

# CONTINUITY PLANNING AND RECOVERY TOOLKIT

## Introduction to this Concept

A Continuity Plan is designed to ensure that the business can continue to operate (as far as possible) in the event of any unexpected disaster, incident or major occurrence which has the potential to de-stabilise the business and severely impact on the short, medium or long-term running of the business. This includes the bricks and mortar of the Practice, key personnel or any important systems that the Practice relies upon in its day-to-day operations. It may also be adapted for use where a group of practices work together, for example as part of a pandemic flu plan.

The Continuity Plan can be wide ranging to include not only a “disaster” but also less severe (and shorter-term) events such as power loss, bomb alerts etc. The assessment of these risks, and the subsequent planning for them, is similar to that needed for a major incident.

The first stage in formulating a Continuity Plan is to identify the key risks facing the business, and then assess them in terms of probability of occurrence and possible severity. It will then be possible to plan an adequate response for each. A Practice situated on a riverbank is more likely to be concerned with flood than with lightning strike, and may develop a full and detailed response for the risks which are more likely to occur, whilst having only an outline response for those of lesser concern.

The Continuity Plan below shows a possible approach to the incorporation of the identified risks within a plan, and the actions to be taken in the event of a major disaster (a long-term incident affecting the continued business operation). It also includes procedures that may apply for the shorter-term incident. These aspects will include not only the short-term response but also the provision for ongoing activity during the “Recovery” phase and eventual return to normal operation. This Continuity Plan and the documents which follow it are very much sample documents, containing example texts. Please use these to edit, add and amend to suit your own circumstances. The Appendices provide blank templates for completion prior to publication of your final plan.

Key stages in Plan preparation are:

- Identify and assess the risks
- Incorporate them into the Plan
- Formulate your risk responses
- Incorporate informational aspects

- Publish the plan
- Test the and review the plan

Throughout this toolkit, the term Primary Care Organisation (PCO) is used in reference to the following: CCGs in England, Local Health Boards in Wales, NHS Boards in Scotland and Health and Social Care Boards in Northern Ireland.

## RISK IDENTIFICATION AND ASSESSMENT

### *Methodology*

Use the template below to brainstorm the potential physical risks facing the business and list those that are considered to be of particular importance. Involve the team. Each person in the Practice will be able to contribute ideas from their own perspective and this will help to draw up a comprehensive list. The template below is designed to help you to do this by categorising the risks into sections such as Premises, Clinical, Suppliers etc., and a number of general risks within these categories have already been entered into the template as examples to start you off.

Discuss your list of risks. Decide upon and record the likelihood for each whether they are likely:

- Within the next three years (High likelihood)
- Three years - 10 years (Medium likelihood)
- More than 10 years (Low likelihood)

(Alter the criteria to suit your Practice views)

And then decide and record how severe you think each will be if they do happen. This can be measured in financial impact terms:

- Cost up to £2,500 (Low Impact)
- Cost over £2,500 but less than £15,000 (Medium Impact)
- Cost over £15,000 (High Impact)

(Alter the criteria to suit your Practice views and finances)

Score each risk in overall terms. Use suitable, consistent measures such as those below.

High Likelihood + Low Impact	= Medium Overall Risk
High Likelihood + Medium Impact	= High Overall Risk
High Likelihood + High Impact	= High Overall Risk
Medium Likelihood + Low Impact	= Low Overall Risk
Medium Likelihood + Medium Impact	= Medium Overall Risk
Medium Likelihood + High Impact	= High Overall Risk
Low Likelihood + Low Impact	= Low Overall Risk
Low Likelihood + Medium Impact	= Low Overall Risk
Low Likelihood + High Impact	= Medium Overall Risk

This will help you to concentrate your plans on the higher-ranking risks first, and deal with those in the most comprehensive manner.

**>>> Continues on next page >>>**

## RISK IDENTIFICATION AND ASSESSMENT

### Computer Systems

Risk	Possible Causes	Main Impacts	Likelihood H/M/L	Impact H/M/L	Overall Risk H/M/L	Plan
Full loss of computer system – short-term (hours)	<ul style="list-style-type: none"> <li>• Major theft (hardware)</li> <li>• Virus (software)</li> <li>• Fatal error in server (hardware / software corruption)</li> <li>• Failure of clinical software</li> </ul>	<ul style="list-style-type: none"> <li>• Recent clinical electronic records lost</li> <li>• Patient care at risk</li> <li>• Unable to service patient requests / appointments</li> <li>• Patient dissatisfaction and complaints</li> </ul>	M	L	L	Included within section 2.2
Full loss of computer system – long-term (days / prolonged period)	<ul style="list-style-type: none"> <li>• Fire</li> <li>• Virus (software)</li> <li>• Fatal error in server (hardware / software corruption)</li> <li>• Failure of clinical software</li> <li>• Natural occurrences – see premises sections</li> </ul>	<ul style="list-style-type: none"> <li>• Recent clinical electronic records lost</li> <li>• Patient care at risk</li> <li>• Unable to service patient requests / appointments</li> <li>• Patient dissatisfaction and complaints</li> <li>• Staff well-being</li> </ul>	L	H	M	Included within section 2.2

A blank copy of this form is at **Appendix 1**

### Personnel

Risk	Possible Causes	Main Impacts	Likelihood H/M/L	Impact H/M/L	Overall Risk H/M/L	Plan
Loss of GP or Partner long term	<ul style="list-style-type: none"> <li>• Accident</li> <li>• Illness</li> <li>• Death</li> <li>• Resignation</li> <li>• Disappearance</li> <li>• Jury service long term</li> </ul>	<ul style="list-style-type: none"> <li>• reduction in patient care</li> <li>• additional workload for remaining clinicians</li> </ul>	M	M	M	Included within section 2.10

Loss of key staff	<ul style="list-style-type: none"> <li>• Accident</li> <li>• Illness</li> <li>• Death</li> <li>• Resignation</li> <li>• Disappearance</li> <li>• Jury service long-term</li> </ul>	• Loss of continuity or essential functions / data / expertise	M	M	M	Included within section 2.11
Industrial action	• Dispute	Closure of premises	L	M	L	Not planned in view of low likelihood

