



**DEPARTMENT OF STATE HEALTH SERVICES**

# **Pandemic Influenza Annex**

**to the**

# **Continuity of Operations (COOP) Plan**

A supplement to the DSHS COOP Plan that addresses specialized actions required to maintain critical operations during an influenza pandemic.

**May 2008**

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**Pandemic Influenza Annex to the DSHS COOP Plan - Authorization Log**

<b>Date</b>	<b>Reviewer</b>	<b>Action(s) Taken</b>	<b>Version</b>
December 2007	David Lakey, MD	Approved Pandemic Influenza Annex	2007
May 2008	David Lakey, MD	Approved Update to Pandemic Influenza Annex	2008

## **I. INTRODUCTION**

The Texas State Government performs essential functions and services that may be adversely affected in the event of a natural or man-made disaster. In such events, all government Departments and State Agencies should have plans to continue to operate their core missions. Maintaining essential functions and services is a vital element in an organization's ability to continue operations. Continuity of operations for various agencies, businesses, and governmental jurisdictions may be disrupted during a pandemic; therefore, it is important for these entities, in particular, the Department of State Health Services (DSHS), to ensure they can execute their essential missions in the event of a threat to their normal continuity of operations. [Federal Preparedness Circular \(FPC\) 65, Federal Executive Branch Continuity of Operations \(COOP\)](#), provides guidance to Federal Executive Branch Departments and Agencies for use in developing contingency plans and programs for COOP. COOP planning is intended to ensure the performance of Department and Agency essential functions across a wide range of all-hazards emergencies.

The [Federal Implementation Plan for the National Strategy for Pandemic Influenza](#) acknowledges that an influenza pandemic will require specialized planning beyond that addressed in FPC 65. To address the need for specialized planning, FEMA issued a memorandum on March 1, 2006, "[Continuity of Operations \(COOP\) Pandemic Influenza Guidance](#)." The memorandum provides guidance to Federal Executive Branch Departments and Agencies for incorporating pandemic influenza considerations into their COOP planning. This guidance serves as the template for the Pandemic Influenza COOP Plan Annex (Annex) to the DSHS Business Continuity Plan.

## **II. PURPOSE**

This Annex provides DSHS a strategic-level agency plan for maintaining critical functions during an influenza pandemic. It neither replaces nor supersedes the current approved DSHS COOP Plan; rather it supplements it, bridging the gap between the traditional, all-hazards COOP planning and the specialized COOP planning required for a pandemic by addressing those considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This Annex emphasizes that maintaining critical functions in a pandemic environment may not entail an official "COOP" declaration, that maintaining critical functions may be accomplished through contact intervention (social distancing) strategies, and may not require the relocation of agency critical functions. This approach recognizes that relocation may be necessary due to a separate or concurrent event.

### **III. CONCEPT OF OPERATIONS**

This Annex is built upon the assumption that the Pandemic Influenza Federal Response Stages will serve as the Pandemic COOP Plan activation criteria or “triggers” for DSHS actions. As such, worksheets aligning specific responses in each of the 11 traditional areas of COOP for each Federal Response Stage are included in Appendix 2.

In addition, the DSHS Commissioner may choose to add additional Pandemic COOP Plan activation criteria and responses to reflect the unique nature of DSHS. These may be pre-identified in Appendix 2 or may be communicated as needed during implementation of the DSHS Pandemic Influenza COOP Plan.

### **IV. PANDEMIC PLANNING SITUATION AND ASSUMPTIONS**

#### **A. GENERAL SITUATIONS**

- The people of Texas are susceptible to a novel influenza virus that may cause a pandemic.
- Immunity to infection with a pandemic strain can only occur after natural infection or immunization with an effective vaccine.
- Pandemic influenza in the State of Texas will be deemed a catastrophic incident.
- Pandemic influenza will cause the degradation of local infrastructure.
- If the initial outbreak is not controlled within a short time, pandemic influenza may spread to all jurisdictions within the State.
- Pandemic influenza will severely impact the economic stability and viability of the State and the nation.
- Social and economic ties with neighboring states and Mexico necessitate interstate and binational cooperation during all phases of pandemic influenza.

#### **B. GENERAL ASSUMPTIONS**

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.

- Of those who become ill with influenza, 50 percent will seek outpatient medical care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios. Two scenarios are presented based on extrapolation of past pandemic experience (Table 1). Planning should include the more severe scenario. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.
- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Persons who are ill may shed the virus up to five days after onset of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- On average, infected persons will transmit infection to approximately two other people.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting six to eight weeks. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.
- The stages of the pandemic should occur sequentially, though they may overlap or occur so rapidly as to appear to be occurring simultaneously or being skipped. For example, the pandemic could spread so rapidly that Federal Government Response Stages 3 and 4 may be activated simultaneously or a change from Stage 3 to 5 is ordered.
- Seasonal influenza vaccination may or may not offer some level of protection against a novel pandemic influenza strain.
- It is highly unlikely that the most effective tool for mitigating a pandemic (a well-matched pandemic strain vaccine) will be available when a pandemic begins.
- The novel influenza virus may initially be spread by animals to people in Texas, or by people entering the state and already contagious with the virus.
- Surveillance of pandemic influenza will provide information critical to the implementation of control measures, such as restricting travel, closing schools, canceling public gatherings, and initiating antiviral vaccine usage in target groups.

- Systematic application of disease control measures can significantly reduce the disease transmission rates with accompanying reductions in the intensity and velocity of pandemic influenza.
- Control and monitoring of pandemic influenza will involve many state and federal agencies, not just those associated with public health activities.
- Some individuals may not believe the reality of the threat posed by a pandemic influenza incident, and may take actions counterproductive to the government process to quarantine, control and treat infected people with the disease. Health education will be needed on multiple levels and at multiple points to achieve full cooperation.
- Over the course of the pandemic, up to 50 percent of the work force may be absent due to illness, caretaking responsibilities, fear of contagion, loss of public transportation or public health control measures. Local government and private industries must plan for the continuation of critical community infrastructure and services due to employee absenteeism.

**Table 1.** *Number of Episodes of Illness, Healthcare Utilization and Death Associated with Moderate and Severe Pandemic Influenza Scenarios in Texas\**

Characteristic	Moderate (1958/68-like)	Severe (1918-like)
Illness	7 million (30%)**	7 million (30%)**
Outpatient medical care	3.5 million (50%)	3.5 million (50%)
Hospitalization	67,300	770,000
ICU care	10,000	115,500
Mechanical ventilation	5,125	58,200
Deaths	16,260	186,000

\*Estimates based on extrapolation of CDC data from past pandemics. Note that these estimates do not include the potential impact of interventions not available during the 20th century pandemics.

\*\*Estimates based on a 30% attack rate.

### **C. DSHS SITUATIONS AND ASSUMPTIONS**

- DSHS will be operational during a pandemic influenza outbreak.
- All approved critical functions have actionable COOP plans and capabilities in accordance with FPC 65.

- A pandemic influenza event does not necessarily require the use of alternate facilities. However, DSHS may utilize alternate facilities, along with other available locations, as precautions to separate staff, i.e., implement social distancing protocols. DSHS will work with Health and Human Services Commission (HHSC) and Texas Facilities Commission (TFC) to identify alternate facilities.
- DSHS operations and support requirements will continue to be people-dependent. These activities require human interactions to be carried out, however many interactions may not require face-to-face contact or can be conducted with precautionary measures.
- Travel restrictions, such as limitations on mass transit, implemented at Federal, State, local and/or Tribal levels will affect the ability of staff to get to work.
- DSHS shall consider strategies for use of antivirals for prophylaxis as part of a multifaceted approach, including social distancing strategies, to ensure the provision of essential public health services. These strategies shall comply with the [DSHS Antiviral Allocation, Distribution, and Storage \(AADS\) Guidelines](#), and the [DSHS Planning Guidelines for Nonpharmaceutical Interventions](#). The strategies may vary according to stages of the pandemic and the availability of antivirals.

## **V. ELEMENTS OF A VIABLE COOP CAPABILITY**

As described in the National Governors' Association publication, *Preparing for a Pandemic: a Primer for Governors and Senior State Officials*, "A severe pandemic will affect all sectors of society: high rates of worker absenteeism could affect the operations of water treatment facilities and power plants; efforts to slow or stop the spread of the disease could limit the availability of food, cause schools to be closed for significant periods of time, and create economic hardships for state and local governments, business owners, and individuals; and government efforts to manage the public's response could be complicated by the myriad sources of information—including the Internet—on which people rely for guidance." For these reasons, state agencies must fully understand the serious implications a pandemic would pose to their daily operations and the severe impact on their customers.

### **A. PLANS AND PROCEDURES**

#### **1. DSHS PI COOP Workgroup**

With the approval of the DSHS Commissioner, the Pandemic Influenza (PI) Continuity of Operations (COOP) Workgroup shall be established to anticipate the impacts of a pandemic on DSHS and to assist with developing strategies to manage the effects of a pandemic outbreak. The PI COOP Workgroup's goal is to advance the agency's position to continue critical functions during an influenza pandemic and to have a PI COOP Plan that can serve as a role model for other agencies.

The Workgroup will be comprised of relevant personnel from across the agency who can provide the contributions and subject matter expertise in the following areas:

- Building Services and Security
- Communications and Public Information
- Continuity of Operations/Business Continuity Planning
- Contracting/Purchasing Processes
- Finance and Budget Processes
- Human Resources
- Information Technology
- Pandemic Influenza/Infectious Disease Control

Once chartered, the Workgroup's charge will be to develop strategies that will operationalize the PI Annex to the DSHS COOP Plan.

## **2. Sustaining Operations**

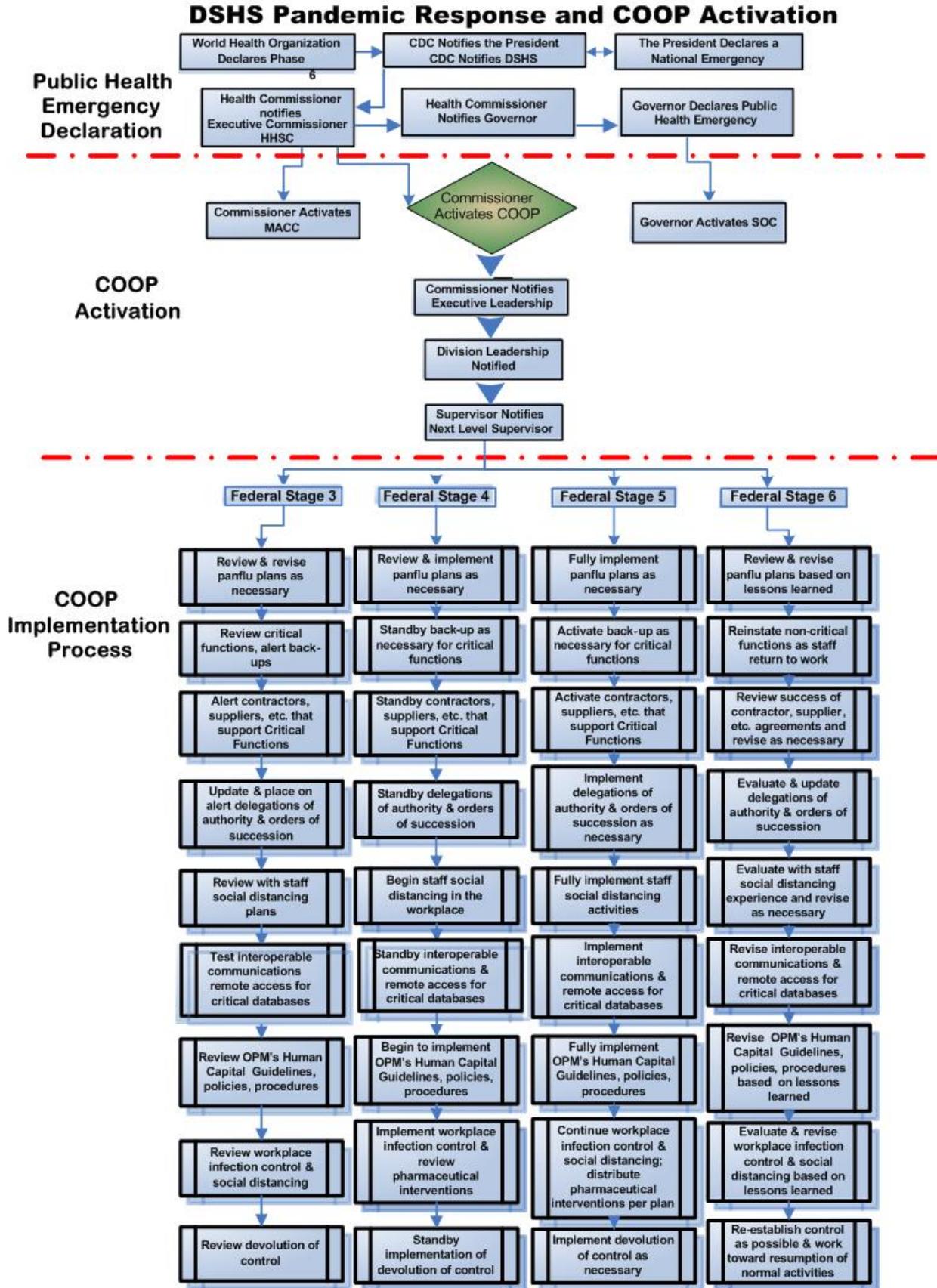
Sustaining operations will be performed until normal business activity can be reconstituted; this may take longer than 30 days after the event.

