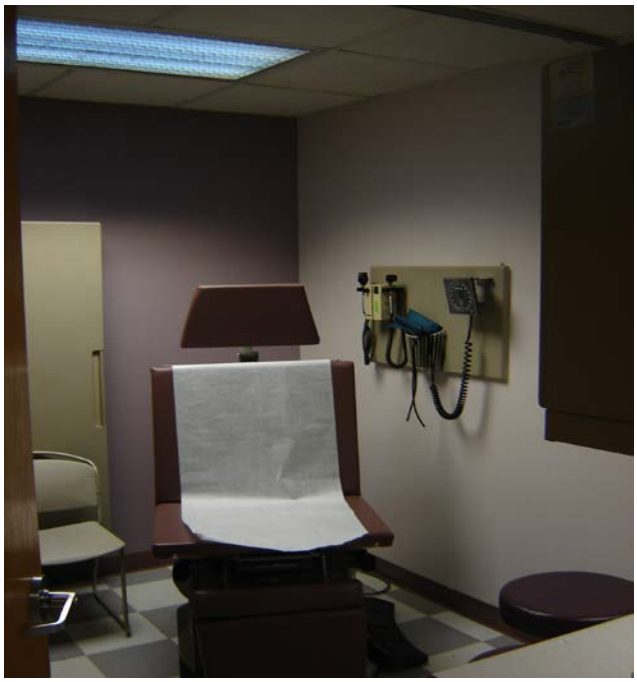
PCEPN

Primary Care Emergency Preparedness Network

Primary Care Center Business Continuity Planning Template



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Type Preparedness, Response, and Recovery	Approval	Tier Tier 1 and 2
Effective Date	Revised Date	Attachment

4.0 Introduction to Health Center Business Continuity

Business Continuity policy and practice is rapidly becoming one of the most used emergency planning processes within the private sector. Business Continuity, much like Continuity of Operations (COOP) for government, is based on an entity's ability to continue operations during and after a disaster or disruption. Unlike COOP, where the concentration of services remains in the response phase and the recovery is based on function rather than the financial ability to function, Business Continuity focuses on both the response phase and the recovery phase as a function of the business and plans for the likely financial constraints that come with disruptions. That is it prepares the business to function during a disaster by planning for potential financial losses, identifying mitigation strategies to lessen the financial impact, and tallying the potential financial losses overall. In the recovery phase it focuses on the ability of the entity to function safely while attempting to recover financial losses by employing strategies to maximize returns either through the use of business models, insurance, and other financial venues and instruments. While COOP focuses on the ability of government to function during an emergency without concentrating on funding as a limiting factor, BC focuses on the business' ability to function and recuperate after a disaster while focusing on funding at the same time.

4.0.1 Purpose

The purpose of this policy is to establish the need for a Business Continuity program, establish managerial support, and establish the need for entering into the Business Continuity planning process.

4.0.2 Health Center Business Continuity Needs

It is the policy of this health center to continue to serve the community during and after a disaster. To this end, this health center establishes the need to plan for and respond to interruptions in the regular business processes that are the foundation of the business aspects of this health center. In order to properly respond to community needs during a crisis, this center must be prepared to maintain its business functions in order to continue

the funding and distribution of payroll, pay vendors and suppliers, and pay for standard business expenses needed to operate this center. Also, as a function of Business Continuity preparedness, this center must identify the business's essential functions and identify those persons within the business with the authority to act on behalf of the center should normal operational authority be curtailed by the disaster.

4.0.3 Health Center Business Continuity Policy

It is the policy of this health center to establish a Business Continuity program within our emergency management program that will focus on the preparedness, mitigation, response, and recovery of the Business Continuity needs of this organization. Furthermore, the leadership of this health center understands and acknowledges the need to maintain operations and recoup losses after an emergency for the sake of the community and the organization. Therefore, the leadership of this organization firmly supports the organized exploration of the functions of the business aspects of this health center, it supports planning for disruptions, responding to those disruptions, and actively recovering from disruptions for the purposes of continuing the business of the health center and to protect its core assets.

The leadership of this health center therefore establishes a Business Continuity steering committee to be located within the emergency management committee of this health center. This committee is to report directly to the chair of the emergency management committee and will assist the emergency management committee incorporate the principles and practices of Business Continuity into its emergency planning and response to crisis during disasters either within the health center or within the community.

4.0.4 Scope of Legal and Regulatory Authority

The scope of the Business Continuity program and plan will focus on the function of the business aspects of the health center and its activities. They are authorized by the senior leadership and board of directors of this health center. The senior leadership thereby orders the health center's emergency preparedness committee, specifically the Business Continuity steering committee subcommittee, to engage in Business Continuity and continuity of operations practices to ensure that this health center is able to withstand disruptions by planning for potential emergencies, mitigating the risks faced by the health center, responding to the needs of the health center during an emergency, and planning the necessary policies and procedures needed to recover from disruptions, internal emergencies, and external disasters.

New York State has no specific law requiring the private sector to develop Business Continuity plans. However, State Executive Law §23 requires of all local government entities that emergency plans will be consistent with those of neighboring governmental entities and districts. In order to integrate the health center with the community, the emergency preparedness committee is hereby ordered to participate in community planning and ensuring that all planning is consistent with that of local authority and attempt to protect core assets to ensure the continuity of the business.

This plan, in whole or in part, may rely upon the following laws or regulations for the power necessary for its development:

1. NYS Executive Law, Article 2B
2. NYS Executive Order #26 of 1996
3. 29 CFR 1910.38; Emergency Action Plans
4. 29 CFR 1910.39; Fire Prevention Plans
5. Standards and Recommendations:
    a. NFPA 1600; Standard on Disaster/Emergency Management and Business Continuity.
    b. FEMA Guide to Continuity of Operations Planning
    c. NFPA Life Safety Code
    d. Joint Commission Emergency Management
    e. American Association for Ambulatory Health Care

4.0.5 Essential Elements of Business Continuity Planning (recommend brief description of the items listed below – probably table format to make it easier to read and less wordy. Example:

Elements of BCP	**Description**
Establish a program	**Create the policy and procedures of a BC program**
Defining the essential functions of the business	**What are the primary functions that your business needs to continue operations.**
Definition of the center's human capital and key personnel	**Define the minimum staffing needs for your health center to operate**
Delegation of authority and orders of succession	**Create policy regarding operations should current leadership be unavailable.**
Vital records, databases, IT systems, and equipment	**Create policies and procedures for these systems**
Identifying alternate facilities and partners	**Identify community partners and form agreements of mutual aid.**
Reconstitution and devolution	**Create policies to begin recovery post disaster**
Establishing communications	**Establish communications policies and procedures**
Training and exercising	**Train staff and exercise them frequently.**

4.0.6 Business Continuity Program Model (same recommendation as above: These are defined later in the document.

a. Business Continuity program authorization and initiation.

b. Risk evaluation based on HVA

c. Identification of essential functions and the business functional requirements

d. Analysis of essential functions and their interdependencies (BIA)

e. Business Continuity plan development and strategies

f. Program implementation

g. Training and exercising

h. Plan revision based on exercise results

i. Plan execution and continual updating

Health Center Capability Analysis, BIA, and Essential Functions Planning

4.1 The Purpose of Capability analysis and the Business

The purpose of this policy and procedure is to analyze the capabilities and essential functions of this health center as well as identifying the internal and external interdependencies each function has and their impact on the operation of that function during a disaster.

4.1.1 Policy

It is the policy of this health center to engage in analyzing both internal and external functions that are essential to the operation of the business. This center's staff, through its emergency management committee and business continuity steering committee, will analyze all essential functions of this health center and determine the impact a disaster may have on the health center when one or more of these essential functions are impacted. All BIAs will be reviewed and updated at least once per year.