## Clinical

Risk	Possible Causes	Main Impacts	Likelihood H/M/L	Impact H/M/L	Overall Risk H/M/L	Plan
Infection	<ul style="list-style-type: none"> <li>• Failure to follow sterilisation procedures.</li> <li>• Unsafe working and cleaning practices.</li> <li>• Inadequate laundry procedures.</li> <li>• Failure to isolate infectious patients adequately.</li> <li>• Inadequate procedures for the control of waste.</li> <li>• Lack of adequate training for staff on handling of samples.</li> <li>• Use of non-disposable towels and gloves</li> <li>• Inappropriate waste into</li> </ul>	<ul style="list-style-type: none"> <li>• Infection of staff and patients.</li> <li>• Death</li> <li>• Litigation or complaints</li> <li>• Failure to satisfy the requirements of the H&amp;S Executive</li> <li>• Prosecution by H&amp;S Executive</li> <li>• Publicity</li> </ul>	L	M	L	Following a discussion with the Partners on [date] it was decided that we would not plan for this eventuality given the procedures in place and the Low overall rating

	ordinary bins					
Epidemic / Pandemic	<ul style="list-style-type: none"> <li>National Alerts</li> <li>PCO initiated responses</li> <li>Public health incidents</li> </ul>	<ul style="list-style-type: none"> <li>Priority call on clinical staff to the exclusion of routine patients</li> <li>Disruption in day to day activity</li> <li>Potential for cross-infection within the premises</li> </ul>	L	H	M	Included within section 2.19
Failure of a major or sole supplier to deliver essential clinical supplies e.g. Flu vaccines, yellow fever vaccines etc	<ul style="list-style-type: none"> <li>National shortages</li> <li>Enforced cessation of manufacture</li> <li>Unexpected increase in demand exceeds supply</li> </ul>	<ul style="list-style-type: none"> <li>Patients unprotected</li> <li>Reduced income</li> <li>Staff time in resourcing</li> </ul>	M	M	M	Included within SECTION 2.16

## Premises

Risk	Possible Causes	Main Impacts	Likelihood H/M/L	Impact H/M/L	Overall Risk H/M/L	Plan
Total long term loss of telephone system	<ul style="list-style-type: none"> <li>Long term failure due to macro premises events</li> <li>Long term failure due to software faults / virus</li> <li>Long term loss due to BT / supplier system faults</li> </ul>	<ul style="list-style-type: none"> <li>Urgent need to redirect calls</li> <li>Patients unable to contact surgery</li> <li>Need to communicate failure to patients</li> <li>Alternative arrangements required within hours</li> </ul>	L	H	M	Included within section 2.7
Short term loss of telephone system	<ul style="list-style-type: none"> <li>Short term crashes to system</li> <li>Power fluctuation</li> <li>BT / supplier system faults</li> </ul>	<ul style="list-style-type: none"> <li>Patients unable to contact surgery</li> </ul>	M	L	L	Included within section 2.7
Total long term loss of access to building	<ul style="list-style-type: none"> <li>Fire, flood, terrorism, arson</li> <li>Action taken by statutory authorities</li> </ul>	<ul style="list-style-type: none"> <li>Major problem for business continuance</li> <li>Termination of patient care</li> </ul>	L	H	M	Included within section 2.1, 2.17, 2.18, 2.20
Total short term loss of access to building	<ul style="list-style-type: none"> <li>Fire, flood, fire alert</li> </ul>	<ul style="list-style-type: none"> <li>Short term evacuation procedures</li> </ul>	M	L	L	Included within section 2.1, 2.17, 2.18
Damage to Building Roofing Glass Brickwork Fencing Paving / Roadways	<ul style="list-style-type: none"> <li>Vandalism</li> <li>Burglary</li> <li>Weather</li> <li>Terrorism</li> <li>Accident</li> <li>Vehicle impact</li> </ul>	<ul style="list-style-type: none"> <li>Unsafe for patients and staff</li> <li>Need to close</li> </ul>	M	L	L	Included with section 2.1
Loss of electricity	<ul style="list-style-type: none"> <li>Fault within building</li> <li>Fault outside building</li> <li>Wider / regional disruption to supply</li> </ul>	<ul style="list-style-type: none"> <li>Loss of computer systems</li> <li>Loss of lighting</li> <li>Loss of fire alarm</li> <li>Darkness</li> </ul>	M	L	L	Included within section 2.8
Flood or loss of water supply	<ul style="list-style-type: none"> <li>Internal leakage</li> <li>External pipe/ sewerage works</li> <li>River</li> <li>Underground damage</li> </ul>	<ul style="list-style-type: none"> <li>Minor repair works may cause minor disruption</li> <li>Total loss of water supply</li> <li>Total loss of toilet facilities</li> <li>Loss of hand-washing facilities</li> </ul>	M	H	H	Priority risk included in section 2.1, 2.18

## CONTINUITY PLAN

### *Methodology*

The Continuity Plan will consist of sections that directly address all levels of risk identified from your Risk Assessment and from other sources. It will also consist of sections which are purely an informational record, or sources of information which can then be readily to hand in the event of an incident.

Whichever way you decide to present or format the Plan, it is likely to grow or develop at each update into a self-contained and comprehensive document. This will become the prime operating guide in the event of an emergency situation.

- Identify and incorporate your Risks.
- Include your Risk Assessment within the Plan document.
- Decide on the information you need to have available - then collect and record it within the plan.
- Ensure that members of staff are aware of the plan and its contents – give them the opportunity to contribute.
- Decide on how the Plan is to be published, held and accessed in an emergency.
- Include the details of the Planning process and the methodology within the Plan itself.
- Amend and update the plan on a regular basis.
- Consider the possibility of testing the Plan, or parts of it.

The Plan can be in a tabular format (similar to the Risk Assessment above) or a text format, or may contain a mixture of both. One possible format of the Plan is given below – parts of this are quite specific and local to illustrate possible content – please edit these sections as appropriate to meet your individual needs.

