I. EXECUTIVE SUMMARY

COOP's are federally mandated (FCP-65) plans and procedures to assure that services required by law or considered essential are provided in the event that the current facilities housing those services becomes inoperable. A COOP plan is part of an All Hazards Response Plan. Traditional COOP planning assumes that a hazard will occur during a relatively brief period, then the reconstitution period will begin. Typical hazards include earthquakes, hurricanes, fire, terrorist attacks, etc.

In 2002, the federal government recognized that preparations for a pandemic would differ from traditional all hazards planning. The elements surrounding a pandemic which would differ from other hazards include:

- Pandemics will last longer than other hazards;
- Absenteeism is likely to be higher and last longer than with other hazards;
- The highest impact will not be at the beginning of the event, rather the event will start low, then build to a maximum impact, and then recede;
- Essential resources, such as materials, transportation, medical care, are likely to be in short supply; and
- Social distancing issues will need to be considered when performing essential services.

Additionally, it is useful to consider the Utah Department of Health (UDOH) response to a pandemic as a dual-function approach. First, UDOH will have significant responsibilities and activities to play in detecting, monitoring, and mitigating the actual outbreak. These responsibilities and activities are detailed in the Utah Pandemic Response Plan, which is attached to this annex. The second approach however is one that can get lost in traditional pandemic response planning, and that details how UDOH will maintain essential services (including response activities) during a pandemic setting.

This document seeks to address the management of UDOH essential services during a pandemic period. It does not, per se, address the response activities, as they have been well defined in a separate set of documents.

II. INTRODUCTION

The Utah Department of Health (UDOH) performs essential functions and services that may be adversely impacted during a pandemic. Therefore, this is a plan to continue to operate the core mission of UDOH in the event of a threat to the normal continuity of operations. Maintaining these essential functions and services is a vital element in UDOH's ability to continue operations.

Continuity of operations for various state and local agencies, businesses, and governmental jurisdictions may be disrupted during a pandemic; therefore, it is important for these entities, in particular, the UDOH, to ensure it can execute its essential missions in the event of a threat to its 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 UDOH 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 this, FEMA issued a memorandum on March 1, 2006, "Continuity of Operations (COOP) Pandemic Influenza Guidance". The memorandum provides guidance to Departments and Agencies for incorporating pandemic influenza considerations into their COOP planning.

III. PURPOSE

This Annex provides guidance to UDOH components and serves as the UDOH plan for maintaining essential functions and services during an influenza pandemic. This annex neither replaces nor supersedes the current approved UDOH COOP Plan; rather it supplements it, bridging the gap between the traditional, all-hazards COOP planning of FPC 65 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 essential functions in a pandemic environment may not entail an official "COOP" declaration, that maintaining essential functions may be accomplished through contact intervention (social distancing) strategies, and may not require the relocation of the entire UDOH Emergency Relocation Group. The annex recognizes that relocation may be necessary due to a separate or concurrent event. Since these requirements apply across all levels of the Department, the term "UDOH", for the purposes of this Annex, refers to the entire UDOH organization, including all personnel, components, and operating elements.

IV. CONCEPT OF OPERATIONS

This Annex is built upon the assumption that the Utah Response Levels (Appendix A) will serve as the Pandemic COOP Plan activation criteria or "triggers" for UDOH actions. As such, worksheets aligning specific responses in each of the 11 traditional areas of COOP are included in Appendix J.

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

V. PANDEMIC PLANNING ASSUMPTIONS

A. GENERAL ASSUMPTIONS

- Susceptibility to the pandemic influenza virus will be universal.

- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak. Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- Of those who become ill with influenza, 50% will seek outpatient medical care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- The severity of an influenza pandemic cannot be predicted. 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.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- 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. Children usually shed the greatest amount of virus and therefore are likely to post the greatest risk for transmission.
- On average, infected persons will transmit infection to approximately two other people.
- A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.

- Multiple waves of illness could occur with each wave lasting 2-3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of the pandemic cannot be predicted with certainty.
- The stages of the pandemic should occur sequentially, thought they may overlap or occur so rapidly as to appear to be occurring simultaneously or being skipped. Various response stages may be activated simultaneously or some stages may be skipped altogether.
- An influenza pandemic will cause simultaneous outbreaks across the United States limiting the ability to transfer assistance from one jurisdiction to another.
- Utah may have no warning or as long as a three-month warning before the arrival of the pandemic influenza virus within the state's borders.
- An effective vaccine against the pandemic influenza virus will not be available until 6-8 months after onset of the pandemic.
    - A non-specific vaccine (e.g., a vaccine against a pre-pandemic variant of the pandemic virus) that provides some protection against the pandemic virus may be available in limited amounts.
    - Two doses of vaccine (administered 30 days apart) will be needed to develop immunity to the pandemic virus.
    - Once the vaccine is available, it will take at least 6 months to produce an adequate supply of vaccine for the entire US population.
    - The federal government will purchase pandemic vaccine and will distribute it directly to states.
- A moderate or severe pandemic will exceed the capacity of the health care system as well as of other support services.
- The community may lack resources and essential services that make basic necessities such as food, water, and transportation, along with required work resources such as paper and personal protective equipment scarce.
- Response activities during any serious pandemic of influenza will need to incorporate concepts from and be consistent with the National Incident Management System and Incident Command System (ICS).