4.1.2 Capability Analysis

This health center has certain capabilities that it offers to the community. The basic business of this health care center is the delivery of primary care services to the community. The following are the basic capabilities that this health center provides the community based on an analysis of the health center and the US Department of Homeland Security Target Capabilities List. (Can be found at http://www.fema.gov/pdf/government/training/tcl.pdf):

a. Planning
b. Communications
c. Risk management
d. Information gathering and recognition of indicators and warnings
e. Intelligence and Information sharing and dissemination
f. Chemical, biological, radiological, nuclear, and explosives identification and care
g. Epidemiological surveillance and investigation (Sentinel Program)
h. Public health laboratory sampling, testing, reporting, and communication
i. Citizen protection: evacuation/shelter in place
j. Critical resource logistics and distribution
k. Emergency public information and warning
l. Environmental health
m. Emergency Operations Center Management (Limited)
n. Fatality management
o. Isolation and quarantine
p. Mass prophylaxis
q. Medical supplies management and distribution
r. Medical surge
s. Onsite incident management
t. Responder safety and health
u. Triage and pre-hospital treatment
v. Volunteer management and donations
w. Weapons of mass destruction and decontamination
x. Economic and community recovery
y. Restoration of lifeline
z. Structural damage and mitigation assessment
aa. Laboratory assessments

The table below indicates which capabilities that, at a minimum, each tier should be able to accomplish.

Tier 1	Tier 2	Tier 3
Planning	Planning	Planning
Communications	Communications	Communications
Risk management	Risk management	Risk management

Information gathering and recognition of indicators and warnings	Information gathering and recognition of indicators and warnings	Information gathering and recognition of indicators and warnings
Intelligence and Information sharing and dissemination	Intelligence and Information sharing and dissemination	Intelligence and Information sharing and dissemination
Information gathering and recognition of indicators and warnings	Information gathering and recognition of indicators and warnings	Information gathering and recognition of indicators and warnings
Epidemiological surveillance and investigation (Sentinel Program)	Epidemiological surveillance and investigation (Sentinel Program)	Epidemiological surveillance and investigation (Sentinel Program)
Public health laboratory sampling, testing, reporting, and communication	Public health laboratory sampling, testing, reporting, and communication	Public health laboratory sampling, testing, reporting, and communication
Citizen protection: evacuation/shelter in place		
Critical resource logistics and distribution	Critical resource logistics and distribution	
Emergency public information and warning	Emergency public information and warning	Emergency public information and warning
Environmental health	Environmental health	Environmental health
Emergency Operations Center Management (Limited)		
Fatality management*		
Isolation and quarantine	Isolation and quarantine	Isolation and quarantine
Mass prophylaxis	Mass prophylaxis	
Medical supplies management and distribution		

Medical surge	Medical surge	
Onsite incident management		
Responder safety and health	Responder safety and health	Responder safety and health
Triage and pre-hospital treatment		
Volunteer management and donations		
Weapons of mass destruction and decontamination		
Economic and community recovery		
Restoration of lifeline		
Structural damage and mitigation assessment	Structural damage and mitigation assessment	
Laboratory assessments		
* The mass fatality management capability is soley a voluntary capability available to those health centers with a certain level of staffing. If your health center is interested, please contact PCEPN for information on training and planning technical assistance.		

The following capabilities best describe this health center's services to the community:

Enter here, from the above list, the capabilities this health center is capable of performing during normal business. You can also include a list of capabilities being developed as well.

4.1.3 Health Center Essential Functions and Interdependencies

When describing the essential functions and interdependencies of the health center, it is useful to outline all the functions of the health center as they relate to operations, safety, and staff.

4.1.3.1 Criteria for Essential Functions

Determine the criteria of what makes a particular business function critical or essential, and list the criteria in the grid below. Payroll is just one example of a critical function. Be sure to list functional interdependencies such as exterior contractors that help that function operate such as supply or contractors.

Essential Function Criteria

Criteria Number	Criteria Description	Interdependent? Y/N
1	Payroll	Y
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		

4.1.3.2 Health Center Functions Descriptions

Prioritize each function and estimate how critical each function is to the operations of the health center. List the functions below in the grid and prioritize them based on the necessity of that function to the operation (Complete the first row as sample, so they could see what the complete form should look like).

Health Center Business Functions (Medical and Operational)

Function Name	Functions Performed	Interdependencies	Essential Y/N	Priority
Payroll	Disburses employee payroll	General Management, IT, Human Resources	Y	1

4.1.3.3 Determining Essential Functions[1]

Once all the functions for the health center have been reviewed and prioritized, enter each function in the form below (also found in appendix _____). Based on the functions, which function(s) can be eliminated as non essential? Of the remaining, enter each function into the essential function questionnaire. (Please print out the Essential Functions questionnaire found in appendix _____. Fill out one form for each function determined to be essential)

Function:_____

Function Serves:_____

Please describe the services the function provides and its necessity to the overall business operation:

The loss of this function would have the following effect on the operations of the business or essential services of this health center:

_____ a. Catastrophic effect. The business would cease functioning.
_____ b. Catastrophic to only one function of the business.
_____ c. Moderate effect on the operation of the business
_____ d. Minor effect on the operation of the business.

How long can this health center operate without this function if its usual access to the IT system or telecommunications support before incurring a financial burden? Please check only one box.

	Period of Time		Period of Time		Period of Time
	_____ Hours		3 days		3 weeks
	1 day		1 week		4 weeks
	2 days		2 weeks		Other:_____

[1] North Carolina Crime Control and Public Safety. Emergency Management Division. Continuity of Operations Planning Manual. 2005. pp B-13

Indicate the peak times of the year, days, and hours this function is in use in support of the health center mission?

Please circle all that apply:

Month: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Day: Mon Tues Wed Thurs Fri Sat Sun

Time of Day: 0100 0200 0300 0400 0500 0600 0700 0800 0900 1000 1100 1200
1300 1400 1500 1600 1700 1800 1900 2000 2100 2200 2300 2400

Answer the following questions about this function:

1. Has the health center developed any back up procedures to be employed to continue this function in the event that the function or its support have been disrupted or are not available?

2. If the function is lost, how much revenue may be lost per day?

3. If yes, how often have those procedures been tested?

4. What are the resource requirements for this function? Does this function require outside resources to perform its task?

5. The loss of this function would have the following legal ramifications due to regulatory statutes, contractual agreements (include union CBAs), or other ramifications. Please list.

6. The loss of this function would have the following negative impact on the personnel of this health center:

7. The loss of this function would keep us from providing the following services to the community or prevent this health center fulfill its mission:

8. The loss of this function would keep the health center from being supplied:

9. Specify the internal and external interdependencies (other departments, partners, contractors, software, etc.) that affect this function:

10. Specify any other factors that are to be considered when evaluating the impact of the loss of this function:

11. Does the analysis of this function indicate that the function is considered an essential function to the operation of this health center?

12. Please prioritize this function: Circle only one in each column and use the formula below to determine priority. (1 is essential and Critical to the function to 5 being the least critical or essential to the function).

	A	**B**	**C**	**D**	**E**
	Essential To Business Functions	Essential to Services Provided	Essential to Personnel or Patient Safety	Essential to internal or external Partnerships	Essential to External or Community Function
Most Critical	1	1	1	1	1
	2	2	2	2	2
	3	3	3	3	3
	4	4	4	4	4
Least Critical	5	5	5	5	5

Priority = (A + B + C + D + E)/5

The priority for this function is _____
The recovery time objective for this function is _____.
*(Please refer to section 4.1.3.4 in this manual for information on recovery time objectives)

4.1.3.4 Recovery Time and Point Objectives

The recovery time objectives is the goal time for the function that has been disrupted to be restored and reduce the impact that disruption has on the function, the organization, and the dependent functions. For each essential function, the health center must determine the minimum amount of time that a function can be disrupted before it can affect the larger organization.

The recovery point objective is the point in time in which to function or process should be recovered.

In the grid below, list each essential function and place a maximum recovery time needed before the disruption affects either other departments or the organization as a whole. (Complete the first row as an example)

Priority	Function	Recovery Time Objective	Recovery Point Objective
1	Information Technology	<30 Min.	EHR Functioning

Recovery time objectives can be used to determine mitigation and response strategies as well. In many cases, if an incident occurs which takes less time to correct than that function's recovery time objective, than it is considered a disruption. If an incident occurs that takes more time than the recovery time objective, then it is considered a disaster and may warrant the assignment of more resources for mitigation and response.

4.1.4 Risk Analysis

The risk analysis is taken from the Hazard Vulnerability Analysis where risk is given a percentage risk value. This value determines its priority for mitigation. Many organizations determine that any risk that is greater than 5% should be mitigated and response to such risks should have a plan associated with it. The higher the percentage the greater the risk that hazard has of impacting the organization. The Keiser Permanente tool analyzes (provide link/referene where this tool can be found: A – This is found in Section 3 HVA) the hazards, vulnerability and preparedness and calculates a risk percentage. From your HVA, please populate the grid below with the risk percentages starting with those that have the highest risk value.

