

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>
<b>Continuity of Operations Plan - Pandemic</b>				
<b>Responsible Individuals</b>	<b>Name/Title</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>	<b>Notes</b>
Individual responsible for activating and implementing the Continuity of Operations Plan				
Backup individual				
<b>Essential Services</b>				
<b>What must you provide for the functional needs of your residents during a pandemic that could last 8-12 weeks (e.g., meds)?</b>				
<b>Resident's Name</b>	<b>Description of their critical needs</b>	<b>Plan for meeting their needs</b>		<b>Staff member responsible</b>
Do you have a plan for infection control during a pandemic?		Yes	No	
Do you have a plan for increasing social distance while delivering services to residents during a pandemic?		Yes	No	
What will you do if your community has disruptions in utilities during a pandemic?				
Electrical Power				
Water				
Gas				
Telephone				
Internet				
What will you do if your staff can't get to work?				

**Train and Practice this Plan!**

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**Continuity of Operations Plan - Pandemic**

**Pandemic Kit** [You can find suggestions for what to include in your disaster kit at [www.dhss.mo.gov/ready\\_in\\_3/R3\\_MainReadyForm.html](http://www.dhss.mo.gov/ready_in_3/R3_MainReadyForm.html)] Order the Family Safety Guide and other materials.

30 day supply	Location	Who is responsible for Maintaining it?
Basic pandemic kit		
Food		
Critical supplies for residents with access and functional needs, including medications		
Critical records, including lists of emergency contacts for your residents and staff and a copy of the Community Response Partners Worksheet		

**Communication**

How do you plan to communicate with the families of your residents if telephone service is disrupted?

How do you plan to communicate with your staff if telephone service is disrupted?

How do you plan to communicate with public safety officials if telephone service is disrupted?

**Non-essential Services** [List the things you normally do that may not be important enough to continue during an pandemic. Describe how you will use the staff and other resources that are normally assigned to these tasks to make sure that your essential services continue.]


**Volunteers** [Write where your volunteers come from and what they will do in a pandemic below.]

Name of Community Partner Organization	Contact Name/Title	Phone Number	Pager	Volunteers' Assignment

<b>Last Updated</b>	Date:	Signature

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