



Business continuity planning workbook



Acknowledgements

This workbook is modelled on the Pandemic Influenza Workbook produced in 2008 by the Australian Government. It incorporates material generously shared by the Nelson-Marlborough and Southland DHBs and aligns with the Ministry of Health National Health Emergency Plan 2008. It also meets the requirements for Cornerstone Accreditation. It was developed in conjunction with Rural Canterbury PHO who generously allowed John Coleman to use the PHO as a pilot.

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Pinnacle Incorporated, February 2020.

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Introduction

Health emergency and business continuity plans are intended to:

- protect the health needs of the population
- protect the continuity of essential services and the health of staff
- provide an integrated health response.

Your practice is a significant resource to your community and the regional health response.

The practice and the wider community are best protected when an emergency response is predictable, appropriate and resilient.

A well-prepared emergency and business continuity plan will allow you to have a range of responses in place to be activated when needed.

We recognise in the heat of an emergency having plans ready to use allows key staff more time to concentrate on their core business and take a planned approach to dealing with the event.

No one can plan fully for a crisis or for every eventuality. However, through good planning, you can develop the capability to expand and reprioritise services to cope with an emergency, whether a health emergency requires a national or regional approach, or a more local emergency affecting a smaller number of people.

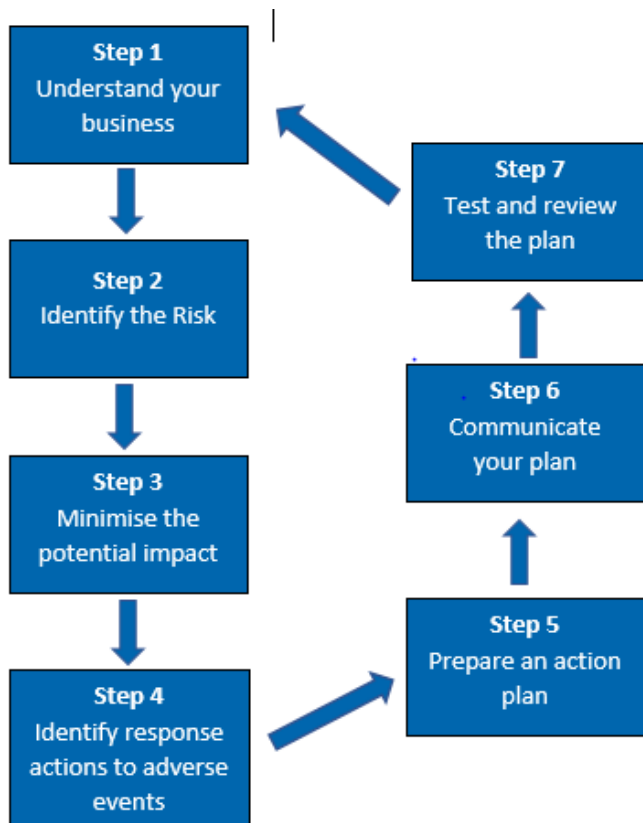
Other benefits

Knowing of the hazards or vulnerabilities of your business can identify opportunities to reduce and manage any risks. Effective business continuity planning is not just about crises but can also be about recognising the smaller day-to-day risks your business or the organisation faces. This vulnerability analysis often strengthens and streamlines everyday processes as well as providing an emergency response.

How to use this workbook

Each of the steps of the emergency and business continuity planning process (below) is briefly introduced and accompanied by the relevant templates.

The workbook identifies seven key steps that will help develop your plan. A list of reference material and links to additional resources is provided at the end of this workbook.



Step 1 - Understand your business

Please note this plan is applicable for a support office, locality office or a GP practice.

- Clarify the essential role(s) of the organisation.
- Identify the context and expectations for continuity of service.

What are the core functions of your locality office or GP practice?



Practices deal with health-related emergencies on a day-to-day basis. Why do we need a separate plan?

- List the activities of your practice.
- Are any of these deferrable in a major emergency?
- What additional services could you provide in a major emergency?

