

CONTINUITY OF OPERATIONS PLAN (COOP)

CU ANSCHUTZ COLORADO SCHOOL OF PUBLIC HEALTH



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

03/20/2020

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NOTICE: This document contains information pertaining to the deployment, mobilization, and tactical operations of CU Anschutz Colorado School of Public Health in response to emergencies. It is exempt from public disclosure under Colorado state law.

I. INTRODUCTION

The mission statement as provided by the CU Anschutz Colorado School of Public Health is as follows:

To promote the physical, mental, social, and environmental health of people and communities in the Rocky Mountain Region, across our nation, and globally. The mission will be accomplished through collaborations in education, population-based research, and community service that bring together institutions, agencies, and diverse populations.

A. Purpose

This Continuity of Operations Plan (COOP) has been created for the CU Anschutz Colorado School of Public Health, also referred to as ColoradoSPH. The Continuity of Operations Plan establishes policy and guidance to ensure the execution of the mission-essential functions for the ColoradoSPH in the event that an emergency threatens or incapacitates operations; and the relocation of selected personnel and functions of any essential facilities of the ColoradoSPH are required. Specifically, this COOP is designed to:

- Ensure that the ColoradoSPH is prepared to respond to emergencies, recover from them, and mitigate against their impacts.
- Ensure that the ColoradoSPH is prepared to provide critical services in an environment that is threatened, diminished, or incapacitated.
- Provide timely direction, control, and coordination to the ColoradoSPH leadership and other critical customers before, during, and after an event or upon notification of a credible threat.
- Establish and enact time-phased implementation procedures to activate various components of the "Plan".
- Facilitate the return to normal operating conditions as soon as practical, based on circumstances and the threat environment.
- Ensure that the ColoradoSPH COOP is viable and operational, and is compliant with all guidance documents.
- Ensure that the ColoradoSPH COOP is fully capable of addressing all types of emergencies, or "all hazards" and that mission-essential functions are able to continue with minimal or no disruption during all types of emergencies.

B. Applicability and Scope

The provisions of this document apply to the ColoradoSPH and its offices. Support from other organizations as described herein will be coordinated with the Dean, Professor (Jonathan Samet) as applicable. This document applies to situations that require relocation of mission-essential functions of the ColoradoSPH as determined by the Dean, Professor (Jonathan Samet). The scope does not apply to temporary disruptions of service during short-term building evacuations or other situations where services are anticipated to be restored in the primary facility within a short period. The Dean, Professor (Jonathan Samet) will determine situations that require implementation of the COOP.

II. CONCEPT OF OPERATIONS (CONOP)

A. Objectives

The objective of this COOP is to ensure that a viable capability exists for ColoradoSPH to continue essential functions across a wide range of potential emergencies, specifically when the primary facility is either threatened or inaccessible. The objectives of this COOP include:

- To ensure the continuous performance of essential functions/operations during an emergency.
- To protect essential facilities, equipment, records, and other assets.
- To reduce or mitigate disruptions to operations.
- To reduce loss of life, minimize damage and losses.
- To identify and designate principals and support staff to be relocated.
- To facilitate decision-making for execution of the COOP and the subsequent conduct of operations.
- To achieve a timely and orderly recovery from the emergency and resumption of full service to all customers.

B. Planning Considerations and Assumptions

In accordance with continuity guidelines and emergency management principles/best practices, a viable COOP capability:

- Must be maintained at a high-level of readiness.
- Must be capable of implementation, both with and without warning.
- Must be operational no later than 12 hours after activation.
- Must maintain sustained operations for up to 30 days.
- Should take maximum advantage of existing local, State or federal government infrastructures.

C. COOP Execution

This section outlines situations that can potentially lead to activation of the COOP due to emergencies or potential emergencies that may affect the ability of the ColoradoSPH to perform its mission-essential functions from its primary and other essential facilities. This section also provides a general description of actions that will be taken by the ColoradoSPH to transition from normal operations to COOP activation.

COOP Activation Scenarios

The following scenarios would likely require the activation of the ColoradoSPH COOP:

- The primary facility or any other essential facility of the ColoradoSPH is closed for normal business activities as a result of an event or credible threat of an event that would preclude access or use of the facility and the surrounding area.
- The area in which the primary facility or any other essential ColoradoSPH facility is located is closed for normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military threat or attack. Under this scenario, there could be uncertainty regarding whether additional events such as secondary explosions or cascading utility failures could occur.

COOP TEAMS AND RESPONSIBILITIES

Relocation Team

In preparation of potential continuity events, Relocation Team members are responsible for attending continuity meetings as scheduled, keeping the Relocation Team Chief apprised of continuity matters, reviewing and updating organization's essential functions annually, developing notification cascades for key staff and/or division personnel, participating in continuity training and exercises, and developing a plan and methodology for off-site storage of data to include vital records and databases.

During a continuity event, members of the Relocation Team are responsible for relocating to the designated Alternate Facility in a timely manner and re-establishing and recovering the operations of the organization's essential functions as identified in Annex C.

Relocation Team Members - CU Anschutz Colorado School of Public Health

Team Member	Team Responsibility/Role
Jonathan M Samet - Dean, Professor Colorado School of Public Health Dean's Office Cell: 443-253-9307 Additional Number: 303-724-4450 Work Email: jon.samet@cuanschutz.edu	Responsible for coordinating and acquiring relocation resources for CSPH.
Christine Gillen - Associate Dean, Administration and Finance Colorado School of Public Health Dean's Office Work: 303-724-4445 Cell: 303-495-0036 Work Email: christine.gillen@cuanschutz.edu	Work as Liaison with UCD Facilities and CSPH Director of Finance and Operations to establish resources needed for alternate facilities.
David Pierce - Desktop Support Analyst Information Technology Work: 303-724-6373 Additional Number: 3037240100 Work Email: DAVID.PIERCE@CUANSCHUTZ.EDU Other Email: sph@medschool.zendesk.com	Responsible for assessing IT capabilities for alternative sites.

