



# **Knox/East Tennessee Healthcare Coalition**

## **Continuity of Operations Plan**

V2.0

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# Knox/East Tennessee Healthcare Coalition

## Continuity of Operations Plan

### Record of Revisions

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4. The following persons are assigned to lead, plan, and oversee the KETHC COOP preparedness:

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**Knox/East Tennessee Healthcare Coalition**  
**Continuity of Operations Plan**

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# 1. INTRODUCTION

## Purpose

This Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of mission essential functions for the ***Knox/East Tennessee Healthcare Coalition (KETHC)***.

This COOP outlines actions to be taken by the Knox/East Tennessee Healthcare Coalition during an emergency and focuses on the following components:

- a. Ensure the Knox/East Tennessee Healthcare Coalition is prepared to provide the mission essential services required.
- b. Minimize loss of or damage to assets
- c. Identify normal operations and secondary functions and include within the critical phased approach to the restoration of these functions.
- d. Continue critical business functions
- e. Minimize the duration of a serious disruption to our operation and resources
- f. Establish coalition leadership succession and emergency mitigation measures
- g. Facilitate effective coordination of recovery responsibilities

## Applicability and Scope

This document is applicable to the KETHC. Support from other local agencies described herein will be coordinated with the responsible office(s) as applicable. This plan addresses emergency scenarios including that KETHC facilities not being accessible and may suffer the loss of communications systems, including use of the internet.

## Authorities

- The National Response Framework
- National Disaster Recovery Framework
- ASPR Healthcare Preparedness Program
- TCA 58-2-106 The Homeland Security Act of 2002 (Public Law 107-296), November 25, 2002.

## References

- FEMA Continuity Guidance Circular 1, Continuity Guidance for Non-Federal Entities, 2009
- Continuity Guidance Circular 2, Continuity Guidance for Non-Federal Entities: Mission Essential Functions Guidance Process, 2013
- TDH Continuity of Operations, Standard Operating Guide, 2018
- 2017-2022 Healthcare Preparedness and Response Capabilities, 2016

## Planning Process

The KETHC is led by two Regional Healthcare Coordinators (RHC) who serve as advisors. Additionally, the KETHC annually elects a primary and back up

representative to serve on the State HPP Advisory board. The COOP planning team is made up of individuals from the coalition’s membership who review the plan annually.

## Plan Update

The Plan will be reviewed annually and after each activation of the plan. Updates to the plan will be accomplished as identified in the annual or post event review.

## 2. RISK ASSESSMENT AND PLANNING

### 2.1 Hazard and Vulnerability Analysis

The objective of this COOP is to ensure that capability exists to continue essential KETHC functions to respond to a wide range of potential emergencies, specifically, when primary facilities are either threatened, damaged or capacity is diminished.

A Hazard Vulnerability Assessment is completed annually to identify hazards that have the highest impact on the regional healthcare system and coalition members. Results of the probability and severity scoring using the Regional HVA tool determined the following priority of hazards.

KETHC Hazard Rankings (6/2022):

EVENT	AVERAGE	2022 Ranking	2020 and 2021 Ranking	2019 Ranking
<b>Inclement Weather</b>	2.78	1st	1st	1st
<b>Pandemic</b>	2.73	2nd	1st	18th
<b>Patient Surge</b>	2.68	3rd	3rd	2nd
<b>Patient Elopement</b>	2.52	4th	NR	NR
<b>Communication / Telephony Failure</b>	2.47	5th	10th	5th
<b>Epidemic</b>	2.42	6th	7th	13th
<b>Supply Chain Shortage / Failure</b>	2.42	6th	9th	11th
<b>Infectious Disease Outbreak</b>	2.26	7th	10th	13th
<b>Seasonal Influenza</b>	2.26	7th	4th	1st
<b>IT System Outage</b>	2.21	8th	5th	5th
<b>Trauma</b>	2.15	9th	NR	NR
<b>Forensic Admission</b>	2.10	10th	6th	9th
<b>Workplace Violence / Threat</b>	2.10	10th	8th	6th