Your practice is a business and having a plan that incorporates both business and clinical aspects is important. However important its clinical activities, if the business fails so does the practice.

What external expectations impact on planning for an emergency response by the practice?

Consider what it means to your clients and practice if your services were no longer available.

DHB

“Health Emergency Plans detailing a response from primary care will link to and support the DHB Health Emergency Plan. In particular they will document the arrangements for each organisation which will best:

- protect the health needs of the population
- protect the continuity of essential services and the health of staff
- provide an integrated health response.”

OSH

Health and Safety in Employment Act 1992 (Reprinted 01.08.2008).

NHEP

National Health Emergency Plan, MOH 2008.

CDEM

Civil Defence Emergency Management Act 2002

Local CDEM plans e.g. Emergency Medical Centres at GP Clinics.

Foundation Standard Accreditation

“The practice prioritises, supports and recovers critical and non-critical functions following an emergency or service disruption. “

- **Indicator 16** – Emergency Continuity – Foundation Standard RNZCGP 2019

The community

In the Minister’s foreword of Roadside to Bedside, Wyatt Creech noted:

“New Zealanders want to know that when they have an accident or a medical emergency they will receive the right care, at the right time, in the right place, delivered by the right person.”

Ministry of Health: Roadside to Bedside, March 1999

Health and Disability providers are expected to have business continuity plans in place should an adverse event or major outbreak occur so services can that can be provided continue, and those where it is not possible to provide for a period of time are known so that alternate provision can be made where needed

Step 2 - Identify the risks

- Identify the potential risks to your practice.
(What events could have an adverse impact on the practice.)
- Assess their likelihood (possibility) and consequences (impact).

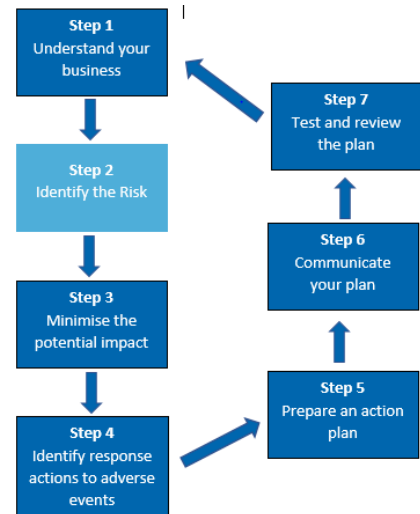
How significant is the risk?

Consider what it means to your clients and practice if your services were no longer available.

The DHBs and Regional Civil Defence & Emergency Management groups have compiled hazard profiles for each region.

While hazards may vary by region, their consequences can be grouped into several categories which simplifies planning. This Business Continuity Planning process therefore addresses the consequences of these events.

You may find it helpful to think through the following themes.



People

The event may affect you or your staff and some may be unable to work, or get to work; other people on whom you rely may not be able to support you and there may be a significant number of casualties. The incident may continue for several days so consider will you provide cover and ensure staff involved have adequate breaks and time off.

Processes

An IT or communications fault could disrupt your practice management and/or patient records systems.

Premises

Your buildings, facilities and equipment may be damaged or incapacitated.

Providers

There may be a disruption to essential utilities, supplies or services.

The impacts of an event can be cumulative. Are you prepared for this?

Some events may cause multiple problems for your locality office or GP practice, some may occur suddenly, others develop gradually and some like a pandemic or earthquake may take a long time to resolve.

Activities

Complete the following activities using the templates included in this workbook to guide you.

1. List the key products and services your office or GP practice provides which if disrupted for any reason will have the greatest impact (business impact analysis).
2. What do you estimate is the maximum time you can tolerate an interruption to your office or practice if one of these events occurs?
3. What activities, utilities, equipment, supplies etc are the most critical to ensure you can continue to provide care in an emergency?
4. What communication will be needed and to whom?

(This business impact analysis follows the Australia/New Zealand Standard AS/NZ4360:2006)

Systems and utilities

List the utilities used by your office or practice and identify the dependency you have on that utility. If you already have a backup plan provide a reference to this in the column back-up or contingency plan.