# Thanet Health CIC CONTINUITY AND RECOVERY PLAN

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**Other Contacts**

## Communication Cascade

## 1 Introduction

The purpose of this Continuity Plan is to provide both a first response and framework under which the Practice may be managed and continue to operate under exceptional and adverse circumstances.

### *Source Documentation*

This Plan includes the Practice response to some key risks that have been identified by all [*some*] staff and the Risk Assessment document is appended at the end of this document. A copy of this document is kept off the premises in hard copy by the Practice Manager and at least one of the Partners, who will both also hold a hard copy on the premises in a place where it is easily accessible in the event of an emergency.

All other Partners and staff hold a copy in their personal email folders, which can be accessed from home and from work. Each of the local Practices has agreed to support each other by holding a copy of each other's plan. A copy of the Plan will be provided to the Emergency Planning contact at the PCO, who will be invited to comment on the Plan in relation to the Practice interface with the PCO for planning purposes. The document should be update twice yearly and at every change in personnel, and at this time all previous versions (including electronic copies) should be destroyed or replaced.

Every staff member will hold a personal credit card-sized phone number contact list containing numbers of all other staff members for emergency use. This document will be kept up to date, especially upon changes of personnel, and be reviewed at each review of the Continuity Plan itself.

Every staff member will receive (group) training relating to responding to incidents and events at least on an annual basis and also on recruitment.

### *General Responsibilities*

#### *Practice Manager:*

Responsible for:

- Preparing the initial draft of the plan
- Reviewing the plan twice yearly or at agreed intervals
- Updating the plan as changes occur (e.g. in personnel)
- Distributing the plan to all staff by the agreed means below at each update
- Holding a hard-copy and an electronic copy of the plan at work and at home
- Ensuring that the patients receive up-to-date information regarding the situation by the designated means (see below)
- Liaising with the PCO and other health bodies / services

#### *Partners:*

Responsible for:

- Holding a hard-copy of the plan at work and at home
- Contributing to the plan content
- Initiating response / recovery action as detailed below
- Liaising with the press / media if appropriate

*Staff:*

Responsible for:

- Holding a hard copy or an electronic copy of the plan accessible from home
- Contributing to the plan content
- Advising [*Insert nominated person*] of changes to personal circumstances to allow the plan to be updated.
- Dealing with patient enquiries and informing other health service personnel as directed.

This plan will be distributed to the Partners and staff to hold at each update, and contributions or comments will be invited from everyone.

The Partners and the Practice Manager as a collective body will be responsible for implementing the plan in the event of a recovery situation.

*Cascade Procedure.*

Staff will communicate with each other on a cascade system and are individually responsible for informing the staff below them in the communication hierarchy (see **Communication Cascade**, below). In the event of a cascade situation and the absence of a key staff member, responsibility will fall on the person above the absentee in the cascade system to inform those staff “below” the absentee.

## **2. IMMEDIATE RESPONSES FOLLOWING A SIGNIFICANT EVENT**

### **2.1 Surgery Building – Long Term or Short Term Loss of Access**

Many of the sections below will refer to the procedures outlined in this section relating to adverse effects on the building or part of it.

If the building becomes unavailable for use for any reason, suitable alternative accommodation must be identified. The following have been identified locally as having rooms and facilities available which are suitable for temporary surgeries.

Accommodation	Telephone	Accommodation	Telephone
Portakabin	[Insert number]	Methodist Hall (meeting rooms)	[Insert number]
Town Hall (meeting rooms)	[Insert number]	Other local surgeries	See contact list
Local Hospital	[Insert number]	Sports Centre (meeting rooms)	[Insert number]

**A blank copy of this form is at Appendix 2**

In the short term, patients are to be asked to telephone the surgery number [Insert surgery number] and listen to the recorded message which will give up-to-date instructions. This number may, in due course, be transferred to the OOH service for permanent monitoring, at which time the OOH service will have been fully informed of the situation in order to update patients. In the longer term, patients will be asked to monitor the Practice website [Insert the address of the Practice website], which will be updated on a regular basis.

Immediate Action to be taken or considered:

- Evacuation of building if in working hours – staff to take personal belongings including house keys, mobile phones, the surgery mobile phones, essential records (see below) and contact information.
- Set the telephone system to the evacuation message (if available)
- Lock records cabinets. Remove keys from site.
- Staff to remove their cars from the car park.
- Patients to remove their cars from the car park.
- Close off the car park permanently with cones or vehicles.
- Staff to be instructed to access Practice website on a regular basis for up-to-date information if sent home. Advise staff that the Cascade communication system may be initiated.
- Contact the police and fire service if appropriate (see contact list).
- Contact the gas board and the electricity board if appropriate (safety).
- Contact the PCO and speak to a senior staff member (see contact list).
- Contact Clinical Supplier (See contact list).
- Contact telephone service provider (See contact list). Ensure surgery number is still available with the suitably recorded message. Re-record special message if appropriate.
- Ring alarm company.
- Post signs on the doors if appropriate.
- Turn off the gas, electricity and water. (Electrical shut-down will affect the telephones and alarms)
- Ensure building locked. Close security shutters if appropriate. Set alarms if electricity is still available.
- Where appropriate, allocate a senior staff member to remain close to the site to guide and deal with emergency vehicles. Provide them with a mobile phone.
- Reconvene at remote “Emergency Control Centre” location (see below).
- Instruct the Royal Mail to hold all mail at the sorting office until it can be collected by a staff member.

- Contact the website designer or initiate an update for patients, or an emergency message.
- Consider suspension of online appointment booking.
- Consider suspension of online prescription ordering (it may be preferable to make arrangements for prescriptions to be provided elsewhere).

A contact list including details of our normal contractors can be found at the end of this document.

### *Evacuation of Building and the Emergency Services.*

This is in accordance with published fire orders. A senior member of staff or Partner will direct operations and the removal of equipment or records, depending on the nature of the emergency. Staff will normally be instructed to return home and await further information. In the event of a bomb alert, telephones and the fire bell will not be sounded and evacuation will be by word of mouth.

