

Healthcare Business Continuity Planning

DRAFT

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Table of Contents

Healthcare Business Continuity Planning Summary	3
Healthcare Business Continuity Plan Components.....	4
Operations	7
Logistics.....	9
Infrastructure	9
Services	12
Support.....	13
Human Resources.....	13
Resource Management/Supply Unit	16
Vital Records.....	17
Finance and Administration	19
Finance Checklist.....	19
Administration Coordination Checklist	21
Sources.....	23
Emergency Operations and Business Continuity Template: Clinical Department	24
Emergency Operations and Business Continuity Plan	25

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Healthcare Business Continuity Planning Summary

This document is intended provide an approach for the continuity of essential services during an event that has an adverse impact on healthcare operations. This is not intended to serve as a separate or stand alone plan. It is intended to serve as guidance for healthcare organizations to consider and integrate with their existing emergency operations plans.

Specific objectives of this document include providing guidance for:

- criteria for business continuity plans that support the continuous performance of essential functions during an emergency;
- augmenting existing measures for the safety and productivity of working staff;
- reducing or mitigating disruptions to operations;
- pre-planning for potentially critical losses and identification of alternate resources;
- capabilities to work at alternative work sites until normal operations can be resumed;
- emergency acquisition of resources necessary for resumption of business and/or clinical activities;
- the safekeeping of records vital to the healthcare and patients;
- minimizing damage and losses, and;
- achieving a timely and orderly recovery and resumption of full service to patients.

Plan Activation Criteria

- Staff levels may be significantly reduced
- An emergency condition adversely impacting operations and may require the transfer of essential functions to other personnel or alternate site(s).
- Information and communications systems supporting operations during normal non-emergency periods may not be available.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Healthcare Business Continuity Plan Components

The healthcare business continuity plan identifies how the organization will identify and conduct essential operations during crisis events. The plan addresses the activities of an organization from time of interruption through recovery. These activities should address: 1) continuity of essential functions and services, 2) relocation of essential functions and services and 3) resumption of essential functions and services. Components of the plan includes the identification of mission critical systems; procedures to perform essential functions given specific losses of staff and expertise; reliable logistical support, services and infrastructure alternatives; consideration of health, safety and emotional well being of personnel; communications between staff, and related computer/software issues.

DRAFT

Insert graphic from PPT

Healthcare Business Continuity Plan Components	
Essential Functions and Services	Documented essential functions and services that must be continued/recovered and their respective recovery time objectives in order to maintain essential operations and patient care.
Critical Operating Procedures	Procedures that must be done in order to perform essential services and functions. This is the checklist that someone else can use to perform your functions in the event that you or other essential staff from your department are not available and someone else has to perform your tasks for you.
Key Primary Resources & Supplies	Documented essential resources, equipment and infrastructure that must be continued/recovered and their respective recovery time objectives in order to maintain essential functions.
Order of Succession	Identification of key positions by title and function with a process for an alternate to assume an assigned leadership position when the incumbent(s) are unavailable or unable to execute their duties.
Delegation of Authority	Pre-determined delegations of authority take effect when normal channels of authority are disrupted and terminate when these channels have resumed. Under these circumstances, these pre-identified individuals have the legal authority for making key decisions, identify the programs and administrative actions needed for the continuity of essential functions.
# Of Staff	The number of staff needed for continuity of essential functions and services.
Alternate Site	Documented secondary location to resume essential functions when a department/facility experiences major damage, loss of staffing, a dangerous response environment or other event that severely limit its ability to operate.
Alternate Resources & Supplies	Pre-identified alternate sources for essential resources, equipment and infrastructure to support the continuity of essential functions and services.
# Of Work Spaces	The total number of work spaces (desks, chairs, etc.) needed at an alternate site
# Of Phones	The total number of phones needed at an alternate site. "Phone" means standard handset with dial tone and voice mail. List any special needs such as conference call, call-forwarding or call-waiting. List any phone numbers that must be routed to support the essential functions and services. These may include 800 numbers, calls routed routinely, etc. Include transferring information and other critical information on how to manage phones after an event. Examples include main numbers, employee hotline, customer hotlines, and 800 #'s.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

# Of Faxes	The total # of fax machines needed at an alternate site.
# Of Computers	The total # of computers needed at an alternate site. List the type of computer that is required and any special requirements. Note if employees will be using their portable laptops.
# Of Printers	The total # of printers needed at an alternative site. Assume the printers are standard black and white printers with no special functions or fonts. Note any special requirements and if printers can be shared with another department.
Additional hardware	This could include thumb or flash drives, zip drives, scanners, special connectors, docking stations, etc.
Computer Applications	Essential applications needed to perform essential functions and services
Mail/Shipping Needs	List the needs for mail service to perform the functions in the given timeframes. If any service other than standard US Postal Service is required, include it here. This may include: overnight delivery, 2 or 3-day delivery, messenger service, interoffice mail, etc. Note specific carriers such as Fed-Ex or DHL, if required.
Vital Records	List all documents or forms that must be used to perform essential functions and services. Only list the document/form once. Document procedures to ensure the protection and ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions.
Staff Special Needs	Pre-identified requirements that will need to be accommodated? For example childcare, elderly parents, pet care, mobility considerations, etc.
Work from Home Capability/Status	Staff that have company issued equipment (cell phone, PDA, laptop, etc) a permanent computer and a high-speed connection at home to support a work from home strategy in the event the primary location is unavailable or staff are asked to work from home.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Operations

Departments across the healthcare organization including clinical, business, and research develop business continuity plans for identified essential functions and services (these functions are identified by conducting a Business Impact Analysis). In addition to the example provided in Appendix X, the following may be considered as part of the business continuity planning process.

Operational Considerations

- Identify critical operation points, functions or skills necessary for continuity of operations (e.g., management staff; specific levels of expertise, training or experience; recording or documentation requirements; health and safety concerns), that may be necessary for business to continue and for staff to provide patient care services.
- Identify need for additional resources or support to maintain essential services/functions (e.g. stretchers)
- Plan for service reduction based on need, critical nature of function as a support for organization or local population, and other factors
- Written notification to employees regarding business continuity strategies for the duration of the event and compensation provisions, if feasible.

Staffing Considerations

- Evaluation of current staffing levels and resource deployment
- Notification of human resources, managers, union representatives and other key personnel as to status and plan implementation
- Notification of employees as to plan activation and process
- Implementation of alternative staff resource options
- Evaluation of immediate and ongoing staff needs based on existing and predicted levels of human resources available.
- Identification of contractors or other staff options that may alleviate problems resulting from staff loss.
- Identification of work options available through “telecommuting” or other off-site possibilities.