It is up to the organization to determine the minimal risk threshold. While many use 5% or 10% as a minimum, the organization should determine the threshold it believes it can withstand and assign resources to those it feels will more greatly impact its business. (Complete first row as a sample : A – Needs to be based on the health center's HVA)

Hazard	Area of Vulnerability	Risk Percentage

4.1.4.1 Risk Tolerance and probabilities

Risk tolerance is an official company statement in which the health center determines what risks that are identified as probable future incidents. The health center identifies if it can withstand certain risks or if the vulnerability due to the risk is too great to mitigate.

Often, natural disasters such as earthquakes are a typical example in which mitigating the damage from an earthquake may be to great a cost for the health center to correct. Therefore, this may be an acceptable risk and mitigation may be limited to insurance against said hazard. The health center should determine what its risk tolerance may be and weigh it against the probability of the hazard occurring. This formula is often expressed as"

Risk = Frequency X Exposure

The actual risk is determined by examining the historical frequency a hazard has occurred and multiplying it by the exposure the building or the business has against the hazard. If it is determined by the health center personnel that although there is exposure to this type of risk, the frequency of the occurrence may be such that it does not warrant limited mitigation resources. Each health center must determine its risk tolerance.

4.1.5 The Business Impact Analysis

The Business Impact Analysis (BIA) is a tool used to determine the impact a particular hazard may have on a particular function. Unlike the HVA that analyzes the hazard risk to an organization as a whole, the BIA concentrates on each business function individually and determines how a particular hazard or occurrence impacts a singular function and the incident's financial impact on the organization.

The BIA identifies the impacts of losing the health center resources or functions. For each function, essential or not, an individual BIA should be performed, as each service line has an ultimate impact on the finances of the organization. BIAs should be started with the first priority essential function and they should be performed on all the health center's functions.

4.1.5.1 BIA Guidance

For each individual functional area, conduct a BIA to determine the following:

a. Is the function essential to the operation of the health center?
b. Is the function essential in the short term (< 30 days) or in the long term (> 30 days)?
c. How many employees are connected to the performance of that function?
d. What is that function's priority in relation to the operations of the health center?
e. Does the function contain any parent processes that its failure may affect?
f. Does the function's failure affect any internal or external dependencies?
g. What are the sub processes the function performs?
h. How much revenue is lost by the failure of this function?
i. What is the financial impact of the loss?

4.1.5.1.1 BIA Definitions of Terms (Would recommend Table format – easier to read/and then make it a appendix) These are definitions for the BIA that are included in this chapter. It is important that it remain with the BIA:

a. Function Name – The name of the service area or business functional unit.
b. Total Number of Employees – The total number of employees employed within the service function being examined.
c. Number of Dependent Functions – How many other functions are dependent on this service function.
d. Service Area – In what service area is this function located? (I.E. Payroll belongs to Finance)
e. Essential Service Function – Has this function been deemed essential?
f. Definition of Loss or Failure – What kind of disruption will cause this function to fail?
g. Priority Ranking – What was the ranking in the risk analysis?
h. Recovery Decision Point – The minimum point in time needed to recover enough data to make a decision on recovery versus loss.
i. Recovery Time Objective – Minimum time needed to recover process to a function as normal position.
j. Recovery Point Objective – The point in time to which parent process work should be restored following a disruption.
k. FTE – Full time employees within the function
l. PTE – Part time employees within the function
m. PD – Per Diem Employees within the function
n. Average Daily Revenue – Average revenue function produces daily.
o. Daily Payroll – What is the total daily payroll for this function?
p. Daily Benefit Costs – What are the total costs of benefits to employees within this function?
q. Support Costs – Costs of supplies, administrative costs, and other costs associated with performing function.
r. Average Daily Revenue – How much is the average amount of revenue produced by this function?
s. Average Support Daily Revenue – Average revenue support functions produced as a result of the operation of this function.
t. Quantitative Daily Impact – What is the estimate of the total daily loss to the functional area due to the loss of this function (Include all costs of operation plus revenue)?
u. Revenue Loss to Other Service Areas – How much revenue is lost in other areas due to the loss of this function.
v. Qualitative Daily Impact - What are the non-financial losses?
w. Total Daily Loss – The total loss of revenue per day when function is lost.
x. Parent Process – Description of the principal activities the unit performs.
y. Parent Process Dependents – What are the needs of the principal activities that are performed?
z. Parent Process Requirements – What are the minimum requirements of the principle activities?

aa. Sub Function – A sub service the function performs.
bb. Sub Function Dependents – Processes the sub function needs for normal operation.
cc. Sub Function Requirements – Processes that the sub function minimally requires.
dd. Priority Ranking for Sub Function – Assign a rank from 1 (most urgent) to 5 (least urgent).
ee. Impact Costs for sub function – Cost of sub function loss.
ff. Qualitative Impact – Non financial losses (name, reputation, …)

4.1.5.1.2 BIA Narrative and Instructions

For each ***essential service function***, fill out a BIA tool. The BIA will give you much needed information regarding the functioning of a particular service function within the health center. Documenting these aspects will assist the organization in the recovery phase as funding may become available regarding a particular disaster.

For every Essential Service Function, fill out an independent BIA. Within the BIA, there is a sub-function section. This section should also be filled out for each of the sub-functions within a function. Fill out as many sub-function analysis sections as needed for a particular ESF. Also, you should fill out a BIA for the organization as a whole.

4.1.5.1.2.1 BIA Instructions and Guidance

1. Gather the Business Continuity Steering Committee. The professionals serving on this committee should be high ranking administrative, financial, custodial, safety, and IT professionals.

2. Divide the organization into functional areas. For each function, fill out an essential function determination form (found in section 4.1.3.3 of this document and in appendix J). Determine the essential functions for the health center.

3. For each essential function, fill out an independent BIA tool (Found in appendix K). The instructions on filling out the BIA tool are as follows:

a. Fill out the function name, the total number of employees, the service area it covers, the date. Figure out the number dependent functions that the service line provides, either support to exterior functions or an exterior function that the essential function is dependent on (i.e. If the payroll department utilizes PayChex as its payroll function).

b. Determine if the function is indeed essential to the operation of the business.

c. Determine and define the types of failure that may cause this function to fail. (This can be determined from the HVA)

d. Enter the risk assessment priority ranking, the recovery time objective, and the recovery point objective for this essential service function.

e. Enter the number of FTEs (Full Time Equivalents [employees]).

f. Enter the number of PTEs (Part Time Equivalents [employees]).

g. Enter the number of PDs (Per Diem Employees or Volunteers).

h. Calculate the average daily revenue for this essential service function (How much money, on average, does the function make for the organization [include grants]) per day.

i. Calculate the daily payroll for that essential function.

j. Calculate the daily benefit cost for all the employees within the function (cost of health insurance, vacation and sick time, etc.).

k. Calculate the average daily support costs (this includes the cost of supplies, power, IT, and other incidental costs).

l. Calculate the quantitative daily impact for the loss of that service function [Revenue – (Payroll + Costs) = Daily Impact].

m. Enter the potential qualitative losses (loss to reputation, loss of clients, and loss of assistance). This area may or may not have a dollar value. This dollar value may be difficult to calculate. Keep in mind that this too may impact the organization's bottom line.

n. Enter other revenue losses to other areas if this particular essential function is lost. (i.e. if the loss is related to obstetrics for example. When the pre-natal division refers its patients to a hospital obstetrician for a special surgical procedure and the patient is then captured by the hospital clinic rather than at the primary care center, this is an estimated loss).

o. Calculate the total daily loss for that essential function (Total Daily Loss = Payroll + Benefits + Support Costs + Average Daily Revenue + Average Daily Support Revenue + Other Revenue Loss).

p. In the parent process box, describe what the main function of the essential function is and how it impacts the business.

q. In the parent process dependents box describe the interdependencies that the essential function needs in order to perform its function. (I.e. the adult medicine section utilizes the in house lab to perform its function).

r. What are the sub functions of the essential function? (i.e. human resources also manages the employee benefits. The employee benefits would be a sub function of the human resources department)?

s. Enter the dependencies that the sub functions depend on for supporting the primary function.

t. For each sub-function, fill out a sub-function/sub-process grid. As in the parent process, populate the cells with the appropriate data for the each sub-function found in the essential function area.

u. Describe the qualitative losses the organization may suffer as a result of the loss of this particular essential function. These are often described as non-financial losses that can translate into financial losses should the outage continue.

v. Enter the estimated amount of time needed for employees to return to almost normal operations after a disruption or a disaster.

w. In the recovery strategies grid, using the HVA, try to identify the potential losses that may affect this essential function and try to identify recovery strategies and enter them into the grid. If the recovery strategies do not fit in the grid, identify the plan in which the reader may find the recovery strategies for a particular impact or loss.

x. In the services/IT losses grid, estimate the amount of time needed after employing a recovery strategy for the service to approach normalcy.

y. In the recovery strategies box, enter any pertinent comments about recovery strategies for this service.

z. In the recovery needs box, enter any pertinent comments about the needed items or plans for a recovery in this essential service area.

aa. In the comments box, add any additional comments about this service function that may be needed during a recovery.

