**Business Continuity Plan**

**(Insert health service)**

BCP template 20151113 V1 approved

Approved: (Insert approval date)

Version: (insert version control)

This page has been left intentionally blank

Contents

[1. Introduction 6](#_Toc433357300)

[1.1 Purpose of plan 6](#_Toc433357301)

[1.2 Objectives 6](#_Toc433357302)

[1.3 Scope of plan 6](#_Toc433357303)

[1.4 Assumptions of plan 7](#_Toc433357304)

[1.5 Ownership 7](#_Toc433357305)

[1.6 Plan Availability 7](#_Toc433357306)

[1.7 Associated documents 8](#_Toc433357307)

[2. Organisation background 9](#_Toc433357308)

[2.1 Description of health service 9](#_Toc433357309)

[2.2 Organisational aim 9](#_Toc433357310)

[2.3 Key organisational objectives 9](#_Toc433357311)

[2.4 Organisational structure 9](#_Toc433357312)

[3. BCM Governance and Policy 10](#_Toc433357313)

[3.1 Policy statement 10](#_Toc433357314)

[3.2 Roles and responsibilities 10](#_Toc433357315)

[3.3 Governance 10](#_Toc433357316)

[4. Plan review and maintenance 10](#_Toc433357317)

[5. Training and exercising 11](#_Toc433357318)

[5.1 Training 11](#_Toc433357319)

[5.2 Exercising 11](#_Toc433357320)

[6. Business Continuity Priorities and Strategies 13](#_Toc433357321)

[6.1 Critical business functions 13](#_Toc433357322)

[6.2 Business continuity strategies 14](#_Toc433357323)

[7. Plan activation 16](#_Toc433357324)

[7.1 Activation criteria 16](#_Toc433357325)

[7.2 Authority to activate 16](#_Toc433357326)

[7.3 Escalation 16](#_Toc433357327)

[7.4 Mobilisation of Business Continuity Team 16](#_Toc433357328)

[7.5 Incident Control Point 16](#_Toc433357329)

[7.6 Activation process 17](#_Toc433357330)

[7.7 Standing down 17](#_Toc433357331)

[8. Response organisation 18](#_Toc433357332)

[9. Communication strategy 19](#_Toc433357333)

[10. Functional Annexes 20](#_Toc433357334)

[Annex 1 Business Continuity Team 21](#_Toc433357335)

[Roles and responsibilities 21](#_Toc433357336)

[Team members 21](#_Toc433357337)

[Incident Control Point 21](#_Toc433357338)

[Response Actions 22](#_Toc433357339)

[Contact List 23](#_Toc433357340)

[Reference information 24](#_Toc433357341)

[Consolidated Business Impact Profile and Priorities 24](#_Toc433357342)

[Consolidated Interdependencies 25](#_Toc433357343)

[Consolidated Dependencies – Resources 26](#_Toc433357344)

[Consolidated System / Application Requirements 27](#_Toc433357345)

[Annex 2 Perioperative Unit 28](#_Toc433357346)

[Roles and responsibilities 28](#_Toc433357347)

[Team members 28](#_Toc433357348)

[Critical Functions 28](#_Toc433357349)

[Business Continuity Strategies 28](#_Toc433357350)

[Response Actions 29](#_Toc433357351)

[Annex 3 ……etc 32](#_Toc433357352)

(update field when document finalised)**Authorisation**

This business continuity plan outlines the critical business functions of (insert health service) and the strategies, dependencies and resources required to continue the identified critical business functions following a disruption.

This document is endorsed as the approved plan for (insert health service) to be followed in the event of such a disruption.

Approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Title First Name Last Name>
INSERT POSITION
INSERT HEALTH SERVICE

Date authorised: (DD MONTH YYYY)**Amendment Certificate**

|  |  |  |
| --- | --- | --- |
| Amendment | Details | Amended by |
| No. | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Introduction

## Purpose of plan

This should section outline the purpose of the BCP.

For example:

This Business Continuity Plan (BCP) sets out the principles to be followed, actions to be taken and resources to be used when responding to a critical incident that results in, or has the potential to result in, disruption to critical business functions at (insert health service)

## Objectives

Describe the objectives of the business continuity plan and processes that are being implemented

For example:

The objectives of the BCP are:

* Prevent the loss of life, minimise property damage and lessen any negative consequences on (insert health service) and the Department of Health
* To establish and implement a structured process that will enable (insert health service) to effectively manage and respond to any anticipated or unanticipated disruptions in a timely manner
* To minimise disruption to critical business functions and the resultant impacts on patients, visitors, employees and other stakeholders
* Etc.