Plan Checklist

- Develop Departmental Plans to include, at a minimum, the following:
 - Department Status Forms/Summary
 - Identify/document infrastructure/other Interdependencies
 - Criteria and steps for closing and relocating a department/unit
 - Resumption of operations of essential clinical functions
 - Downtime procedures for an extended IT outage (see department plan template)
- Align plans for relocation and continuity of essential clinical services with surge/expansion plans. Include procedures for alternate site set up and operations. (see alternate site considerations)

Source: CHA Continuity Checklist

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

- Assessment of flexible leave options that would allow employees to address family needs while continuing to support the employing organization through a flexible work plan where feasible.
- Assessment of union issues surrounding overtime issues and disaster support/sharing of responsibilities among workers.
- Evaluation of potential health and safety issues that might arise through diversion of staff to new job roles and loss of critical staff in various operational positions.
- Liability assessment by general counsel.

”

...we had to ask: Can we make insurance claims? Do we know how to relocate our information technology? How would we reopen? How can we contact staff, who might be spread out all over the country? What do you do if you have to restart your business after it has been closed for weeks?”

-Les Hirsch, Past President and CEO of Touro Infirmary, the first hospital to reopen following Hurricane Katrina

Logistics

Infrastructure

- Document status of major technology and utility systems used in or supporting your unit (e.g. phones, lights, monitors, ventilators, computers, heat, AC, water)

Building Exterior

- Condition of equipment on the roof (e.g., AC units, electrical boxes, water storage units):
- Condition of utility connections (i.e., are any visible power or phone lines down?):
- Condition of external utility fixtures, storage units, other equipment located on healthcare grounds (e.g. oxygen and fuel storage tanks)
- Estimate time to make needed repairs to exterior systems
- Feasibility of portable equipment use (e.g., generator, boiler, chiller) during healthcare repairs:
- (Check for adequate space, access to power and water feeds, way to provide adequate exhaust.
- Signs of illegal/forced entry or vandalism
- Test automatic doors to ensure they close and lock properly and that external access systems (e.g., ID cards) are functioning properly. (Note: It may be necessary to use a temporary ID system for construction workers/temp staff during repairs and assessments.)
- If healthcare campus includes “blue light” emergency alarm stations, assure that all are functional.
- Condition of fire escapes
- Condition and functionality of external security cameras and other monitoring devices

Elevators

- Test functionality of elevators, and work with vendor to make necessary repairs. (**Note: If power was out or there is any possibility of damage, elevators should be re-inspected**). Notes and name of vendor:
- Estimated time to make needed repairs and have elevators inspected (if necessary) _____

Natural Gas and Electrical Systems and Generators

- Coordinate with BIOMED and IT/COMM before bringing power back on to prevent damage to equipment.
- (**Note: Return power incrementally to avoid overloading system and causing power surges.**)
- Shut off electrical supply, and check system for damage.
- If the healthcare has an onsite power plant, check for damage and functionality.
- If the healthcare uses natural gas, check the system for leaks.
- Other observations related to natural gas and electrical systems:
- Estimate time to make needed repairs to natural gas and electrical systems
- Check condition and functionality of generators (main generators and backups) throughout healthcare. (**Note: Fuel injectors may need to be re-primed and generators may need to be re-commissioned if they were used extensively.**)
- Check fuel reserves for generators

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Steam and Water Supply

- If the facility has an onsite steam plant, check for damage and functionality.
- (Note: If the steam system is also used to operate an electricity dynamo, take the dynamo offline, bring back the steam system, and then restart the dynamo.) Notes:
- If water was off, check plumbing grid for leaks prior to turning water back on. (Note: If there is any risk of water contamination, water will need to be tested prior to reopening.)
- Coordinate with BUILDING team to ensure that all faucets are in off position before water is returned.)
- Check water pressure.
- Estimated time to make necessary repairs to steam and water supply systems

Environmental Control Systems and Refrigeration (HVAC- R)

- Condition and functionality of heating system:
- (Note: If there was flooding or other damage, boiler will need to be re-commissioned by the vendor.)
- Name of vendor:
- Condition and functionality of air conditioning system:
- (Note: If there was flooding, water loss to cooling towers, or other damage, chiller will need to be re-commissioned.) Name of vendor.
- Check thermostats throughout healthcare.
- Check central control panel.
- Estimate time to make necessary repairs to heating and cooling systems
- Clear intake air/vent locations throughout the healthcare from debris and damage.

- Test main ventilation system to identify any cracks or malfunctions (especially important for positive and negative pressure rooms).
- Test functionality of positive and negative pressure rooms throughout healthcare (including air seals).
- Test functionality of high efficiency particulate air (HEPA) filters used throughout healthcare
- Test functionality of ventilation systems in all clinical and research laboratories.
- Estimate time to make necessary repairs to ventilation systems
- Check refrigerators and freezers throughout the healthcare (i.e., kitchens, clinical and research labs, operating rooms, pharmacy, morgue, blood bank, etc.); work with vendors to make needed repairs.
- Estimate time to make necessary repairs to refrigerators and freezers

Medical Gas System

- Test integrity of medical gas system; check pressure and gas mix; check for leaks. (Note: Excessive heat during healthcare closure could have caused compressor to overheat and shut down medical gas system.)
- Test functioning of pressure monitoring system.
- Clean medical gas lines as needed.
- Test functionality of medical gas outlets in all applicable patient care areas, including the emergency department, ICUs, operating suites (inpatient and outpatient), post-anesthesia recovery rooms, and patient rooms. (Also test medical gas outlets in areas with “contingency” or “swing” beds where medical gas may not currently be in use.)
- Have vendor recertify oxygen/medical gas system (if necessary).
- Test functionality of medical vacuum and suction systems.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

- Estimate time to make needed repairs and have medical gas system recertified Note: If recertification will be delayed or major repairs are needed, work with FACILITIES and ADMIN teams to determine if portable gases can be used in the meantime.)

DRAFT

Services

Communications and Information Services

Communications systems including cell phones, email, pagers and similar mechanisms should be evaluated for interoperability and flexible exchange of use across the healthcare where feasible. Cell phone numbers, email addresses, and other information should be readily available to all staff who may be re-deployed, and contact information outside the healthcare necessary to core operations also made available where feasible for internal use and continuity of operations. Healthcare considers communication to be one of the most critical components of its disaster response capabilities.