## **2.2 Mission Essential Functions and Essential Support Activities**

- Internal and external communication through a variety of devices and methods
- Situation updates to and from the county emergency operating center
- Various safe and secure locations to establish worksites
- Current membership list with at least two contact methods maintained both virtually and in hardcopy

## **3. MITIGATION**

MITIGATION actions are implemented by KETHC organizations to reduce the affect or threat a hazard may pose to disrupt an Essential Support Activity or Mission Essential Function. Mitigation options to support KETHC functions include:

- Integration of deployed staff from other regions and states
- Intra-regional movement of staff
- Activation of volunteers
- Cross-train staff to perform critical functions
- Conceptualize alternative schedules to economize use of office space/equipment/supplies (additional social distancing benefit during a pandemic)
- Incorporate alternative workstation and communication capability concepts into routine operations
- Communicate workforce management objectives and strategies to staff
- KETHC members can operate in a virtual settings and environments. Devices and methods to facilitate virtual operations and communication include:
  - Laptop computers with internet access
  - Information technology services supported by their individual organizations
  - Cell phones
  - Virtual Private Network (VPN) access
  - Web-based and tele-conference meeting platforms

## **4. CONCEPT OF OPERATIONS POLICIES AND PROCEDURES**

### **Objectives**

The objective of this COOP is to ensure that capability exists to continue essential KETHC functions across a wide range of potential emergencies, specifically when a primary facility is either threatened or inaccessible, or critical infrastructure is damaged, destroyed or impeded. The objectives of this plan include:

- Ensuring the safety of KETHC members and guests
- Identification of Mission Essential Functions (MEF) and Essential Support Activities (ESA)
- Ensuring the continuous performance of MEFs during an emergency
- Identification of non-essential functions and how to discontinue

- Reducing or mitigating disruptions to operations
- Minimizing damage and loss
- Achieving a timely and orderly recovery from the emergency and resuming full service

### **Planning Considerations and Assumptions**

In accordance with State, Federal, industry guidance, and emergency management principles, a viable COOP must:

- Be maintained at a high level of readiness
- Be capable of implementation both with and without warning
- Be fully operational no later than 24 hours after COOP initiation
- Be sustainable for up to 30 days
- Be consistent with other local emergency plans
- Take maximum advantage of existing State or Federal and local government infrastructure

### **Plan Execution**

Continuity of Operations planning arises from the possibility of occurrence of both short-lived incidents such as power outages or communications failures, and catastrophic events such as fires, terrorism, tornados, or severe storms affecting the KETHC's critical service to the community. The decision to implement the COOP can be initiated by the KETHC Advisory Board members or their designee. The following scenarios that could mandate the COOP initiation:

- The KETHC facilities or vital infrastructure is closed or inaccessible to normal business activities as a result of an event or credible threat of an event that would preclude access.
- The KETHC facilities or vital infrastructure is closed as a result of the direct impact of a disaster.

The Regional Healthcare Coordinators will assist in the protection of staff, members and visitors (if applicable), critical equipment, records, and other assets in such a manner as to minimize damage and loss of resources.

The Regional Healthcare Coordinators, upon alert, will facilitate conference calls or virtual meetings for initial briefings.

The RHC's will rapidly identify:

- affected Mission Essential Functions/Essential Support Activities
- what non-essential functions will be suspended or not conducted
- the components of the COOP to implement
- alert/notification for protective actions and/or altered operations



## **Delegation of Authority**

A delegation of authority listing is contained in Appendix A. Certain responsibilities may be delegated to Regional Healthcare Coordinators. All members are empowered to act to ensure safety during emergency situations and daily activities.

## **Notification Procedures**

In situations that arises during business hours, notification will be given to all facility occupants and to any off-site staff members. The priority of the COOP is to maintain life safety of personnel. Decisions will be made as quickly as possible by authorized personnel regarding issues of evacuation, relocation, increased security or sheltering in place.