4.1.5.2 The Business Impact Analysis Tool[2]

Function Name	Total Number of Employees	Number of Dependent Functions	Service Area	Date	Essential Function? Y/N

Definition of Loss or Failure	

Priority Ranking	
Recovery Decision Point	
Recovery Time Objective	
Recovery Point Objective	

Number of FTEs		Daily Payroll	
Number of PTEs		Daily Benefit Cost	
Number of PDs		Support Costs	
Average Daily Revenue		Average Daily Support Revenue	
Quantitative Daily Impact		Qualitative Daily Impact (Potential Loss)	
Revenue Loss to Other Service Areas		Total Daily Loss	

Parent Process	
Parent Process Dependents	
Sub Functions (Include Number)	
Sub Function Dependents	

For each sub process, please fill a complete sub process grid:

Sub-function/Sub-process Grid	
Priority Ranking for Sub Function	
RTO	
RPO	
Sub Process Dependants	
Sub Process Requirements for Function	

[2] Kirvan, P. Business Impact Analysis Report Template. Searchdisasterrecovery.com. Accessed on 3/1/11

Impact Cost for Failure of Sub Function	

Please describe the qualitative impact to the health center (i.e. reputation, loss of patients, etc.):

Time Needed to Recover Staff						
Qualitative Impact	**< 4 hours**	**1 Day**	**3 Days**	**1 Week**	**1 Month**	**> 1 Month**

Recovery Strategies for Each Function and Sub Function	
Impact / Loss	**Recovery Strategy**

Estimated Recovery Time for Services/Technology Losses							
Recovery Strategies	**< 4 hours**	**1 Day**	**3 Days**	**1 Week**	**> 1 Week**	**> 1 Month**	**Total Loss Y/N**

Narratives:

Recovery Narrative:

Needs for Recovery:

Business Continuity Mitigation

4.2.1 The Purpose of Business Continuity Mitigation

The purpose of this policy is to establish the priority of mitigation activities for this health center in order to maintain the safety of the staff, contractors, and patients that use the facility.

4.2.2 Policy

It is the policy of this health center to support and engage in mitigation activities that would result in improving the safety of our staff and patients and reducing the physical and financial impacts that various disasters could impose on our facility. These activities may include but are not limited to inspections, tests, physical alterations, repairs, exercises, and other activities.

4.2.3 Regulations That Support Mitigation

a. Interim Life Safety Measures – Joint Commission LS.01.02.01, EM.01.01.01
b. Mitigation - NFPA 1600

4.2.4 Mitigation Strategies

a. Mitigation Committees – The mitigation committee (MC) is a sub committee of the emergency management committee. The MC will be responsible for identifying, according to the HVA; situations that need addressing that may lessen or eliminate a hazard throughout the physical building and in other areas. The MC will meet on a monthly basis and will report directly to the chair of the EM committee.

b. Monthly inspections of the physical building should be completed, noting any issues that may cause safety issues or may cause a business unit to shut down.

c. Fire Safety – Fire safety inspections should be completed at the onset or termination of every fire drill. This will include inspection of fire extinguishers, sprinkler system testing, fire exits, and training on evacuation.

d. For those centers located in flood zones, evacuation plans should be reviewed at least annually. Temporary relocation should be considered either within this health center's system or with a community partner. All agreements with local partners should be in writing and should be exercised.

e. Training – All staff should be retrained annually on the emergency management plan, fire plan, and safety plan annually. Minimum training standards for all health center staff should be reviewed. Please consult Chapter 9, Training and Exercises, for more information on training requirements. Minimum training requirements must be designed based on the employee level and should focus on the recovery of essential functions during an emergency.

f. IT Disaster Recovery – Information Technology recovery plans should be reviewed and exercised at least every quarter. Recovery strategies, including downtime procedures, should be exercised and should be a training competency for all employees and business units that use IT.

- Training and exercising the evacuation of patients and the transmission of electronic medical records should be considered at least annually.

4.3.1 Purpose

The purpose of this policy and plan is to delineate the basic policy and procedure regarding the use of alternative sites for the purpose of continuing basic business operations.

4.3.2 Policy

It is the policy of this health center to use alternative facilities for the purpose of continuing the basic business operations of this health center. Alternative sites will be utilized to perform the basic mission of this health center. This health center will seek out sites based on need and engage the property holders in a memorandum of agreement regarding the emergency use of their facilities. Should the need arise to use an off site facility to continue operations, the following procedure will alert all employees of the triggers, operations, and activation procedures to ensure the continuity of this health center.

Alternative work sites, as it is written within the plan, include but are not limited to other sites owned and operated by this network or by another community partner. It is the policy of this organization to move operations initially to self-owned properties if possible and only use property owned and operated by community partners as a last resort.

Alternative locations shall not be used unless there is a catastrophic failure of the physical building and/or location that makes it unsafe for the center to operate.

4.3.3 Potential Alternative Locations

This health center has engaged the following properties for use as an alternate care facility for our patients should the primary facility become uninhabitable.

Location Name	Ranking	Address	Location on Property	Contact	Phone

4.3.4 Triggers

In the event that emergency forces the partial or total closure of any critical function located within a building owned, leased, or operated by this health center network, the affected health center will work to recover critical processes as soon as possible. If, due to the condition of the building or surrounding community, the safety of employees and patients becomes compromised by using the site, the center shall first contact in-network partners for assistance in moving operations to that site.

If no in-network sites are available due to the type and scope of the disaster or other issue related to the emergency, the health center will actively seek and operate an alternative work location until such a time that the primary site has been secured. The following triggers should engage the center's leadership and assist them in the decision for moving the operation to an alternative site:

Move the site if the following conditions occur:

1. Total destruction of the health center site due to any emergency (ie. Fire).

2. Incoming coastal storm where severe flooding is predicted.

3. An evacuation order by a city/county/or state official body such as the Office of Emergency Management, the local police, the local fire department.

4. A biological/chemical/nuclear contamination of the site.

5. Total loss of utilities for more than one week (7 days).

6. Any building violation that causes the city/county/or state authorities to shut down the work site for safety reasons. (Reasons should concern only the physical building)

4.3.5 Partial evacuation of the site

There are cases where a section of the building may be evacuated due to unsafe conditions; however, it may be safe enough to operate out of the site. In these cases, move all critical functions out of the area evacuated and continue working in another location within the same building.

4.3.6 Total evacuation of the building

In cases where it is necessary to shut down total operations where the building is not affected but there is loss of utilities such as loss of electricity or water, go to the Utilities section of this plan and follow the procedures. In these cases, if it is not possible to

resume operations within 5 days, consider moving the operation to an alternative location.

4.3.7 Relocation within the network

If possible, when total evacuation of the work site is necessary, the first option will be to move the operation to another facility within the network. The leadership of the health center will be tasked on deciding which location is most suitable and move only the critical functions to that location.

4.3.8 Relocation to another location (outside of the network)

In cases when it is necessary to move the entire operation to an outside location, the building leadership will consider all locations with which MOUs exist and will make the necessary contacts to move all critical functions to that location while another location is secured.

