Facility Name

Business Continuity Plan
CLINICAL DEPARTMENT [Template]

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This template is provided by the Los Angeles County Emergency Medical Services Agency as a resource to assist healthcare facilities document their business continuity program planning activities, and to meet the US DHHS ASPR Healthcare Preparedness Capability 2: Healthcare System Recovery whose focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

Contents

Business Continuity Plan Overview

Facility Name recognizes the importance of continuity planning to ensure the continuity of performing essential services across a wide range of emergencies and incidents, and to enable our organization to continue functions on which our customers and community depend.

Department Business Continuity Planning Activities include:
- Conduct business impact analysis and business process analysis
- Identify mission-essential services, recovery time objectives, and maximum tolerable downtimes
- Develop department-specific business continuity plan
- Conduct staff trainings and exercises to evaluate the plans
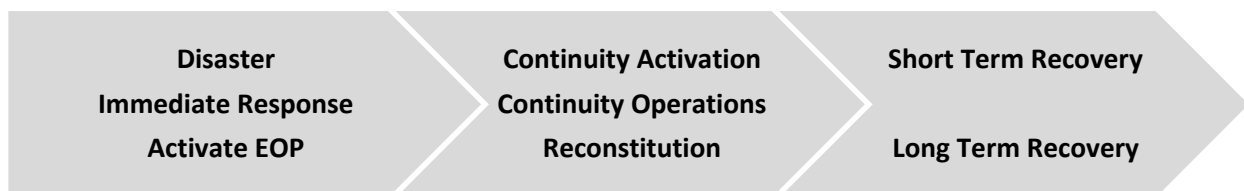
The Business Continuity Plan (BCP) describes the implementation of coordinated strategies that initiate activation, relocation, and/or continuity of operations for this department. The BCP is an all-hazards plan that addresses the full spectrum and scale of threats from natural, manmade, and technological sources.

Objectives
- Facilitate immediate, accurate and measured service continuity activities after emergency conditions are stabilized.
- Reduce the time it takes to make some critical decisions that personnel will need to make when a disaster occurs.
- Minimize the incident's effect on daily operations by ensuring a smooth transition from emergency response operations back to normal operations.
- Expedite restoration of normal services.

BCP Activation

The BCP is activated after emergency conditions are stabilized.

Disaster	Continuity Activation	Short Term Recovery
Immediate Response	Continuity Operations	
Activate EOP	Reconstitution	Long Term Recovery

If an incident disrupts normal operations and impacts essential operations of this department, measures are to be taken to prepare and pre-position resources to ensure continuity of mission essential services and processes.

NOTE: If the department cannot operate and/or there is a life safety issue, go directly to Evacuation Procedures located in the Department Emergency Response Plan.

The Hospital Command Center (HCC) using the Hospital Incident Command System (HICS) and a HICS Incident Management Team will implement emergency response procedures outlined in the Emergency Operations Plan (EOP). The HCC and HICS Team are comprised of personnel with the knowledge and authority to respond to incidents that can impact the ability of the facility to perform its normal daily functions. The HICS Business Continuity Branch Director will coordinate continuity activities.

Department BCPs are secondary to the EOP and department Emergency Response Plans.

Following the occurrence of an incident adversely impacting the ability to operate, decisions regarding continuity and/or recovery 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 incident, and other information supplied by staff, emergency responders or inspectors. If the department experiences major damage, loss of staffing, a dangerous response environment, or other problems that severely limit its ability to meet needs, the Incident Commander, in consultation with department leadership, may relocate operations.

Initial Actions Checklist for the Department Manager

- ❐ Notify employees of BCP activation.
- ❐ Document status of major equipment and critical supplies (see Equipment and Supplies List).
- ❐ Evaluate and document immediate staffing levels.
- ❐ Determine how long you can operate in current state.
- ❐ Assess need to close down unit and/or relocate services.
- ❐ Communicate unit status, including resource needs, unit closure requirements, and staffing shortages to Hospital Command Center (HCC).
- ❐ Communicate need to close down unit and/or relocate services to the HCC.
- ❐ Evaluate ongoing staff needs based on existing and predicted levels of human resources available.
- ❐ Implement alternative staff resource options, including contractor staffing options that may supplement staffing needs.