Support Team

In preparation of potential continuity events, Support Team members are responsible for attending continuity meetings as scheduled, keeping the Support Team Chief apprised of continuity matters, developing notification cascades for all Support Team members, and participating in continuity trainings and exercises.

During a continuity event, members of the Support Team are responsible for reporting in to their Support Team Chief, reporting to their designated locations to await further instructions (In many cases, this may be their home residence), and providing support to the Relocation Team as requested.

Support Team Members - CU Anschutz Colorado School of Public Health

Team Member	Team Responsibility/Role
<p>David Pierce - Desktop Support Analyst Information Technology Work: 303-724-6373 Additional Number: 3037240100 Work Email: DAVID.PIERCE@CUANSCHUTZ.EDU Other Email: sph@medschool.zendesk.com</p>	<p>Responsible for IT needs/stop-gaps/assessment for CSPH.</p>
<p>Tonya Ewers - Director of Communications & Marketing Colorado School of Public Health Work: 303-724-8573 Work Email: tonya.ewers@cuanschutz.edu</p>	<p>Responsible for Student communications of the professional programs.</p>
<p>Christine Gillen - Associate Dean, Administration and Finance Colorado School of Public Health Dean's Office Work: 303-724-4445 Cell: 303-495-0036 Work Email: christine.gillen@cuanschutz.edu</p>	<p>Coordination of support team functions and planning support.</p>
<p>Thuy Nguyen - Human Resources & Payroll Manager Colorado School of Public Health Human Resources Work: 303-724-6194 Work Email: thuy.2.nguyen@cuanschutz.edu</p>	<p>Responsible for continuity of payroll and benefits for all CSPH personnel.</p>
<p>Chloe Bennion - Academic Affairs & Education Program Director Colorado School of Public Health Dean's Office Work: 303-724-4745 Cell: 720-331-8281 Work Email: CHLOE.BENNION@CUANSCHUTZ.EDU</p>	<p>Responsible for MS/PhD student services, resident services, and education services planning support.</p>

Planning Team

In preparation of potential continuity events, Planning Team members are responsible for scheduling and conducting continuity meetings (minimum of one meeting per year), establishing a framework for the organization's continuity plan design and strategy, reviewing the accuracy of the personnel information contained within the plan, developing an ongoing process for reviewing and updating the plan, and scheduling and participating in continuity trainings and exercises.

Planning Team Members - CU Anschutz Colorado School of Public Health

Team Member	Team Responsibility/Role
Chloe Bennion - Academic Affairs & Education Program Director Colorado School of Public Health Dean's Office Work: 303-724-4745 Cell: 720-331-8281 Work Email: CHLOE.BENNION@CUANSCHUTZ.EDU	Responsible for Addressing Education Services Planning.
Kayla Gray - Business Office Professional Colorado School of Public Health Dean's Office Work Email: kayla.v.gray@cuanschutz.edu	Responsible for Drafting Plan
Jonathan M Samet - Dean, Professor Colorado School of Public Health Dean's Office Cell: 443-253-9307 Additional Number: 303-724-4450 Work Email: jon.samet@cuanschutz.edu	Responsible for Approving Plan

FACILITIES

The following are Primary Facilities identified for the ColoradoSPH:

Name / Location (Physical Address)	Resources Located at Primary Facility
<p>Primary Facility</p> <p>Anschutz Medical Campus Building 500 13001 East 17th Place 3rd Floor Aurora, CO 80045</p> <p>Number of Staff: 208</p> <p><u>Facility Manager:</u> FACILITIES HELP DESK w: 303-724-1777</p>	

The following are Alternate Facilities identified for the ColoradoSPH:

Name / Location (Physical Address)	Resources Required at Alternate Facility
<p>Alternate Facility</p> <p>Hyatt Regency Aurora-Denver 13200 E 14th Pl Aurora, CO 80011</p> <p><u>Facility Manager:</u> FACILITIES HELP DESK w: 303-724-1777</p>	

ESSENTIAL FUNCTIONS

Essential Functions for CU Anschutz Colorado School of Public Health

1. Functions to be performed, given a *One Day* disruption:
 - Establish means of sending out alerts and instructions to personnel and affiliates.
 - Media Relations outreach and response (including internal support for our leadership and faculty, acting as a spokesperson as needed)
 - Communications support to Executive Leadership (the Dean and ADs, Chancellors office and central communications); this may include an Incident Command Center on campus and Tonya would be involved as a PIO (public information officer)
 - Social Media updates and response
 - Website updates
 - Access to listservs and Salesforce/Marketing Cloud to support communications dissemination to our lists as needed

 - Academic Affairs:
 - Students refer directly to Campus Care Team for urgent student mental health or danger concerns

 - Research Admin duties Richard (BIOS, CBH, EOH, LRPC, GBH, RMPRC)
 - Proposal submissions (Richard, Elizabeth, Peter)
 - Preaward Requests (Richard, Elizabeth, Peter)
 - Subcontract Requests (Richard, Elizabeth, Peter)
 - Journal Entries (Richard, Elizabeth, Peter)
 - Payroll Expense Transfers (Richard, Elizabeth, Peter)
 - Final Grant Financial Reports (Richard, Elizabeth, Peter)
 - Speedtype Closeout (Richard, Elizabeth, Peter)
 - Marketplace Invoice submission (Richard, Elizabeth, Peter)
 - General Grant Questions and requests (Richard, Elizabeth, Peter)

 - Research Admin duties Elizabeth (HSMP, EPI)
 - Proposal submissions (Elizabeth, Richard, Peter)
 - Preaward Requests (Elizabeth, Richard, Peter)
 - Subcontract Requests (Elizabeth, Richard, Peter)
 - Journal Entries (Elizabeth, Richard, Peter)
 - Payroll Expense Transfers (Elizabeth, Richard, Peter)
 - Final Grant Financial Reports (Elizabeth, Richard, Peter)
 - Speedtype Closeout (Elizabeth, Richard, Peter)
 - Marketplace Invoice submission (Elizabeth, Richard, Peter)
 - General Grant Questions and requests (Elizabeth, Richard, Peter)