## Scope of plan

Describe areas covered by the plan and areas that are excluded from the plan.

For example:

This plan is used in the event of a disruption resulting from a prolonged loss or denial of access to infrastructure and premises at (insert health service). It applies to all the activities and resources necessary to ensure the continuity of (insert health service) critical functions in the event normal operations are disrupted or threatened with disruption.

Critical functions are those with a Maximum Tolerable Period of Disruption (MTPD) of 2 weeks or less as determined in the business impact analysis. Functions with MTPD greater than 2 weeks will temporarily be suspended and appropriate arrangements will be made at the time of incident for the recovery of these functions.

This plan cross references (insert health service)’s Emergency Management Plan and the supporting emergency response procedures.

This plan does not address day to day operational problems or procedure for dealing with emergencies (such as bomb threat, fire or building evacuation). These are addressed in the appropriate standing operations procedures and emergency response plans.

Contingency arrangements for internal infrastructure disruptions are detailed in Emergency Procedure Manual, Code Yellow – Infrastructure and other internal emergencies. These arrangements may be activated in parallel with this plan.

## Assumptions of plan

The following assumptions have been made as a part of the planning process:

* List in dot point form the considerations, suppositions and inferences on which the BCM planning process is based upon.
* Assumptions may relate to accommodation, resource requirements, interdependencies and cost justification or response or recovery strategies.
* Assumptions should be communicated and agreed to by all stakeholders. Where assumptions relate to response and recovery strategies, they should be tested as part of the BCP exercise schedule.
* For example: The contingency arrangements for emergencies relating to infrastructure failures are detailed in the code yellow section of the emergency procedures.

## Ownership

Describe who is owns and is accountable for this plan

## Plan Availability

Describe who has copies of this plan, how it is stored and accessed

## Associated documents

Describe how this plan is related to other response plans in the organisation. This may include emergency procedures manuals, surge plans, ICT disaster recovery plan, etc.

# Organisation background

## Description of health service

Insert description of health service, its history and future plans, and the community it service

## Organisational aim

Insert aim(s) of health service.

This should be a high level statement about the reason the health service exists.

For example:

* Provide high quality health care to the local community.

Hint: Organisational aims and objectives may be ascertained from the organisation’s strategic plan.

## Key organisational objectives

Insert the key organisational objectives of the organisation.

This area should provide some more detail about how the health service will meet its aim. If any of these objectives are not met, this will seriously jeopardise the viability of the service.

 For example:

* Provision of emergency department services.

## Organisational structure

The (insert health service) incorporates (insert organisational elements).

# BCM Governance and Policy

## Policy statement

Describe the health service’s BCM and Department of Health policy related to BCM

## Roles and responsibilities

Insert details of who is accountable for business continuity, the committee responsible for drafting, testing and reviewing the BCP, and executive responsible for approving the BCP.

## Governance

Describe how will governance oversight of business continuity be carried out and how will compliance with the policy and requirements be monitored and reported.

# Plan review and maintenance

Describe how often and under what circumstances should plan review and maintenance be carried out, and who has responsibility for them. Describe also how will continuous improvements and updates be carried out post testing or after an actual incident

Example:

This BCP will be reviewed annually to ensure call trees, positions and structures remain accurate. Business impact analyses should be reviewed every three years to ensure critical business functions reflect the aims and objectives of the organisation.

This BCP may be audited to ascertain its adherence to [Operational Directive 0595/15 – Business Continuity Management](http://www.health.wa.gov.au/circularsnew/attachments/1028.pdf).

# Training and exercising

## Training

Describe the training objectives, how often and the type of training to be conducted, who should be in attendance, and who has overall responsibility to develop and implement the training programme.

For example:

A BCM Awareness Briefing is conducted for all (insert health service) personnel once a year. For new joiners, this briefing will be conducted as part of their induction programme.

Training for those in the business continuity teams will be incorporated into the exercising programme. If necessary, briefing sessions will be conducted prior to exercises to provide background and contextual information but participation in the exercise itself has the added benefit of training the staff at the same time.