### *Establishing an Emergency Control Centre*

For purposes of an emergency meeting and planning, the Partners and the Practice Manager will convene at the home of [*Insert the name of the Senior (or other) Partner with suitable home facilities*] as soon as possible following the event. This will be the command centre until suitable alternative accommodation has been arranged. A laptop or other suitable computer, printer and a telephone(s) and fax machine will be available at that location. The address and telephone number is in the Contacts List below. Any outstanding action from the evacuation points above may be taken at this time.

Where available, the backup tapes (in particular those from the Manager's office) should be used to immediately restore management data to the computer systems / laptop in the Emergency Centre in order to access insurance, contact details, staff details, details of suppliers etc.

### *Immediate Communication Issues*

Staff should not make comments to the media and all enquiries should be referred to the nominated Partner or Practice Manager in the first instance, who may decide to issue a basic and standard statement to prevent misrepresentation of facts.

Once the Control Centre has been established, the following should be advised of the emergency if not previously informed:

- The emergency services
- The Out of Hours service
- The PCO emergency planning officer
- Staff not involved in the initial incident
- All local surgeries
- All local hospitals

- All local pharmacies
- Our insurers

The phone number of the Control Centre should be distributed to each of these contacts.

### *Damage Assessment*

The Partners and the Practice Manager will liaise with the emergency services to conduct an immediate assessment of the situation and determine the extent and likely duration of the emergency. A decision will then be taken as to the duration of the event and the emergency steps to be taken. Staff will then be advised using the cascade system (see below).

The Practice Manager will liaise with the Practice insurers and other agencies to ensure that a swift and correct recovery is supported and achieved; including contact with the possible sources of alternative accommodation (see above)

### *Communication with Patients*

In the event of a major communication need, liaise with the PCO and ask them to request the Health Authority to write to all patients on the list, advising them of the nature of the incident and to monitor the website for up-to-date information.

## **2.2 Loss of computer system**

### *Short-Term Loss*

For short-term loss, reception will revert to a paper-based call system and a paper record of appointments will be maintained. Clinicians will revert to paper records if available, and will implement paper notes recording individual consultations if not.

Loss of hardware is/is not covered by the Practice insurance policy. Note that the PCO should be consulted about replacement. The Practice will need to contact the PCO IT Manager to arrange replacements (see contact List). Replacement computers are held off-site and can be available within two hours.

### *Long-Term Loss*

Computer back-up tapes are made daily and are stored in the data safe (where the system is not centrally hosted). The tapes are rotated on a five-day cycle and care must be taken to ensure that the named tapes run on the previous night are used in the backup restoration. The latest back-up tapes are moved off-site daily and kept by [*Insert name of nominated person*] at home (see contact list). In the event of the nominated person being absent (annual leave etc.) then [*Insert name of suitable deputy*] will normally be responsible for data backup and will hold the latest tapes.

In the event of long-term system loss, the back-up tapes will be used to recreate the Practice at a new location or on a new computer system. Liaise with the clinical supplier (see contact list) and the PCO IT Manager (see contact list).

Hand-write prescriptions if pads are available. If not, contact the Health Authority (see contact list) who will arrange the urgent supply of replacement pads.

### **2.3 Loss of Access to Paper Medical Records**

The paper medical records are stored in a number of cabinets in the reception office, and are not protected from any untoward event. The cabinets are not fireproof.

If they were to be damaged in any way, records could be constructed from data held on the computer system.

The stationery required to construct the medical records may be obtained from the PCO, who are also able to produce address labels with name, address, DOB and NHS number for each patient. The PCO are also able to supply a printout of all patients registered to the Practice.

### **2.4 Emergency Security of Non-Patient Procedural Records, Protocols, and Clinical Guidelines and Information.**

Where time allows the following documents should be removed off-site for possible use elsewhere:

- All backup tapes [*Insert location where kept*]
- Intranet backup cd [*Insert location where kept*]
- The external hard drive containing all non-clinical backups [*Insert location where situated*]
- Paper based medical records
- Letters and correspondence from today (these will not be included within the previous evening's tape backup)
- Printed patient lists for today's appointments and a full printed EMIS summary of each (these will not be included within the previous evenings tape backup)
- Printed prescriptions and referral letters awaiting collection
- Blank prescription forms

Procedural records, protocols and clinical guidelines are maintained on the Practice intranet. A backup copy of the intranet is maintained off-site and is held by the Practice Manager. This can be re-created on a laptop.

#### *Essential Forms List*

In order to effectively recover total loss of facilities the following forms will need to be ordered. These can be borrowed on a temporary basis from nearby Practices, or the Practice has an Emergency Stationery Box containing the most commonly used forms including prescriptions, appointment cards and FP8s etc. If time allows these items should be removed from the premises in the event of an emergency

[Edit as appropriate]

FORM	DESCRIPTION	LOCATION
Prescription pads	For Each GP	Reception Cupboard
Temporary Resident Forms (completed)		Reception desk
Current day's unscanned correspondence	All letters, test results,	Scanning desk, post desk
Prescriptions awaiting collection		Prescriptions box
Drug Register		Reception

A blank copy of this form is at **Appendix 3**

## 2.5 Hardware and Software Specifications

Full specifications of all IT equipment on the premises, including system details and installed software, are contained within specialist software and backed up onto the Practice Manager's Removable External Hard Drive.

