

# MISSOURI HEALTHCARE COALITION

ESF8 Emergency Preparedness Alliance

## Continuity of Operations Plan

Revisions Table

Name	Title	Date	Summary of Changes
Kara	Director of Hospital Preparedness Programs	January 2025	Updated to reflect HCC name change and incorporate mission and vision
Keri Barclay	Manager of Clinical Preparedness	June 2025	Removed reference to maintained HICS 205 and HICS 258

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## Introduction

### Purpose

### Scope

## Activation and Response Function

The activation and utilization of the Missouri Healthcare Coalition Continuity of Operations Plan will be based upon demonstrated need and incorporated into routine operations and response capabilities. The MO HCC will strive to maintain activation and response structures as laid out in the MO HCC Response Plan page 5. Member organizations should continue to nominate and appoint replacement representatives as the need arises. Immediate actions and the prioritization of communication, collaboration and coordination functions are based on need and established response roles within the MO HCC and the associated regions. These are laid out in the MO HCC Response Plan page 15.

## Orders of Succession and Delegation of Authority

The MO HCC has no legal or jurisdictional authority. Each of the five regions that compose the MO HCC have their own leadership structures and will fill openings as timely as possible from within their own regions. The MO HCC Board will review active regional MO HCC Members who are nominated and appointed by their region for representation on the board. Thirty days is the preferred timeframe for nominees to be appointed to the MO HCC board. The MO HCC Governance page 9 lays out this process.

### Safety Assessments

#### HVA

Each region of the MO HCC conducts a Hazard Vulnerability Assessment each year to inform planning, training, and exercises. HVAs are recorded in the EMResource library in addition to regional EMPower data.

### Regional Assets

MHA provides oversight of facilities that house and maintain the regional assets. All assets available to MO HCC members through MHA are on the Mobile Medical Asset view of EMResource®.

The housing facilities must maintain and ensure that the assets are always ready for deployment. This is done by quarterly testing, preventive maintenance, and drills. Requests for assets will be considered based upon order of request, demonstrated need and if necessary, a command decision will be made for strategic placement of the requested asset.

## Communication

### HCC Communications

The primary communication method for the MO HCC is Juvare EMResource and eICS platforms and the secondary communication is MOSWIN radios. However, there are numerous modes of communication available to anyone at any time. During emergency situations, communication systems may become overloaded because of an increased need for messaging, and a system failure can occur as a result.

All coalition members have access to and have shared the necessary landline telephone, cellular telephone and email contact information for inclusion on the coalition contact information roster. The MO HCC utilizes the following communication platforms. Each platform is tested through reoccurring drills.

### Juvare

The MO HCC Leadership Board adopted the Juvare platforms EMResource® and eICS® for primary monitoring and notification tools for MO HCC members. Members are required to participate in any drills or exercises to strengthen their knowledge of the systems.

### MOSWIN, HEAR, VHF and 800 MHz Radios

Refer to the MOSWIN Standard Operating Guide for utilizing the radios.

### Amateur Radio

Healthcare coalition members should use amateur radio as a backup communications service, specifically for point-to-point communications. The HCC relies on the members who are certified to operate the radios to assist with communication.

The MO HCC does not rely on one physical location. The MO HCC primarily operates and convenes virtually. The identified communication tools have their own internal disaster plan to maintain operations and functionality during a catastrophic event. Should the full MO HCC not be able to connect, the regions of the HCC would continue to communicate, collaborate and coordinate resources and support ESF 8 activities until traditional measures can be recovered. Regional contact member information is available in eICS.

Needs that can be met and addressed within the regional component of the MO HCC will be encouraged to utilize regional resources and assets. The MO HCC liaisons and board members will address and prioritize assets that are moved out of the home region in support of an ongoing response. It is recognized that only HCC assets are managed in this method and regions may have other assets managed through separate processes that may be needed to navigate prior to deployment to the requested entity or site.

## Essential Records

Essential records are maintained in accordance to the Missouri Hospital Association record retention and preservation policy. MO HCC Documents, plans and annexes are maintained in the EMResource library. MO HCC regional liaisons maintain written copies of key documents that are updated annually or as needed.

## Key documents

MO HCC Governance Document

MO HCC Preparedness Plan

MO HCC Response Plan

MO HCC Highly Infectious Disease Annex

MO HCC Pediatric Annex

MO HCC Burn Annex

MO HCC COOP Annex