TABLE 1. Projected impact of a pandemic during a one year period based on severity of 20th century pandemics*

Measure of severity	Moderate Pandemic (1957, 1968-like)	Severe Pandemic (1918-like)
Illness (30%)	759,000	759,000
Outpatient medical care (50% of ill)	379,000	379,000
Hospitalizations	7,280	83,550

Intensive Care Unit (ICU) care	1,090	12,520
Ventilator support required	550	6,360
Deaths	1,750	15,930

* Projections based on US DHHS Pandemic Influenza Plan and Utah 2005 population estimates (2,529,000).

B. UDOH ASSUMPTIONS

- Essential services (as identified in the UDOH COOP plan) will be operational during a pandemic influenza outbreak.
- The UDOH COOP plan is actionable and contains capabilities in accordance with FPC 65.
- Alternate facilities may be activated for use during a pandemic. UDOH may make its alternate facilities, along with other locations, available to be used as a precaution to separate staff (i.e. implement social distancing protocols). A pandemic influenza event does not necessarily require the use of alternate facilities.
- Essential functions, UDOH 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 the Utah Department of Transportation (UDOT), implemented at the State or local levels, may affect the ability of staff to get to work.

VI. ELEMENTS OF A VIABLE COOP CAPABILITY

A. PLANS AND PROCEDURES

UDOH pandemic influenza COOP planning and response actions shall be appropriately linked to the Federal Government Response Phases (and supplemental Utah Response Phases – See Appendix A). A change from one Federal Government Response Phase to another automatically activates certain readiness measures and procedures.

1. Pandemic Coordinators and Pandemic Response Teams

The UDOH Director has designated UDOH Pandemic Coordinator and an Alternate Pandemic Coordinator. UDOH will establish a Department Pandemic Response Team (PRT) to anticipate the impacts of a pandemic on UDOH and to assist with developing strategies to manage the effects of a pandemic outbreak. Each Division (within UDOH) shall establish and designate a Division Pandemic Coordinator and identify and designate a Division PRT to support the Division Pandemic Coordinator, with representatives of all relevant stakeholders. The

Division Pandemic Coordinators and Division PRTs will report to the Department Pandemic Coordinator.

The UDOH Pandemic Coordinator shall work closely with the UDOH COOP Program Manager. The COOP Program Manager shall also serve as a member of the Department PRT.

2. Sustaining Operations

Sustaining operations will be performed until normal business activity can be reconstituted; this may take longer than 30 days. The principal focus in making this determination will be the minimization of the effects of a pandemic on staff and operations. UDOH will emphasize and implement procedures such as social distancing, infection control and personal hygiene, requiring sick workers to stay home, cross-training, and telework to sustain operations.

3. Risk Communications

UDOH shall develop a Risk Communications Plan for communicating with internal and external stakeholders. A change from one Response Level to another automatically triggers certain readiness measures.

When conditions change from one Response Level to another, or as directed by the UDOH Pandemic Coordinator, all staff will receive pre-recorded (and customized based upon their role as staff who perform essential or non-essential activities) messages from UDOH leadership. In a pandemic influenza environment, UDOH pandemic COOP planning and response actions shall be linked to the Federal Government Response Phases (see Appendix A for a mapping of WHO, Federal, and Utah Response Stages). A change from one Federal Government Response Phase to another will automatically trigger certain readiness measures and procedures.

This Risk Communications Plan is part of the Pandemic Response Plan, located in ANNEX 1.

4. UDOH Response Phases

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.

UDOH has developed Utah Response Stages (internal customized phases) to supplement the Federal Government Response Phases in order to achieve a higher state of readiness. The Director of the UDOH will need to assure the implementation of corresponding actions associated with each change in the Response Phase and then communicate that action to their organization and the UDOH Pandemic Coordinator. UDOH response phases are located in Appendix A.

B. ESSENTIAL FUNCTIONS

According to the Implementation Plan for the National Strategy for Pandemic Influenza, during a pandemic or any other emergency, essential functions must be continued to facilitate emergency management and overall national recovery. Given the expected duration (worst case scenario of 12 week duration – see Planning Assumptions above) and potential multiple waves of a pandemic, UDOH Divisions must review their essential functions and services to take into account the need to perform essential functions beyond the traditional 30-day COOP requirement.

1. Essential Functions

UDOH must include definitions and identification of essential functions and services needed to sustain agency mission and operations for several months. For pandemic planning purposes, essential services and functions will be broader than the traditional COOP essential functions.

As part of the UDOH Pandemic Influenza Annex Plan, Appendix C is the prioritized list of essential functions of UDOH with supporting information for Vital Records and Databases, and Mission Critical Systems and Equipment required to perform each of the essential functions.

In order to minimize the effects of a pandemic on staff and operations and continue essential functions and services, UDOH will emphasize and implement procedures such as social distancing, infection control and personal hygiene, requiring sick workers to stay home, cross-training, and telework. More information on this can be found in Appendix K.

2. Identification of Essential Positions and Skills

UDOH shall identify positions, skills, and personnel needed to continue the essential functions and services listed above. Divisions will also identify backup personnel, by position, and ensure that all personnel needed to perform those essential functions shall also receive COOP and specific pandemic influenza training.

The personnel needed to support continuity of operations in pandemic influenza scenarios can be found in Appendix C. With the assumption of a 40% absenteeism rate, UDOH has increased the size of the ERGs responsible for performing the essential services, to account for increased absences.

3. Alternate Work Arrangements

UDOH shall assess which essential functions and services can be conducted through the use of alternative work arrangements. Alternative work arrangements may include:

- Telework/audio- and video-conferencing
- Use of flex time
- Staggered work hours

- Social distancing at work.

