



# Business Continuity Plan

<Insert facility name>

Behavioral Health

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This Business Continuity Template has been developed by Wakefield Brunswick and provided by Santa Cruz County. It is intended to be sample data only. Please modify this document to reflect the policies and procedures at your organization.

## Section I: General

The purpose of the Business Continuity Plan is to assist the organization with ensuring that mission critical services and process are maintained, restored or augmented to meet the designated Recovery Time Objectives (RTO).

Following the command/ICS structure, the Business Continuity Operations Branch will lead BCP activities to:

- a. Facilitate the acquisition of and access to essential recovery resources, including business records (e.g., patient medical records, purchasing contracts).
- b. Support the Infrastructure and Security Branches with needed movement or relocation to alternate business operation sites.
- c. Coordinate with the Logistics Section Communications Unit Leader, IT/IS Unit Leader and the impacted area to restore business functions and review technology requirements.
- d. Assist other branches and impacted areas with the restoring and resuming of normal operations.

## Section II: Activation

In an event that disrupts normal operations and impacts essential operations of <insert facility>, measures are to be taken to prepare and pre-position resources to ensure continuity of mission critical services and processes. An algorithm of considerations and decisions are illustrated in the table below.

The Command Center (CC) responds to events that can impact the ability of <Insert facility name> to perform its normal daily functions. The CC is comprised of personnel with the knowledge and authority to provide support to the Emergency Response and Recovery activities.

<Insert algorithm>

**NOTE: If your department cannot operate and/or there is a life safety issue, go directly to Evacuation Procedures located in the EOP.**

## Section III: Overview

This business continuity plan (BCP) is intended to be implemented when there is an event that disrupts normal business operations. Plan activation is described in Section II: Activation.

This plan defines the mission critical services and processes and procedures to ensure they can be continued and/or recovered when normal operations are not viable.

This BCP was developed in conjunction with the <Insert facility name> emergency planning effort. In developing this plan and all associated procedures, checklists and forms, the continuity between the <Insert facility name> and the associated departments can be ensured. Note that in order for the plan to be effective, exercises and trainings of this plan must be carried out by <Insert facility name> on an annual basis. Additionally, updates to the plan and all associated checklists, forms and procedures will be made on an annual basis in concert with the Office of Emergency Preparedness.

For purposes of this plan and all associated procedures, checklists and forms, an event is defined as any planned or unplanned situation that disrupts the normal operations of the department.

<Insert organization/department description and location>

This plan describes the procedures for continuity or, if needed, contingencies for the recovery of services at an alternate location. Strategies for continuing operations when key services are unavailable are detailed on page X.

## Section IV: Continuity Requirements

This section of the BCP includes the Behavioral Health Department's mission critical services and processes, personnel, alternate operating location(s). This information is to be completed and maintained by Behavioral Health Department Director, unless otherwise noted.

This plan will remain accessible to staff at all times in the Emergency Operations Plan (EOP) located in the administration suite.

Updates are to be made in coordination with the Office of Emergency Preparedness.

### Mission Critical Services and Processes

For purposes of the BCP, we only used processes deemed mission critical for continuity of the Behavioral Health Department.

#### Mission Critical Service/Process

##### **RECOVERY TIME 8-24 HOURS**

Case Management

Care Coordination

Walk-In Patient Care

Crisis Stabilization

Long-Term Residential Care

Acute Psychiatric Care

Surgical Hospital Program

## Interdependencies

To perform mission critical services, the Behavioral Health Department on the following internal and external services:

Dependency	Service	Actions if Service is Unavailable
Emergency Response/Paramedics	Emergency Medical Services	✓ Utilize temporary or trained volunteer staff
Inpatient Residential Facilities	Housing and care of inpatients	✓ Move or admit patients to alternate secure and appropriate location

## Mission Critical Equipment and Supplies

During activations, the On-Duty Manager/Supervisor in coordination with the Behavioral Health Department staff will assess the Behavioral Health Department's Essential Equipment and Supplies and report the status to the Command Center (CC) as requested. During this process the following steps will be taken:

- ✓ Document status of major equipment or critical supplies and how long they can operate with present supply of vital consumable materials.
- ✓ Take inventory of current equipment and supplies and create a resupply list.
- ✓ Check condition of storage or onsite stockpiles to determine the level of damage.