## **Member Emergency Accountability, Emergency Assignment Designations and Contacts**

### **Alternate Relocation Facilities**

The KETHC can operate remotely. All members have equipment and resources to operate from alternate locations. Additionally, both Knox County Health Department and East Tennessee Regional Health office have operation centers that can be utilized during an event. East Tennessee Regional Health Office supports a Mobile Operations Center (MOC) that can be deployed for use. Additionally, the Regional Medical Communications Center serves as primary deployment location and can be used as an alternative workspace as well.

### **Transition to Alternate Operations and Sites**

The KETHC operations are currently supported at multiple sites. The primary sites for response coordination are the Knox County Health Department and the Tennessee Department of Health East Regional Offices. These primary sites are redundant in capability and support and work in cooperation with KETHC members and partners. Other alternate sites across the coalition include both physical and virtual site options.

All staff transitioning to virtual operation will receive direction and coordination via cell phone communication or other means, as needed. As appropriate, all KETHC members will be notified by that primary KETHC coordination site(s) have been relocated. All staff will be accounted for during the transition process.

The most critical KETHC data is stored on redundant servers with Tennessee Department of Health and on the KETHC website members only accessible areas.

## **Assessment**

### **After Action Review**

An After-Action Review process will be initiated prior to the cessation of operations at the alternate site. The information to be collected will, at a minimum, include details from key

members working during the COOP activation. A review of the strengths and weaknesses of the COOP operations will be conducted as soon as possible. This information will be incorporated into plan revisions and will serve as an improvement process.

### **Revisions and Updates**

The KETHC is responsible for maintaining and updating this plan. The KETHC will ensure that the organization's plan is viable and operational. The COOP plan will be updated at least annually or as needed.

## **5. COMMUNICATIONS**

### **Notification**

Alert and notification are necessary to ensure all affected members start preparing at once for COOP. Alert and notification occur immediately following detection of an event that may require activation of the KETHC COOP. Alert and notification are also necessary outside the facility/organization to ensure corporate and community organizations are poised to support implementation of the COOP.

### **Methods**

KETHC has myriad forms of communication available. Preferred forms of communications may vary by HCC member. Communication methods are listed below in approximate priority of preferred and attempted use:

- **Voice over Internet**

- **Cellular Phones**

- **TNHAN:** The Tennessee Health Alert Network is a web-based alerting system that provides for timely dissemination of emergency and health related information by telephoning, emailing and texting. Department of Health, hospital, EMA, EMS, RMCC and limited local Emergency Operations Center staff are informed with this system

- **HRTS:** The Healthcare Resource Tracking System is a web-based application that provides a means of near-real time communication between the hospitals, the RHCs, Emergency Medical Services and the Regional Medical Communication Centers during an event by means of the Message Board or Event pages

- **Regional Medical Communications Center (RMCC):** The communication resources of the RMCC are vast and robust and key to KETHC communication in responding to emergencies. The RMCC maintains various types of radio communication including VHF, UHF, and 800 MHz frequencies. The RMCC ensures communication channels are maintained between all hospitals and EMS providers for situational awareness. Additionally, the RMCC has the ability to communicate with state and local Emergency Operations Centers, other Regional Medical Communication Centers across the state, and many other agencies