4.3.8.1 Selecting an Alternative Facility

In the event that an emergency forces any work space to be evacuated, key personnel should relocate to an alternate work site – one that allows the organization to carry out its essential functions and meet the needs of the emergency personnel. Because the need to relocate may occur without warning, health centers should make every effort to provide the minimum essential equipment for continued operations for a minimum of 14 days.

The type of worksites that may be chosen depends on the needs, budgetary concerns, or the level of the emergency. The equipment chosen to work with should meet mobile needs such as use of laptops, cellular phones, and other wireless technologies may be useful in this situation. Some alternative sites may be used as temporary recovery stations until more permanent sites are secured. In the following grid, the types of sites are described:

4.3.8.1.1 Site descriptions*

Site Type	Description
Hot Site	A hot site is an alternate facility that already has in place computers, telecommunications, and environmental infrastructure necessary to recover the organization's essential functions including medical equipment, diagnostic equipment, and medications if necessary.
Warm Site	A warm site is an alternate location equipped with some hardware and communications interfaces as well as electrical and environmental conditioning that are capable of providing back up after additional software or customization is performed and/or additional equipment is temporarily obtained.
Cold Site	A cold site is an alternate location that has in place the environmental infrastructure necessary to recover essential functions or information systems, but does not have preinstalled computer hardware, telecommunications equipment, etc. Arrangements for computer and telecommunications support must be made at the time of the move to the cold site.

*From the Maryland Emergency Management Agency continuity of Operations Planning Manual.

The criteria for selecting an alternate work site should include the following:

a. Location – The location should be geographically close to the served community but the site must provide a risk free environment.

b. Construction – The location must be constructed in such a manner so that it is safe for both patients and staff.

c. Space – The location must have sufficient space to house personnel and service lines. The location should be able to house all the essential functions of the health center for an extended period of time.

d. Communications – The site must have the ability to connect all communications and devices needed to continue operations.

e. Security – The location must be secure from the risk environment and should have controlled access if possible.

f. Life Support Measures – The location must be able to access basic life support items such as access to external medical care, food, water, and other necessities.

g. Site Preparation Requirements – The site should have all the requirements needed so that in the minimal amount of time, effort, and cost, should be injected to make the site operational.

4.3.8.1.2 Alternate Site Requirements

In health care, there are certain specific requirements that must be met in order for a site to qualify as an alternate site. Aside from equipment and personnel, the site must be physically sound; it must be ventilated as well as meet other physical requirements. The following procedure should be followed to identify potential alternate work environments that are safe and secure for your patients.

For health centers, serving the community is paramount. Therefore, it is unwise to leave the community in which your health center is located. If a health center must move to a location that is more than 5 miles away, consider closure as a method to protect assets.

When considering an alternate location, space may be difficult to find. If finding a safe alternative does not fit the entire operation, consider splitting the operation as needed. Place the clinical aspect in the most visible location and move the back office operations to a location within the network or any other place necessary. The system's IT professionals should be consulted regarding setting up alternate locations to ensure adequate access to medical and other records.

Use the grid below to identify the site requirement needs:

Critical Function	Functional Requirements	Utility Requirements	Records and Document Access Requirements	Space Requirements	Unit Leader

4.3.8.2 Daycare

The issue of daycare for the families and children of employees is often contentious. The reality is that in a large scale emergency, care for the families of the employees that are expected to serve must be taken into consideration. While not all employers agree on how to deal with this issue and whether it is a good idea to establish some sort of daycare facility to ensure that the families of the employees are safe, it is up to the institution to make a decision about this practice.

The following chart is a planning tool for the use of daycare at the health center site or at an alternate site*. Please review and discuss.

Employee	Number of Children	Are the children in school or is daycare required?	Would the parent prefer supervision of children at Daycare, near the worksite or at home?	Average Daycare Costs	Daycare facilities provided at or near alternate worksite?	Employees reimbursed for childcare costs associated with relocating to the Alternate work site or for working overtime or at night?

- Worksheet #28 from the North Carolina COOP Planning Manual. Annex B.

4.3.9 Activating an evacuation and Alternate Site Protocol

Determine a procedure for activating the alternate site protocol with a procedure for operations while at the alternate site.

4.4.1 Purpose

The purpose of this policy and procedure is to identify the delegation of authority and the succession of authority plans for this health facility prior to an emergency that may affect the leadership of this organization. The goal of this plan is to ensure that the health center and its employees have the necessary tools to continue the business regardless of individuals and personnel.

4.4.2 Policy – Delegation of Authority

It is the policy of this health center to remain in service regardless of the disposition of the leadership. Preplanning for losses in leadership due to an emergency is paramount for the continuance of this health center. Delegations of authority specify who is authorized to make decisions or act on behalf of the health center leadership should they not be available or have the capacity to make decisions that may affect the health center, staff, and patients. The delegation of authority ensures rapid response to an emergency and will ensure the continuance of the health center's mission during disasters.

4.4.3 Delegation of Authority Planning

Planning for the possibility that leadership may in fact not be available to make key decisions that may affect the health center's mission and the community at large is paramount. The planning process for the delegation of authority should include the following:

4.4.3.1 Planning

a. Identify which authorities can be delegated. Not all authority may be able to be delegated, especially if the authority is specific to the special position held by the leader. Ensure that the person receiving delegated authorities can perform all tasks associated with the authorities. Ensure that the person(s) selected have the training and capacity to perform those tasks.

b. Delineate all the tasks and responsibilities that need to be delegated and ensure those tasks are essential to the operation of the health center.

c. Describe, in written format, the circumstances that will trigger the delegation of authority plan including the specific circumstances under which the plan would be exercised including when it would become effective and when it would terminate.

d. Identify the limitations of the delegation of authority. Ensure that these limitations are clearly identified in writing and that those persons charged with the delegation understand their responsibilities and their limitations.

e. Clearly document to whom the authority is or should be delegated.

f. Ensure that those with delegated responsibilities are trained to perform their emergency duties.

g. Exercise the delegation of authority plan frequently and when personnel changes make more training and exercising necessary.

4.4.3.2 Delegated Authority Identification

All authorities to be delegated must be written and must include the circumstances under which the authorities are to be executed. Two categories of authority must be identified and addressed within the plan. These authorities are emergency authority and administrative authority. Emergency authorities refer to the ability to make decisions regarding the emergency on hand. Emergency authorities often have an expiration point, and this usually coincides with the termination of the emergency. Administrative authorities refer to the ability to make decisions that have effects beyond the duration of the emergency. They are often connected with operational decisions that must be made regarding the operation of the health center, including financial responsibilities. Administrative authority only expires on the return of the person delegating the authority. Delegated administrative responsibilities usually include decisions that involve policy determinations, including hiring, payroll, and the allocation of fiscal resources to ensure the proper operation of the health center. It is important to consult legal counsel when considering which authorities to delegate during an emergency. The plan should include and detail how the designee will assume authority and how the staff will be notified of the delegation or termination of the delegation.

4.4.3.2.1 Emergency Authority

The following are a list of basic authorities that may be delegated. The emergency management committee and the business continuity advisory group should review this list annually and ensure that it is comprehensive. The following are a list of basic emergency authorities that may be delegated to staff members. Remember that emergency authority may be best delegated to members of the emergency management committee.

a. The ability to activate and deactivate the emergency management plan.
b. The ability to communicate with staff and patients regarding a particular emergency.
c. The ability to communicate and operate with the local community in response to an emergency.
d. The ability to create and maintain emergency schedules.
e. The ability to authorize the use of volunteers according to the plan.
f. The ability to open the emergency operations center.
g. The ability to work with local responders including utility companies as needed to restore services.
h. The ability to make decisions regarding the closure of the center during an emergency.
i. The ability to order an evacuation.
j. The ability to order the transfer of records to a health center partner if the building becomes uninhabitable.

4.4.3.2.2 Administrative Authority

Determine what administrative authorities must be delegated in order to assist the health center operate optimally. Authorities such as the ability to initiate payroll, hire and terminate employees, and spend fiscal assets to keep the health center running should be among those items covered. Creating a list of what authorities should be delegated, who presently has these authorities, and to whom these authorities should be delegated are among the priorities. Under what conditions these authorities should be delegated is most important.