All division leadership is encouraged to review the essential functions with their pandemic coordinator to determine how to best continue these functions using alternative work arrangements. More information on this is listed in Appendix K.

4. Essential Contract and Support Services and Other Interdependencies

Contractual Staff –

UDOH shall initiate pre-solicited, signed, and standing agreements with contractors and other third parties to ensure fulfillment of mission requirements. These need to be started for HR, DTS, and DFCM.

Other Interdependencies –

UDOH shall identify the contractors, suppliers, shippers, resources and other businesses that it interacts with on a daily basis. UDOH shall develop relationships with more than one supplier should a primary contractor be unable to provide the required service. UDOH is currently in the process of developing contracts and MOAs for the UDOH. For a listing of contractors refer to Appendix O.

5. Impact Analysis on Operations

UDOH shall conduct an impact analysis of an influenza outbreak on all operations, using multiple scenarios, including:

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

For example, the Panflu Annex Emergency Response Groups will be 5 people deep, rather than 3 deep (as for the COOP plan) to account for increased absenteeism. In addition, a matrix of social distancing policies has been created and correlated with essential services. These assumptions are managed in Appendix K.

C. DELEGATIONS OF AUTHORITY

At the height of a pandemic wave, absenteeism may reach a peak of 40 percent. As such, delegations of authority are critical. The UDOH Delegations of Authority can be found in the UDOH COOP plan.

1. Three Deep per Responsibility

UDOH shall plan for 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. 30-90 days. The UDOH Delegations of Authority can be found in Appendix L.

2. Geographic Dispersion

UDOH shall, to the best of their ability, plan for geographical dispersion of delegations of authority, taking into account the regional nature of an outbreak.

D. ORDERS OF SUCCESSION

Since an influenza pandemic may affect regions of the United States differently in terms of timing, severity, and duration, UDOH, as a Department with moderately geographically dispersed assets and personnel, should consider dispersing the order of succession. The Orders of Succession for UDOH Headquarters can be found in the UDOH COOP plan.

1. Three Deep per Responsibility

UDOH shall plan for orders of succession that are at least three deep per position to take into account the expected rate of absenteeism. The UDOH Orders of Succession can be found in Appendix M.

2. Geographic Dispersion

UDOH shall plan for geographical dispersion of orders of succession, 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 essential functions and services 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 essential functions and services 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.

UDOH may choose to make its alternate facilities, along with other locations, available to be used as a means of implementing social distancing.

A separate incident concurrent to a pandemic outbreak could necessitate the use of an alternate operating facility for the UDOH ERG members. All planning requirements listed in FPC 65 referencing alternate operating facility(ies) or existing field infrastructure should be understood to be viable only in the event of an incident concurrent with a pandemic in which their use is vital. If the ERG members must be brought together in one location, increased use of PPE and other infection control measures must be implemented.

1. Essential Function by Remote Location

UDOH shall determine which essential functions and services 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 department facility. See Appendix N for identification of temporary alternate worksites.

2. Mission Critical Systems and Equipment

A complete listing of mission critical systems and equipment, as each pertains to the essential functions, is listed in Appendix B.

3. Facilities Support

UDOH 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

4. Restriction of Movement

UDOH Divisions shall consider the impact of restriction of movement (Federal, State, Local, and Tribal) on open/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.

1. Telework – Analysis and Development of Capability

UDOH shall analyze its current telework capability and identify its personnel performing essential functions who anticipate a need to telework, and the IT requirements, tools, and resources necessary to support telework during a pandemic. The use of laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), flash drives, and other systems that enable employees performing mission essential functions and services to communicate and maintain connectivity with internal organizations, external partners, critical customers, and other key stakeholders shall be considered when performing analysis.

2. Telework -Plan

UDOH shall develop a telework plan, which identifies personnel performing essential functions who anticipate a need to telework, a description of their responsibilities while teleworking, the infrastructure needed to support this work and how technological assistance will be provided to teleworkers.

The UDOH telework plan is located in Appendix D.

3. Telework – Test, Training, and Exercises

UDOH shall evaluate telework plans, procedures, and capabilities through reviews, testing, post-incident 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.

The UDOH is currently in the process of developing a telework testing, training, and exercise plan which will be located in Appendix E.

4. Communications to Stakeholders

UDOH has a Pandemic Influenza Risk Communications Plan which details mechanisms 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.

The UDOH Pandemic Influenza Risk Communications Plan is located in Annex 1.

G. VITAL RECORDS AND DATABASES

1. Identification, Protection, and Availability

UDOH shall identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions for up to several months.

The UDOH COOP plan identifies vital records and databases needed to sustain essential functions and services (see Table 6). For a complete listing of vital systems/database, records and resources refer to Appendix B.

Table 6

Vital System/Database Record or Resource	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Facility?	Current Location	Backed up or located at alternate Location

2. Access from Remote Location(s)

UDOH 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.

3. Periodic Maintenance

UDOH shall identify and plan for the maintenance of those vital systems and databases that require periodic maintenance or other direct physical intervention by employees.

H. HUMAN CAPITAL

Although an influenza pandemic will not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact UDOH's human resources. The health threat to personnel is the primary threat to maintaining essential missions and services during a pandemic. UDOH will review the policies on:

- Leave
- Pay
- Hiring
- Alternative work arrangements

and update, exercise, and implement comprehensive Human Capital plans to protect its workforce. UDOH is currently in the process of developing the Human Capital plan which will be located in Appendix F.