Orders of Succession

Insert Department Description Paragraph

Continuity of leadership is critical to ensure continuity of essential functions. Department Name has established and maintains Orders of Succession for key positions in the event department leadership is incapable of performing authorized duties. The designation as a successor enables that individual to serve in the same position as the principal in the event of that principal's death, incapacity, or resignation.

All persons (by position) listed will have authority to operate in the position they are assuming to the fullest extent possible until such person is relieved by the next highest-ranking individual.

Business Operations Succession Plan

Key Position	Successor 1	Successor 2	Successor 3
Department Manager			
Assistant Manager			
Department Manager's Supervisor			
Charge Nurse			

Clinical Operations Succession Plan

Key Position	Successor 1	Successor 2	Successor 3
Charge Nurse			
Senior RN			

Delegations of Authority

In Orders of Succession, a successor will typically take on all of the duties of the person they are replacing. Delegations of Authority allows certain duties of one individual/position to be divvied up and assigned / delegated to multiple individuals if the designated Successor is not available or based on expertise of other facility personnel.

Department Name has established Delegations of Authority to provide successors the legal authority to act on behalf of Department Name for specific purposes, and to carry out specific duties. Delegations of Authority will take effect when normal channels of direction are disrupted and will terminate when these channels are reestablished.

Delegation of authorities for making policy determinations and for taking necessary actions at all levels of an organization ensures a rapid and effective response to any emergency requiring the activation of a continuity plan.

Authority	Triggering Conditions	Position Holding Authority	Delegated Authority
Evacuate the department	When conditions make coming to or remaining in the department unsafe	Department Manager	1. Assistant Dept Mgr 2. Charge Nurse 3. Senior RN
Allow staff to leave work	When the pre-identified department leadership is not available	Department Manager	1. Assistant Dept Mgr 2. Dept Mgr's Supervisor 3. HR Manager
Non-usual patient care procedures	When the pre-identified department leadership is not available	Charge Nurse	1. Senior RN 2. Charge Nurse's Supervisor 3. CNO
Purchase supplies	When the pre-identified senior leadership is not available	Department Manager	1. Assistant Dept Mgr 2. Dept Mgr's Supervisor 3. Finance Director

Mission-Essential Services Assessment

Mission-essential services and functions are important and urgent. Essential functions are the activities that cannot be deferred during an emergency. These activities must be performed continuously or resumed quickly following a disruption.

The recovery timeframe of all services, departments and functions are assessed and prioritized to assist in planning and recovery implementation. They serve as key continuity planning factors necessary to determine appropriate staffing, communications, essential records, facilities, training, and other requirements.

Each department maintains a plan that identifies their essential functions, staffing, vital records, and key applications, equipment, and supplies. Implementation of a department's continuity plan will be based on the needs and considerations of the actual incident and resources available, and may be implemented in a different schedule than identified below.

Any function which does not need to be performed for 3 days is not considered essential.

The reason the organization defers activities until later is to free up resources that allow it to focus on those things that cannot be deferred. Thus, it is just as important to identify non-essential functions (which can be deferred) as it is to identify essential functions (which cannot be deferred).

The Maximum Tolerable Downtown is the maximum length of time (in hours or days) that the service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations.

Tier 0	Recovery Time Objective Immediate	Criticality Immediately needed; presents life threatening or catastrophic impact if interrupted	Maximum Tolerable Downtime
Tier 0	**Dept Division**	**Essential Service / Function**	
Tier 0	Patient Care	Caring for patients on ventilators	
Tier 0	Patient Care	Caring for patients under anesthesia	

Tier 1	Recovery Time Objective 4 hours or less	Criticality Needed in less than 4 hrs, or it may present threat to life safety if downtime extends beyond	Maximum Tolerable Downtime
Tier 1	Dept Division	Essential Service / Function	
Tier 1	Patient Care	Patient assessment (rounding, vitals)	
Tier 1	Dialysis Clinic	Caring for patients undergoing dialysis	

