



**Indiana**  
**Department**  
**of**  
**Health**

# CONTINUITY OF OPERATIONS PLANNING AND RETURNING TO WORK IN A PANDEMIC

BRITTEN PUND

ORGANIZATIONAL IDEAS

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# Overall Reminders

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- Compliance with Ryan White HIV/AIDS Program legislation, regulation, and guidance must be maintained unless otherwise noted, for a specific emergency, by HRSA directly.
- PCN #13-02 provides guidance and flexibility for client certification and recertification, including conducting processes electronically and through attestation.
  - Does not require processes occur in person.
  - HRSA expects recipients to ensure all certification & recertifications are conducted & documented within a reasonable time frame.
  - Recipients must be prepared to recoup funds expended on clients ultimately found to be ineligible.
- HRSA Program Letter 091020 provides flexibility to RWHAP recipients and subrecipients to:
  - Document the changes to clinical and programmatic operations and workflows that may have had an effect on performance measures data, particularly retention and viral suppression.
  - Ensure performance measure thresholds and payment models using performance measure thresholds account for any changes in service delivery during this period.
  - Address and document the impact COVID-19 has had on health outcomes.
  - Continue to follow the HHS HIV medical practice guidelines including the antiretroviral and COVID-19 guidelines.



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# Continuity of Operations

# Preparedness

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- Building the capacity to respond to and recover from emergencies.
- Planning, training, drilling, and exercising.

# Risk Assessment

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- Identify the hazards and program vulnerabilities most likely to impact your program operations.
- Utilize existing tools (<https://www.fema.gov/hazus>) to conduct a risk assessment.
- Develop preliminary contingency plans or back-up response to address vulnerabilities.
- Prioritize “mission critical” functions.

# Identify Key Partnerships

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- Ensure relationships and agreements with key organizations and stakeholders are consistent and include consideration for emergency situations.
- If applicable to your program, ensure that pharmacy system components are included in planning.
- Engage other HIV service providers in planning.
- Communicate with bordering state/county/city programs for possible collaboration/memoranda of understanding.
- Engage non-traditional partners for emergency assistance for program clients.

# Plan for Evacuation, Shelter-in-Place

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- All emergency situations:
  - Plan for continued monitoring and tracking through hotlines.
  - Provide HIV education and materials to state and federal “special needs” or “medically fragile” shelters in advance of an emergency.
  - Distribute communication flyers through other local service organizations and FEMA Disaster Recovery Centers.
  - If applicable, allow for early refills and/or a surge supply of medications (30 days or greater) when potential emergencies are anticipated.
- Evacuation:
  - Plan for atypical medication distribution; ensure clients have a copy of their medical history and current medications and that client's accurate medication history can be accessed via a secure, online system.
  - Consider establishing an Emergency Management Assistance Compact (EMAC) with other local agencies.
- Shelter-in-place:
  - Include a plan to provide services to clients in the event of shelter-in-place requirement.

# Staff Planning

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- Consider the most likely disaster risks and discuss the scenarios with staff, including what they think their personal impact may be.
- Conduct evacuation exercises and develop a comprehensive emergency plan for evacuation from your facility.
- Develop and implement emergency alert/warning systems and signals.
- Determine when emergency plans are to be activated.
- Review the organization's overall emergency plan with staff to familiarize them with roles and confirm they can carry out assigned responsibilities.



# Client Planning

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- Assist clients in identifying and planning for their specific needs during an emergency.
- Provide clients with emergency planning resources (e.g., printed one-page guide); information may be included as a medication insert with prescriptions and/or staff can share information at standing planning meetings or client groups.
- Educate clients to:
  - Have a current prescription for all medications and keep at least a 14-day supply of medications on hand.
  - Keep a list of all medications and emergency contacts.
  - Keep a at least three days of non-perishable food items that meet the energy, protein, fat, and micronutrient requirements for medication and health needs.
  - Store at least one gallon of water per person per day and at least a 3-days worth of water on hand.
  - Identify alternative telephone service (cordless or wireless phone if possible).
  - Keep plastic sheeting, duct tape, and scissors to cover doors or windows, mirrors, etc.; radio with extra batteries.
  - Keep toilet tissue, hygiene products, trash bags, and a bucket (the bucket can be used for a toilet).