1. Telework Policy

Teleworking is an integral part of plans and procedures to maintain essential functions and services in an influenza pandemic. The UDOH telework policy is located in Appendix G.

I. TEST, TRAINING, AND EXERCISES

Testing, training, and exercising are essential to assessing, demonstrating, and improving the ability of UDOH to maintain essential functions and services.

1. Social Distancing

UDOH 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

UDOH shall conduct annual pandemic exercises (tabletop, functional, or full scale) to examine the impacts of pandemic influenza on agency essential functions, to familiarize agency personnel with their responsibilities, and to validate the effectiveness of pandemic influenza COOP planning by senior leadership. The Test, Training, and Exercise plan is located in Appendix H.

3. Annual Awareness Training

UDOH shall conduct annual awareness briefings specific to pandemic influenza. The Annual Training Plan is located in Appendix I.

4. Cross-Training Successors and Back-up Personnel

UDOH shall identify and train personnel, by position, needed to perform essential functions, including backups in different geographic locations.

The Emergency Relocation Group (ERG) personnel roster, located in Appendix C, identifies the personnel required to support continuity of operations.

J. DEVOLUTION OF CONTROL AND DIRECTION

Pandemic outbreaks will occur at different times, have variable durations, and may vary in their severity; therefore, full or partial devolution of essential functions may be necessary to execute essential functions and services. Devolution planning may need to include rotating operations among Local Health Departments as the pandemic wave moves throughout Utah.

1. Devolution and Essential Functions

UDOH shall take into account how an organization will conduct essential functions if pandemic influenza renders leadership and essential staff incapable or unavailable to execute those functions. Full or partial devolution of essential functions may be necessary to ensure continuation of these essential functions and services.

UDOH will ensure that devolution plans and procedures are consistent with the three-deep rule and geographic dispersion.

2. Devolution Guidelines

UDOH shall develop guidance for those organization elements receiving the devolution of control and direction, including:

- Essential functions and services;
- Rotating operations geographically, as available;
- Supporting tasks;

- Points of contacts; and,
- Resources and phone numbers.

K. RECONSTITUTION

Reconstitution embodies the ability of an organization to recover from a catastrophic event and consolidate the necessary resources that allow it to return to a fully-functional entity of the Federal government. The objective during the recovery and reconstitution phase during a pandemic is to expedite the return of normal services to the nation.

1. Replacement of Employees

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

2. Facility/Building Habitability

UDOH 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.

VII. CONCLUSION

Maintaining essential functions and services in the event of an influenza pandemic requires additional considerations beyond traditional COOP planning as outlined in FPC 65. Unlike other hazards that necessitate the relocation of UDOH staff performing essential functions to an 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, the COOP plan has been modified by this annex to achieve pandemic influenza capability. Plans for maintaining essential functions and services 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 essential functions and continuity of government.

APPENDIX A – Utah Response Levels

WHO Phases & Descriptions	U.S. Federal Stages and Description		Utah Pandemic Response Levels and Description	
Inter-Pandemic Period				
Phase 1 – No new influenza viruses in humans	0		Inter-Pandemic Period (Corresponds to WHO Period)	
Phase 2 – Circulating animal virus poses human risk				
Pandemic Alert Period				
Phase 3 – Human disease, no or limited human-to-human transmission	0	New domestic animal outbreak in at-risk country	Use Federal Response Stages	
Phase 4 – Increased human-to-human transmission	1	Suspected human outbreak overseas		
Phase 5 – Significant human-to-human transmission	2	Confirmed human outbreak overseas		
Pandemic Period				
Phase 6 - Increased and sustained transmission in general population	3	Widespread human outbreaks, multiple locations overseas	A	Widespread transmission in humans outside of North America
	4	First human case in N. America	B	Detection of human case(s) in N. America, without detection in Utah
	5	Spread throughout U.S.	C	Detection of human cases in Utah
			D	Established epidemic(s) in Utah
	6	Recovery/preparation for subsequent waves	E	After epidemic wave in Utah (prior to end of pandemic or a subsequent wave)

APPENDIX B – UDOH Mission Critical Systems/Databases and Records

Vital System/Database Record or Resource	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Facility?	Current Location	Backed up or located at alternate Location

APPENDIX C – Template of Essential functions and responsibilities

NOTE: This appendix is in 2 parts. The first part lists the essential functions identified for a response in a typical COOP all-hazards response setting. The second part lists the essential functions identified for a response in a typical Pandemic Influenza (or Communicable Disease all-hazards) response setting.

PART 1: (on next page)

Priority	Essential Functions	
	All- Hazards (Point Source) COOP	**Division Responsible**
Utah Department of Health	**All Hazards: Priority I**: 12 Hours **Priority II**: 72 Hours **Priority III**: 7 Days	

PART TWO:

Priority	Essential Functions	
Utah Department of Health	**All Hazards Communicable Disease COOP**	**Division Responsible**

Essential Function:			
	Primary	**Alternate**	**Second Alternate**
People Responsible	(Title)/ Name	(Title)/ Name	(Title)/ Name
Phone Numbers	Phone number	Phone number	Phone number

APPENDIX D – UDOH Telework Plan

TELECOMMUTING FEASIBILITY REQUEST

In the event that an employee must telecom the employee must work with his/her supervisor to complete this telework request. This request is designed to assist the employee and supervisor in determining the appropriateness of telecommuting for a specific employee. The employee and supervisor must review the Department's Telecommuting Policy prior to completion of this request. Section I should be completed by the employee. Section II should be completed by the supervisor.

