

# MCHD Business Continuity PLAN OVERVIEW

## **INTRODUCTION**

The purpose of this plan is to establish the role the Multnomah County Health Department Business Continuity Management Team will have in maintaining essential and critical services in the event Multnomah County declares that hazardous conditions or events will disrupt county services.

## **STATEMENT OF POLICY**

Multnomah County Health Department will maintain limited services (services designated as critical) when an emergency has been declared by the Multnomah County Chair or their designee.

Upon notification by the Health Department Director or their designee the following plan will be implemented.

## **PLAN**

Once the Department Director notifies the Business Continuity Management Team that the county is under emergency/hazardous conditions the call-down list will be activated. Refer to Section 1 Business Continuity Decision Process for additional information. Employees scheduled for work on the day/days of the emergency, except for the essential employees listed below, will be notified whether or not they have been reassigned to an alternate location.

The McCoy Building, 426 SW Stark, will be the designated operational site unless conditions make it impossible to access. In the event the McCoy Building is not accessible an alternate site will be designated by the Business Continuity Management Team or their designee at the time of the event. Critical (Essential) services will remain operational, from 8:00 a.m. to 5:00 p.m., as follows:

- Westside Health Clinic or designated site
- Appointment and Information Center (AIC)
- TB Clinic (non-Integrated Clinical Services but essential)
- CD/OHO (non-Integrated Clinical Services but essential)
- Dental
- HIV
- STD (non-Integrated Clinical Services but critical service)
- Language Services
- Pharmacy
- Laboratory
- Administration for the critical services
- Corrections Health is operational within the jails at all times

Essential services not at the McCoy Building include:

- Environmental Health

All staff within the above listed critical service areas are considered “essential” and must report to work. Minimum staffing levels for each service area will be determined by their managers and/or supervisors. In the event minimum staffing levels are not reached due to employees’ inability to get to work, staff from other clinical areas will be temporarily reassigned to meet minimum staffing levels.

Each area, listed above, will develop an internal emergency operations plan to be implemented upon activation of this plan. The Managers and Supervisors of the designated areas are responsible to develop a communication plan for their staff.

The McCoy Building will be the designated for the Business Continuity Management Team. The Health Department Director will call a meeting and stand up the Business Continuity Management Team. Each clinic facility will designate a Business Continuity building location within their facility should their site be used as an alternative or in addition to the McCoy Building. Building Safety Committees serve as point of contact for each building.

Facilities Management will be notified of both operational and non-operational clinic and critical sites. Facilities staff will make ready (access, security, etc.) the operational sites and will place signage on the doors of non-operational sites notifying clients of the closure and emergency contact numbers. Facilities will also tag buildings when necessary to indicate habitability. Red tags mean do not enter under any circumstances, Yellow tags mean limited brief employee access only for a specific purpose such as obtaining equipment. Green tags mean okay to enter. In most cases buildings not tagged indicate business as usual.

The Business Continuity Management Team or its designee will determine the message to the community and Program Managers will be responsible to change the telephone messages at their sites to reflect the current clinic or service area status.

## **PLAN RETIREMENT**

Upon termination of the emergency/hazardous conditions by the County Chair or their designee Multnomah County Health Department will return to normal day-to-day operations.

The event will be debriefed and recommendations for changes, improvements, etc. will be presented to the Business Continuity Management Team within 30 days of retirement of this plan.

## **PURPOSE**

The purpose of the Departmental Business Continuity plan is to provide a Departmental map which will assist Multnomah County Health Department Employees in identifying critical public health functions so that the department can continue those critical functions during disruptive events.

## **PLAN ORGANIZATION**

The Multnomah County Health Department (MCHD) Business Continuity plan consists of eight steps:

1. Identify potential threats
2. Complete a risk assessment
3. Set priorities
4. Analyze processes
5. Develop response plan
6. Define the chain of command
7. Maintain plan
8. Implement plan

Each MCHD Program will retain a hard copy of the plan related to the program. The program manager is responsible for sharing this plan with staff and other plan relevant stakeholders. The Business Continuity Management Team is responsible for updating the plan. The plan is available on the MCHD Mint: <http://mint.co.multnomah.or.us/health/>

The following is a detailed description of the eight steps to the plan.