2. Functions to be performed, given a *One Day - One Week* disruption:

- Continuation of functions listed under previous Tier(s) identified above
- Retain Continuity of Payroll and Benefits Processes for CSPH.
- Academic Affairs:
 - Notifications sent to faculty and students regarding interruptions in operations (Dean/Associate Dean for Faculty)
 - Enrollment issues taken care of by Registrar's Office
 - Canvas access (OIT)
 - MS, PhD, DrPH exams- scheduling handled by Student Program Director or Graduate School
 - Enrollment reports to registrars at CU/CSU/Anschutz departments (Brenda Witt)
- Student Affairs:
 - Respond to student affairs email/voicemail (Gwen)
 - Respond to admissions email box (Magda/Chloe/Heidi)
 - On-call for urgent student communication (Brenda/Chloe/Heidi)
- Internal and External Meetings of Executive and Planning Committees
- Establish basic finance function to include the following: Processing of Grant Applications and Process PSC functions.
- Monthly Payroll (Thuy, Kevin, Peter)
- Bi-weekly Payroll (Thuy, Kevin, Peter)
- Additional Pays, off-cycle pays (Thuy, Kevin, Peter)
- Separation, terminations, and payouts (Thuy, Kevin, Peter)
- HCM Management and Approvals (Thuy, Kevin, Brendon)
- Medical Leave (FMLA, PPL, etc.) (Thuy, Kevin, Central HR)
- Recruitment (not sure if we need to consider suspended recruitment except for essential hires)
 - Faculty and PRA (Bettina, Brendon, Thuy)
 - Staff (Kevin, Thuy, Brendon)
 - Student and Temps (Thuy, Kevin, Brendon)
- Pre-hire (background checks, access, badges, etc.) (Kevin, Thuy, Brendon)
- Onboarding (I9's, etc.) (Kevin, Thuy, Brendon)
- POI Accounts (Brendon, Kevin, Thuy)
- Moving payments (Thuy, Kevin, Peter)
- Visa's (Thuy, Kevin, Bettina)
- Phased Retirements (Kevin, Brendon, Thuy)
- Concur Marketplace approvals (Peter, Christine)
- Setup/close speedtypes (Peter, Christine, Richard)
- Preaward/Postaward (Richard, Elizabeth, Peter)
- Journal entries (Peter, Christine, Kevin?) – probably not time sensitive)
- P-card/T-card updates, approvals, changes (Peter, Christine)
- Scholarships, remission, fees (Peter, Christine)

3. Functions to be performed, given a *One Week - One Month* disruption:

- Continuation of functions listed under previous Tier(s) identified above
- Arrange for Education Services (teaching, computer labs, online, etc.) for current students, post-docs, fellows, and Residents.
- Academic Affairs:
 - Approval of student petitions by Dean/Associate Dean for Faculty
 - Academic honesty, probations, and decisions (Associate Dean for Faculty)
 - Curriculum approvals (Associate Dean for Faculty)
 - Scholarship awards (Associate Dean for Faculty)
 - Dual degree, certificate, other student advising (Brenda Witt or Chloe Bennion)
 - Education and Curriculum Committee (ECC) matters (Tessa Crume)
 - Spring Graduate degree audits (Lori Crane)
 - Course withdrawals (Lori Crane)
 - Course room assignments (Kayla Gray)
 - Scholarship management (Lori Crane)
 - Course evaluations (Brenda Witt)
 - Probation reports (Magda Kucharski)
 - Qualtrics administration (Heidi O'Mara- will need permission granted by OIT)
 - Annual surveys (capstone, incoming student, graduating student, alumni)-
 - Lori and Heidi will need permissions by OIT
 - ColoradoSPH data requests (Brenda, Lori, Christine, Bettina)
 - Coordination with ODE (Avery Artman)
- Letters of offer according to University and School's laws, policies, and guidelines, including appointment tracks and ranks, dates, responsibilities and salaries. (Bettina, Carolyn, Brendan)
- Addenda to letters of offer containing ad hoc and temporary modifications of the above- mentioned letters of offer, mainly relevant to effective dates. (Bettina, Brendan, Thuy)
- Creating and maintaining positions in HCM and Taleo. (Bettina, Brendan, Thuy)
- Internal Information Technology access to servers and CSPH-centric IT resources.
- Documentation relevant to faculty one-time-pay activities. (Bettina, Brendan, Thuy)
- MOUs indicating teaching responsibilities in the classroom and online, including dates, HLC requirements, and teaching salaries. (Bettina, Brendan, Thuy)
- Support for applications, extensions, amendments for employment related visas such as OPT, OPT STEM, and H-1B vital to secure employment of international faculty. (Bettina, Thuy, Brendan, in close collaboration with ISSS)
- Faculty Termination due to budget constraints or for cause. (Carolyn, Bettina, relevant Department Chair)
- Student Affairs:
 - Manage OASA staff and students (Christine/Lori)
 - Process background checks (Magda/Heidi)
 - Process and matriculate non-degree students (Magda)
 - Update SOPHAS statuses as applicants move through applicatino process stages (Heidi/Magda/Chloe)
 - Send applicants to faculty to review (Heidi/Chloe)
 - Send admissions decisions and scholarship offers to admitted students (Heidi/Chloe)
 - Matriculate students (Heidi/Janet)
 - I-20 request forms and admit letters to international students (Heidi)
 - Answer faculty requests (Janet/Chloe/Heidi)

4. Functions to be performed, given a one month-three month disruption:

- Continuation of functions listed under previous Tier(s) identified above
- Arrange for systemic and complete communication across School Groups (Faculty, Staff, Students, and Affiliates)
- Promotion review process for faculty in the tenure track, research track and clinical teaching track (Carolyn, Bettina, relevant Department Chair, DAPTCO Chair, or Chair of APT as appropriate)
- Tenure review process (Carolyn, Bettina, relevant Department Chair, DAPTCO Chair, or Chair of APT as appropriate)
- Mid-Term Review process for junior faculty in the tenure track, research track and clinical teaching track (Bettina, Brendan, relevant Department Chair or Mentor)

