

*(name of Practice)*

*(Address of Practice)*

## **General Practice Emergency/Business Continuity Plan**

<b>Author</b>	
<b>Date of issue</b>	
<b>Date tested</b>	
<b>Date of review</b>	
<b>Date of next review</b>	
<b>Version No</b>	

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## **Introduction**

In 2000 following the events of floods, fuel crisis and foot and mouth, and the subsequent disruption caused, the government made moves to strengthen the resilience of the UK. The need for resilience was further highlighted in 2001 with the terrorist attacks on the USA and the heightened risks of a terrorist attack within the UK, which was founded in July 2005 with the attacks on London.

The Royal College of General Practitioners (RCGPs) in January 2004 published a position statement on Major incidents and Disasters – the role of the GP and the primary care team<sup>1</sup>. This document looked at the likely impact of major incidents and disasters ranging from natural disasters, e.g. widespread flooding, to terrorist incidents from chemical, biological, radiological and nuclear release (CBRN). As well as looking at responding to incidents the document explored the maintenance of services to the community in the event of a widespread emergency. This plan should be read in conjunction with the document published by the RCGPs.

There are three elements to this plan: the response to an incident by general practitioners and primary care teams in support of the NHS as a whole; the business continuity of the practice during a widespread incident affecting the community; and the business continuity of the practice in the event of an internal incident affecting the business of the practice.

As a category 1 Responder under the Civil Contingencies Act 2004, NHS Boards have a duty to ensure that those organisations delivering services on their behalf (e.g. contracted-out services) or capabilities that underpin services, can deliver to the extent required in the event of an emergency<sup>2</sup>.

## Document Review Arrangements

This document will be reviewed on a six monthly programme or when there is a change in the working systems of the practice or changes to the contact arrangements of staff or suppliers that affect the content. The date of the review will be recorded on the front of the document along with the date of the next review. This will be the responsibility of *(insert position)*.

## Training and Exercising

The emergency and business continuity response arrangements within this plan are useless if the staff that are expected to implement them at the time of an emergency are unaware of them. To this end all staff will be made aware of the plan as part of their induction training. If there are any significant changes to the plan that affect the way in which staff respond these must be communicated to them.

The arrangements within this plan should be exercised at least once a year; this will help to validate their effectiveness and highlight any gaps in the plan, which can then be amended.

## Activation of the Plan

The nominated person for this surgery to decide whether the plan or any part of the plan is activated will be (either a named person or a post, if a post is used this will not need changing when if the post holder changes) and the deputy in case of their absence or unavailability will be (name of post). Contact details are (insert contact details for primary and deputy).

The decision to activate all or part of this entire plan can be done using the following process insert practice-specific process.

## Emergency Response to Major Incidents

NHS Boards are responsible for harnessing and effectively utilising primary care resources where needed to support for example, the establishment of ad hoc emergency assessment facilities or emergency vaccination programmes<sup>3</sup>, other requests from GP and primary care support may be to assist at Local Authority rest/evacuation or survivor centres.

The Royal Collage of General Practitioners believes that “GPs would have a professional responsibility to take whatever action they could in contributing to the emergency response whilst continuing to provide general medical care to the community within the limited conditions imposed by the nature of the incident”<sup>1</sup>.

## Medical Support at Rest, Evacuation and Survivor Centres

In the NHS Guidance on Major Incidents<sup>4</sup> NHS Boards have a responsibility to provide medical support to rest, evacuation and survivor centres, on request. Within GG&C the Scottish Ambulance Service will initially assess the medical needs at either of the above centres and, if it is deemed necessary, the Board will be asked to provide a team.

It has been recognised that when people are caught up in a major incident, whether directly involved in the incident or as a secondary impact of being evacuated, that they will arrive at the centre without their medication. In these instances a local practice may receive a request for GP support, to assist in the process of prescribing and supplying medications.

## Mass Vaccination / prophylaxis issue

In the event of a major outbreak of infectious disease, the NHS Board via the CHPs may be required to organise mass vaccination or issue of prophylaxis to part or the whole of the community; for example, in the case of a smallpox outbreak the DoH have issued a framework<sup>6</sup> that proposes that the entire eligible population of the UK will be vaccinated within three days. In these cases the GP practices may receive a request for assistance in the implementation of such a process.