The processes used to continue operations during a pandemic are categorized into three phases: Public Health Emergency Declaration, COOP Activation, and COOP Implementation. The strategies in each phase are appropriately linked to the Federal Government Response Phases (see Appendix 1). A change from one Federal Government Response Phase to another automatically activates certain readiness measures and procedures.

The Secretary of Homeland Security, in coordination with Department of Health and Human Services, the White House Homeland Security Council, and other Federal partners as required, shall set the Federal Government Response Stages as a pandemic evolves. DSHS, as a state agency, may also utilize statewide customized phases to supplement the Federal Government Response phases in order to achieve a higher state of readiness.

In order to minimize the effects of a pandemic on staff and operations and continue its critical functions, DSHS will emphasize and implement procedures such as social distancing techniques, infection control and personal hygiene, cross-training, and telework to sustain operations.

The following flowchart provides an overview of the overarching actions DSHS may take to implement strategies that facilitate its ability to sustain operations during a pandemic influenza.



### **3. Status Communications**

In a pandemic influenza environment, DSHS PI COOP planning and response actions will be appropriately linked to the Federal Government Response Phases (see Appendix 1 for mapping of WHO Global Pandemic Phases to Federal Government Response Stages). A change from one Federal Government Response Phase to another automatically triggers certain readiness measures and procedures.

DSHS personnel will receive messages informing them when conditions change from one Federal Government Response Stage to another. These messages may include, but not be limited to information regarding the status of agency operations and changes in work conditions such as operational hours or the implementation of hygienic work practices.

Methods of relaying status information to agency personnel may include, but not be limited to pre-recorded messages and the agency's website. Also, as part of the agency's efforts in preparing for emergencies, managers will maintain their employees' current emergency contact information. Managers may use this information to contact employees away from the worksite and/or during non-business hours in order to communicate in a timely manner, pertinent work-related information.

Stakeholders external to the agency will also be informed of changes in the Federal Response stages and consequently agency operations as it affects them. The level of information relayed and the method of notification will be appropriate to the stakeholder's relationship with the agency.

## **B. CRITICAL FUNCTIONS**

According to the Implementation Plan for the National Strategy for Pandemic Influenza, during a pandemic or any other emergency, critical functions must be continued to facilitate emergency management and overall national recovery. In the [State Agency Policy Recommendations for Continuity of Operations Planning \(COOP\) for an Influenza Pandemic](#), the Texas Pandemic Influenza COOP Policy Recommendations Workgroup determined that an essential service is a direct public service or indirect service that is required to provide a direct service, the short-term (e.g., 3-6 months) cessation of which would adversely affect the safety, health, and welfare of the public.

### **1. Critical Functions**

As part of DSHS' (All-Hazards) COOP Plan, Table 2 presents the list of critical systems and activities required to perform the agency's mission essential services. Given the expected duration and potential multiple waves of a pandemic, the DSHS PI COOP Workgroup shall review this list of systems and activities, taking into account the need to perform critical functions beyond the traditional 30-day COOP requirement. For pandemic planning purposes, critical functions are likely to be broader than the traditional COOP critical functions.

**Table 2: DSHS Mission Critical Systems and Activities**

<b>Mission Critical Systems and Activities</b>
<p><b>Executive Office</b></p> <ul style="list-style-type: none"> <li>• Governs COOP process from initial response to restoration of normal operations; and works with state and federal leadership to ensure COOP</li> </ul>
<p><b>Center for Consumer and External Affairs</b></p> <ul style="list-style-type: none"> <li>• Manages news media operations; provides and coordinates language services; and manages emergency public information</li> <li>• Coordinates legislative session activities; provides policy consultation; and liaisons with state and federal elected officials</li> <li>• Manages executive communications and correspondence; and responds to consumer complaints and inquiries</li> </ul>
<p><b>Chief Financial Officer</b></p> <ul style="list-style-type: none"> <li>• Processes and distributes payments to vendors and employees; processes purchase and travel vouchers; and performs daily federal cash draws</li> <li>• Manages HRMS, personnel and payroll activities; and classifies and codes planned expenditures</li> <li>• Assists programs and contract management units with locating and finalizing contracts with emergency contractors</li> </ul>
<p><b>Chief Operating Officer</b></p> <ul style="list-style-type: none"> <li>• Provides legal advice and counsel to all programs and facilities</li> <li>• Disseminates health data; and manages population data system</li> <li>• Provide Department-wide Infrastructure and email services; telecom services; and applications support</li> <li>• Provide IT Support for Regional Offices; Hospitals and Austin-area</li> </ul>
<p><b>Family and Community Health Services Division</b></p> <ul style="list-style-type: none"> <li>• Coordinates oversight functions for WIC and FMNP</li> <li>• Provides case management and follow-up for newborn screening</li> <li>• Administers Children and Pregnant Women’s case management program</li> </ul>
<p><b>Mental Health and Substance Abuse Services Division</b></p> <ul style="list-style-type: none"> <li>• Ensures consumer rights are observed; and provides technical assistance on BHIPS system</li> <li>• Provides inpatient psychiatric services for nine state hospitals, including adult and adolescent forensic services in a max security environment</li> <li>• Administers inpatient and outpatient infectious disease care and treatment</li> <li>• Provides adolescent psychiatric residential treatment services</li> <li>• Administers primary and secondary physical health services</li> <li>• Administers health services for persons who are developmentally delayed</li> </ul>

**Table 2: DSHS Mission Critical Systems and Activities (Continued)**

<b>Mission Critical Systems and Activities</b>
<p><b>Prevention and Preparedness Division</b></p> <ul style="list-style-type: none"><li>• Supports and maintains Public Health Information Network (PHIN); hosts NEDSS base system; and supports local and regional public health departments emergency communication</li><li>• Activates health and medical emergency responses to non-routine public health emergencies</li><li>• Maintains full functionality of Epidemiological and scientific surveillance responses to public health threats</li><li>• Maintains IMMTRAC; implements Texas Vaccines for Children; and administers Texas HIV Medication program</li><li>• Management/supervision of Pharmacy Branch including maintenance of PICS; and ensures departmental compliance with ordering/distribution of medications for preventing/treating communicable disease through the public health system (including repacking/re-labeling drugs and medical supplies)</li><li>• Test response for biological and chemical terrorism and for potential biological and chemical threat agents</li><li>• Provides Newborn Screening Testing; microbiological testing; and environmental-chemical testing of drinking water systems</li><li>• Monitors tests of nuclear power plants and PanTex plant</li><li>• Provides specimen acquisition services for lab testing; and Provides reporting services for lab testing</li><li>• Assures lab tests are compliant with federal regulations for human specimens</li><li>• Laboratory testing services in support of RDSC, STHCS, TCID and Women’s Health</li></ul>
<p><b>Regional and Local Health Services Division</b></p> <ul style="list-style-type: none"><li>• Ensures Regional COOP by working with Federal, State, DSHS Leadership and Programs</li></ul>
<p><b>Regulatory Services Division</b></p> <ul style="list-style-type: none"><li>• Monitors safety status at nuclear power plants and the U.S. Department of Energy Pantex facility and responds to nuclear emergencies and radioactive materials incidents</li><li>• Responds to disasters and citizens complaints regarding food issues; and to disasters and citizens complaints regarding radiation issues</li><li>• Investigates potential immediate jeopardy complaints against health care facilities; and potential immediate jeopardy complaints against professionals</li></ul>

## **2. Identification of Critical Positions and Skills**

During an influenza pandemic, DSHS should have full capability to quickly staff critical positions as the virus takes its toll on the workforce. Training, cross training and multitasking are key in staffing critical positions during an influenza pandemic. Some employees are at a higher risk of exposure, such as mental health workers in state hospitals. Even with a cadre of well trained employees, it is possible that a significant number of them will not be able to work. Substitute or back up staff may be pre-identified from personnel least likely to be exposed and perhaps least experienced, requiring more training ahead of time to fill those roles.

DSHS has identified the key positions needed to continue its critical functions. The agency has also identified the primary personnel and two back-up personnel to fulfill the responsibilities of each key position. In addition, the roles and responsibilities of these positions as well as the skill sets, education and experience needed by these positions have been delineated. This information will assist in locating appropriate staff from other areas within the agency should the primary and backup personnel for a key position be unavailable. DSHS shall ensure that all personnel needed to perform those critical functions will receive COOP and specific pandemic influenza training.

Furthermore, DSHS is cooperating with other Texas state agencies to develop a set of human resource, communication and funding policies to be universally implemented with state agencies to address interagency issues such as personnel sharing, reassignments and funding transfers during a pandemic.

### **3. Alternative Work Arrangements**

It may be several months after the pandemic begins before a vaccine against a specific viral strain will be available. To protect employees during this time and to reduce absenteeism, DSHS must use non-pharmaceutical interventions (NPI) to limit or prevent worksite transmission of the virus by workers who are contagious but not yet symptomatic. NPI include alternative work arrangements. DSHS shall assess to what extent, each critical function can be conducted through the use of alternative work arrangements including.

#### Enhanced Hygienic Work Practices

These work practices are an enhancement of standard hand washing practices already in place. Hygienic work practices may be enhanced to avoid contact with body fluids, excretions, and secretions. Hand hygiene before and after contact with other individuals or regularly handled equipment, elevator buttons and door handles. Routine hand hygiene is performed either by using an alcohol-based hand rub or by washing hands with soap and water and using a single-use towel for drying hands. Disposable tissues should be used as needed and immediately disposed of in lined trash can.

#### Personal Protective Equipment

The use of Personal Protective Equipment (PPE) such as the use of facial (nose, mouth, and eye) protection can also be used by employees in close contact with each other.

#### Social Distancing

During a pandemic, employees will be encouraged to reduce face-to-face contact between each other where possible. Increasing the physical distance between employees to six feet will reduce the risk of influenza transmission from coughing, sneezing or speaking. Employees who are sick or exposed to others that are sick should not report to work. Social distancing tools may include employees utilizing alternate work arrangements such as staggered work hours, flex time and telework.