- Academic Affairs:
 - Development of new programs (Associate Dean for Faculty)
 - Accreditation (Associate Dean for Faculty)
 - Curriculum course management (Lori Crane)

- Continuity of Payroll and Benefits reporting and transactions.
- Post-Tenure Review (Carolyn, Bettina, relevant Department Chair, or PTR Committee Chair as appropriate)
- Tri-Campus activities such as appointments for CSU and UNC (Brendan, Bettina, Thuy)
- Other volunteer appointments (adjunct and clinical) (Brendan, Bettina, Thuy)
- Coordination of Annual Faculty Performance Evaluations (Bettina, Brendan, Thuy)

- Student Affairs:
 - Prepare convocation program (Gwen)
 - Process and mail certificates for certificate students (Heidi)
 - Meetings with students (Katie)
 - Respond to careers inbox (Chloe/Katie)
 - Manage career platform, approve and remove jobs (Chloe/Heidi)
 - Colorado Public Health mentoring (Chloe/Heidi)
 - Student peer mentoring (Chloe/Heidi)
 - Stipend/funding for conferences managed (Chloe/Peter)
 - Newsletters for all students (Janet/student workers)
 - Manage student leadership/student ambassadors (Chloe)

- Arrange for Education Services (teaching, computer labs, online, etc.) for current students, post-docs, fellows, and Residents.
- Performance Improvement, Letters of Expectation (Carolyn, Bettina, relevant Department Chair)
- Faculty Retention Activities (Carolyn, Bettina, relevant Department Chair)
- Monthly and annual Reports for Office of the Provost and ASPPH (Bettina, Brendan, Thuy)
- OFA staff training activities (Bettina, Carolyn, Thuy)
- Professionalism Committee (Carolyn, Kevin, Anna Baron- she if agrees)
- Communication to all parties (Faculty, Staff, Students, Partners, Affiliates)
- Policies and Procedures (Carolyn, Bettina, Brendan)
- Faculty Development Activities (Carolyn, Brendan, Bettina)
- Individual Faculty Consultation and Advising (Carolyn, Bettina)

- Student Affairs:
 - Annual reports (Lori, Brenda, Magda, Thuy, Bettina)
- Signature and Approval authority across school
- Other Committee Activities (Carolyn, Bettina, Brendan)
- Salary Ranges and Salary Equity: Recommendations and Reviews (Carolyn, Bettina)

ORDERS OF SUCCESSION

The ColoradoSPH has developed an Orders of Succession for all key positions held within the organization. Provided below is the title and name of each primary person currently holding each key position, followed by a list of designated successors. The successors are listed by title in order of precedence.

Dean, Professor (Jonathan Samet) - Order of Succession

Primary: Dean, Professor - Jonathan M Samet - Colorado School of Public Health - Dean's Office

1. Associate Dean for Academic Affairs - Lori Crane - Colorado School of Public Health - Dean's Office
2. Associate Dean for Faculty - Carolyn DiGuseppi - Colorado School of Public Health
3. Associate Dean, Administration and Finance - Christine Gillen - Colorado School of Public Health - Dean's Office

Center for Global Health - Order of Succession:

Primary: CGH- Director - Stephen Berman - Colorado School of Public Health - Center for Global Health

1. CGH- Center Administrator - Mary Moua - Colorado School of Public Health - Center for Global Health
2. CGH- Professor - Edwin Asturias

Center for Health, Work & Environment - Order of Succession:

Primary: CHWE- Director - Lee Newman - Colorado School of Public Health - Center for Health, Work, and Environment

1. CHWE - Associate Director for Outreach - Liliana Tenney - Colorado School of Public Health - Center for Health, Work, and Environment
2. CHWE - Deputy Director - Carol Brown - Colorado School of Public Health - Center for Health, Work, and Environment

Center for Innovative Design and Analysis - Order of Succession:

Primary: CIDA- Director - Nichole Carlson - Colorado School of Public Health - Center for Innovative Design & Analysis

1. Associate Director (CIDA) - Mary Sammel - Colorado School of Public Health
2. Associate Director - Katerina Kechris - Colorado School of Public Health
3. BIOS- Department Chair - Debashis Ghosh - Colorado School of Public Health - Biostatistics and Informatics

Center for Public Health Practice - Order of Succession:

Primary: CPHP- Director - Cerise Hunt - Colorado School of Public Health - Center for Public Health Practice

1. CPHP- Center Administrator - Fiscal Manager - Stephanie Cross - Colorado School of Public Health - Center for Public Health Practice
2. CPHP- Center Administrator - Fiscal Manager - Stephanie Cross - Colorado School of Public Health - Center for Public Health Practice

Central Administration - Order of Succession:

Primary: Dean, Professor - Jonathan M Samet - Colorado School of Public Health - Dean's Office

1. Associate Dean for Academic Affairs - Lori Crane - Colorado School of Public Health - Dean's Office
2. Associate Dean, Administration and Finance - Christine Gillen - Colorado School of Public Health - Dean's Office
3. Academic Affairs & Education Program Director - Chloe Bennion - Colorado School of Public Health - Dean's Office

Department of Community and Behavioral Health - Order of Succession:

Primary: CBH - Interim Department Chair - Carol Kaufman - Colorado School of Public Health - Community and Behavioral Health

1. Associate Dean for Academic Affairs - Lori Crane - Colorado School of Public Health - Dean's Office
2. Dean, Professor - Jonathan M Samet - Colorado School of Public Health - Dean's Office

Department of Environmental & Occupational Health - Order of Succession:

Primary: EOH- Department Chair and Professor - John Adgate - Colorado School of Public Health - Environmental & Occupational Health

