



Member Continuity of Operations Plan (COOP) Guidance Template

For COVID-19 Pandemic Planning

Version 1.0 February 27, 2020





Contents

Introduction.....	2
1 -Characteristics of Influenza Transmission	2
Disinfectant Recommendations	3
2 – Continuity of Operations Plan (COOP) Team.....	4
3 -Critical Procurement Inputs – Materials	4
4 - Critical Procurement Inputs - Services.....	5
5 - Special Requests/Marketing Considerations	5
6 - Production Prioritization	6
7 - Delegation of Authority.....	6
8 – Orders of Succession.....	6
9 - Alternate Operating Facilities.....	7
10 - Critical Business Records and Data	7
11 - Prevention & Workforce Protection Measures	7
12 - Training & Tabletop Exercises	12
13 - Communications	12
14 – Pandemic Emergency Operations.....	12
14.a Lifelines Response Model	13
14.b Lifelines Description.....	14
14.c Lifeline Definitions	14
14.d When to Employ Lifelines.....	15
14 e. National Office Incident Coordination Briefings.....	16
14 f. COVID-19 Emergency Operations Model.....	16
15. For Further Information	17
16. Authorities and References	17



Introduction

The following guidance and information is being provided by Feeding America Disaster Services to assist member foodbanks organizations in planning for the Coronavirus outbreak. Today in the U.S. we may have a small window of opportunity now to make some practical preparations. We must make the most of it – even though the effort could be wasted if a severe pandemic doesn't happen. Since most experts think a pandemic is probably imminent and may be severe, the risk of over-preparing is the wiser choice. What matters most is how households, neighborhoods, community groups, and businesses prepare.

“Individual and community preparations will focus on three tasks – reducing each person’s chance of getting sick, helping households with basic survival needs during a pandemic, and minimizing and coping with larger societal disruption.”

1 -Characteristics of Influenza Transmission

Understanding the characteristics of influenza transmission is important in order to assess the threat pandemic influenza poses to personnel in the workplace, as well as the efficacy and practicality of potential protective measures. Human influenza virus is transmitted from person-to-person primarily via virus-laden large droplets (particles $>5 \mu\text{m}$ in diameter) that are generated when infected persons cough, sneeze, or speak. These large droplets can then be directly deposited onto the mucosal surfaces of the upper respiratory tract of susceptible persons who are near (i.e., typically within 3 feet of) the droplet source.

Transmission also may occur through direct and indirect contact with infectious respiratory secretions. Patients with influenza typically become infectious after a latent period of about 1 to 1.5 days and prior to becoming symptomatic. At about 2 days, most infected persons will develop symptoms of illness although some remain asymptomatic throughout their infection.

This is important because even seemingly healthy asymptomatic individuals in early stages of influenza could be infectious to others. Vaccine and Antiviral Medications The primary strategies for preventing pandemic influenza are the same as those for seasonal influenza: (1) disinfection of surfaces that have come into contact with infected material, (2) the use of infection control measures to prevent transmission, (3) vaccination, and (4) early detection and treatment with antiviral medication.

However, when a pandemic begins, only a limited stockpile of partially matched pandemic vaccine may be available. Using current technologies, a virus-specific vaccine to protect personnel will not be available until 4 to 6 months after isolation of the pandemic virus. Finally, the supply of antiviral drugs will be limited throughout a pandemic. Until enough stockpiles of



antiviral drugs have been established, these medications may be available for treatment of only some symptomatic individuals.

Therefore, the appropriate and thorough application of infection control measures remains the key to limiting transmission, delaying the spread of a pandemic, and protecting personnel. Infection Control Measures A pandemic may come in waves, each lasting weeks or months. Not all susceptible individuals will be infected in the first wave of a pandemic.

Therefore, **preventing transmission by limiting exposure during the first wave may offer several advantages.** First, by limiting exposure, people who are not infected during the first wave may have an increased chance of receiving virus specific vaccine as it becomes available. Second, limiting exposure and delaying transmission can change the shape of the epidemic curve and mitigate the social and economic impact of a pandemic by reducing the number of people who become ill at any given time.

