State of Louisiana

Region 4 ESF-8

All Hazards Continuity of Operations Plan (COOP)
State of Louisiana
ESF-8
All Hazards Continuity of Operations Plan

Approvals

This All Hazards Continuity of Operations Plan (COOP) was prepared by Region 4 ESF-8 Unified Command Group (referenced as Region 4 ESF8 Health and Medical Coalition) to develop, implement and maintain a viable COOP capability. This COOP Plan complies with applicable internal agency policies and state regulations and is an annex to the Region 4 Louisiana Region 4 ESF-8 Health & Medical Preparedness and Response Network Coalition. This COOP Plan has been distributed internally within ESF-8 and with external agencies that may be affected by its implementation.

Approved: ___________________________ Date: ____________

Region 4 DHH OPH Medical Director

Approved: ___________________________ Date: ____________

Region 4 DRC /ADRC - Hospital

Approved: ___________________________ Date: ____________

Region 4DRC- EMS

Approved: ___________________________ Date: ____________

Region 4 PHERC
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I. Purpose, Scope, Situations, Assumptions and Objectives

A. **Purpose:**

Region 4 ESF-8’s mission is to develop and maintain an architecture that prepares, plans, coordinates, and facilitates Emergency Support Function (ESF)-8 Public Health and Medical Response plans and resources during a state declared disaster or imminent threat as predicated by the State Emergency Operations Plan (EOP). To accomplish this mission, Region 4 ESF-8 must ensure its operations are performed efficiently with minimal disruption, especially during an emergency. This document provides planning and program guidance for implementing ESF-8 All Hazards COOP to ensure the Coalition is capable of conducting its essential missions and functions under all hazards and conditions. While the severity and consequences of an emergency cannot be predicted, effective contingency planning can minimize the impact on ESF-8 missions, personnel, and facilities.

Region 4 ESF8 composition includes, but is not limited to, the following primary members:
- Regional Hospital Designated Regional Coordinator (H-DRC)
- Regional EMS Designated Regional Coordinator (EMS-DRC)
- Regional Public Health Regional Medical Director (OPH-MD)
- Regional Public Health Emergency Response Coordinator (PHERC)
- Regional GOHSEP Coordinator

B. **Scope:**

The Statewide ESF8 network is composed of 9 Regions. The scope of this COOP reflects Region 4.

The Region 4 ESF8 COOP addresses the COOP elements specifically related to the ESF8 Branch operations.

Region 4 encompasses the jurisdictions of the following parishes: Lafayette Parish, St. Landry Parish, St. Martin Parish, Iberia Parish, Vermilion Parish, Acadia Parish, and Evangeline Parish.
### C. Situation Overview

The State of Louisiana is vulnerable to a host of natural and human-made hazards as identified in the State’s Hazard Identification and Risk Assessment (HIRA) and the Region 4 Hazard Vulnerability Analysis. (See the State of Louisiana Emergency Operation Plan and Region 4 HVA). Additionally, a Jurisdictional Risk Assessment (JRA) utilizing the Louisiana Public Health Risk assessment Tool (PHRAT) has been used. It is the policy of the State of Louisiana and ESF-8 to respond quickly in the event of an emergency or hazard in order to continue essential functions and to provide support to the citizens of Louisiana, other customers of the State, emergency management and response agencies, and other agencies or services that may be affected by the emergency.

A viable COOP capability identifies essential functions and consists of plans and procedures, alternate facilities, and interoperable communications and data support systems, reinforced by comprehensive training, orientation, and exercise programs. COOP capabilities must be maintained at a high level of readiness, capable of being activated both with and without warning, ready to achieve operational status no later than 12 hours after activation, and able to maintain sustained operations for up to 30 days or until termination.

**Primary Response Site:** Region 4 ESF-8 personnel primarily report to the Lafayette Parish Office of Homeland Security and Emergency Preparedness located at 800 S Buchanan St for multi-agency response events – i.e. South Central or full coastal hurricane evacuation.

**COOP Site Alternatives:** Should the primary site be compromised, alternate sites considered include, but are not limited to: virtual site, identified site by Regional OHSEP, housing under a local or regional hospital, or other identified site. The alternate site is predicated on the following variables: 1) need for alternate location 2) functions (Hospital, EMS, and/or Public Health) required to address the situation; 3) scope and scale of the event.