## Coordination of support from GPs and Primary Care Teams during a Major Incident

This response will be coordinated by the NHS Board to prevent duplication and maximise the overall response. To assist in this the NHS will set up its command and control structure. This comprises an emergency control centre (ECC) being established within each CHP area affected, and where there is more than one NHS organisation involved the Lead CHP (Glasgow City CHP) will establish an overarching ECC for GG&C. This ECC will be responsible for “coordination of health and social care economy, operational and public health response”<sup>4</sup>

Where support is offered or requested from GPs and Primary Care Teams this needs to be coordinated through the CHP responsible for the area in which the practice is situated.

For this *(name of Practice)* the CHP coordinating the response is *(insert name of CHP)*. In the event of a Major Incident to offer support the contact will be *XXXXXXXX*, is *(insert name of CHP)* Head Quarters or *XXXXXX* (Director on call) or *XXXXXXXX* (Service Manager on call).

## Chemical Biological Radiological and Nuclear (CBRN) Incidents

As general practices are considered as one of the first ports of call into the health system along with minor injuries units, walk in centres and A&Es, it is not inconceivable that if there was ever a CBRN incident within our area general practices would have self-presenting patients to surgeries.

In the event of an overt release of contaminated material at an identified site, the emergency services have plans to establish cordons to contain the contamination and contaminated casualties, but there is always the possibility that casualties will have left the scene before the emergency services arrive. If

there is a covert release of CBRN contamination, then it may be some hours or days later that those contaminated, as well as those they have been in contact with since the release, start experiencing signs and symptoms. It is at this time that the first presentation at a GP practice is possible.

As soon as the authorities are aware of an incident involving CBRN release and possible self-presentation of contaminated casualties at any entry to the health system, all responding agencies will be informed as set out in the Multi Agency Generic CBRN Response Memorandum of Understanding.

In the event that a contaminated casualty presents at the practice the following steps should be taken.

- 1 Contain the casualty away from others, keep all staff at a distance.
- 2 Consider also containment for those who have already come into contact with the casualty.
- 3 Call the Ambulance Service, stating that you have a contaminated casualty at the practice.
- 4 Ask the casualty to remove their clothing, as this has been shown to reduce the contamination by up to 80% of contaminant. Provide a plastic bag for the casualty to place the clothes in.
- 5 Provide the casualty a 10Lt bucket of warm water containing 10ml of washing up liquid and a sponge, encourage the casualty to wash their whole body. Eyes should be washed with plain water, they should blow their nose and wash their mouth out with water.
- 6 Provide a blanket once decontamination is complete and awaiting the ambulance service.

Remember all efforts must be taken to prevent further contamination of others.

## **Business Continuity**

As previously mentioned in the introduction, ensuring that General Practices are able to maintain business continuity in the event of an emergency or business interruption, is essential.

In this section, the plan will endeavour to cover the areas where the practice potentially could be required to implement business continuity arrangements.

Business continuity management (BCM) is not just simply having a plan, the Business Continuity Institute describe the five stages as: -

- understanding your business,
- business continuity strategies,
- developing and implementing a BCM response,
- developing a BCM culture and
- exercising and maintenance and audit<sup>5</sup>.

This same approach has been recommended in the Civil Contingencies Act guidance<sup>2</sup>.

*(it is recommended that you use this five step approach in preparing your content to this plan when personalising it for your surgery, details can be found at the references indicated.)*

## Priority order of services provided

General Practice surgeries offer a wide range of services to their patients; below in table 1 is a list of the services that this surgery provides in order of priority.

In the event of an emergency or business interruption this practice will endeavour to maintain services to its usual or as close to usual standard, but it may be evident that this is not possible. At this point the **(post title)** will decide which are the priority services that the practice must continue and which will be reduced or stopped.

Any decisions made to reduce or stop services must be communicated to the Head of Primary Care at NHS GG&C or out of hours to the Clinical Director or the Service Manager on call.

**Table 1 Example**

Patient consultations
Home visits
Specialist Clinics

*(Please add all the core and enhanced services you provide in priority to patient need)*

## Loss of main surgery building

If the practice building is uninhabitable for any reason the services will be provided in a suitable alternative venue.