Quantity	Description
	Prescription pad
	Bedding
	Inpatient attire
	Safety restraints
	Phone
	Computer
	Vital signs testing equipment
	Syringe
	Sedatives
	Sanitizing material
	Medications (list)
	Exam table

**Vendors/Resources Call List**

<b>Company</b>	<b>Point of Contact</b>	<b>Phone Number</b>	<b>Emergency contract in place? Y/N</b>

## Mission Critical IT Applications

### Mission Critical Applications

#### RECOVERY TIME 24-48 HOURS

Inpatient Admittance Software

Medical Records (EMR)

## IT and Communications Downtime Procedures

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

Downtime Procedures Checklist	
<b>Computer &amp; Network Disruption</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Activate the downtime procedures.</li><li><input type="checkbox"/> Staff will handwrite orders on manual order sheets.</li><li><input type="checkbox"/> Stat or Urgent orders will be called to ancillary departments.</li><li><input type="checkbox"/> Downtime requisitions will be used for non-stat orders. Record all pertinent data on the downtime form. For example:<ul style="list-style-type: none"><li>○ Exam Start Time</li><li>○ Exam Completed Time</li><li>○ Initials</li></ul></li><li><input type="checkbox"/> List specific telephone instructions to be given to patients or other parties. (What exactly would you want people who speak to the patients say about the situation? Write this down so that everyone is saying the same thing.)</li></ul>
<b>Computer &amp; Network Disruption continued</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Charts are located in _____. A runner/courier will need to walk to this location to retrieve patient charts for the rest of the day.</li><li><input type="checkbox"/> Keep track of exams that were entered just prior to the system going down. These exams should be checked when the system comes back up to make sure the information was not lost.</li><li><input type="checkbox"/> If a patient schedule has been printed prior to the disruption, the schedule can be used to track patients throughout the day. If a schedule was not printed prior to the disruption, Departmental Staff will not be sure who is scheduled for this day.</li></ul>



	<p>List specific telephone instructions to be given to patients or other parties. (What exactly would you want people who speak to the patients say about the situation? Write this down so that everyone is saying the same thing.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As long as phones are working, telephone instructions can be provided to patients or other parties.</li> <li><input type="checkbox"/> Labs will be ordered on paper and hand-delivered to the courier or Labs Department.</li> <li><input type="checkbox"/> Registration will be tracked on paper until systems are restored.</li> </ul>
<b>Recovery</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Registration forms will be manually typed into system.</li> <li><input type="checkbox"/> Any new lab orders should be put into the Lab system. All paper orders during disruption will be stored in the patient charts.</li> <li><input type="checkbox"/> Any patient families (or other parties) who were waiting for information from patient charts or other systems will be called.</li> <li><input type="checkbox"/> Any dictation that was held due to the disruption should now be dictated into the restored system.</li> </ul>
<b>Downtime Procedures for Telephone Disruption</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Department will immediately activate the downtime procedures for telecommunications.</li> <li><input type="checkbox"/> Department will locate the personal cell phone listing kept within their department and initiate the cell phone call tree.</li> <li><input type="checkbox"/> If possible, the main department phone number(s) will be transferred to one of the remote sites for message taking.</li> <li><input type="checkbox"/> The designated operator will be provided with a contact list of cell phone numbers. This designated operator will triage calls as they come in from patient families, etc. to the correct party. The message should be: <ul style="list-style-type: none"> <li>o “Good Morning (afternoon). Would you kindly provide me with your name and phone number? We are currently experiencing a telephone outage. I will communicate your message to the correct division/individual and they will return your call. Our Telecommunications Staff is working on a resolution to the disruption.”</li> </ul> </li> </ul>
<b>Recovery</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Telephone Operator who has been taking calls will be alerted that main phone systems are back up and running.</li> <li><input type="checkbox"/> Fax machine will be checked for any queued messages and to make sure there is enough paper in machine to print all stored messages.</li> <li><input type="checkbox"/> Any patient families (or other parties) who had tried to contact the department will be called.</li> </ul>

## Mission Critical Vital Records

Vital Records are documents that have been pre-identified as critical to the continued operations of the Behavioral Health Department, including those of significance to legal and financial rights of the organization.

Personnel will be deployed during an emergency to ensure the protection and ready availability of references, records and information systems needed to support essential functions under the full spectrum of emergencies. Personnel and locations of vital records have been identified before an event in order to have full access to use records and systems to conduct essential functions during a crisis event.