- **Site 1:** The priority will be to collapse ESF8 activities under Regional OHSEP site if identified.
- **Site 2:** Region 4 hospitals will be considered as an option to house the primary ESF8 functions.

This risk assessment addresses the following for each alternate/alternate/continuity facility:
- Identification of all hazards
- A vulnerability assessment to determine the effects of all hazards
- A formal analysis by management of acceptable risk
- Sufficient distance between each facility location or threatened area and other facilities or locations that are potential sources of disruptions or threats
- Sufficient levels of physical security required to protect against identified threats
- Sufficient levels of information security required to protect against identified threats

### D. Planning Assumptions

The Region 4 ESF8 operations are activated upon formal notification by State level GOHSEP/ESF8 or by the Region 4 OHSEP Directors for a notice or non-notice event. If activated, Region 4 ESF8 functions staffed by specific individuals suspend their daily jobs and are redirected to conduct essential functions at the State and Regional level(s).

Individuals who staff Region 4 ESF-8 may be employed by public and private organizations:
- State of Louisiana Department of Health and Hospitals
- Or, independent contractors – i.e. local hospital(s), EMS services, or other facilities.

Region 4 ESF-8 COOP planning addresses the capability to carry out its essential functions in the event an emergency condition may require the relocation of Region 4 ESF-8 continuity personnel and/ or an Emergency Relocation Group to the alternate/continuity facility.

Individuals assigned to Region 4 ESF-8 are included in their respective employer’s COOP plans.

Individuals assigned to Region 4 ESF-8 will be directed to consult their employer’s COOP regarding Human Resources and other related issues.
### E. Objectives
- Ensuring that Region 4 ESF-8 can perform its essential functions under all conditions.
- Reducing the loss of life and minimizing property damage and loss.
- Executing a successful order of succession with accompanying authorities in the event a disruption renders that organization’s leadership unable, unavailable, or incapable of assuming and performing their authorities and responsibilities of office.
- Reducing or mitigating disruptions to operations.
- Ensuring there are facilities from where Region 4 ESF-8 can perform essential functions.
- Protecting personnel, facilities, equipment, records, and other assets critical to the performance of essential functions in the event of a disruption.
- Achieving the Region 4 ESF-8’s timely and orderly recovery and reconstitution from an emergency.
- Ensuring and validating continuity readiness through a dynamic and integrated continuity Test, Training, and Exercise (TT&E) program and operational capability.

### F. Security and Privacy Statement
- This Continuity Plan is For Official Use Only. Portions of this Continuity Plan contain information that raises personal privacy or other concerns, and those portions may be exempt from mandatory disclosure under the Freedom of Information Act (see 5 U.S.C §552, 41 CFR Part 105-60). It is not to be released to the public or other personnel who do not have a valid “need to know” without prior approval of Region 4 ESF-8 Unified Command Group.
- Some of the information in this Plan, if made public, could endanger the lives and privacy of employees. In addition, the disclosure of information in this Plan could compromise the security of essential equipment, services, and systems of Region 4 ESF-8 or otherwise impair its ability to carry out Essential Functions. Distribution of the Continuity Plan in whole or in part is limited to those personnel who need to know the information in order to successfully implement the Plan.
- The Plan will be available via Secure Documents on the ESF-8 Portal.

### II. Concept of Operations

#### A. Direction and Control
During an activation of the COOP, Region 4 ESF-8 Unified Command Group maintains overall direction, guidance, coordination and communication of ESF8 related operations but delegates responsibility for relocation, continuity, and reconstitution operations to the Incident Commander or Emergency Relocation Group (ERG).

#### B. COOP Operational Phases
The Region 4 ESF8 COOP concept of operations is expressed in operational phases:
- **Phase I: Readiness and Preparedness** – places the emphasis on maintaining the plan; implementing protection methods; training, testing, and exercising; and mitigating risks.
- **Phase II: Activation and Relocation** - serves as the guide for the initial response to a disruptive incident focusing on alert, notification and relocation.
- **Phase III: Continuity Operations** - is the process of restoring essential functions by inducing orders of succession, delegations of authority, or interim processes, due to lack of network connectivity, for instance. Each agency must identify and outline a plan to return to normal operations once leaders determine that reconstitution operations can begin.
- **Phase IV: Reconstitution** - is the process by which health and medical institutions and related organizations will bring all functions back to normal – or new normal - operations.