In this regard, the Command Center, Communication Center and Information Systems work together to maximize the effectiveness of the following communication systems:

- Telephone system
- Nextel Phone/Two-way radios
- EMS communication
- Cellular phones
- Pay telephones (Non PBX)
- Fax machines (Centrix Lines - Non PBX)
- Intercom systems
- Pagers/beepers

Reference where the complete Disaster Recovery can be found.

- Inventory all missing or damaged laptop/desktop computers, printers, scanners, etc
- Test and correct functioning of administrative computer systems (e.g., payroll), communications systems (e.g., the internal telephone system), and electronic security measures
- such as user IDs and passwords.
- Test functionality of:
 - Data connections, wiring, and fiber optics.
 - Wireless data connections.
 - Bedside nurse call system.
 - Pneumatic tube message system
 - All other internal communications systems (e.g., communication between ED/surgery and pathology).

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Support

Human Resources

Evaluation of current staffing levels and resource deployment

Staffing levels will be managed by the administrative manager on site and delegated to department heads as needed every 4 hours. In the preparation for the coverage needed in the event of a reduction in staffing or insufficient staff resources due to demand, advanced credentialing of physicians, nurses and other clinical professionals from non-essential disciplines to supplement the critical departments.

- Physician groups including: gastroenterologist, plastic surgery etc..
- Retired MD living in community
- Schools of Nursing: student contract agreements
- Listing Retired Nurses
- School nurses in community
- Healthcare ED alumni nurses
- Cross- training of floor med- surg nursing staff
- Pre -credentialing of healthcare nursing (contract personnel)

Personnel Considerations

- Evaluation of Potential Health and Safety Issues
- Identification of Alternate Staff Options (e.g. contractors or other staff options that may alleviate problems resulting from staff loss)
- Utilization of staffing resources with community or health system will be the priority then the contracted agencies will be called for staffing plans as needed.
- Identification of Alternate Work Options available through “telecommuting” or other off-site possibilities
- Selective non-clinical personnel will be given option of working off site at the discretion of the administrative manager designee.
- Managers to refer to department plans to identify employees that can work remotely
- Collaborate with IS to plan process remote access and identify applications needed.
- Assess which applications have capability of remote access
- Written Notification to Employees
- Assessment of Union Issues surrounding overtime issues and disaster support/sharing of responsibilities among workers
- Meet with union representatives to discuss relevant issues:
- Language for asking staff availability, offering incentive programs, utilizing external agencies, review four hour mandatory rule.
- Labor Pool – Plan to re-deploy staff as needed, cross training of staff in specific areas.
- Assess extra resources within healthcare and within health system
- Training of Workers on an annual basis with regard to contingency planning and the need for personal back up plans for transportation, family needs, etc
- Assess core competencies of all employees.
- Identify similar core competencies that exist, for example, endoscopy, PACU, cath lab, etc.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

- Cross Training of staff with similar competencies by educators.

Family Needs

- Offering support to employees, Care Child Center and arrangements to stay over if needed.
- Work with housekeeping to set up space for over night arrangements.
- Identify available space that could be utilized (athletic club, out-patient and ancillary areas that could be closed and deployed for in-pt needs if necessary.
- Develop plan for food services to accommodate staff staying overnight and working extra shifts.

Additional considerations in an evacuation and during recovery

Account for personnel at the assembly area in the event of an evacuation and account for personnel after an after-hours disaster.

Be responsible for the “human” aspects of the disaster including post-event counseling, next of kin notification; answer questions related to compensation, benefits and travel policy.

- Determine what “human” issues need attention.
- Determine whether the psychological needs of affected staff are being addressed.
- Recommend other activities that may be needed (memorial services, etc.) to the Incident Commander.
- Assist in creating updates to the Emergency Hotline.
- Partner with communications in creating employee communications.
- Determine what psychological support is necessary.
- Coordinate Critical Incident Stress Debriefing (CISD) sessions as needed.
- Provide immediate assessments before employees leave the location if needed.
- Offer support to employees and significant others.
- Keep the Incident Commander informed of significant issues affecting human resources and payroll.
- Provide current roster of personnel and emergency contact information for next of kin notification.**
 - Ascertain what the immediate and on-going plans are to communicate with Foundation personnel and their families.
 - Provide emergency contact notification information to managers of affected employees.
- Track, record and report all on-duty time for personnel who are working during the event.**
 - Establish and maintain documentation of all payroll activities.
 - Ensure records are accurate and complete. All EOC staff must be keeping time sheets (exempt or not) as their time may be reimbursable by insurance.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

- Provide instructions to all employees to ensure time sheets and travel expense claims are completed properly.

- Ensure that time records, travel expense claims, and other related information are prepared and submitted to payroll.**
 - Assess payroll cycle and implications of the date of incident.

- Maintain a file of injuries and illnesses associated with the event that includes results of investigations.**
 - Notify state OSHA of any fatalities or serious injuries on the job.
 - Maintain a chronological log of injuries and illnesses reported during the event.
 - Coordinate the investigation of all injury claims as soon as possible.
 - Coordinate the preparation of appropriate forms for all verifiable injury and damage claims, and forward them to insurers within reasonable time frames.
 - Answer insurance coverage questions as needed.

- Notify insurers and third party administrators as needed.**
 - Place service providers on alert.
 - Notify workers' compensation carrier of injuries.

After the Event

- Refer or make available counseling services for employees and their families.
- Provide necessary recovery time (time-off) for staff assisting with recovery efforts.

Resource Management/Supply Unit

- Document status of major equipment or critical supplies, both on hand (including in use) and how long can you operate with present supply of vital consumable materials.
- Inventory equipment and supplies, and create a resupply list.
- Determine if any items were sent elsewhere with patients during the evacuation and can be retrieved, and if any need to be replaced.
- Check condition of storage or onsite stockpiles to determine level of damage to equipment and goods.

DRAFT

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Vital Records

Personnel will be deployed during an emergency to ensure the protection and ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions under the full spectrum of emergencies. Personnel and locations of vital records have been identified before an emergency in order to have full access to use records and systems to conduct essential functions during a crisis event.