Tier 2	Recovery Time Objective 12 hours or less	Criticality Needed in same shift or < 12 hrs, or likely to impact operations and/or patient satisfaction	Maximum Tolerable Downtime
Tier 2	Dept Division	Essential Service / Function	
Tier 2	Patient Care	Obtaining and dispensing medication	
Tier 2	Admin	Family communications	

Tier 3	Recovery Time Objective 3 days or less	Criticality Minimal impact or risk; needed in 1 to 3 days	Maximum Tolerable Downtime
Tier 3	Dept Division	Essential Service / Function	

Tier 3	Recovery Time Objective 3 days or less	Criticality Minimal impact or risk; needed in 1 to 3 days	Maximum Tolerable Downtime
Tier 3	**Dept Division**	**Essential Service / Function**	
Tier 3	Admin	Regulatory Compliance & Reporting	
Tier 3	Outpatient Clinics	Referrals to decrease patient load on hospital	

Tier 4	Recovery Time Objective 3 days or more	Criticality Need in long term, beyond 3 days	Maximum Tolerable Downtime
Tier 4	**Dept Division**	**Essential Service / Function**	
Tier 4	Patient Care	Patient education	
Tier 4	Admin	Billing - processing claims & receipts	

Staffing

Normal Staffing

The Department Name employs the following staffing types and levels. If it becomes necessary to relocate services to another location, this list can be used as a starting point to ensure staffing resources and functions are complete.

Disaster Response and Continuity Staffing

The Department Manager (or designee, or successor) will work with the HCC to minimize the impact to departmental operations by maintaining, resuming and recovering critical functions to the service levels identified the department's Emergency Response Plan, and the Recovery Time Objectives defined in the department's BCP.

During an emergency or disaster, staff resources may be limited. The following identifies the minimum staffing required in maintaining mission critical services and operations.

Position Title	Essential Service / Function	FTEs required during normal conditions	Minimum FTEs required during crisis	FTE who may be available for re-assignment
Manager	Administration	1	1	0
Assistant Manager	Administration	1	1	1
Admin Assistant	Administration	1	1	0
Charge Nurse	Patient Care	2	1	1
Senior RN	Patient Care	6	5	1
Staff RN	Patient Care	2	0	2
LVN	Patient Care	6	3	3
Resident/Fellow	Patient Care	2	0	2
Student	Clerical support	2	0	2
Volunteer	Clerical support	2	0	2

Hospital Command Center Staffing

When the HCC is activated, designated staff will leave the department and take on a position on the HICS Incident Management Team and will no longer serve their role in this department. The following staff (identified by department position) will likely be assigned to the Hospital

Command Center and unavailable to perform departmental services (actual assignment to the HCC will be incident-specific):
- Assistant Manager

Loss of Staffing
If the incident results in a decrease in staff available, or a need for increased staff, the Department Manager (or designee, or successor), will work with the HICS Operations Section / Medical Care Branch Director and the HICS Logistics Section / Support Branch / Labor Pool & Credentialing Unit to identify needs, and if necessary, brainstorm on possible solutions.

Staffing considerations include:
- Evaluation of immediate and ongoing staff needs based on existing and predicted levels of human resources available.
- Activate the department call list and notify employees as to plan activation and determine availability. Have staff report to department.
- Notification of human resources, managers, union representatives and other key personnel as to status and plan implementation.
- Explore alternative staff resource options.
- 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.
- Assess 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.
- Assess union issues surrounding overtime issues and disaster support/sharing of responsibilities among workers.
- Evaluation of potential health and safety issues that may arise through diversion of staff to new job roles and loss of critical staff in various operational positions.

Interdependencies - From Others

To perform mission critical services, the Department Name depends on the following internal and external dependencies or needs.

The Maximum Tolerable Downtown is the maximum length of time (in hours or days) that the service or function can be discontinued without causing irreparable harm to people (staff, patients, visitors) or operations.

