reconstitution of the organization.

Vital Records:	Location			
	Electronic Copy	Hard Copy	Mobile Copy	Remote Back-Up
Emergency Operations				
Standard Operating Procedures Plan (SOPs)				
Emergency Operations Plan (EOP)				
HCC / HICS Resources				
Business Continuity Plan				
Orders of Succession				
Delegations of Authority				
IT Disaster Recovery Plan				
Disaster Financial Plan				

<b>Vital Records:</b>	<b>Location</b>			
<b>Emergency Operations</b>	<b>Electronic Copy</b>	<b>Hard Copy</b>	<b>Mobile Copy</b>	<b>Remote Back-Up</b>

**Vital Records: Rights and Interests Records**

Essential to carrying out the organization’s essential legal and financial activities.

<b>Vital Records:</b>	<b>Location</b>			
<b>Essential Business</b>	<b>Electronic Copy</b>	<b>Hard Copy</b>	<b>Mobile Copy</b>	<b>Remote Back-Up</b>
Contracting and acquisition files				
Official personnel files				
Payroll records				
Insurance forms with policy numbers				
Property management and inventory records				
Lease agreements				
Personnel and payroll records including employment applications and employee manual				

<b>Vital Records:</b>	<b>Location</b>			
<b>Corporate</b>	<b>Electronic Copy</b>	<b>Hard Copy</b>	<b>Mobile Copy</b>	<b>Remote Back-Up</b>
Incorporation documents				
Bylaws				

<b>Vital Records:</b>	<b>Location</b>			
<b>Corporate</b>	<b>Electronic Copy</b>	<b>Hard Copy</b>	<b>Mobile Copy</b>	<b>Remote Back-Up</b>
Board meeting documents including agendas, minutes, and related documents				
Conflict of Interest and Nondisclosure statements				
Correspondence with legal counsel and/or accountants not otherwise listed				
Tax-exemption documents				
State charitable registration documents				

<b>Vital Records:</b>	<b>Location</b>			
<b>Financial</b>	<b>Electronic Copy</b>	<b>Hard Copy</b>	<b>Mobile Copy</b>	<b>Remote Back-Up</b>
Audit and management letters				
Audit work papers				
Equipment files and maintenance agreements				
Bank statements, canceled checks, check registers, investment statements and related documents going back seven years				
Signed contracts with vendors				

<b>Vital Records:</b>	<b>Location</b>			
<b>Financial</b>	<b>Electronic Copy</b>	<b>Hard Copy</b>	<b>Mobile Copy</b>	<b>Remote Back-Up</b>

<b>Vital Records:</b>	<b>Location</b>			
<b>Donor and Fund Records</b>	<b>Electronic Copy</b>	<b>Hard Copy</b>	<b>Mobile Copy</b>	<b>Remote Back-Up</b>
Fund files including fund agreements and fund statements				
Gift documentation				
Grant documentation				

<b>Vital Records:</b>	<b>Location</b>			
<b>IT-Related</b>	<b>Electronic Copy</b>	<b>Hard Copy</b>	<b>Mobile Copy</b>	<b>Remote Back-Up</b>
Commercial software licenses				
Copies of installation CDs				
Product keys				
Serial numbers				
End User License Agreements				

<b>Vital Records:</b>	<b>Location</b>			
<b>IT-Related</b>	<b>Electronic Copy</b>	<b>Hard Copy</b>	<b>Mobile Copy</b>	<b>Remote Back-Up</b>

## Continuity Facilities, Department Closure and Devolution

### Continuity Facilities

In planning coordination with the Business Continuity Planning Team, each department will identify at least three evacuation locations (on the same floor, vertical evacuation, and outdoor collection area), and determine if services (clinical and non-clinical) can be continued in this location. If services can be continued, then resources needed will be identified.

Each department maintains its own BCP which details its continuity facilities, closure, devolution, and evacuation plans.

**NOTE:**

The specific planning details for these topics are found in each of the Department BCPs.

Additional surge and alternate care planning is documented in the EOP.

### Department Closure

If a primary department location is deemed to be inoperable or unsafe, the Department Manager, or designee, will initiate department closure procedures, and, in coordination with the HICS Business Continuity Branch Director, will activate the alternate location which may provide full or limited operational capability. Relocation will be the decision of the HICS Incident Management Team and coordinated with the HCC.

### Devolution / Evacuation

Devolution takes place when an organization's primary and alternate facilities, staff, or both are unavailable and essential functions must be transferred to someone else at a different facility.

If we are unable to provide patient care (to a single department up to the whole facility), the devolution plan is to work with our sister facilities and community response partners to transport patients to another healthcare facility. Our Evacuation Plan details the procedures for patient movement, information and resources that need to accompany the patients, and our Communication Plan identifies key contacts.

Once it is safe to do so, Reconstitution activities will commence.

## Reconstitution: Recovery and Resumption of Services

Reconstitution is the process by which surviving and/or replacement organization personnel resume normal operations in the primary operating space (a single department, floor, or the entire facility). In some cases, extensive coordination may be necessary to backfill staff, procure new operating space or facility, and re-establish communications, IT infrastructure, and essential records.

### The four key phases of reconstitution for any type of operating space are:

1. Re-enter the physical space - ensure safety
2. Re-open the physical space - replenish supplies, equipment, and staff
3. Repatriation of patients, if a patient care area
4. Resumption of normal service delivery



### Prioritization

An orderly return to the new or restored facilities will be established based on the safety of the facility and the resources available. Because the facility may be reopened in phases, a staggered staff schedule may be implemented. A detailed communication plan will be implemented to ensure that staff are notified accordingly.

An overview of steps include:

1. Inform all personnel that the emergency no longer exists.
2. Implement a priority-based phased approach to reconstitution.
  - a. Inspect and repair/replenish affected areas.
  - b. Get approvals to re-open.
3. Notify employees of reconstitution and when to report.
4. Provide instructions for resumption of normal operations.
5. Verify all systems, communications, and other required capabilities are available and operational.
6. Identify vital records affected by the incident and ensure an effective transition or recovery of records.
7. Most critical functions transferred last.
8. Notify stakeholders of reconstitution.
9. Prepare After-Action Report, Corrective Action and Improvement Plans.



## Reconstitution: Hierarchy of Repopulation Approvals

Source: California Hospital Association

Dependent upon circumstances, the following sequential steps should be expected prior to the repopulation of evacuated hospital facilities.

Steps	Date Completed
A. Local government agencies have removed restrictions, if any, related to the environmental quality in the area or facility for the types of patients to be moved back into the facility.	
B. Local Fire Department and/or Law Enforcement agency representative allows re-entry to the specific evacuated neighborhood in which hospital is located and/or allows re-entry to evacuated facilities, as applicable.	
C. If structural integrity or any major building system is compromised, OSHPD inspects and repopulation cannot occur until any red and yellow building tags are removed from the impacted building by OSHPD.	
D. If required, due to prolonged loss of power and refrigeration or breach of pharmaceutical security, State Pharmacy Board may conduct a site visit to approve measures taken to restore Pharmacy capacity and safety.	
E. The CEO/IC oversees an assessment of environmental safety, facilities, operations and resources, including the factors identified in the General All Hazards Repopulation Factors checklist, and prepare the facility for repopulation.	
F. The CEO/IC maintains communication with the L&C District Office regarding facility status, progress and estimated timeframes for reopening of facility (ies). Depending upon the circumstances, L&C may schedule a reportable event visit.	
G. Once the CEO/IC makes a determination, based on best judgment, that the facility is ready to repopulate, L&C is notified and: <ol style="list-style-type: none"> <li>1) If necessary, an L&amp;C repopulation inspection is scheduled, or,</li> <li>2) Repopulation is initiated.</li> </ol>	
H. If an L&C repopulation visit is required: <ol style="list-style-type: none"> <li>1) If necessary, additional actions or agency reviews may be requested by L&amp;C; and/or,</li> <li>2) The determination is made that hospital facilities are safe for patients, staff and visitors, programs and services can be resumed, and repopulation can be initiated.</li> </ol>	