Within the workplace, the systematic application of infection control and social distancing measures during a pandemic should reduce employee-to-employee disease transmission rates, increase employee safety and confidence, and possibly reduce absenteeism. The government states that "Minimizing workplace exposure to pandemic influenza can be facilitated by: developing policies and strategies for isolating and excusing employees who become ill at work; allowing unscheduled and non-punitive leave for employees with ill household contacts; restricting business-related travel to affected geographic areas; and establishing guidelines for when employees who have become ill can return to work.

Disinfectant Recommendations

Cleaning thoroughly with detergent cleaners and water is adequate for most non-healthcare locations. Cleaning and disinfection cannot be relied on as the primary means to control the spread of influenza virus. Infection control practices must include hand hygiene (hand washing), respiratory etiquette, proper disposal of tissues and maintaining distance from sick individuals (at least three feet). Transmission of influenza from contaminated hard surfaces is unlikely but cannot be ruled out.

Hand hygiene is the most important method to prevent the transmission of the influenza virus. Normal facility cleaning procedures for environmental surfaces should be followed using standard cleaning products. During a local outbreak, surfaces that are frequently touched with hands such as sinks, doorknobs, railings and counters may be added to cleaning schedule in place of floor care Individual employees may want to consider regular cleaning of their phones and keyboards particularly if they are shared with others.

There is no evidence to support the efficacy of widespread disinfection of the environment or air. Widespread application or spraying of disinfectants is an unsafe practice and must be avoided. Gloves should be worn when handling waste or waste containers. *(Misuse of disinfectants may greatly reduce effectiveness. Member Services Food Safety staff at FANO can assist with additional guidance in the handling of disinfectants.)*



2 – Continuity of Operations Plan (COOP) Team

Foodbanks should have a management structure in place to prepare for and oversee a pandemic, as well as a contingency plan intended for use in responding quickly and effectively in these situations. An appropriate management structure will help to minimize the impact of a pandemic while the plan is intended to be activated when the emergency occurs.

In this way, foodbanks may prevent, or substantially reduce, risk through effective risk management programs. Specifically, your continuity team should be comprised of a wide variety of personnel. Representatives from senior management, operations, distribution and logistics, legal counsel, quality control, marketing, and public relations should be represented. A critical function of this team, which may warrant the creation of a subunit, is to ensure the proper use of cleaning and disinfectants in a timely and effective manner.

Continuity Area	Primary POC	Alternate POC
Shipping Receiving	Wayne Steed	Gary Wise
Human Resources	Linda Hamilton	Tommie Harner
Food Safety	Tommie Harner	Wayne Steed
Supply Chain	John Gonzales	Tommie Harner
Volunteer Management	Ginger Loscavo	John Gonzales
Communications	Jason Aldrich	Linda Hamilton

“If the pandemic is severe, the hardest job won’t be coping with the disease itself. It will be sustaining the flow of essential goods and services and maintaining civil order.”

3 -Critical Procurement Inputs – Materials

Identify and List Materials and Acquisition Sources. **Multiple Sources for the Same Material Should be Considered.** Materials and ingredients that are critical to the operation of the foodbank should be reviewed. Specifically, your coordination team members should evaluate products made at each facility and the equipment, and supplies necessary to produce them, i.e., do you have sufficient numbers of boxes on hand if your vendor was unable to deliver. Food products and services that are provided by only one vendor are of concern. For example, during a pandemic, an exclusive contract with a trucking company to ship ingredients from a critical source creates the potential for an emergency.



Foodbanks may want to consider using more than one or alternate suppliers of goods and services, and coordinate with their suppliers so that more than one option is available to get the product from the supplier to your facility. Don't forget to provide for a good supply of cleaning and disinfecting chemical/agents.

4 - Critical Procurement Inputs - Services

Essential vs. Non-critical/Non-essential Services.