4.4.3.3 Policy Rules and Procedures for the Delegation of Authority

Because vacancies can occur for many reasons, it is important to delineate all conditions under which a delegation of authority may become active including what type of authority should be initiated and under what conditions. All delegations should be tied to the level of threat faced by the health center and the ability of current leadership to execute those responsibilities.

4.4.3.3.1 Delegation of Authority Plan Activation and Deactivation Triggers

This Delegation of Authority Plan will be activated when conditions occur that leaves the health center leadership unable to respond to an emergency or unable to respond to any recovery following an emergency.

4.4.3.3.1.1 The following triggers will allow for this plan to become activated:

a. An emergency occurs that involves the health center's resources and capabilities, and a health center leader, with emergency or administrative authority, is unable to respond to an emergency because he or she is involved in the emergency and can physically not be on site to make critical emergency decisions.

b. An emergency occurs that involves the health center's resources and capabilities and a health center leader is ill and can not be present to make emergency decisions.

c. An emergency occurs that involves the health center's capabilities and resources and a health center leader is incapacitated or unavailable to make emergency decisions.

d. Notify PCEPN that the change has occurred once the triggers have been identified.

The EM committee should consider additional triggers for the activation of the delegation of authority as well as delineate any special powers that need delegation in an emergency.

4.4.3.3.1.2 The following conditions must occur in order for the emergency delegation of authority to expire. Be sure to notify PCEPN when returning to normal operations:

a. The emergency has been stabilized and is no longer stressing the facility's resources or capabilities.

b. The emergency has ended and normal operations have resumed.

c. The leader whose authority has been delegated returns and is able to assume control of those authorities.

d. The recovery has progressed sufficiently close to normal operations to allow normal operating procedure to resume.

The EM Committee should consider additional requirements for the expiration of the delegation of authority.

4.4.3.4 Limitations on Authority to be Delegated

Once the authorities to be delegated have been described and the rules regulating the delegation of authority have been described, the limitations to those authorities must be described. These limitations are the restrictions on the duration, the extent, or the scope of the authority. The qualifications of those that would assume these authorities must be described. Please list these limitations here.

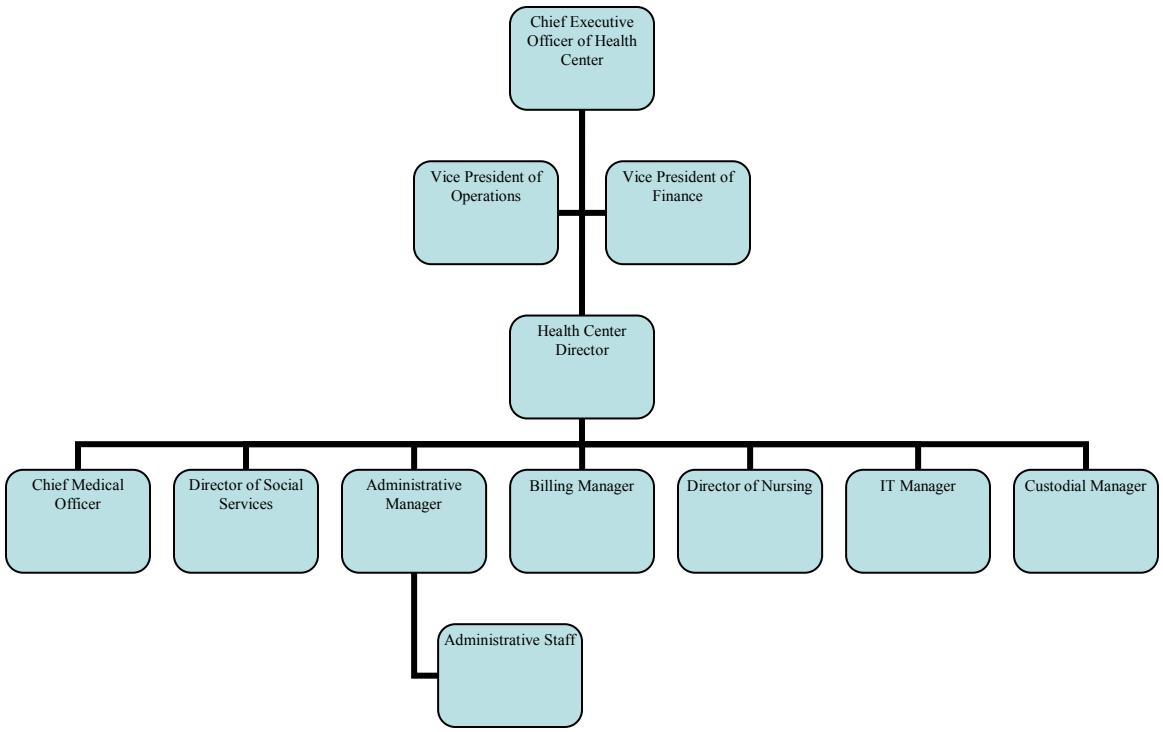
4.4.4 Delegation of Authority Operations

When delegations of authority plans are enacted, there should be a clear description of the types of authority to be delegated, by whom, and to whom. The following grid may be useful in listing the types of authority to be delegated and what those triggers and what the limitations are when confronted with a situation that impedes the leadership of the organization.

Authority to be Delegated	By Whom	To Whom	Trigger	Limitations

4.4.4.1 Present Table of Organization (T of O)

A current table of organization for the health center and its system should be included in this section. This includes a list of all executive level members and their titles, as well as the departments the health center uses to operate normally. Populate or alter the chart below demonstrating the organization's leadership and management.



4.4.4.2 Matrix for listing the Delegation of Authorities

Type of Authority to be Delegated	Position Title holding the Authority	Triggering Conditions	To Whom is the Authority to be Delegated	Limitations of the Authority	Is the Authority an Emergency or Administrative Authority	Termination of Authority

4.4.4.3 Delegation of Authority Job Description with rules, procedures, and limitations

Complete this worksheet for each position identified with responsibilities to be delegated. Each authority that is delegated to another position must have a separate completed worksheet.

Position Presently Holding the Authority:_____
Position to Whom the Authority is Delegated:_____
Date of the Delegation:_____
Conditions:_____
Reason for the Delegation:_____

Delegated Authority	Rules for Delegation	Procedures	Limitations and Expirations

4.5.1 Purpose

To establish a succession of authority in the event of a disruption that may limit the ability of the authority to execute his or her duties.

4.5.2 Policy

It is the policy of this health center to ensure a line of succession to assist the health center operations during an emergency in the event that the leadership of this organization is impaired or unable to assume the duties of their positions. The orders of succession are provisions for the assumption of leadership positions when the leadership of the organization is unavailable or unable to execute its duties. This health center will transfer the power and responsibilities of leadership positions in the event that the current incumbents are unable to execute their duties provided that those to whom succession will be bestowed are able to assume those duties.

Would PCEPN recommend as policy to be notified when this policy is activated. This is up to the individual health center. It is not our policy to request notification of internal operations. Should we need this information, we would have to obtain it on a case by case basis??

4.5.3 Key Positions

Key positions within the health center must be able to be filled in the event of an emergency. Attachment 4.5 A of this plan is a Key Position Matrix template that should be filled out for each key position. The position must only be described by the position title and not the person filling it. The following grid is the key positions for this health center that are vital for the operations of this health center. Please fill it out and add any positions that you feel are critical to the operation of this health center.

Key positions within the organization are not limited to management. Any position that is critical to the operations of the organization should be filled during an emergency.

4.5.3.1 Key Position Grid

Key Position Title	Key Position Responsibilities	Authorization Needed	Replacement Title	Limitations or Termination

4.5.3.2 Key Position Identification

The following questions may be helpful for the Emergency Management Committee when determining what positions may be critical to the operations of the organization.

a. Develop a questionnaire to be filled by senior managers that will delineate which positions must be filled in order to operate.
b. What are their key competencies?
c. What are the key requirements for these positions?
d. Where are the key positions located within the organization?
e. What compensation, if any, should be offered?

4.5A Key Position Matrix

Position: _____

Held by:_____

This position will be assumed by the following persons in order should conditions exist that cause the person currently in the position unable to fill it.

Primary:_____

Secondary:_____

The Responsibilities for this position are as follows:

Expiration Terms are as follows:

Limitations are as follows:

4.6.1 Purpose

The purpose of this policy is to create and maintain a business continuity emergency response team responsible for responding to emergencies and acting as the lead team for all recovery efforts.