## Reconstitution: General All-Hazards Hospital Re-Population Factors

Source: California Hospital Association

The following factors/steps should be considered as appropriate to the type of evacuation.	Status/ Date
A. Facilities are determined to be structurally sound and safe, and systems are not compromised, for occupancy. If not safe, may require repairs/ retrofits/ replacements that need to be approved by OSHPD, fire marshal and L&C.	
B. Air particulate exposure levels (e.g., smoke, chemicals) in buildings are documented to be reduced to acceptable/safe levels as defined by Cal/OSHA permissible exposure limits (PELS) and local Air Quality Management District Standards using available methods (e.g., air scrubbers, open windows, blowers, HAZWOPER response, etc), if needed. Only test equipment appropriate to the hazard should be used to determine safe levels of habitability and may require an outside testing laboratory service.	
C. Hospital shall have a plan to prepare for and implement repopulation.	
D. All interior and exterior surfaces/areas are clean and free of debris (e.g., counters, walls, drawers, closets, roof, parking facilities, etc).	
E. All filters in the facility, HVAC systems, and generators, etc. should be cleaned/replaced, if needed.	
F. Replace or clean linens, drapes, and upholstery, if needed.	
G. All items within the facility that can be affected by spoilage due to loss of power and/or high temperatures are tested and repaired/replaced/quarantined, as needed (e.g., food, medications, radioactive supplies and equipment, computerized diagnostics, etc.).	
H. Essential functions and supplies/supply chains (pharmacy, supplies, laundry, etc.) are returned to operational status. The facility's ability to provide essential services should be sustainable for the long term. Program Flex may be an option subject to L&C District Office approval (e.g., contracted food or pharmacy services).	
I. Vandalism and/or looting damage, if applicable, is repaired and alleviated.	
J. Full & non-abbreviated generator & smoke detector tests are completed, if needed.	
K. HVAC systems are tested and operational, if needed.	
L. Utilities are tested & operational (electricity, water supply & quality, plumbing, etc.).	
M. Dietary Services are operational and sustainable for the long term; in the case of damage to kitchens/equipment, program flex approval from L&C may be requested for contract services during repairs.	
N. Determine if the laboratory evacuation plan was followed. If the laboratory evacuation plan was not adhered to, or found to have limitations, a mitigation response is necessary.	

## Appendix A: BCP Update Schedule

In order to ensure efficacy of the BCP, it is to be reviewed and updated on the schedule as outlined below. The Business Continuity Coordinator is responsible for maintaining and carrying out the Update Schedule. Once updated, the Plan must be approved, and then provided to all responsible parties and previous versions gathered and destroyed.

NOTE: Following an incident, it will be determined whether an out-of-cycle update is required. If so, the update will be recorded and the BCP will be revised and distributed.

BCP updates may occur with:

- The relocation of employees, supply areas or other resources.
- Changes in procedures that would affect downtime procedures.
- Changes in management or reporting structure.
- New computer systems to be used.
- Changes in vendors.
- After an actual downtime occurs.
- Lessons learned from a BCP training or exercise.
- Annual review.

Date of Update	Plan Version	Reason for Update

In addition to the update of the Facility-Wide BCP, the Business Continuity Planning Team is responsible for determining the update cycle of departmental BCPs.

## Appendix B: BCP Training and Exercise Schedule

The BCP will be trained and exercised on the schedule outlined below. Trainings and exercises should occur prior to the required plan update in order for the lessons learned to be reflected in the update.

The Business Continuity Planning Team is responsible for ensuring that exercises and trainings are carried out and documented.

Date	Training or Exercise Title	BCP Focus Area

## Appendix C: Business Continuity Coordinator Job Description Sample

### General Description

The dedicated Business Continuity Coordinator will coordinate business continuity activities for the facility which include the development, documentation, maintenance, and implementation of plans and procedures for business continuity and healthcare continuity and recovery strategies and solutions; coordinate business continuity trainings and exercises; act as a coordinator for continuity and recovery efforts after a disruption; and implement all business continuity / healthcare continuity and recovery grant requirements for the facility (see current grant for specifics).

### Responsibilities

#### *Planning*

- Coordinate the implementation of all business continuity program activities, including:
  - Conduct a business impact analysis and business process analysis for each facility department
  - Identify mission-essential services or departments
  - Develop the facility-wide business continuity plan (BCP)
  - In partnership with facility departments, develop department-specific BCPs
- Facilitate regular Business Continuity Planning Team meetings, and maintain meeting minutes.
- Identify and implement the BCP update schedule.
- Maintain business continuity / healthcare continuity and recovery HPP grant documentation, and ensure that documentation is complete and available for yearly review by the EMS Agency and other regulatory agencies (coordinate with Emergency Management Coordinator).
- Maintain all hospital accreditation & licensing emergency management standards and requirements as it pertains to business continuity.

#### *Training and Exercises*

- Develop annual training and exercise schedule.
- Conduct trainings and exercises to evaluate the plans (can be in coordination with the Emergency Management Coordinator).
- Practice the HICS role of Business Continuity Branch Director. Identify and train additional staff members to fulfill the Branch Director and Branch Unit Leader positions.
- Maintain all training and exercise records.

#### *Response*

- If activated, participate in the Hospital Command Center as the Business Continuity Branch Director, and manage the Branch and its Unit Leaders.

#### *Recovery*

- Facilitate the implementation of facility-wide and/or department BCPs and other business continuity / healthcare continuity and recovery activities.
- Ensure recovery documentation is maintained for facility records, and other agencies.
- Contribute to the After-Action Report.

## **Knowledge, Skills and Abilities**

- Demonstrates fluency in English communication to include reading, writing and verbal communication
- Ability to establish positive interpersonal skills with facility staff to engage their support and cooperation in developing, updating and implementing the business continuity program
- Understands knowledge and skills in leadership and management
- Teaching and training experience preferred
- Computer knowledge of business applications (Microsoft Word, Excel, PowerPoint, Outlook)
- Working knowledge of Federal (National Incident Management System, NIMS) State (Standardized Emergency Management System, SEMS) and local emergency management systems

## **Qualifications**

### *Required Experience*

- Knowledge of hospital operations and interactions
- Experience with the coordination of preparedness, response and recovery processes associated with healthcare emergency management

### *Preferred Experience*

- Three years of professional experience in business continuity, emergency management/disaster preparedness, the field of risk management, or related field
- Experience conducting BIAs, BPAs, interviews, and writing BC plans
- Knowledge of the Hospital Incident Command System (HICS) structure
- Hospital Disaster Management Training (HDMT)
- Experience with LA County Emergency Medical Services/Hospital Preparedness Program/Assistant Secretary of Preparedness and Response (EMS/HPP/ASPR) audits

### *Required Certifications*

- ICS 100, 200 and 700 courses

### *Preferred Certifications (one or more of the following)*

- Certified Business Continuity Professional (CBCP)
- Certified Healthcare Provider Continuity Professional (CHPCP)
- Associate Emergency Manager (AEM) Certification
- Certified Emergency Management (CEM) Certification
- Certified Healthcare Safety Professional (CHSP)
- Certified Healthcare Emergency Professional (CHEP)
- ICS 800 (within 3 months of hire)

### *Physical Demands and Working Conditions*

- Intact vision, speech and hearing sufficient to perform essential job responsibilities
- Ability to work under rapidly changing and stressful conditions.
- Physical activities may be performed as necessary

## Appendix D: Business Continuity Branch Director Job Action Sheet

A copy of this Job Action sheet is also available in the Hospital Command Center, Operations Section materials.

**Mission:** Ensure business functions are maintained, restored, or augmented as needed to minimize the financial or other impact of business interruptions

Position Reports to: <b>Operations Section Chief</b>		Command Location: _____
Position Contact Information: Phone: (    ) - _____		Radio Channel: _____
Hospital Command Center (HCC): Phone: (    ) - _____		Fax: (    ) - _____
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.
Position Assigned to:	Date: / /	Start: ____:____ hrs.
Signature:	Initials:	End: ____:____ hrs.