Internal Dependencies

Essential Service / Function	Dependency (Need)	Dept / Division Responsible	Actions if Dependency is Unavailable	Maximum Tolerable Downtime
Powering ventilators	Electricity	Engineering	Perform manual resuscitation	
Lights	Electricity	Engineering	Use flashlights, open curtains	
EMR, orders, lab results	Computers, access to Epic	HMIT	Implement downtime procedures	
O2	Medical Gases	Engineering	Portable tanks	
Medications	Pharmacy	Pharmacy		
Testing of specimens	Clinical Laboratory	Clinical Laboratory		
Internal phones and paging system	Communication devices	Telecommunications	Use hand-held radios and runners with paper messages.	
Maintain ambient temperature	HVAC	Engineering	Contact HCC	
Patient foodservice	Dietary	Food & Nutrition	Contact HCC	
Assigning patients	Bed Control			
Clean linens	Central Supply	Central Supply	Contact HCC	

Essential Service / Function	Dependency (Need)	Dept / Division Responsible	Actions if Dependency is Unavailable	Maximum Tolerable Downtime

External Dependencies

For most external dependencies, the department will rely on internal methods for procuring staffing and resources via the Hospital Command Centers.

For external dependencies that this department depends on to perform its mission essential functions and services, and that this department has direct contact with, see the following table.

Essential Service / Function	Dependency (Need)	Organization Responsible	Actions if Dependency is Unavailable	Maximum Tolerable Downtime

Interdependencies - To Others

The following internal departments and services depend on the Department Name to perform its mission-critical services.

Essential Service / Function	Dependency (Need)	Dependent Dept / Division
Continue to care for patients or to take a surge of patients to maintain operations	Patient Care	All other patient care departments

Mission-Essential Equipment and Supplies

During activations, the Department Manager (or designee, or successor) in coordination with staff will assess the department's essential equipment and supplies and report the status to the Hospital Command Center (HCC) as requested. During this process the following steps will be taken:

- Document status of major equipment or critical supplies, both on hand and in use, and how long they can operate with present supply of vital consumable materials.
- Take inventory of current equipment and supplies and create a resupply list.
- Check condition of storage or onsite stockpiles to determine the level of damage to equipment and goods.
- If it becomes necessary to relocate services to another facility, this list can be used as a starting point to ensure resources will be available.

Description (Item, brand, size, etc.)	Usual Quantity	Maximum Tolerable Downtime
Computer (with monitor, keyboard, mouse) with intranet connection	10	
Telephones	10	
Chairs	10	
Desks	10	

Vendors / Resources Contact List

Vendors that are relied upon for interdependent services are identified below. Vendor contact information may also be included in the Vital Records for the Materials Management Department.

During an emergency response, the HICS Logistics Section may assist the department in contacting and procuring needed resources.

Service	Company	Point of Contact	Emergency Phone Number	Emergency Contract in Place?	Maximum Tolerable Downtime

Mission-Essential IT Applications

Recovery Time	Software Application
0-2 Hours	• Ventilator alarms • Electronic medical records • •
2-12 Hours	• Electronic pharmacy system • Lab information system • Nurse call system • •
12-72 Hours	• Email • Payroll • •

IT and Communications Downtime Procedures

Administrative responsibility of the downtime procedures resides with each department. Department responsibility includes maintenance of the downtime procedures, which specifies the alternative processes that are to be activated to assure continuity of services during a downtime event. The downtime procedures are to be reviewed and tested, at minimum, on a yearly basis.

Downtime Procedures Checklist	
Computer & Network	
Disruption	• Activate downtime procedures. • Use phones and/or radios and paper request forms. • •
Recovery	• When network and system are back up, downtime forms will be back entered into the system manually by support personnel. • •
Telephone	
Disruption	• Use radios and/or runners and paper forms.

Downtime Procedures Checklist	
Recovery	- Use phones, and can continue to use radios and/or runners with paper request forms.

Mission-Essential Vital Records

Another critical element of a viable continuity plan and program is the identification, protection, and ready availability of electronic and hardcopy documents, references, records, information systems, and data management software and equipment (including classified and other sensitive data) needed to support essential functions during a emergency response, service continuity, and recovery.