Services provided by personnel may be categorized as **critical or essential** considering their importance to business continuity (i.e., from the perspective of a Foodbank organization) or considering their contribution to maintaining critical infrastructure (i.e., from a societal or community services perspective). Managers must make determinations about which employees perform essential functions at the business or organization level. Foodbanks should carefully assess how their operation functions, both internally and externally, to determine which staff, materials, procedures and equipment are necessary to keep the facility operating by location and function during a pandemic.

Operations critical to community (agency) survival and recovery should be identified. Organizations should identify the suppliers, shippers, resources and other businesses they must interact with daily. Professional relationships with more than one supplier may be necessary should a primary contractor be unable to provide the required service. A disaster that shuts down a key supplier could be devastating to a foodbank and agencies. In addition, organization-related domestic and international travel may be affected by a pandemic (e.g., quarantine, border closures).

The analysis required for pandemic preparedness planning is not fundamentally different from that required for all-hazard COOP planning. (*Identify and List Services and Acquisition Sources (examples of services to consider include trucking companies, pest control, vending services, trash removal, uniform suppliers).*)

5 - Special Requests/Marketing Considerations

A pandemic may result in a temporary change in the way you conduct business. For example, U.S Government studies indicate that school closures are an effective method to mitigate transmission of influenza. If your organization is supplying food to schools or other institutions, how would school closures impact your business, and how would you prepare for that eventuality? Other production considerations should be contemplated.

For example, a Government economic study suggests that transportation services could drop as much as 50 percent and arts, recreation, accommodation and food service could be reduced as much as 35 percent based on a scenario using the 1918 pandemic. Reductions such as these would significantly impact the food distribution industry, however, foodbanks should also consider that consumers would be spending more time eating meals at home. Thus, foodbanks could see increased demand due to lack of food stocks at retail outlets. (*Identify and describe any*



requests or potential concerns by agencies relating to operations during a pandemic flu situation. For example, identify name and point of contact of any agency that has requested to be kept abreast of production curtailments or delivery delays.)

6 - Production Prioritization

If materials, equipment or staff are limited, Foodbanks may choose to give certain products prioritization. If so, describe what products get preferential production treatment. For example, a SNAP related delivery may be prioritized for a school’s program over single product deliveries, or fresh produce may be suspended in favor of dry goods. **(Describe which products could potentially be prioritized and why.)**

7 - Delegation of Authority

Clearly pre-established delegations of authority are vital to ensuring that all organizational personnel know who has the authority to make key decisions in a COOP situation. Because absenteeism may reach a peak of 40 percent at the height of a pandemic wave, delegations of authority are critical.

(Identify and describe key areas of decision-making authority.)

Example:

Function	Primary Contact	Secondary Contact
Shipping/Receiving	Wayne Steed	Gary Wise
Production	N/A	N/A
Quality Control	Wayne Steed	Tommie Harner
Distribution & Warehousing	Wayne Steed	Gary Wise
Accounting	Dena Hedrick	Linda Hamilton
Human Resources	Linda Hamilton	Tommie Harner
Executive Team	Linda Hamilton	Tommie Harner

8 – Orders of Succession

An order of succession is essential to an organization’s COOP plan to ensure personnel know who has authority and responsibility if the leadership is incapacitated or unavailable in a COOP situation. Since an influenza pandemic may affect regions of the United States differently in terms of timing, severity, and duration, businesses with geographically dispersed assets and personnel should consider dispersing their order of succession.

(Describe the order by which decision making authority is passed from various individuals. For example, First name Last name, Foodbank general manager, is usually in charge of all matters. In his absence, the Receiving manager is in charge.)



9 - Alternate Operating Facilities

The identification and preparation of alternate operating facilities and the preparation of personnel for the possibility of an unannounced relocation of essential functions and COOP personnel to these facilities is part of COOP planning. Because a pandemic presents essentially simultaneous risk everywhere, the use of alternative operating facilities must be considered in non-traditional way. COOP planning for pandemic influenza will involve alternatives to staff relocation/co-location such as social distancing in the workplace through telecommuting, or other means. In addition, relocation and redistribution of staff among alternative facilities may reduce the chance of infection impacting centralized critical operations staff simultaneously.