- Emergency Operations and Healthcare Continuity
- IT Disaster Recovery Plan
- Essential Business Records
 - contracting and acquisition files
 - official personnel files
 - payroll records
 - insurance records
 - property management and inventory records
- Corporate Records:
 - Incorporation documents
 - By-laws
 - Tax-exemption documents (e.g. application for tax exemption, IRS Form 1023; IRS determination letter; and related documents)
 - Board meeting documents including agendas, minutes, and related documents
 - Conflict of Interest and Nondisclosure statements
 - Correspondence with legal counsel and/or accountants not otherwise listed
- Financial documents, including:
 - Annual information returns going back seven years (e.g. IRS Form 990)
 - Audit and management letters
 - Audit work papers
 - Equipment files and maintenance agreements
 - Treasurer's annual reports going back three years
 - Bank statements, canceled checks, check registers, investment statements and related documents going back seven years
 - Investment performance reports
 - Investment manager contracts and correspondence
- Donor and Fund Records
 - Fund files including fund agreements and fund statements
 - Gift documentation

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

- Grant documentation
- State charitable registration documents
- Lease Agreements
- Deeds, mortgages, notes, security agreements for real estate held for sale
- Personnel and payroll records including employment applications and employee manual
- Insurance forms with policy numbers
- Signed contracts with vendors
- Scholarship records (depending on type of organization)
- Commercial software licenses, including:
 - Copies of installation CDs
 - Product keys
 - Serial numbers
 - End User License Agreements
- National Standards materials, if applicable (This may include many vital records as well as publications and other items the Foundation may not consider a vital record.)

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Finance and Administration

Finance Checklist

- Maintain daily cash funding of all essential business processes.**
 - Ensure adequate funds are available to meet operating and recovery needs.
 - Project additional cash needs in relation to expected claims reimbursements.

- Prepare and maintain cumulative income and expense report for the event.**
 - For community events, coordinate with Incident Commander and communications department to construct public reports for use with external constituents and media.
 - Develop financial reports that are easy to understand for use by staff and board members.
 - Prepare and maintain an expense report for the Incident Commander. Report should include cumulative analyses and total expenditure for the event.
 - Organize and prepare records for audit.

- Ensure easy access to necessary capital.**
 - Monitor liquidity of assets based on projected expenses during the recovery.
 - Work with Finance and/or Investment committee to determine allocation of resources during recovery.

- Coordinate all new vendor contracts.**
 - Verify cost data in the pre-established vendor contracts and/or agreements.
 - Prepare and sign contracts as needed. Obtain Incident Commander concurrence as necessary.
 - Ensure that all contracts identify the scope of work and specific site locations.
 - Negotiate rental rates not already established or purchase price with vendors.
 - Finalize all agreements and contracts as required.

- Coordinate with Incident Commander on all expenses exceeding pre-established limits.**
 - Establish and maintain documentation of all purchasing activities.
 - Keep the Incident Commander informed of all significant issues involving the finance function.

- Establish and manage disaster funds and general ledger accounts.**
 - Establish and maintain all necessary documentation for recovery process.
 - Track costs for use of equipment owned and leased.
 - Process and track emergency grants.

- Notify insurers and third party administrators**

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

- Prepare required documentation (insurance carriers and government agencies) as necessary to recover all allowable disaster response and recovery costs.
 - Provide information regarding insurance coverage as necessary.
- Oversee the investigation of injuries and property and equipment damage claims arising out of the event.**
- Track the total inventory of equipment, supplies and other items that have been lost, impacted or damaged.
 - Maintain a chronological log of property damage reported during the event.
 - Coordinate the investigation of all damage claims as soon as possible.
- Coordinate paperwork required by insurers to initiate claims process.**
- Coordinate the preparation of appropriate forms for damage claims and forward them to the insurers within the required time frame.
- Collect and maintain documentation on all disaster information for reimbursement from private insurance carriers, FEMA, SBA, and other agencies.**
- Coordinate all fiscal recovery with disaster assistance agencies.**
- Act as the liaison between the organization and the disaster assistance agencies to coordinate the cost recovery process.

The following items should be readied during an evacuation, as time permits, by the finance staff: <Each foundation should include who is responsible for each item, either by name or title.>

- Unprocessed gifts and checks
- A box of check stock
- A box of deposit slips and stamp
- Payroll information and personnel files
- Insurance documentation
- Last month's bank statements
- Policy and procedure manual

After the Event Ensure that insurers and third party administrators honor contracts and pay claims; update reports on insurance recoveries until claims are closed.

Administration Coordination Checklist

Ensure the administration offices are returned to normal operations as quickly as possible.

- Assess disaster site immediately.
- Communicate with landlord (if renting) as soon as possible to determine status and access.
- Identify key issues affecting facility.
- Contact vendors for assessment and repairs as necessary.
- Place and recovery/restoration vendors on notice.
- Provide oversight and monitoring of response and operation activities.
- Coordinate and manage restoration vendors to restore site.

Assist in the development of an alternate site as necessary.

- Order catering and other logistical support for the EOC as necessary.
- Oversee vendors involved in response and recovery operations.
- Arrange for delivery of mail, UPS and FedEx to active Foundation sites.
- If a long-term outage is suspected, immediately assess damage to region regarding space issues.
- Determine space and technology requirements.
- Search for appropriate leased space as necessary.

Assist staff with any aspect of travel including transportation and lodging.

- If activated at Hot Site, ensure those working have what they need to conduct business.
- Review needs for lodging and transportation with team at the EOC.
- Review needs for lodging and transportation for team if activated as Hot Site.
- Contact appropriate vendors to arrange for transportation (shuttle, buses, vans, cars, air, train, etc.) lodging, etc.

In <Insert employee responsible>'s workspace, an emergency office supply box will be maintained. <Insert employee's name> will take the office supply box with them with exiting the building and will receive instructions from the incident commander at the designated assembly area.

The box includes the following:

- Stationery and envelopes – One box of each
- One ream of paper
- Twenty file folders and five file pockets
- Three boxes of pens and pencils
- Two staplers with staples
- One roll of first class stamps
- One box of paperclips – both sizes
- Sticky notes
- Specialized stationery – acknowledgement, grant letters, etc.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

There are many other items you might need to include in this list if you don't have the documents electronically. This plan assumes if the documents are electronic, they will be accessible in a reasonable time frame electronically. However, any document that is electronic but you feel you may need before computer service is available, should be included in the vital records section of this plan.

DRAFT

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Sources

Zane R, Biddinger P, Gerteis J, Hassol A. Healthcare assessment and recovery guide. (Prepared under Contract No. 290-20-0600-011.) AHRQ Publication No. 10-0081. Rockville, MD: Agency for Healthcare Research and Quality. May 2010.

Colorado Hospital Association COOP Resources and Plan Template
<http://coopcorner.disasterpreparation.net/ask.cfm>

Wakefield Brunswick Online Portal <https://wakefieldbrunswick.onehub.com/healthcare-business-continuity-em-portal>

California Hospital Association Resources <http://www.calhospitalprepare.org/continuity-planning>

DRAFT

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Emergency Operations and Business Continuity Template: Clinical Department

DRAFT

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Emergency Operations and Business Continuity Plan

Operations Plan: Medical Care Branch

All staff will return to their department, unless involved in the immediate care of a patient. Until notified otherwise by the department manager or director, all staff are deemed essential and are not to leave without authorization of their manager or designee. This includes shift changes. No one other than ED staff is to call or report to the ED until requested. Communication about the event will be provided to staff from the department leader based on information they receive from their Unit Leader.