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Receive appointment</b></p> <ul style="list-style-type: none"> <li>● Obtain briefing from the Operations Section Chief on: <ul style="list-style-type: none"> <li>○ Size and complexity of incident</li> <li>○ Expectations of the Incident Commander</li> <li>○ Incident objectives</li> <li>○ Involvement of outside agencies, stakeholders, and organizations</li> <li>○ The situation, incident activities, and any special concerns</li> </ul> </li> <li>● Assume the role of Business Continuity Branch Director</li> <li>● Review this Job Action Sheet</li> <li>● Put on position identification (e.g., position vest)</li> <li>● Notify your usual supervisor of your assignment</li> </ul>		
<p><b>Assess the operational situation</b></p> <ul style="list-style-type: none"> <li>● Provision of time sensitive data, records, and information (e.g., patient records, contracts, payroll, etc.)</li> <li>● Intranet and internet capabilities and functionality</li> <li>● Data and business function recovery operations, including server, computer, application support, and virus removal</li> <li>● Expansion or relocation of business functions, including server, computer, and application support</li> <li>● Data access and security</li> <li>● Access to business interruption insurance, in coordination with the Finance/Administration Section</li> <li>● Provide information to the Operations Section Chief of the status</li> </ul>		

Immediate Response (0 – 2 hours)	Time	Initial
<p><b>Determine the incident objectives, tactics, and assignments</b></p> <ul style="list-style-type: none"> <li>• Document branch objectives, tactics, and assignments on the HICS 204: Assignment List</li> <li>• Based on the incident objectives for the response period consider the issues and priorities:               <ul style="list-style-type: none"> <li>○ Determine which Business Continuity Branch functions need to be activated:                   <ul style="list-style-type: none"> <li>▪ IT Systems and Applications Unit</li> <li>▪ Service Continuity Unit</li> <li>▪ Records Management Unit</li> </ul> </li> <li>○ Make assignments, and distribute corresponding Job Action Sheets and position identification</li> <li>○ Determine strategies and how the tactics will be accomplished</li> <li>○ Determine needed resources</li> </ul> </li> <li>• Brief branch personnel on the situation, strategies, and tactics, and designate time for next briefing</li> </ul>		
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Participate in the Operations Section planning meeting and incident action planning; obtain and provide key information for operational activities</li> <li>• Implement branch plans and monitor activities</li> <li>• Communicate between Hospital Incident Management Team (HIMT) to determine business recovery objectives and timeframes based on recovery capability, risk, and recovery priorities</li> <li>• In conjunction with the Finance/Administration Section, assess financial implications of interruption; consult legal counsel and the hospital’s business insurance carrier as needed</li> <li>• Ensure implementation of the hospital’s Business Continuity Plans</li> <li>• Support department-level recovery operations (e.g., radiology, pharmacy, purchasing, payroll, business office)</li> <li>• Determine the ability to meet any recovery objectives for all impacted business functions, and develop alternate systems to meet needs</li> <li>• Ensure a system to access essential business records (e.g., patient medical records, purchasing contracts)</li> <li>• Assure activation of plans for expansion or relocation to alternate business operation sites as needed, including:               <ul style="list-style-type: none"> <li>○ Occupancy permits</li> <li>○ Contractors for building modifications, communications and information technology (IT) networking, and acquisition and transportation of furniture, equipment, and supplies</li> <li>○ Staffing plan (employees or vendor supplied)</li> <li>○ Building security, housekeeping, and trash removal services</li> </ul> </li> <li>• Assure activation of hospital-wide Information Technology (IT) Support Plan, including:               <ul style="list-style-type: none"> <li>○ Support the Hospital Command Center (HCC) with equipment and software; coordinate with the Logistics Section Information Technology/Information Services (IT/IS) and the Equipment Unit Leader on equipment issues</li> <li>○ Expansion of computer help-desk services</li> <li>○ Vendor agreements to support operations</li> <li>○ Utilization of downtime paperwork, and post event transfer of information from hard copy to computer after system restoration when applicable</li> <li>○ Evaluation of existing applications to include projected needs for additional licenses, password permissions, storage, and hardware to support existing operations as well as those in an alternate location</li> <li>○ Virus removal operations</li> </ul> </li> </ul>		



Immediate Response (0 – 2 hours)	Time	Initial
<ul style="list-style-type: none"> <li>• Obtain information and updates regularly from the Operations Section Chief</li> <li>• Maintain current status of all areas</li> <li>• Inform the Operations Section Chief of activities that have occurred; keep updated with status and utilization of resources and anticipated resource needs</li> <li>• Monitor and support as needed Infrastructure Branch, and the Logistics Section Information Technology/Information Services (IT/IS) and the Equipment Unit Leader</li> <li>• Consider development of a branch action plan; submit it to the Operations Section Chief if requested</li> <li>• Provide regular updates to branch personnel and inform of strategy changes as needed</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> <li>• HICS 251: As directed by the Infrastructure Branch Director, review and document information in appropriate sections of the Facility System Status Report</li> <li>• HICS 252: Distribute Section Personnel Time Sheet to section personnel; ensure time is recorded appropriately, and submit it to the Finance/Administration Section Time Unit Leader at the completion of a shift or end of each operational period</li> <li>• HICS 256: As directed by the Finance/Administration Section Procurement Unit Leader, log all purchases on a Procurement Summary Report</li> <li>• HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Determine equipment and supply needs; request from the Logistics Section Supply Unit Leader and report to the Operation Section Chief</li> <li>• Assess issues and needs in branch areas; coordinate resource management</li> <li>• Make requests for external assistance, as needed, in coordination with the Liaison Officer</li> </ul>		
<p><b>Communication</b></p> <p><i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
<p><b>Safety and security</b></p> <ul style="list-style-type: none"> <li>• Ensure that all branch personnel comply with safety procedures and instructions</li> <li>• Ensure personal protective equipment (PPE) is available and utilized appropriately</li> </ul>		

Intermediate Response (2-12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Business Continuity Branch Director role, if appropriate <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> </ul>		

Intermediate Response (2-12 hours)	Time	Initial
<ul style="list-style-type: none"> <li>• Communicate regularly with the Operations Section Chief</li> <li>• Designate times for briefings and updates with Unit Leaders to develop or update the Business Continuity Plans</li> <li>• Schedule planning meetings with Unit Leaders to update the action plan and demobilization procedures</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual basis</li> </ul>		
<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Assess issues and needs in branch areas; coordinate resource management</li> <li>• Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed</li> </ul>		
<p><b>Communication</b> <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i></p>		
<p><b>Safety and security</b></p> <ul style="list-style-type: none"> <li>• Ensure that all branch personnel comply with safety procedures and instructions</li> <li>• Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques</li> <li>• Ensure branch personnel health and safety issues are being addressed; report issues to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit</li> <li>• Ensure personal protective equipment (PPE) is available and utilized appropriately</li> </ul>		

Extended Response (greater than 12 hours)	Time	Initial
<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Transfer the Business Continuity Branch Director role, if appropriate <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Continue to monitor the ability of the Business Continuity Branch to meet workload demands, personnel health and safety, resource needs, and documentation practices</li> <li>• Continue to assist in maintaining the HICS 257: Resource Accounting Record to track equipment used during the response</li> <li>• Conduct regular situation briefings</li> <li>• Meet with unit leaders to address ongoing issues</li> </ul>		
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• HICS 204: Document assignments and operational period objectives on Assignment List</li> <li>• HICS 213: Document all communications on a General Message Form</li> <li>• HICS 214: Document all key activities, actions, and decisions in an Activity Log on a continual</li> </ul>		

Extended Response (greater than 12 hours)	Time	Initial
basis <ul style="list-style-type: none"> <li>• HICS 257: As directed by the Operations Section Chief, use the Resource Accounting Record to track equipment used during the response</li> </ul>		
<b>Resources</b> <ul style="list-style-type: none"> <li>• Assess issues and needs in branch areas; coordinate resource management</li> <li>• Ensure equipment, supplies, and personal protective equipment (PPE) are replaced as needed</li> </ul>		
<b>Communication</b> <i>Hospital to complete: Insert communications technology, instructions for use and protocols for interface with external partners</i>		
<b>Safety and security</b> <ul style="list-style-type: none"> <li>• Ensure that all branch personnel continue to comply with safety procedures and instructions</li> <li>• Observe all staff and volunteers for signs of stress and inappropriate behavior and report concerns to the Safety Officer and the Logistics Section Employee Health and Well-Being Unit Leader</li> <li>• Provide for staff rest periods and relief</li> <li>• Ensure physical readiness through proper nutrition, water intake, rest, and stress management techniques</li> <li>• Ensure personal protective equipment (PPE) is available and utilized appropriately</li> </ul>		