Department Name personnel, vital records, and storage locations have been pre-identified. Staff will be deployed during an emergency to ensure the protection and ready availability of these essential records to support essential functions under the full spectrum of emergencies.

Vital Records:	Location			
Emergency Operations	Electronic Copy	Hard Copy	Mobile Copy	Remote Back-Up
Standard Operating Procedures Plan (SOPs)				
Department Disaster Plan				
Evacuation Plan				
Business Continuity Plan				
Orders of Succession				
Delegations of Authority				
Downtime Procedures				

Vital Records: Rights and Interests Records
Vital to carrying out the department's mission-essential, legal and financial activities.

Vital Records:	Location			
Essential Business	Electronic Copy	Hard Copy	Mobile Copy	Remote Back-Up
Admission Records				
Licenses				

Vital Records:	Location			
Essential Business	**Electronic Copy**	**Hard Copy**	**Mobile Copy**	**Remote Back-Up**

Continuity Facilities, Department Closure and Devolution

Continuity Facilities
Our overall business continuity strategy is based upon using existing internal resources for continuity of services and operations impacted by a disruptive incident, whenever possible. Primarily, this involves the relocation of departmental services to one of three alternates:
- The designated department staff would relocate to an alternate location, as identified in the Business Continuity Plan below.
- Designated department staff may be assigned to other departments.
- Staff equipped to work at home may be assigned to continue to work at home.

If the incident requires an immediate evacuation response without being able to conduct formal Department Closure procedures, in planning with the Emergency Management Coordinator and the Business Continuity Planning Team, each department has identified at least three evacuation locations (on the same floor, vertical evacuation, and outdoor collection area).

In coordination with the HCC, it will be determined whether services (clinical and non-clinical) can be continued in this location. If services can be continued, then resources needed will be identified.

Department Closure
If a primary department location is deemed to be inoperable or unsafe, the Department Manager (or designee, or successor) will initiate department closure procedures, and prepare for relocation to the alternate location which may provide full or limited operational capability. The decision to close and the activation of the alternate operating facility and relocation will be coordinated with the HCC.

Department Closure: Department Manager (or designee, or successor) Checklist
- ❑ Coordinate with HCC: criteria to shut down, location of alternate location, set up, supplies needed, transport of equipment/supplies, security of building, and IT accessibility.
- ❑ Notification of closure and relocation site with exact date/time to staff and departments.
- ❑ Determine staff schedule that correlates with needs in alternate location.
- ❑ Equipment and Supplies
    - o Request par level for supplies and determine essential needs for alternate site.
    - o Contact HCC to have transport brought to loading area dock for supplies.
    - o Designate staff to load supplies in appropriate vehicles with inventory of those being relocated.
- ❑ Collaborate with IT areas for computer access, application availability and areas of needed.

Relocation to Continuity Facilities
In coordination with the HCC, an assessment of the safety of the alternate facility will need to be completed before our department will relocate.

Continuity Facility Requirements

Requirement	Details, Notes, Comments
Positive pressure	
Negative pressure	
220 volt power	
HEPA filtration	
HazMat containment	

Pre-Identified Continuity Facilities

Continuity Facility (Name of floor, dept, building ,etc)	Operational Capability		Accommodations (Ready to use, resources required, etc.)	Notes	Address, Telephone
	Full	Limited			

Relocation: Department Manager (or designee, or successor) Checklist
- ❑ Contact alternate site when en route to relocation site.
- ❑ Designate locations for equipment, supplies and vital records.
- ❑ Designate staff to unload equipment/supplies and equipment to designated areas.
- ❑ Place supplies in designated area and secure.

