Emergency Management and

Business Continuity Plan

Accounts Payable

# <insert logo here>

Emergency Management and

Business Continuity Requirements

**Accounts Payable recovery should be initiated following the recovery of services needed in the immediate [0-2 Hours] recovery timeframe. If mission critical services are interrupted, once it is confirmed that essential infrastructure and resources are available at the primary or alternate location, actions to resume services (and relocate if necessary) should be taken at the earliest time possible.**

**If the primary location is unavailable staff will continue mission critical processes remotely [tele-commuting].**

# Mission Critical Processes and Applications

**RECOVERY TIME [2-12 hours]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Receipt of Invoices (via email) | * <insert application here> | <insert downtime policy> |
| Document Capture | * <insert application here> |
| Document Storage | * <insert application here> |
| Vendor Payments   * EDI/ACH would continue * Payment Cards (PO Vendors/Medical + Critical Supplies) * Wires/EFTs * Utilities * Small Businesses based on criticality of service | <insert application here> |

## Vendor Payments

**Invoices Received by Mail**

* PO Box : Delivered to primary/alternate location as directed
* Medical Center Post Office: Delivered to primary/alternate location as directed
* Direct receipt at < Accounting office>: If <Accounting office> is unavailable, mail will be sent to Medical Center Post Office and routed to alternate location

**For vendor payments to occur, ensure the following:**

* 3-way approval needed for merchandise
* 4-way match for capital expense
* PO and either department approval or check request

**Emergency Procurements**

* <insert procedure here>

**Back up Check Printing**

* <insert procedure here>

**New Work**

* Check requests are hand delivered
* Key data from paper mail as received
* If paper is not available, key from email if it is available

**RECOVERY TIME [72 hours +]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Tax Payments | * <insert application here> |  |
| Travel + Expenses | * <insert application here> |

# Continuity Procedures

## Following an event that impacts your department and/or your operations, consider the following:

* Round on staff
* 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)
* Assess need to close department and/or relocate services
* Update Hospital Command Center (HCC) regarding department status, including resource needs, closure requirements and staffing shortages
* Plan for service reduction based on need, critical nature of service and recovery times in plan
* Communicate with incident command, all interdependent departments and other affected services regarding status and strategies for continuity/recovery
* Provide written notification to employees regarding status and strategies for continuity/recovery for the duration of the event and compensation provisions, if feasible
* Document the duration of the event
* Track, record and report all expenses during and related to the event:
  + Loss of revenue (i.e.: income the hospital will not receive)
  + Physical losses (i.e.: damage done to space and equipment)
  + Fixed costs (i.e.: non-variable costs paid whether department is operating or not)
  + Operating costs (i.e.: variable costs that may increase due to the event)
* 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.
  + Keep time sheets on all staff (exempt or not)
  + 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
* Retain all invoices to ensure all costs are captured and attributable to the event
* Establish and maintain documentation of all purchasing activities
* Track costs for use of equipment purchased and leased during the event

# Personnel Procedures

Employee Checklist

* Report to your department
* Bring/Wear ID Badge at all times
* Receive assignment from Department/Unit Manager
* Report to Labor Pool at the direction of Department/Unit Manager
* Prepare to stay/sleep at the Medical Center and bring the following: Bottled Water
* Toiletries
* Flashlight
* Personal Medications
* Change of Clothing

## Following an event that impacts your department and/or your personnel, consider the following:

* Evaluate immediate and ongoing staff needs based on existing and predicted levels of human resources available
* Activate your call list
* Notify Employees: communicate event impact, estimated duration and location/time/frequency of updates
* Determine staff availability
* Notify human resources, managers, union representatives and other key personnel as to status and plan implementation
* Coordinate alternative staff resource options with human resources. If needed:
  + Identify similar core competencies that exist
  + Request staffing needs update from the labor pool to sustain essential functions
  + Secure contract staff or borrow from another facility
  + Cross train staff with similar competencies by educators
* Develop and implement contingency staffing schedules and Implement alternative staff resource options that may supplement staffing needs (i.e., runners)
* Use sign in and time reporting sheet to account for all staff and hours during incident

ALTERNATE WORK OPTIONS

* Identify alternate work options available through “telecommuting” or other off-site possibilities as determined in departmental BCPs
* Assess flexible leave options that would allow employees to address family needs while continuing to support the organization through a flexible work plan
* Collaborate with EIS for remote access for staff performing mission critical processes

HEALTH AND SAFETY

* Evaluate potential health and safety issues with Environmental Health and Safety that might arise through diversion of staff to new job roles

FAMILY CARE PLAN

It should be assumed during a disaster that all employees might be needed. If staff must perform role at the medical center and requires care for dependents during the response, confirm with the Hospital Command Center that the Family Care Plan has been activated.

* Work with Environmental Services to set up space for over night arrangements

Communicate with food services needs to accommodate staff staying overnight and working extra shift

# Interdependencies

To perform mission critical processes, the department depends on the following internal and external services.

|  |  |  |
| --- | --- | --- |
| **INTERDEPENDENCY** | **SERVICE/PROCESS** | **ACTIONS IF SERVICE IS UNAVAILABLE** |
| Bank | AP initiates the batch job. ACH Payments are sent to <insert bank name here> for payment. | * Type/handwrite checks * Notify bank of the number, payee, amount |
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# Mission Critical Equipment and Supplies

* Conduct Inventory and document status of equipment and supplies
* Check condition of storage or onsite stockpiles to determine the level of damage, if applicable
* Create a resupply list
* Assess how long department can operate with available equipment and supplies
* Request assistance if necessary

| **MISSION CRITICAL EQUIPMENT AND SUPPLIES** | | | | |
| --- | --- | --- | --- | --- |
| **EQUIPMENT/SUPPLY ITEM** | **QUANTITY/PAR LEVEL** | **POST INCIDENT INVENTORY** | **GAP/AMTNEEDED** | **ACTIONS IF ITEM IS UNAVAILABLE** |
| Check Printer |  |  |  | * <insert action here> |
| Computers/Laptops |  |  |  | * <insert action here> |
| Toner Cartridge |  |  |  | * <insert action here> |
| Printer signature plate |  |  |  | * <insert action here> |
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# Vendors/Resources Call List

| COMPANY | POINT OF CONTACT | PHONE NUMBER | EMERGENCY CONTRACT IN PLACE Y/N? |
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# Mission Critical Vital Records

| **RECORD NAME** | **LOCATION** | **ALTERNATE BACK UP SOURCE** | **RECORD TYPE**  **PAPER/ELECTRONIC** |
| --- | --- | --- | --- |
| Employee Files | <insert location here> | <insert location here> | Paper |
| Paper Checks | <insert location here> | <insert location here> | Paper |
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# Staff Call List

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST**  **NAME** | **LAST**  **NAME** | **JOB**  **TITLE** | **SHIFT** | **EXTENSION** | **PAGER** | **HOME** | **CELL** | **ETA [mins]** |
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Evacuation and Relocation Procedures

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| **Assembly for full building evacuation** |  |
| **Nearest Elevator** |  |
| **Nearest Stairwell** |  |

# Evacuation Locations

# Evacuation Procedures

Follow procedure given by Fire department during annual fire drill.

# Relocation Procedures

# <insert procedure here>

# Recovery Procedures

<insert procedure here>