1. EOH- Associate Professor - Alison Bauer - Colorado School of Public Health - Environmental & Occupational Health
2. CHWE- Director - Lee Newman - Colorado School of Public Health - Center for Health, Work, and Environment

Department of Epidemiology - Order of Succession:

Primary: EPI- Department Chair - Jill Norris - Colorado School of Public Health - Epidemiology

1. EPI- Professor - Carolyn DiGiuseppi - Colorado School of Public Health - Epidemiology
2. EPI- Professor - John Hokanson - Colorado School of Public Health - Epidemiology

Department of Health Systems, Management, and Policy - Order of Succession:

Primary: HSMP- Department Chair - Glen Mays - Colorado School of Public Health - Health Systems, Management, and Policy

1. HSMP- Professor - Richard Lindrooth - Colorado School of Public Health - Health Systems, Management, and Policy
2. HSMP- Associate Professor - Beth McManus - Colorado School of Public Health - Health Systems, Management, and Policy

Human Resources - Order of Succession:

Primary: HR- Director - Kevin Young - Colorado School of Public Health - Human Resources

1. Assistant Director of Finance & Research - Peter Hahn - Colorado School of Public Health - Human Resources

Lifecourse Epidemiology of Adiposity and Diabetes Center - Order of Succession:

Primary: LEAD- Director - Dana Dabelea - Colorado School of Public Health - LEAD

1. LEAD- Assistant Director - Lisa Testaverde - Colorado School of Public Health - LEAD
2. LEAD- Assistant Director - Katherine Sauder - Colorado School of Public Health - LEAD

LRPC - Order of Succession:

Primary: LRPC- Director - Fernando Holguin - Colorado School of Public Health - Latino Research and Policy Center

1. LRPC- Associate Director - Evelinn Borryo - Colorado School of Public Health - Latino Research and Policy Center
2. LRPC- Associate Professor - Lisa DeCamp - Colorado School of Public Health - Latino Research and Policy Center
3. LRPC- Project and Data Manager - Jennifer Nguyen - Colorado School of Public Health - Latino Research and Policy Center

Rocky Mountain Prevention Research Center - Order of Succession:

Primary: RMPRC- Director - Jennifer Leiferman - Colorado School of Public Health - Rocky Mountain Prevention Research Center

1. RMPRC- Associate Director - Jini Puma - Colorado School of Public Health - Rocky Mountain Prevention Research Center

DELEGATIONS OF AUTHORITY

ALL AUTHORITY HEREBY DELEGATED SHALL BE EXERCISED IN ACCORDANCE WITH APPLICABLE LAWS, RULES, BUDGET ALLOCATIONS AND ADMINISTRATIVE DIRECTIVES. THIS AUTHORITY CANNOT BE RE-DELEGATED.

To ensure continuity of operations for the ColoradoSPH during continuity events, the following personnel are hereby delegated the authority to conduct the following assignments provided below.

Execution of Contractual agreements

Acting Agents:

Carol Kaufman / CBH - Interim Department Chair
Jennifer Leiferman / RMPRC- Director
Elizabeth Bekele / EPI- Grants Life Cycle Manager
Nichole Carlson / CIDA- Director
Lisa Testaverde / LEAD- Assistant Director
Giselle Habeych / CHWE - Business & Grant Professional

Delegated Agents:

Kevin Young / HR- Director
Christine Gillen / Associate Dean, Administration and Finance
Jini Puma / RMPRC- Associate Director
JoDee Relph / RMPRC- Center Administrator
Stephanie Baker / RMPRC- Center Manager
Mary Sammel / Associate Director (CIDA)
Allison McCawley / LEAD
Sara Higgins / CHWE - Associate Director for Business Services

Leave authorization

Acting Agents:

Jennifer Leiferman / RMPRC- Director
Jini Puma / RMPRC- Associate Director
Jill Norris / EPI- Department Chair
John Adgate / EOH- Department Chair and Professor
Glen Mays / HSMP- Department Chair
Nichole Carlson / CIDA- Director
Vong Smith / LRPC
Lisa Testaverde / LEAD- Assistant Director
Sara Higgins / CHWE - Associate Director for Business Services

Delegated Agents:

JoDee Relph / RMPRC- Center Administrator
Cassandra Thao / EPI- Department Administrator
Lanee Bounds / EOH- Business Services Program Manager
Thuy Nguyen / Human Resources & Payroll Manager
Stephanie Baker / RMPRC- Center Manager
Allison McCawley / LEAD
Carol Brown / CHWE - Deputy Director

Payroll Authorization

Acting Agents:

Thuy Nguyen / Human Resources & Payroll Manager
Bernadette Gutierrez / CBH - Business Services Program Manager
JoDee Relph / RMPRC- Center Administrator
Morgan Bays / EPI- Finance and Post-Award Sr. Professional
Victoria Johnston / EOH- Finance Program Manager
Victoria Johnston / CHWE - Post Award Grants Professional

Delegated Agents:

Kevin Young / HR- Director
Peter Hahn / Assistant Director of Finance & Research
Cassandra Thao / EPI- Department Administrator
Lanee Bounds / EOH- Business Services Program Manager
Thuy Nguyen / Human Resources & Payroll Manager
Sara Higgins / CHWE - Associate Director for Business Services

Purchase requisitions/spending authority

Acting Agents:

Carol Kaufman / CBH - Interim Department Chair
JoDee Relph / RMPRC- Center Administrator
Stephanie Baker / RMPRC- Center Manager
Cassandra Thao / EPI- Department Administrator
Lanee Bounds / EOH- Business Services Program Manager
Nichole Carlson / CIDA- Director
Lisa Testaverde / LEAD- Assistant Director
Giselle Habeych / CHWE - Business & Grant Professional

Delegated Agents:

Bernadette Gutierrez / CBH - Business Services Program Manager
Morgan Bays / EPI- Finance and Post-Award Sr. Professional
Carrington Lott / HSMP- Program Manager - Systems in Action
Nichole Carlson / CIDA- Director
Peter Hahn / Assistant Director of Finance & Research
Allison McCawley / LEAD
Victoria Johnston / CHWE - Post Award Grants Professional