#### C. Phase I. Readiness and Preparedness
Region 4 ESF-8 Unified Command Group will participate in the full spectrum of readiness and preparedness activities to ensure personnel can continue essential functions in an all-hazard/threat environment.
- **Institution-level Readiness and Preparedness:**
  - Region 4 ESF-8 is composed of a myriad of public health, EMS services and Level 1 and Level 2 hospitals. Recovery is predicated to some degree on institutional resiliency of each of these free-standing organizations. Region 4 ESF8 Unified Command
incorporates utilization of hazard/threat warning systems to assist in communicating threats as well as to collect/organize the institutions’ status. To this end, Region 4 ESF8 Unified Command may activate the ESF8 Portal at the regional level to monitor/communicate, coordinate response to recovery activities. Depending on the scope/ scale of the event, the ESF8 portal may be expanded to several regions or even state-wide.

- Several of the larger hospitals in Region 4 shall be considered/evaluated to be a COOP site for the R4 ESF8 Group. Space, conference room availability, location, proximity to Regional OHSEP site(s) are some factors to be considered.

- Region 4 ESF8 Unified Command Group Staff Readiness and Preparedness:
  - Region 4 ESF-8 UC personnel will prepare for a continuity event and plan in advance for what to do in an emergency. Personnel are encouraged to develop an Individual Readiness and Family Support Plan to increase personal and family preparedness.

R4 ESF8 personnel are responsible for carrying the kits to the alternate/continuity facility or pre-positioning the kits at the alternate/continuity facility.
R4 ESF-8 personnel will implement the following procedures to maintain currency of the drive-away kits:

- Personnel will bring kits to annual COOP exercises
- The “Personnel To-Go Checklist” will be refreshed annually (typically at the beginning of Hurricane Season as part of Hurricane Readiness activities)
D.  Phase II. Activation and Relocation

To ensure the ability to attain operational capability and continuity, Region 4 ESF-8 Unified Command will execute activation plans as described in the following sections.

a)  Decision Process Matrix:

Based on the type and severity of the emergency situation, ESF-8 COOP may be activated by one of the following methods:
- The State Governor through GOHSEP;
- ESF-8 Lead or a designated successor, may initiate the Continuity Plan activation for the entire organization, based on an emergency or threat directed at the organization;
- Formal notification by OHSEP Parish Director/Directors or for a notice or non-notice event.

b)  Alert and Notification Procedures:

- The Region 4 ESF8 Group will receive notification via email or ESF8 Portal communication for planned/notice events.
- Message will be sent to all communication methods
- A check in phone number will be provided and individuals will be asked to call in to confirm availability

c)  Relocation Process:

Once the COOP is activated and personnel are notified, Region 4 ESF-8 Group will relocate continuity personnel and Essential Records to the alternate/continuity facility if necessary. Region 4 ESF-8 continuity personnel will deploy/relocate to the alternate/continuity facility to perform ESF-8 essential functions and other continuity-related tasks. A map and directions to the alternate/continuity facility will be included as part of the COOP See Attachment 2. Agency Alternate/Continuity Facility.

Emergency procedures with or without a warning will be implemented as follows:
- Continuity personnel, including advance team personnel, if applicable, will depart to the designated alternate/continuity facility from the primary operating facility or current location using DHH vehicles, privately owned vehicles or public transportation. Arrangements for continuity employees with special needs who require alternative transportation will be assisted on a case-by-case basis.

E.  Phase III. Continuity of Operations

Upon activation of the COOP, Region 4 ESF-8 Group will continue to operate at its primary operating facility until conditions warrant relocation to an alternate site. Relocation of the Region 4 ESF8 Group should be coordinated and communicated to State ESF8 at GOHSEP site, Parish OHSEP Directors and the primary site lead. At that time, essential functions will transfer to the alternate/continuity facility. ESF-8 should ensure that the COOP can be operational within 12 hours of plan activation. Once relocation has occurred, the relocation contact information shall be communicated to the regions’ medical institutions.