The options open to the practice are:

*(insert the alternatives. These may include arrangements with community/church hall; arrangements to hire Portakabins including where they would be located and how facilities would be supplied; arrangements with other practices etc. If the building is not owned by the practice then there may be a responsibility on the owner/landlord to provide alternative accommodation).*

## Failure of IT systems

Recording data

If there is a failure in the IT system or any stand alone computer, for important data, the staff will change to a paper back-up system to capture that data so this can be recorded on system retrospectively. Templates for recording information when the system is unavailable can be found *(Think of all the data that you input, where there is a need to capture this information while the system is unavailable, produce a template and have these available in a designated place)*

#### Prescriptions

If it is not possible to print prescriptions these will need to be hand written. In this event it may be necessary to contact the Board to obtain more prescription pads.

#### Loss of hardware or software

If the practice experiences loss of either a computer or software through theft or damage, *(insert designated post within practice)* will contact *(insert IT helpdesk provider help line)*

#### Protection of servers

During periods of extreme heat ensure that the server is maintained at a temperature that will not cause overheating and subsequent failure.

## Loss of Medical Records

The medical records are stored in *(insert measures that are employed to store securely patients' medical records, any protection against fire/ water damage that you have in place as well as security arrangements)*

If records are lost or damaged in any way these may be reconstructed using the data held on the computer system

The stationery required to reconstruct the medical notes may be obtained by contacting *(insert contact details of stationary source)*

## Failure of Telecommunications

The telephone system is rented from *(insert name of provider BT etc and contact)* the lines are supplied by *(insert name of network, BT etc and contact)*.

In the event of a fault with the line it should be reported to *(insert name of network BT etc)* if there is no fault on the line then contact the system provider if different to network.

*If the system is dependant on electrical supply check the supply if found to be an electrical problem follow the instructions for loss of electricity.*

If the land line fails redirect all calls into the surgery to *(insert designated mobile phone)*. This will require manning.

## Failure of Electricity supply

The electrical fuse box for this practice is located *(insert location of fuse box)*

In the event of failure in the electricity supply our supplier is *(insert supplier)* and their emergency contact is *(insert emergency contact)*.

The emergency torches if required are stored in *(it is recommended that you have a store of torches both hand and head mounted, with spare batteries)*

In the event of a power failure first check the trip switches in the fuse box, if this is not the cause, contact the supplier and report the failure. Ask if they are able to give an estimated length of time the power will be off, for planning purposes.

A decision should be made as to whether the surgery business can be continued safely, or if relocation to an alternative site will be required to maintain business.

Contact the Board on **XXXXXXXX** to inform them that you have a power failure affecting the practice and what business continuity measures you are putting in place to maintain service.

If it is an electrical fault within the practice contact *(insert name and contact your chosen electrician or if the premises are rented this may be the landlord or owner)*.

The systems and appliances that will be affected during a power failure are:

- Lighting
- IT System
- Telephones *(this may not be the case - delete)*
- Heating *(this may not be the case - delete)*
- Refrigerators
- Diagnostic equipment *(this may not be the case – delete, otherwise list)*
- Alarm systems

Each of the above will require consideration and follow the section specific to the system.

**Clinical refrigerators** – if failure is for a significant period, which will be detrimental to the contents, the contents will be assessed and any temperature critical drugs will be relocated to *(insert contingency arrangements)* to maintain them at optimum temperature.

**Heating** - If heating is lost, assess the effect of the loss of heating related to time of year and general temperature, included forecast temperature. If it is felt that the practice’s business will be affected by loss of heating contact *(If the premises are rented the landlord / owner to request they provide alternative heating) Or if premises are owned by the practice (insert contact of companies within the area who hire out portable heating appliances NB these will need to run off gas cylinders)*

**Computers** - During a mains electrical failure please switch off the computers to protect them from power surge when the power is restored.