Record Number	Record Type	Location	Record Name/Function
	Paper and Electronic		Patient records
	Paper		Waiver forms and processes
	Paper and Electronic		Call tree
	Paper and Electronic		List of supplies needed to relocate and processes
	Paper		Condition Informative Brochures
	Paper		Home Health Procedures

## Personnel

The personnel listed in the table below are those that have been deemed essential to their specific unit/department in maintaining mission critical services and operations.

The personnel listed below are also included on the Call Tree Notification, and are to be notified of BCP activation as determined on the Call Tree Notification.

## Behavioral Health Department Business Continuity Response Team Roles

### Departmental Recovery Team Leader

Each department has identified its Departmental Recovery Team Leader. It is the role of this individual to work with the CC to minimize the impact to departmental operations by resuming and recovering critical functions to the service levels and within the Recovery Time Objectives defined in this Business Continuity Plan.

Last Name	First Name	Home Phone	Cell Phone	Title

## Loss of Staffing

**Nurse  
Manager**

- Evaluate current staffing levels.
- Activate your call list and notify employees as to plan activation and determine availability. Have staff report to department.
- Notify human resources, managers, union representatives and other key personnel as to status and plan implementation.
- Explore alternative staff resource options. If needed:
  - Identify similar core competencies that exist, for example, emergency medical services, prescription authorization, etc.
  - Request staffing needs update from the labor pool to sustain essential functions.
  - Secure contract staff or borrow from another facility.
  - Cross train staff with similar competencies by educators.
- Evaluate immediate and ongoing staff needs based on existing and predicted levels of human resources available.
- Identify contractors or other staff options that may alleviate problems resulting from staff loss.
- Assess flexible leave options that would allow employees to address family needs while continuing to support the employing organization through a flexible work plan where feasible.
- Assessment of union issues surrounding overtime issues and sharing of responsibilities among workers.
- Evaluation of potential health and safety issues that might arise through diversion of staff to new job roles and loss of critical staff in various operational positions.
- Prepare and implement contingency staffing schedule

## Section V: Continuity and Recovery

Following the occurrence of an event adversely impacting the ability to operate, decisions regarding continuity and/or recovery of operations and patient care will be made. The decision will be based on the results of the damage assessment, the nature and severity of the event and other information supplied by staff, emergency responders or inspectors. If the department experiences major damage, loss of staffing, a dangerous response environment or other problems that severely limit its ability to meet needs, the Incident Commander, in consultation with department leadership, may relocate operations.

### Initial Actions

- Document current unit census.
- Notify employees of BCP activation.
- Document status of major equipment and critical supplies (see Equipment and Supplies List).
- Document pharmaceutical availability and determine need for additional pharmaceuticals.
- Evaluate and document immediate staffing levels.
- Determine how long you can operate in current state.
- Assess need to transfer patients.
- Assess need to close down unit and/or relocate services.
- Communicate unit status, including resource needs, unit closure requirements and staffing shortages to Command Center (CC).
- Communicate need to close down unit and/or relocate services to CC.
- Evaluate ongoing staff needs based on existing and predicted levels of human resources available.
- Implement alternative staff resource options, including contractor staffing options that may supplement staffing needs (i.e., runners).
- Identify runners for continuity of ancillary services.
- List specific telephone instructions to be given to patients or other parties. *(What exactly would you want people who speak to the patients say about the situation? Write this down so that everyone is saying the same thing.)*

## Loss of Corporate Services

Each department depends on corporate services to operate. Department responsibility includes maintenance of the downtime procedures, which specifies the alternative processes that are to be activated to assure continuity of clinical and other services during a downtime event. The procedures are to be reviewed and tested, at minimum, on a yearly basis.