### **Identify Potential Threats and Complete Risk Assessment**

This step consists of identifying and determining the probability and impact of potential threats. The Integrated Clinical Services Hazard Vulnerability risk assessment (see section 7) was used to identify the most potential threats. The business analysis plans (submitted by managers with critical program services) were checked against all twelve hazards (see section 7.)

### **Set Priorities**

Assessing risk means knowing what functions and services are crucial to continue during a disruptive event. Critical Public Health Services were identified for all Health Department programs and divided into three groups: Personal based (direct delivery of health care), Population based (prevention, promotion and Health Emergency response) and Internal services (employee to employee). Within each of the three groups services were defined as immediately critical, short term critical and non-critical. See Critical Services Grid (section 6) and the Terminology (section 8) for additional information.

### **Analyze Process**

This step examines what resources are necessary to perform critical public health functions. The business continuity analysis tool was used to analyze the resources from several perspectives: People, Process, Facilities, Technology & Equipment and Communications. See Business Analysis Plans (section 2-6)

### **Develop Response Plan**

Response plans were developed, including plans for incidents less than  $\leq 3$  days *Plan A* and greater than 3 days *Plan B*. (See **Business Analysis plans section 2-6.**)

**People** –What FTE is required to meet the critical public health functions and/or who are the alternate (back-up) staff required to fulfill critical services?

**Process** – What are the essential processes to fulfill critical services?

**Facilities** – Since the Department Leadership Team will decide where programs will relocate this section was primarily used to describe equipment unique to the facility which would be required at an alternate location. In some cases alternate sites were also identified.

**Equipment and Technology** –What are the backup plans if crucial equipment and technology are not available?

**Communication** – What are the methods for communicating with staff and clients/customers?

### **Chain of Command**

The Business Continuity Chain of Command is designed to formally identify who is going to replace key leaders if they are unable to assume their duties, responsibilities and decision-making authority when they are not available.

Unavailability may be defined as routine absences such as vacations, illness or just not available for contact. It also includes direct or indirect emergency situations such as local or regional threats which are technological, natural or human events i.e., bioterrorism

The Chain of Command for the Programs is included on the program Business Analysis Plans. The Chain of Command for the Department Leadership Team follows.

### **BUSINESS CONTINUITY CHAIN OF COMMAND DEPARTMENT LEADERSHIP TEAM (DLT)**

#### Director

1. Lillian Shirley
2. KaRin Johnson
3. Consuelo Saragoza
4. Vanetta Abdellatif
5. Dave Houghton
6. Gary Oxman
7. Wendy Lear
8. Kathleen Fuller-Poe
9. At this point, the Chair's Office should assign a Director from another Department.

#### Deputy Director

1. KaRin Johnson
2. Wendy Lear
3. Kathleen Fuller-Poe
4. Linda Pickthorne
5. Tricia Tillman

Director of Community Health Promotion, Partnerships and Planning

1. Consuelo Saragoza
2. Sandy Johnson
3. Sonia Manhas
4. Kathy Norman
5. Noelle Wiggins

Director of Integrated Clinical Services

1. Vanetta Abdellatif
2. Susan Kirchoff
3. Mary Loos
4. Gayle Burrow
5. Joy Belcourt
6. Hasan Bader

Director of Community Health Services

1. Dave Houghton
2. Jan Wallinder
3. Lila Wickham
4. Margaret Lentell
5. Loreen Nichols

Health Officer

1. Gary Oxman
2. Patsy Kullberg
3. Jon Jui

Business Services Manager

1. Wendy Lear
2. GJean Thomas
3. Les Walker
4. Darren Chilton

Human Resources Manager

1. Kathleen Fuller-Poe
2. Larry Brown
3. Chareundi Van-Si

**Business Continuity Decision Process**

1. Incident occurs.
2. Chair's Office decides what the county response will be in consultation with Department Directors, including the Health Department Director.
3. Chair's Office develops and communicates directions for all departments and communications to public.
4. Health Department Director stands up the Department Emergency Response Team (ERT) - Executive/Director, DLT Representative, Health Officer, and Emergency Preparedness Manager.