(This section can also include contacts at VOAD partner operations that may be able to assist in fulfilling agency needs. If so, complete the table below. If not, delete table and this reference.)

<i>Product/Service</i>	<i>Source Organization</i>	<i>Contact</i>	<i>Contact info</i>

10 - Critical Business Records and Data

Businesses should identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions.

Pandemic influenza COOP planning must also identify and ensure the integrity of vital systems that require periodic maintenance or other direct physical intervention by employees.

(Describe or refer to any efforts or policies that will be used to satisfy this need.)

11 - Prevention & Workforce Protection Measures

Each member organization must develop, update, exercise, and be able to implement comprehensive plans to protect its workforce. Although an influenza pandemic will not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's human resources. The health threat to personnel is the primary threat to organizations, especially Foodbanks and the agencies they support.

Within the workplace, the systematic application of infection control and social distancing measures during a pandemic should reduce employee-to-employee disease transmission rates, increase employee safety and confidence, and possibly reduce absenteeism.



Given the characteristics of influenza transmission, a few simple infection control measures may be effective in reducing the transmission of infection. Persons who are potentially infectious should: stay home if they are ill; cover their nose and mouth when coughing or sneezing, and use facial tissues to contain respiratory secretions and dispose of them in a waste container (respiratory hygiene/cough etiquette); and wash their hands (with soap and water, an alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials (hand hygiene).

Persons who are around individuals with influenza-like symptoms should: maintain spatial separation of at least three feet from that individual; turn their head away from direct coughs or sneezes; and wash their hands (with soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

WORKPLACE CONTROLS TO MINIMIZE TRANSMISSION

a) Attendance Policy [Optional - Modify as needed]

During a pandemic, persons who are diagnosed with influenza or who have a febrile respiratory illness should remain at home until the fever is resolved and the cough is resolving to avoid exposing others. If such symptomatic persons cannot stay home during the acute phase of their illness, consideration should be given to having them wear a surgical or procedure mask in public places when they may have close contact with other persons.

b) Hand washing & Sanitizers [Optional - Modify as needed]

Hand washing should be facilitated by making hand hygiene facilities and products readily available in workplaces. Antibacterial handwashing products may not have been tested or may not offer a significant advantage over soap and water in most settings for removing influenza virus from hands, however, employees that prefer to use these should not be discouraged. For the duration of a pandemic, the deployment of infection control measures requires the ready availability of soap and water, hand sanitizer, tissues and waste receptacles, and environmental cleaning supplies and EPA registered disinfectants.

“Hand-washing is far from a panacea. But it’s easy, it’s under your control, and it has no significant downside.”

Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. It is best to wash hands with soap and clean running water for at least 20 seconds. However, if soap and clean water are not available, employees are encouraged to use an alcohol-based product to clean their hands. Alcohol-based hand rubs can significantly reduce the number of germs on skin and are fast acting.



When washing hands with soap and water:

- Wet hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for at least 20 seconds. (Need a timer? Imagine singing "Happy Birthday" twice through to a friend!)
- Rinse hands well under running water
- Dry hands using a paper towel or air dryer. If possible, use your paper towel to turn off the faucet and the door handle.

When using an alcohol-based hand sanitizer:

- Apply product to the palm of one hand
- Rub hands together
- Rub the product over all surfaces of hands and fingers until hands are dry.

When should employees wash their hands?

- Before starting work
- Before preparing or eating food (e.g. breaks)
- After going to the bathroom
- Before and after tending to someone who is sick
- After blowing your nose, coughing, or sneezing
- After handling trash/garbage
- Before and after treating a cut or wound

c) Social Distancing [Optional - Modify as needed]

Depending on the severity of a pandemic, and its anticipated effects on health care systems and the functioning of critical infrastructure, communities may recommend general measures to promote social distancing and the disaggregation of disease transmission networks. Within the workplace, social distancing measures could take the form of: guidelines modifying the frequency and type of face-to-face encounters that occur between employees (e.g., staggered breaks, posting of infection control guidelines in prominent locations, promotion of social distancing between employees and customers.)