Section I (TO BE COMPLETED BY EMPLOYEE)

1. Attach current performance plan. Briefly describe any revisions that might be necessary to accommodate telecommuting.

2. What are the specific assignments/duties to be completed utilizing the telecommuting arrangement?
3. Describe the equipment/software, if any, needed at the alternative work site necessary for your telecommuting arrangement. (E.g. personal computer, terminal, telephone line, modem, etc.)
4. Describe the proposed office arrangement at your alternative work site. (location, furniture, etc.)
5. What is your proposed work schedule at the alternative work site? If different from work schedule, identify hours available for telephone contact.
6. What is the anticipated duration of the telecommuting arrangement?
7. Describe plans for ensuring confidentiality/security.
8. Other information not specified above:

Section II (TO BE COMPLETED BY SUPERVISOR)

1. Does the employee meet the eligibility requirements?
2. What are the benefits (direct and indirect) expected to be derived from the telecommuting arrangement.
3. How do your expect to evaluate/monitor work completed at the alternative work site? What are your plans for supervising the telecommuting employee?
4. Please list estimated costs of equipment, hardware, software etc. to be used and identify funding source or payor.

This Agreement specifies the provisions of the telecommuting arrangement for a specific employee and time period for Telecommuting arrangement. Information that must also be contained within the agreement includes such things as:

- effective date and end date
- Specific assignments/duties to be completed at the alternative work site
- The employee agrees to complete work as specified in the attached Performance Plan
- Alternative work site (the employee agrees to abide by the following work schedule at the alternative work site, hours available for contact and address/location of alternative work site)
- Cost coverage (specification of costs covered by State and costs covered by employer)
- If problems with equipment/software, etc. occur that prevent the telecommuter from completing their work at the alternative work site, the telecommuter must

contact their supervisor immediately. Agreement to comply with applicable statues, policies must be signed by both employee and supervisor on the agreed date.

APPENDIX G – UDOH Telework Policy

UTAH DEPARTMENT OF HEALTH
TELECOMMUTING POLICY AND PROCEDURES

A. PURPOSE

This policy defines the limitations and procedures for telecommuting in the Department of Health. It outlines the responsibilities of the Department and the telecommuter, and establishes the basis for all telecommuting agreements. The purpose of this policy is to provide a program whereby employees can perform their assigned work outside of the traditional office environment. The concept of telecommuting is to move the work to the worker, with or without the help of computers, rather than requiring the worker to go to the work.

B. POLICY

It is the Department's policy to allow employees to accomplish their assignments outside of the traditional office environment, as established by a written agreement.

C. DEFINITION

Telecommuting is work done on a routine basis at an alternative work site pursuant to a preapproved cooperative written agreement between the employee and supervisor.

D. ELIGIBILITY AND TERMINATION

1 Telecommuting is a management option in the Department of Health. Department management approves who will be eligible for telecommuting.
2 After a trial period specified in the written agreement, a telecommuting arrangement may be terminated by either the employee or supervisor unless the written agreement requires otherwise.

E. PROCEDURES

1 An employee interested in participating in telecommuting must complete a Telecommuting Feasibility Request and submit it to his/her supervisor for consideration and approval.
2 Prior to beginning to telecommute, the division/office director or designee must approve the formal written agreement. The written agreement must be on the approved departmental form and must include a description of the work/tasks to be performed through the telecommuting arrangement.
3 The Department shall provide an orientation to telecommuting to supervisors and the telecommuting employee.
4 All approved telecommuting feasibility requests, written agreements and other pertinent telecommuting documents shall be filed in the employee's official personnel file.

F. USE OF EQUIPMENT AND SOFTWARE

1 Any hardware or software purchased or supplied by the State shall remain the property of the State and be returned to the Department at the conclusion of telecommuting.
2 The employee shall use all reasonable means to maintain and protect State property at the alternative work site and promptly report any damage or loss of equipment.
3 State-owned software may not be duplicated except as permitted by the licensing agreement with the software manufacturer.
4 State equipment/software at an alternative work site may not be used for personal purposes, except as allowed by State policy.

G. TELECOMMUTING EXPENSES

1 Any cost incurred from a telecommunication agreement, other than that which the employee has voluntarily agreed to meet, shall be paid by the Department as specified in the written agreement.
2 Supplies required to accomplish assignments at an alternative work site shall be obtained during one of the telecommuter's in-office visits, whenever feasible.
3 The State is responsible for the cost of maintaining state-owned equipment and software.
4 Existing State regulations and policies apply to reimbursement for work-related travel.
5 Work related telephone charges or line charges relating to a telecommute assignment, as specified in the written agreement, will be paid by the Department. Documentation may be requested of employees for all reimbursable charges.
6 Except as specified in the written agreement, the employee is responsible for home operating costs, home maintenance, or any other costs associated with the use of a home as an alternative work site.

H. BENEFITS AND OTHER COVERAGE

As telecommuters, employees have the same benefits, status, salary and insurance and liability coverage as other employees in an office setting.

I. CONFIDENTIALITY AND SECURITY OF INFORMATION

1 All standards (e.g., locked files, passwords for software) for confidentiality of information, records, etc. which apply at the office also apply at the alternative work site.
2 All access to Department computers and networks shall be in accordance with State and Department standards.

J. ON SITE VISITS

The telecommuter must provide access to the alternative work site upon request by the Department.