Patient Care Unit Plans

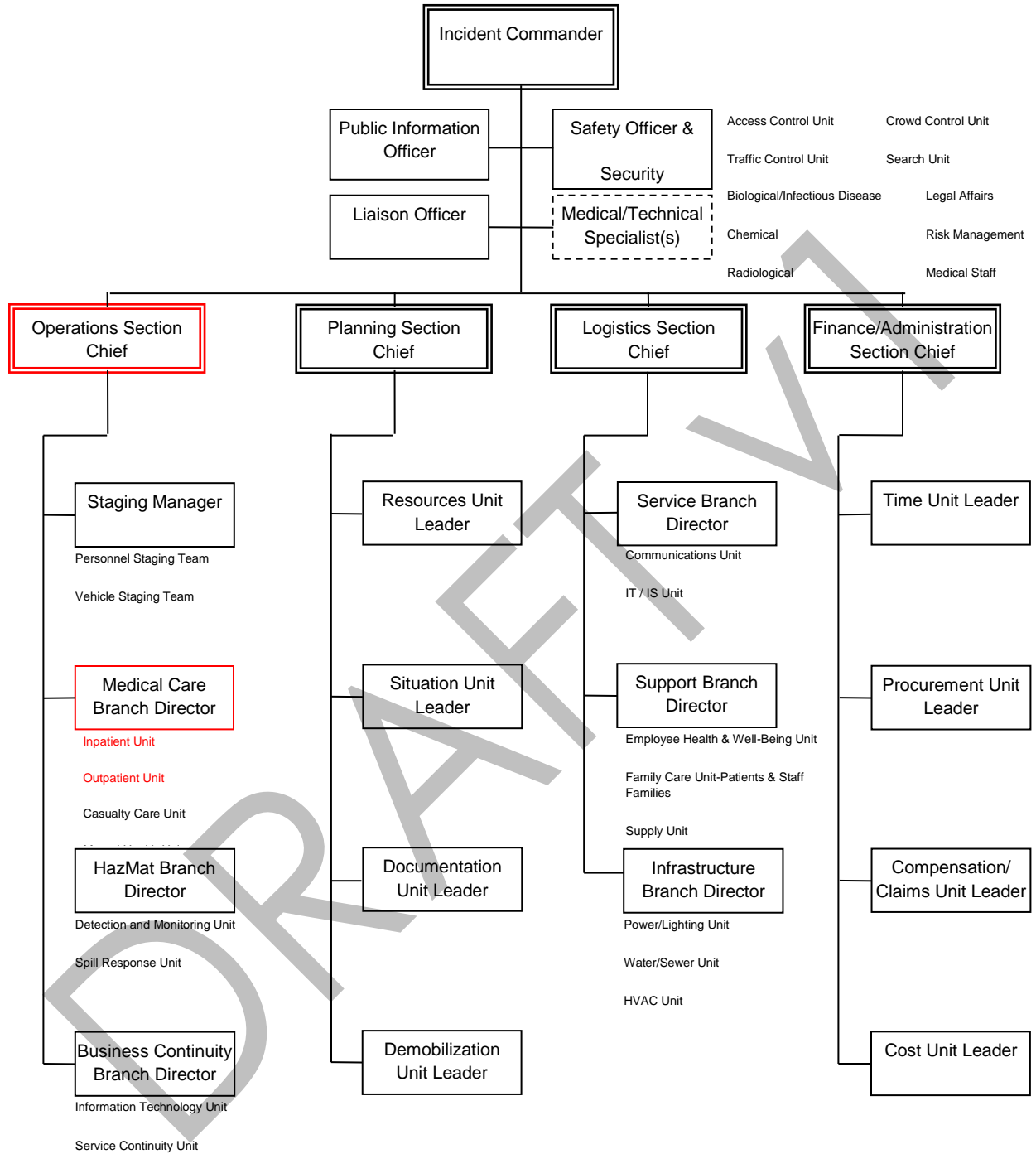
This plan addresses the role and responsibility of a patient care unit. Each patient care unit reports within the Operations Section of the Healthcare Incident Command System. Depending on the magnitude of the event the Operations Section Chief may appoint a Medical Branch Director. The Medical Care Branch Director may appoint an Inpatient/Outpatient Unit Leader to facilitate resources and communication among the patient care areas and report back to the Medical Care Branch Director and/or Command Center. See the Hospital Incident Command System Organizational Chart on page X.

It is important that each unit have ready access to the necessary equipment and supplies needed to response to various internal emergencies such as loss of power, lighting, and water. The items include but are not limited to:

- Radio/phone
- Appropriate forms
- Flashlights and chemical light sticks
- Bottled water
- Hand washing foam/disinfectant wipes
- Evacuation chairs/sleds

Deployment of needed equipment is managed by the Logistics Section. Once the situation is over, arrangements should be made for the items to be replaced and put back into a ready state.

Hospital Incident Command System



This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Emergency Response Procedures

This section reports to the Inpatient/Outpatient Unit Leader

If an event occurs stretching our ability to cope beyond our normal day-to-day capacity or interrupts our ability to conduct essential operations the following will occur:

- Notify Administrator on call
- Assess impact of event
 - Extent of facility damage / operational status.
 - Status of utilities (e.g. water, sewer lines, gas and electricity).
 - Presence and status of hazardous materials or environmental hazards near impacting the unit.
 - Condition of equipment and other resources.
 - See **Forms – Unit Assessment & Clinic/Unit Closure Form** for tools to assist making the operating status decision for the unit.
- Assess the need to open Command Center (See EOP Command & Control Section)

If a disaster is declared:

- Department/Unit Manager reports to the Command Center
- Attend Command Center Briefing
- Return to Department/Unit and completes Rapid Assessment Form as directed
- Bring Rapid Assessment Form to Command Center