Personnel with specific responsibilities for developing, implementing, exercising and maintain the BCP are provided with additional training and other opportunities to enhance their BCM technical competencies and professional standing. This may be in the form of a formal professional development programme, professional certification, membership with professional bodies and participation in industry forums.

The {identify who} is responsible for identifying the BCM skills and competencies required, developing an appropriate BCM training programme to meet the needs of (insert health service) personnel, and coordinating the delivery of the training programme.

## Exercising

Describe the exercising objectives, how often and the type of exercises to be conducted, who should be in attendance, and who has overall responsibility to develop and implement the exercising programme

Example:

Exercises help to verify the effectiveness of all aspects of (insert health service)’s business continuity arrangements. The aims are to:

* Ensure that plans are current, proven and maintained by the people needing to use them when an incident occurs.
* Provide an opportunity for (insert health service) personnel to rehearse the plans in order to build familiarity with the response actions, develop effective team work, and instil confidence
* Assess and validate (insert health service) business continuity capability in responding to an actual incident
* Identify shortcomings in (insert health service) business continuity strategies and plans so that corrective actions can be taken

At minimum, an exercise is to be conducted annually. This may be carried out notionally, such as a scenario-based walkthrough of the plans or a tabletop exercise, or in practice involving the actual mobilisation of resources to carry out business continuity activities.

The {identify who} is responsible for developing an exercise programme and coordinating the conduct of exercises.

# Business Continuity Priorities and Strategies

Provide an overview of the health service’s business continuity priorities and strategies. The information in this section can be extracted from the consolidate business impact profile and strategies identified during the Business Impact Analysis.

Example:

## Critical business functions

A Business Impact Analysis (BIA) was conducted to assess the potential impact on (insert health service) of a disruption to services and to prioritise the business activities and services for the recovery. Details of the BIA can be found in the document “name of BIA report”.

Findings of the BIA were subsequent updated and ratified by the Executive on (date) with the following list of critical business functions:



Figure Critical Business Functions

Maximum Tolerable Period of Disruption (MTPD) refers to the time within which a business activity or service must be resumed following a disruption. It is measured from the time a disruption occurs to the time when the activity or service becomes operational again.

Other activities that are not listed in the above table (i.e. Those with MTPD of more than 2 weeks) will temporarily be deferred in the event of BCP invocation. Although these deferred activities may be important for the day to day operations, they are not deemed to be time critical under business continuity situations. Deferred activities will be restored during the long term recovery phase – the level of effort, allocation of resources and actions needed would be dependent on the nature of the incident.

## Business continuity strategies

Describe the broad business continuity strategies of the health service as a whole. It is not necessary to describe each business unit’s strategy here – there are contained in the respective business unit’s business continuity action plans.

Example:

The broad business continuity strategies for responding to a major incident and disruption to (insert health service) are as follows:

* In the event of an ICT or building service (such as power, water, air conditioning, etc.) outage that does not impact the safe operations of the (insert health service) facility, the facility will remain opened and affected areas may continue to operate using alternate / work around procedures until the outage is resolved. The Emergency Management Plan and facilities related contingency plans may be activated as required.
* In the event that an incident renders the (insert health service) building unsafe or inaccessible, all services will be suspended and the (insert health service) will be closed. The BCP will be activated and plans for the continuity of critical business functions will be enacted within the specified MTPDs.
* Depending on the nature and expected duration of the disruption, a separate plan for the recovery of non-critical activities and services will be developed in parallel to the BCP activation, if necessary.
* (insert health service) will remain closed until such a time when the building is made safe for occupation and services are returned to normal.