#### Engineering interventions

Where possible transparent sneeze barriers between front line workers and the public will be constructed in areas where the public may still come to DSHS to conduct essential business.

The ventilation system and air filters will be upgraded to minimize air transfer across offices in DSHS buildings.

#### **4. Essential Contract and Support Services and Other Interdependencies**

**Contractual Staff** – DSHS shall initiate pre-solicited, signed and standing agreements with contractors and other third parties to ensure fulfillment of mission requirements.

**Other Interdependencies** – DSHS shall identify the contractors, suppliers, shippers, resources and other businesses that it interacts with on a daily basis. DSHS shall develop relationships with more than one supplier should a primary contractor be unable to provide the required services.

#### **5. Impact Analysis on Operations**

The DSHS PI COOP Workgroup shall conduct an impact analysis of an influenza outbreak on all critical operations, using multiple scenarios, including:

- Workforce reductions (up to 40 percent absenteeism for 1 month, 2 months, 3 months).
- Limited access to facilities.
- Impact of telework and social distancing policies.

### **C. DELEGATIONS OF AUTHORITY**

[FPC 65](#) defines Delegations of Authority as formal documents that “Specify who is authorized to act on behalf of the department or agency head and other key officials for specific purposes.”

At the height of a pandemic wave, absenteeism may reach a peak of 40 percent. As such, delegation of authority planning is vital for maintaining critical operations if normal channels of direction are disrupted.

Pre-determined delegations of authority formally designate a specific, limited and legal authority to an individual, and so may not reflect the same individuals identified in succession planning documents. The DSHS Delegations of Authority for All-Hazards COOP planning can be found in the [Leadership Section](#) of the [DSHS COOP Plan](#).

All delegations of authority state specifically:

- The authority that is being delegated, including any exceptions.
- The limits of that authority.
- To whom the authority is being delegated (by title, not name).
- The circumstances under which delegated authorities would become effective and when they terminate.
- The successor's authority to redelegate those functions and activities.

### **1. Three Deep per Responsibility**

The DSHS Continuity Planning Team is developing delegations of authority that are at least three deep per responsibility to take into account the expected rate of absenteeism to help assure continuity of operations over an extended time period, i.e., 30-60-90 days.

### **2. Geographic Dispersion**

Because an influenza pandemic may affect regions of Texas differently in terms of timing, severity, and duration, DSHS shall plan for delegations of authority that are geographically dispersed to different Regional offices across the state.

DSHS Executive Leadership shall determine the delegation of authority for key agency positions should geographic dispersion become necessary. Factors taken into consideration will include but not be limited to the effect and spread of pandemic waves in specific geographic locations as well as the experience of affected personnel at the Regional offices. The DSHS PI COOP Workgroup shall develop policies and procedures for geographical dispersion, taking into account the regional nature and possibility of different delegations of authority depending on the spread of the pandemic.

## **D. ORDERS OF SUCCESSION**

[FPC 65](#) defines Order of Succession as “Provisions for the assumption of senior agency offices during an emergency, in the event that any of those officials are unavailable to execute their legal duties.”

Orders of succession allow for an orderly and predefined transition of leadership of senior agency offices within DSHS during an emergency in the event that any officials are unavailable to execute their legal duties. All orders of succession should include the conditions under which succession will take place, the method of notification, and limitation on delegations of authority by successors.

### **1. Three Deep per Position**

Because workforce reductions could escalate to up to 40 percent absenteeism for two weeks during the peak of a pandemic, DSHS has planned for orders of successions that are at least three deep per position to take into account the expected rate of absenteeism. The following table presents the pre-identified positions that will succeed to office or to perform the duties of the office in the event that the agency leadership is unavailable, debilitated, or incapable of performing their legally authorized duties, roles, and responsibilities.

**Table 3: Order of Succession for DSHS Executive Leadership**

<b>DSHS Senior Agency Offices - Orders of Succession</b>	
<b>Position</b>	<b>Successors</b>
DSHS Commissioner	1. Associate Commissioner
	2. Deputy Commissioner
	3. Chief Operating Officer
Chief Financial Officer	1. Assistant Chief Financial Officer
	2. Budget Director
	3. Accounting Director
Chief Operating Officer	1. General Counsel
	2. Special Assistant to COO
	3. Executive and Staff Operations
Division for Family & Community Health Services, Assistant Commissioner	1. Office of Title V & Family Health Director
	2. Community Health Services Section Director
	3. Nutrition Services Section Director
Division for Mental Health & Substance Abuse Services, Assistant Commissioner	1. Contract Services Section Director
	2. Program Services Section Director
	3. Hospital Services Section Director
Division for Prevention and Preparedness Services, Assistant Commissioner	1. Community Preparedness Section Director
	2. Disease Prevention & Intervention Section Director
	3. Laboratory Services Section Director
Division for Regional and Local Health Services, Assistant Commissioner	1. Regional Medical Director
	2. Senior Public Health Liaison
	3. Operations Officer
Division for Regulatory Services, Assistant Commissioner	1. Environmental & Consumer Safety, Section Director
	2. Health Care Quality, Section Director
	3. Enforcement Unit, Manager
Centers for Communication and Government Affairs (CCEA), Director	1. Government Affairs Unit Manager
	2. Communications Unit Manager
	3. Consumer Affairs Unit Manager
Center for Program Coordination, Policy and Innovation (CPCPI), Director	1. Director I
	2. Program Specialist VII
	3. Program Specialist VII

## **2. Geographic Dispersion**

An influenza pandemic may affect regions of Texas differently in terms of timing, severity, and duration. DSHS as an agency with geographically dispersed assets and personnel shall therefore plan orders of succession that are dispersed to different Regional offices across the state.

DSHS Executive Leadership shall determine the orders of succession for key agency positions, including the office of Commissioner, should geographic dispersion of agency leadership become necessary. Factors taken into consideration will include, but not be limited to, the effect and spread of pandemic waves in specific geographic locations and the experience of designated successors. The DSHS PI COOP Workgroup shall develop policies and procedures for geographical dispersion, taking into account the regional nature and possibility of different orders of succession depending on the spread of the pandemic.

## **E. ALTERNATE OPERATING FACILITY (IES)**

The traditional use of alternate operating facilities to maintain critical functions may not be a viable option during a pandemic. Rather, safe work practices, which include contact interventions and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. Strategies for maintaining critical functions will largely rely on social distancing and dispersion of the workforce including telework, preventative health practices, and other efforts to reduce the chance of infection.

If appropriate, DSHS will work with Health and Human Services Facilities Management and Leasing (HHS FML) and the Texas Facilities Commission to identify alternate facilities to use as a means of implementing social distancing. Furthermore, a separate incident concurrent to a pandemic outbreak could necessitate the use of an alternate operating facility for DSHS personnel. If the COOP personnel must be brought together in one location, increased use of Personal Protective Equipment (PPE) and other infection control measures must be implemented.

### **1. Critical Function by Remote Location**

The DSHS PI COOP Workgroup shall determine which, and to what extent, critical functions can be conducted from a remote location (e.g., employees' homes or other geographically dispersed work locations) and those that must be performed at a designated facility. The Workgroup will also review and if needed, modify the following standardized list of critical telecommunication services, systems, equipment and supplies shown in Table 5 that are needed to operate DSHS critical functions.

**Table 5: Standard Critical Telecommunications Systems, Equipment and Supplies**

<b>Critical Telecommunications Systems and Equipment</b>
Secure and Non-Secure, Dedicated Landline Telephones
Internet, Intranet, Proprietary Data Feeds/Connections and Local Area Network (LAN) access
Agency issued computer (laptop or desktop and monitor) with standard software suite, email, Adobe Acrobat, internet access, and network printing
GETS cards, cell phones, Blackberries, and pagers
Printers, Photocopiers, Facsimile Machines
Forms, stationary and bond paper

## **2. Facilities Support**

DSHS shall consider the need for reliable logistical support, services, and infrastructure systems at facilities that remain open (for greater than 30 days), to include alternate operating facilities in the event of an incident concurrent with a pandemic influenza outbreak. This support includes:

- Prioritization/determination of accessible facilities/buildings (as alternative to relocating to remote facility)
- Necessary support staff
- Social distancing techniques
- Medical screening of employees
- Health/medical units
- Sanitation
- Essential Services
- Food and water

## **3. Restriction of Movement**

DSHS shall consider the impact of restriction of movement on accessible facilities and operating plans.

## **F. INTEROPERABLE COMMUNICATIONS**

According to the National Strategy Implementation Guidance, workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact. Social distancing measures, such as utilizing “Virtual Office” (telecommuting) technologies, may be appropriate public health interventions for infection control and containment during a pandemic outbreak.

## **1. Virtual Office - Analysis and Development of Capability**

Persons working from a “virtual office” are those who utilize technologies to work in any environment outside a traditional office. During an influenza pandemic, personnel may utilize virtual office capabilities to facilitate social distancing strategies, which may minimize opportunities for exposure to and spread of infectious agents. If appropriate, DSHS will direct eligible personnel performing essential services during a pandemic to utilize virtual office technologies in order to promote social distancing.

DSHS has identified the components and key positions of its critical functions that can be operated by staff working from virtual offices in an emergency. Agency personnel are currently reviewing agency, HHS Enterprise and statewide policies and procedures related to telecommuting.

The current capability for staff to work from a virtual office, including the IT requirements, tools, and resources necessary to support telework during a pandemic is also being analyzed. The use of laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), flash drives, and other systems that enable employees performing mission critical functions to communicate and maintain connectivity with internal organizations, external partners, critical customers, and other key stakeholders shall be considered when performing this analysis.

## **2. Virtual Office - Plan**

The DSHS PI COOP Workgroup shall develop a “Virtual Office” plan, which identifies personnel performing critical functions who anticipate a need to telecommute, a description of their responsibilities while telecommuting, the infrastructure needed to support this work and how technological assistance will be provided to telecommuters.

The “Virtual Office” plan shall include policies and procedures to ensure employee accountability. The DSHS PI COOP Workgroup shall develop a viable on-going “virtual office” program as the foundation for ensuring accountability. The plan will address appropriate remote administration of essential support systems such the provision of help-desk support to ensure the COOP functionality.

The following actions, which may encourage accountability for employees who telecommute to support critical functions in an emergency, shall also be investigated.

- Formalizing situational virtual officing arrangements
- Setting a specific length of time for exercising virtual office arrangements
- Building emergency response contingencies into employees’ virtual officing agreements
- Including agency virtual office coordinators in COOP planning and exercises

These plans include exercises that permit personnel who have been approved to work from virtual offices in an emergency to experience working off-site during normal operations. Exercising the virtual office plan will allow workers to learn to communicate

electronically, and will allow their supervisors to experience managing employees without face-to-face contact.

### **3. Virtual Office - Test, Training and Exercises**

The DSHS PI COOP Workgroup shall evaluate Virtual Office plans, procedures, and capabilities through reviews, testing, after-action reports, lessons learned, performance evaluations, and exercises. Procedures shall be established to ensure that corrective action is taken on any deficiency identified in the evaluation process.

### **4. Communications to Stakeholders**

#### External Stakeholders

Coordinated dissemination of accurate information is critical to avoiding media-generated hype, conspiracy theories regarding immunization, and misinformation during an influenza pandemic. DSHS recognizes the value of the news media in informing the public of health emergencies, regulatory actions, health warnings and health-improvement messages, and has developed a [DSHS Crisis and Emergency Risk Communication \(CERC\) Guidelines](#) and mechanisms to deliver clear and consistent public health and medical messages to the public in an emergency. This information includes, but will not be limited to changes in Federal Response stages and consequently agency operations.