Some social distancing measures, such as the recommendation to maintain 3 feet of spatial separation between individuals or to otherwise limit face-to-face contact, may be adaptable to certain work environments and in appropriate settings should be sustainable indefinitely at comparatively minimal cost. Other community public health interventions (e.g., closure of schools and public transit systems, implementation of "snow day" restrictions) may increase rates of absenteeism and result in disruption of workflows and productivity. Low-cost or sustainable social distancing measures should be introduced within the workplace immediately after a community outbreak begins, and businesses should prepare for the possibility of measures that have the potential to disrupt their business continuity.



Decisions as to how and when to implement community measures will be made on a case-by-case basis, with the Federal Government providing support and guidance to local officials.

d) Meetings [Optional - Modify as needed]

During times of proximate pandemic infection, teleconferences shall be used to the extent practical in lieu of face-to-face meetings.

e) Handshaking Policy [Optional - Modify as Needed]

During times of significant contagious transmissions, this organization may invoke a moratorium on handshaking on while at work or otherwise in the performance of one's duties.

If such a moratorium is invoked, employees should to the extent possible honor the moratorium.

f) Masks [Optional - Modify as Needed]

The benefit of wearing disposable surgical or procedure masks at school or in the workplace has not been established. Mask use by the public should be based on risk, including the frequency of exposure and closeness of contact with potentially infectious persons. Routine mask use in public should be permitted, but not required. The Federal Government will develop policies and guidance on the use and efficacy of masks. Other, more advanced respiratory protection may be indicated in certain instances, depending on the degree of exposure risk.

Any mask must be disposed of if it becomes moist. Individuals should wash their hands after touching or discarding a used mask. For more detailed information related to the use of face masks, the Department of Health and Human Services (HHS) has developed interim guidance on the use of masks to control influenza transmission, including the use of face masks and respirators in health care settings.

The Centers for Disease Control and Prevention (CDC) has recommended that, the minimum requirement is a disposable particulate respirator (e.g. N95, N99 or N100) used in accordance with 29 CFR 1910.134 for respiratory protection programs. Workers must be fit tested for -the model and size respirator they wear and must be trained to fit-check for facepiece to face seal, when entering the room.

Government estimates suggest having 1500 masks per 100 employees to last for approximately 30 days depending on situation. Masks be changed when wet and hands should be properly washed after handling the old mask. Then apply new mask with clean hands.

Depending on a variety of factors masks have a useful life of approximately 2 hours.

g) Travel Policy [Optional - Modify as needed]

Organization reserves the right to impose restrictions, limitations or moratoriums on business travel in the interests of the well-being and safety of all employees.



If travel is permitted, after employees return from travel, employees must monitor their own health for 10 days. If they become ill with a fever plus cough, sore throat, or trouble breathing during this 10-day period, have them consult a healthcare provider.

When visiting the health care provider, they should inform them of:

1. the symptoms
2. where the travel occurred
3. if they had direct contact or close contact with any severely ill person or persons

h) Driver Specific Measures [Optional - Describe Organization Policy as Needed, consideration may want to be given to providing hand sanitizers to drivers or other workers]

i) Flu Shots - [Optional - Modify as needed]

The Centers for Disease control suggests employees and their families get a regular flu shot this year. While it will not protect employees or their families from pandemic flu, it will reduce the risk of getting regular flu and getting pandemic and regular flu at the same time. **Note: Pandemic flu vaccine is under development, but it cannot be finalized until the pandemic version of the virus appears. Further, it may take 6 months or longer to get the vaccine into use once it is initially developed.**

j) Janitorial Considerations - [Optional - Modify as needed]