A summary of the broad business continuity strategies of each business area is outlined in Figure 2. Detailed response actions and resource requirements for the recovery of critical business functions are documented in the respective business area’s Business Continuity Action Cards.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sub-unit | Service / activity | MTPD |   | Immediate continuity strategy  | Maintainable duration | Sustainable continuity strategy | Maintainable duration |
| Operation Theatre (OT) Services | Perioperative care**EXAMPLE** | **2 weeks** |   | - Temporarily suspend new admissions and elective surgery- Redirect emergency surgery to next nearest hospital | 1 week | - Transfer elective lists to other hospitals in the region- Relocate resources to other hospitals to carry out elective surgeries | 4 weeks |
| Central Sterilisation Services Department (CSSD) | Decontamination of surgical and medical equipment | **3 days** |   | - Transfer decontamination of 3rd party equipment to the CSSD of a regional hospital- Transfer surgical and medical equipment to the CSSD of next nearest hospital | 1 shift | - Relocate resources to CSSD at other hospitals to carry out function | 1 week |
|   | Sterilisation of surgical and medical equipment | **1 day** |   | - Transfer surgical and medical equipment to the CSSD of next nearest hospital | 1 shift | - Relocate resources to CSSD at other hospitals to carry out function | 1 week |
|   | Storage of sterile non-disposable equipment | **3 days** |   | - Transfer surgical and medical equipment to the CSSD of next nearest hospital | 1 shift | - Relocate resources to CSSD at other hospitals to carry out function | 1 week |
| Day Stay Unit (DSU) | Elective day surgery procedures | **2 weeks** |   | -Temporarily suspend the activity | 2 weeks | - Transfer day surgery procedures to other hospitals in the region | Indefinite |
|   | Emergency bed response | **1 week** |   | -Transfer patients to other hospitals | 4 weeks | -Transfer patients to other hospitals | Indefinite |
|   | Day infusion procedures | **1 Month +** |   | -Temporarily suspend the activity- Redirect patients back to GPs or surgeries | 2 weeks | - Redirect patients to next nearest hospital | Indefinite |

Figure Summary of business continuity strategies

# Plan activation

## Activation criteria

This plan is activated when a disruption occurs, and where a pre-identified critical business function (CBF) has, or is predicted to, exceed its maximum tolerable period of disruption (MTPD).

Where applicable, delineate between emergency response and business continuity response and the arrangements for transitioning between the two responses.

## Authority to activate

Authority to activate this plan rests with the (insert relevant position).

## Escalation

Upon implementation of a business continuity strategy that is anticipated to affect other health services, system-level coordination may be required. In these cases, the On Call Duty Officer at the Department of Health is to be notified on (08) 9328 0553 (24 hours) at the earliest convenience. NB: WA Country Health Service (WACHS) hospitals should escalate through their respective Regional Directors.

## Mobilisation of Business Continuity Team

On activation of this plan, the Business Continuity Team (BCT) is to mobilise at (insert location). Members of the BCT include:

* Insert BCT team members
* Stipulate which team member has overall authority / responsibility.
* Ideally BCT members should represent a division / service area of the organisation.
* Team members should be listed by position.
* Add detail about how team is mobilised. For example: through 55 call, paging group or contact list in the appendices.

## Incident Control Point

An Incident Control Point (ICP) is a pre-designated location from which the response teams would coordinate on-site activities when the BCP is activated. Depending on the nature of the incident, the ICP will established at one of three locations, if possible:

* Primary location –
* 1st alternate location -
* 2nd alternate location -

If any of the above location is not available or suitable, the person in charge will have the discretion to decide on the best alternative place to meet, taking into considering safety issues and proximity to the impacted site.

## Activation process

The following algorithm (sample) outlines the response continuum from the occurrence of a disruption, right through to the stand down.

(adjust this to suit the health service’s processes).



## **Standing down**

This plan can be stood down by the (insert position) when the following criteria are met:

* Business-as-usual procedures have been resumed for CBFs; and
* Recovery efforts have been completed; or
* The disruption has been resolved.

Once normal business processes have resumed, the (insert health service) should notify all relevant stakeholders, as per the communication strategy in section 9.

# Response organisation

Describe the organisation that will be established when the BCP is activated, and the roles and responsibilities of the various teams. This will need to dovetail with the existing emergency management team structure. Provide org chart.

Example:

The Business Continuity Team (BCT) is responsible for coordinating on-site tactical and operational response when the BCP is activated in response to a disruption. The key responsibilities of the team are:

* Gather details and assess the impact of the incident
* Oversee the resumption of critical business functions
* Liaise with local emergency services, other healthcare facilities and support agencies
* Coordinate deployment of internal and external resources required to support service resumption and recovery
* Keep the Executive appraised of the incident and status of recovery
* Carry out post-incident review and long term recovery (return to normal)

|  |  |  |
| --- | --- | --- |
| Role | Responsibilities | Reports to |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# Communication strategy

In the event of a disruption, it is critical that stakeholders are effectively engaged and made aware of the disruption and the relevant business continuity strategies in place.

The (insert role) is responsible for implementing the communication strategy.