4.6.2 Policy

It is the policy of this health center to maintain an emergency response team responsible for responding to all disruptions and emergencies within the health center. The emergency response team will be responsible for all areas and departments of the health center and will be made up of professionals from all areas within the health center. It is the responsibility of the Chief Executive Officer to ensure the availability of this team by assigning a coordinator to ensure that this team is trained and populated with a multidisciplinary team that is composed of persons with the power and authority to carry out the team's responsibility and the ability to work independently.

4.6.3 The Emergency Response Team Coordinator

The Emergency Response Team (ERT) Coordinator is responsible for the emergency response team training and coordination during an emergency or disruption. The ERT Coordinator will ensure that the ERT has the capability for response and will coordinate all support needs in the response and recovery phase. The ERT will report directly to the Incident Commander upon the activation of the plan.

4.6.4 The Emergency Response Team

The Emergency Response Team shall be made up of a multidisciplinary group of professionals that includes a member from each service line and has the ability to enact change and make recommendations. They must have the authority to perform all recovery activities. The ERT will activate upon activation of this plan. The following grid contains the names and contact information for the emergency response team.

Department	Name	Position	Contact Number
Administration			
Facilities			
Information Technology			
Medicine			
Nursing			
Clerical			
Billing			
Security			

4.7.1 Purpose

The purpose of this policy is to delineate the policies and procedures regarding the computing environment within the health center, the storage of data, and the management of critical records during an emergency.

4.7.2 Policy

It is the policy of this health center to maintain a safe and secure computing environment for the protection of our patients and staff. During an interruption of either the electronic environment and system or our telecommunications system, regardless of the source of the interruption, it is this health center's policy to continue business activities and operations. It is the policy of this health center to backup and securely store all electronic information relating to the operation of this health center. Furthermore, it is the policy of this health center to continue to see and record patient activity during disasters and manage their records to maintain integrity and security.

It is the policy of this health center to maintain an electronic records environment and reduce the need for paper back ups if possible.

4.7.3 Definitions

Critical Records – All electronic records regarding patient activity as well as critical business documents, licenses, insurance documents, and any other documents related to the operation of this health center.

Disruption – Any incident that causes damage or loss to the electronic environment regardless of cause.

4.7.4 Electronic Back Up Maintenance Policy

It is the policy of this health center to back up all patient related medical information entered into its computing environment and securely storing medical data in the event that disaster recovery procedures must be enacted. It is also the policy of this health center to regularly test both back up procedures and recovery procedures. Furthermore, access to secure data will be clearly defined, controlled, and monitored for the safety of our patients and staff.

4.7.4.1 Electronic Back Up Instructions

a. This health center will have formal documented procedures for creating and maintaining exact retrievable copies of their electronic health system. The procedures must identify the system that needs to be backed up, the back up schedule, and where (geographically) the media is to be stored once a back up has been initiated.

b. The criticality of the data will determine the frequency of the back ups and the order for restoration should an outage occur. Patient data and records will remain the priority followed by business records and followed by everything else.

c. Back up copies of the electronic health record as well as the critical business documents will be stored at a secure location and must be accessible to this health center's authorized disaster recovery team members for immediate restoration.

d. The recovery plan must be implemented to meet the recovery time objectives for the electronic environment. Should the environment be lost, the health center staff will be notified to ensure the reversion to downtime procedures including paper charts as necessary.

e. There must be a quality review of all paper charts when generated and a schedule of uploading the chart into the Electronic Health Record must begin immediately or as soon as it is possible.

f. Back Up Procedures

Please enter the basic back up schedule here.

4.7.5 Emergency IT Operations and Downtime Procedures Policy

Should the electronic environment be disrupted due to any reason, this health center will continue to operate and serve the community as needed. Since medical records and business records are critical to the operation of this health center, losses in the electronic environment can hinder the delivery of the health center's mission. Therefore, the recovery priority of both the electronic environment and the telecommunications environment is critical to the continuity of this health center and must be addressed emergently.

4.7.5.1 Notifications

In the event of a disruption, the following positions must be notified of the incident. In the body of the message, the reporter will issue the type of disruption, length of disruption, and the area of the disruption.

In the event of an IT/Telecommunications disruption, please notify the following prior to plan activation :

1. The Chief Executive Officer:_____
2. Chief Medical Officer:_____
3. Technology Executive: _____
4. Operations Director:_____
5. Front Desk Clerical Staff:_____
6. Other providers as needed:_____

4.7.5.2 Emergency IT Operations and Records Management – Downtime Procedures

As part of common practice, every morning the patients that are expected to come to the health center should be printed and kept at the reception desk. This should be done daily.

> The following are basic downtime procedures that most health centers can use to operate during IT and telecommunications failures. However, each health center should ensure that the procedures listed in this section are a good match for their health center and their particular electronic health record system.

4.7.5.2.1 Loss of Data Telecommunications

a. Determine your primary data connection. If this fails, the center should have a back up modem either provided by a cable or other telecommunications provider that will provide VPN access to the central server. Should the data connection fail entirely, contact the IT Security Officer for the health center.

4.7.5.2.2 Loss of Voice Telecommunications

a. In the event the primary voice lines fail, immediate steps should be taken to forward those lines to a secondary phone, preferably a POTS (Plain Old Telephone Service) line or cell line. If the center has multiple locations, forward those lines to a center within the network.

b. Outgoing calls will be transmitted over data connection if possible.

4.7.5.2.2.1 Patient Check In

Should one of the above communications lines fail, the patient greeters shall refer to the printed list of patients due for the day and manually write the patient's demographics on the patient's fee slip or other record at the time of their arrival.

Ensure that for each patient, the minimum identifiers are recorded:

- First, Middle, and Last Name
- Date of Birth
- Address
- Social Security Number
- Insurance Information as needed

a. If phone lines are operable, call the nurses station when the fee slip is completed.

b. If phone lines are not operable, manually walk the fee slip to the nurse's station.

c. Should a disaster situation occur and the phone lines and or computer lines fail, maintain a written record of each visit and enter it into the system once the system is running. If the time is extended, maintain all patient records in a locked file until such a time when they can be entered into the electronic health system before being destroyed.

4.7.6 Vital Records

Vital Records are records and documents that are necessary for the operation of the health center. These include patient records, financial records, business records, billing records, licenses, and any records needed for continued operation of the health center. The following are the basic definitions of vital records:

a. If the records are damaged or destroyed, their loss would disrupt the organization's operations and information flow.

b. If the records are damaged or destroyed, their loss would cause considerable loss of operations.

c. If the records are damaged or destroyed, their loss would require the health center to either recreate or replace those records at a considerable expense or expense of time.

d. The records are essential to the continued functioning of the health center.

e. The records are essential to the protection of the legal and financial rights of the patients, staff, or organization.

f. The records are essential to the safety of patients and staff.

4.7.6.1 Vital Records Storage

Critical records and data must be protected from loss. However, it is important to note that all records that are stored on the health center's IT system should be backed up using multiple writing techniques to various drives for storage. Backup for information should be done and stored both on site and in another geographic location. At the same time, those business records and databases that are necessary to the operation, with the exception of patient files, should be kept in print form and kept in a secure location. The following is an inventory of a records go kit in the event that an evacuation is necessary. This should be kept in a secure location:

1. A list of key health center personnel should be kept with the vital records.
2. A vital records inventory.
3. A copy of keys and access codes necessary to access vital records.
4. Maps and blueprints of the health center.
5. An inventory of equipment necessary to access records.
6. A copy of the records recovery plan.
7. A copy of the Business Continuity Plan

4.7.7 Emergency Lighting

Should facility power fail during operations, ensure that all patients are safe. Each patient examination area should have an emergency flashlight. Flashlights should be kept throughout the facility to assist patients with evacuation if necessary.

4.7.7.1 Procedures in Progress:

Should the power fail during operations, and patients are undergoing procedures, the procedure should be completed under emergency lighting, or if the procedure can be safely terminated, the procedure should be terminated and rescheduled as soon as possible. Make sure that a paper record of the visit is recorded and entered into the EHR as soon as possible.

4.7.8 Medication and Reagent Safeguarding and Recovery

Many medications, particularly vaccines, must have a stable cool environment. During a power outage, care must be taken to secure medications stored in a refrigerator. If an outage should occur, the temperature in all refrigerators must be checked. Should a long outage occur, find alternate storage for all temperature sensitive medications.