0 = No dependency 1 = Low dependency - facility could continue without it if necessary 2 = Medium dependency - facility could continue, using substitutes 3 = High dependency - facility could not function without it					
System / Utility	Dependency Level				Is there currently a backup or contingency plan?
	0	1	2	3	
Air conditioning					
Cell phone					
Computers					
Electricity					
Fax					
Food					
Heating					
Line					
Oxygen					
Refrigeration					
Sewerage					
Suction					
Telephone					
Water					
Other					

Assess the impacts of risks

	Impact on practice	Likelihood of event	Priority
IT – computer system failure			
Internal/external phone failure			
Power cut, loss of power			
Building damage			
Loss of water, gas supply, sewage etc			
Loss of medical gases			
Infectious outbreak Norovirus/pandemic			
Mass casualties			
Hazardous substance			
Other			

Utility providers

Utility	Company	Contact	Cell	Telephone	Account number
Electricity Mains switch situated					
Gas, domestic Main valve situated					
Gas, medical					
Telephone/internet Telephone/IT Internet support					
Waste, domestic					
Waste, medical					
Water Turncock situated					

Goods and services providers

Supplies or service provided	Company	Contact	Cell	Telephone	Account number
Cleaning					
Air conditioning					
Lifts					
Security					
Insurance					
Bank					
EFTPOS					
PMS					
Clinical supplies					
Pharmaceutical supplies					

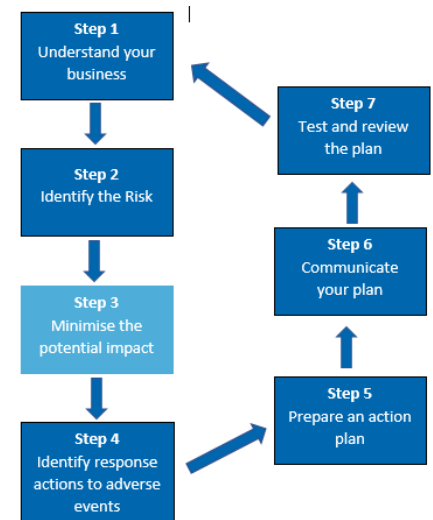
Emergency management call tree

The emergency management call tree will be activated on receipt of information related to an incident/health emergency by the chief executive or their delegate. In the event of an incident occurring in a locality, the relevant call tree for that area will be activated.

Name	Title	Contact number	Address	Travel time	Comments (availability, dependents locations etc.)

Step 3 - Minimise the potential impact

- What can be done now to minimise the consequences of adverse events when they occur?
- Can the risk be removed or reduced?
- Does it need to be treated, or will insurance cover it?
- Who should do it?
- What is needed?



Risk management strategies

Can you make your office or practice less vulnerable to disruption?

- *Transfer the risk* - insurance, data backup etc. (Note – insurance will assist recovery but does not ensure immediate continuity of service. Pay-outs may be delayed, especially after an earthquake.)
- *Change, suspend or terminate the risky activity* - this can be a very effective way to mitigate the risk.
- Accept the risk - it is usually possible to mitigate or reduce some, or all, of the effects of most hazards, but some cannot be fully prevented.

We cannot prevent an earthquake, you are unlikely to be able to build a completely earthquake resistant building, but you can take simple precautions like “fix, fasten and forget”. Apply this logic to identify how your practice can reduce the consequences of hazardous events. The following templates will help you.

IT/computer system failure

Understanding the systems and its risk

What IT/computer system(s) do we use		Who is the provider?	
Hardware	Desktop computers		
	Laptop(s)		
	Printer(s)		
	Server		
Software			
Data backup			
What could make the IT/computer system fail?	How can we prevent this	What should we do if this occurs?	What do we have to do to make this alternative work?
Loss of internet connection			
Power failure			
Server Damage			
Virus			
How long can the office/practice continue without an IT/computer system?			