This organization adheres to the policy that during times of pandemic flu transmission, special janitorial attention should be paid to areas where the pandemic virus could be transmitted. These areas include handrails and banisters, doorknobs, light switches, time clocks, office and public phones counter and tabletops. Janitorial staff should be advised to pay special attention to these areas and use EPA-registered viricidal disinfectants to eliminate these areas as a source of transmission. Disinfectants should be used according to label directions.

k) Uniforms - [Optional - Modify as needed]

This organization utilizes laundry/uniform services for its production staff and the professional cleaning techniques employed by these service providers is sufficient to eliminate concern that clean uniforms could be a source of transmission. Soiled uniforms do, however, need to be appropriately handled to prevent them from being a possible transmission source. Having visitors or other third parties reuse smocks, lab coats or other protective garments and equipment is not appropriate. An EPA-registered laundry disinfectant or sanitizer may be used to further reduce the possibility of transmission from uniforms.

l) Visitors - [Optional - Modify as needed]

During times of pandemic flu this organization requires outside contact with our employees be limited to the extent that such a limitation is reasonable and practical. Special consideration should be given to the risks versus the benefits associated with allowing third parties on organization property. When appropriate, consideration should be given to postponing activities involving third parties except where a delay may jeopardize, or otherwise increase risks associated with, worker safety.



12 - Training & Tabletop Exercises

Testing, training, and exercising this plan is essential to assessing, demonstrating, and improving the ability of our organizations to execute this plan and any related programs during an emergency. Pandemic contingency plans should be reviewed annually, like the facility evacuation plan or annual evacuation drill. Training on the contents of this plan is vital for key management staff in a decision-making capacity. Also, awareness level training for all other personnel is strongly recommended.

Likewise, it is suggested that an in-house “tabletop exercise” be coordinated biannually (every other year) to review and confirm understanding of the plan elements. Tabletop exercises can include things such as: social distancing techniques that reduce person-to-person interactions within the workplace; accuracy of emergency contact names and phone numbers; and, the chain of command to confirm knowledge of decision-making authority. Other training activities that may be recommended could include interfacing and participating in tabletop or functional exercises that may be coordinated by your Local Emergency Planning Committee (LEPC) or State Emergency Response Committee (SERC) for your location.

If you need assistance with development of a tabletop exercise for your facility contact Disaster Services.

13 - Communications

While communication is an important component of everyday operations, communication would be critical during a pandemic. Emphasis and training of your staff should be pointed towards eliminating uncertainty and deflating rumors and potentially untrue or inaccurate information fueled by social media and unreliable sources. FANO staff and the C

Information gathering and communications are two integral and closely tied parts of a plan. Your team should develop a plan to help control communications. The COVID-19 Working Group is in contact with with Federal, State and local authorities, media and donors to convey important messages that should be delivered.

14 - Pandemic Emergency Operations

Most Foodbanks use the National Incident Management System (NIMS) and the Incident Command System (ICS) to better manage and coordinate emergency responses.

An Incident Command System (ICS) is a nationally recognized model for responding to emergencies. Having an ICS in place reduces harm and saves lives. ICS is a temporary, formal organization structure that is activated to support a response, adjusted to meet rapidly changing demands of that response, and is then disbanded at the end of the response.

An ICS outlines the specific roles and responsibilities of responders during an event, providing a common framework for government, the private sector, and nongovernmental organizations to work seamlessly together.



In ICS, each person is assigned a specific role and follows a set command structure. The level of complexity of an incident dictates which roles are activated. In certain scenarios, incident management staff may cover more than one role at a time

Incident management helps with:

- Directing specific incident operations
- Acquiring, coordinating, and delivering resources to incident sites
- Sharing information about the incident with the public

An ICS is a flexible, integrated system that can be used for any incident regardless of cause, size, location, or complexity.

Public Health Emergency Response Center (EOC) Activation Levels

An EOC can be activated in response to natural or manmade disasters, **disease outbreaks, and other public health emergencies**. There are three different levels of activation, depending on the scale of the event.