A stakeholder analysis should be conducted to identify relevant parties, the preferred method of communication and frequency of communication.

Communication templates can be added into the appendices.

|  |  |  |  |
| --- | --- | --- | --- |
| Stakeholder  | Method of communication | Frequency | Notes |
| Internal staff members | Internal emailsStaff forums | Twice dailyDaily | After one week, consider daily internal emails and twice daily staff forums |
| Suppliers | Phone CallEmail | InitialDaily | Notify supplier of initial disruption by phone call.Subsequent updates can be sent by email |
| Media | Press conference | Initial, final and as required | The nominate speaker should be the executive sponsor. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

On resolution of the disruption, the (insert position) is responsible for notifying the above stakeholders of the resumption of normal business processes.

#  Functional Annexes

Functional annexes contain the specific actions cards and references that are required for responding to a disruption and continuing critical business functions.

Example:

The functional annexes describe the specific roles and responsibilities, actions to be taken, business continuity strategies and resources requirements by each of the business units when the BCP is activated. While the main body of the BCP provides overarching information relevant to the continuity of (insert health service) as a whole, these annexes focus on specific responsibilities, tasks and operational actions that pertain to the elements of a viable business continuity plan for each team.

Annex 1 Business Continuity Team

Annex 2 Perioperative Unit

Annex 3 General Wards

Annex 4 …

Annex 5 …

Annex 6 …

Annex 7 …

Annex 8 …

# Annex 1 Business Continuity Team

|  |
| --- |
| BUSINESS CONTINUITY TEAM |
| Roles and responsibilities* Gather details and assess the impact of the incident
* Oversee the resumption of critical business functions
* Liaise with local emergency services, other healthcare facilities and support agencies
* Coordinate deployment of internal and external resources required to support service resumption and recovery
* Keep the Executive appraised of the incident and status of recovery
* Carry out post-incident review and long term recovery (return to normal)
 |

## Team members

|  |  |  |
| --- | --- | --- |
| Role | Primary | Alternate |
| Team Leader |  |  |
| Logistics and Admin |  |  |
| Buildings and Facilities |  |  |
| Human Resources |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Incident Control Point

|  |  |
| --- | --- |
| Primary location |  |
| 1st alternate location |  |
| 2nd alternate location |  |

## Response Actions

**Immediate**

|  | Action | Who | Reference |
| --- | --- | --- | --- |
| ❑ | Initiate Incident Log |  |  |
| ❑ | Obtain general situation report from the notifier |  |  |
| ❑ | Notify other members of the team as required |  |  |
| ❑ | Determine the nature of the incident* What has happened?
* Is anyone hurt?
* What services / areas are affected?
* What is the impact on critical business activities / services?
* What has been done?
* How long is the disruption likely to last?
 |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |

**On-going**

|  | Action | Who | Reference |
| --- | --- | --- | --- |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |

**Post-incident**

|  | Action | Who | Reference |
| --- | --- | --- | --- |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |

## Contact List

**Internal contacts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Role | Name | Work Tel # | After hours # | Email  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**External Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation |  | Contact 1 | Contact 2 |
|  | Name |  |  |
| Position |  |  |
| E-mail |  |  |
| Office hours # |  |  |
| After hours # |  |  |
|  | Name |  |  |
| Position |  |  |
| E-mail |  |  |
| Office hours # |  |  |
| After hours # |  |  |
|  | Name |  |  |
| Position |  |  |
| E-mail |  |  |
| Office hours # |  |  |
| After hours # |  |  |

## Reference information

### Consolidated Business Impact Profile and Priorities



### Consolidated Interdependencies

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Internal Interdependencies** |  | **External Interdependencies** |
|  | Administration and Medical Records | Nursing | Allied Health | Aged Care Services | Community Mental Health | Emergency Department | Inpatient Medical & Nursing Care | Maternity | Hospital Management | Home Nursing Discharge Services | Pharmacy and Supply | Operation Theatre services  | Central Sterilisation Services Dept | Day Stay Unit services | Food Services | Laundry Services |  | SJOG Renal | Pathwest | Global Diagnostics | District Sites | Tertiary Sites | BOC Medical Gases | Alinta Natural Gas | Water Corp |
|