Communications

Acting Agents:

Carol Kaufman / CBH - Interim Department Chair
Carol Brown / CHWE - Deputy Director

Delegated Agents:

Bernadette Gutierrez / CBH - Business Services Program Manager
Liliana Tenney / CHWE - Associate Director for Outreach

Educational Programs

Acting Agents:

Carol Kaufman / CBH - Interim Department Chair
Mike Van Dyke / CHWE - Associate Professor

Delegated Agents:

Lori Crane / Associate Dean for Academic Affairs
Carol Brown / CHWE - Deputy Director

PANDEMIC PLANNING

EXECUTIVE SUMMARY

Epidemics, which are outbreaks of a disease that occur within a short period of time and in a defined region, have the potential to significantly affect an organization's operations and the health and safety of personnel and the general public. While many diseases could result in an epidemic, and could lead to a pandemic (an epidemic that occurs on a worldwide scale), this report places particular emphasis on preparedness for outbreaks of influenza that could arise from avian influenza.

This Epidemic/Pandemic Annex has been created to identify key information that organizations should know when confronted with an epidemic. It also describes how an organization may be affected, and what measures can be taken to mitigate those effects. In addition to education, this annex provides guidance on preparing and developing a course of action should an outbreak occur.

Organizations should take the time and opportunity now to develop and implement strategies essential to maintaining functions in times of a pandemic. Organizations should also inform employees and other stakeholders that the organization is actively involved in planning for pandemic preparedness.

Short-term and long-term strategies for maintaining functions during an epidemic, when absenteeism among employees could be as high as 50 percent, will require enhanced continuity of operations plans that include extensive workforce planning to perform mission-essential functions with reduced staff levels. Seven planning elements are provided in Chapter 6 to assist organizations in accomplishing their short-term and long-term strategies, which will require continuous monitoring of recent developments as well as flexibility in implementation and response.

Unlike other disasters in which the period of disruption may last from weeks to months, an epidemic has the potential to disrupt operations from months to several years. The public health response to an epidemic will directly affect an organization's personnel and will require strong relationships with other partners, the cooperation of the public, and the leadership of the organization.

1 Transmission of Disease

From time to time, a pathogen for which the population has little or no immunity evolves or is introduced. If that pathogen is highly communicable or easily transmitted from person to person, and virulent, causing severe illness or death in a significant percentage of persons, a pandemic can infect millions of people and potentially causing destabilizing social disruption.

The United States has not experienced an extensive epidemic since 1918, when the "Spanish flu" pandemic swept the nation and the world. The Spanish flu of 1918 was not a highly virulent pathogen in terms of mortality - only 2.5 percent of those infected died - but it was highly communicable. As a result, a large percentage of the U.S. population fell ill; approximately one-half million Americans died, and during the waves of the pandemic essential public services were threatened.

Communicable diseases can be transmitted to humans in several ways however the ones that carry the potential to affect organizations and their personnel are listed below:

- Droplet transmission occurs when the pathogen is suspended in aerosolized droplets or mist expelled when an infected person coughs or sneezes. These tiny droplets can travel 3 to 6 feet and be inhaled by other persons, or can deposit themselves on mucous membranes around the eyes or mouth of uninfected persons.
- Airborne transmission occurs when a pathogen is suspended in the air in inhalable-sized particles that remain infectious and are subsequently inhaled through the nose or mouth. Such pathogens can also be transmitted by droplet transmission or contact transmission.
- Contact transmission occurs when an infected person has physical contact (e.g., shakes hands) with an uninfected person.
- Infectious respiratory droplets can be deposited on objects that other persons would likely touch with their hands (e.g., arms of chairs, door handles, documents, exhibits, restroom fixtures, desks, countertops, stair rails, elevator buttons, money, documents, receipts). When uninfected persons touch the contaminated surfaces or items and then rub their nose, mouth, or eyes, transmission may occur.

2 Pandemic Influenza

Influenza, also known as the flu, is a disease that attacks the respiratory tract in humans and differs from a viral "cold" in that it usually comes on suddenly and includes fever, headache, tiredness, dry cough, sore throat, nasal congestion, and body aches.

2.1 Pandemic Assumptions

The U.S. Department of Health and Human Services has created plans based on the following assumptions about pandemic disease:

- Susceptibility to the pandemic influenza will be universal.
- The clinical disease attack rate will be 30 percent in the overall population. Illness rates will be highest among school-aged children (about 40 percent) and the elderly. Among working adults, an average of 20 percent could become ill during a community outbreak.

- Risk groups for severe and fatal infections cannot be predicted with certainty. During annual fall and winter influenza season, infants and the elderly, persons with chronic illness, and pregnant women are usually at higher risk of complications from influenza infections.
- The typical incubation period for influenza averages two to three days. It is assumed this would be the same for a novel strain transmitted between people by respiratory secretions.
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk for transmission will be greatest during the first two days of illness. Children will shed the greatest amount of virus, therefore are likely to pose the greatest risk for transmission.
- In an affected community, an outbreak will typically last about 6 to 8 weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.
- The seasonality of a pandemic cannot be predicted with certainty. The largest waves in the United States during 20th-century pandemics occurred in fall and winter.

2.2 Potential Impacts

The impact of an actual pandemic cannot be accurately predicted, as it depends on multiple factors, including virulence of the virus, rate of transmission, availability of vaccines and antivirals, and effectiveness of containment measures.

An influenza pandemic could last from months to several years, with at least two peak waves of activity. According to the U.S. Department of Health and Human Services, the characteristics of an influenza pandemic that must be considered in strategic planning include the following:

- The fact that people may be asymptomatic while infectious.
- Simultaneous or near-simultaneous outbreaks in neighboring communities thereby limiting the ability of any jurisdiction to provide support, assistance, and mutual aid.
- Enormous demands on the health-care system.
- Delays and shortages in the availability of vaccines and antiviral drugs.
- Potential disruption of national and community infrastructure, including transportation, commerce, utilities, and public safety, due to widespread illness and death among workers and their families, as well as concern about ongoing exposure to the virus.
- Absenteeism across multiple sectors related to personal and family illness, fear of contagion, or public health measures to limit contact with others could all threaten the functioning of critical infrastructure, the movement of goods and services, and operation of organizations.