DSHS also provides a “Pandemic Flu” (Influenza) emergency response Shelf Kit to assist in preparedness training and incident response. Public health and emergency response professionals may use the materials in the shelf kit for training and when responding to real-time health threats. The kit provides an overview of materials that may be shared with the public and sent to media sources in local areas or across the state in the event of an influenza pandemic.

#### Internal Stakeholders

DSHS personnel will also be notified when conditions change from one Response Stage to another, and how this will affect agency operations and working conditions. Methods for relay status information may include but not be limited to pre-recorded messages and the agency’s website. In addition, managers will maintain their employees’ current emergency contact information in order to communicate in timely manner vital information related to changes in work conditions to employees when they are away from the worksite.

#### Communication Aids

To assist DSHS communications, the agency will assign the Government Emergency Telecommunications Service (GETS) cards to key personnel. GETS is an emergency service designed for use when national security and emergency preparedness personnel are unable to complete emergency calls via regular telecommunications. Using the GETS calling card may provide key personnel with a higher probability of call completion if pandemic situations cause congestion or network outages.

## G. VITAL RECORDS AND DATABASES

### 1. Identification, Protection and Availability

DSHS shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support critical functions for up to several months. The DSHS COOP Plan identifies vital records and databases needed to sustain critical functions.

*Table 5: DSHS Vital Records and Databases*

Vital File, Record, or Database	Form of Record
Microsoft Operating Systems and Office Products (including email)	Electronic
DSHS Public website	Electronic
Health and Human Services Administrative System (HHSAS) (Metaframe/Citrix)	Electronic
Uniform Statewide Accounting System (USAS)	Electronic
Electronic Voucher System / Remittance	Electronic
ISAS (Interdepartmental Application System)	Electronic
SABRE Travel	Electronic
SOURCE	Electronic
CBS (Centralized Billing System)	Electronic
Phoenix (TMHP software application - CBS Interface)	Electronic
BHIPS - Behavioral Health Integrated Provider System	Electronic
CRS - (Client Registration System) CARE (Client Database for Mental Health)	Electronic
WORx (Hospital Pharmacy Application)	Electronic
REMEDY - Remedy-database for MHSA Consumer Complaints	Electronic
Pharmacy Inventory Control System (PICS)	Electronic
ImmTrac Web Application / VACMAN - Immunization Tracking Application	Electronic
Kidney Health (ASKIT)	Electronic
TB Case Registry - TB Information Management System	Electronic
CSHCN Systems - (Children with Special Health Care Needs)	Electronic
HIV2000 Software Program	Electronic
HIV Prevention Counseling Partner Elicitation (PCPE) database	Electronic
HIV/STD Contractor Information System (CIS and Pre-CIS) database	Electronic
HIV-AIDS Reporting System (HARS) database	Electronic
Electronic Laboratory Reporting (ELR) System database	Electronic
Adult Spectrum of HIV Disease (ASD) database	Electronic
Aids Regional Information Evaluation (ARIES) database	Electronic
Pediatric Spectrum of Disease (PSD) database	Electronic
Infertility Prevention Project Data System (IPP) database	Electronic
Sexually Transmitted Disease Mgmt Information System (STD*MIS)	Electronic

**Table 5: DSHS Vital Records and Databases (continued)**

Vital File, Record, or Database	Form of Record
Supplement to HIV/AIDS Surveillance (SHAS) database	Electronic
Syphilis Registry (SHARES) database	Electronic
NEDSS Based System Databases	Electronic
Cancer Registry (Sandcrab) - Encryption/Compression Software (WinZIP)	Electronic
PHIN (Public Health Information Network Portal)	Electronic
EPI Info	Electronic
eTrac	Electronic
Cohort (Legacy PHLIMS data tracking)	Electronic
Orchard Harvest (LIMS Software)	Electronic
Newborn Genetic Screening System (NBS)	Electronic
DNA sequencing software (operating system/genetic analysis/Digital Imaging)	Electronic
MSMS Instrument software -- MassLynx and NeoLynx;	Electronic
Perkin Elmer Labworks Data Storage	Electronic
Texas Electronic Registry (TER) database - Vital Statistics (Birth/Death etc)	Electronic
Texas-Wide Integrated Client Encounter System (TWICES) database	Electronic
Texas WIC Information Network (TXWIN) database (Includes EBT)	Electronic
RAS (Regulatory Automation System) Licensing Database	Electronic

**2. Access from Remote Locations**

DSHS shall determine whether systems, databases, and files can be accessed electronically from a remote location (e.g., an employee’s home or alternate workplaces) and establish reliable access and security protocols for them.

DSHS currently has files and servers that can be accessed remotely. This information is being updated in the DSHS IT Disaster Response plan.

**3. Periodic Maintenance**

DSHS shall identify and plan for the maintenance of those vital system and databases that require periodic maintenance or other direct physical intervention by employees. This information is being updated in the DSHS IT Disaster Response plan.

## **H. HUMAN CAPITAL**

Although a pandemic influenza will not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's human resources. The health risk to personnel and their fear of exposure is the primary threat to maintaining critical functions during a pandemic.

To assist agencies in making sure they are able to fulfill their missions, while at the same time, preparing and protecting their workforce should a pandemic influenza outbreak occur, the U.S. Office of Personnel Management (OPM) has updated and developed policies on leave, pay, hiring, alternative work arrangements, and other critical human capital issues in relation to pandemic influenza. This information can be found on the OPM website, "[Human Capital Planning for Pandemic Influenza](#)."

DSHS is reviewing this information to inform the development of comprehensive Human Capital plans to protect its workforce. This annex will be reviewed and elements of the plan will be exercised annually.

Employee needs that will be investigated include but are not limited to:

- protocols to prescreen, assess and detect individuals who might be sick or contagious and to prevent them from entering or remaining at the worksite in order to protect onsite employees
- policies that address the compensation for critical employees that implement social distancing strategies such as telecommuting and shift work or flex hours
- policies related to pay and medical benefits of employees on emergency leave status during a pandemic; and
- use of State-wide Employee Assistance Program (EAP) services to help employees deal with grief and loss, stress and anxiety, depression and other concerns that affect the employee's health and work performance.

## **I. TEST, TRAINING AND EXERCISES**

Testing, training, and exercising are essential to assessing, demonstrating, and improving the ability of organizations to maintain their critical functions. Training familiarizes personnel with their roles and responsibilities in support of the agency's critical functions during continuity operations. Tests and exercises serve to assess, validate, or identify for subsequent correction all components of continuity plans and systems used in response to an influenza pandemic.

The DSHS PI COOP Workgroup will develop the following training, testing and exercises to prepare the agency to continue its critical functions during an influenza pandemic:

**1. Social Distancing**

DSHS shall conduct annual tests, training, and exercises to ensure sustainable social distancing techniques, including telework capabilities, and to assess the impacts of reduced staff on the performance of essential functions.

**2. Tabletop, Functional, and Full-Scale Exercises**

DSHS shall conduct annual pandemic exercises to examine the impacts of pandemic influenza on agency critical functions, to familiarize agency personnel with their responsibilities, and to validate the effectiveness of pandemic influenza COOP planning by senior leadership.

**3. Annual Awareness Training**

DSHS shall develop and conduct annual awareness briefings specific to pandemic influenza for DSHS and other HHS Enterprise agencies as requested.

**4. Cross-Training Successors and Back-up Personnel**

DSHS has identified back-up personnel, by position, needed to perform critical functions (see Section B – Critical Functions). The DSHS PI COOP Workgroup will develop cross-training policies and plans.

**J. DEVOLUTION OF CONTROL AND DIRECTION**

Pandemic outbreaks will occur at different times, have variable durations, and may vary in the severity; therefore, full or partial devolution of critical functions may be necessary to execute critical functions. The goal of devolution planning is to address how DSHS will identify and transfer its essential functions and/or leadership authorities away from its primary facilities to a location that offers a safe and secure environment in which essential functions can continue to be performed. This plan may include rotating operations among regional/field offices as the pandemic wave moves throughout the United States.

**1. Devolution and Critical Functions**

DSHS will continue to refine its plan to continue operations of critical functions if pandemic influenza renders leadership and critical staff incapable or unavailable to execute those functions. Full or partial devolution of critical functions may be necessary to ensure continuation of critical services.

DSHS Central Office will ensure that devolution plans and procedures are consistent with the three-deep rule and geographic dispersion (see Section C, Delegations of Authority, and Section D, Orders of Succession).

**Table 6: DSHS Central Office Devolution Sequence**

<b>Devolution</b>
DSHS Central Office (Austin)
Health Service Region 7
Health Service Region 8
Health Service Region 2/3
Health Service Region 4/5 North
Health Service Region 6/5 South
Health Service Region 1
Health Service Region 11
Health Service Region 9/10

## **2. Devolution Guidance**

The DSHS PI COOP Workgroup will build devolution plans that, at a minimum, include:

- Identified, prioritized critical functions for devolution and tasks that support those functions
- A roster that identifies fully equipped and trained personnel who will be stationed at the designated devolution site and who will have the authority to perform critical functions,
- Likely triggers that will activate the devolution option, and procedures for transferring operations to the devolution site,
- Triggers and procedures for rotating operations geographically as applicable;
- Lists of necessary resources to facilitate operations of critical functions at the devolution site; and
- Plans to restore or reconstitute operations to pre-event status upon termination of devolution.

## **K. RECONSTITUTION**

A planned reconstitution effort facilitates an effective and orderly return to normal operations following a COOP implementation with the goal of attaining full operational capability without interruption of essential functions. The objectives of a reconstitution plan include:

- Identifying and addressing internal and external stakeholder issues related to reconstitution;
- Identifying systems at the reconstitution site(s) requiring vendor/contract support;
- Forming a reconstitution team; and
- Coordinating reconstitution needs and requirements.

Reconstitution procedures commence when DSHS Senior Leadership determines the emergency situation has ended and it is unlikely to recur. Once this determination has been made, one or a combination of the following options may be implemented.

- Continue to operate from the alternate site location with support, if necessary.
- Begin an orderly return to headquarters and reconstitute from remaining or other resources.
- Begin to establish a reconstituted office in another facility.

Upon a decision by the IC or other authorized person that the original facility can be reoccupied, or that a different facility will be established as a new location:

- The facility manager will oversee the orderly transition of all functions, personnel, equipment, and records from the alternate site location to a new or restored facility.
- Prior to relocating to the current headquarters or another building, facility management personnel will conduct appropriate security, safety, and health assessments for suitability for occupancy.
- When the necessary equipment and documents are in place at the new or restored facility, the staff remaining at the alternate site location will transfer mission critical activities and begin to resume normal operations.

In addition, the agency's plans for returning to normal operations following an influenza pandemic shall focus on the following considerations.

### **1. Replacement of Employees**

DSHS shall develop plans for replacement of employees unable to return to work and prioritize hiring efforts, including but not limited to retired state employees and emergency use of contractor services.

### **2. Facility/Building Habitability**

DSHS shall develop plans and procedures, in conjunction with public health authorities, to ensure the facilities/buildings are safe for employees to return to normal operations.

## **VI. CONCLUSION**

Maintaining critical functions in the event of pandemic influenza requires additional considerations beyond traditional COOP planning as outlined in FPC 65. Unlike other hazards that necessitate the relocation of staff performing critical functions to an organization's alternate operating facility, an influenza pandemic will not directly affect the physical infrastructure of an organization. As such, a traditional "COOP activation" may not be required under a pandemic influenza scenario. However, a pandemic threatens an organization's human resources by removing essential personnel from the workplace for extended periods of time.