Minimising the impact of failure

What do we use the IT/computer system for?	Is this a critical function?	What alternatives could we use	What do we have to do to make this alternative work?
Accounts			
Appointments			
Lab results			
Patient notes			
Prescriptions			
Email			
Internet			
Other			

Electricity – power failure

Understanding the system and its risks

Who provides our power?			
Who does our internal electrical work?			
What could cause the power to fail?	How can we prevent this?	What could we do if this occurs	What do we have to do to make this alternative work
Loss of external mains supply			
Internal switchboard failure			
Damage to internal system			

Minimise impact of failure

What do we need electricity for?	Is this a critical function?	What alternatives could we use?	What do we have to do to make this alternative work?
Lighting			
Heating			
Air conditioning			
Telephones and fax			
Computer equipment			
Diagnostic/defib etc.			
Radio/television			
Refrigerator			
Sanitiser			
Security and access system			
Other			

Phone system failure

Understanding the systems and its risk

What phone system(s) do we use?		Who is the provider?
Extensions		
Cordless		
PABX		
001 lines		
Fax		
Cellular		

What could make the phone system fail?	How can we prevent this?	What should we do if this occurs	What do we have to do to make this alternative work?
Loss of phone lines			
Power failure			
PABX failure			

Minimise impact of failure

What do we use the phone system for?	Is this a critical function?	What alternatives could we use?	What do we have to do to make this alternative work?
Accounts			
Appointments			
Lab results			
Patient consultations			
Prescriptions			
Staff contacts			
Other			

Building damage

Understanding the systems and its risk

Brief description of practice building and facilities	
Who is the owner?	

Minimise impact of failure

What could cause damage to your building?	How can we prevent this?	What should we do if this occurs?	What do we have to do to make this alternative work?

Water supply, sewage etc

Understanding the systems and its risk

Who provides our water?	
Who does our internal plumbing work?	

What could cause the water supply to fail?	How can we prevent this?	What could we do if this occurs?	What do we have to do to make this alternative work?
Loss of external mains supply			
Internal plumbing failure			
Contaminated supply			

Minimise impact of failure

What do we need water for?	Is this a critical function?	What alternatives could we use?	What do we have to do to make this alternative work?
Hygiene – handwashing etc.			
Flushing toilets			
Other			

Loss of medical gases

Understand the risks and minimise impact

Who provides our medical gases?			
What gases do we use?	Is this a critical function?	What alternatives could we use?	What do we have to do to make this alternative work?
Oxygen			
Entonox			
Medical air			
Other			

Infectious outbreak

Understand the local risks and impact

What infectious conditions could affect our practice?	How could this affect our practice?	How can we prevent this?	What should we do if this occurs?	What do we have to do to make this alternative work?

Mass casualties

Sudden increase in workload

Does the office or practice have an accident & medical or PRIME function?		
Does the practice have a “Key Practice” relationship with the DHB PHO ambulance		
What non-critical activities can we defer to accommodate this demand?		
What other things do we need to do to safely manage this workload?		
	What alternatives could we use?	What do we need to make this alternative work?
Reception and triage		
Documentation		
Clinical care		
Referral or discharge		

Hazardous substances

Understand the local risks and minimise impact

The fire service is the first responder to any known hazardous substance spills.

Contaminated people should not enter your practice until they have been decontaminated by the fire service. Call 111.

Use the first column below to list any hazardous substances either held in the practice, or known to be held in the local community.

What hazardous substances could affect our practice?	How can we prevent this?	What should we do if this occurs?	What do we have to do to make this alternative work?

Step 4 - Identify response actions if risks occur

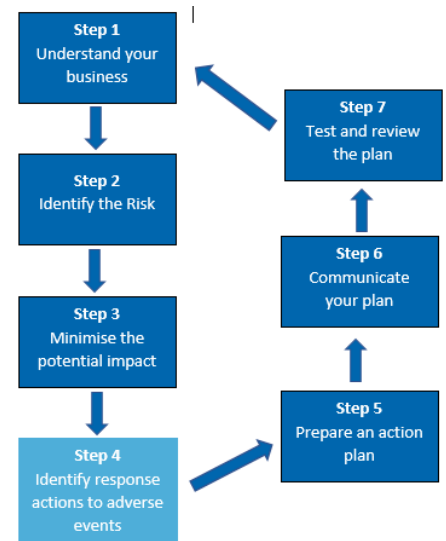
- Identify the required responses to each adverse event.
- What is needed to protect the business and provide continuity of service?
- How will the extraordinary costs be recorded?
- What other resources will be needed?