Staffing

Unit Manager

- Evaluation of current staffing levels and resource deployment
- If needed, activate your call list. Determine if available. If called in have staff report to department. If not needed, send to the labor pool for an alternate assignment.
- Deploy non-essential staff to the labor pool or request additional needed staffing from the labor pool to sustain essential functions
- If off-duty staff cannot come in, how long can you operate? Can you contract staff or borrow from another facility?
- Notification of human resources, managers, union representatives and other key personnel as to status and plan implementation
- Identify similar core competencies that exist, for example, endoscopy, PACU, cath lab, etc.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Resources and Supplies	
Unit Manager	<ul style="list-style-type: none"> <input type="checkbox"/> Work with facilities/infrastructure team to ensure that all gas and suction lines are working correctly. Notes: <input type="checkbox"/> Work with supply chain team create list of needed non-medical equipment (beds, commodes, televisions and needed supplies, and create a resupply list.
Unit Procedures	
Patient Care Unit Staff	<ul style="list-style-type: none"> <input type="checkbox"/> Determine discharge areas and inform anyone picking up patient of the location and circumstances of event <input type="checkbox"/> Facilitate physicians orders and paperwork <input type="checkbox"/> Assign aides to gather extra equipment and have it ready for pick up as needed <input type="checkbox"/> Identify all areas that need to be cleaned or will need cleaning after discharge <input type="checkbox"/> Use a time sheet and account for all staff <input type="checkbox"/> If needed, activate your call list. Determine if available. If called in have staff report to department. If not needed, send to the labor pool for an alternate assignment. <input type="checkbox"/> Locate and make ready critical supplies <input type="checkbox"/> Round on and reassure patients and their families. Determine their needs: Move to an alternate department or facility y/n? If yes, determine location. Send with medical records w/clipboard and information on what is needed in holding area or new location <input type="checkbox"/> Patient precautions (ID, falls, etc)

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

<p>Infection Control Nurse</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Make continuous walking safety rounds to assure that all staff are following PPE guidelines. <input type="checkbox"/> Determine all patients considered infectious and determine who may be cohorted, moved out of private rooms and/or moved out of isolation rooms. <input type="checkbox"/> Serve as a resource for any suspicious or confirmed infectious disease patient(s) <input type="checkbox"/> In conjunction with the Infectious Disease attending and the Employee Health Nurse, as necessary, set up or begin vaccination programs. <input type="checkbox"/> Relay pertinent information from CDC and DPH to the Command Center and the treatment areas. <input type="checkbox"/> See Public Health Emergencies Plan for further information.
<p>Employee Health Nurse</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Make continuous walking rounds to check on safety practices. Report and or correct any safety violations. <input type="checkbox"/> Make initial contact with any injured or ill employee and direct the care in collaboration with the Employee Health Physician. <input type="checkbox"/> Assist the Infection Control Nurse in any vaccination program efforts. <input type="checkbox"/> If injuries, immediate care on 1st floor for triage and if needed transfer via EMS to healthcare

DRAFT

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Division Name	
Division Vice-President/Director	
Phone Number	
Email Address	

BCP Contact	
Work Phone	
Title	
Email Address	

Department's Responsibilities and Functions

Functions, Criticality and Recovery Priority							
	Department	Essential Function or Service	Maximum Interruption Tolerance (hrs)	Application(s) Required to Perform Function or Service	Can Work Be Performed At Home? (Y/N)	Maximum Number of Workspaces Required at Alternate Site	Maximum Number of Network Printers Required at Alternate Site
1							
2							
3							
4							
6							

Vital Supplies and Records	
Vital Records	Vital Supplies
1	
2	
3	
4	
6	

Strategy for Recovery and Interruption Impact

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Unit Assessment Form

Instructions: Immediately, when an emergency event occurs, the person in charge in each unit shall complete Section I (above solid line) of this form and deliver it to the Command Center. To assess the ability to continue operations use Section II. If deemed inoperable, use the Unit Closure Form to close your unit, and use the Evacuation procedures and the Alternate Care Site to move patients and operate your unit in an alternate location.

SECTION I

Date	Time	Unit/Department & Location	Person in Charge (Name/Title/Best Phone #)

Staffing: Indicate total staff presently on duty by position

Position	Number on Duty	Available to Personnel Pool (if needed)

(Circle answer) Are you adequately staffed for the disaster? **Yes / No** If no, do you need to recall staff from home? **Yes / No**

Current Patient Census _____ Total Patients for Immediate Discharge _____

Total Patient's that can be transferred to other units: _____

SECTION II

Operational Status: Are you fully operational, limited capability (**describe**), non-operational (**describe**)

<input type="checkbox"/> Fully Operational	<input type="checkbox"/> Limited or Non-operational

Resource Status:

Show status of major equipment or critical supplies, both on hand (including in use) and available for redeployment as needed (add equipment as necessary)

Resource	Quantity On Hand	Available for Deployment	Resource	Quantity On Hand	Available for Deployment
Stretchers			Oxygen tubing/kit		
Wheelchairs			Patient lifts		
Ventilators			Infant evac apron		
Portable monitors			Evacuation sleds		
IV pumps			Evacuation chairs		
BP machines					
Defibrillator					
Oxygen tanks					
Oxygen regulators					

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Technology/Utility Status:

Show status of major technology and utility systems used in or supporting your department (e.g., phones, lights, monitors, ventilators, computers, heat, AC, water)

Technology Item	Status (OK or Not Working – Explain status if necessary)
Lighting/Electricity	
Telephones	
Red/Emergency Phones	
Fax Machine/Line	
Red Outlets (emergency power)	
Nurse Call System	
Cardiac Monitors	
Oxygen / Air	
Computers	
Heat / Air Conditioning	
Water	

Issues/Problems/Needs

Describe any other issues or problems in your unit/department (e.g., need stretchers; staff needs relief; cleanup necessary)

<input type="checkbox"/> No Problems

STAFFING: If off-duty staff cannot come in, how long can you operate? Can you contract staff or borrow from another facility for an extended disaster? If the disaster has forced staff to leave the area/region, can they work somewhere within the healthcare until your department is ready for them to come back?

SUPPLIES: How long can you operate with present supply of vital consumable materials? _____ (# of hours)
After you determine your present status, please give your most accurate estimation on the status of your unit/department as time progresses (explain below what could enable you to extend your operating capability):

8 hours: _____ 12 hours: _____

24 hours: _____ 36 hours: _____

OTHER RECOVERY ISSUES: What services can you recover first (prioritize) to enable your unit/department to become operational, and what resources are necessary to assist you in accomplishing this goal?

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Relocation of Essential Functions and Services

Following the occurrence of an event adversely impacting the ability to operate, decisions regarding continuity of operations and patient care will be made. The decision will be based on the results of the damage assessment, the nature and severity of the event and other information supplied by staff, emergency responders or inspectors. If the unit experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet patient needs, the Incident Commander, in consultation with the Department Manager may relocate operations.