- **Level 3** is the lowest level of activation. FANO subject matter experts to lead the response with their program staff. National office staff may also assist with the response.
- **Level 2** involves a large number of staff from the relevant program area and from the EOC. Time-sensitive tasks and needs may extend beyond core business hours.
- **Level 1** is the highest level, requiring a 24/7 organization-wide effort. To date, there have been four Level 1 responses involving the Centers for Disease Control: Hurricane

Katrina in 2005, the 2009 H1N1 influenza outbreak, the 2014 Ebola outbreak, and the 2016 Zika virus response.

14.a Lifelines Response Model

The Federal Emergency Management Agency (FEMA) has introduced a new operational prioritization and response tool called Community Lifelines Management. The Lifelines tool provides constructs that will help response teams:

- Characterize the incident and identify the root causes of priority issue areas in order to create effective solutions
- Distinguish the highest priorities and most complex issues from routine incident information

Lifelines adheres to ICS structures, and is used as a management tool by Disaster Services as a basis for Coronavirus disaster planning and coordination. Lifeline concepts align closely with FANO resiliency priorities and simplifies the emergency response process across the entire organization, especially for those not accustomed to ICS structures and terminology.

14.b Lifelines Description

In a major incident such as a Pandemic, decision-makers must rapidly determine the scope, complexity, and interdependent impacts of an incident. Applying the lifelines construct allows decision-makers to:

- Rapidly determine whether an incident is large (complicated) or complex.
- Prioritize and focus response efforts to maintain or restore the most critical services and infrastructure.
- Ensure limited resources can go toward a common goal that requires involvement across the whole corporate community (root cause analysis vs. cascading impacts).
- Promote a response that fosters better integration and communication across the corporate community since lifeline management transcends departmental and business unit boundaries.

Incorporating the Lifelines primarily impacts how incident information is organized and reported during response phase. Current response operations procedures such as National Incident Management System (NIMS) and Incident Command Systems (ICS) remain the same.

Lifeline Components



14.c Lifeline Definitions

Safety & Security – Are Facilities safe and accessible to normal traffic and operations?

Food, Water, Sheltering – Is the Facility able to provide basic services to employees, and volunteers during the emergency?

Health & Medical – Are conditions adequate to provide and sustain a healthy environment for employees, volunteers, and visitors at the Facility?

Infrastructure – Are the facility’s power, potable water, sanitation, telecommunications, internet, and IT services operating normally?

Communications – Does the Facility have the capability to communicate normally with internal and external stakeholders, and maintain situational awareness regarding the incident?

Transportation – Are regional/national deliveries of goods impacted and is ‘last mile’ delivery to agencies severely hampered as a result of the incident?

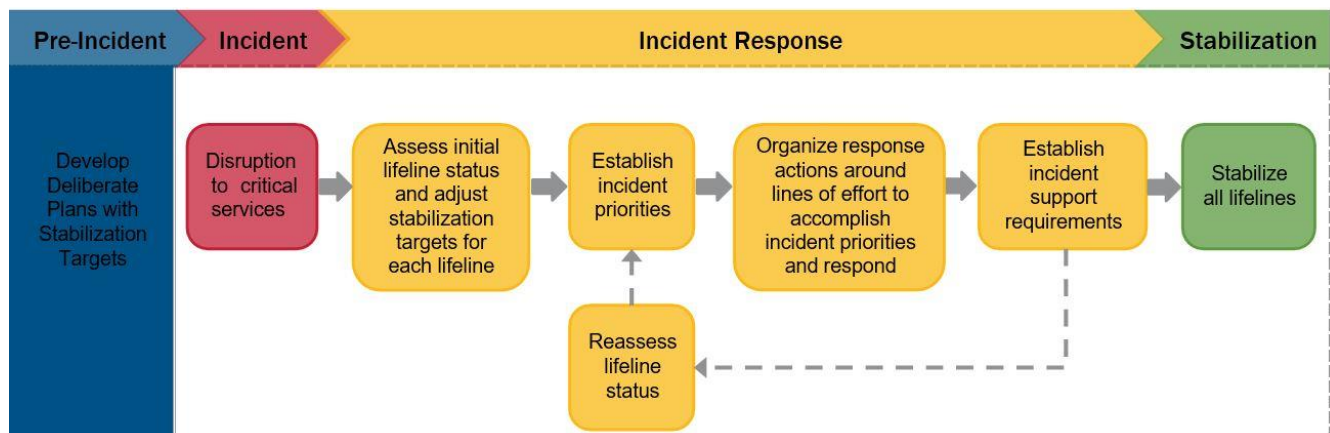
Please Contact Disaster Services for more information on Lifelines Management