**Diagnostic Equipment** - If such equipment does not have internal re-chargeable batteries consider the implications of not having it at your disposal. If equipment does have internal re-chargeable batteries, ensure you know the length of time the equipment can be used. See Table 2

**Table 2** *(insert equipment)*

Equipment	Internal Batteries Yes/No	If Yes duration/times it can be used

## Failure of Gas supply

The gas shut off valve for the practice is located *(insert the location)*

If there is a failure in the gas supply, contact *(insert the emergency contact)* to report the failure and to request if they are able to give an estimate of the length it will be off, for planning purposes.

If heating is lost, assess the effect of the loss of heating related to time of year and general temperature, included forecast temperature. If it is felt that the practice’s business will be affected by loss of heating contact *(If the premises are rented the landlord / owner to request they provide alternative heating) Or if premises are owned by the practice (insert contact of companies within the area who hire out portable heating appliances NB these will need to run off electricity)*.

## Failure of Water supply

The mains water shut off within the practice is located *(insert location)*, and the mains water stopcock external to the practice is located *(insert location)*.

The water supplier for this practice is *(insert name of supplier)*, and their emergency contact is *(insert emergency number)*.

For internal plumbing emergencies contact *( if the premises are rented this may be the landlord or owner in not the name and contact of your designated plumber. NB make sure they can respond to emergencies or have cover when they are away)*

In the event that water supply fails assess the impact on the practice. Consider:

- Toilets
- Hand Hygiene
- Drinking water

### **Toilets**

If toilets will be unavailable for a significant length of time arrange for portaloos to be hired from *(insert name and contacts of hire companies)*.

### **Hand Hygiene**

### **Drinking Water**

The practice have a store of bottled drinking water *(insert storage location )*. *(insert post)* will be responsible for monitoring the expiry dates and replenishing stocks.

## **Fuel Shortages**

In the event of a fuel shortage the ability to maintain services may be affected either by staff being unable to carry out services such as home visits, or being able to get to the surgery.

Each Board will have a fuel crisis contingency plan, which will be integrated with the multi agency plans. The arrangements for obtaining fuel will be communicated by the Board.

## **Disruption to supplies**

During a major emergency there may be interruptions in the supply of consumables and equipment required by the practice. This may be a primary cause of an incident, i.e a supplier factory fire, or disruption to the transport network such as in a fuel crisis.

In such an event, the *(insert post)* will be responsible for assessing the impact on the business of the practice.

If there is a need to obtain supplies from another source the options are:

- Mutual aid from another practice or the CHP.
- Contact another supplier. *(list all your suppliers and alternative suppliers in annex A)*

*(insert any mutual aid arrangements with other practices / CHP)*

## Fire

On discovering a fire or on suspicion of a fire i.e smell of burning, raise the alarm by *(insert alarm operation)* and call 999, clearly stating the full address of the premises.

In the event of the fire alarm sounding this will be a *(insert fire alarm sound and type i.e siren/ bell continuous etc)*. All staff have a responsibility to evacuate the premises ensuring that all patients and visitors are assisted via the identified fire exits (see table 3). All persons will congregate at the fire evacuation assembly point *(insert designated assembly point)*, where the *(insert post title)* will check that all persons have been evacuated.

If you suspect that there are persons still inside do not re-enter the premises.

On arrival of the Fire and Rescue Service *(insert post)* will greet them and give the following information:-

- Location of fire or suspected fire.
- Persons suspected of still being inside, with possible location
- Location of any inflammable materials / oxygen cylinders
- Plan of interior of the premises *(if available. It may help to have this available)*

The exits are located :

**Table 3**

Area of premises	Nearest identified Exit

## Staff Shortage

There may be occasions when individual staff are incapacitated for a variety of reasons. Their absence will have a varying effect depending on the role they are responsible for. In some cases roles can be covered by other staff by ensuring that knowledge and skills are shared between groups of staff. Other roles may be highly specialised and cover will need more thought and planning especially if a service depends on that person alone.

There may also be the scenario when a number of staff are all incapacitated at the same time such as in an influenza pandemic situation.

On discovering there is going to be a shortage of staff inform *(insert post)* who will be responsible for assessing the impact on the business of the practice and the contingency to be employed to maintain continuity of service.