Unit Manager	<ul style="list-style-type: none"> <input type="checkbox"/> Review procedures for closing down the unit and business continuity procedures for setting up operations at an alternate location within the facility if a full evacuation is not warranted <input type="checkbox"/> Determine discharge areas and inform anyone picking up patient of the location and circumstances of event <input type="checkbox"/> Facilitate physicians orders and paperwork <input type="checkbox"/> Assign aides to gather extra equipment and have it ready for pick up as needed <input type="checkbox"/> Use a time sheet and account for all staff <input type="checkbox"/> Determine patients that need staff to accompany them during the relocation <input type="checkbox"/> Print Census <input type="checkbox"/> Prepare patients for movement to alternate location. <input type="checkbox"/> Round on patients with nurse caring for patient; identify and write on the census: <ul style="list-style-type: none"> ○ Who can be discharged ○ Who is oxygen dependent ○ Need for continuous IV pump usage ○ Identify patients who can be heplocked 4-6 hours ○ Mode of transportation (this is for short term, emergent movement off the unit) ○ Ambulatory/Non-Ambulatory ○ Patient precautions (ID, falls, etc) ○ Critical meds ○ Need for critical monitoring ○ Need for physician / RN accompaniment ○ Chart location for quick retrieval ○ Transfer y/n? If yes, determine location. Send with medical records w/clipboard and information on what is needed in holding area or new location <input type="checkbox"/> Copy census sheet with above written on it and staff sign in sheet. Send with a runner to the "Healthcare Command Center"
--------------	--

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Supplies & Medication	<ul style="list-style-type: none"><input type="checkbox"/> Document status of major equipment or critical supplies, both on hand (including in use) and how long can you operate with present supply of vital consumable materials.<input type="checkbox"/> Any supplies or equipment needed for specialized treatment will be packaged and evacuated with the patient (bedside and special medications).<input type="checkbox"/> Patient medications to accompany patient, if possible:<ul style="list-style-type: none">○ Must be dosage-specific for each patient○ Must be identified with patient name and medical record number<input type="checkbox"/> Controlled substance will not go with the patient unless a nurse or physician accompanies the patient. In large scale disasters, it could be necessary to get controlled substances to receiving facility. If controlled substance is to go to receiving facility, transferring RN will have count verified at sending facility. On arrival at receiving facility, a verification count and sign off will take place
-----------------------	---

DRAFT

UNIT CLOSURE FORM

Date			
Unit			
Reason for closure			
Department Chairman			
Nurse Manager			
Special issues (e.g. chemotherapy)			
Target Location for Patients			
Telephone operator calls forwarded to			
Departments to Notify	Complete	Unit Closure Tasks	Complete
Admitting department		Remove code carts	
Pharmacy		Remove equipment	
Transport			
Bloodbank		Environmental Services	
Care Management		Clean the Unit	
Communications			
Controller		Maintenance	
Data Processing		Unplug all electrical appliances	
Environmental Services		Lock all cabinets, secure supplies	
Food Service		Close all windows and doors	
Healthcareity Services		Turn off all lights	
Human resources		Turn off heat / AC	
Infection control			

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

IV resource nurse			
Laundry/Linen			
Maintenance			
Materials Management			
Medical Laboratories ? Excell			
MIS (if relocating to alternate site)			
Operating Room			
Pathology			
Patient information			
Public Relations			
Radiology			
Rehabilitation Services			
Respiratory therapy			
Risk Management and PI			
Satellite pharmacy			
Security			

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Alternate Site Elements and Criteria

Purpose of an Alternate Care Site

An alternate care site is a temporary location where patient triage, treatment, and supportive care occurs. One may be established as a result a large displacement of individuals requiring medical care, transfer of patients for interim care following a health facility evacuation or any other event creating a surge of patients that exceeds a hospital's capacity to care for patients. A Memorandum of Understanding (MOU) is used to set forth guidelines under which each hospital will transfer or accept patients in such an event as well. MOUs with Partner Agencies can also support and supplement resource needs in the event an Alternate Care Site is established. Examples of Partner Agencies include:

- Local Emergency Management Agency
- County/City Medical Director or EMS Agency
- Local Law Enforcement Agency
- Medical Reserve Corps
- State Disaster Assistance Team (Possible if they have one local)
- Local Community Emergency Response Teams
- American Red Cross
- VOADs, Church groups, etc
- Long-Term Healthcare Facilities (Nursing Homes, etc)

Selecting an Alternate Care Location

There are several considerations when selecting an alternate location for the delivery of care under emergency conditions. It is recommended that the location is evaluated and selected based on the criteria as part of the emergency management planning process.

Suggested criteria for an alternate care facility includes:

- Structurally sound building
- Close to hospital and major roads
- In a well-known geographic location
- Heating and air-conditioning
- Sufficient bathrooms and showers
- Telephone lines and internet access (preferably high speed)
- Cooking facilities
- Ability to lock down the facility
- Handicap accessible
- Pass fire inspection
- Emergency power generator system
- Sufficient parking and ingress/egress

Parking and Access

- The location of the building must be carefully considered. The sites should be familiar to the public. While it is important that the public view these sites as distinct from the hospitals, so that there is no confusion about which building they should enter, it is also important that they be easily accessible to the hospital for ease of transferring patients and sharing of resources such as laboratories and diagnostic capabilities. The ACS's onsite resource requirements will increase in direct proportion to the distance it is from the supporting hospital.
- The right balance of proximity to, and separation from, the hospital will need to be decided locally.
- Access to public transportation.
- The Admissions/Registration area of the ACS should be located on the ground floor for ease of patient access.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

- Car parking should be as close to the entrance as possible, well lit, and available exclusively for patients, their relatives, and in particular, ACS staff.
- There should be designated areas for ambulances and buses that drop off and pick up patients. This area should be well marked and be as close to the Admissions/Registration area as possible.
- Designated parking areas will also be needed for the following:
 - Ambulances that are not in use
 - Taxis and private vehicles to pick up patients (including those with limited mobility)
 - Family and other visitors
 - Police vehicles
 - Logistical resupply vehicles
- The patient reception entrance should be clearly identified (in English, Spanish, and other languages as necessary), using signage, from all approaches. The reception entrance should also be properly illuminated to allow for good visibility and to facilitate a safe environment at night.