Stabilise the situation

Manage the immediate needs

Address the consequences

Restore the business as usual



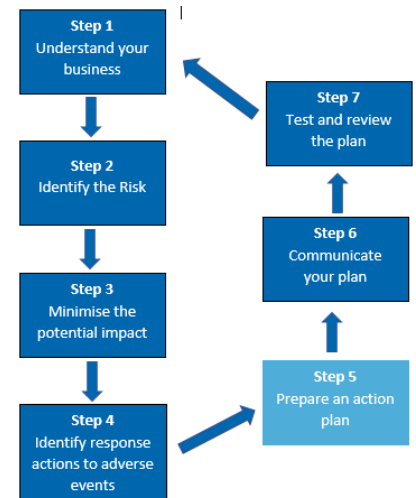
Who is likely to respond immediately?	
Who has the authority to activate the response?	
What is needed to stabilise the situation?	
Who has the authority to reprioritise the work of the practice or commit the practice to a wider response?	
Who needs to be informed?	
Who is responsible for what tasks?	
What is the long-term response?	
Are there any additional factors affecting staff?	

Step 5 - Prepare an action plan

Use the information from the previous steps to prepare and implement the action plan.

Write the action plan

1. Identify your key responders.
2. Complete the contact details for staff, suppliers, utilities, etc. (templates above).
3. Arrange memoranda of understanding/mutual support (a sample is included in this workbook) e.g. with nearby practices, CDEM.
4. Provide single point of contact information to PHO and DHB.
5. Complete task cards for key roles including delegations of authority etc.
6. If the premises are unusable and practice needs to relocate, is this process fully documented?
7. Ensure that you have consulted with the relevant community organisations, such as PHOs, DHB, CDEM, special needs groups etc.
8. Identify who is likely to be the local hub for the emergency response and link with them.
9. Staff who are unable to access their usual place of work should be encouraged to report to the nearest general practice or key practice if one has been designated.
10. Ensure that the board/practice principal(s) sign off the plan.



Mutual aid: Memorandum of understanding

Emergency mutual aid operating protocol between:

Organisation Name and

Organisation Name

Date signed: _____

Review date: _____

Agreement

1. In the event of an emergency, the parties agree to support each other, where possible, with the provision of facilities and equipment (support).
2. The parties will pay each other for this support at reasonable rates. Due to the urgency of emergency situations, it may be necessary to negotiate payment after support has been provided.
3. Agreement to use each other's services/facilities will be between managers of the facilities named or respective Incident controllers during an emergency.
4. Support may be provided without charge.
5. Parties will treat each other's facilities and equipment with the care and respect and to a standard reasonably expected in the circumstances.
6. The parties will comply with all relevant law and professional standards when using the other's facilities and equipment.
7. In the event of a declared Civil Defence emergency the parties agree to abide by the decisions of the Civil Defence controller pursuant to the Civil Defence act.
8. Parties will assist each other by the exchange of information about emergency management.

Signed on behalf of
(The First Party)

Signature

Full name _____

Position _____

Date _____

Signed on behalf of
(The Second Party)

Signature

Full name _____

Position _____

Date _____

Relocation of practice

- Relocation is a complex undertaking which can introduce new risks to the office or practice.
- Triggers may be due to an internal event, e.g., fire or external events, e.g., earthquake, flood etc.
- Relocation may be short term (hazardous chemical), but if the main premises are damaged, expect the relocation to be for weeks or months.



Identify the events which could trigger the relocation of your office or practice.

Businesses without a relocation plan are vulnerable.

Consider the 4 Ps from step 2.

