

Emergency and Recovery Plan with Pandemic Flu

**Continuity of Operations Plan (COOP) / Business Continuity Plan
Sequence of Activities (See Next Page for Emergency Contacts Form)**

EMERGENCY REPSONSE Phase 0	EMERGENCY RESPONSE Phase 1	EMERGENCY RESPONSE Phase 2	EMERGENCY RESPONSE Phase 3
TRIGGERING EVENT Any Emergency	TRIGGERING EVENT Response when emergency is contained	TRIGGERING EVENT Recovery planning is dependent upon circumstances. Each recovery plan may be different.	TRIGGERING EVENT Recovery plan execution
<p>EMERGENCY ACTIVITY</p> <ol style="list-style-type: none"> 1. Protect the staff 2. Coordinate the actions within organization 3. Determine requirements for Howard County first Responders 4. Work with First Responders and coordinate evacuation of affected spaces and search for unaccounted staff 5. Limit access to affected area to limit damage and injury <p>PANDEMIC ACTIVITY Trigger is World Health Organization (WHO) Phase 4, 5 or 6</p> <p>Stay informed – see web sites in planning document Keep staff informed Follow advice from CDC and Howard County Health Department Follow good health practices Reevaluate human relations policies and procedures</p>	<p>EXPECTED ACTIVITY</p> <ol style="list-style-type: none"> 1. Deal with emergency and move to recovery 2. Call Key Employees and locate missing employees 3. Contact insurance company 4. Call key customers 5. Have one spokesperson communicate with media 6. Record message to staff on known business phone number 7. Determine if key employees require assistance at home, so they can come to work <p>PANDEMIC ACTIVITY – Mild Pandemic</p> <p>Follow advice as stated by Federal and State governments Follow good health practices</p>	<p>EXPECTED ACTIVITY</p> <ol style="list-style-type: none"> 1. Continue to communicate with employees and customers 2. Evaluate the damage and start recovery planning 3. Assess impact to customers 4. List requirements necessary to resume business operations; for example, what you need from each vendor 5. Determine space requirements and salvage opportunities 6. Involve employees in recovery <p>PANDEMIC ACTIVITY – Severe Pandemic</p> <p>Follow advice as stated by Federal and State governments May need to enact Social Distancing and work at home Determine if critical work can be accomplished Enact human relations policies and procedures as required</p>	<p>EXPECTED ACTIVITY</p> <ol style="list-style-type: none"> 1. Work with insurance companies 2. Acquire and/or establish temporary/alternative work spaces/resources and services 3. Restore software and data from backups 4. Start plans to acquire and restore permanent space 5. Acquire replacement equipment, including computer desktops and servers 6. Keep track of expenses <p>PANDEMIC ACTIVITY – Recovery</p> <p>Reverse social distancing as required Reverse human relations policies and procedures as required Assess financial situation and take needed actions</p>

EMERGENCY CONTRACTS

Key Employee contacts

No.	Name	Role in Emergency	Work Extension	Home Phone	Cell Phone	Emergency Contact Name	Emergency Contact's phone/Cell
1.	_____						
2.	_____						
3.	_____						
4.	_____						
5.	_____						
6.	_____						
7.	_____						
8.	_____						
9.	_____						

<p>Police Department (Emergency)911</p> <p>Police department (Non-emergency)410-313-2200</p> <p>Fire and Rescue (Emergency)911</p> <p>Fire and rescue (Non-emergency)410-313-6000</p> <p>Howard County General Hospital410-740-7654</p> <p>BG&E1-877-778-2222</p> <p>Telephone Companies</p> <p style="padding-left: 20px;">Verizon1-800-870-0000</p> <p style="padding-left: 20px;">COMCAST1-888-266-2278</p> <p style="padding-left: 20px;">Other</p> <p>Small Business Administration (from 8AM to 9PM EST)1-800-659-2955</p> <p>Howard County Emergency Radio Station1700 AM</p> <p>Local Radio Stations ...WBAL AM, 1090; WIYY FM 97.9; WMIX FM, 106.5</p> <p>Bank</p> <p>INSURANCE INFORMATION</p> <p>1. Company name _____ Policy No. _____</p> <p style="padding-left: 20px;">Agent name _____ Phone _____</p>	<p>Building Manager _____</p> <p>Building Security _____</p> <p>Internet Provider _____</p> <p>COMPUTING PROVIDERS (software/hardware/networking)</p> <p>Name _____ Phone _____</p> <p>Name _____ Phone _____</p> <p>Name _____ Phone _____</p> <p>CUSTOMERS</p> <p>Name _____ Phone _____</p> <p>Name _____ Phone _____</p> <p>Name _____ Phone _____</p> <p>SUPPLIERS</p> <p>Name _____ Phone _____</p> <p>Name _____ Phone _____</p>
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2. Company name _____	Policy No. _____	LOCATION OF KEY DOCUMENTS _____ _____
Agent name _____	Phone _____	