Layout of ACS

- The goal is to identify space for the care of modules of 50 patients. Depending on the local conditions, a 50 bed capacity may be sufficient. However, it is recommended that additional areas be identified within the same structure to provide for one to three additional 50 bed units to allow for expanding the capacity by simply adding subunits within a given facility as space permits.
- The total size and number of nursing subunits will be influenced by factors such as facility layout, number of patients and staff, availability of technology and staff, patient acuity, and the medical logistics support structure.
- Due to the altered standard of care that may be in place, with a larger than usual patient to nurse ratio, as well as generally scarce resources, ward-like areas with 10 – 25 patients are preferred over rooms where only a few patients could be placed.
- Space determinants revolve around the major functional areas of the ACS, which can be further divided into the following areas:
 - Communications
 - Maintenance
 - Admissions/Registration

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

- Nursing (or patient care) subunits
 - Multipurpose family/visitor area (waiting room, counseling, etc.)
 - Multipurpose staff area
 - Pharmacy/medication preparation
 - Supply storage and distribution
 - Staff workstations
 - Support services (e.g., storage, bathrooms, utility)
 - Food services
 - Transportation dispatch and equipment
 - Secure area (for patient valuables, deceased persons' belongings)
 - Temporary morgue
- Consider the need for enough space to maneuver and circulate between beds and equipment. For infection control purposes, a minimum of three feet should separate the beds, and there should be space for bedside tables.
 - All buildings identified as an ACS must be handicap accessible.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Recovery/Resumption of Essential Functions and Services

Prior to returning to the primary site during the recovery phase, it is essential to determine the status of the facility and equipment. Once it is confirmed that essential infrastructure and supplies are available, essential functions can be resumed as detailed in the business continuity grid on page X.

Unit Manager	<ul style="list-style-type: none"> <input type="checkbox"/> Inventory medical supplies in each patient care area to identify anything that should be discarded, can still be used, or needs to be ordered <input type="checkbox"/> Do not dispose of unsalvageable equipment. Everything must be inventoried and evaluated for insurance purposes. <input type="checkbox"/> Use pre-existing order lists of products and supplies for each area to inventory supplies and create resupply lists. <input type="checkbox"/> Identify any equipment and/or supplies currently in storage that can be used to replace missing or damaged items. <input type="checkbox"/> Ensure that the environmental staff has the chemicals and cleaning supplies needed to begin clean up.
	<ul style="list-style-type: none"> <input type="checkbox"/> Identify missing or damaged medical equipment such as point of care testing machines, ventilators, portable monitors, smart pumps, blood gas machine, ventilators, bronchoscopes, echocardiogram machines, ultrasound machines, cardiac tear testing machines, etc. <input type="checkbox"/> Alert supply chain team about equipment that was sent with patients when they were evacuated. <input type="checkbox"/> Assist Biomed team to return and reconfigure medical equipment that was moved or disconnected during the relocation. <input type="checkbox"/> Work with Biomed teams and vendors to ensure that any specialized medical equipment and systems are functioning correctly. <input type="checkbox"/> Work with IT and Communications to identify missing or damaged computers or communications equipment. <input type="checkbox"/> Work with Facilities team to ensure that all gas and suction lines are working correctly.

Downtime Procedures Example

Administrative responsibility of the downtime procedures resides with the (Department/location), (Director's name). Department responsibility includes maintenance of the downtime procedures, which specifies the alternative processes that are to be activated to assure continuity of clinical and other services during a downtime event. The downtime procedures are to be reviewed and tested, at minimum, on a yearly basis.

NOTIFICATION PROCEDURES

Information Systems Communications

If the system is maintained by Information Services, a designated representative from the department will contact the IS Help Desk. The Help Desk will notify staff within IS related to specific system malfunction.

The following individuals are responsible to implementing downtime procedures, contacting users, vendor and contacting Information System personnel:

Individual	Title	Work Phone	Emergency Phone

DOWNTIME PROCEDURES FOR COMPUTER & NETWORK DISRUPTION:

1. Department would immediately activate the downtime procedures.
2. Charts are located in _____. A courier will have to walk to this location to retrieve patient charts for the rest of the day.
3. If a patient schedule had been printed prior to the disruption, the schedule can be used to track patients throughout the day. If a schedule was not printed prior to the disruption, Departmental Staff will not be sure who is scheduled for this day. List specific telephone instructions to be given to patients or other parties? (What exactly would you want people who speak to the patients say about the situation. Write this down so that everyone is saying the same thing.)
4. As long as phones are working, telephone instructions can be provided to patients or other parties.
5. The telephone message that will be given if a patient family contacts this department during a disruption is:
 - a. Good Morning (afternoon). Would you kindly provide me with your name and phone number. We are currently experiencing a computer outage and will need to obtain information from you over the phone as to your appointment Etc.) Our Technical Staff is working on a resolution to the disruption. (What exactly would you want people who speak to the patients say about the situation. Post this message so that everyone is saying the same thing.)
6. Labs will be ordered from paper and hand-delivered to the Lab Department.
7. Registration will be tracked on paper until systems are restored.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

8. If the Dictation system is down, physicians will either wait for it to be restored or document the information on paper to be dictated at a later juncture.
9. If necessary, our department will contact _____ to alert them that we are experiencing a computer disruption (vendors, business partners, insurance carriers, physicians, remote sites, etc.)

RECOVERY FOR COMPUTER AND NETWORK DISRUPTION:

1. Registration forms will be manually typed into system.
2. Any new lab orders should be put into the Lab system. All paper orders during disruption will be stored in the patient charts.
3. Any patient families (or other parties) who were waiting for information from patient charts or other systems will be called.
4. Any dictation that was held due to the disruption should now to dictate into the restored system.

DOWNTIME PROCEDURES FOR TELEPHONE DISRUPTION:

1. Department would immediately activate the downtime procedures for telecommunications.
2. Department would locate the personal cell phone listing kept within their department and initiate the cell phone call tree.
3. If possible, the main department phone number(s) will be transferred to one of the remote sites for message taking
4. The designated operator will be provided with a contact list of cell phone numbers. This designated operator will triage calls as they come in from patient families, etc. to the correct party. The message should be:
 - a. Good Morning (afternoon). Would you kindly provide me with your name and phone number. We are currently experiencing a telephone outage. I will communicate your message to the correct division/individual and they will return your call. Our Telecommunications Staff is working on a resolution to the disruption.
5. One individual from our department should be assigned to take and triage messages being sent from remote site.

RECOVERY FROM TELEPHONE/FAX DISRUPTION:

1. Telephone Operator who has been taking calls will be alerted that main phone systems are back up and running.
2. Fax machine will be checked for any queued messages and to make sure there is enough paper in machine to print all stored messages.
3. Any patient families (or other parties) who had tried to contact the department will be called.

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.

Call List

First Name	Last Name	Home Phone	Cell Phone	Available? Y/N If Y, When? Comments

This is designed to provide healthcare business continuity guidance and is not intended to be a complete or comprehensive plan.