People

Staff, roles and responsibilities, reinforcements.

Premises

Where will you go to? Needs etc.

Processes

What do you need at the new location? How do you get it?

Providers

Will your utility providers be able to assist?

Will you get priority for their assistance?

Public

How will you tell your patients where to find you?

Physical relocation

Logistics, Will you need movers etc?

Expect 3-4 days of hard work to relocate your practice

Memoranda of Understanding or agreements with:

- your building owners
- the owners and occupiers of any proposed alternate site
- utility and IT providers etc
- your PHO and/or DHB.

Managing the relocation (Coordinated Incident Management System)

- Clear delegation of tasks.
- A moving plan including a plan of where things will go.
- Checklists and guides (see following pages).

- Asset and records management
- Insurance
- Financial (Track extraordinary costs, allow for reduced productivity)
- Continuity of service (Moving may take several days)
- Reprioritising work (Remember your core business)

If your premises are damaged in an earthquake or other similar event you may not be allowed in until the building is safe. Prepare a priority list of things to retrieve in case you are only allowed only a few minutes for access.

Equipment list for clinical practice

Below is a list of basic equipment that would need to be collected to take to an alternative site for basic operation. Use this list as a basis for assembling your own inventory.

Equipment Name	Available at alternate locations Y: N	If not, current location	Mobile or fixed	Quantity needed	Comment
ECG machine					
Minor surgery instruments					
Ophthalmoscope					
Otoscope					
Portable oxygen					
Portable suction					
Reflex hammer					
Regulators, oxygen					
Scales					
Sphygmomanometer					
Steriliser (bench-top)					
Stethoscope					
Suture equipment					
Thermometer, tympanic					
Tuning fork					
Ultrasound					

Clinical supplies

Use the following list as a basis to restock the clinic if it is relocated.

Item name Description	Available at alternate locations Y:N	If not, where stored	Quantity	Name and contact details of supplier
Adhesive plaster Transparent – box 100				
Alcohol Prep Wipe – medium – box				
Apron /hang 710x1400, 40m pk 50				
Bandage Elastic Tubular				
Bandage Triangular – non-woven				
Catheter Y Suction 10FG with Control				
Catheters BD Insyte 18g x 1.16				
Cervical Collar 75mm x 480mm				
Combine Dressing Sterile - 20 x 20				
Crepe Bandage 7.5cm x 4.5m				
Crepe Bandage 5cm				
Cylinder, Oxygen portable				
Dressings				
Ear Loop Masks Pack 50				
ECG Electrode				
Eye local anaesthetic				
Eye Pad Sterile				
Face mask P2 – pack 50 (Duck Bill)				
Fluorescein drops				
Fluorescein Eye Strips 100's				
Gloves disposable Large – box 100				
Gloves disposable- Med – box 100				
Gloves disposable Sml – box 100				
Incontinence Underpad – pkt 100				
Infusion Set IV 20 drop per ml				
Injection Site Luer				
IV Starter Pack				
Lab blood tubes				
Antimicrobial liquid/gel 500m				
Nebulizer Set Adult				
Nebulizer Set Child				
Needles 21g x ¾" vein (TS)				
Needles 25-gauge x 5/8-Box 100				
Needles 25g x ¾" vein (TS) – with cap				
Needles 22-gauge x 1.5" – Box 100				
Otoscope Tips Adult (Pk 34)				

