Emergency Management and

Business Continuity Plan

OBGYN Clinic

# <insert logo here>

Emergency Management and

Business Continuity Requirements

# If the OBGYN Clinic experiences an event that severely limit its ability to meet patient needs, the Department Manager may suspend operations until conditions change.

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). Preparations to initiate these actions should be taken at the earliest time possible.

# Mission Critical Processes and Applications

**RECOVERY TIME [24-72 hours]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Patient care [Registration, Consultations] | * Electronic Health Record
 |  |
| Prescribing/refilling medications | * Electronic Health Record
 |  |
|  |  |  |
|  |  |  |

**RECOVERY TIME [72+ hours]**

|  |  |  |
| --- | --- | --- |
| **PROCESS** | **APPLICATION** | **DOWNTIME POLICY** |
| Scheduling patient appointments | * Electronic Health Record
 |  |

# Continuity Procedures

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

* Round on patients
* Facilitate physician’s orders
* 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 due to interruption of care)
	+ 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 employing 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 shifts

# Interdependencies

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

|  |  |  |
| --- | --- | --- |
| **INTERDEPENDENCY** | **SERVICE/PROCESS** | **ACTIONS IF SERVICE IS UNAVAILABLE** |
| Lab | Semen prep | * Potentially to be done in main lab at main hospital, or MD office,
 |
| Patient Cycle Timing | IUI | * Any other licensed hospital space
 |
| Consults and ultrasounds | Consults and ultrasounds | * Reschedule or go to L&D for critical timed patients/ultrasounds
 |
| High risk patients | NSTs | * L&D for NSTs or back to primary obstetrician
 |
| Family Planning: Patient timing (pre-op) | Laminaria Placement | * L&D or PAC (Primary Adult Care) or refer out to other community family planning services
 |
| Post-op complications | Post-op assessment/check | * Send to urgent care or ED
 |
|  |  |  |
|  |  |  |
|  |  |  |

# Mission Critical Equipment and Supplies

During activations, the department manager/designee will assess the availability of Equipment and Supplies and report the status to the Hospital Command Center (HCC) as requested. During this process the following steps will be taken:

* 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 from HCC for Mutual Aid Agreement, if needed

Additional notes:

| **MISSION CRITICAL EQUIPMENT AND SUPPLIES**  |
| --- |
| **EQUIPMENT/SUPPLY ITEM** | **QUANTITY/PAR LEVEL** | **POST INCIDENT INVENTORY** | **GAP/AMTNEEDED** | **ACTIONS IF ITEM IS UNAVAILABLE** |
| Computer |  |  |  | * [Insert actions when item is unavailable]
 |
| Phone |  |  |  |  |
| Printer |  |  |  |  |
| Exam Table |  |  |  |  |
| Portable O2 |  |  |  |  |
| Thermometers |  |  |  |  |

| **MISSION CRITICAL EQUIPMENT AND SUPPLIES** |
| --- |
| **EQUIPMENT/SUPPLY ITEM** | **QUANTITY/PAR LEVEL** | **POST INCIDENT INVENTORY** | **GAP/AMTNEEDED** | **ACTIONS IF ITEM IS UNAVAILABLE** |
| Walkers |  |  |  |  |
| Crutches |  |  |  |  |
| Crash cart |  |  |  |  |
| Ultrasound Machines with probes |  |  |  | * Close clinic and refer out.
 |
| Resert HLD equipment and GUS stations |  |  |  | * Close clinic and refer out. Or, use abdominal probes if the physician agrees.
 |
| Ultrasound Machines with probes |  |  |  | * Close clinic and refer out
 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Vendors/Resources Call List

| COMPANY | POINT OF CONTACT | PHONE NUMBER | EMERGENCY CONTRACT IN PLACE Y/N? |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Mission Critical Vital Records

| **RECORD NAME** | **LOCATION** | **ALTERNATE BACK UP SOURCE** | **RECORD TYPE****PAPER/ELECTRONIC** |
| --- | --- | --- | --- |
| Patient Records | [Insert Record Location] |  | [Define if Record is Paper/Electronic] |
| Waiver and transfer forms and processes |  |  |  |
| Paper templates for tracking, dispensing, and charging |  |  |  |
| Staff Call List |  |  |  |
| List of supplies need to relocate and processes |  |  |  |
| Downtime Forms |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Staff Call List

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

Evacuation and Relocation Procedures

|  |  |
| --- | --- |
| **Horizontal Evacuation Location** |  |
| **Vertical Evacuation Location** |  |
| **Assembly for full building evacuation**  |  |
| **Nearest Elevator** |  |
| **Nearest Stairwell** |  |

# Evacuation Locations

# Evacuation Procedures

The decision to evacuate, return to the facility and/or re-open the facility for partial or full operation depends on an assessment of the following:

* Extent of facility damage / operational status
* Status of utilities (e.g. water, sewer lines, gas and electricity)
* Presence and status of hazardous materials
* Condition of equipment and other resources
* Environmental hazards near the facility

# Relocation Procedures

* Round on and reassure patients and their families
* Determine patient 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
* Determine discharge areas and inform anyone picking up patient of the location and circumstances of event. Any supplies or equipment needed for specialized treatment will be packaged and sent with the patient (e.g. home care supplies). Patient medications to accompany patient, if possible:
* Must be dosage-specific for each patient
* Must be identified with patient name and medical record number
* Controlled substances will not go with the patient
* Facilitate physicians orders and paperwork
* Identify all areas that need to be cleaned or will need cleaning after discharge
* Use a time sheet and account for all staff
* Locate and make ready critical supplies
* Move patients to holding area(s) for discharge or transport to Alternate Care Site
* Place a sign on the clinic in appropriate languages that explains the circumstances, indicates when the facility intends to reopen (if known), and location of nearest source of medical services
* If the environment is safe, station staff at entrance(s) to answer patient questions and make referrals
* If staff are no longer needed, send to the labor pool for an alternate assignment

# Recovery Procedures

**Prior to recovery and resumption of services at the primary site, it is essential to determine the status of the facility and equipment. Once it is confirmed that essential infrastructure and supplies are available, efforts to recover at the primary patient care area can be initiated.**

* Identify missing or damaged medical equipment and supplies
* Alert supply chain team about equipment that was sent with patients when they were evacuated, if applicable
* Assist Biomed team to return and reconfigure medical equipment that was moved or disconnected during the relocation
* Work with Biomed teams and vendors to ensure that any specialized medical equipment and systems are functioning correctly
* Work with IT and Communications to identify missing or damaged computers or communications equipment