

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

### Continuity of Operations Plan

Your Continuity of Operations Plan should describe how you will continue to function even when emergency events directly affect your facility. See the Background Information section for more information on Continuity of Operations Planning.

<b>Responsible Individuals</b>	<b>Name/Title</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>	<b>Email</b>
Individual responsible for activating and implementing the Continuity of Operations Plan				
Backup individual				

### Essential Services

What functional needs must you provide for your residents even in a disaster (e.g., meds, oxygen)?

<b>Resident's Name</b>	<b>Description of their critical needs</b>	<b>Plan for meeting their needs</b>	<b>Staff member responsible</b>

A **Memorandum of Understanding (MOU)** is a document that you sign with another organization to agree to help each other when disasters occur. Since another facility can help you only if they are not **also** affected by the disaster, you should have MOUs with organizations outside of your community for disasters that affect the whole community. MOUs with organizations in your community are good for disasters that only affect one facility, such as a fire in your building. If you don't have any MOUs now, you should develop such arrangements.

Write below the MOUs you have with other organizations in which you agree to evacuate to each others' facilities in a disaster affecting only one of you.

<b>Name of Community Partner Organization</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Cell Phone/ Pager</b>	<b>Attach MOU and/or procedure</b>

What will you do if your staff can't get to work?

--

## Train and Practice this Plan!

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>

**Continuity of Operations Plan**

What will you do if your facility loses utilities during a disaster?

Electrical Power	
Water	
Gas	
Telephone	

**Disaster Kit** [You can find suggestions for what to include in your disaster kit at [www.dhss.mo.gov/Ready\\_in\\_3/](http://www.dhss.mo.gov/Ready_in_3/) Your disaster kit should also include supplies that you can't afford to be without if a disaster disrupts your normal supply lines.]

	Location	Who is responsible for Maintaining it?
Basic disaster 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 for on-duty staff to communicate with their families if telephone service is disrupted?

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

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

How do you plan to communicate with the Department of Mental Health if telephone service is disrupted?

**Train and Practice this Plan!**

<b>Organization Name:</b>	<b>Address</b>	<b>City</b>	<b>County</b>	<b>Zip Code:</b>
<b>Continuity of Operations Plan</b>				
<b>Non-essential Services</b> [List the things you normally do that may not be important enough to continue during an emergency. 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.]				
<b>Volunteers</b> [Write where your volunteers come from and what they will do in a disaster below.]				
<b>Name of Community Partner Organization</b>	<b>Contact Name/Title</b>	<b>Phone Number</b>	<b>Pager</b>	<b>Volunteers' Assignment</b>
<b>Last Updated</b>	<b>Date:</b>			<b>Signature</b>

**Train and Practice this Plan!**