14.d When to Employ Lifelines

Component-level analysis is required to determine if each Lifeline is stable. Generally, Lifelines should be employed if:

1. **The incident exceeds the capability of food bank resources to stabilize impacted Lifelines.**
2. **Evidence of significant human-to-human transmission threatens stabilization. (See page 6)**
3. **The incident/situation is not ‘time’ bound and cannot be resolved locally within 24-48 hours.**
4. **Multiple Lifelines are impacted**

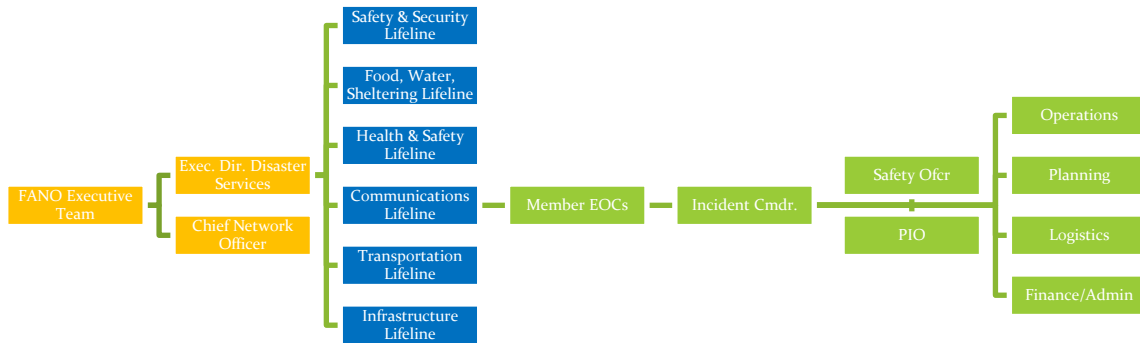
Lifeline Process Flow



14 e. National Office Incident Coordination Briefings

- Scheduled and facilitated by Disaster Services during the ‘operational period’ established when the EOC is activated
- Includes all member organizations and COVID-19 Working Group staff
- Provides for ‘Roll Call’ of all stakeholders
- Follows NIMS Incident Action Plan cadence
- Based on stabilization of critical Lifelines
- Will be conducted once an emergency is declared and the FANO emergency response phase of the operation begins

14 f. COVID-19 Emergency Operations Model





15. For Further Information Contact: COVID-19@feedingamerica.org

16. Authorities and References

Note: This template has been revised for the general food industry with the permission of the International Dairy Foods Association (IDFA)

Processor/Manufacturer Sub-Council (P/M Sub-Council) of the Food and Agriculture Sector Coordinating Committee (FASCC). IDFA, the FASCC, the P/M.

Other referenced organizations in preparation of this guidance include:

U.S. Dept. of Agriculture

U.S. Dept. of Homeland Security National Response Framework

Federal Emergency Management Agency (FEMA)

U.S. Dept. of Health and Human Services Centers for Disease Control

What to Say When a Pandemic Looks Imminent: Messaging for World Health Organization Phases Four and Five by Peter M. Sandman and Jody Lanard

Feeding America or the referenced organizations do not assume or accept any liability for any actions taken or omissions made in reliance of the contents of this template. Use of this document constitutes acceptance of sole and exclusive liability for the use by the user.