*[Note for Practices – commercially available specialist software is recommended to log the technical specification of each PC in the building and the server(s) - (e.g. DEKSI Network Inventory <http://www.deksoftware.com>). If not installed, a manual log should be maintained here as this will be required for insurance purposes in the event of a total loss]*

Location	Processor	Memory	Storage	Manufacturer	Serial No	Software	Peripherals

A blank copy of this form is at **Appendix 4**

## 2.6 Essential Equipment

Where time allows, the following equipment should be removed off-site for possible use elsewhere:

[Edit as appropriate]

Item of Equipment	Location	Notes
Emergency response kit including oxygen (be aware of gas safety issues, especially in the event of fire)	Emergency cupboard in reception	

Defibrillator	Emergency cupboard in reception	
Wheelchair	Library	
Doctor's bags	With Doctors	
All personal mobile phones and the surgery mobile phones	Library x 2, Secretary's room x 1, and personal phones	
All surgery hands-free telephone receivers (these will still be usable away from the building)	GP rooms x 4 Practice Manager room x 1	
Contents of the Drug Cupboard	Adjacent to Nurses' treatment room	
Vaccines from the refrigerators	Within vaccine fridge	
Nebulisers	Nurses office	
Laptop	Library	
Photocopier	Reception	

A blank copy of this form is at Appendix 5

## 2.7 Loss of Telephone System

### *Short-Term Loss*

Ring [*Insert the name of the telephony supplier*] on [*Insert contact number*] for the fault to be investigated. Ring the other local surgeries and advise them that we have a fault and they may receive some of our calls. Use the mobile phones if extra outgoing lines are needed.

### *Long-Term Loss*

Initially, ring the Out of Hours service (contact details at the end of this document) to accept our calls. The OOH service may be advised of the nature of the problem, provided with our mobile (or other contact) number, and advised that up-to-date information will be posted on our website for the information of patients. They must be kept advised of significant changes to our circumstances.

Ring [*Insert the name of the telephone system supplier*] and ask them to liaise with BT to have our numbers diverted to the OOH service (check that the OOH service switchboard is operational at this time of day), or to the mobile phones.

[*Insert the name of the telephony maintenance company*] maintain the telephone system under contract, and should be consulted immediately when a problem arises and asked to attend if the property is still accessible. The system can be accessed remotely by computer link (if this is still

available) and they can arrange remote reprogramming to divert to the Out of Hours service. Lines are provided by BT.

Arrange, via the telephony system supplier, for BT to intercept the ex-directory number and have this diverted to the OOH service. Arrange also for the fax number to be temporarily suspended to prevent unactioned faxes from being received in the surgery premises.

A request may be made for phone lines to be provided into temporary accommodation, as well as a transfer of all calls made to [*Insert the main telephone number*] to the doctors' mobile telephone until the telephone system is repaired or replaced. If the Emergency Control Centre is to operate, this may be given as a contact number, but is not for patient use. Patient calls would normally be directed to the temporary accommodation, which can be manned by reception staff.

The telephone system is dependent upon the electricity supply, and there is a battery back-up, however if power is lost for a long period telephone functionality on the premises will also be lost, and any long-standing changes will need to be affected at the Exchange.

If the power fails for any reason, there are "power fail" telephone sockets in the reception office and handsets to be used if the power does fail.

## **2.8 Loss of Electricity Supply**

In the event of a power failure within the building, the first thing to check is the main fuse box, which is situated under the stairs.

If the fuse box is not the cause of the problem, the electricity supply company should be contacted. They need to be told that we have a phased supply into the building.

The Practice is reliant on electricity to power the building.

In the event of a power failure, the following systems will not work:

- Computer (the UPS system will supply very short-term power)
- Telephone (except for the 1 x power fail receiver situation on extension no 204)
- Heating
- Security Shutters (where electrically powered)
- Clinical Refrigerators (these should remain closed to retain the cold status)
- Lighting (except emergency lights)

If the power does fail, cancel all surgeries until such time as the power is restored. The building should be secured, and resultant issues dealt with as under Section 2.1 above.

If the power failure causes the fire-door security shutters to lock down then the building must be closed and evacuated for safety reasons until the fire service can be contacted for advice. The final exit door can be manually operated using the emergency handle situated in the storeroom.

If the power is not going to be restored for some period of time, arrange to transfer vaccines from the cold stores to other local surgeries for storage.

The computers in the consulting rooms and other parts of the building should be switched off at the sockets, to prevent damage when the power is restored. The file server has a UPS attached and should not need to be switched off (the UPS will automatically power down the server if the UPS's power reserve is close to exhaustion). **Note** – check that this auto-power-down facility is configured correctly, if it is not it will be necessary to check the length of time the UPS will provide power, and ensure that the server is powered down before the UPS power reserve runs out.

## **2.9 Loss of Gas Supply**

In the event of a gas leak in the building, the shut-off valve can be found [*Insert the location of the shut-off valve*].

Open windows and the building should normally be evacuated. Refer to Section 2.1 above for a summary of some of the procedures which may be considered.

The gas company British Gas should be called.

If the boiler or pumps fail, contact Gas Force who have the maintenance contract.

The boiler supplies all the hot water as well as heating.

In the event of the heating failing, electric heaters can be used. Loss of hot water will pose a problem for hand washing and cleaning of surgical instruments – use the kettle or alternatively purchase a large boiler from the local supplier [*Insert name and number of local electrical wholesaler or supplier*]

## **2.10 Incapacity of GPs**

If for any reason the GP(s) is unable to provide medical services due to incapacity or death, the PCO should be informed as soon as possible.

Absences are dealt with under the terms of the Partnership Agreement. If a Partner is incapacitated by ill health and unable to provide medical services to patients, the remaining Partners will cover for a period of weeks to be agreed, after which time the Partners will make a decision on whether to employ a locum. Locum insurance is in existence and the company should be consulted at the outset (See Contact List). Short-term cover is to be provided internally by the Partners, with the salaried GPs being contacted if required.

A list of current locum doctors with full GMC / Defence / PCO certification is situated [*Insert location*].

In the event of the death of one of the Partners, the PCO should be informed as a matter of urgency.

A print-out of the patients registered to that Partner should be produced from the computer system, and arrangements made with the PCO for the remaining Partners to provide medical services to those patients, if they so agree.

No prescriptions should be printed or written on prescription pads/ Computer code for that GP. Any prescription pads, Med3s etc. in that Partner's name should be kept in a secure place until arrangements can be made to destroy them.

Arrangements must also be made to suspend the prescribing details of that Partner on the computer and then they should be deleted.

### **2.11 Incapacity of Staff**

In the event of a member of staff being incapacitated through ill health, no formal arrangements exist, except that other members of staff cover for the absent staff member. Each staff member holds contact detail for every other staff member on a credit-card sized contact sheet, and they will arrange their own cover.