# Create a COOP

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- Operationalize the necessary measures to restore program functions during an emergency or disaster.
- Share the COOP with stakeholders. All parties should know the role they have in implementing the COOP.
- Integrate the COOP with the state's overall disaster plan.
- Be capable of implementation within 12 hours of a state-declared disaster and maintained for a minimum of 12 weeks.

# Create a COOP (continued)

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- Ensure the continuous performance of essential program functions/operations during a disaster or public health emergency.
- Protect essential equipment and vital records.
- Facilitate decision-making during an emergency by establishing an identified chain of command of appropriate staff with pre-assigned duties and authority.
- Achieve a timely and orderly recovery from an emergency and resumption of full services to clients.

# Create a COOP (continued)

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When developing a written COOP, it is important to include the following components:

1. Develop a COOP planning team.
2. Develop an emergency staff plan, including emergency response roles.
3. Develop an “order of succession.”
4. Develop a list of staff reminders that should be followed in the event of emergency plan implementation.
5. Identify essential functions of all aspects of your program/organization
6. Develop a list of essential equipment and resources that are necessary to implement programmatic functions.
7. Identify and plan for use of a back-up work site and identify a relocation team to assist in moving to back-up work site.

# Response

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- Taking quick action to save lives, protect property and the environment, and meet basic human needs.
- Assessing damage, conducting surveillance, providing public health investigations or inspections, dispensing medication or vaccinations, and establishing sheltering operations.

# Recovery

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- Taking actions to return the community to normal following an emergency.
- Providing oversight of the repair or rebuilding of infrastructure (i.e., water and wastewater systems, housing units, retail food establishments) and continuing surveillance and public health investigations and inspections.

# Mitigation

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- Implementing long-term measures (structural and non-structural) to reduce or eliminate the impact of an emergency on people and property (before or after an emergency).
- Quarantining people, implementing social distancing policies, adopting local regulations for safe housing standards, and providing health promotion and emergency planning education.
- Revisit plan and adjust based on lessons learned.