- **KETHC Website:** The KETHC website is an ever-evolving internet tool that serves as a key resource for the healthcare community. Not only is it used routinely to push out information, it is also used to gather information. Updates to the website include on-line tools that can be modified as needed to meet the needs of the event. These tools, such as the on-line facility assessment tool allow incoming information to be provided quickly from multiple sources. The website can also be used to contact the RHCs and members with mass emails.
- **Hospital and EMS Emergency Radio System:** The Division of Emergency Medical Services coordinates provision of effective and rapid delivery of emergency medical services to the general population and operational radio communications between ambulances and hospitals. The Division maintains liaison with emergency service agencies and the Tennessee Emergency Communications Board concerning access of emergency medical services through the 911 emergency-telephone system. Special radio systems and frequencies are used to dispatch ambulances and provide for medical communications between the ambulance and hospital. Hospital-to-EMS communications on frequency VEMS340. Hospital-to-hospital communication is available on frequency VEMS280. The frequency VEMS205 may be used for ambulance mutual aid activities. A redundant UHF radio system supports the hospitals of the Knox/East Region
- **TDH Mobile Operations Center (MOC):** The Tennessee Department of Health houses a MOC in the East Tennessee Region (located at AMR). The MOC can be mobilized if needed by contacting the RMCC. The MOC communication system can link various communication methods with a satellite up and down links these include: low-band, VHF high band, Tennessee Emergency Management Agency- compliant external Motorola Data Communications (MDC) board two-way radio (UHF), 700/800 MHz, Aircraft, CB radio, Bearcat digital scanner, NOAA weather radio, Amateur all band and marine, cellular-based voice and data broadband, and Voice Over Internet (VoIP) phones. The MOC can deploy a fiber optic cable that allows hook up to provide additional workspaces and capacity. Audio-visual inputs are available from digital satellite, local TV, and computers. The MOC can be powered from an onboard diesel generator or by shore power
- **Tennessee Disaster Support Network:** The Tennessee Department of Health maintains as part of their public access website, the Tennessee Disaster Support Network. Because individuals with special needs may be disproportionately affected by a disaster, the Tennessee Disaster Support Network (TDSN) offers resources to help meet those needs before, during, and after a disaster. This web-based resource also has materials for agencies and providers who work with special needs populations. In addition, this website could be utilized to post important information for the public
- **Satellite telephones:** Each Regional Health Operations Center (RHOC) and the State Health Operations Center (SHOC) are equipped with satellite phones. Also, some hospitals have satellite phones. These would be used in the event that all other forms of communication fail
- **Amateur radios:** The RHOC, SHOC, RMCCs, local EMAs, and hospitals are equipped with amateur radios. Amateur radios may be used for communication between health care facilities and local, county and state emergency organizations. KETHC hospitals conduct a monthly hospital net call to test communication equipment and systems. The Amateur Radio Emergency Service (ARES) is a communication service consisting of licensed operators that have voluntarily registered their qualifications and equipment for duty in public service. Local

ARES Emergency Coordinators are listed at [www.tnares.com](http://www.tnares.com) Additionally, Winlink capabilities are being added at all KET HC hospitals to further enhance amateur radio capabilities to send data during emergency events

- **Videoconferencing:** All hospitals and RHOCs have video conferencing capabilities with each other and the State Health Operations Center
- **Emergency Alert System (EAS):** Tennessee has established procedures for issuing emergency messages or safety advisories to the public utilizing major media (radio/television). At the state level, TEMA and the National Weather Service have the authority to activate the EAS. Local authorities may initiate EAS messages through appropriate radio stations for local messages
- **Reverse 911:** The reverse 911 system notifies residents and businesses by telephone based on location. It works in conjunction with GIS mapping systems and allows residents of a particular area to be notified by dialing each landline phone and playing a pre-recorded emergency message. The system can make thousands of calls in a matter of minutes. Not all counties in the Knox and East Tennessee Region maintain this capability. Local emergency management and/or the 911 Dispatch in each county with Reverse 911 capabilities would be able to activate this system.

## 6. TRAINING, TESTING, AND EXERCISES

### Plan Training Program

- Training will be organized to communicate how the plan is activated; the overall purpose and use of the COOP; and discuss each members' role within the COOP.
- All key personnel shall receive training in the plan appropriate to their role/responsibility.
- Training examples include:
  - a. Roles and responsibilities for executive leadership
  - b. Role specific training within the COOP activation

### Plan Testing Program

Exercises and drills provide a useful means to test the plan as well as to add to the orientation training that plan participants have received. Real events, tabletop exercises and full-scale exercises are the most likely tests of this plan.

### Point of Contact List

Point of contact list are maintained on multiple systems with a hard copy as back-up. Hard copy is printed annually or as needed due to significant changes.

## Appendix A - Delegation of Authority:

Succession	
Knox Regional Hospital Coordinator	Knox Emergency Response Coordinator East Regional Hospital Coordinator East Regional Emergency Response Coordinator Knox/East Vulnerable Populations Coordinator State Healthcare Preparedness Coordinator
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East Region Vulnerable Populations Coordinator	Knox Regional Hospital Coordinator East Regional Hospital Coordinator