Options available:

- The absence of staff for a short period does not have a significant impact on the business of the practice – monitor the situation only.
- The absence of staff will have direct impact on the front line services/ business of the practice, - divert workload to or between other staff that are capable of covering.
- The absence of staff will have a direct impact on the front line services/ business where there is no other employee who is able to cover the role(s). Seek appropriate bank/agency staff to cover.
- The impact of one or a number of staff being incapacitated is such that the practice is unable to continue services - *(insert post)* will be responsible for assessing the capabilities of the practice and possibly which services will be reduced (see list of services in priority above) or through mutual aid arrangements be diverted to other practices. *(If you are going to invoke mutual aid arrangements with other practices these will need to be pre-arranged, insert these arrangements)*

If there is any reduction in patient services, *(insert post)* will contact the Board and CHP to inform them on *(to insert contact)* as soon as possible.

## Mutual Aid Arrangements with other Practices

*(Insert arrangements with other practices, including contacts)*

### Arrangements for Replacement Medical Staff

*(Insert your arrangements)*

## Arrangements for Replacement Nursing Staff

*(Insert your arrangements)*

## Arrangements for replacement Admin and Management Staff

*(Insert your arrangements)*

## Communicating with the Patients

In the event that a business interruption is so severe that alternative arrangements for the provision of care need to be communicated to the patients of the practice, this will be done in collaboration with the Board.

In the event that support from the Board is required in publicising the alternative arrangements *(insert position)* will contact the Director of Primary Care on 0141 211 3944 or out of hours, please contact **XXXXXXX** (Clinical Director) or **XXXXXXX** (Service Manager) at the earliest possible moment to allow as much time as possible to achieve communication with patients.

Where patients knowing contingency plans in advance would help to mitigate the effects of business interruption, arrangements within this plan will be shared with them in patient information regarding the practice.

It is important to maintain communication with patients during any period of business interruption; the aim of the practice will be to reassure the patients with regular information on the progress made in returning to normality.

## References

- 1 Royal College of General Practitioners (2004) *Major Incidents and Disasters – the role of the GP and Primary care team*. RCGP  
<http://www.rcgp.org.uk/corporate/position/majorincidents.pdf>
- 2 NM Government (2005) *Emergency Preparedness – guidance on Part 1 of the Civil Contingencies act 2004 its associated regulations and non-statutory arrangements*.  
<http://www.ukresilience.info/ccbill/index.htm>
- 3 Department of Health (2003) *Handling Major Incidents: An Operational Doctrine*. DOH.  
<http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/fs/en>
- 4 Department of Health *Planning for Major Incidents: the NHS guidance – Primary care Trusts*, Version 10-24 September 2002.  
<http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/fs/en>

- 5 Business Continuity Institute (2005) *Business Continuity management, Good Practice Guidelines.*  
<http://www.thebci.org/BCIGPG2005.htm>
  
- 6 Department of Health (2005) *Smallpox Mass Vaccination- an operational planning Framework.*  
<http://www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/sm-allpox/fs/en>

## Annex A - Contacts List

### Activation of the Plan

<b>Primary</b>	<i>(Position or Name)</i>	<i>(Contact Details)</i>
<b>Deputy</b>		

### Staff Contacts

<b>Name</b>	<b>Position</b>	<b>Contacts</b>

*(add rows as required)*

**NHS Board Contacts : Head Quarters XXXXXXXX**

**CHP Contacts : Head Quarters XXXXXXXX**

**OOHs Service Contacts : XXXXXXXX**

<b>Reason for contact</b>	<b>Department</b>	<b>Contacts</b>
Emergencies	Director of Primary Care	0141 211 3944
Reduction in practice		

**Utilities / Services Contacts**

<b>Service</b>	<b>Provider</b>	<b>Contacts</b>
IT systems		
Telecommunications		
Electricity		
Gas		
Water		

*(add rows as required)*

**Tradesmen**

<b>Trade</b>	<b>Provider</b>	<b>Contacts</b>
Electrician		
Plumber		
Heating Engineer		
Builder		

*(add rows as required, you may want to list more than one)*

**Other Practices with whom we have mutual aid arrangements**

<b><u>Mutual aid available</u></b>	<b><u>Practice</u></b>	<b><u>Contacts</u></b>

*(add rows as required)*

**Suppliers of products / drugs etc**

<b>Product</b>	<b>Supplier</b>	<b>Contacts</b>

*(add rows as required)*