5. ERT decides department's actions within the Chair's framework. This may include establishing an Incident Command Team and allocation of department resources.
6. Health Department Director stands up a Business Continuity Management Team (Business Continuity Management Team) that includes DLT members not involved in Incident Command and other program managers as needed.
7. The Business Continuity Management Team directs Business Continuity plan implementation:
  - Sets service levels and expectations based on what resources are available after response activities. This includes which sites will be open.
  - Monitors and adjusts business continuity plans as resources change.
  - Responsible for communications to program managers and all department staff.
  - Contacts Safety Committee members.
8. Program managers are responsible for implementing their business continuity plans within the directions from the Business Continuity Management Team.

### **Maintain Plan**

The Business Continuity Management Team or its delegates are responsible for maintaining this plan. The plan will be reviewed once a year preferably in May following the update of the Integrated Clinical Services Hazard Risk Assessment. The plan will be exercised annually. The purpose of the exercise is to test the readiness and suitability of the business continuity plans.

### **Implement the Plan**

The plan is to be implemented when a threat occurs. The plan should be debriefed and revised where necessary after the Business Continuity Management Team has communicated a return to normal operations.

## **ROLES AND RESPONSIBILITIES**

### **Business Continuity Management Team**

1. Maintain the Plan.
2. Implement the Plan.
3. Communicate Implementation to Program Managers.
4. Determine relocation sites.
5. Determine when to return to normal operations (in coordination with the Emergency Response Team (ERT)).
6. Debriefing process after the action evaluation and report.
7. Review plan annually or after action or exercise.

### **Business Continuity Management Team Members**

KaRin Johnson	Department Deputy Director
Consuelo Saragoza	Director of Community Health Promotion, Partnerships and Planning
Vanetta Abdellatif	Director of Integrated Clinical Services
Wendy Lear	Manager of Business Services and Finance
Kathleen Fuller-Poe	Manager of Human Resources and Workforce Development

## **Program Manager**

1. Maintain Phone Trees.
2. Maintain Program copies of your Business Continuity Plan and keep your plan current.
3. Communicate from Business Continuity Management Team to staff.
4. Implement your Program Plans.
5. Review your Plan with your staff.
6. Review your Plan with potential alternate (back-up staff).
7. Communicate your Plan where relevant to key stakeholders i.e., suppliers, contractors and clients/customers.
8. Debrief process after return to normal operations.
9. Review plan after action or exercise

## **Building Safety Committees**

Each building that houses health services has a building Safety Committee. The focus of the Safety Committees is on the facility. Building Safety Committees are not charged with program operations but rather are concerned with the facility needed to support those operations.

1. Assess and report on any aspects of the facility that pose safety concerns or that may impact operations.
2. Designate two persons per floor who will be Building/Floor Responders. In many cases these will be the Safety Committee floor wardens who assist in fire drills, but Safety Committees may elect to assign this role to other committee members.

## **Building/Floor Responders**

A representative from the Business Continuity Management Team will contact the Building/Floor Responder to implement the Business Continuity Plan. Building/Floor Responders should be equipped with two-way radios and trained on usage.

1. Be familiar with building features such as gas and water connections and shut off procedures, if appropriate for the building.
2. Assess and report on safety concerns and facility problems. These may include power failures, lack of lighting, phone outages, door locks not functioning, elevators not working, and heat or air conditioning interruptions. Information should be reported to the person in charge; the clinic manager and the Health's Safety Manager who will inform the Department Leadership.