<b>Loss of Power</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Outlets served by the emergency generator are identified by red outlets.</li><li><input type="checkbox"/> Open curtains and drapes to take advantage of natural or off-site lighting, as applicable.</li><li><input type="checkbox"/> Turn off “unnecessary” electrical equipment to reduce load on generator. Also turn off any equipment that may have been running when the power went out.</li><li><input type="checkbox"/> Place an extension cord with each portable suction machine to enable one to quickly plug machine into an outlet served by the emergency generator.</li><li><input type="checkbox"/> Ensure Omnicells are connected to outlets served by the emergency generator, or move necessary medications into a refrigerator already served by the generator.</li><li><input type="checkbox"/> Remove ice from ice machines and place into freezers that are supplied by the emergency generator.</li><li><input type="checkbox"/> Establish activities to compensate for loss of normal room lighting, television, etc. for patients, as practical.</li><li><input type="checkbox"/> Ensure operation and availability of flashlights and batteries.</li><li><input type="checkbox"/> Contact Plant Operations for extension cords that will reach emergency outlets to enable beds to be raised/lowered if hand cranks are not available.</li><li><input type="checkbox"/> Monitor stairwell alarms for patient safety. The system is not powered by emergency power.</li><li><input type="checkbox"/> In the event of the loss of the generator serving the facility, <u>and</u> the commercial power source, the following would be required:  <u>Essential Services That Power is Needed For:</u><ul style="list-style-type: none"><li><input type="checkbox"/> Illumination (corridors, stairways, and landings)</li><li><input type="checkbox"/> Exit and directional signs</li><li><input type="checkbox"/> Operating Rooms, Intensive Care Units, Emergency Care Unit</li><li><input type="checkbox"/> Patient care rooms [lighting, and power]</li></ul></li></ul>
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	<ul style="list-style-type: none"> <li><input type="checkbox"/> Task lighting and power in clinical labs</li> <li><input type="checkbox"/> Clinical vacuum</li> <li><input type="checkbox"/> Communications and fire alarm system, and computer systems</li> <li><input type="checkbox"/> Clinical air</li> <li><input type="checkbox"/> Elevators</li> <li><input type="checkbox"/> Air handling units</li> </ul>
<b>Loss of HVAC</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notify Facilities.</li> <li><input type="checkbox"/> Should there be a failure of any equipment or portion of the HVAC system that cannot be corrected by the Engineering/Maintenance person on duty.</li> <li><input type="checkbox"/> Consider relocating the patients.</li> <li><input type="checkbox"/> Use fans, if available.</li> <li><input type="checkbox"/> Keep blinds, curtains, drapes, etc. closed in areas of building that receive direct sunlight.</li> <li><input type="checkbox"/> Open doors and windows, if possible, to take advantage of available breezes.</li> <li><input type="checkbox"/> Avoid activities that may excite patients or require physical exertion.</li> <li><input type="checkbox"/> Keep patients out of direct sunlight.</li> <li><input type="checkbox"/> Turn off lights as well as other heat-producing appliances whenever possible.</li> <li><input type="checkbox"/> Provide plenty of liquids for patients and staff.</li> <li><input type="checkbox"/> Monitor vital signs of patients and staff.</li> </ul>
<b>Loss of Oxygen, Medical Air, and Vacuum Supply</b>	<p><u>Responsibilities of Personnel Discovering the Malfunction:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Immediately inform the Hospital Telephone Operator (dial xxxx) that there is a problem with the oxygen supply. Give the following information: <ul style="list-style-type: none"> <li>○ Your name.</li> <li>○ Your telephone extension or how you can be reached.</li> <li>○ The location where the problem was discovered.</li> <li>○ A brief description of the problem.</li> <li>○ When the problem was discovered.</li> </ul> </li> </ul> <p><u>Responsibilities of the Telephone Operator:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Upon notification of a problem with the oxygen supply system, notify the following:</li> <li><input type="checkbox"/> <b>Respiratory Therapy</b> is responsible to determine the requirements for oxygen and medical air, and notify Materials Management of the need for additional</li> </ul>

	<p>portable units.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Nursing</b> is responsible to determine the need for vacuum (suction) and notify Materials Management.</li> </ul> <p><b>Distribution</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Materials Management and Respiratory Therapy</b> is responsible for distribution of portable units of oxygen, medical gas and suction.</li> <li><input type="checkbox"/> The Administrator on Call may activate the Labor Pool to assist in distribution of these portable units.</li> </ul> <p><b>OXYGEN</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bulk and emergency reserve oxygen systems are located XX.</li> <li><input type="checkbox"/> Additional oxygen is available in compressed air cylinders in the following areas: XX.</li> </ul> <p><b>MEDICAL AIR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional medical air is available in compressed air cylinders from Material Systems.</li> <li><input type="checkbox"/> Additional medical air cylinders are in the following areas: XX.</li> </ul> <p><b>VACUUM (Suction)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Additional vacuum is available in portable suction equipment from Material Systems.</li> <li><input type="checkbox"/> Additional suction machines are in the following areas: XX.</li> </ul> <p><b>NITROUS OXIDE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review patients scheduled to move to surgery and revise, as necessary.</li> <li><input type="checkbox"/> Advise Engineering/Maintenance of your need for additional nitrous oxide tanks.</li> <li><input type="checkbox"/> Additional nitrous oxide tanks are in the following areas: XX.</li> </ul>
<b>Loss of Water</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Determine ability to obtain bottled water from outside sources.</li> <li><input type="checkbox"/> Use waterless hand cleaner where possible.</li> </ul>