Demobilization/System Recovery	Time	Initial
<b>Activities</b> <ul style="list-style-type: none"> <li>• Transfer the Business Continuity Branch Director role, if appropriate                             <ul style="list-style-type: none"> <li>○ Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the hospital</li> <li>○ Address any health, medical, and safety concerns</li> <li>○ Address political sensitivities, when appropriate</li> <li>○ Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives (see HICS Forms 203, 204, 214, and 215A)</li> </ul> </li> <li>• Ensure the return, retrieval, and restocking of equipment and supplies</li> <li>• As objectives are met and needs decrease, return branch personnel to their usual jobs and combine or deactivate positions in a phased manner in coordination with the Planning Section Demobilization Unit Leader</li> <li>• Notify the Operations Section Chief when demobilization and restoration is complete</li> <li>• Coordinate reimbursement issues with the Finance/Administration Section</li> <li>• Upon deactivation of your position, brief the Operations Section Chief on current problems, outstanding issues, and follow up requirements</li> <li>• Debrief branch personnel on issues, strengths, areas of improvement, lessons learned, and procedural or equipment changes, as needed</li> <li>• Submit comments to the Planning Section Chief for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:                             <ul style="list-style-type: none"> <li>○ Review of pertinent position descriptions and operational checklists</li> <li>○ Recommendations for procedure changes</li> <li>○ Accomplishments and issues</li> </ul> </li> <li>• Participate in stress management and after action debriefings</li> </ul>		

Demobilization/System Recovery	Time	Initial
<b>Documentation</b> <ul style="list-style-type: none"> <li>• HICS 221: Demobilization Check-Out</li> <li>• Ensure all documentation is submitted to the Planning Section Documentation Unit</li> </ul>		

Documents and Tools
<ul style="list-style-type: none"> <li><input type="checkbox"/> HICS 203 - Organization Assignment List</li> <li><input type="checkbox"/> HICS 204 - Assignment List</li> <li><input type="checkbox"/> HICS 213 - General Message Form</li> <li><input type="checkbox"/> HICS 214 - Activity Log</li> <li><input type="checkbox"/> HICS 215A - Incident Action Plan (IAP) Safety Analysis</li> <li><input type="checkbox"/> HICS 221 - Demobilization Check-Out</li> <li><input type="checkbox"/> HICS 251 - Facility System Status Report</li> <li><input type="checkbox"/> HICS 252 - Section Personnel Time Sheet</li> <li><input type="checkbox"/> HICS 256 - Procurement Summary Report</li> <li><input type="checkbox"/> HICS 257 - Resource Accounting Record</li> <li><input type="checkbox"/> Hospital Emergency Operations Plan</li> <li><input type="checkbox"/> Hospital Incident Specific Plans or Annexes</li> <li><input type="checkbox"/> Business Continuity Plans</li> <li><input type="checkbox"/> Data Recovery Plan</li> <li><input type="checkbox"/> Access Control policies and procedures</li> <li><input type="checkbox"/> Information and Data Security Plan</li> <li><input type="checkbox"/> Records Management Plan</li> <li><input type="checkbox"/> Business interruption insurance documentation</li> <li><input type="checkbox"/> IT Application Support Plan</li> <li><input type="checkbox"/> Computer with intranet and internet connection</li> <li><input type="checkbox"/> Hospital schematics, blueprints and maps</li> <li><input type="checkbox"/> Hospital organization chart</li> <li><input type="checkbox"/> Hospital telephone directory</li> <li><input type="checkbox"/> Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication</li> </ul>

## Appendix E: Glossary and Acronym List

### A

**AAR:** See After-Action Report.

**After-Action Report:** In conjunction with an Improvement Plan (AAR/IP), an AAR is the final product of an incident response or exercise. The AAR captures observations and recommendations based on the incident or exercise objectives as associated with the capabilities and tasks. The IP identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.

**ASPR:** See Assistant Secretary for Preparedness and Response.

**ASPR Healthcare Preparedness Capability 2: Healthcare System Recovery:** Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

**Assistant Secretary for Preparedness and Response:** The Office of the Assistant Secretary for Preparedness and Response in the US Department of Health and Human Services was created under the Pandemic and All Hazards Preparedness Act in the wake of hurricane Katrina to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR administers the HPP grant. [www.phe.gov](http://www.phe.gov)

### B

**BCP:** See Business Continuity Plan.

**BIA:** See Business Impact Analysis.

**BPA:** See Business Process Analysis.

**Business Continuity:** To ensure that critical business functions are maintained, restored, or augmented to meet the designated Recovery Time Objective (RTO), and recovery strategies outlined in the business continuity plan.

**Business Continuity Plan:** The BCP lists critical processes by departments, essential applications, Recovery Time Objectives (RTO), and the resources needed to ensure continuity of operations (i.e., staff, supplies, information technology (IT) applications, etc.). The ultimate goal

of business continuity is to resume business functions to a normal state after a period of time following an emergency event. It also lays the steps for how a facility will recover should the disaster be catastrophic.

**Business Impact Analysis (BIA):** The purpose of the BIA is to identify essential services, identify impacts if these essential services are interrupted, and determine the priority to bring these services back to full operational status.

**Business Process Analysis:** The purpose of a BPA is to understand how the essential services and functions (identified in the BIA) are performed by identifying their interdependencies and identifying needed resources (staffing, supplies, facilities) to perform the essential services (not necessarily all services).

## C

**California Hospital Association:** CHA seeks to develop consensus, establish public policy priorities, and represent and serve hospitals and health systems. In concert with its member organizations, CHA is committed to establishing and maintaining a financial and regulatory environment within which hospitals can continue to provide high-quality patient care. General Site: [www.calhospital.org](http://www.calhospital.org); Emergency Management Resources: [www.calhospitalprepare.org](http://www.calhospitalprepare.org)

**Cal/OSHA:** California Department of Industrial Relations Division of Occupational Safety and Health. [www.dir.ca.gov/DOSH](http://www.dir.ca.gov/DOSH)

**CBRNE:** Abbreviation for types of WMD incidents: chemical, biological, radiological, nuclear, and explosive.

**CDC:** See Centers for Disease Control and Prevention.

**CDPH:** See California Department of Public Health.

**Centers for Disease Control and Prevention:** The CDC is a US Federal government agency based in DHHS. For over 60 years, the CDC has been dedicated to protecting health and promoting quality of life through the prevention and control of disease, injury, and disability. The CDC is committed to programs that reduce the health and economic consequences of the leading causes of death and disability, thereby ensuring a long, productive, healthy life for all people. <http://emergency.cdc.gov/>

**CEO:** Chief Executive Officer.

**CFO:** Chief Financial Officer.

**CHA:** See California Hospital Association.

**CIO:** Chief Information Officer.

**CMO:** Chief Medical Officer.

**CNE / CNO:** Chief Nursing Executive / Chief Nursing Officer

**Continuity Facilities:** Sites where essential functions are continued or resumed during a continuity event. Alternate sites are locations, other than the primary facility, used to carry out essential functions by relocating ERG members following activation of the continuity plan. These sites refer to not only other facilities and locations, but also work arrangements such as telework and mobile work concepts.

**COOP:** Continuity of Operations Program.

## D

**Delegation of Authority:** Delegation of Authority allows certain duties of one individual/position to be divvied up and assigned / delegated to multiple individuals if the designated Successor is not available or the based on expertise of other facility personnel. Generally, pre-determined delegations of authority will take effect when normal channels of direction have been disrupted and will lapse when these channels have been reestablished.

**Department of Health and Human Services:** DHHS is the US government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. DHHS also administers the Hospital Preparedness Program through the Office of the Assistant Secretary for Preparedness and Response (ASPR), and the Public Health Emergency Preparedness and Response Program through the Centers for Disease Control and Prevention. [www.hhs.gov](http://www.hhs.gov), [www.phe.gov](http://www.phe.gov)

**Department of Homeland Security:** DHS is the United States government's principal agency to secure the nation from the many threats we face. Five main areas of responsibility: Guarding against Terrorism, Securing our Borders, Enforcing our Immigration Laws, Improving our Readiness for, Response to and Recovery from Disasters, and Maturing and Unifying the Department. [www.dhs.gov](http://www.dhs.gov)

**Devolution:** Devolution takes place when an organization's primary and alternate facilities, staff, or both are unavailable and essential functions must be transferred to someone else at a different facility.