ESF-8 will conduct in-processing at the alternate site to ensure accountability. In-processing procedures include:
- Roll Call of essential Personnel
- Cell phone/700 MHZ Radio contact for anyone who is not present within a timely fashion.

Upon arrival at the alternate/continuity facility, R4 ESF-8 personnel will:
- Report immediately for check-in and in-processing
- Receive all applicable instructions and equipment
- Report to their respective workspace as identified in Floor Plan layout/desk assignment or as otherwise notified during the activation process
- Retrieve pre-positioned information and activate specialized systems or equipment
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<thead>
<tr>
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<tbody>
<tr>
<td>•</td>
<td>Monitor the status of R4 ESF-8 personnel and resources</td>
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<td>•</td>
<td>Continue ESF-8 essential functions</td>
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<td>•</td>
<td>Prepare and disseminate instructions and reports, as required</td>
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<td>•</td>
<td>Comply with any additional continuity reporting requirements with the</td>
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<tr>
<td>•</td>
<td>Notify family members, next of kin, and emergency contacts of preferred contact methods and information</td>
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</table>
| **F. Phase IV. Reconstitution Operations** | Reconstitution procedures will commence when the emergency situation has ended and is unlikely to reoccur. Indicators include: threats to human life-limb have been mitigated; emergency response tasks have slowed considerably; utility of partial or fully staffed EOC (at primary or relocated site) is non-existent or minimal.

These Reconstitution plans are viable regardless of the level of disruption that originally prompted implementation of the Continuity of Operations Plan. Once the OHSEP authority has made this determination in coordination with other State and/or other applicable authorities, one or a combination of the following options may be implemented, depending on the situation:

- Continue to operate from the Continuity facility;
- Reconstitute OHSEP’s primary operating facility and begin an orderly return to the facility;• |
| **G. Devolution of Control and Direction** | If deployment of Continuity personnel is not feasible due to the unavailability of personnel, temporary leadership of Region 4 ESF-8 will devolve to:

1. Back-up personnel to the H-DRC, EMS-DRC, PHERC, OPH MD
2. Primary member temporarily absorbs unavailable function – ie. H-DRC compensates for EMS-DRC, etc.
3. DRC, PHERC, or OPH MD from another region provides assistance to the affected region.
4. State level members provide assistance to the affected region |
| **H. Procedure for Devolving Essential Functions to Devolution “Alternate ESF-8 Lead”** | Region 4 ESF-8 Devolution Plan:

- Continuity capability:
  - ESF-8 is a “Function” within the National Framework and Budgeting and Acquisitions.
  - In the event the Devolution plan is activated, the Region 4 ESF8 Group will identify the primary and back-up personnel.

Region 4 ESF8 composition includes, but is not limited to, the following primary members and functions. Each function area has a primary and a back-up identified:

Regional Hospital Designated Regional Coordinator / Administrative Designated Regional Coordinator (H-DRC) (H-ADRC)
Regional EMS Designated Regional Coordinator (EMS-DRC)
Regional Public Health Regional Medical Director (OPH-MD)
Regional Public Health Emergency Response Coordinator (PHERC)

- The Region 4 ESF UC group staff will be briefed through GOSHEP communications’ systems as well as DHH communications.
- Management of Essential Information will continue to be recorded through the ESF-8 Portal. Essential information/records include:
  - Facility status
  - Bed availability
  - Incident specific data |
- Necessary resources to continue ESF-8 Essential functions include:
- 700 MHZ radio, computers, internet access.
- Test, Training, and Exercise (TT&E); and, Reconstitution is integrated into the ESF-8/ Hospital Preparedness Program training
### III. Organization of Assignment of Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Checklist of Responsibilities and Readiness Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>R4 ESF8 Personnel</td>
<td></td>
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</table>
- Provide strategic leadership and overarching policy direction for the Continuity program  
- Implement the Continuity Plan when necessary or directed  
- Update/promulgate Orders of Succession and Delegations of Authority  
- Ensure adequate funding is available for emergency operations  
- Ensure all components participate in Continuity exercises  
- Update Continuity Plan annually  

**Coalition Members**  
- Update telephone rosters Annually  
- Participate in alert and notification tests  
- Ensure members have access to Continuity of Operations training  
- Incorporate Continuity of Operations into regional TTXs and exercises  
- Be prepared to deploy and support organization Essential Functions in the event of a Continuity Plan implementation  
- Provide current contact information  
- Know role and responsibilities in the event of Continuity Plan activation  
- Participate in Continuity training and exercises as directed  
- Have a telework agreement for this position, if applicable |

### IV. Direction, Control and Coordination

During an activation of the Continuity Plan, the ESF-8 Lead maintains responsibility for direction and control of ESF-8. Should the ESF-8 Lead become unavailable or incapacitated; the organization will follow the directions in Annex.F for Orders of Succession.