2.3 Information Sources for Current Status

WHO - The World Health Organization (WHO) describes six phases of increasing public health risk associated with the emergence of a new influenza virus that could pose a pandemic threat. Each phase recommends actions for national authorities and outlines measures to be implemented by the WHO, allowing for greater predictability of actions to be taken during the various phases of a pandemic.

For information about pandemics, the WHO phases, and the current worldwide status, please review the WHO website - <http://www.who.int>.

CDC - The Center for Disease Control and Prevention is the lead Federal government agency for pandemic planning. Up-to-date information about national planning as well as vaccines and antivirals can be found on the CDC website - <http://www.cdc.gov>.

2.4 The Pandemic Risk Assessment

Based on the CU Anschutz Colorado School of Public Health COOP, the following information has been detailed specifically related to the risks and impacts of pandemic.

3 Organization Considerations

Although the circumstances described above paint a dark picture, an organization, to the best of its ability, must strive to continue its functions and to provide services to its populations.

3.1 Implications for the Organization

A challenge for the organizations will be to assist appropriate public health officials in protecting an organization's personnel and the public from transmission within the organization's facilities. However, given the large numbers of individuals who enter an organization's facilities each day, those facilities - like all other public facilities in which large numbers of persons interact and congregate - could themselves become a spreading center for the disease.

This raises a number of considerations for organizations, including:

- Significant numbers of persons who are necessary to the organization's mission-essential functions (e.g., organization staff, security personnel, IT staff, etc.) may be unavailable because of illness or death, possibly reaching from 30 to 50 percent of the workforce;
- Face-to-face contact between an organization's administrators and staff necessary for performing mission-essential functions may be dramatically limited or unavailable; and
- Facilities, infrastructure, utilities, and services may all be affected by a lack of adequate staffing caused by isolation, quarantine, illness, or death of those persons necessary for maintaining operations.
- Depending on the severity of the epidemic, an organization's administration may come under pressure as the disease causes attrition among employees, security personnel, IT, and maintenance personnel. To the extent that an organization relies on local law enforcement for security services, an additional concern is the possibility that, during an outbreak, law enforcement officers and security personnel may be reassigned to other critical law enforcement duties, thus resulting in a shortage of officers available to serve the organizations. In addition, state or local public health officers could close an organization's facility, or could quarantine or isolate an organization's personnel.

4 Pandemic Strategies

Unlike other emergency situations, an influenza epidemic could seriously disrupt an organization's operations for an extended period, lasting approximately from months to several years. Therefore, both short-term and long-term strategies are necessary to manage the potential extent and duration of the impact.

Each organization's continuity of operations plan (COOP) should address the basic response to any disaster or emergency situation. Organizations lacking a continuity of operations plan or having an incomplete continuity of operations plan are encouraged to begin the plan development process immediately.

Given the unique challenges posed by an epidemic, the information and strategies discussed below are not exclusive, but rather are designed to enhance organizations' current emergency protocol.

4.1 Short -Term Strategy

In the first 90 days of COOP activation, each organization should have the capacity to perform all mission-essential functions as defined in the organization's COOP.

The organization's functions may need to be performed with limited staff, and when little to no face-to-face contact is possible for an extended period. It is likely that an organization and its staff will be significantly affected by illness or even death.

As soon as possible, organizations should transition to full operations. If full operations cannot be initiated within 90 days of COOP activation, organizations should implement the long-term strategies described below.

4.2 Long-Term Strategy

Within 90 days of COOP activation, organizations should have the capacity to perform all mission-essential functions when little to no face-to-face contact is possible for an extended period. An organization and its staff will be significantly affected by illness or even death.

When developing its specific response to an epidemic, an organization should consider these issues:

- Operations may be significantly impacted for months to several years.
- All organizations and their personnel should be prepared to cooperate with appropriate public health personnel on response and recovery efforts. Because state and federal resources may be stressed during an epidemic, organizations should be prepared to operate with only minimal support from state and federal agencies.
- Each organization should ensure that it has the capacity to perform its mission-essential functions, for the first 90 days of COOP activation.
- If full operations cannot be restored within 90 days, an organization should ensure that it has the capacity to perform other mission-essential functions as best it can.

4.3 Post -Event Recovery

Recovery from an epidemic begins when an organization determines that it has adequate staff and resources to resume normal business functions. Once normal operations resume, the impact of the epidemic on organization's operations, staff, and other stakeholders should be

assessed and an after action evaluation of the organization's response should be drafted. Such an evaluation can assist organizations in updating their continuity of operations plans as well as other emergency response plans, as appropriate.

4.4 Mission-Essentials Functions

The CU Anschutz Colorado School of Public Health's COOP has already identified its own detailed list of mission essential functions. With the unique impact that a pandemic presents, the CU Anschutz Colorado School of Public Health is continuing to further identify those key processes and identify those specific functions that pose significant risk for infection (e.g., extensive public interaction, cash management).

All of the Mission Essential Functions for the CU Anschutz Colorado School of Public Health are detailed and prioritized in the on-line www.ContinuityCU.com planning system. Please refer to Annex C for the complete report.

4.5 Workforce Planning

Because a pandemic may not spread evenly through the employee population, the CU Anschutz Colorado School of Public Health is working to create a skills inventory for those positions that are essential to continuing their mission-critical functions. The CU Anschutz Colorado School of Public Health is considering cross-training and skill development for employees who can assume responsibility for carrying out those functions, which may lie beyond their normal scope of responsibility. With this strategy, should key personnel fall ill, it is perceived critical functions would then continue with minimal impact to operations. Employees should also be informed that they may be asked to exercise authority or perform duties outside their typical job responsibilities.