**DHHS:** See Department of Health and Human Services.

**DHS:** See US Department of Homeland Security or Los Angeles County Department of Health Services.

**Disaster Resource Center:** The DRC Program was established by the Los Angeles County Emergency Medical Services Agency to address medical surge capacity. There are 13 DRC hospitals geographically located throughout LA County. Each DRC has 8-10 'umbrella hospitals' that they work with in planning, training, exercises and facilitating a regional disaster preparedness plan. EMS provider agencies, clinics and other healthcare entities are included in the planning to encourage a streamlined workable plan. <http://ems.dhs.lacounty.gov/>

**DRC:** See Disaster Resource Center.

## E

**Emergency:** Absent a Presidentially declared emergency, any incident(s), human-caused or natural, that requires responsive action to protect life or property. Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States.

**Emergency Management Coordinator:** The individual within facility that has oversees emergency management program activities including preparedness, mitigation, response and recovery.

**Emergency Medical Services:** A branch of emergency services dedicated to providing out-of-hospital acute medical care and/or transport to definitive care, to patients with illnesses and injuries which the patient, or the medical practitioner, believes constitutes a medical emergency.

**Emergency Operations Plan (EOP):** The plan that each facility has and maintains for responding to appropriate hazards.

**EMS:** See Emergency Medical Services or Los Angeles County Medical Services Agency.

**EOP:** See Emergency Operations Plan.

## F

**Federal Emergency Management Agency:** FEMA's mission is to support citizens and first responders to ensure that as a nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards. [www.fema.gov](http://www.fema.gov)

**FEMA:** See Federal Emergency Management Agency.



**Finance/Administration Section:** The Section responsible for all incident costs and financial considerations. Includes the Time Unit, Procurement Unit, Compensation/Claims Unit, and Cost Unit.

## H

**HASC:** See Hospital Association of Southern California.

**Hazard:** Something that is potentially dangerous or harmful, often the root cause of an unwanted outcome.

**Hazard Vulnerability Analysis:** The HVA process is a key element for developing an Emergency Operations Plan and drives incident-specific planning. It helps identify, prioritize, and define threats that may impact business operations. With this knowledge, specific steps may be taken to reduce the impact caused by threat occurrence and, subsequently, better ensure ongoing business function.

**HAZWOPER:** Hazardous Waste Operations and Emergency Response.

**HCC:** See Hospital Command Center.

**HCR:** See Healthcare Continuity and Recovery.

**Healthcare Continuity and Recovery:** The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

**HICS:** See Hospital Incident Command System.

**Hospital Association of Southern California:** The mission of HASC is to serve the political, economic, informational and educational needs of hospitals in southern California and to help improve the quality and accessibility of health services. [www.hasc.org](http://www.hasc.org)

**Hospital Command Center:** Location where the hospital's incident management team is convened to coordinate response activities, resources. The activities at the HCC are directed by the Incident Commander, who has overall responsibility for all response activities. May also be considered the hospital incident command post.

**Hospital Incident Command System:** HICS is a comprehensive incident management system intended for use in both emergent and non-emergent situations. HICS is designed to enable effective and efficient incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to enable effective and efficient incident management. [www.emsa.ca.gov/disaster\\_medical\\_services\\_division\\_hospital\\_incident\\_command\\_system\\_re sources](http://www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system_resources)

**Hospital Preparedness Program:** HPP provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness. HPP is managed at the Federal level by ASPR, and locally in Los Angeles County by the Los Angeles County Emergency Medical Services Agency.

**HPP:** see Hospital Preparedness Program.

**HR:** Human Resources.

**HSPD-5: Homeland Security Presidential Directive 5:** The purpose is to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system (NIMS).

**HSPD-20: Homeland Security Presidential Directive 20 (along with NSPD-51):** It is the policy of the United States to maintain a comprehensive and effective continuity capability composed of Continuity of Operations and Continuity of Government programs in order to ensure the preservation of our form of government under the Constitution and the continuing performance of National Essential Functions under all conditions.

**HVA:** See Hazard Vulnerability Analysis.

I

**IAP:** See Incident Action Plan.

**IC:** See Incident Commander.

**Incident:** An occurrence or event, natural or human-caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

**Incident Action Plan (IAP):** An oral or written plan containing objectives reflecting the overall strategy for managing an incident. It may include the identification of operational resources and assignments. It may also include attachments that provide direction and important information for management of the incident during one or more operational periods. Use HICS Forms 201, 202, 203, 204 and 215A.

**Incident Commander (IC):** The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has

overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.

## J

**JAS:** Job Action Sheet:

**Job Action Sheet:** A document to provide the user with a series of action options to consider when serving in a particular role in the Incident Management Team.

## L

**L&C:** California Department of Public Health Licensing and Certification.

**Labor Pool:** A physical location or virtual list established where personnel resources can be placed while awaiting a assignment. The HICS Logistics Section / Service Branch / Labor Pool & Credentialing Unit Leader manages the Labor Pool.

**Logistics Section:** The HICS Section responsible for providing resources (staffing and supplies), facilities, and services for the incident, and supporting the staff on duty.

**Los Angeles County Department of Health Services:** The DHS mission is to improve health through leadership, service, and education in Los Angeles County. DHS provides acute and rehabilitative patient care, trains physicians and other health care clinicians, and conducts patient care-related research. DHS operates four hospitals, six comprehensive health centers and multiple health centers throughout the Los Angeles County, many in partnership with private, community-based providers. [www.ladhs.org](http://www.ladhs.org)

**Los Angeles County Department of Mental Health:** DMH is the largest county mental health department in the country. It directly operates more than 80 program sites and contracts with more than 700 providers, including non-governmental agencies and individual practitioners who provide a spectrum of mental health services to people of all ages to support hope, wellness and recovery. DMH works with its stakeholders and community partners to provide clinically competent, culturally sensitive and linguistically appropriate mental health services to our clients in the least restrictive manner possible. <http://dmh.lacounty.gov/>

**Los Angeles County Department of Public Health:** LACDPH protects health, prevents disease, and promotes the health and well-being for all persons in Los Angeles County. The focus is on the population as a whole, and LACDPH conducts activities through a network of public health professionals throughout the community. Public health nurses make home visits to families with communicable diseases; epidemiologists investigate the sources of disease outbreaks; environmental health specialists ensure safe food, water, and housing; and all work with

community coalitions to advocate for public policies to protect and improve health.  
<http://publichealth.lacounty.gov/>, <http://publichealth.lacounty.gov/eprp/index.htm>

**Los Angeles County Emergency Medical Services Agency:** The EMS Agency is responsible for coordinating the county's emergency medical services system including hospitals, fire departments, and ambulance companies. EMS works with both the private and public sectors to bring paramedic coverage to our county's more than 10 million residents and visitors. The EMS Agency administers the Hospital Preparedness Program in Los Angeles County.  
<http://ems.dhs.lacounty.gov/>

## M

**MAC:** See Medical Alert Center.

**Mass Casualty Incident:** Incidents resulting from man-made or natural causes resulting in illness or injuries that exceed or overwhelm the EMS and hospital capabilities of a locality, jurisdiction, or region. A mass casualty incident is likely to impose a sustained demand for health and medical services rather than the short, intense peak demand for these services typical of multiple casualty Incidents.

**Mass Fatality Incident:** A mass or multi-fatality incident (MFI) results in a surge of deaths above what is normally managed by normal medicolegal systems.

**Maximum Tolerable Downtime:** The maximum length of time (in hours or days) that a service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations. Can be used in conjunction with Recovery Time Objectives to prioritize activities to resume service and functions.

**MCI:** See Mass Casualty Incident.

**Medical Alert Center:** Based in the Los Angeles County EMS Agency, the MAC coordinates the transfer of patients from private hospitals to county operated hospitals and tracks the bed availability and diversion status of 911 receiving hospitals 24 hours a day.  
<http://ems.dhs.lacounty.gov/>

**Memorandum of Understanding:** a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It most often is used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

**MFI:** See Mass Fatality Incident.

**Mission Essential Services:** Services and functions that must be continued throughout, or resumed rapidly after, a disruption of normal activities.

**Mitigation:** The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

**MOA:** Memorandum of Agreement.

**MOU:** See Memorandum of Understanding.

## N

**National Incident Management System (NIMS):** NIMS provides a systematic, proactive approach guiding departments and agencies at all levels of government, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life, property, and harm to the environment. HSPD-5 requires that all Federal Departments and agencies make adoption of NIMS a condition to receive Federal Preparedness assistance. To that end, the DHHS requires that healthcare organizations implement NIMS in order to be eligible to apply for preparedness funding through the ASPR HPP grant program.