Accordingly, COOP plans should be modified or supplemented to achieve a pandemic influenza capability. Plans for maintaining critical functions in a pandemic influenza must emphasize and implement procedures such as social distancing techniques, infection control and personal hygiene, cross-training, and telework. Protecting the health and safety of employees must be the focus of planning in order to ensure the continuity of critical functions and continuity of government.

**APPENDIX 1: WHO Global Pandemic Phases and the Stages for Federal Government Response**

WHO Phases		Federal Government Response Stages	
<b>INTER-PANDEMIC PERIOD</b>			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country.
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
<b>PANDEMIC ALERT PERIOD</b>			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country.
		1	Suspected human outbreak overseas.
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas.
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
<b>PANDEMIC PERIOD</b>			
6	Pandemic phase: Increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas.
		4	First human case in North America.
		5	Spread throughout United States.
		6	Recovery and preparation for subsequent waves.

**APPENDIX 2: Pandemic Influenza COOP Elements Checklists for Federal Government Response Stages**

**Federal Response Stage 0: Pandemic Influenza COOP Checklist**

Trigger for implementation	Stage
Federal Response Stage	0
WHO Pandemic Stage	1-3
Implementation Level	Alert

COOP Element	√	Actions To Be Taken
<b>1) Plans and Procedures</b>		
		Develop and review plans and procedures for pandemic influenza.
<b>2) Critical Functions</b>		
		Assuming that the animal outbreak will lead to a human outbreak, ensure that Headquarters critical functions and services have been identified
		Review contractors, suppliers, shippers, resources, and other businesses that support critical functions, and as necessary, implement standing agreements for back-up.
<b>3) Delegations of Authority</b>		
		Review and update Delegations of Authority with respect to three-deep rule and geographic dispersion.
<b>4) Order of Succession</b>		
		Review and update Order of Succession with respect to three-deep rule and geographic dispersion.
<b>5) Alternate Operating Facility(ies)</b>		
		Ensure readiness of primary and alternate operating facilities, telework locations, and other designated work sites in the event of an incident concurrent to a pandemic that would necessitate relocation of Emergency Relocation Groups.

COOP Element	√	Actions To Be Taken
		Ensure readiness of staff telework and/or devolution arrangements to include readiness of required communications equipment.
<b>6) Interoperable Communications</b>		
		Review and test communications mechanisms (i.e., laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), GETS cards) to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of agency operations and possible changes in working conditions and operational hours.
		Update website with latest pandemic information.
<b>7) Vital Records and Databases</b>		
		Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location.
<b>8) Human Capital</b>		
		Implement workforce guidelines (contact and transmission interventions) to include Personal Protective Equipment (PPE) to prevent or minimize workplace exposure to contagious disease for those employees in high-risk occupations that come in contact with potentially diseased animals. Review workforce guidelines for other employees.
		Discuss the effect of pandemic related human capital issues with its procurement and contract workforce (including contract workers who are co-located with or routinely work at the same worksite as Federal employees, as well as those who are not collocated with Federal employees).
		Develop an employee-labor relations plan for and conduct post-implementation bargaining that may be necessary as the result of management actions.
		Review and update pay and leave policies as necessary.
		Review and update hiring policies as necessary.
		Test telework capability for people, processes, and technology.

COOP Element	√	Actions To Be Taken
		Review and update technology support (i.e., help desk) sufficient to meet telework needs.
		<p>In anticipation of a mutation from an animal to a human outbreak, review and continuously update safety and health policies on, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Restriction of travel to geographic areas affected by animal or human disease;</li> <li>• Employees who become ill or are suspected of becoming ill while at their normal work site;</li> <li>• Returning previously ill, non-infectious, employees to work;</li> <li>• Social distancing;</li> <li>• The dissemination and posting of educational and training materials to raise awareness about pandemic and workplace related policies (i.e., cough etiquette, hand hygiene, and social distancing strategies);</li> <li>• The performance and regular updating of risk assessments based on occupational exposures and objective medical evidence, and procurement of appropriate types and quantities of infection control-related supplies (e.g., personal protective equipment (PPE), hand sanitizers, surface wipes, cleansers, and tissues);</li> <li>• The implementation of infection control measures, including (if applicable) the appropriate selection and use of personal protective equipment;</li> <li>• Vaccine and anti-viral prioritization information and distribution; and</li> <li>• Psychological and social needs of employees.</li> </ul>
<b>9) Test, Training, and Exercise</b>		
		Test, train, and exercise Headquarters capability to maintain critical functions.
<b>10) Devolution of Control</b>		
		Review plan against current condition.
<b>11) Reconstitution</b>		
		Review plan against current condition.

## Federal Response Stage 1: Pandemic Influenza COOP Checklist

Trigger for implementation	Stage
Federal Response Stage	1
WHO Pandemic Stage	3
Implementation Level	Alert

COOP Element	√	Actions To Be Taken
<b>1) Plans and Procedures</b>		
		Develop and review plans and procedures for pandemic influenza.
<b>2) Critical Functions</b>		
		Review and communicate critical functions that will continue and non-critical functions that will be suspended temporarily for personnel assigned to overseas areas that are affected.
		In anticipation of a migration of the outbreak to U.S. citizens, ensure critical functions and employees have been identified.
		Review contractors, suppliers, shippers, resources, and other businesses that support critical functions, and as necessary, implement standing agreements for back-up.
<b>3) Delegations of Authority</b>		
		Review and update Delegations of Authority with respect to three-deep rule and geographic dispersion.
<b>4) Order of Succession</b>		
		Review and update Order of Succession with respect to three-deep rule and geographic dispersion.
<b>5) Alternate Operating Facility(ies)</b>		
		Ensure readiness of traditional alternate operating facility (ies) in the event of an incident concurrent to a pandemic that would necessitate relocation of Emergency Relocation Groups.

COOP Element	√	Actions To Be Taken
		Ensure readiness of staff telework and/or devolution arrangements to include readiness of required communications equipment.
<b>6) Interoperable Communications</b>		
		Review and test communications mechanisms (i.e., laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), GETS cards) to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of agency operations and possible changes in working conditions and operational hours.
		Realign and re-issue communications resources as appropriate.
		Update website with latest pandemic information.
<b>7) Vital Records and Databases</b>		
		Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location.
<b>8) Human Capital</b>		
		Review and incorporate OPM’s Human Capital Planning guidance for a Pandemic Influenza ( <a href="http://www.opm.gov/pandemic/">http://www.opm.gov/pandemic/</a> ) in its pandemic influenza planning to provide workplace flexibility, including telework, during a pandemic.
		Implement workforce guidelines (contact and transmission interventions) to prevent or minimize workplace exposure to contagious disease for affected areas.
		Implement alternative work arrangements (e.g., job sharing, flexible work schedules) available for use in the case of a pandemic health crisis as necessary for affected areas.
		Implement infection control measures.
		Collect and report the status of its employees during a pandemic health crisis for the purpose of monitoring agency workforce levels and reporting such information to the Office of the Chief Medical Officer, which in turn consolidates and reports the Department’s information

COOP Element	√	Actions To Be Taken
		to OPM.
		Discuss the effect of pandemic related human capital issues with its procurement and contract workforce including contract workers who are co-located with or routinely work at the same worksite as Federal employees, as well as those who are not co-located with Federal employees.
		Develop an employee-labor relations plan for and conduct post-implementation bargaining that may be necessary as the result of management actions.
		Administer and execute pay and leave policies as necessary.
		Administer and execute hiring policies as necessary.
		Test, and as necessary, implement telework capability.
		Review and update technology support (i.e., help desk) sufficient to meet telework needs.
		<p>Review and continuously update safety and health policies on, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Restriction of travel to geographic areas affected by the pandemic;</li> <li>• Employees who become ill or are suspected of becoming ill while at their normal work site;</li> <li>• Returning previously ill, non-infectious, employees to work;</li> <li>• Social distancing;</li> <li>• The dissemination and posting of educational and training materials to raise awareness about pandemic and workplace related policies (i.e., cough etiquette, hand hygiene, and social distancing strategies);</li> <li>• The performance and regular updating of risk assessments based on occupational exposures and objective medical evidence, and procurement of appropriate types and quantities of infection control-related supplies (e.g., personal protective equipment (PPE), hand sanitizers, surface wipes, cleansers, and tissues);</li> <li>• The implementation of infection control measures,</li> </ul>

COOP Element	√	Actions To Be Taken
		including (if applicable) the appropriate selection and use of personal protective equipment; <ul style="list-style-type: none"> <li>• Vaccine and anti-viral prioritization information and distribution; and</li> <li>• Psychological and social needs of employees.</li> </ul>
<b>9) Test, Training, and Exercise</b>		
		Test, train, and exercise Headquarters capability to maintain critical functions, incorporating Lessons Learned from previous Response Phases and implementing corrective actions.
<b>10) Devolution of Control</b>		
		Implement full or partial devolution of control and direction as necessary with respect to three-deep rule and geographic dispersion.
<b>11) Reconstitution</b>		
		Assess the sufficiency of resources to commence reconstitution efforts, including but not limited to replacement of employees unable to return to work, habitability of facilities and buildings, and availability of equipment.

## Federal Response Stage 2: Pandemic Influenza COOP Checklist

Trigger for implementation	Stage
Federal Response Stage	2
WHO Pandemic Stage	4-5
Implementation Level	Alert

COOP Element	√	Actions To Be Taken
<b>1) Plans and Procedures</b>		
		Develop and review plans and procedures for pandemic influenza. DSHS may begin implementing parts of the PI Plan.
<b>2) Critical Functions</b>		
		Review and communicate critical functions that will continue and non-critical functions that will be suspended temporarily for personnel assigned to overseas areas that are affected.
		In anticipation of a migration of the outbreak to U.S. citizens, ensure critical functions and employees have been identified.
		Review contractors, suppliers, shippers, resources, and other businesses that support critical functions, and as necessary, implement standing agreements for back-up.
<b>3) Delegations of Authority</b>		
		Review and update Delegations of Authority with respect to three-deep rule and geographic dispersion.
<b>4) Order of Succession</b>		
		Review and update Order of Succession with respect to three-deep rule and geographic dispersion.
<b>5) Alternate Operating Facility(ies)</b>		
		Ensure readiness of traditional alternate operating facility (ies) in the event of an incident concurrent to a pandemic that would necessitate relocation of Emergency Relocation Groups.
		Ensure readiness of staff telework and/or devolution

COOP Element	√	Actions To Be Taken
		arrangements to include readiness of required communications equipment.
<b>6) Interoperable Communications</b>		
		Review and test communications mechanisms (i.e., laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), GETS cards) to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of agency operations and possible changes in working conditions and operational hours.
		Realign and re-issue communications resources as appropriate.
		Update website with latest pandemic information.
<b>7) Vital Records and Databases</b>		
		Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location.
<b>8) Human Capital</b>		
		Review and incorporate OPM's Human Capital Planning guidance for a Pandemic Influenza ( <a href="http://www.opm.gov/pandemic/">http://www.opm.gov/pandemic/</a> ) in its pandemic influenza planning to provide workplace flexibility, including telework, during a pandemic.
		Implement workforce guidelines (contact and transmission interventions) to prevent or minimize workplace exposure to contagious disease for affected areas.
		Implement alternative work arrangements (e.g., job sharing, flexible work schedules) available for use in the case of a pandemic health crisis as necessary for affected areas.
		Implement infection control measures.
		Collect and report the status of its employees during a pandemic health crisis for the purpose of monitoring agency workforce levels and reporting such information to the Office of the Chief Medical Officer, which in turn consolidates and reports the Department's information to OPM.