4.7.8.1 Power Outage Medication Protocol

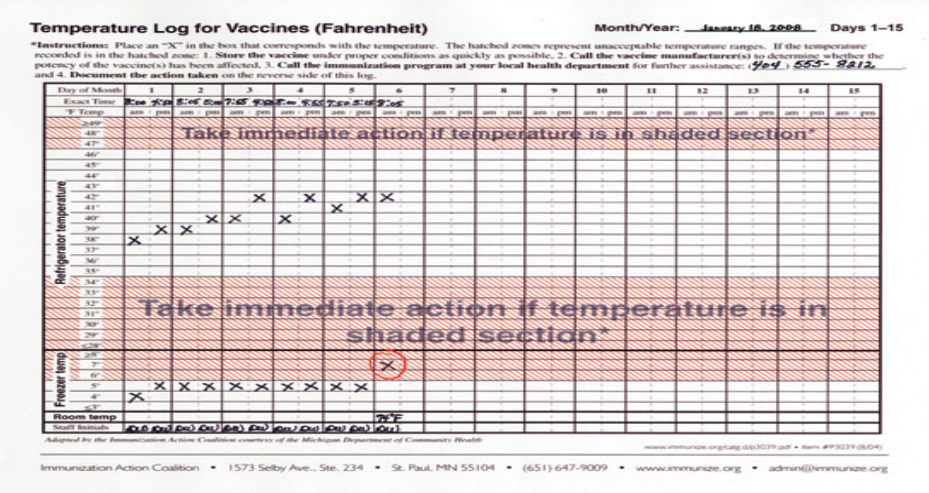
1. Should the power fail, immediately go to the medication refrigerator and take a baseline temperature. For outages of less than 2 hours, the doors for the refrigerators should remain closed.

2. If the outage is longer than 2 hours, begin alternative storage procedures.

3. Contact partners for use of their storage facilities temporarily until power can be restored or maintain medications in a cooler filled with ice. Make sure the temperature is taken within the cooler and logged.

Outage Time	Refrigerator Number	Number of Meds Stored	Refrigerator Baseline Temperature After Outage	Transfer Time to Cooler	Cooler Temperature	Temperature Range

4. Maintain temperature log while medications are in the cooler. Check temperature every 30 minutes and adjust as necessary. Do not allow vaccines to freeze.



5. Maintain a separate cooler for laboratory reagents. Do not store vaccines and laboratory reagents together. Keep a separate temperature log for reagents.

6. Report outage to central office if necessary.

7. Patients will continue to have access to vaccines during an outage.

4.7.8.2 IT Infrastructure Review

It is the responsibility of the emergency management committee in conjunction with the IT professional to review the IT infrastructure and its plans. The following is a list of items that should be discussed with regards to the IT system.

Considerations for developing back-up information technology systems:

- Are current off-site storage procedures adequate?
- Does the off-site storage location take into consideration the health center's hazard vulnerability assessment?
- How does the system work and how is the information backed up and retrieved?
- Does the data storage vendor have ample redundancy built into the system?
- Are software and hardware vendor agreements in place to enable the health center to retrieve data if the health center's systems are destroyed?
- What is the time frame for temporary equipment or rebuilding systems?
- What are the potential threats to the storage vendor?
- How will the vendor support the health center for retrieval and restoration after the disaster?
- How often is the data retrieval system tested?
- Who is responsible for back-up procedures?
- Who is authorized to access stored data?

4.8.1 Purpose

The purpose of this policy is to develop procedure regarding the closure of a health center site due to an emergency that causes the environment of care to become unsustainable and as a result poses a risk to the patients and staff.

4.8.2 Policy

It is the policy of this health center to close, either permanently or temporarily health center facilities when they can no longer support a safe environment for our patients and staff. The type of closure will be dependent on the situation. Temporary closure must be authorized by the health center chief executive. Permanent closure must be authorized by the board of directors as necessary.

Should this health center require closure, notify PCEPN as soon as possible by notifying them at info@PCEPN.org

4.8.3 Conditions Requiring Temporary Closure of Facility

The following conditions may require the temporary closure of the health center:

a. Flooding (external or internal)
b. Civil Unrest
c. Power Outage
d. Water Main Break
e. Water Pressure Loss
f. Construction
g. Fire
h. Severe Weather
i. HVAC loss
j. Boiler Loss
k. Supply Loss

If conditions occur that make it necessary to close the health center, the following procedure should be followed:

1. Identify the loss and make appropriate notifications. Be sure to notify at a minimum the following persons:

    - The Chief Executive Officer:_____
    - The Facility Director:_____
    - The Chief Medical Officer:_____
    - The Chief Financial Officer:_____
    - The Office Manager:_____
    - The Center Director:_____
    - Health care center partners:_____

2. Convene a meeting and discuss options. Analyze the intelligence available and make a closure decision.

3. Notify all incoming patients for the estimated period of closure and re-schedule them if possible.

4. Notify health care center partners. If there are patients that cannot wait due to their conditions, guide them to another center. Fill out a temporary transfer sheet[3], if appropriate, for all patients currently present.

5. For emergent patients that are not at the center but need to be seen, guide them to a health care partner. If requested by the health center partner, the medical provider at the health center should be prepared to give an oral report to the receiving provider if appropriate.

6. Ensure that all patient records are secure and notify IT professional about possible records transfers if needed.

[3] Temporary Transfer Sheet is attached to this document.

7. Secure all vital documents.

8. Secure the facility and report to the central location for planning purposes.

4.8.4 Permanent Site Closure Plan

Should conditions exist where the permanent closure of a health care center is necessary, the director of the facility will enact a permanent site closure plan as needed. Please attach a sample closure plan to this document.

4.9.1 Purpose:

The purpose of this policy and procedure is to outline the organization's policy on the use of financial instruments to support recovery after a disaster has occurred. This policy will outline the financial resources kept by the health center to assist the health center in recovering financial losses. Since certain financial records that may be identified within may contain sensitive information about the financial resources of the health center, it is recommended that this document be deemed confidential and added to the emergency management plan with the sensitive information blacked out.

4.9.2 Policy

It is the policy of the health center to engage in preparedness and recovery activities to assist the health center in recovering from losses due to an emergency. The ability to recover from disaster is often linked to the strength and stability of finance. To this end, this health center will maintain appropriate financial records in order to assist in the recovery efforts. Maintaining accurate financial records will assist the health center in recovering losses from a variety of programs including insurance policies, federal or state recovery mandates, and bank loans and disbursements. The Chief Financial Officer is hereby responsible for maintaining this data and assisting the emergency management committee in maintaining an accurate accounting of losses as well as assisting recovery officers with the burden of establishing financial instruments for the recovery process. The following questions should be answered with regards to the financial recovery planning:

4.10 Medical Records and Information Technology

This health center is committed to safeguarding data before, during, and after an emergency to ensure that health centers establish a system for the back-up of critical data.

4.10.1 Procedure:

Health centers utilize many electronic information management systems including financial management software, billing and collection software, and electronic medical

records, all of which are critical to the management of the health center. Backing-up data and off-site storage can be costly over time but should be addressed for continuity of operations planning. Choosing a vendor for out of region storage[4] is a good practice. Health centers should consider contacting other businesses to learn of alternatives available to the health center. The ability to instantly access patient records may be stalled by system failure or the ability to restore data from back-up media. Health centers should consider restoration issues when preparing for disasters.

4.10.2 Considerations for developing back-up information technology systems:

- Are current off-site storage procedures adequate?
- Does the off-site storage location take into consideration the health center's hazard vulnerability assessment?
- How does the system work and how is the information backed up and retrieved?
- Does the data storage vendor have ample redundancy built into the system?
- Are software and hardware vendor agreements in place to enable the health center to retrieve data if the health center's systems are destroyed?
- What is the time frame for temporary equipment or rebuilding systems?
- What are the potential threats to the storage vendor?
- How will the vendor support the health center for retrieval and restoration after the disaster?
- How often is the data retrieval system tested?
- Who is responsible for back-up procedures?
- Who is authorized to access stored data?

[4] The backup storage site should be in a location that is unlikely to be affected by a disaster striking the health center.