**NFPA 1600:** National Fire Protection Association 1600 is the Standard on Disaster / Emergency Management and Business Continuity Programs. It has been adopted by the US Department of Homeland Security as a voluntary consensus standard for emergency preparedness. It addresses the development, implementation, assessment, and maintenance of programs for prevention, mitigation, preparedness, response, continuity and recovery. [www.nfpa.org](http://www.nfpa.org)

**NIMS:** See National Incident Management System.

**NSPD-51: National Security Presidential Directive 51 (along with HSPD-20):** It is the policy of the United States to maintain a comprehensive and effective continuity capability composed of Continuity of Operations and Continuity of Government programs in order to ensure the preservation of our form of government under the Constitution and the continuing performance of National Essential Functions under all conditions.

## O

**Operational Period:** The period of time scheduled for execution of a given set of actions as specified in the Incident Action Plan.

**Operations Section:** The HICS Section responsible for all tactical operations at the incident.

**Orders of Succession:** Formal, sequential listing of organization positions (rather than specific names of individuals) that identify who is authorized to assume a particular leadership or management role under specific circumstances.

**OSHPD:** California Office of Statewide Health Planning and Development. [www.oshpd.ca.gov](http://www.oshpd.ca.gov)

## P

**PIO:** See Public Information Officer.

**Preparedness:** The range of deliberate, critical tasks and activities necessary to build, sustain, and improve operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private-sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. Within NIMS, preparedness is operationally focused on establishing guidelines, protocols, and standards for planning, training and exercises, personnel qualification and certification, equipment certification, and publication management.

**Public Information Officer:** A member of the Command Staff responsible for interfacing with the public, media and/or with other community response agencies with incident-related information requirements.

## R

**ReddiNet:** An emergency medical communications network linking the LA County EMS Agency, hospitals, clinics, other healthcare facilities, paramedics, dispatch centers, and other healthcare system participants.

**Reconstitution:** The return to normal operations once leadership determines that the actual emergency, or the threat of an emergency, is over. Leadership determines priorities and supervises the orderly return to normal operations. Organizations assess the status of affected facilities and transition back into the primary operating facility or a new facility.

**Recovery:** The development, coordination, and execution of service- and site-restoration plans required to return an facility's processes and support functions to operational stability following an interruption or disaster.

**Recovery Time Objective:** An RTO is considered the maximum amount of downtime that is allowable for a critical process before the impact becomes severe enough to drastically hinder patient safety and/or stop the continuation of business services.

**Repopulation:** The act of resuming services and returning patients to a facility after a partial or complete evacuation.

**RTO:** See Recovery Time Objective.

**S**

**T**

**V**

**Vital Records:** Computerized or paper records that are considered essential to the continuation of the business following an incident.

**W**

**WMD:** Weapon of Mass Destruction.

## Appendix F: References and Resources

### **Los Angeles County Emergency Medical Services (EMS) Agency**

The EMS Agency has funded several business continuity planning activities and resources. These are available at: <http://ems.dhs.lacounty.gov/>. Choose Disaster Medical Services then the Resource Documents tab.

### **Assistant Secretary for Preparedness and Response, US Dept of Health and Human Services Hospital Preparedness Program Guidance, Reports and Research**

<http://www.phe.gov/Preparedness/planning/hpp/reports/Pages/default.aspx>

- Healthcare COOP and Recovery Planning: Concepts, Principles, Templates and Resources
- NIMS Implementation for Healthcare Organizations and Guidance

### **California Association of Health Facilities**

[http://www.cahfdownload.com/cahf/dpp/COOP\\_Template.docx](http://www.cahfdownload.com/cahf/dpp/COOP_Template.docx)

- Continuity of Operations Plan Template

### **California Hospital Association**

<http://www.calhospitalprepare.org/continuity-planning>

- Hospital Continuity Program Checklist
- Business Continuity Planning Toolkit
- How to Conduct a Hospital Business Impact Analysis

### **Federal Emergency Management Agency, Continuity of Operations Guidance & Directives**

<http://www.fema.gov/guidance-directives>

- Continuity Guidance Circular 1: Continuity Guidance for Non-Federal Governments (2013)
- Continuity Guidance Circular 2: Continuity Guidance for Non-Federal Entities: Mission Essential Functions Identification Process (2013)

### **Federal Emergency Management Agency, Independent Study Program**

<http://training.fema.gov/is/>

- IS-546: Continuity of Operations Awareness Course
- IS-547: Introduction to Continuity of Operations
- IS-548: Continuity of Operations (COOP) Program Manager

### **Harvard School of Public Health Emergency Preparedness and Response Exercise Program**

<http://www.hsph.harvard.edu/eprep/resources-and-tools/>

- Essential Functions and Considerations for Hospital Recovery

**Accrediting Agencies:** Increasingly, business continuity planning is becoming a requirement for accreditation. You should verify with relevant agencies such as TJC, DNV, CMS, etc.



## Appendix G: Financial Sustainability

### Financial Sustainability

The concepts of continuity of operations and financial sustainability are intertwined.

- *Financial sustainability* refers to an entity's ability to remain economically viable during and after a disaster by maintaining a revenue stream during the disaster.
- *Business continuity and continuity of operations* refers to a broader plan to maintain business operations during a disaster, which includes assuring an organization's financial stability. **Financial sustainability is an integral part of ensuring business continuity.**

Examples of direct financial impact that result from responding to an incident may include:

- lost revenue from cancelled scheduled procedures
- lost revenue due to discharging patients early
- costs due to staff time required for planning for an impending incident
- costs due to overtime or additional staff
- costs due to the purchase of additional supplies
- costs due to the need to purchase from non-usual vendors
- costs due to the support of on-duty (and possibly off-duty) staff such as meals, shelter

Failure to plan for financial sustainability during a disaster could expose hospitals and other healthcare providers to various liabilities including:

- medical malpractice
- failure to respond
- failure to plan and prepare
- breach of contract (both vendor and employment)
- violation of certain federal and state laws and regulations related to claims submission
- loss of facility licensure.

There is no one uniform solution or approach to assuring financial stability and continuity of operations in a disaster. Healthcare providers must adopt a multi-faceted strategy to maximize their coverage and reimbursements from both governmental and private sources. Plans need to be flexible as the options and resources available to address an organization's financial sustainability will vary with the nature and scope of a given disaster.

**This Appendix provides information and additional resources on the following:**

- Planning
- Documentation
- Insurance Strategies for Disaster Recovery
- Prompt Payment of Claims
- Medicare / Medicaid Waivers During Disasters, Claims Submission, Accelerated Payment
- FEMA Reimbursement
- Small Business Administration Loans

## Planning

### **Create a Financial Disaster Plan Work Group**

Executive leadership, finance department officials, legal counsel, risk management, and the Business Continuity Planning Team should engage in discussions to develop and implement a Financial Disaster Plan to protect against losses and help ensure business continuity and recovery.

Considerations include:

- Consequences of closure by government order
- Cancellation of services due to a lack of staff
- Activation of Crisis Standards of Care plans
- Lack of reimbursement for services provided
- Loss of power, water or communication
- Disruption of electronic payment system
- Disruption/failure of healthcare supply chain

Work Group Members may include:

- Chief Financial Officer
- Business Continuity Coordinator / Healthcare Continuity and Recovery Coordinator
- Emergency Management Coordinator
- Risk Management
- Insurance Specialist
- Legal Counsel
- Human Resources
- Compliance

Financial Disaster Plan Work Group Key Activities include:

- Identify mission-essential services or departments that have the most impact on financial functions that drive revenue and those that hinder revenue
- Identify and complete the documents that need to be in place prior to an incident
- Identify the forms and documents that need to be completed during the response
- Identify the forms and documents that need to be completed after the response
- Develop the Financial Disaster Plan

The following Documentation checklist can be used as a guide to develop your facility's Financial Disaster Plan, and guide the activity of a Financial Disaster Plan Work Group.

## Documentation

### Pre-Incident Documentation

- Establish a written policy that outlines how the hospital will capture disaster related expenditures, including labor and materials, through cost centers or purchase orders.
  - *Note: In some cases, having a policy in place prior to a disaster may result in more comprehensive reimbursement.*
  
- Pre-disaster procedures should be created to track “normal” usage in your institution.
  - *Note: Policies and procedures should provide a means to justify disaster related costs above and beyond normal operating expenses. FEMA does not reimburse for normal operating expenses prior to or after a disaster.*
  
- Ensure that contracting and procurement practices are follow FEMA guidelines (if you expect to apply for FEMA reimbursement).
  