K. COMPLIANCE WITH APPLICABLE LOCAL CODES

The employee is responsible for ensuring compliance with applicable zoning ordinances, home association rules and, when required, for obtaining necessary business and or user permits.

APPENDIX H – UDOH Test, Training, and Exercise Policy

Testing, training, and exercises familiarize staff members with their roles and responsibilities during an emergency, ensure that systems and equipment are maintained in a constant state of readiness, and validate certain aspect of the COOP Plan. The Utah Department of Health, with the assistance of the Public Health and Hospital Preparedness Training and Education Center, will coordinate testing, training, and exercises for UDOH staff following a multi-year strategy.

COOP TT&E should provide:

- Individual and team training of agency personnel
- Internal agency testing and exercising of COOP plans and procedures
- Testing of alert and notification procedures
- Refresher orientation for COOP personnel
- Join interagency exercising of COOP plans, if appropriate

1. The Utah Department of Health executive staff has the responsibility to ensure that members of the response organization and all agency employees have received training relative to their position and function during an emergency. Agency Executives have delegated the responsibility to COOP Planning Team in conjunction with the UDOH Training and Education Center.
2. Training will be provided to employees to support agency emergency preparedness and continuity of operations. The training will be coordinated with the appropriate section/department head to ensure a minimal interruption of normal work duties.
3. The training will be conducted at least annually and will include:
   - Information on the characteristics of hazards and their consequences on the agency as a whole.
   - An overview of the planning efforts that have been done by the agency and familiarizing staff with the kind of protective measures the agency has developed to respond to any emergency, including identifying how the employees will be directed/warned in an emergency.
   - Include Incident Command System (ICS) training, focusing on individual roles.
   - The policies and mechanisms that will be employed in maintaining the operations of the agency, including utilizing an alternate facility.
   - Include periodic exercises and drills to evaluate capabilities and the level of agency preparedness.
   - What is expected of each employee and provide references on emergency preparedness for them and their families.

Appendix I- Training and Exercise Schedule

Multi-Year Exercise Strategy: Utah Department of Health FY 2008-9

Exercise Work Plan - Level 2

1. Identify priorities and goals

2. Identify associated capabilities relevant to priorities

3. Schedule training and exercises that support identified priorities and capabilities

Action Steps

A cycle of planning, training, exercising and evaluating for plan revisions will occur to ensure priority areas are addressed appropriately. The attached exercise schedule matrix details state and local plans for exercises and related activities.

Planning

> Adjustments to Utah's written plans in the areas of COOP, communications, surveillance/lab and community mitigation as recommended by the results of assessments. The establishment of a multi-agency "Preparedness Planning Committee" with bi-weekly meetings will assist in coordinating state and local plans, finalizing interagency EOPs, and ensure NIMS compliance. (Please see the Utah Department of Health's Priority Project on planning coordination and approval process).

Training

> Conduction of seminars and trainings on the plan improvements for both state and local public health staff and applicable partners. Statewide training efforts will be coordinated with the Utah Department of Health and the Utah Department of Public Safety, Division of Homeland Security. Training will focus on familiarization of plans and plan improvements, NIMS/ICS, and other needs as identified through previous exercises and assessments.

Exercise

> A series of incremental drills, tabletop exercises and smaller functional exercises will be conducted in preparation for a statewide functional exercise in 2009. Quarterly communication drills will be conducted at the statewide level. The exercise schedule matrix provides more exercise details.

Evaluating/Plan Revising

> After action reports, prepared with the documentation of external evaluators, will guide revisions to plans and future actions for improvement. After action conferences, workshops and seminars will ensure planning improvements are implemented.

APPENDIX J – UDOH Checklist by Federal Response Phase

Federal Response Stage 0/WHO Pandemic Stage 1

COOP Element	✓	Actions To Be Taken
Plans and Procedures		Review UDOH plans and procedures for pandemic influenza
Essential Functions		Review UDOH essential functions and services; ensure all have been identified
		Review contractors, suppliers, shippers, resources, and other businesses that support essential functions, and as necessary, implement standing agreements for back-up.
Delegations of Authority		Review and update Delegations of Authority with respect to three-deep rule and geographic dispersion (as available).
Orders of Succession		Review and update Order of Succession with respect to three-deep rule and geographic dispersion (as available)
Alternate Operating Facility(ies)		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 arrangements to include readiness of required communications equipment.
Interoperable Communications		Review and test communications mechanisms (i.e., laptops, high-speed telecommunications links, PDA's 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 www.pandemicflu.utah.gov with the latest pandemic information.
Vital Records and Databases		Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location.
Human Capital		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 or people. Review workforce guidelines for other employees.

Discuss the effect of pandemic related human capital issues with co-located contract workers.

Review and update pay and leave policies as necessary.

Review and update hiring policies as necessary.

Test telework capability for people, processes, and technology.

Review and update technology support (i.e., help desk) sufficient to meet telework needs.

