

Origin Date: 9/23/05  
Rev date 1: 08/14/07  
Rev date 2: 01/08/08  
Name: Gary Oxman  
Extension #: 22640

BC Business Analysis Tool

Program Area: Health Officer

Priority: Immediately Critical-Personal Based Services

<p><b>Activities/Services</b></p> <ol style="list-style-type: none"> <li>1. HO consultation and action on critical PH law enforcement issues</li> <li>2. HO consultation and action on non-critical PH law enforcement issues</li> <li>3. PH physician consultation on critical diseases, outbreaks</li> <li>4. PH physician consultation on non-critical diseases, outbreaks</li> <li>5. Back-up for TB MD</li> <li>6. PH physician consultation on BBP exposures and other occupational health issues</li> <li>7.</li> <li>8.</li> </ol>	<p><b><u>CHAIN OF COMMAND</u></b></p> <p><b>Gary Oxman, MD, MPH</b> Health Officer</p> <p><b>Patsy Kullberg, MD, MPH</b> Assistant Health Officer</p> <p><b>Jon Jui, MD, MPH</b> EMS Medical Director</p> <p><b>Mary Ann Ware, MD</b> TB/STD Medical Director</p>
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<u>People</u>			<u>Process</u>		
Current Practice	≤ 3 days Plan A	> 3 days Plan B	Current Practice	≤ 3days Plan A	> 3days Plan B
1. FTE	FTE	FTE	Manage by self with County Attorney support	Manage by self if possible – OR- delegate to Kullberg, Jui or Ware; they will need a) increased	Same as Plan A; may need additional support from state HO and/or Acute and Communicable Disease MD staff

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<u>People</u>			<u>Process</u>		
Current Practice	≤ 3 days Plan A	> 3 days Plan B	Current Practice	≤ 3days Plan A	> 3days Plan B
				Co Atty. Support and b) letter of delegation of HO authority.	
<b>2 IFTE</b>	IFTE	IFTE	Manage by self with County Attorney support	Evaluate by self; defer action if possible. If not, delegate to Kullberg, Jui or Ware; they will need a) increased Co Atty. Support and b) letter of delegation of HO authority.	Same as Plan A; may need additional support from state HO and/or Acute and Communicable Disease MD staff
<b>3 IFTE</b>	IFTE	IFTE	Manage by self	Manage by self or Delegate to Kullberg or Jui; may need additional support from state Acute and Communicable Disease MD staff	Same as Plan B Could also utilize other metro area health officer (Melnick)
<b>4 IFTE</b>	IFTE	IFTE	Manage by self	Manage by self or Delegate to Kullberg or Jui; may need additional support	Same as Plan B Could also utilize other metro area health officer (Melnick)

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<u>People</u>			<u>Process</u>		
Current Practice	≤ 3 days Plan A	> 3 days Plan B	Current Practice	≤ 3days Plan A	> 3days Plan B
				from state Acute and Communicable Disease MD staff	
<b>5 IFTE</b>	IFTE	IFTE	Manage by self or delegate to HIV MD or Clark Co, WA HO	Manage by self or delegate to a) MCHD HIV/HCS MD, b) Acting Deputy Health Officer, or c) may seek coverage from state Acute and Communicable Disease MD staff	
<b>6 IFTE</b>	IFTE	IFTEPage 3 of 7	Manage by self	Manager by self or Delegate to a) Kullberg or Jui, b) Acting Deputy HO, or c) OHSU Emergency Medicine back-up for Dr Jui, or d) may seek coverage from state Acute and Communicable Disease MD staff	
<b>7</b>					
<b>8</b>					

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Program Area: \_\_\_\_\_ Priority: \_\_\_\_\_

Activities/Services
1.
2.
3.
4.
5.
6.
7.
8.

<u>Facilities</u>			<u>Technology/Equipment</u>		
Current Practice	≤ 3 days Plan A	> 3 days Plan B	Current Practice	≤ 3 days Plan A	> 3 days Plan B
1.					
2.					
3.					
4.					
5.					
6.					

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7					
8					

**BC Business Analysis Tool**

**Program Area:** \_\_\_\_\_ **Priority:** \_\_\_\_\_

<b>Activities/Services</b>  1. 2. 3. 4. 5. 6. 7. 8.	
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<b><u>Communication staff &amp; client</u></b>		
Current Practice	$\leq$ 3 days Plan B	> 3 days Plan A
1. Managed by self via email, voicemail with and Admin Sec. support	<ul style="list-style-type: none"> <li>Email notification and call-down of staff</li> <li>Change email and voicemail greetings to reflect absence and emergency contact info</li> </ul>	<ul style="list-style-type: none"> <li>Email notification and call-down of staff</li> <li>Change email and voicemail greetings to reflect absence</li> </ul>

<p style="text-align: center;"><b><u>STAFF ORIENTATION &amp; TRAINING PLAN</u></b></p> <ul style="list-style-type: none"> <li>Update orientation of Admin Sec re: call-down of my staff</li> <li>Orientation of Admin Sec re: expectations for triage and handling of email, paper and voice communications in an emergency</li> </ul>
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<b><u>Communication staff &amp; client</u></b>		
<b>Current Practice</b>	<b>≤ 3 days Plan B</b>	<b>&gt; 3 days Plan A</b>
	<ul style="list-style-type: none"> <li>Catch-up with routine communications later</li> </ul>	and emergency contact info <ul style="list-style-type: none"> <li>Admin Sec to monitor and triage voicemail and email</li> <li>Catch-up with routine (non-urgent) communications later</li> </ul>
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**STAFF ORIENTATION & TRAINING PLAN**

- Update orientation of Admin Sec re: call-down of my staff
- Orientation of Admin Sec re: expectations for triage and handling of email, paper and voice communications in an emergency

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1) Date: \_\_\_\_\_ Reviewed and updated plan. \_\_\_\_\_  
Manager's signature

2) Date: \_\_\_\_\_ Reviewed plan with staff. \_\_\_\_\_  
Manager's signature

3) Date: \_\_\_\_\_ Reviewed plan with substitute staff. \_\_\_\_\_  
Manager's signature

4) Date: \_\_\_\_\_ Reviewed plan with a relevant stakeholders (i.e. vendors, contractors, & community reps.).

\_\_\_\_\_  
Manager's signature