While developing this skills inventory, the CU Anschutz Colorado School of Public Health is paying particular attention to those positions for which cross-training is not feasible, such as those that require specialized training or qualifications. The CU Anschutz Colorado School of Public Health is considering contingency plans should the personnel in those positions be unavailable. This includes identifying, in advance, possible sources for temporary replacement personnel.

Aspects of workforce planning are detailed in the CU Anschutz Colorado School of Public Health COOP. Please refer to Annex A for COOP Teams and Responsibilities, Annex D for Orders of Succession, Annex E for Delegations of Authority, and Annex O for the complete Staff Roster.

4.6 Pandemic Action Items

The CU Anschutz Colorado School of Public Health has identified a set of action items that must be performed before, during and after a pandemic event. This list is constantly maintained as part of the overall COOP. The following list details these pandemic action items.

5 Pandemic Planning Responsibilities

Effective advance planning by the CU Anschutz Colorado School of Public Health is essential for the ability to respond quickly to the outbreak of a pandemic. Below are planning elements that are being addressed by the CU Anschutz Colorado School of Public Health. The individuals responsible for these roles and responsibilities constitute the Pandemic Team which will coordinate and overlap with the organization's COOP teams.

The HHS Pandemic Influenza Plan advises that the first step in planning should be establishing a coordinating committee to oversee pandemic preparedness planning and ensure integration with other emergency planning efforts. This Pandemic Team includes a cross-section of employees, rather than executive leadership exclusively. In the event that some or all of the executive team falls ill, the Pandemic Team can still function, providing critical leadership and real-time decision making.

In addition to a cross-section of employees, including those responsible for employee health and safety, the CU Anschutz Colorado School of Public Health is working to include other partners, as a way of alerting them to organization's plan and soliciting their input. Assuming the organization remain operational, it is essential that key partners be fully aware of the organization's efforts to ensure that all parties work together in accomplishing the organization's mission-critical functions.

It is recommended that the following roles and responsibilities are filled by the appropriate staff members.

5.1 State, Local, Private Sector Relationships

- Establish contact with local public health officials for coordination with local pandemic planning efforts.
- Ensure that the organization is aware of and possibly involved in current local preparedness and planning efforts.
- Ensure that the organization is kept informed of current local conditions and response efforts concerning a pandemic event.
- Develop mutual aid programs with neighboring organizations at the city, county, state, and/or private sector level.

5.2 Legal Preparedness

- Ensure that the organization's leadership is aware of any existing laws, ordinances, and/or authorities of health officials.

5.3 Communications

- Review the organization's internal and external communications plans to ensure that it is prepared to successfully communicate with leadership, personnel, and the general public under pandemic circumstances.
- Communicate regularly with employees regarding current status and expectations.
- Communicate regularly with any operational partners that factor into the organization's mission-essential operations for the distribution of event information and current status.
- Develop multiple channels and methods for disseminating information.
- Develop a Public Information Officer (PIO) capability for disseminating information to the public in an official manner.
- Communicate with Emergency Management regarding any incidents or developments related to pandemics.

5.4 Human Resource Issues

- Review the organization's policies and guidance regarding Injury/Illness as it might pertain to pandemics.
- Review Sick leave policies and train staff regarding appropriate sections and changes.
- Review organization's insurance policies, including health, disability, salary continuance, business travel, and life insurance.
- Review current travel policies and consider modifications related to pandemic issues.
- Develop a policy for vaccines and antivirals for staff including priorities and distribution methods.
- Develop crisis support or employee assistance programs
- Develop plans for alternate work schedules where applicable.
- Develop policies for social distancing.
- Determine the effects of union contracts on emergency Human Resource policy development.

5.5 Employee Education and Safety

- Assure staff that their health, safety, and well-being are a top priority during a pandemic.
- Develop an employee education and safety program and ensure that training is available to all appropriate staff.
- Instruct staff about Human Resource policies related to the pandemic or similar illnesses.
- Instruct staff about proper health and hygiene habits for minimize transmission including covering coughs, washing hands, and using hand sanitizer.
- Encourage staff to prepare at home with plans and emergency items including a two-week supply of food.

5.6 Facility Maintenance

- Oversee heightened cleaning efforts in offices and common areas, such as frequently wiping doorknobs, railings, telephones, restrooms.
- Place hand sanitizer in communal locations for staff and visitors to use.
- Develop emergency kits of equipment and supplies for preventing the transmission of the disease including cleaning supplies, respirators, masks, and disposable gloves, etc.
- Use damp rather than dry dusting to avoid spreading dust particles.
- Move restroom wastebaskets next to restroom doors so that employees can use towels to open the doors.

5.7 Technology Preparedness

- Identify technologies required for performing mission-essential functions and review the associated disaster recovery plans.
- Identify the supporting agency for each system (in-house, city/county, third party, etc) and contact them to discuss continuity of operations planning efforts.
- Review IT staffing levels and develop clear succession lines for key technical skills.
- Research options for telecommuting for key staff including hardware, software and security requirements.
- Research options for videoconferencing and teleconferencing.
- Research options for the increased use of Internet and telephone communications.

6 Pandemic Team

The following person has been designated as the Pandemic Team Chief:

The following personnel are members of the CU Anschutz Colorado School of Public Health Pandemic Team. These personnel have specific roles and responsibilities for pandemic response and recovery.

7 Plan Maintenance and Testing

The CU Anschutz Colorado School of Public Health is committed to this overall COOP process and has an on-going program for maintaining and improving this plan and the related strategies. This overall plan maintenance process includes a variety of testing, training and exercising. Please refer to Annex M for the complete report of these scheduled and completed events. All events specifically related to pandemic planning are highlighted below.

8 Appendix

The www.ContinuityCU.com has an on-line file archive for storing and accessing vital records related to the COOP. All files specifically related to pandemic planning are listed below. To access these files, log into www.ContinuityCU.com and navigate to the File Archive section.