- ❑ Inventory relocated supplies and equipment.
- ❑ Designate patient care areas.
- ❑ Conduct patient assessment upon arrival.
- ❑ Designate area for staff breaks and rest periods.
- ❑ Ensure security of building.
- ❑ Post signage.
- ❑ Provide breaks and rest periods to staff.
- ❑ Re-evaluate staff schedule and needs per shift and adjust as needed.
- ❑ Collaborate with IT and Business Office: assignments of data entry not captured at alternate care site to be entered.
- ❑ Do not dispose of unsalvageable equipment. Everything must be inventoried and evaluated for insurance purposes.
- ❑ Use pre-existing order lists of products and supplies for each area to inventory supplies and create resupply lists.
- ❑ Identify any equipment and/or supplies currently in storage that can be used to replace missing or damaged items.
- ❑ Work with IT and Communications to identify missing or damaged computers or communications equipment.
- ❑ Work with Facilities team to ensure that all utilities are working correctly.

Devolution

Devolution takes place when an organization's primary and alternate facilities, staff, or both are unavailable and essential functions must be transferred to someone else at a different facility.

If we are unable to provide patient care (to a single department up to the whole facility), the devolution plan is to work with our sister facilities and community response partners to transport patients to another healthcare facility. Our Evacuation Plan details the procedures for patient movement, information and resources that need to accompany the patients, and our Communication Plan identifies key contacts.

Once it is safe to do so, Reconstitution activities will commence.

Reconstitution: Recovery and Resumption of Services

Reconstitution is the process by which surviving and/or replacement organization personnel resume normal operations in the primary operating space (a single department, floor, or the entire facility). In some cases, extensive coordination may be necessary to backfill staff, procure new operating space or facility, and re-establish communications, IT infrastructure, and essential records. Once it is confirmed that essential infrastructure and supplies are available, services may be resumed at primary workspace.

The four key phases of reconstitution for any type of operating space are:
1. Re-enter the physical space - ensure safety
2. Re-open the physical space - replenish supplies, equipment, and staff
3. Repatriation of patients, if a patient care area
4. Resumption of normal service delivery

Re-Enter ➤ **Re-Open** ➤ **Repatriate** ➤ **Resume**

Department Manager (or designee, or successor) Checklist
❑ Confirm with the HCC to validate all clear to return to facility. In cooperation with the HCC:
  ❑ Inform all personnel that the emergency no longer exists
  ❑ Implement a service priority-based phased approach to reconstitution of the department.
  ❑ Confirm that proper authorities (facility, government agencies) have approved the repatriation and resumption of services.
  ❑ Notify employees of reconstitution and when to report.
    o If staff need transportation from an alternate work site, make arrangements with the HCC.
  ❑ Contact HCC if it is necessary to transport equipment and supplies from the alternate work location. Assign staff to load supplies, equipment, records and return to facility.
  ❑ Verify all systems, communications, and other required capabilities are available and operational.
  ❑ Identify vital records affected by the incident and ensure an effective transition or recovery of records.
  ❑ Update the HCC when all staff, equipment and supplies have returned to the normal worksite.
  ❑ Reopen department and resume operations.
  ❑ Notify internal and external stakeholders of reconstitution.
  ❑ Repatriate patients.
  ❑ Prepare After-Action Report, Corrective Action and Improvement Plans.

Appendix A: BCP Update Schedule

In order to ensure efficacy of the BCP, it is to be reviewed and updated on the schedule outlined below. The Department Manager is responsible for maintaining and carrying out the Update Schedule. Once updated, the Plan must be approved, and then provided to all responsible parties and previous version gathered and destroyed.

NOTE: Following an incident, it will be determined whether an out-of-cycle update is required. If so, the update will be recorded and the BCP will be revised and distributed.

BCP updates may occur with:
- The addition of new employees or transferred employees to the department.
- The relocation of employees, supply areas or other resources.
- Changes in departmental procedures that would affect downtime procedures.
- Changes in management or reporting structure within the department.
- New computer systems to be used by the department.
- Changes in vendors that the department is using.
- After an actual downtime occurs.
- Lessons learned from a BCP training or exercise.
- Annual review.

Date of Update	Plan Version	Reason for Update

Appendix B: BCP Training and Exercise Schedule

The BCP will be trained and exercised on the schedule outlined below. Trainings and exercises should occur prior to the required plan update in order for the lessons learned to be reflected in the update.

The Department Manager is responsible for ensuring the exercises and trainings are carried out and documented.

Date	Training or Exercise Title	BCP Focus Area