The PCO can be approached to approve the appointment of short-term help.

The PCO has a list of Nurses available for locum work.

All clerical and management routine procedures are fully documented and can be found on the Practice Intranet.

### **2.12 Breakdown of Sterilizer**

This is covered by a contract with [*Insert the name of the contracting company*].

An immediate order of disposables may be made if the facility is unavailable for a protracted period. Suspend minor surgery appointments. Used instruments must not be transported offsite if not sterile. These may be stored in a clinical waste bin for a short period, after which they should be disposed of as hazardous waste under a special arrangement with the clinical waste contractor (see contact list).

### **2.13 Loss of Burglar Alarm**

This is covered by a service contract with [*Insert the name of the contracting company*] and can be telephoned on the emergency number for a two-hour response (see contact list).

### **2.14 Loss of Fire Alarm**

A service agreement exists with [*Insert the name of the contracting company*] and can be telephoned on the emergency number for a two-hour response (see contact list). Where the alarm cannot be repaired within a two-hour period, the building is to be closed. Consider the actions detailed in Section 2.1 above.

## **2.15 Loss of Water Supply**

The stop valve for the water can be found in *[Insert location]*.

If any problems arise, contact *[Insert the name of the water company]*. In the event of need, the large mineral water containers from the cold drink machine are available for use, and an emergency bulk supply may be ordered from the bottled water company (see contact list).

## **2.16 Supplier Failure**

Alternative suppliers are detailed on the contact list. Where a single supplier exists (e.g. Yellow Fever Vaccines) and the supplier is unable to deliver required supplies as expected, then patients may be directed to other stockholders in the area.

## **2.17 Fire**

This will be dealt with in accordance with standard fire orders. Thereafter the provisions as detailed in Section 2.1 above may apply, depending on the nature and extent of the fire.

## **2.18 Flood/loss of water supply**

Depending on the extent of the flood, it may be necessary to implement the arrangements detailed under Section 2.1 above.

### *Internal Flood*

In the event of an internal flood (burst pipe) turn off the water supply, situated *[Insert the location of the stop-tap]*. The affected section of the building will be closed and essential surgeries will be held in the available rooms. The following activities will be cancelled if needed:

- Meetings
- Mental Health clinics (arrangements to be made elsewhere)
- Minor surgery
- Asthma / CHD / other chronic disease routine clinics
- Midwife clinics (arrangements to be made elsewhere)
- Exercise referral appointments and Smoking Cessation counselling.
- Internal Training Courses and presentations

While the water supply is off, water should be conserved. Toilet flushing should be reduced (disinfectant used rather than flushing where possible). Anti-bacterial soap (which cleans hands without the need for water) should be placed beside all washbasins. Bottled water should be available for drinking.

Contact our insurers (see contact list).

Contact details for the local plumber are held on the contact list, however if the leakage is part of the central heating system then this is covered by a maintenance contract with the gas servicing company, which should be called as a priority.

#### *External Flood*

In the event of an external flood (river etc.) the building will normally be part of a wider externally flooded area and will be closed. The procedures above relating to Loss of Building should be followed (Section 2.1 above), and in addition it will be necessary to liaise with the Environment Agency to ensure that the building is hygienically clean (overflow of drains and sewer system) prior to the building being re-opened.

### **2.19 Epidemic / Pandemic**

In the event of an official alert, the Practice Manager will liaise with the Emergency Planning Officer at the PCO to ensure that the Practice conforms and co-operates with the joint efforts being made across the region to respond to the emergency. The Practice Manager, or a nominated person, will secure immediate delivery of extra clinical supplies, to include masks, gloves, gowns etc. as appropriate.

The Practice manager will liaise with other practices within the locality cluster where pandemic arrangements have been made.

The Senior Partner will liaise with Public Health to ensure a co-ordinated clinical response to the emergency and to initiate or confirm the arrangements by which patients will be informed, either directly from the Practice or via a central mailing.

The Partners will consider short-term measures to ensure that, as far as possible, the risk of cross-infection is contained locally. This may include a general communication to patients who suspect that they may be infected to stay at home and request a home visit, rather than attend a surgery. Notices may be placed on the surgery doors to this effect.

The Partners will consider the risk to front-line staff and may instruct the issue and wearing of protective clothes and masks. Open surgeries may be suspended and appointment surgeries may be staggered, with lengthened appointment slots to reduce the incidence of patients sitting in the waiting areas together. An isolation room will be nominated [*Insert the name of the nominated room*] where symptomatic patients can wait – this will be subject to special cleaning / infection control arrangements.

Consideration will be given, in liaison with the PCO Emergency Planning Officer, to the setting up of special reception centres remote from GP surgeries to deal exclusively with patients reporting symptoms.

*Subject to the above, the following specific actions will be taken:*

- The Practice will suspend routine appointments, clinics, and peripheral activities, and plan activities so that they may still be maintained with 25% of both administration and clinical staff absent through illness (25% is the expected impact during a pandemic)

- The Practice will approach other Practices in the area with a view to merging operations for the duration, in order to share the remaining available staff and clinicians and resources to deal with the situation. Where this occurs one of the Practice premises may become dedicated to the Pandemic symptomatic patients.
- A separate waiting area will be allocated to symptomatic patients. This will be [*Insert room*]
- All door handles (which are one of the most common sources of contamination) are to be disinfected hourly.
- Patient information will be provided constantly in the waiting room displays and on the front door.
- All staff will be issued with PPE / FFP3 Particulate Filter Masks.
- All patients ringing the surgery to arrange to be seen will be asked if they have flu-like symptoms. Patients will be directed according to protocols established via the PCO
- Patients with symptoms will be advised that a friend or relation should collect the prescription.
- Doctors visiting symptomatic patients will adopt disposable respiratory protection.

See also the Flu Pandemic Protocol [<sup>\*</sup>]

## **2.20 Response to Major Incident – Accident / Terrorism**

In the event of a major incident, the Practice Manager will liaise with the Emergency Planning Officer at the PCO to ensure that the Practice conforms and co-operates with the joint efforts being made across the region to respond to the emergency. The Practice Manager or a nominated person will secure immediate delivery of extra clinical supplies to include masks, gloves, gowns, vaccines etc. as appropriate.