COOP Element	√	Actions To Be Taken
		Discuss the effect of pandemic related human capital issues with its procurement and contract workforce including contract workers who are co-located with or routinely work at the same worksite as Federal employees, as well as those who are not co-located with Federal employees.
		Develop an employee-labor relations plan for and conduct post-implementation bargaining that may be necessary as the result of management actions.
		Administer and execute pay and leave policies as necessary.
		Administer and execute hiring policies as necessary.
		Test, and as necessary, implement telework capability.
		Review and update technology support (i.e., help desk) sufficient to meet telework needs.
		<p>Review and continuously update safety and health policies on, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Restriction of travel to geographic areas affected by the pandemic;</li> <li>• Employees who become ill or are suspected of becoming ill while at their normal work site;</li> <li>• Returning previously ill, non-infectious, employees to work;</li> <li>• Social distancing;</li> <li>• The dissemination and posting of educational and training materials to raise awareness about pandemic and workplace related policies (i.e., cough etiquette, hand hygiene, and social distancing strategies);</li> <li>• The performance and regular updating of risk assessments based on occupational exposures and objective medical evidence, and procurement of appropriate types and quantities of infection control-related supplies (e.g., personal protective equipment (PPE), hand sanitizers, surface wipes, cleansers, and tissues);</li> <li>• The implementation of infection control measures, including (if applicable) the appropriate selection</li> </ul>

COOP Element	√	Actions To Be Taken
		and use of personal protective equipment; <ul style="list-style-type: none"> <li>• Vaccine and anti-viral prioritization information and distribution; and</li> <li>• Psychological and social needs of employees.</li> </ul>
<b>9) Test, Training, and Exercise</b>		
		Test, train, and exercise Headquarters capability to maintain critical functions, incorporating Lessons Learned from previous Response Phases and implementing corrective actions.
<b>10) Devolution of Control</b>		
		Implement full or partial devolution of control and direction as necessary with respect to three-deep rule and geographic dispersion.
<b>11) Reconstitution</b>		
		Assess the sufficiency of resources to commence reconstitution efforts, including but not limited to replacement of employees unable to return to work, habitability of facilities and buildings, and availability of equipment.

### Federal Response Stage 3: Pandemic Influenza COOP Checklist

Trigger for implementation	Stage
Federal Response Stage	3
WHO Pandemic Stage	6
Implementation Level	Alert/Standby

COOP Element	√	Actions To Be Taken
<b>1) Plans and Procedures</b>		
		Develop and review plans and procedures for pandemic influenza.
<b>2) Critical Functions</b>		
		Review and communicate critical functions that will continue and non-critical functions that will be suspended temporarily for personnel assigned to overseas areas that are affected.
		In anticipation of a migration of the outbreak to U.S. citizens, ensure critical functions and employees have been identified.
		Review contractors, suppliers, shippers, resources, and other businesses that support critical functions, and as necessary, implement standing agreements for back-up.
<b>3) Delegations of Authority</b>		
		Review and update Delegations of Authority with respect to three-deep rule and geographic dispersion.
<b>4) Order of Succession</b>		
		Review and update Order of Succession with respect to three-deep rule and geographic dispersion.
<b>5) Alternate Operating Facility(ies)</b>		
		Ensure readiness of traditional alternate operating facility (ies) in the event of an incident concurrent to a pandemic that would necessitate relocation of Emergency Relocation Groups.

COOP Element	√	Actions To Be Taken
		Ensure readiness of staff telework and/or devolution arrangements to include readiness of required communications equipment.
<b>6) Interoperable Communications</b>		
		Review and test communications mechanisms (i.e., laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), GETS cards) to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of agency operations and possible changes in working conditions and operational hours.
		Realign and re-issue communications resources as appropriate.
		Update website with latest pandemic information.
<b>7) Vital Records and Databases</b>		
		Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location.
<b>8) Human Capital</b>		
		Review and incorporate OPM’s Human Capital Planning guidance for a Pandemic Influenza ( <a href="http://www.opm.gov/pandemic/">http://www.opm.gov/pandemic/</a> ) in its pandemic influenza planning to provide workplace flexibility, including telework, during a pandemic.
		Implement workforce guidelines (contact and transmission interventions) to prevent or minimize workplace exposure to contagious disease for affected areas.
		Implement alternative work arrangements (e.g., job sharing, flexible work schedules) available for use in the case of a pandemic health crisis as necessary for affected areas.
		Implement infection control measures.
		Collect and report the status of its employees during a pandemic health crisis for the purpose of monitoring agency workforce levels and reporting such information to the Office of the Chief Medical Officer, which in turn consolidates and reports the Department’s information

COOP Element	√	Actions To Be Taken
		to OPM.
		Discuss the effect of pandemic related human capital issues with its procurement and contract workforce including contract workers who are co-located with or routinely work at the same worksite as Federal employees, as well as those who are not co-located with Federal employees.
		Develop an employee-labor relations plan for and conduct post-implementation bargaining that may be necessary as the result of management actions.
		Administer and execute pay and leave policies as necessary.
		Administer and execute hiring policies as necessary.
		Test, and as necessary, implement telework capability.
		Review and update technology support (i.e., help desk) sufficient to meet telework needs.
		<p>Review and continuously update safety and health policies on, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Restriction of travel to geographic areas affected by the pandemic;</li> <li>• Employees who become ill or are suspected of becoming ill while at their normal work site;</li> <li>• Returning previously ill, non-infectious, employees to work;</li> <li>• Social distancing;</li> <li>• The dissemination and posting of educational and training materials to raise awareness about pandemic and workplace related policies (i.e., cough etiquette, hand hygiene, and social distancing strategies);</li> <li>• The performance and regular updating of risk assessments based on occupational exposures and objective medical evidence, and procurement of appropriate types and quantities of infection control-related supplies (e.g., personal protective equipment (PPE), hand sanitizers, surface wipes, cleansers, and tissues);</li> <li>• The implementation of infection control measures,</li> </ul>

COOP Element	√	Actions To Be Taken
		including (if applicable) the appropriate selection and use of personal protective equipment; <ul style="list-style-type: none"> <li>• Vaccine and anti-viral prioritization information and distribution; and</li> <li>• Psychological and social needs of employees.</li> </ul>
<b>9) Test, Training, and Exercise</b>		
		Test, train, and exercise Headquarters capability to maintain critical functions, incorporating Lessons Learned from previous Response Phases and implementing corrective actions.
<b>10) Devolution of Control</b>		
		Implement full or partial devolution of control and direction as necessary with respect to three-deep rule and geographic dispersion.
<b>11) Reconstitution</b>		
		Assess the sufficiency of resources to commence reconstitution efforts, including but not limited to replacement of employees unable to return to work, habitability of facilities and buildings, and availability of equipment.

**Federal Response Stage 4: Pandemic Influenza COOP Checklist**

Trigger for implementation	Stage
Federal Response Stage	4
WHO Pandemic Stage	6
Implementation Level	Standby/Activate

COOP Element	√	Actions To Be Taken
<b>1) Plans and Procedures</b>		
		Develop and review plans and procedures for pandemic influenza and begin implementing based on direct impact to DSHS as directed by Commissioner.
<b>2) Critical Functions</b>		
		Review and communicate critical functions that will continue and non-critical functions that will be suspended temporarily.
		Review critical positions, skills, and personnel and continue to train, identify, and as necessary, augment with back-up personnel.
		Review contractors, suppliers, shippers, resources, and other businesses that support critical functions, and as necessary, implement standing agreements for back-up.
<b>3) Delegations of Authority</b>		
		Review and update Delegations of Authority with respect to three-deep rule and geographic dispersion.
<b>4) Order of Succession</b>		
		Review and update Order of Succession with respect to three-deep rule and geographic dispersion.
<b>5) Alternate Operating Facility(ies)</b>		
		Ensure readiness of traditional alternate operating facility(ies) in the event of an incident concurrent to a pandemic that would necessitate relocation of Emergency Relocation Groups.

COOP Element	√	Actions To Be Taken
		Ensure readiness of staff telework and/or devolution arrangements to include readiness of required communications equipment.
<b>6) Interoperable Communications</b>		
		Review and test communications mechanisms (i.e., laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), GETS cards) to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of agency operations and possible changes in working conditions and operational hours.
		Realign and re-issue communications resources as appropriate.
		Update website with latest pandemic information.
<b>7) Vital Records and Databases</b>		
		Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location.
<b>8) Human Capital</b>		
		Review and incorporate OPM’s Human Capital Planning guidance for a Pandemic Influenza ( <a href="http://www.opm.gov/pandemic/">http://www.opm.gov/pandemic/</a> ) in its pandemic influenza planning to provide workplace flexibility, including telework, during a pandemic.
		Implement workforce guidelines (contact and transmission interventions) to prevent or minimize workplace exposure to contagious disease for affected areas.
		Implement alternative work arrangements (e.g., job sharing, flexible work schedules) available for use in the case of a pandemic health crisis as necessary for affected areas.
		Implement infection control measures.
		Collect and report the status of its employees during a pandemic health crisis for the purpose of monitoring agency workforce levels and reporting such information to the Office of the Chief Medical Officer, which in turn consolidates and reports the Department’s information

COOP Element	√	Actions To Be Taken
		to OPM.
		Discuss the effect of pandemic related human capital issues with its procurement and contract workforce including contract workers who are co-located with or routinely work at the same worksite as Federal employees, as well as those who are not co-located with Federal employees.
		Implement the previously developed employee-labor relations plan.
		Administer and execute pay and leave policies as necessary.
		Administer and execute hiring policies as necessary.
		Test, and as necessary, implement telework capability.
		Review and update technology support (i.e., help desk) sufficient to meet telework needs.
		<p>Review and continuously update safety and health policies on, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Restriction of travel to geographic areas affected by the pandemic;</li> <li>• Employees who become ill or are suspected of becoming ill while at their normal work site;</li> <li>• Returning previously ill, non-infectious, employees to work;</li> <li>• Social distancing;</li> <li>• The dissemination and posting of educational and training materials to raise awareness about pandemic and workplace related policies (i.e., cough etiquette, hand hygiene, and social distancing strategies);</li> <li>• The performance and regular updating of risk assessments based on occupational exposures and objective medical evidence, and procurement of appropriate types and quantities of infection control-related supplies (e.g., personal protective equipment (PPE), hand sanitizers, surface wipes, cleansers, and tissues);</li> <li>• The implementation of infection control measures, including (if applicable) the appropriate selection</li> </ul>

COOP Element	√	Actions To Be Taken
		and use of personal protective equipment; <ul style="list-style-type: none"> <li>• Vaccine and anti-viral prioritization information and distribution; and</li> <li>• Psychological and social needs of employees.</li> </ul>
<b>9) Test, Training, and Exercise</b>		
		Note suggestions for improvements to TT&E plans for future modification.
<b>10) Devolution of Control</b>		
		Implement full or partial devolution of control and direction as necessary with respect to three-deep rule and geographic dispersion.
<b>11) Reconstitution</b>		
		Assess the sufficiency of resources to commence reconstitution efforts, including but not limited to replacement of employees unable to return to work, habitability of facilities and buildings, and availability of equipment.

### Federal Response Stage 5: Pandemic Influenza COOP Checklist

Trigger for implementation	Stage
Federal Response Stage	5
WHO Pandemic Stage	6
Implementation Level	Activate

COOP Element	√	Actions To Be Taken
<b>1) Plans and Procedures</b>		
		Develop and review plans and procedures for pandemic influenza and fully implement.
<b>2) Critical Functions</b>		
		Review and communicate critical functions that will continue and non-critical functions that will be suspended temporarily.
		Review critical positions, skills, and personnel and continue to train, identify, and as necessary, augment with back-up personnel.
		Review contractors, suppliers, shippers, resources, and other businesses that support critical functions, and as necessary, implement standing agreements for back-up.
<b>3) Delegations of Authority</b>		
		Review and update Delegations of Authority with respect to three-deep rule and geographic dispersion.
<b>4) Order of Succession</b>		
		Review and update Order of Succession with respect to three-deep rule and geographic dispersion.
<b>5) Alternate Operating Facility(ies)</b>		
		Ensure readiness of primary and alternate operating facilities, telework locations, and other designated work sites in the event of an incident concurrent to a pandemic that would necessitate relocation of Emergency Relocation Groups.