|  |
| --- |
| **Service Area** |

 |  |
| Administration and Medical Records |   | U |   | B |   | U | B | B |   | U | B |   | B | U | U |   |  | D | U | U | B | B | U | U | U |
| Nursing |  **EXAMPLE** |   |   | B |   | B |   |   | D | B |   |   |   | U |   |   |  |   | U | U | D | D | U | U | U |
| Allied Health |   |   |   |   |   | B |   | B |   |   | D | B |   |   |   | U |   |   | U | U | D | D | U | U | U |
| Aged Care Services | B | D |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   | U |   |   | B |   |   | U |
| Community Mental Health | D | D | D | D |   | D | D | D | D | D | D | D | D | D | D | D |  | D | D | D | D |   |   |   |   |
| Emergency Department | B | B | B | B |   |   | U | B |   |   | U | D | U | D | U | U |  | D | U | U | B | B | U |   | U |
| Inpatient Medical & Nursing Care | U |   | B | U |   | B |   |   | B |   | U | B |   | B | U | U |  | D | U | U | B | B | U | U | U |
| Maternity | U |   | B |   | U | B | B |   | B | U | U | B |   |   | U | U |   |   | U | U |   | B | U | U | U |
| Hospital Management | U | U | U | U |   | D | B |   |   |   | U |   | U |   | U | U |  |   | U | U | D | D | U | U | U |
| Home Nursing Discharge Services | B |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   | B |   | U | U | U |
| Pharmacy and Supply | U |   |   |   |   | B | D |   |   |   |   |   |   |   |   |   |  |   | U |   |   | B |   |   | U |
| Operation Theatre services  | U |   | D |   |   | D | D | D |   |   |   |   |   | D |   |   |  |   |   |   |   |   |   |   | U |
| Central Sterilisation Services Dept | B | D | D | D |   | D | D | D |   |   | U | D |   | D | D | D |  |   |   |   | D |   |   |   | U |
| Day Stay Unit services | B |   | B |   |   | D | B |   |   |   | U |   |   |   | U | B |  |   | U | U | D |   | U | U | U |
| Food Services | B |   | B |   |   | D | B |   |   |   | U |   |   |   |   | B |  |   | U | U | D |   | U | U | U |
| Laundry Services | B |   | B |   |   | D | B |   |   |   | U |   |   |   | U |   |  |   | U | U | D |   | U | U | U |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | D | Downstream dependency |  | U | Upstream dependency |  | B | Up and downstream dependency |

### Consolidated Dependencies – Resources

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | People | Utilities / Essential services | Office equipment and telecommunications | Medical equipment | Specialised equipment | Key consumables |
| **Service Area** | Clinical staff | Nursing staff | Orderlies | Administration staff | Technicians | Power | Water | Natural gas  | Liquid petroleum gas (LPG) | Medical oxygen | Medical Nitrous Oxide | Medical carbon dioxide | Medical air | Medical suction | Ventilation | Air-conditioning / Heating | Personal computer | Laptop computer | Tablet | Printer (black and white) | Printer (colour) | Photocopier | Fax machine | Document scanner | Desk phone  | Mobile phone | DECT Phones | Pager | Internet access |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Operation Theatre services  | 5 | 5 | 4 | 2 | **EXAMPLE**