- Establish a written policy that describes how payment will be made during the incident response that includes, at a minimum, emergency purchase orders, petty cash, and credit.
  - *Note: During an incident, a vendor may require payment in cash only. A priority ranking procedure may need to be established to identify what types of supplies and services have preferred payment status.*
  
- Document emergency protective measures and other preparation activities performed within a reasonable and justified time in advance of the incident, as they may be eligible for reimbursement.
  
- Identify and inventory offsite facilities, including physician offices.
  - *Contents and operations may be eligible for reimbursement depending on the terms of the lease, insurance and ownership.*
  
- Set-up zero dollar cost centers (2 or more) to capture disaster related charges
  - *Cost codes within the cost center should include labor, supplies, pharmaceuticals, equipments, etc.*
  - *Establish cost centers to track human assets and other expenses at the start of planning for an imminent incident (such as a labor strike) to allow for a true assessment of incident-related expenses*
  - *Actuate expenses at the beginning. This allows you to go back in time and compare cost estimates to actual spend during continuance activities.*
  
- In your HICS Finance Section, ensure that financial and record keeping policies and processes are understood and available to be activated to capture all disaster related expenditures.

- Pre-designate a dedicated person (by title) to coordinate the completion and filing of financial related costs once the response phase has ended and the HICS Finance Section has been deactivated.

### **Documentation During Response and Recovery**

The HICS Finance Section Chief will have over responsibility to account for incident-related expenses while the HICS Incident Management Team is activated. A pre-designated position should take over the overall documentation responsibility during recovery.

Documentation will include:

- The use of HICS documents, including:
  - HICS 252: Section Personnel Time Sheet (use for ALL staff who respond to the incident)
  - HICS 253: Volunteer Registration
  - HICS 256: Procurement Summary Report
  - HICS 257: Resource Accounting Record
- Operating costs
- Costs from increased use
- Lost revenue through disruption of services
- Accurate disbursement
- Inventory damage and losses of equipment using a current and complete list of equipment serial numbers, costs, and dates of inventory
- Replacement of capital equipment
- Repairing or replacing incident damages to property owned by the business
- Permanent repair work (i.e., repair or replacement of damaged elements restoring the damaged facilities)
- Construction related expenses

## Insurance Strategies for Disaster Recovery

After documentation is complete, the hospital files the appropriate claims with its insurance companies for damage to the hospital. The hospital will not receive federal reimbursement for costs or losses that are reimbursed by the insurance carrier. Eligible costs not covered by the insurance carrier such as the insurance deductible may be reimbursable.

### Types of Insurance for Contingencies

**Business Interruption Insurance:** compensates the healthcare facility for lost income if the facility has to vacate the premises due to disaster related damage that is covered under its property insurance policy. Policies typically cover profits the facility would have earned based on financial records had the disaster not occurred. The policy will cover operating expenses that are continuous through the disaster event.

**Civil Authority Insurance (CAI):** is an extension of business interruption coverage, and compensates a healthcare facility for lost income and additional expenses arising out of suspension of the insured's operations necessitated by an order of civil authority ("closure order") which prevents access to the insured's property.

**Ingress/Egress Insurance:** similar to CAI coverage except that closure order from a civil authority is not necessary. To trigger coverage, many ingress/egress policies require, because of the damage to the property, that the property be completely inaccessible.

**Contingent or Dependent Business Interruption Insurance:** protects the earnings of the insured following physical loss or damage to the property of the insured's suppliers or customers, as opposed to its own property.

Dependent property is frequently defined as "property operated by others upon whom you depend to:

- Deliver materials or services to you or to others for your account (not including utilities)
- Accept your products or services
- Manufacture products for delivery to your customers under contract for sale
- Attract customers to your business"

**Accounts Receivable Insurance:** protects healthcare facilities against their inability to collect their accounts receivable because of the loss of supporting records that have been destroyed by a covered-cost cause of loss. This type of insurance also covers "the extra collection expenses that are incurred because of such loss or damage and other reasonable expenses incurred to re-establish records of accounts receivable after loss or damage."

## Prompt Payment of Claims

Ensuring payment from third party payers during a disaster is key to continued operations and financial sustainability. During a disaster, payers may find it difficult to comply with the “prompt payment” rules and regulations. Federal and state prompt payment laws and regulations govern the manner and timing in which payers must pay providers or beneficiaries for properly submitted claims. If payers fail to comply with prompt payment rules during a disaster, healthcare providers’ revenue streams could be seriously diminished, creating a host of problems for providers, their vendors, employees, and, above all, patients.

Many providers receive electronic payments from payers. During a non-traditional disaster, such as a cyber-attack, or a more traditional disaster that results in a power outage, the electronic payment process may be inoperable or inaccessible for a prolonged period of time.

Healthcare providers should discuss and plan for alternative mechanisms to receive and make payments during a disaster.

## Medicare/Medicaid Waivers in Disasters

### Section 1135 Waiver

The Social Security Act authorizes Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and social services programs of DHHS. It authorizes the Secretary, among other things, to temporarily modify or waive certain Medicare, Medicaid, CHIP, and HIPAA requirements when the Secretary has declared a public health emergency and the President has declared an emergency or a major disaster under the Stafford Act, or a national emergency under the National Emergencies Act.

Sanctions may be waived under Section 1135 for the following requirements:

- Conditions of Participation
- Licensure Requirements
- EMTALA
- Physician Self-referrals
- HIPAA Regulations
- Out-of-network payments

Examples of requirements waived/modified under section 1135 waivers:

- Hospitals—recordkeeping requirements, certification for organ transplants
- Inpatient beds—modifications to expand the number of beds
- Critical Access Hospitals—waiver of classification requirements for critical access hospitals, inpatient rehabilitation facilities, long term care facilities, and psychiatric units

- EMTALA sanctions—waiving EMTALA sanctions for transferring patients to other facilities for assessment if the original facility is in the area where a public health emergency has been declared (other provisions of EMTALA remain in full effect)
- HIPAA—waiving certain HIPAA privacy requirements so that healthcare providers can talk to family members (other provisions of HIPAA remain in full effect)

Additional information:

**EMTALA Medical Treatment and Labor Act (EMTALA) Requirements and Options for Hospitals in a Disaster:** [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09\\_52.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf)

**Information on Requesting a Section 1135 waiver:**

[www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/requestingawaiver101.pdf](http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/requestingawaiver101.pdf)

### **Section 1115 Medicaid Waivers**

Section 1115 authorizes the DHHS Secretary to conduct demonstration projects that further the goals of Medicaid, Medicare and CHIP. This waiver has been used to ease some of the statutory requirements during a disaster for persons eligible for Medicaid, Medicare and CHIP.

The CMS template for the Section 1115 disaster waiver program noted the following “Standard Features” regarding healthcare provider reimbursement issues:

[www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Section-1115-Demonstrations.html](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Section-1115-Demonstrations.html)

### **Claims Submission during a Disaster**

Healthcare facilities may experience operational circumstances that may impede their ability to meet many of the Medicare requirements, including conditions of participation, certification, and proper claims submission procedures.

Federal and state laws, as well as actions by CMS and DHHS during past disasters, offer some expectation that waivers of regulatory requirements related to claims and coverage issues will be available during future disasters. CMS’ pandemic influenza guidance offers examples of how that agency may treat claims and coverage requirements during a pandemic, yet these are subject to change in the future. Healthcare providers should understand what requirements payers have and have not waived during past events to begin their financial continuity planning, but should realize that such waivers may or may not be available in the future.

Healthcare facilities should:

- Monitor and report staffing issues that may affect claims submission.

- Alert authorities on medical surge conditions that may overwhelm the healthcare system and create a backlog of claims submissions for both Medicaid/Medicare and private payer submissions.
- Monitor and document volunteer and out-of-state personnel who are working with the facility to assess if they will impact the hospital's ability to be reimbursed by Medicare.
- Monitor the impact of any declaration of Crisis Standards of Care in the region as it relates to claims submission and reimbursement.
- Monitor and report issues relating to the facility's ability to maintain records, submit electronic claims, and process checks to pay employees, contractors, and vendors.

### **Accelerated Payment/Advanced Payment from Medicare**

CMS has the authority to relax or waive certain billing and claims submission requirements to help providers impacted by a disaster. CMS can supplement the relaxation or waiver of requirements through the use of accelerated payments or advance payments. Medicare accelerated payment provisions allow healthcare providers to receive payment for services before the provider submits a claim to CMS.