COOP Element	√	Actions To Be Taken
		Ensure readiness of staff telework and/or devolution arrangements to include readiness of required communications equipment.
<b>6) Interoperable Communications</b>		
		Review and test communications mechanisms (i.e., laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), GETS cards) to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of agency operations and possible changes in working conditions and operational hours.
		Realign and re-issue communications resources as appropriate.
		Update website with latest pandemic information.
<b>7) Vital Records and Databases</b>		
		Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location.
<b>8) Human Capital</b>		
		Review and incorporate OPM’s Human Capital Planning guidance for a Pandemic Influenza ( <a href="http://www.opm.gov/pandemic/">http://www.opm.gov/pandemic/</a> ) in its pandemic influenza planning to provide workplace flexibility, including telework, during a pandemic.
		Implement workforce guidelines to prevent or minimize workplace exposure to contagious disease.
		Implement alternative work arrangements (e.g., job sharing, flexible work schedules) available for use in the case of a pandemic health crisis as necessary.
		Implement infection control measures.
		Collect and report the status of its employees during a pandemic health crisis for the purpose of monitoring agency workforce levels and reporting such information to the Office of the Chief Medical Officer, which in turn consolidates and reports the Department’s information to OPM.
		Discuss the effect of pandemic related human capital

COOP Element	√	Actions To Be Taken
		issues with its procurement and contract workforce including contract workers who are co-located with or routinely work at the same worksite as Federal employees, as well as those who are not co-located with Federal employees.
		Implement employee-labor relations plan.
		Administer and execute pay and leave policies as necessary.
		Administer and execute hiring policies as necessary.
		Test, and as necessary, implement telework capability.
		Review and update technology support (i.e., help desk) sufficient to meet telework needs.
		<p>Review and continuously update safety and health policies on, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Restriction of travel to geographic areas affected by the pandemic;</li> <li>• Employees who become ill or are suspected of becoming ill while at their normal work site;</li> <li>• Returning previously ill, non-infectious, employees to work;</li> <li>• Social distancing;</li> <li>• The dissemination and posting of educational and training materials to raise awareness about pandemic and workplace related policies (i.e., cough etiquette, hand hygiene, and social distancing strategies);</li> <li>• The performance and regular updating of risk assessments based on occupational exposures and objective medical evidence, and procurement of appropriate types and quantities of infection control-related supplies (e.g., personal protective equipment (PPE), hand sanitizers, surface wipes, cleansers, and tissues);</li> <li>• The implementation of infection control measures, including (if applicable) the appropriate selection and use of personal protective equipment;</li> <li>• Vaccine and anti-viral prioritization information and</li> </ul>

COOP Element	√	Actions To Be Taken
		distribution; and <ul style="list-style-type: none"> <li>• Psychological and social needs of employees.</li> </ul>
<b>9) Test, Training, and Exercise</b>		
		Note suggestions for improvements to TT&E plans for future modification.
<b>10) Devolution of Control</b>		
		Implement full or partial devolution of control and direction as necessary with respect to three-deep rule and geographic dispersion.
<b>11) Reconstitution</b>		
		Assess the sufficiency of resources to commence reconstitution efforts, including but not limited to replacement of employees unable to return to work, habitability of facilities and buildings, and availability of equipment.

## Federal Response Stage 6: Pandemic Influenza COOP Checklist

Trigger for implementation	Stage
Federal Response Stage	6
WHO Pandemic Stage	6
Implementation Level	Standby

COOP Element	√	Actions To Be Taken
<b>1) Plans and Procedures</b>		
		Develop and review plans and procedures for pandemic influenza for lessons learned and update in preparation for next wave.
<b>2) Critical Functions</b>		
		Review and communicate critical functions that will continue and non-critical functions that will be suspended temporarily.
		Review critical positions, skills, and personnel and continue to train, identify, and as necessary, augment with back-up personnel.
		Review contractors, suppliers, shippers, resources, and other businesses that support critical functions, and as necessary, implement standing agreements for back-up.
<b>3) Delegations of Authority</b>		
		Review and update Delegations of Authority with respect to three-deep rule and geographic dispersion.
<b>4) Order of Succession</b>		
		Review and update Order of Succession with respect to three-deep rule and geographic dispersion.
<b>5) Alternate Operating Facility(ies)</b>		
		Ensure readiness of primary and alternate operating facilities, telework locations, and other designated work sites in the event of an incident concurrent to a pandemic that would necessitate relocation of Emergency Relocation Groups.
		Ensure readiness of staff telework and/or devolution

COOP Element	√	Actions To Be Taken
		arrangements to include readiness of required communications equipment.
<b>6) Interoperable Communications</b>		
		Review and test communications mechanisms (i.e., laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), GETS cards) to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of agency operations and possible changes in working conditions and operational hours.
		Realign and re-issue communications resources as appropriate.
		Update website with latest pandemic information.
<b>7) Vital Records and Databases</b>		
		Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location.
<b>8) Human Capital</b>		
		Review and incorporate OPM’s Human Capital Planning guidance for a Pandemic Influenza ( <a href="http://www.opm.gov/pandemic/">http://www.opm.gov/pandemic/</a> ) in its pandemic influenza planning to provide workplace flexibility, including telework, during a pandemic.
		Implement workforce guidelines to prevent or minimize workplace exposure to contagious disease.
		Implement alternative work arrangements (e.g., job sharing, flexible work schedules) available for use in the case of a pandemic health crisis as necessary.
		Implement infection control measures.
		Collect and report the status of its employees during a pandemic health crisis for the purpose of monitoring agency workforce levels and reporting such information to OPM.
		Discuss the effect of pandemic related human capital issues with its procurement and contract workforce (including contract workers who are co-located with or routinely work at the same worksite as Federal employees, as well as those who are not co-located with

COOP Element	√	Actions To Be Taken
		Federal employees.
		Develop an employee-labor relations plan for and conduct post-implementation bargaining that may be necessary as the result of management actions.
		Administer and execute pay and leave policies as necessary.
		Administer and execute hiring policies as necessary.
		Test, and as necessary, implement telework capability.
		Review and update technology support (i.e., help desk) sufficient to meet telework needs.
		<p>Review and continuously update safety and health policies on, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Restriction of travel to geographic areas affected by the pandemic;</li> <li>• Employees who become ill or are suspected of becoming ill while at their normal work site;</li> <li>• Returning previously ill, non-infectious, employees to work;</li> <li>• Social distancing;</li> <li>• The dissemination and posting of educational and training materials to raise awareness about pandemic and workplace related policies (i.e., cough etiquette, hand hygiene, and social distancing strategies);</li> <li>• The performance and regular updating of risk assessments based on occupational exposures and objective medical evidence, and procurement of appropriate types and quantities of infection control-related supplies (e.g., personal protective equipment (PPE), hand sanitizers, surface wipes, cleansers, and tissues);</li> <li>• The implementation of infection control measures, including (if applicable) the appropriate selection and use of personal protective equipment;</li> <li>• Vaccine and anti-viral prioritization information and distribution; and</li> <li>• Psychological and social needs of employees.</li> </ul>

COOP Element	√	Actions To Be Taken
<b>9) Test, Training, and Exercise</b>		
		Review and update TT&E plan incorporating Lesson Learned from previous Response Phases and implementation of corrective actions.
<b>10) Devolution of Control</b>		
		Implement full or partial devolution of control and direction as necessary with respect to three-deep rule and geographic dispersion.
<b>11) Reconstitution</b>		
		Assess the sufficiency of resources to commence reconstitution efforts, including but not limited to replacement of employees unable to return to work, habitability of facilities and buildings, and availability of equipment.

## **APPENDIX 3: Annexes for Pandemic Influenza COOP Plan**

### **Annex A: Legal Authorities and References**

#### **Authorities:**

- [National Security and Homeland Security Presidential Directive 51 and National Security and Homeland Security Presidential Directive 20](#)
- [Federal Preparedness Circular \(FPC 65\)](#)
- [TAC, Title 1, Part 10, Chapter 202, Subchapter B, Rule § 202.24](#)
- [The Texas Disaster Act of 1965, Government Code, Chapter 418, Section 418.176](#)

#### **References:**

- [The Texas Homeland Security Strategic Plan 2005-2010, November 1, 2005](#)
- [The White House National Strategy for Pandemic Influenza](#)
- [Federal Implementation Plan for the National Strategy for Pandemic Influenza](#)
- [US Office of Personnel Management \(OPM\) Pandemic Influenza](#)
- [FEMA memorandum issued on March 1, 2006: Continuity of Operations \(COOP\) Pandemic Influenza Guidance](#)
- [FEMA Pandemic Influenza Continuity of Operations \(COOP\) Annex Template Instructions](#)
- [State Agency Policy Recommendations for Continuity of Operations Planning \(COOP\) for an Influenza Pandemic](#)
- [DSHS Antiviral Allocation, Distribution, and Storage \(AADS\) Guidelines](#)
- [DSHS Planning Guidelines for Nonpharmaceutical Interventions](#)
- [DSHS Crisis and Emergency Risk Communication \(CERC\) Guidelines](#)
- [DSHS COOP Plan \(January 2007\)](#)

### **APPENDIX 3: Annexes for Pandemic Influenza COOP Plan**

#### **Annex B: Definitions and Acronyms**

<b>Term</b>	<b>Definition</b>
Activation	The implementation of COOP capabilities, procedures, activities, and plans in response to an emergency or disaster declaration; the execution of the plan.
Agency	A division of government with a specific function offering a particular kind of assistance.
Alert	The notification to key staff, contractors and stakeholders that a disaster situation has occurred and they should stand by for possible activation of COOP plan.
All hazards	A descriptor that denotes a specific strategy for managing activities in an emergency management program.
Alternate Facility	A recovery environment complete with necessary office infrastructure (desk, telephone, workstation, and associated hardware, communications, etc.); to be used to conduct critical functions in the event the primary site is not available.
Antiviral medications	Medications that may be effective in preventing influenza if taken within 48 hours of exposure and may be effective in reducing the severity and/or length of the disease if given within 48 hours of first symptoms.
Asset	An item of property or component of a business process owned by an organization. Assets may be physical (e.g. buildings and equipment); financial (e.g. grant monies) and non-tangible (e.g. goodwill, reputation)
Audit	An independent review, examination of the records, and activities to assess the adequacy of system controls to ensure compliance with established policies and operational procedures.
Backup	Either procedures or standby equipment that are available for use in the event of a failure or inaccessibility of normal operations.
Backup (Data)	A process to copy electronic or paper based data in some form to be available if the original data is lost, destroyed or corrupted.
Business Continuity Plan (BCP)	A set of procedures that define how the agency and/or areas of the agency will continue or recover operations after the occurrence of a significant disruptive event that interrupts provision of agency services and normal operations,
Business Continuity Team	Designated individuals responsible for developing, execution, rehearsals and maintenance of the business continuity plan, including the processes and procedures.
Business Impact Analysis (BIA)	A process of systematically assessing the potential impacts of a loss of business functionality that addresses the maximum tolerable downtime to time-critical support