## Alternate Location

<Insert facility name>'s overall business continuity recovery strategy is based upon using existing internal resources for recovery of services and operations impacted by a disruptive event, whenever possible. Primarily, this involves the relocation of departmental services to one of three alternates:

- i. The designated department staff would relocate to an alternate location, as identified in the Business Continuity Plan.
- ii. Designated department staff may be assigned to other work groups.
- iii. Staff equipped to work at home may be assigned to continue to work at home.

In an event where a primary Behavioral Health department location is deemed to be inoperable or unsafe, the Behavioral Health Department Director, or designee, will initiate unit closure procedures and activate the alternate location, which may provide full or limited operational capability.

NOTE: Relocation will be coordinated with the Hospital Command Center and/or the campus Emergency Operations Center, as appropriate.

**Conditions for consideration:** Safe, comfortable environment; adequate space for patient admittance and waiting; secure facility; electricity, internet, furniture for seating; washing station

<input checked="" type="checkbox"/> Full Operational Capability	<input type="checkbox"/> Limited Operational Capability
<b>Address:</b> <b>Contact Number/s: ###-###-####</b>	

<input type="checkbox"/> Full Operational Capability	<input checked="" type="checkbox"/> Limited Operational Capability
<b>Address: Designated Office Space</b> <b>Contact Number/s: ###-###-####</b>	

### Prior to Closing Down Unit Checklist

#### Unit Manager

- Review and fill out Unit Closure Form (found on page 20 of this plan).
- Determine discharge areas and inform those picking up patient(s) of the location and circumstances of event.
- Determine which patients will need staff to accompany them during the relocation.
- Print census and face sheets, if possible.
- Direct staff to prepare patients for movement to alternate location.
- Any supplies or equipment needed for specialized treatment will be packaged and evacuated with the patient (bedside and special medications).
- Patient medications to accompany patient, if possible:
  - Must be dosage-specific for each patient.
  - Must be identified with patient name and medical record number.
- Notify the state of need to move patients and gain authorization for movement of controlled substances with patients.
- Controlled substance will not go with the patient unless a nurse or physician accompanies the patient.

## Unit Closure Checklist

### Unit Manager

- Coordinate with CC: criteria to shut down, location of alternate location, set up, supplies needed, transport of patients, equipment/supplies, food/fluids areas designated for staff, security of medications and building, evaluate for Decon site if needed and I.T. accessibility.
- Notification of closure and relocation site with exact date/time to staff and departments.
- Determine staff schedule that correlates with patient needs in alternate location.
- Designated staff to receive patients upon arrival at alternate location.
- Suspend non-essential activities as needed.

### Equipment and Supplies

- Request par level for patient care supplies and determine essential needs for alternate site.
- Collaborate and gather supplies to include vital records to record care.
- Contact CC to have transport brought to loading area for supplies.
- Designate staff to load supplies in appropriate vehicles with inventory of those being relocated.
- Collaborate with I.T. areas for computer access, application availability and areas in need.

### Communication

- Notify external agencies of relocation.
- Notification of PIO to release information about relocation.
- Contact patients informing them of relocation date, time and site.

## Relocation Checklist

### Transportation

- Request Assistance from EMS for transport of serious to critical patients.
- Notify Command: transport vehicles needed at loading area for stable patient transport.
- Load patients into appropriate vehicles based on need.
- Assign staff with those patients going in non-EMS vehicles.
- Contact alternate site in route to relocation site.
- Relocate to alternate site.