Review and update policies on:

- Restriction of travel to geographic areas affected by animal or human disease;
- Employees who become ill or are suspected of becoming ill while at their normal worksite;
- Returning previously ill, non-infectious, employees to work;
- Social distancing;
- 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);
- 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., PPE, hand sanitizers, surface wipes, cleansers, and tissues);
- The implementation of infection control measures, including (if applicable) the appropriate selection and use of personal protection equipment;
- Vaccine and anti-viral prioritization information and

	distribution; and • Psychological and social needs of employees.
Test, Training, and Exercises	Test, train, and exercise UDOH capability to maintain essential functions and services.
Devolution of Control	Review plan against current condition
Reconstitution	Review plan against current condition

Federal Response Stage 1-3/WHO Pandemic Stage 3-6

(These elements are IN ADDITION to those for Federal Stage 0 listed above)

COOP Element	✓	Actions To Be Taken
Plans and Procedures		Review pandemic plans and identify parts of the plan that should be implemented.
Interoperable Communications		Realign and re-issue communications resources
Human Capital		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. Administer and execute pay and leave policies as necessary. Administer and execute hiring policies as necessary. Test, and as necessary, implement telework capability.
Test, Training, and Exercises		Test, train, and exercise UDOH capability to maintain essential functions and services. Incorporate Lessons Learned from previous Response Phases and implementing corrective actions.
Devolution of Control		Review plan against current condition
Reconstitution		Review plan against current condition

Federal Response Stage 4-5/WHO Pandemic Stage 6

(These elements are IN ADDITION to those for Federal Stage 0-3 listed above)

COOP Element	✓	Actions To Be Taken
Essential Functions		Review UDOH essential functions and services that will continue and non-essential functions that will be suspended temporarily. Review essential 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 essential functions, and as necessary, implement standing agreements for back-up.
Interoperable Communications		Realign and re-issue communications resources
Human Capital		Implement all workforce guidelines (contact and transmission interventions) to prevent or minimize workplace exposure to contagious disease for affected areas. Collect and report employee status (i.e. assignment to ERG, work status) on a routine basis.
Reconstitution		Assess 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/WHO Pandemic Stage 6

(These elements are IN ADDITION to those for Federal Stage 0-5 listed above)

COOP Element	✓	Actions To Be Taken
Plans and Procedures		Review plans and procedures for pandemic influenza for lessons learned and update in preparation for next wave.
Test, Training, and Exercises		Note suggestions for improvements to TT&E plans for future modifications.
Reconstitution		Assess 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 K – UDOH Response to Workforce Reduction and Social Distancing

The UDOH assumptions are that there will be:

- Up to 40% reduction in workforce
- Limited access to facilities (due to social distancing, staffing, security, transportation concerns)
- Broad-based implementation of social distancing policies.

As such UDOH has identified work processes that can be used in response to the above situations. Each essential service will identify one or more work processes that they will use in response.

	Response	Actions/Explanation
1.	**Limit Activities**	In this situation, programs will reduce the number of activities that they currently perform. This will assist with a possible reduction in the workforce.
2.	**Expand Work Hours**	Expanding the hours of work will increase social distancing by having fewer workers present at any one time. One example would be to work 2 shifts and spread workers between the 2 shifts.
3.	**Reduce Work Hours**	Programs may need to reduce some work hours depending upon issues with building security and transportation. If programs determine that essential services can be accomplished by a reduced work schedule, this can assist with reduced building resources.
4.	**Telework**	Employees will be urged to work remotely from home. This assists with social distancing and possible lack of access to facilities.
5.	**Cross-train Employees**	Since essential activities are being identified in advance, programs should cross-train employees in non-essential activities to assure a full workforce in the essential activities. This will assist with a possible reduction in the workforce.
6.	**Recall and Retrain Retired Workers**	Programs with a large number of essential services, that may not be able to rely upon their workforce for the ability to overcome a substantial reduction in workers, may choose to recall and retrain retired

		workers. They should maintain a listing of retired employees along with current contact information. They should have a pre-positioned training process in place to assist with rapid retraining.
7.	**Assure Availability of Vital Records**	Programs should have all of their vital operating records (such as databases, accounts, etc.) on servers so that the information can be accessed remotely. This assures that telework will be functional.
8.	**Limit Workers**	Some programs may choose to reduce the number of workers in conjunction with limiting activities. These programs should keep lists of workers and use UNIS or other notification processes to communicate expectations with workers. Programs may furlough some employees, or work all individuals on reduced schedules.
9.	**Use PPE**	Some programs, especially those that provide direct face-to-face medical services, may need to change their process for doing business. Those that choose to continue with face-to-face service will need to stockpile personal protective equipment (PPE) and/or purchase reusable respirators in sufficient numbers to allow for a 12 week period of social distancing.
10.	**Mandatory Exclusion of Sick Workers**	Social distancing does not allow for individuals who are ill with a febrile illness to continue to work (other than telework). To be responsive to the health of other workers at UDOH, all febrile individuals will be excluded from work.
11.	**Engineering Controls**	Some programs have requirements for face-to-face contact with customers. Engineering controls, such as plexiglass panels separating workers from customers, can assist with social distancing.
12.	**Webconferencing, Videoconferencing, and Teleconferencing**	One of the elements of business practice, meetings, are difficult to hold under social distancing restrictions. The use of webconferencing, videoconferencing, and teleconferencing can assist with social distancing. Webconferencing in particular will be useful to teleworkers.
13.	**Limit Congregation**	The UDOH can adopt additional processes that will assist with social distancing. Examples are closure of the cafeteria, limiting riders on the elevator, closing

		waiting rooms, etc.
14.	**Disinfection of Shared Surfaces**	It is good practice to disinfect all surfaces on shared equipment, such as phones, desks, keyboards, etc., in between shifts.
15.	**Internal Communications**	UDOH can communicate with internal staff members through UNIS, email, and DOHNET. Staff members should be familiar with these communications techniques.
16.	**External Communications**	UDOH can communicate with external customers through UNIS, email, and WebEOC. Staff members and customers should be familiar with these communications techniques.