Term	Definition
	services and resources.
Call Tree	A document that graphically depicts the calling responsibilities and the calling order used in the event of a disaster to contact key personnel and stakeholders.
Cold Site	An alternate site that contains physical space and building infrastructure that must be provisioned at time of disaster to support recovery operations.
Contact List	A list of team members and/or key players to be contacted including their backups. The list includes necessary contact information (i.e. home phone, pager, cell, etc.) and in most cases be considered confidential.
Contingency Planning	The process of developing advance arrangements and procedures that enable an organization to respond to unforeseen circumstance and address how to keep the agency's critical functions operating in the event of an extended disruption.
Continuity of Operations (COOP) Plan	A plan that outlines the actions and resources needed to continue essential agency functions during a variety of crisis situations, specifically when the primary facilities are either threatened or inaccessible.
Cough etiquette	Covering one's mouth and nose while coughing or sneezing; using tissues and disposing in no-touch receptacles; and washing your hands to avoid spreading an infection to others.
Crisis	An unexpected actual or impending situation that may cause injury, loss of life, destruction of property or cause the loss or disruption of an agency's normal operations to such an extent that it poses a threat. See Emergency.
Crisis Management	The overall coordination of an agency's response to a crisis in an effective, timely manner to avoid or minimize damage to the agency's ability to operate.
Critical Function	A collection of related activities or tasks performed together that produce a distinct, clearly defined deliverable or outcome, often a specific service for a particular group, that are essential to supporting the DSHS mission.
Damage Assessment	The process of assessing damage following a disaster to computer hardware, vital records, office facilities, etc., and determining what can be salvaged or restored and what must be replaced.
Data Recovery	The restoration of computer files from backup media to restore programs and production data to the state that existed at the time of the last safe backup.
Declaration	A formal announcement by pre-authorized personnel that a disaster or severe outage is predicted or has occurred and that triggers pre-arranged mitigating actions.
Delegations of Authority	To identify, by position, the authorities for making policy determinations and decisions that take effect when normal channels of direction are disrupted. They often address specific competency requirements related to one or more essential functions.
Dependency	The reliance, directly or indirectly, of one activity or process upon another.
Devolution	To address how an agency will conduct its essential functions in the aftermath of a worst-case scenario where its leadership is incapacitated and it must transfer all of its

Term	Definition
	essential functions and responsibilities to personnel to a different location.
Disaster	An event that creates an inability on an agency's part to provide essential functions for some predetermined period of time. Often this signifies the beginning of a move from a primary to an alternate location.
Disaster Recovery	Activities and programs designed to respond to an interruption in operations and to restore an agency's critical business functions.
Emergency Procedures	A plan of action to commence immediately to prevent the loss of life and minimize injury and property damage.
Emergency Operations Center (EOC)	A centrally located facility used to coordination information and resources to begin recovery operations, often a temporary site used until alternate facilities are functional.
Exercise	An announced or unannounced execution of COOP plans intended to implement existing plans and/or highlight the need for additional plan development. An activity that is performed for the purpose of training and conditioning team members, improving their performance, and validating the COOP plan.
Emergency	An unexpected actual or impending situation that may cause injury, loss of life, destruction of property or cause the loss or disruption of an agency's normal operations to such an extent that it poses a threat. See Crisis.
Extended Outage	A lengthy, unplanned interruption in system availability due to computer hardware or software problems, or communication failures.
Emergency Procedures	A plan of action to commence immediately to prevent the loss of life and minimize injury and property damage.
Evacuation	The movement of employees and guests from a building to a safe place (assembly area) in a controlled and monitored manner at time of an emergency.
Exposure	The potential susceptibility to loss; the vulnerability to a particular risk.
Escalation	The process by which emergency related information is communicated upwards through an agency's reporting process.
Facility	A location containing the equipment, supplies, voice and data communication lines, to conduct transactions required to conduct business under normal conditions.
Functions-Unit Recovery	The component which deals specifically with the relocation of a key function or unit in the event of a disaster, including personnel, essential records, equipment supplies, work space, communication facilities, work station capability, etc.
Hand hygiene	Hand washing with either plain soap or antimicrobial soap and water and use of alcohol-based products (gels, rinses, foams) containing an emollient that do not require the use of water.
HHS Emergency Management Council	Comprised of HHS agency Chief Operating Officers and members of HHS leadership (or designees). The Council is focused on HHS Enterprise continuity of operations and infrastructure recover and provides oversight of emergency preparedness efforts of HHS agencies.

Term	Definition
Incident Command System (ICS)	A combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure with responsibility for management of assigned resources to effectively direct and control the response to an incident (emergency).
Incident Commander (IC)	The individual responsible for leading recovery activities in response to an emergency or crisis event that may significantly impact the agency. The IC reports up to senior leadership on the recovery progress.
Incident Response	The response of an agency to an emergency or crisis that may significantly impact the agency's ability to function. An incident response may include evacuation of a facility, initiating a COOP plan, performing damage assessment, and any other measures necessary to bring the agency to a more stable status.
Information System	The organized collection, processing, transmission, and dissemination of information according to defined procedures, whether automated or manual.
Isolation	Separation of infected individuals from those who are not infected.
Key Tasks	Priority procedures and actions that must be executed within the first few minutes/hours of the plan invocation.
Lead Time	The time it takes for a supplier to make equipment services or supplies available after receiving an order.
Loss	The unrecoverable resources that are redirected or removed as a result of a disaster.
Mitigation	Activities taken to eliminate or reduce the probability of the event, or reduce its severity or consequences, either prior to or following a disaster/emergency.
Off-Site Storage	Any place physically located a significant distance away from the primary site, where duplicated and vital records (hard copy or electronic and/or equipment) may be stored for use during recovery.
Orders of Succession	A predetermined plan for ensuring the continuity of authority, decision-making, and communication in the event that leadership suddenly becomes incapacitated, or in the event that a crisis occurs while leadership is unavailable.
Outbreak	An epidemic limited to localized increase in the incidence of disease, e.g., in a village, town, or closed institution; a cluster of cases of an infectious disease.
Outbreak containment	Disruption of epidemic amplification through the use of medical countermeasures and infection control techniques; "containment" also refers more generally to delaying the geospatial spread of an epidemic.
Pandemic	A worldwide epidemic when a new or novel strain of influenza virus emerges in which humans have little or no immunity, and develops the ability to infect and be passed between humans.
Physical Safeguards	Physical measures taken to prevent a disaster. The measures may include fire suppression systems, alarm systems, power backup and conditioning systems, and access control systems.

Term	Definition
Plan Maintenance	The management process of keeping an agency's COOP plans current and effective. This process includes the review and update of COOP plans on a defined schedule.
Post-exposure prophylaxis	Administering a course of antivirals beginning within 48 hours of exposure.
Procedure mask	Disposable face mask that is either flat or pleated and is affixed to the head with ear loops.
Procedural Safeguards	Measures taken to prevent a disaster that may include safety inspections, fire drills, security awareness programs, and records retention programs.
Prophylaxis	Prevention of disease or of a process that can lead to disease. With respect to pandemic influenza this specifically refers to the administration of antiviral medications to healthy individuals for the prevention of influenza.
Quarantine	Separation of individuals who have been exposed to an infection but are not yet ill from others who have not been exposed to the transmissible infection.
Reciprocal Agreement	An agreement between organizations or internal groups with similar equipment and/or environments that allow one to utilize the other's excess processing capacity in the event of a disaster.
Recovery	Implementing the prioritized actions required to return processes and support functions to operational stability following an interruption or disaster.
Recovery Team	A group of individuals who report to the Incident Commander and who are responsible for performing recovery activities so that an agency may continue its essential functions. Recovery activities may include attending to operational, planning, logistic and administrative needs.
Recovery Period	The time period between a disaster and a return to normal functions, during which the disaster recovery plan is employed.
Recovery Services Agreement	A contract with an external organization guaranteeing the provision of specified equipment, facilities, or services, usually within a specified time period, in the event of an interruption to operations.
Recovery Process / Timeline	The chronological sequence of recovery activities, or critical path followed to resume an acceptable level of operations following an interruption to operations.
Resilience	The ability of an agency to absorb the impact of an interruption to essential operations, and continue to provide a minimum acceptable level of service.
Response	The reaction to an emergency to assess the damage or impact and to ascertain the level response activity required. Response addresses life safety, evacuation and the policies, procedures and actions to be followed in the event of an emergency.
Reconstitution	Process of planning for and implementing procedures for returning to normal operations at the permanent operational location. It may include the repair of hardware and facilities, and relocation of personnel to the primary site.

Term	Definition
Risk	A combination of the probability that a threat will occur, that a threat occurrence will result in an adverse impact, and the severity of the resulting adverse impact.
Salvage and Restoration	The process of reclaiming or refurbishing vital infrastructure needs such as computer hardware, vital records and office facilities following a disaster.
Satellite Communication	Data communications via satellite, which may be used as an alternative to ground-based communications in the event of a disaster.
Severity Index	A tool for planning recommendations for specific interventions that communities may use for a given level of pandemic severity and suggests when these measures should be started and how long they should be used.
Significant Disruptive Event	Any incident that causes an unplanned, extended disruption of or impairment to normal operations that may bring serious risks to delivery of essential agency services, including major natural disasters, equipment failures and man-made disasters.
Skills Inventory	A listing of employees that lists their skills that applies to recovery.
Social distancing	Infection control strategies that reduce the duration and/or intimacy of social contacts and thereby limit the transmission of influenza. There are two basic categories of intervention: transmission interventions, such as the use of face masks, may reduce the likelihood of casual social contacts resulting in disease transmission; and contact interventions, such as closing schools or canceling large gatherings, eliminate or reduce the likelihood of contact with infected individuals.
System Outage	An unplanned interruption in system availability as a result of computer hardware or software problems, or operational problems.
Table Top Exercise	A method of the COOP plan where participants review and discuss the actions they would take per their plans, but do not perform any of these actions.
Telework	Refers to the activity of working away (home) from the workplace through telecommunication (computer access).
Temporary Operating Procedures	Predetermined procedures, which streamline operations while maintaining an acceptable level of control and auditability during a disaster situation, so the agency may continue its essential functions.
Test	An activity that is performed to evaluate the effectiveness or capabilities of a plan relative to specified objectives or measurement criteria.
Threat	Any circumstance or event with the potential to cause harm to a system in the destruction, disclosure, modification of data, and/or denial of service.
Vital Records	Records that are essential to resume or continue as a departmental entity in the event of a disaster.
Vulnerability	A weakness in a system or component such as susceptibility to physical dangers (fire, water etc.) that could be exploited, attacked or could fail.
Walk-Through Test	A method of testing a specific component of a plan. Often a recovery team member makes a detailed presentation of the component to other team members in order to identify and correct weaknesses.

<b>Term</b>	<b>Definition</b>
Warm Site	An alternate facility which is partially equipped with some hardware, and communications interfaces, electrical and environmental conditioning which is only capable of providing backup after additional provisioning, software or customization is performed.
Wave	The period during which an outbreak or epidemic occurs either within a community or aggregated across a larger geographical area. The disease wave includes the time during which disease occurrence increases rapidly, peaks, and declines back toward baseline.
Workaround Procedures	Interim procedures that may be used by a business or program area to enable it to continue to perform its critical functions during temporary unavailability of information systems, communication systems, specialized equipment, office facilities, personnel or external services.

### **APPENDIX 3: Annexes for Pandemic Influenza COOP Plan**

#### **Annex C: List of Acronyms**

CDC:	Center for Disease Control
COOP:	Continuity of Operations
DSHS:	Department of State Health Services
FEMA:	Federal Emergency Management Agency
FPC 65:	Federal Preparedness Circular 65
FTE:	Full time employee
GDEM:	Governor's Division of Emergency Management
HHS:	Health and Human Services
HIPAA:	Health Insurance Portability and Accountability Act of 1996
HR:	Human Resources
MOU:	Memorandum of Understanding
NIMS:	National Incident Management System
PPE:	Personal Protective Equipment
SME:	Subject Matter Expert
SOC:	State Operations Center
TFC:	Texas Facility Commission
WHO:	World Health Organization