The Practice Manager will arrange for the cancellation of all routine appointments and clinics and arrange, if appropriate, for the OOH service to provide immediate cover. Consideration will be given to the securing of locum services by contacting the locums available within the current locum list to be on-site in the event that they are needed.

>>> Continues on next page >>>

## SUPPLIER CONTACT LIST

A blank copy of this form is at **Appendix 6**

Clinical System	[Insert name]	[Insert phone number]
Computer Hardware	[Insert name]	[Insert phone number]
Telephony Hardware	[Insert name]	[Insert phone number]
Telephony Software	[Insert name]	[Insert phone number]
Gardener	[Insert name]	[Insert phone number]
Local Pharmacy	[Insert name]	[Insert phone number]
Local Pharmacy	[Insert name]	[Insert phone number]
Insurance Broker [Insert name]	Buildings Insurance Contents Insurance Computer Insurance Public Liability Insurance Legal cover Insurance Locum Insurance Partners Life Insurance	[Insert phone number]
Defence Insurance	[Insert name]	[Insert phone number]
Electricity Company	[Insert name]	[Insert phone number]
Gas Supply	[Insert name]	[Insert phone number]
Fire Alarm Company	[Insert name]	[Insert phone number]
Burglar Alarm Company	[Insert name]	[Insert phone number]
Emergency Lights Company	[Insert name]	[Insert phone number]
CCTV Company	[Insert name]	[Insert phone number]
Fire Alarm Control Centre Burglar alarm control centre	[Insert name]	[Insert phone number]
Gas service contractor	[Insert name]	[Insert phone number]
Water supplier (Mains)	[Insert name]	[Insert phone number]
All medical and cleaning paper supplies	[Insert name]	[Insert phone number]
Healthcare disposables Vaccine and injectables General clinical supplies Clinical equipment	[Insert name]	[Insert phone number]
Vaccines [Insert type]	[Insert name]	[Insert phone number]
Vaccines [Insert type]	[Insert name]	[Insert phone number]
Stationery and Office supplies, Furniture	[Insert name]	[Insert phone number]
Builder	[Insert name]	[Insert phone number]
Roofer	[Insert name]	[Insert phone number]
Joiner	[Insert name]	[Insert phone number]
Plumber	[Insert name]	[Insert phone number]
Electrician	[Insert name]	[Insert phone number]
Signage Contractor	[Insert name]	[Insert phone number]
Portakabin		[Insert phone number]
Water Supplier (Bottled)	[Insert name]	[Insert phone number]
Oxygen / Gases	[Insert name]	[Insert phone number]
Clinical Waste Contractor	[Insert name]	[Insert phone number]
Trade Waste Contractor	[Insert name]	[Insert phone number]

## STAFF CONTACT LIST

*(Note for Practices – may consider restricting this information to selected copies of the plan)*

NAME	ADDRESS	TELEPHONE
[Insert name]	[Insert address]	[Insert phone number]






A blank copy of this form is at **Appendix 9**

## PCO AND HEALTH SERVICE CONTACT LIST

*[Note for Practices – edit to suit local needs]*

<b>EMERGENCY PLANNING OFFICER - PCO</b>	<i>[Insert name] [Insert number]</i>
Risk Manager PCO	<i>[Insert name] [Insert number]</i>
Primary Care Development Manager - PCO	<i>[Insert name] [Insert number]</i>
Pharmacy Advisor PCO	<i>[Insert name] [Insert number]</i>
Lead Nurse PCO	<i>[Insert name] [Insert number]</i>
IT Manager PCO	<i>[Insert name] [Insert number]</i>
Director of Public Health – City	<i>[Insert name] [Insert number]</i>
Public Health Support Manager - City	<i>[Insert name] [Insert number]</i>
Locality Manager PCO	<i>[Insert name] [Insert number]</i>
Human Resources Advisor PCO	<i>[Insert name] [Insert number]</i>
Complaints Manager PCO	<i>[Insert name] [Insert number]</i>
Head of Finance PCO	<i>[Insert name] [Insert number]</i>
Chief Executive PCO	<i>[Insert name] [Insert number]</i>
Primary Care Support Manager PCO	<i>[Insert name] [Insert number]</i>
Local Hospital Switchboard	<i>[Insert number]</i>
Local Practices (1)	<i>[Insert number]</i>
Local Practices (2)	<i>[Insert number]</i>
Local Practices (3)	<i>[Insert number]</i>
LMC	<i>[Insert number]</i>
GMC	<i>[Insert number]</i>
Locum 1	<i>[Insert name] [Insert number]</i>
Locum 2	<i>[Insert name] [Insert number]</i>
Locum 3	<i>[Insert name] [Insert number]</i>