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# Returning to Work



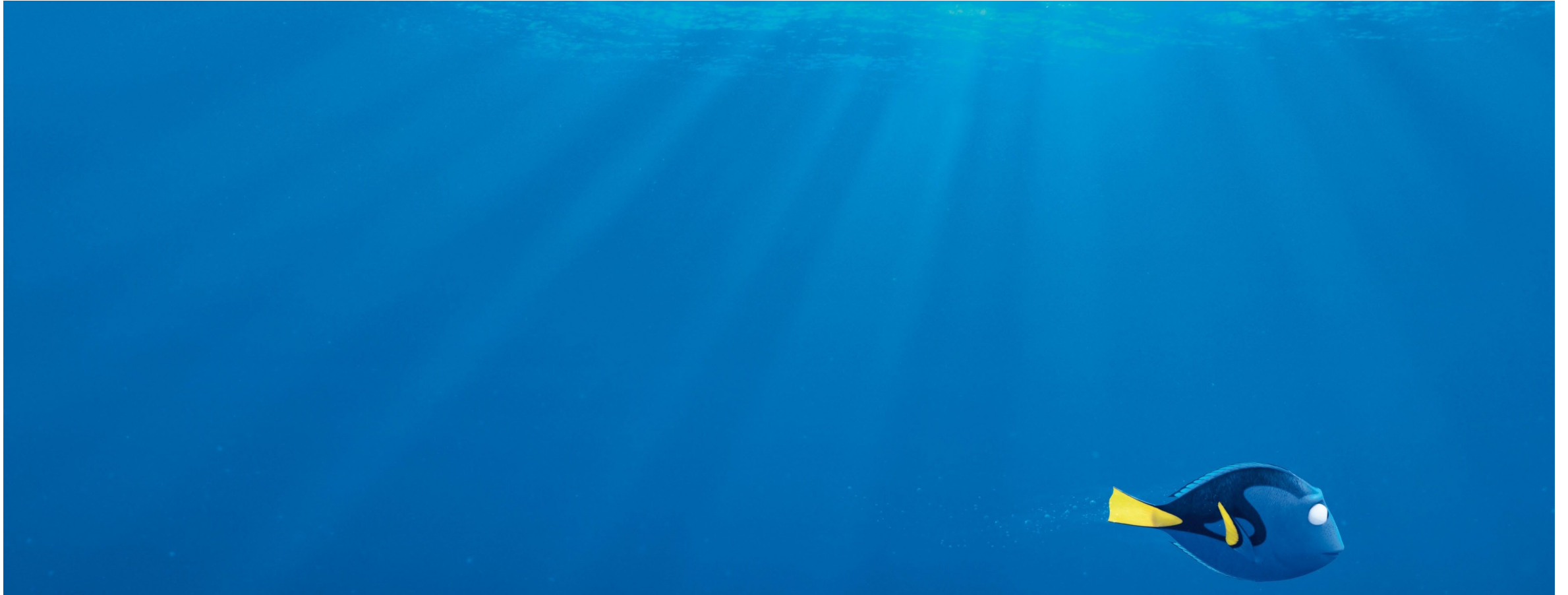
# Protecting Yourself and Others

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- Know how COVID-19 spreads
- Wash your hands often
- Avoid close contact
- Cover your nose and mouth with a face covering when around others
- Cover coughs and sneezes
- Clean and disinfect
- Monitor your health daily

# What Other States are Doing?

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# Federal Information

Know the symptoms of COVID-19, which can include the following:

			
<b>Cough, shortness of breath or difficulty breathing</b>		<b>Fever or chills</b>	
			
<b>Muscle or body aches</b>	<b>Vomiting or diarrhea</b>	<b>New loss of taste or smell</b>	

# What Do You Think?

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- Some states have categorized risk and identified that most Ryan White HIV/AIDS Program service providers would be at medium risk for returning to work. Reasons for that decision include:
  - Distancing can be initiated
  - High touch areas can be avoided and cleaned more frequently
  - Barriers/engineering controls may be possible for service delivery areas
- It is noted that these roles include at least minimal amounts of occupational contact at less than six (6) feet between employees, and clients who are not suspected of, but may be COVID-19 infected.

# Emergency Temporary Standards (examples)

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1. Assessment to identify hazards or job tasks that expose employees to various levels of risk of contracting COVID-19.
2. Providing opportunity for employees to frequently wash hands or use hand sanitizer during work.
3. Providing flexible sick leave policies to ensure sick employees stay home.
4. Encouraging/explaining methods for employees to self-monitor for signs and symptoms of COVID-19.
5. Developing/implementing policies describing what the organization will do when employees report for work who are having symptoms consistent with COVID.
6. Preventing employees or other individuals known or suspected to be COVID infected from entering the workplace or interacting with the employer's customers/clients. Allowing telework, where feasible, for this group.
7. Communicating these requirements to all subcontractors and temporary employees used by the employer.

# Emergency Temporary Standards (continued)

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8. Establishing a HIPAA-compliant system to track when employees, subcontractors, contract employees, and/or temporary employees test positive for COVID-19 and have been in the workplace within the last 14 days.
9. Developing/implementing policies for employees to return to work after known or suspected COVID infection or exposure.
10. Ensuring employees observe physical distancing while working or taking breaks in the workplace.
11. Controlling/re-configuring access to areas where people might naturally congregate such as break rooms.
12. Providing employer funded personal protective equipment for the employees who are engaged in work or work in a work area that does not allow socially distancing or where engineering/work practice or administrative controls cannot be put in place – high and very high exposure risk levels. The employer must train employees on use of PPE and ensure compliance with its use.
13. Cleaning and sanitizing where people work, frequently touched surfaces and doors, and where interaction takes place with the public/customers/clients/subcontractors.

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# QUESTIONS?

# COOP Poll

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