APPENDIX L – UDOH Delegations of Authority Template

The scope of authority is determined by the position as delineated by the performance plan for that position.

MANAGEMENT AUTHORIZATION LEVEL FOR IMPLEMENTATION DECLARATION: (IN ORDER)	CONDITIONS FOR AUTHORIZING	AUTHORIZING MANAGEMENT SIGNATURE

APPENDIX M – UDOH Orders of Succession Template

Division of Epidemiology and Laboratory Services
Division of Community and Family Health Services
Division of Health Care Financing
Center for Health Data
Division of Health Systems Improvement
Office of Fiscal Operations
Office of Human Resource Management DHRM/UDOH
Office of Employee Support
Office of Information Technology DTS/UDOH
Office of Public Information and Marketing
Office of Medical Examiner

APPENDIX N – UDOH Alternate Worksites

The Utah Department of Health (UDOH) recognizes that normal operations may be disrupted and that there may be a need to perform critical business functions at alternate facilities.

Depending on the emergency conditions, the UDOH, through cooperative agreements and mutual aid agreements, has access to a primary and secondary facility that could support critical business functions.

Alternative Facility Locations should provide:

- Sufficient space and equipment
- Capability to perform essential functions within 12 hours, up to 30 days.
- Reliable logistical support, services, and infrastructure systems
- Consideration for health, safety, and emotional well-being of personnel
- Interoperable Communications
- Computer equipment and software

In conjunction with the Division of Facilities Construction and Management (DFCM), the UDOH will establish a memorandum of agreement (MOA) with alternate facilities. The MOA will enable the continuity of mission critical services provided by UDOH in the event that the building is inoperable and must be evacuated.

The UDOH Executive staff will make the decision to relocate to the alternate facility. The Executive Directors Office will disseminate the information to division or bureau leaders. Agency staff will receive notice to report to the alternate facility via their individual division or section supervisor.

The below primary and secondary addresses for the UDOH have been identified as temporary facilities where UDOH command and control staff will be able to relocate immediately following an emergency, during the evacuation phase, to determine the appropriate next steps.

Appendix O- COOP Contracts Template

Essential Service or Function	Primary Contractor	Back up Contractor	Manager
Cleaning Staff			
Security			
Waste Management			
Building Maintenance			
Locksmith			
Transportation			
Food/Water/Shelter			
Technology Vendors			
Office Supplies			
Records Preservation & Salvage			
Phone Services			
State Buildings			
Temporary Staffing Agencies			
Public Agencies			

ANNEX 1 – UDOH PANDEMIC RESPONSE (OPERATIONS) PLAN

ANNEX 2 – LEGAL AUTHORITIES

Authorities

The Executive Director's office of the Utah Department of Health has the authority to activate any and all emergency plans.

The following decision making criteria may be used as a guide for the Service Continuity Team to provide direction in a potentially high stress environment where specific direction from senior state officials may not be available. The Department acknowledges the fact that each situation is unique and impossible to predict. These criteria are general principles that can be applied across the broad spectrum of all service interruptions.

CATEGORY	CRITERIA AND PRIORITY
Human Safety	The first priority is the safety of the staff, volunteers and visitors or others who may be affected by an impact situation at the Department's facility. The Executive Management Team is directed to act before, during, and after a service interruption to protect and preserve the life and safety of these individuals.
Long Term Recovery	Next in priority is the long-term survival of the agency. Decisions made concerning immediate recovery, reconstruction, or restoration of service must always be made in the context of the agency's long-term recovery. Immediate results must not be achieved at the expense of the long-term capability of the agency.
Meeting Customer and Dependent Agency Needs	Third in priority is to meet the needs of those customers and those agencies that rely on the department's services. Once human safety concerns and the department's long term survival is ensured the department should do whatever it can to meet the needs those relying on DOH services. For an internal service interruption such as a fire, this may mean applying all available resources to quickly restore vital services. In a larger regional service interruption such as an earthquake or tornado, this may mean providing assistance in the form of special government loan programs and national resources.
Prudence	In all actions during a service interruption, the Executive Director, the Service Continuity Team, the staff, and volunteers must act with prudence. Every effort should be made to understand the long-term ramifications of decisions. Individual needs must be balanced with the needs of the Department and DTS members.

ANNEX 3 – REFERENCES

References

References used to develop the UDOH COOP are shown below.

- Continuity of Operations (COOP) Plan Template Instructions, Federal Emergency Management Agency
- Maryland Emergency Management Agency, Continuity of Operations Planning Instructions for Public Institutions Manual, July 2005
- The Commonwealth of Pennsylvania Continuity of Operations (COOP) Template, August 2007
- Guidelines for Developing an All Hazards COOP, Florida Department of Community Affairs Division of Emergency Management, December 2003.
- Federal Preparedness Circular 65
- FEMA IS-00546
- FEMA IS-00547
- The Office of the Governor's Emergency Operation Directive
- The Robert T. Stafford Disaster Relief and Emergency Assistance Act, amendments to Public Law 93-288, as amended.
- Title 44, CFR, Federal Emergency Management Agency Regulations, as amended.
- Emergency Management Act of 1981, Utah Code 53-2, 63-5.
- Disaster Response Recovery Act, 63-5A.
- Emergency Interim Succession Act, 63-5B.
- Emergency Management and Continuity of Operations Plan, New York State Management Agency, July 2006.

Note: If you are an emergency planner and would like access to the complete plan, please contact Hannah Gehman at hgehman@utah.gov.