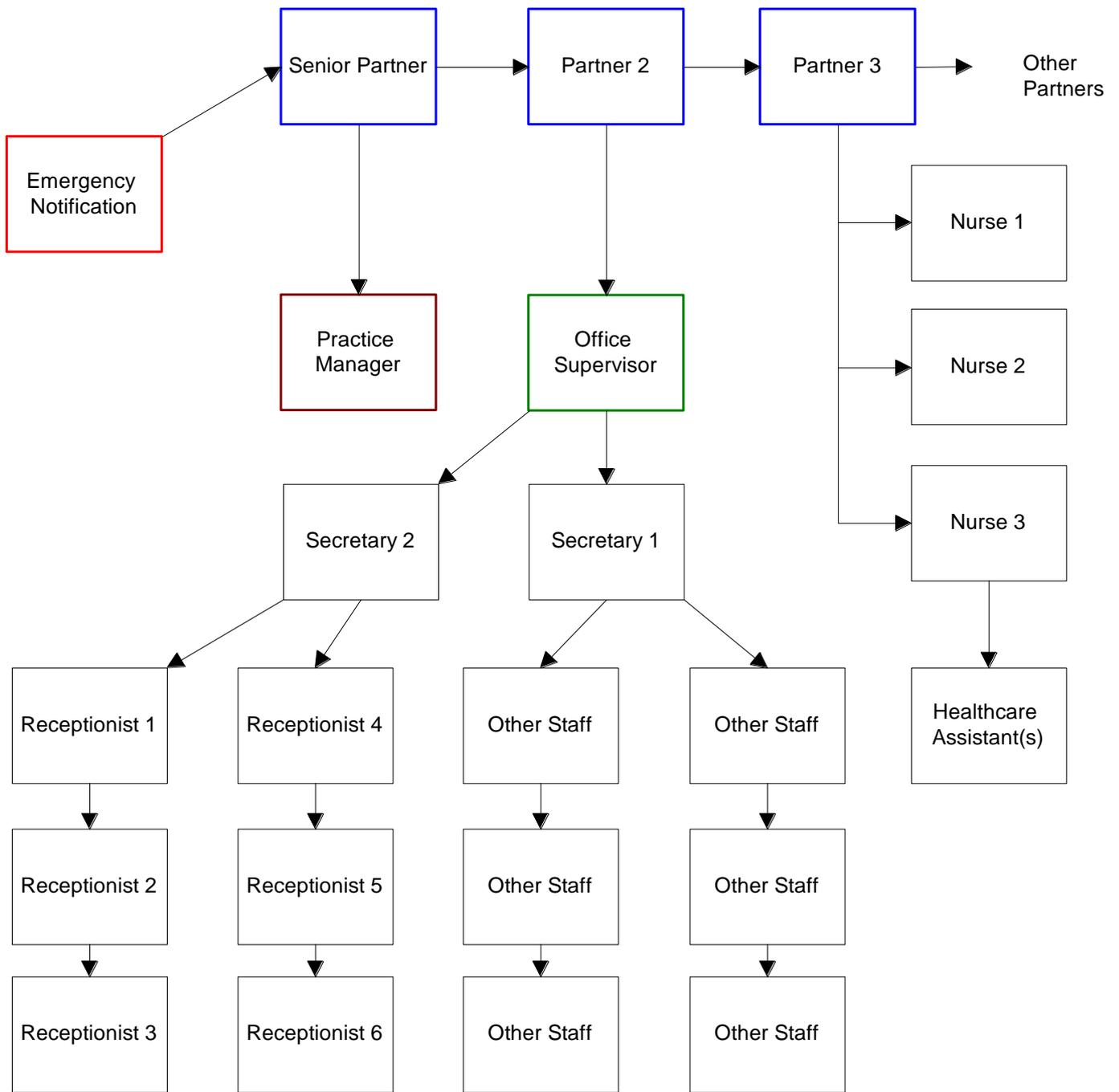
### OTHER CONTACTS

Local Council	<i>[Insert number]</i>
Local Planning Authority	<i>[Insert number]</i>
Local Police (direct number)	<i>[Insert number]</i>
Royal Mail Sorting Office (local number)	<i>[Insert number]</i>
Local Nursing / Care Homes (1)	<i>[Insert name] [Insert number]</i>
Local Nursing / Care Homes (2)	<i>[Insert name] [Insert number]</i>
Security Guard Provider	<i>[Insert name] [Insert number]</i>
Van Hire – local firm	<i>[Insert name] [Insert number]</i>

A blank copy of this form is at **Appendix 10**

### COMMUNICATION CASCADE

In the event of the Cascade method of communication being activated the following information flow will apply. The Senior Partner is to receive first notification. The arrows indicate responsibility for communicating through the hierarchy. A blank copy of this form is at **Appendix 11**



## LIST OF APPENDICES

The following appendices contain samples of blank forms for completion.

## **Appendix**

1	Risk Assessment Form
2	Alternative Accommodation Record
3	Essential Forms List
4	Hardware and Software Specification
5	Essential Equipment List
6	Supplier Contact List
7	Staff Contact List
8	Practice Telephone Number List
9	Key Computer Saved Files List, and their Locations
10	PCO and Health Service Contact List / Other Contact List
11	Communication Cascade - Blank

**APPENDIX 1**

**Risk Assessment Form**

*[Insert Category or type of risk]*

Risk	Possible Causes	Main Impacts	Likelihood H/M/L	Impact H/M/L	Overall Risk H/M/L	Plan
	•	•				
	•	•				
	•	•				
	•	•				
	•	•				
	•	•				
	•	•				
	•	•				
	•	•				
	•	•				

**APPENDIX 2**

**Alternative Accommodation List**

Accommodation	Telephone

**APPENDIX 3**

**Essential Forms List**

Form	Description	Location



#### APPENDIX 4 - Hardware and Software Specification

Location	Processor	Memory	Storage	Manufacturer	Serial No	Software	Peripherals



Gardener		
Local Pharmacy		
Local Pharmacy		
Insurance Broker [Insert name (S)]	Buildings Insurance Contents Insurance Computer Insurance Public Liability Insurance Legal cover Insurance Locum Insurance Partners Life Insurance	
Defence Insurance		
Electricity Company		
Gas Supply		
Fire Alarm Company		
Burglar Alarm Company		
Emergency Lights Company		
CCTV Company		
Fire Alarm Control Centre Burglar alarm control centre		
Gas service contractor		
Water supplier (Mains)		
All medical and cleaning paper supplies		
Healthcare disposables Vaccine and injectables General clinical supplies Clinical equipment		
Vaccines [Insert type]		
Vaccines [Insert type]		
Vaccines [Insert type]		
Stationery and Office supplies, Furniture		
Builder		
Roofer		
Joiner		
Plumber		
Electrician		
Signage Contractor		
Portacabin		
Water Supplier (Bottled)		
Oxygen / Gases		
Clinical Waste Contractor		
Trade Waste Contractor		
Web designer / Company		







LMC	
GMC	

**Other Contacts**

Local Council	
Local Planning Authority	
Local Police (direct number)	
Royal Mail Sorting Office (local number)	
Local Nursing / Care Homes (1)	
Local Nursing / Care Homes (2)	
Security Guard Provider	
Van Hire – local firm	

# Appendix 11 - Communication Cascade