### V. Disaster Intelligence/Situational Awareness

Disaster Intelligence/ and Situational Awareness will be provided by:
- Twice daily briefings  
- Web EOC updates  
- ESF-8 Portal Reports of status

### VI. Communication

ESF-8 has identified available and redundant critical communication systems located at the primary operating facility and Continuity facility. Further, ESF-8 maintains fully capable Continuity communications that could support organization needs during all hazards, to include pandemic and other related emergencies, and gives full consideration to supporting social distancing operations including telework and other virtual offices. In addition, ESF-8 maintains communications equipment for use by employees with disabilities and hearing impairment.

All ESF-8 necessary and required communications and IT capabilities must be operational as soon as possible following Continuity...
VII. Budgeting and Acquisition of Resources

Region 4 ESF-8 is a function of the National Framework and does not have budget or acquisition resources.

VIII. Multi-year Strategy and Program Management

ESF-8 will participate in GOHESP’s Multi-year Strategy and Program Management.

IX. Plan Development and Maintenance

This Continuity Plan, ESF-8 Essential Functions, and supporting activities will be reviewed by ESF-8 Leadership and updated annually from the date of publication as part of the annual maintenance of Continuity plans and procedures. ESF-8 Leadership is responsible for the annual plan review and update. The plan will be updated or amended when there are significant organizational or procedural changes or other events that impact Continuity processes or procedures. Comments or suggestions for improving this Plan may be provided to ESF-8 Leadership at any time.

X. Authorities and References

- Louisiana Revised Statutes, Title 29, Chapter 6 - The Louisiana Homeland Security and Emergency Assistance and Disaster Act.
- Louisiana Governor’s Executive Order BJ-08-32
- The State of Louisiana’s Emergency Operations Plan

Appendix A. – Order of Succession

<table>
<thead>
<tr>
<th>Key Position</th>
<th>Primary</th>
<th>Successor 1</th>
<th>Successor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHH-OPH Medical Director</td>
<td>Dr. Tina Stefanski</td>
<td>Dr. B.J. Foch</td>
<td></td>
</tr>
<tr>
<td>EMS DRC</td>
<td>Donnie Simon</td>
<td>Eddie Burleigh</td>
<td></td>
</tr>
<tr>
<td>GOHSEP RC</td>
<td>Lee Johns</td>
<td>Pam Roussell</td>
<td>Darryl Delatte</td>
</tr>
<tr>
<td>Hospital ADRC</td>
<td>Liz Harmon</td>
<td>Kim Beetz</td>
<td>Cindy Davidson</td>
</tr>
<tr>
<td>Hospital DRC</td>
<td>Anjanette Hebert</td>
<td>Percy Mosely</td>
<td>Connie DeLeo</td>
</tr>
<tr>
<td>PHERC</td>
<td>Carol Broussard</td>
<td>Karen Buroker</td>
<td>Kayla Guerrero</td>
</tr>
</tbody>
</table>

Appendix B – Alternate Sites

<table>
<thead>
<tr>
<th>Alternate Facility</th>
<th>Point of Contact</th>
<th>Available Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acadian Regional Office/ Brandywine III, Suite 100 825 Kaliste Saloom Rd. / Lafayette, LA 70508</td>
<td>Carol Broussard- <a href="mailto:carol.broussard@la.gov">carol.broussard@la.gov</a> - (337) 380-1922</td>
<td>Conference Room</td>
</tr>
<tr>
<td>Lafayette General Medical Center - 1214 Coolidge Blvd./Lafayette, LA 70503</td>
<td>Anjanette Hebert – <a href="mailto:ahebert@lgh.org">ahebert@lgh.org</a> - (337) 654-2662</td>
<td></td>
</tr>
</tbody>
</table>