|  |
| --- |
| 4 |

 | 5 | 5 |   |   | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 |   |   | 2 |   |   |   |   |   |   | 5 | 5 | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Central Sterilisation Services Dept |   |   |   |   |   | 5 | 5 |   |   |   |   |   |   |   |   | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Day Stay Unit services |   |   |   |   |   | 5 | 4 |   |   |   |   |   |   |   |   | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Administration and Medical Records |   |   |   | 5 | 2 | 5 |   |   |   |   |   |   |   |   |   | 3 | 5 |   |   | 4 |   | 3 | 3 | 3 | 5 |   | 3 | 3 | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nursing |   |   |   |   |   | 5 |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Allied Health | 5 | 5 | 3 | 3 |   | 5 |   |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Aged Care Services |   |   |   |   |   | 5 | 4 |   |   | 4 |   |   | 4 |   | 4 | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Community Mental Health |   |   |   |   |   | 5 |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Emergency Department | 5 | 5 | 4 | 2 | 3 | 5 | 5 |   |   | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |   |   | 4 |   | 3 | 3 | 3 | 5 |   | 5 | 5 | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inpatient Medical & Nursing Care |   |   |   |   |   | 5 | 5 |   |   |   |   |   |   |   |   | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Maternity | 5 | 5 | 3 | 2 | 2 | 5 | 4 |   |   |   |   |   | 5 | 5 | 5 | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hospital Management |   |   |   |   |   | 5 |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Home Nursing Discharge Services |   |   |   |   |   | 5 |   |   |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pharmacy and Supply |   |   |   |   |   | 5 | 3 |   |   |   |   |   |   |   |   | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Food Services |   |   |   |   |   | 5 | 5 | 5 |   |   |   |   |   |   |   | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Laundry Services |   |   |   |   |   | 5 | 5 | 5 |   |   |   |   |   |   |   | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### Consolidated System / Application Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applications** | # Services using this application | Level of dependency | System offline duration | Data loss duration | Business areas |
| Operation Theatre services  | Central Sterilisation Services Dept | Day Stay Unit services | Administration and Medical Records | Nursing | Allied Health | Aged Care Services | Community Mental Health | Emergency Department | Inpatient Medical & Nursing Care | Maternity | Hospital Management | Home Nursing Discharge Services | Pharmacy and Supply | Food Services | Laundry Services |
| Health Records Management + Scanning and eForms (eHRM) | 9 | 5 | 30 mi | 0 | 3 | 4 | 4 | 2 | 5 | 5 | 4 | 3 | 1 |   |   |   |   |   |   |   |
| WebPas | 13 | 5 | 30 mi | 0 | 2 | 2 | 2 | 4 | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 4 | 5 |   |   |   |
| Clinical Pathology (Ultra/LIS) | 0 | 5 | 1 h | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Theatre Management System (TMS) | 14 | 5 | 3 h | 0 | 3 | 3 | 2 | 2 | 4 | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 4 | 5 |   |   |
| Internet | 15 | 5 | **EXAMPLE**

|  |
| --- |
| 1 h |

 | N/A | 1 | 1 | 2 | 4 | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 4 | 5 |   | 2 | 4 |
| eReferrals | 13 | 4 | 6 h | 0 | 2 | 2 | 4 | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 4 | 5 | 5 |   |   |   |
| Cardiobase | 0 | 4 | 4 h | 1 h |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Enterprise Bed Management (EBM) | 13 | 4 | 4 h | 1 d | 1 | 3 | 3 | 2 | 2 | 4 | 5 | 5 | 5 | 3 | 2 | 1 | 1 |   |   |   |
| Diet Management | 10 | 4 | 1 d | 0 | 2 | 4 | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 4 |   |   |   |   |   |   |
| HealthPoint (Sharepoint Intranet) | 14 | 3 | 6 h | 1 d | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 5 | 5 | 5 | 3 | 2 | 1 | 1 |   |   |
| Haematology & Oncology Protocols & Prescriptions (HOPP) | 9 | 3 | 1 d | 0 |   |   | 2 |   |   |   |   |   |   | 5 | 5 | 5 | 3 | 2 | 1 | 1 |
| MS Exchange | 9 | 3 | 1 d | 0 | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 4 | 2 |   |   |   |   |   |   |   |
| WA Nephrology Database (WAND) | 0 | 3 | 1 d | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Journeyboard | 11 | 3 | 3 d | N/A | 3 | 2 | 1 | 1 | 4 | 2 | 4 |   |   | 2 | 1 | 1 | 5 |   |   |   |
| Allied Health System (AHS) | 1 | 2 | 3 d | 2 d |   |   |   |   |   |   |   |   | 4 |   |   |   |   |   |   |   |
| Quality of Care Registry (QoCR) | 2 | 2 | 5 d | 1 d |   |   |   | 3 | 5 |   |   |   |   |   |   |   |   |   |   |   |
| Transition Care (TCP) | 7 | 2 | 5 d | 1 d |   |   |   |   |   |   |   |   |   | 5 | 5 | 5 | 3 |   | 1 | 1 |
| MS Office | 11 | 2 | 1 d | N/A |   | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 5 |   | 2 |   | 1 |   | 4 |   |
| ScriptTracker2 | 8 | 2 | 3 d | N/A | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 5 |   |   |   |   |   |   |   |   |
| Nursing Hours per Patient Days (NHpPD) | 8 | 2 | 1 w | 1 w | 5 | 5 | 5 | 3 | 2 | 1 | 1 | 5 |   |   |   |   |   |   |   |   |
| Capacity Planning System (CapPlan) | 0 | 2 | 1 w | N/A |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