### Alternate Location

- Designate location for record collection and privacy with specified personnel.
- Place medications in designated area and secure.
- Inventory meds with pharmacy personnel.
- Collaborate with pharmacy the release process for medications from designated area with record keeping/charges.
- Designate staff to unload equipment/supplies and equipment to designated areas.
- Designate area for staff breaks and rest periods.
- Maintain appropriate area for food storage and preparation for patients and staff.
- Separate areas for toileting and showering of patients/staff.
- Post signage.
- Ensure security of building with IC, Maintenance and local law enforcement agencies.
- Provide breaks and rest periods to staff.
- Re-evaluate staff schedule and needs per shift and adjust per patient needs.
- Assign staff to return and inventory equipment placing back into appropriate areas.
- Assign staff to patient care areas.

Relocation Checklist (cont.)

<b>Unit Manager</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Collaborate with I.T., Business Office and Admissions: assignments of data entry not captured at alternate care site to be inputted into EMR.</li><li><input type="checkbox"/> Provide all hard copy records to those designated to enter data into EMR.</li><li><input type="checkbox"/> Inventory medical supplies in each patient care area to identify anything that should be discarded, can still be used or needs to be ordered.</li><li><input type="checkbox"/> Do not dispose of unsalvageable equipment. Everything must be inventoried and evaluated for insurance purposes.</li><li><input type="checkbox"/> Use pre-existing order lists of products and supplies for each area to inventory supplies and create resupply lists.</li><li><input type="checkbox"/> Identify any equipment and/or supplies currently in storage that can be used to replace missing or damaged items.</li><li><input type="checkbox"/> Ensure that the environmental staff has the chemicals and cleaning supplies needed to begin clean up.</li><li><input type="checkbox"/> Identify missing or damaged medical equipment such as point of care testing machines, ventilators, portable monitors, smart pumps, blood gas machine, ventilators, bronchoscopes, echocardiogram machines, ultrasound machines, cardiac tear testing machines, etc.</li><li><input type="checkbox"/> Alert supply chain team about equipment that was sent with patients when they were evacuated.</li><li><input type="checkbox"/> Assist maintenance team to return and reconfigure medical equipment that was moved or disconnected during the relocation Work with maintenance teams and vendors to ensure that any specialized medical equipment and systems are functioning correctly.</li><li><input type="checkbox"/> Work with IT and Communications to identify missing or damaged computers or communications equipment.</li><li><input type="checkbox"/> Work with Facilities team to ensure that all gas and suction lines are working correctly.</li></ul>
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## Recovery and Resumption of Mission Critical Services

Prior to returning to the primary site during the recovery phase, it is essential to determine the status of the facility and equipment. Once it is confirmed that essential infrastructure and supplies are available, services may be resumed at primary workspace/patient care unit. Preparations to initiate these actions should be taken at the earliest time possible.

Recovery and Resumption of Mission Critical Services Checklist	
<b>Unit Manager</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Confirm with the CC to validate all clear to return to facility.</li><li><input type="checkbox"/> Assign staff to gather supplies.</li><li><input type="checkbox"/> Collect hard copy patient records.</li><li><input type="checkbox"/> Assign staff to gather necessary equipment/supplies to relocate.</li><li><input type="checkbox"/> Load supplies, equipment, records and return to facility.</li><li><input type="checkbox"/> Request facilities to transport equipment and supplies.</li><li><input type="checkbox"/> Request IT/Telecom to mobilize phones.</li><li><input type="checkbox"/> Determine inventory of pharmaceuticals, care equipment, and hardware equipment.</li><li><input type="checkbox"/> Return to facility.</li><li><input type="checkbox"/> Notify EMS agencies of reopening.</li><li><input type="checkbox"/> Notify PIO to release communication to public of reopening.</li></ul>

# Appendix A: Schedules

BCP Update Schedule

BCP Exercise and Training Schedule

## BCP Update Schedule

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

NOTE: Following an event it will be determined whether an out-of-cycle update is required. If so, the update will be recorded and then will be revised and distributed as outlined above.

BCP updates may occur with:

- The addition of new employees or transferred employees to your department.
- The relocation of employees, supply areas or other resources.
- Changes in departmental procedures that would affect downtime procedures.
- Changes in staff or management telephone numbers, pagers, etc.
- Changes in management or reporting structure within your department.
- New computer systems to be used by your department.
- Changes in vendors that you are using.
- After an actual downtime occurs.
- Annual review.

Scheduled Update	Plan Version



## BCP Exercise and Training Schedule

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

The Behavioral Health Department Director is responsible for ensuring the exercises and trainings are carried out and documented.

<b>Scheduled Update</b>	<b>Plan Version</b>