### **East Portland, 600 NE 8<sup>th</sup> St., Gresham (503) 988-5155**

Marcia Morrow, Clinic Manager  
Pam Kelsay, Nursing Supervisor

x24285  
x22554

### **La Clinica de Buena Salud, 6736 NE Killingsworth St. (503) 988-3991**

Lorena Alvarado, LPN  
Pamela Zaragoza, Paso Screener (Senior OA)

988-4758  
x22979

**Lincoln Building, 421 SW Oak (503) 988-4886**

2<sup>nd</sup> Floor, Business Services and Human Resources - Stacey Widick 988-4886  
2<sup>nd</sup> Floor, Business Services and Human Resources - Sandy Chen x25481

**McCoy Building, 425 SW Stark St. (503) 988-3674**

1<sup>st</sup> Floor, Security Officers – Flora Perez 988-3684  
1<sup>st</sup> Floor, Security Officers – Esteletta Scott 988-3684  
2<sup>nd</sup> Floor, Pharmacy – Eric Vidstrand 988-5267 x28805  
2<sup>nd</sup> Floor, Pharmacy – Barry Stevens 988-5267 x28096  
3<sup>rd</sup> Floor, TB Clinic – Mary Linn 988-3417 x22424  
3<sup>rd</sup> Floor, TB Clinic – Julie Liddicoat 988-3417 x22280  
3<sup>rd</sup> Floor, TB Clinic – Margarita Pancake 988-3417 x22122  
4<sup>th</sup> Floor, HIV Clinic – Jan Carpenter 988-5020 x22287  
4<sup>th</sup> Floor, HIV Clinic – Michelle Walton 988-5020 x22280  
4<sup>th</sup> Floor, HIV Clinic – Shannon Mowatt 988-5020 x22122  
5<sup>th</sup> Floor, Westside, Primary Care – Kristi Hoch 988-5140 x22782  
5<sup>th</sup> Floor, Westside, Primary Care – Sharon Reese 988-5140 x26748  
6<sup>th</sup> Floor, STD Clinic – Diane Guta 988-9700 x28546  
6<sup>th</sup> Floor, STD Clinic – Diana Anderson 988-3700 x28217  
7<sup>th</sup> Floor, Call Center, EMS – Mike Bowden 988-3117 x29556  
7<sup>th</sup> Floor, Call Center, EMS – Patty Graham 988-3117 x24546  
8<sup>th</sup> Floor, Administration – Linda Pickthorne 988-6837  
8<sup>th</sup> Floor, Administration – Esther Leckie 988-3663 x26401  
8<sup>th</sup> Floor backups – Jill Holden 988-3663 x29091  
8<sup>th</sup> Floor backups – Leisa Vandehey 988-3663 x26210  
8<sup>th</sup> Floor backups – Yolanda Reyes-de-Oehler 988-3663 x22674  
9<sup>th</sup> Floor, Quality & Safety – Tim Donohue 988-3663 x22688  
9<sup>th</sup> Floor, Medical, Dental – Jonathan Potkin 988-3663 x28731  
10<sup>th</sup> Floor, Lab – Ronda Lenzer 988-3555  
10<sup>th</sup> Floor, Lab – Tana Saint 988-3555

**Mid-County Health Center, 12710 SE Division St. (503) 988-3601**

Kerry Canfield x24634  
Mid-County Backup: Mike Giddens x29257  
Mid-County Backup: Kathy Hammersmith x25816

**North Portland Health Center, 9000 N. Lombard Street (503) 988-5304**

1<sup>st</sup> Floor – Christine Khamvongsa x24254  
1<sup>st</sup> Floor – Karen Madden x24017  
2<sup>nd</sup> Floor – Judy Lubera x28677  
2<sup>nd</sup> Floor Alternate – Nan Shirley x22972  
2<sup>nd</sup> Floor – Anne McGolrick x29645  
2<sup>nd</sup> Floor Alternate – Donna Kipp x22249

**Northeast Health Center, 5329 NE Martin Luther King, Jr. Blvd.**

1<sup>st</sup> Floor – Michelle Nicola x26692  
2<sup>nd</sup> Floor – Ivan Barajas-Garcia 988-3664  
2<sup>nd</sup> Floor – Trish Reubendale x22236

**Southeast Health Center, 3653 SE 34<sup>th</sup> Ave. (503) 988-4410**

Barbara Broderick

Liliya Buzey

x22351

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**Business Continuity Plan Review Team 2007**

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