# Annex 2 Perioperative Unit

|  |
| --- |
| PERIOPERATIVE UNIT |
| Roles and responsibilities*
*
*
*
 |

## Team members

|  |  |  |
| --- | --- | --- |
| Roles | Primary | Alternate |
| Team Leader |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Critical Functions

|  |  |  |
| --- | --- | --- |
| Business unit | Activity / function | Maximum Tolerable Period of Disruption (MTPD) |
| 8 hrs | 1 day | 3 days | 1 wk | 2 wks | >=1 mth |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

## Business Continuity Strategies

| Activity / function | Immediate continuity strategy | Maintainable duration | Sustainable continuity strategy | Maintainable duration |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Response Actions

**Immediate**

|  | Action | Who | Reference |
| --- | --- | --- | --- |
| ❑ | Initiate Incident Log |  |  |
| ❑ | Obtain general situation report from the notifier |  |  |
| ❑ | Notify other members of the team as required |  |  |
| ❑ | Determine the nature of the incident* What has happened?
* Is anyone hurt?
* What services / areas are affected?
* What is the impact on critical business activities / services?
* What has been done?
* How long is the disruption likely to last?
 |  |  |
| ❑ | Formulate plan for carrying out immediate continuity strategy for critical business functions |  |  |
| ❑ | Decide if staff should remain where they are, go home or relocate to the alternate site |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |

**On-going**

|  | Action | Who | Reference |
| --- | --- | --- | --- |
| ❑ | Coordinate on-going communications with stakeholders  |  |  |
| ❑ | Ensure safety and wellbeing of all personnel |  |  |
| ❑ | Set up roster for rotation of team members if incident is prolonged |  |  |
| ❑ | Liaise with EMT for deployment of additional resources to support recovery |  |  |
| ❑ | Provide regular updates to the EMT |  |  |
| ❑ | Formulate plan for implementing sustainable continuity strategy for critical business functions, if necessary |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |
| ❑ |  |  |  |

**Post-incident**

|  | Action | Who | Reference |
| --- | --- | --- | --- |
| ❑ | Prepare plan for standing down the team |  |  |
| ❑ | Liaise with EMT on standing down the team |  |  |
| ❑ | Collect Incident Logs and submit to EMT |  |  |
| ❑ | Conduct de-brief with team |  |  |
| ❑ | Assign staff to participate in Long Team Recovery Team, if necessary |  |  |
| ❑ | Formulate plan for resuming non-critical business functions |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Resource Requirements**

**People**

|  |  |  |
| --- | --- | --- |
| Position | Current | Cumulative quantity required |
| 8 hrs | 1 day | 3 days | 1 wk | 2 wks | >=1 mth |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |

**Office equipment and telecommunications**

|  |  |  |
| --- | --- | --- |
| **Type** | Current | Cumulative quantity required |
| 8 hrs | 1 day | 3 days | 1 wk | 2 wks | >=1 mth |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Medical equipment**

| **Type** | Current | Cumulative quantity required |
| --- | --- | --- |
| 8 hrs | 1 day | 3 days | 1 wk | 2 wks | >=1 mth |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Specialised equipment**

|  |  |  |
| --- | --- | --- |
| **Type** | Current | Cumulative quantity required |
| 8 hrs | 1 day | 3 days | 1 wk | 2 wks | >=1 mth |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Key consumables**

|  |  |  |
| --- | --- | --- |
| **Type** | Current | Cumulative quantity required |
| 8 hrs | 1 day | 3 days | 1 wk | 2 wks | >=1 mth |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Systems / applications**

|  |  |
| --- | --- |
| **Name of system / application** | System / application required by …. |
| 8 hrs | 1 day | 3 days | 1 wk | 2 wks | >=1 mth |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Interdependencies**

|  |
| --- |
| Upstream interdependencies |
|  |
| Internal | Nature of interaction |
|  |  |
|  |  |
|  |
| External | Nature of interaction |
|  |  |
|  |  |
|  |
| Downstream interdependencies |
|  |
| Internal | Nature of interaction |
|  |  |
|  |  |
|  |
| External | Nature of interaction |
|  |  |
|  |  |

# Annex 3 ……etc

****

**This document can be made available in alternative formats
on request for a person with a disability.**

© Department of Health 2015

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.