There are three situations that may justify accelerated payment:

1. A delay in payment from the Fiscal Intermediary (FI) for covered services rendered to beneficiaries whereby the delay causes financial difficulties for the healthcare provider;
2. Highly exceptional situations where a healthcare provider has incurred a temporary delay in its bill processing beyond the healthcare providers normal billing cycle; or
3. Highly exceptional situations where CHS deems an accelerated payment is appropriate.

### **Medicare Financial Management Manual: Chapter 3, Page 64, Section 150, Accelerated Payments:**

[www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/fin106c03.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/fin106c03.pdf)

## **FEMA Reimbursement**

### **Federal Disaster Declaration: Robert T. Stafford Disaster Relief and Emergency Assistance Act**

At the request of the Governor, the President may declare a major disaster or emergency if an incident is beyond the combined response capabilities of the State, Tribal, and jurisdictional governments. Among other things, this declaration allows Federal assistance to be mobilized and directed in support of State, Tribal, and jurisdictional response efforts. In addition, in the absence of a specific request, the President may provide accelerated Federal assistance and Federal support where necessary to save lives, prevent human suffering, or mitigate severe damage, and notify the State of that activity.

FEMA administers disaster relief funding allowed under the Stafford Act.



Reimbursement eligibility rules apply for certain aspects of emergency medical care including:

- Treatment and monitoring of disaster victims requiring medical care
- Vaccinations for disaster victims, emergency workers and medical staff
- Only private nonprofit healthcare facilities may directly apply for FEMA assistance grants
- For-Profit entities may be indirectly eligible through established mutual aid agreements, emergency operations plans or memorandums of understanding with other nonprofit entities
- **FEMA’s role as “payer of last resort” requires entities like hospitals and other medical facilities to exhaust all other forms of insurance and reimbursement before seeking assistance from FEMA**
- To the extent that other forms of payment are received in addition to FEMA funds, the recipients must off-set the amount paid out by FEMA and refund monies to FEMA. As a result, healthcare providers should not rely on the availability of FEMA grants as a primary source of reimbursement and funding during or after a disaster.
- All FEMA subgrantees are subject to audit (after the funds have been distributed, and if fault is found, those funds may need to be paid back to FEMA). The following are common areas for concern:
  - Contracting practices: improper contractor selection and monitoring
  - Claims: not supported by detailed and source documentation; ineligible work is performed and claimed; duplicate claims requested

### **FEMA Reimbursement for Acute Care Hospitals**

“A Quick Guide: FEMA Reimbursement for Acute Care Hospitals” provides an overview of FEMA’s reimbursement process and outlines the tasks and corresponding timelines that must be met by acute care hospitals to successfully apply to FEMA for reimbursement of disaster related expenses incurred as a result of the event.

Guide available at: [www.calhospitalprepare.org/FEMA\\_Reimb](http://www.calhospitalprepare.org/FEMA_Reimb)

### **FEMA Reimbursement for Emergency Medical Care and Medical Evacuations**

FEMA’s “Disaster Assistance Policy on Emergency Medical Care and Medical Evacuations” identifies the extraordinary emergency medical care and medical evacuation expenses that are eligible for reimbursement under Category B, Emergency Protective Measures of the FEMA Public Assistance Program following an emergency or major disaster.

Policy available at: [www.fema.gov/pdf/government/grant/pa/9525\\_4.pdf](http://www.fema.gov/pdf/government/grant/pa/9525_4.pdf)

### **FEMA Reimbursement for Pandemic Influenza**

FEMA’s “Disaster Assistance Policy on Emergency Assistance for Human Influenza Pandemic” establishes the types of emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.

The policy may cover additional reimbursement costs related to the management, control, and reduction of immediate threats to public health and safety. Specific health and social service expenditures that may be reimbursable include:

- Purchase and distribution of food, water, ice, medicine, and other consumable supplies
- The movement of supplies and personnel
- Emergency medical care in a shelter or temporary medical facility
- Temporary medical facilities when existing facilities are overloaded
- Sheltering for safe refuge of patients when existing facilities are overloaded
- Communicating health and safety information to the public
- Storage and internment of unidentified human remains
- Mass mortuary services

**Policy** available at: [www.fema.gov/pdf/government/grant/pa/9523\\_17.pdf](http://www.fema.gov/pdf/government/grant/pa/9523_17.pdf)

Additional information:

**“Payment for Care at Hospital Alternative Care Sites”** - Fact sheet for hospitals that find it necessary to establish alternate care sites to expand the ability of the facility to care for patients: [www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf](http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf)

## Small Business Administration (SBA) Loans

SBA provides low-interest disaster loans to businesses of all sizes, private non-profit organizations, homeowners, and renters. SBA disaster loans can be used to repair or replace the following items damaged or destroyed in a declared disaster: real estate, personal property, machinery and equipment, and inventory and business assets.

### Business Physical Disaster Loans

If you are in a declared disaster area and have experienced damage to your business, you may be eligible for financial assistance from the SBA. Businesses of any size and most private nonprofit organizations may apply to the SBA for a loan to recover after a disaster.

#### *Loan Amounts and Use*

SBA makes physical disaster loans of up to \$2 million to qualified businesses or most private nonprofit organizations. These loan proceeds may be used for the repair or replacement of the following:

- Real property
- Machinery
- Equipment

- Fixtures
- Inventory
- Leasehold improvements

The SBA Business Physical Disaster Loan covers disaster losses not fully covered by insurance. If you are required to apply insurance proceeds to an outstanding mortgage on the damaged property, you can include that amount in your disaster loan application.

If you make improvements that help reduce the risk of future property damage caused by a similar disaster, you may be eligible for up to a 20% loan amount increase above the real estate damage, as verified by the SBA.

You may not use the disaster loan to upgrade or expand a business, except as required by building codes.

#### *Eligibility and Terms*

- A business of any size or most private nonprofit organizations that are located in a declared disaster area and have incurred damage during the disaster, may apply for a loan to help replace damaged property or restore its pre-disaster condition.
- The interest rate will not exceed 4% if you cannot obtain credit elsewhere. For businesses and nonprofit organizations with credit available elsewhere, the interest rate will not exceed 8%.
- SBA determines whether the applicant has credit available elsewhere. Repayment terms can be up to 30 years, depending on your ability to repay the loan.

#### **Economic Injury Disaster Loans (EIDL)**

If you have suffered substantial economic injury and are one of the following types of businesses located in a declared disaster area, you may be eligible for an SBA EIDL:

- Small business
- Small agricultural cooperative
- Most private nonprofit organizations

#### *Loan Amounts and Use*

Substantial economic injury means the business is unable to meet its obligations and to pay its ordinary and necessary operating expenses. EIDLs provide the necessary working capital to help small businesses survive until normal operations resume after a disaster.

The SBA can provide up to \$2 million to help meet financial obligations and operating expenses that could have been met had the disaster not occurred. Your loan amount will be based on your actual economic injury and your company's financial needs, regardless of whether the business suffered any property damage.

### *Eligibility and Terms*

- The interest rate on EIDLs will not exceed 4% per year. The term of these loans will not exceed 30 years. The repayment term will be determined by your ability to repay the loan.
- EIDL assistance is available only to small businesses when SBA determines they are unable to obtain credit elsewhere.
- A business may qualify for both an EIDL and a physical disaster loan. The maximum combined loan amount is \$2 million.

**SBA Disaster Loan Application:** <https://disasterloan.sba.gov/ela/>

**SBA Disaster Loan Fact Sheets for Businesses of All Sizes:**

[www.sba.gov/content/fact-sheet-businesses-all-sizes](http://www.sba.gov/content/fact-sheet-businesses-all-sizes)

## **Financial References and Resources**

**Continuity of Operations: Financial Sustainability for Healthcare Facilities in Disasters**

[www.calhospitalprepare.org/continuity-planning](http://www.calhospitalprepare.org/continuity-planning)

**ASPR Healthcare COOP and Recovery Planning: Concepts, Principles, Templates and Resources**

<http://www.phe.gov/Preparedness/planning/hpp/reports/Pages/default.aspx>

**FEMA Reimbursement for Acute Care Hospitals Guide**

[http://www.calhospitalprepare.org/FEMA\\_Reimb](http://www.calhospitalprepare.org/FEMA_Reimb)