Otoscope Tips Child 2.75mm – pack				
Oxygen cannula				
Oxygen Mask Adult & 2m O2 Tubing				
Oxygen Mask Child & 2m O2 Tubing				
Pregnancy test kits				
Propax Catheterisation Pack				
Saline Solution - 15ml ampoule				
Scalpel Blade No 11 100s				
Single Use Blunt End Scissors				
Single use Tweezers/Forceps St				
Sodium Chloride 0.9% IV Fluid 1000ml				
Sodium Chloride 0.9% IV Fluid 500ml				
Sodium Chloride Injection BP 0.9% 10ml – box of 50				
Spatulae				
Suction Catheter 14FG 52cm Aero-flo				
Super Sani Cloth 160 per canister				
Suture Strips				
Sutures absorbable PDSII 5/0 PC-3				
Sutures Ethilon 4/0 19mm P 45cm Blue (W1620T)				
Swabs, Gauze 5cm x 5cm Non-Sterile Non-Woven, pack of 100				
Syringe 20ml Luer Slip				
Syringe 3ml Luer Lock Terumo				
Syringes and needles				
Tape Dressing Retention 2.5cm				
Tape measuring				
Tape Microporous – 2.5cm x 10m				
Test strips blood glucose				
Test strips Ketostix (Pk 50)				
Test strips Multi-stik Urine Tests 5 tests per strip –Box 50				
Test strips Multistix 10 - box 100				
Test strips Urine				
Thermometers, disposable				
Tongue Depressors – box 100				
Urinary catheters				
Uristix Reagent strips				
Virkon Powder Sachet				
Vomit or Emesis Container 1500mm Sealable – p				
Water for injection 10ml-Box50				
Wound Dressing non-woven – packs				

Step 6 - Communicate your plan

- Where is this plan to be kept?
- How do staff learn about the plan?
- How are staff with key response roles informed of the roles?

Decide how the plan will be documented

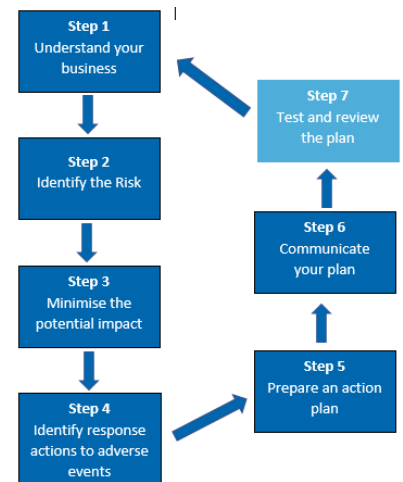
(What information goes where and who is to get it).



What is the essential emergency information which must be available to everyone on the premises?	
What is essential information for all staff? How are staff informed of this?	
Where is the role specific information kept?	
How is sensitive business information, staff contact details, etc. stored?	
What supporting information is needed?	
What other organisations need to be told about the plan? What information should they receive?	
Do you have arrangements to link your plan with neighbouring practices, Pharmacies and other emergency services?	
Who is your key link within Pinnacle? How will they be notified of you plan and any updates?	

Step 7 - Test and review the plan

- Describe the arrangements to test and review the plan to ensure that it remains current and relevant.
- How is the information and the plan kept up to date?



Test the plan

Do you know what to do?	
Do staff know what to do?	
Do they know where to find the key information?	
Do key staff understand their roles? Do they accept these roles?	
Are the risk treatments, mitigating actions etc still effective, relevant?	
If a risk event occurred, would your plan ensure that your office or practice can continue to provide essential services?	

Review and update the plan after any activation or exercise.

Review the plan as part of your document review process e.g. 2 yearly.

Link to training and exercises by PHO and DHB.

Some options

- Telephone cascade test.
- Walk through plans
- Desk top exercise
- Audit (Cornerstone etc)

Additional references and resources

Civil Defence natural local and regional hazard risk reduction:

<https://www.civildefence.govt.nz/cdem-sector/the-4rs/reduction/local-and-regional-hazard-risk-reduction/>

AS/NZS 5050.2010 Business Continuity - Managing Disruption Related Risk

Standards New Zealand:

[https://shop.standards.govt.nz/catalog/5050:2010\(AS%7CNZ\)/scope](https://shop.standards.govt.nz/catalog/5050:2010(AS%7CNZ)/scope)

Ministry of Health - Emergency management, disaster planning and business continuity in primary care:

<https://www.health.govt.nz/our-work/emergency-management/emergency-management-disaster-planning-and-business-continuity-primary-care>

Lippincott - Nurses procedures:

<https://procedures.lww.com/lnp/home.do>

Please call the library manager at your local DHB to request a username and password.